

# **GSSW 2016 Disability Survey**

## **Executive Summary**

**June 2017**

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### Quantitative Analysis

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This Executive Summary presents the findings of the GSSW Disability Survey conducted in April 2016. The survey was designed to understand the experiences of GSSW community members who identified as having a disability, impairment, and/or medical condition (DIMC), as well as, the level of awareness and understanding of community members who do not identify as having a DIMC. In addition, the survey was designed to assess GSSW's strengths and areas of growth at both an individual and community level so that GSSW could better provide a more inclusive and responsive climate to these individuals. There were a total of 586 responses to the survey.

Participants shared both their primary role at GSSW, and whether or not they identified as having one (or more) DIMC. Between MSW students in all three programs (Denver, Four Corners, and WestCO) and PhD students, 343 students participated; 228 did not report having a DIMC, while 115 identified as having a DIMC, meaning that 33.5% of all students participating identified as having a DIMC. By program, 34.4% of MSW students on the Denver campus, 26.7% of MSW students in the Four Corners program, 25.0% of MSW students in the Western Colorado program, and 46.1% of PhD students identify as having a DIMC. In regard to faculty participants, 34 appointed faculty and 36 adjunct faculty took the survey, with 32.4% of appointed faculty and 36.1% of adjunct faculty identifying as having a DIMC. Among staff at GSSW, 30 participated and 33.3% of these participants identified as having a DIMC. There were 10 participants whose primary role was as a faculty-field liaison and 68 whose main role was as a field/task supervisor; none of either the field liaisons or the field/task supervisors who responded as identified as having a DIMC.

# Findings

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What is the prevalence of students, staff, and faculty who identify as having a disability, impairment and/or medical condition?

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Among the total sample, 70.9% of participants reported not having any DIMC. For the 29.1% of participants that did identify as having a DIMC, the following table breaks down the overall types of DIMCs that were reported.

Type of DIMC	Percentage of those who identified as having a DIMC
Physical	2.6%
Learning	5.3%
Medical Condition	15.8%
Mental Health	26.3%
Chronic Illness	2.6%
Chronic Pain	7.2%
ADHD/ADD	8.6%
Multiple Types of DIMC	29.6%
Other	2.0%

Physical disabilities reported by participants varied and included short term disabilities (broken bones, concussion, pregnancy), long term disabilities (fibromyalgia, acute immune disease, TBI, hearing impairment/hard of hearing/Deaf, visibility impairments/blind), and chronic conditions (chronic pain/illness, migraines, fatigue, insomnia, physical limitations). Several participants reported having a DSM diagnosis such as OCD, PTSD, ADHD, depression and anxiety. Other invisible disabilities reported included trauma/panic attacks, learning disabilities, and cognitive impairments such as the inability to concentrate or focus, slow processing, “cog fog,” and memory impairments.

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What effect does/has the DIMC have/had on the day to day experience of the students, staff, and faculty life at GSSW?

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Participants identified several ways that having a DIMC affects their day to day experience at GSSW. Students, in particular, noted several ways having a DIMC affects their learning. Many spoke of concern with the physical environment including the discomfort of the chairs/desks in the classroom, the bright lighting, and having only one elevator in the building. The poorly placed wheelchair ramps, the inaccessibility of the parking garage, the small door/stall sizes and lack of ADA accessible doors were also noted.

Other ways that learning was reported to be affected by their DIMC and included

- not having access to CART (Communication Access Real Time Translation) on a regular basis,
- the small monitors in the classroom,
- focusing on lecture only classes without the use of power point,
- difficulty participating in small groups, challenges with public speaking in class/presentations,
- difficulty with reading comprehension and/or ability to read quickly,
- being overwhelmed by the coursework,
- decreased internship opportunities because of field requirements such as driving, telephone use, or long term computer usage,
- difficulty sitting for long periods of time,
- inability to focus and concentrate for long periods of time (3 hour classes),
- difficulty hearing in class,
- needing more frequent breaks, and
- individual challenges with punctuality and numbers.

Students indicated that these challenges often resulted in lower grades, greater disorganization, and decreased internship opportunities. Alternatively, some noted positive outcomes such as enhanced motivation and creativity as these challenges served to create opportunities for growth. Faculty and staff also expressed similar challenges that affect their job performance such as forgetfulness, memory difficulties, difficulty spending extended time on the computer, and inability to read quickly.

The emotional, physical and social effect on participants with DIMCs was also noted. Physically, many participants reported a decrease in energy or easily becoming fatigued, effects on mood and a lack of motivation, and a decreased ability to compartmentalize and focus. In addition, many students reported being triggered emotionally by class topics/field resulting in increased anxiety and stress. For some, social anxiety affected their ability to socialize and decreased their desire to be with others resulting in an increase in isolation. Staff reported an increase in anxiety related to the requirement to inform their supervisors of their DIMC due fear of being seen incapable or less than.

Adaptive behaviors reported included creating flexible schedules, better time management, taking more breaks, self-advocacy, adjusting diet, recording lectures, having Disability Services Program (DSP) accommodations such as alternative text, headphones, service dogs, assistance with note taking, early registration, extended time to complete assignments/take test, ergonomic work stations and extended FMLA.

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#### *How prepared is DU/GSSW to meet the needs of students with DIMC?*

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Faculty tend to interact with the students the most, particularly within classroom settings, and 63.6% of faculty agreed that they would know what to do to support a student who came to them with an issue related to having a DIMC. Interestingly, only 33.3% of faculty with a DIMC said they would know what to do to support a student who had requested accommodations. Among staff, 58.8% agreed that they would be able to support a student, faculty member, or staff colleague who requested assistance regarding their DIMC.

Qualitative responses indicated that participants felt that DU/GSSW is somewhat prepared to meet the needs of students with DIMC through services available from the university DSP such as accessible websites, written transcripts for audio files, accessible word documents that could be used with screen readers (using Alt tags). Students reported that GSSW does a good job at letting them know the services that are available. In addition, students reported feeling supported by the Director of Student and Career Development and having accommodations such as early registration. Faculty were noted as being supportive by assisting with the identifying note takers and extensions on assignments, or extra time on tests.

Participants reported many issues related to accessibility and accommodations. In particular, participants felt that GSSW should make additional efforts to incorporate Universal Design for Learning

(UDL) throughout the curriculum and classroom experience, considering different delivery modes and assuring that events are accessible and accommodations provided.

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*How well do GSSW community members understand principles of Universal Design for Learning (UDL)?*

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Universal Design for Learning (UDL) is a set of principles for curriculum development that give all individuals equal opportunities to learn. UDL provides a blueprint for creating instructional goals, methods, materials, and assessments that work for everyone--not a single, one-size-fits-all solution but rather flexible approaches that can be customized and adjusted for individual needs (<http://www.udlcenter.org/aboutudl/whatisudl>).

Among the faculty (both full time and adjunct) who identified as having DIMC, 50% reported they keep UDL in mind when designing their syllabi and class assignments, while only 20% of the non-DIMC faculty reported doing so. When creating a new event, process or policy, 21.9% of staff with DIMC considered the principles of UDL, while 26.9% of staff without a DIMC did so.

A few participants stated that they had minimal awareness of UDL before taking the survey, another few stated that they did not see UDL as applicable to their current role or position, and at least one person noted "I do not do a very good job of this." However, most of the participants identified components of UDL that they were aware of such as:

- Diversify learning options, pay attention to different learning styles,
- Using a note taker for each class,
- Using easy to read font/style,
- Being approachable to students outside of class to discuss individual needs,
- Implement classroom activities that are universally accessible,
- Provide handouts to class, present material in multiple formats,
- Implement individualist instruction,
- Provide image descriptor on power points,
- Provide contact information for "exceptionalities,"
- Provide means to request disability accommodations (at events),
- Provide alternative assignment options,
- Get to know the student's learning needs through relationship,

- Use captions for videos,
- Identify physical accessible locations,
- Use intentional language – such as “Does everyone who can see, see me okay?”.

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### *How inclusive is GSSW related to persons with DIMC?*

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In assessing the existence of a GSSW community around disability/impairments/medical conditions, very few participants felt that such a community was present; only 4.3% of faculty and 6.3% of students with a DIMC, and 6.3% of faculty, 7.2% students, and 12.5% of staff without a DIMC agreed that there was such an identified community at GSSW. Additionally, 76.1% of students with a DIMC, 87.0% of faculty with a DIMC, and 75.0% of staff with a DIMC did not feel as though disability awareness was a focus at GSSW. Furthermore, only 22.0% of faculty with a DIMC felt that GSSW policies were supportive of their DIMC related needs. All of the faculty and staff with a DIMC who participated felt that GSSW was physically accessible to them, while only 6.9% of students with a DIMC did not feel as though GSSW (including distance sites) were physically accessible to them.

This being said, a larger percentage of students with a DIMC (57.3%) felt as though the culture at GSSW was supportive of students with a DIMC, and this higher rate held true for staff with a DIMC, of whom 63.6% felt similarly regarding how the GSSW culture supported staff with a DIMC. Finally, 59.0% of the students who identified as having a DIMC felt as though GSSW was a safe place to share their disability, impairment or medical related needs.

A small group of participants stated that they felt GSSW was an “open and accepting community” that felt inclusive. Some stated that they felt it was important to “promote self-advocacy” and a few noted that they were able to receive accommodations without the help of DSP and/or that their particular DIMC was not a barrier to their learning or ability to perform their job.

*“I didn’t need accommodations as I rarely had any super time-sensitive exams and instructors allowed students to use laptops.”*

A large majority; however, reported an overall lack of inclusiveness at GSSW. Specifically, participants spoke of a lack of awareness of persons who identify as having a DIMC or their needs, a lack of focus on DIMC in the curriculum or the overall discourse at GSSW, a lack of support, a lack of community for persons who identify as having a DIMC, issues with receiving accommodations, and physical barriers throughout the building mentioned above.

*“GSSW does not focus on being inclusive to individuals with disabilities, it seems like an afterthought”*

Both students and GSSW employees noted concerns about sharing their DIMC with supervisors. Students in field specifically talked about a lack of awareness and understanding of DIMC, particularly those related to mental health, and a lack of support in their placements.

*“I found myself in a field placement in an environment which I will never be able to work due to my disability...and yet I spent an incredibly valuable year of my career working in [it]...yet no one in GSSW or in my field placement made that explicit to me until I was almost finished”*

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### *How inclusive is DU related to persons with DIMC?*

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Surprisingly, only 16.4% of students identifying as having a DIMC were registered with the DSP, despite 38.2% sharing that they have had need of an academic accommodation. In regards to the accessibility of the DU campus as a whole, 14.9% of students, 36.0% of faculty, and 15.4% of staff with a DIMC did not agree that the DU campus was physically accessible to them.

Similar to the responses regarding inclusivity of persons with DIMC at GSSW, some participants felt that overall DU was aware of, and responsive to, persons who identify as having a DIMC. Inclusive practices noted were DSP services, support services through Pioneers Care, the Center for Multicultural Excellence (CME), Veteran Services, the Ritchie Center, the Writing Center, the Office of Teaching and Learning and Human Resources. Some participants identified various support groups available through the counseling center. Although these support groups and services were noted, the lack of community for persons who identify as having a DIMC was again noted in relation to the inclusivity at DU. In both cases (GSSW/DU), a small group of participants indicated a lack of interest in being part of such a community.

Some participants stated they were unaware of the culture/climate outside of GSSW and did not know much beyond the services provided through DSP. Concerns about DSP were voiced by many. Specifically, students reported not feeling supported through the process, finding it difficult to “prove” that they had a disability. Others noted financial barriers to received accommodations related to the expense of the required testing. For some, it was not a matter of expense but rather that they did not want to have to be “retested.”

*“inequality is increased by requiring students...outside the chose norm to invest additional time and money to prove that they are justified in asking for the resources they need...”*

While some found the staff at DSP helpful, some did not and several participants mentioned having difficulty physically locating the DSP offices. At least one participant noted not pursuing services with DSP because of “word of mouth reviews.” It was also noted that DSP services were not as accessible to students in the distance programs (Four Corners & WestCO).

Others noted that there were minimal services provided related to pregnancy/ parenthood. Barriers to receiving services on campus included not having multiple health models supported by the DU system (Medicaid, no insurance). Physical barriers throughout campus were noted including the lack of ADA accessible doors (particularly stairwell and parking lot), the poorly placed wheelchair ramps, inaccessible parking, small elevators, and amount of distance between buildings that can make obtaining some services distance prohibitive.

Overall, participants felt that DIMC is not a priority at DU. They noted the lack of discourse around ableism and disability, the lack of funding related to DIMC programming, and the lack of attendance by students/staff/faculty to DIMC events indicating low priority.

*“DU doesn’t broadcast welcome to this group”*

*“DU struggles with inclusive excellence outside the classroom”*

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### *Stigma and Microaggressions*

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Many students with a DIMC did not feel comfortable sharing about their needs, experiences and identities; 45.9% said they did not agree that they would be comfortable sharing about their DIMC with their professors, 47.3% said they did not agree that they would be comfortable sharing with their peers, and 43.2% said they did not agree that they would be comfortable sharing with their field placement. Students without a DIMC reported believing that; 20.8% felt as though students with a DIMC were treated differently than those without a DIMC, and 5.1% felt as though students with a DIMC were discriminated against at GSSW. A larger percentage of those students with a DIMC felt as though they had been discriminated against during their time at GSSW (8.0%), and an additional group were unsure as to whether they had experienced discrimination (11.5%). Another 15.2% reported that students with a DIMC received fewer opportunities at their field placement.

The stigma related to having a DIMC was apparent throughout the qualitative narratives of those participants who identified as having a DIMC regardless of role (student, staff, or faculty). For many, the culture and climate of both GSSW and DU serve to reinforce this stigma and further marginalize this population; often resulting in the student not pursuing the services they need to thrive in this educational environment:

*“The increase in the use of traditional, timed exams may result in me having to pursue academic accommodations. As I understand from past experiences, this would require a considerable amount of time and money to get the necessary assessments, professional letters, and paperwork in place. If I can avoid doing this, I prefer to remain anonymous and use other skills and resources to compensate for my learning differences.”*

*“The stigma around having accommodations further discourages me from pursuing them. The language of “disability” used by DU to talk about this topic is itself problematic. I don’t view my circumstances as a disability but, rather, a difference in how I learn and thrive in academic environments. These differences are marginalized by the lack of flexibility inherent in many traditional academic practices that are structured around the priority of measuring academic achievement based a selected norm. This privileges individuals whose life experiences, development and intersecting identities happen to conform to that norm.”*

*“Choosing to avoid engaging with Disability Services at DU comes at a cost too. It means that for certain types of assignments, I expend more resources than my peers to compensate for my differences. I have made this choice deliberately, as part of a broader choice to not participate in mechanisms of systemic oppression to the extent that it can be avoided.”*

The survey defined both microaggression and discrimination for participants. A **microaggression** is an everyday behavior, expression, verbal or nonverbal statement, and/or environmental experience that is hostile and/or negative in nature and perpetuates an oppressive philosophy towards marginalized persons and communities. Microaggressions often engage assumptions and stereotypes and are not necessarily overt, but subtle and pervasive. Individuals who perpetrate microaggressions do not necessarily know they are doing so and may not intend to cause harm; however, this does not reduce the harmful affects they have on marginalized persons and communities. The insidious and commonplace nature of microaggressions often means they go unnoticed by persons and communities with dominant identities but cause stress and trauma to those who experience them. The legal definition of disability **discrimination** occurs when a qualified individual with a disability is treated unfavorably because they have a disability. It also occurs if an individual is treated less favorably

because they have a history of a disability (or medical condition) or because they are believed to have a physical or mental impairment. Two participants noted on their survey that they did not feel safe answering the question about their experience with microaggressions.

Experiencing DIMC related microaggressions varied across the board, with 28.1% of students with a DIMC reporting having experienced such a microaggressions in class and another 15.8% sharing that they were unsure if they had experienced this type of microaggression. Similarly, 36.4% of faculty and 36.4% of staff identifying as having a DIMC reported having personally experienced such a microaggression at GSSW. Witnessing microaggressions was somewhat common, with 24.2% of students without a DIMC sharing that they had witnessed a DIMC related microaggressions at GSSW.

The microaggressions and discrimination reported by the participants fell into the following categories: minimizing/dismissive, bullying, bad jokes/inappropriate comments, and unprofessional/unethical behaviors. Ableist language was noted throughout including use of words such as “retarded,” “lazy” (in reference to persons who are overweight), “crazy” (related to DSM diagnosis), and “lame” (such as “that’s lame”). Quotes below are first person experiences or witnessed by others:

### ***Minimizing/Dismissive***

*“The professor was dismissing of their comments by responding that they needed to work harder and challenge themselves.”*

*“Your [chronic illness] is not a disability...saying they understand not focusing, or having trouble writing papers – when they mean to validate my experience they really just minimize it and normalize it.”*

*“You look fine!”*

*“One student pointed out that it was a privilege to go to the doctor that often, completely disregarding painful tests, blood draws, ad medication that was giving me severe side effects”*

### ***Bullying***

*“The student in the hallway asked if I was still okay taking notes knowing who it was for”*

*“I have had peers make fun of me for talking about my depression. One went so far as to say the only reason I am at GSSW is to help white people who are depressed. Two other students sent out group texts saying, ‘[name] is talking about [their] depression again.”*

*“I believe she may have had a learning disability (challenges related to learning). I witnessed other students becoming impatient with her, expressing this by eye rolling and looking at their peers.”*

### **Bad Jokes/Inappropriate comments**

*“Since you’re dyslexic you probably shouldn’t be in charge of typing right?”*

*“Oh look, someone brought in cookies, let’s all get diabetes now.”*

*“The teacher mention that, after disclosing some of my disability, that I need to start a fund for my kids because my anxiousness is going to make them anxious.”*

*“I have also have a friend ask “What disability to you have?” In reference to [their] identifying as disabled.”*

*“I am significantly overweight as a result of a past medical condition. On several occasions during the course of class discussions it was implied that people are overweight due to poor lifestyle choices and laziness.”*

### **Unprofessional/Unethical**

*“A high level faculty member commented that I appeared to be impaired by alcohol while we were in a public hallway”*

*“My direct supervisor dismissed a colleague’s severe depression as “just mental” and implied that [their] need to take a leave of absence wasn’t justified.”*

*“I was also told by a faculty member that I would just have to suck it up and deal with it because everyone has difficulty with their schedule.”*

*“Helping people with disabilities without them asking for help. Often it is taken as offensive and unwanted attention or assistance.”*

*“A student’s speech/language processing disability and I had a professor who cut this student off multiple times in class.”*

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### *Recommendations*

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When it comes to participating in on-campus events, training, and/or programs related disability rights and the experiences of individuals with a DIMC, 90.8% of students, 97.9% of faculty and 95.7% of staff without a DIMC said yes or maybe. Amongst those who did report having a DIMC, 87.4% of students, 95.7% of faculty, 92.9% of staff said yes or maybe to participating if such programming was offered. Not only is there a demonstrated need for improvement around disability rights, identities, and accommodations at GSSW; there is also a desire from the community to have access to different types of trainings and events that support individuals with DIMC and their communities.

The number one recommendation provided by participants was education and training on several topics related to disability. It was widely recommended that the training be provided to faculty,

staff, field liaisons and field supervisors. It was suggested by many that training be done annually. The topics suggested included:

- Accommodations
- Addressing microaggressions in the classroom
- Advocacy and Ableism
- Best practices to support persons with DIMC
- Creating a supportive learning environment
- Disability in Internship
- Empowering students with DIMC
- Fire Evacuation
- Hidden disabilities
- Learning disabilities
- Mental and medical conditions
- Physical Accommodations
- Resources for persons with DIMC
- Self-care for persons with DIMC
- Supporting persons with Traumatic Brain Injury (TBI)
- Teaching to accommodate diverse learning styles

Programmatic recommendations included decentralizing and improving DSP. This included providing more transparency regarding the DSP process and having an identified contact person within GSSW who is known by everyone. Several persons recommended providing a list of appropriate accommodations for students to faculty.

Others recommended an awareness campaign regarding services available to persons with DIMC such as DSP, the Writing Center, the Health & Counseling Center, and the Learning Effectiveness Program. Several participants recommended improving overall “support” for students, staff, and faculty (including adjuncts). In addition, making a list of resources for persons with DIMC readily available, especially to students was recommended.

Recommendations for physical changes included a dedicated private area for pumping breast milk, more ergonomic work stations including high rise desks, phone headsets for staff/faculty, more accessible classrooms, an appropriate emergency exit (ADA compliant), having classroom numbers and names in braille outside the door, and access to a variety of food items in the building.

Lastly, recommendations related to the academic program included increasing the discourse on disability across the curriculum, taking more breaks during class, providing preferential seating as well as a different testing area as needed, having more online courses (to on-ground students), decreasing the class size, incorporating different learning styles in teaching, audio text books, and alternative text format.

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## *Summary*

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As GSSW has never before conducted a multi-faceted disability assessment of students, staff, and faculty, the findings are incredibly poignant and crucial to supporting GSSW as it strives to be more inclusive and affirming of people with DIMC. It is also important to note that this survey offers some of the first insight as to experiences of ableism, anti-DIMC microaggressions, and discrimination of people with DIMC within a social work program. While GSSW is not the only social work program to experience these challenges and struggle with how ableism infiltrates every facet of life including education, it is one of few to recognize this as an area for improvement, and put forth the resources to begin to affect change.

Some findings suggest that there are many areas for improvement, including supporting faculty in understanding and implementing UDL; addressing disability identity, disability rights and ableism as part of classroom and community conversations; offering more information on accommodations including the DSP process and how faculty and students can best collaborate regarding these needs; partnering with the DU campus at large to create more accessible spaces at large; and intentionally creating, growing, and sustaining a disability focused community at GSSW. Although these challenges may be seen as a negative, it truly speaks to the commitment the GSSW community has for lifelong learning and growth. Students, staff and faculty alike generously shared their experiences as part of this survey, as well as their interest in participating in more disability related programming and trainings, and with passionate and engaged leadership at the helm, GSSW now has a better understanding of the challenges facing those with DIMC, and concrete recommendations with which to change the climate both within the social work program, and the campus at large.