CURRICULAR RESOURCE ON ISSUES OF
Disability and Disability-Competent Care

Diversity and Justice Supplement

Developed by the Disability-Competent Care Curriculum Workgroup in Collaboration With the CSWE Council on Disability and Persons With Disabilities and the Center for Diversity and Social & Economic Justice

CSWE
COUNCIL ON SOCIAL WORK EDUCATION

RESOURCES FOR INTEGRATED CARE
Resources for Plans and Providers for Medicare-Medicaid Integration

Curricular Resource on Issues of Disability and Disability-Competent Care: Diversity and Justice Supplement
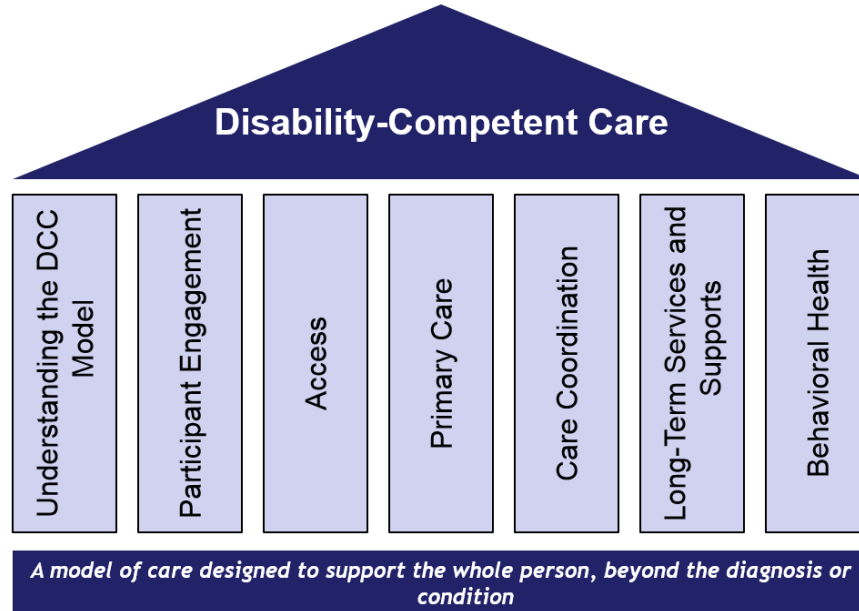
Table of Contents

Overview

This guide provides a foundation for integrating disability content into social work education. The guide includes two objectives. The first is to outline how content on disability aligns with specific values and competencies of social work education as defined by the Council on Social Work Education's (CSWE) 2015 Educational Policy and Accreditation Standards (EPAS; CSWE, 2015). The second is to provide specific classroom resources for social work educators, including in-class exercises, slides, fact-sheets, assignments, media examples, personal stories, assessments, and readings (located in a [companion Excel database spreadsheet](#) searchable by *type of resource* and *competency*). The guide incorporates the framework of the Disability-Competent Care (DCC) model. The DCC model was created for providers in their efforts to deliver more integrated, coordinated care to people dually eligible for Medicare and Medicaid (see Appendix A). However, the content can be applied in multiple learning environments. Although educational resources that apply to other populations have been added as examples, the guide is not comprehensive of all disability types and settings.

Background

Approximately 14% of adults in the United States live with a disability that results in complex activity limitations or restrictions in a person's ability to participate fully in social or daily activities (U.S. Department of Health and Human Services, 2016). People with disabilities are more likely to have poor health outcomes and less likely to receive the recommended care (Office of the Assistant Secretary for Planning and Evaluation, 2016). The DCC model offers a person-centered approach to delivering care that supports individuals with functional limitations in achieving maximum function. This includes working with an interdisciplinary team that recognizes and supports individuals as unique persons as opposed to a lens of diagnosis or condition. The model responds to the person's physical and clinical needs while considering his or her emotional, social, intellectual, and spiritual needs. DCC promotes services and supports needed for persons with disabilities to function with maximum independence and self-sufficiency at home and in the community. **Figure 1** lists the seven pillars that comprise the DCC model.

Figure I: Seven Pillars of the DCC Model

Disability-Competent Care

| Understanding the DCC Model | Participant Engagement | Access | Primary Care | Care Coordination | Long-Term Services and Supports | Behavioral Health |

A model of care designed to support the whole person, beyond the diagnosis or condition

DCC Model Development

The DCC model was developed by experts in service provision, advocacy, and policy; people with disabilities; and individuals from pioneering managed care programs specifically serving people with disabilities. The DCC model development was supported by The Lewin Group, under contract with the Centers for Medicare & Medicaid Services' (CMS) Medicare-Medicaid Coordination Office (MMCO), through a technical assistance effort titled Resources for Integrated Care (RIC). For more information see https://www.resourcesforintegratedcare.com/. Development of the model included

- defining the values and purpose of disability-competency;
- identifying and describing the core components of the practice of disability-competency;
- developing detailed action steps for organizations to achieve competence associated with each core component;
- field testing with several provider organizations; and
- soliciting input from external reviewers on the model and components of disability-competence and refining the model over time.

Several educational and training resources promoting the concepts and core values of the DCC model have been developed. These include webinars, fact sheets, briefs, and tools. Two self-assessment tools specifically provide guidance for providers and health plans on DCC: 1) the Disability-Competent Care Self-Assessment Tool assists health plans and health systems to evaluate their current ability to meet the needs of adults with functional limitations and to identify strategic opportunities for improvement; and 2) the DCC-Self-Paced Training Assessment Review Tool further assists by directing providers to tailored resources to enhance the effectiveness and completeness of training materials according to the

seven pillars. All these materials are available on the RIC website (https://www.resourcesforintegratedcare.com/).

Council on Social Work Education

CSWE promotes social work education inclusion, equity, social and economic justice, and the integration of knowledge of how the multiple aspects of human diversity intersect, through the Commission for Diversity and Social & Economic Justice. The Commission performs this function with several diversity and social justice-related councils and affiliated groups, including the Council on Disability and Persons with Disabilities (CDPD). The CDPD exists to support integration of disability content into social work education and support students with disabilities in social work education. "Lack of resources for teaching, lack of relevant faculty expertise, and an overcrowded curriculum" recently emerged in a CDPD survey of social work educators as key barriers to integrating disability content into courses (Ogden, McAllister, & Neely-Barnes, 2017, p. 361). As part of its efforts to promote diversity and social and economic justice education, CSWE established the Center for Diversity and Social & Economic Justice. The *Curricular Resource on Issues of Disability and Disability-Competent Care* will be housed on the Center's website as a supplement to an Educational Policy and Accreditation Standards (EPAS) curricular guide on diversity and justice currently under development.[1]

Disability Content in Social Work Education

Given the prevalence of disability, social workers will encounter people with disabilities in a wide variety of settings including health systems, schools, and mental health agencies, and through agencies serving older adults, individuals with intellectual and developmental disabilities, and individuals with physical disabilities. Considering the systemic discrimination that many individuals with disabilities face, social work educators, with the profession's commitment to social and economic justice and the promotion of the dignity and worth of all persons, have a clear mandate to help students gain skills for disability-competent practice across populations and settings.

Although the CSWE EPAS includes disability within the context of diversity, the depth and degree to which the content is covered in social work education varies (Gourdine & Sanders, 2002). A study conducted in 2010 found that only 37% of social work schools offered at least one course on disability Laws, Parish, Scheyett, & Egan, 2010). According to the CDPD 2017 survey of educators, only 18% indicated their school offered a stand-alone social work disability-related course (Ogden et al., 2017). Most schools take an infused approach by incorporating disability content within a variety of courses. For example, disability content is often included in courses on diversity (Ogden et al., 2017). This helps lessen the burden of developing additional courses for an already crowded curriculum (Bean & Krcek, 2012). However, there has not been a cohesive effort to effectively integrate disability content across social work curricula. Following a review of course descriptions from the top 25 schools of social work in the United States, only one course mentioned the Americans with Disabilities Act (ADA), an important piece of legislation that greatly affects the needs and issues of individuals with disabilities (Bean & Krcek, 2012). Several studies have also highlighted the lack of content related specifically to developmental disabilities (Burge, Druick, Caron, Ouellette-Kuntz, & Paquette, 1999; Kropf, 1996). The CDPD survey found that educators included disability as part of diversity slightly more than half the time but not

---

[1] For more information see https://www.cswe.org/Centers-Initiatives/Centers/Center-for-Diversity.

consistently. At the same time, faculty members have increasingly identified a need for expertise on disability content. For example, participants from the CDPD survey, most of whom were professors, requested a "sample syllabi and specific examples on how to teach disability content" (Ogden et al., 2017, p. 367) as support for increasing disability content integration. The same study suggested including materials developed with an intersectional lens due to the overcrowded curriculum. The authors suggest that,

> as such, they will need to not only cover the topic of disability, but touch on other important topics in the social work curriculum using an intersectional lens. For example, case studies that illuminate the intersections of disability with race and ethnicity, immigration status, gender, or sexuality could be used in a wide variety of courses. (Ogden et al., 2017, p. 370)

The authors provided a resource list but acknowledged much more work needs to be done to make materials easily available.

Furthermore, disability is often discussed and treated in social work curricula from a diagnostic perspective. Generally, disability is defined as "a long-term to permanent physical, behavioral, psychological, cognitive, or sensory impediment that renders individuals less able than those who are free of such impediments, or those who can recover" (Gilson & DePoy, 2002, p. 154). Disability scholars call for moving away from that perspective to a constructionist or social model approach. Using this approach, "disability is seen as inequity in how an environment responds to and interprets human diversity, rather than as a deficit to be cured, remediated, or fixed" (Gilson & DePoy, 2002, p. 156). Although the literature does not suggest completely removing the diagnostic view, the social work concept of person-in-environment approach seeks to teach skills for supporting people with disabilities individually while also working to address social determinants of health[,2] including policy, cultural, community, and family factors that may promote greater inclusion for people with disabilities across the lifespan.

CSWE Educational and Policy and Accreditation Standards

This curricular guide follows the four-part integrated curriculum design of CSWE's 2015 EPAS: (1) program mission and goals, (2) explicit curriculum, (3) implicit curriculum, and (4) assessment. This guide offers suggestions that social work educators may use to address disability-related issues in the explicit and implicit curricula. The explicit curriculum includes the courses and field education, whereas the implicit curriculum consists of the culture and environment of the school, such as commitment to diversity and other aspects that demonstrate how the school lives out the values of the profession.

Method

Since 2013, RIC has developed resources for health plans, health systems, and providers to help expand their capacity to deliver more integrated, coordinated care to people dually eligible for Medicare and Medicaid. To continue efforts to expand the capacity of providers in disability competence, RIC intended to build on existing DCC materials for practice to develop specific resources for education. In fall 2017, RIC conducted an environmental scan of four professions that support dually eligible individuals—medical assisting, nursing, care coordinating, and social work. The scan summarized labor statistics,

---

[2] In 2013 CSWE hosted a White House briefing, titled "Addressing the Social Determinants of Health in a New Era: The Role of Social Work Education," to highlight the role of social workers in access to care.

educational requirements, and school accreditation. Through this process RIC discovered the work of the CSWE CDPD and had a conversation with the co-chair. The CDPD's October 2017 national in-person meeting included an in-depth discussion of RIC's plans to promote DCC within social work education. CDPD made several suggestions to RIC, including

- reaching out to individual schools of social work to explore partnership on curriculum development;
- preparing content for posting on CSWE's educational resources website; and
- presenting at national conferences to gain visibility among social work educators.

Through several exploratory conversations with social work educators, RIC decided to focus resources on drafting a curricular guide similar to guides posted currently in the educational resources section of the CSWE website[3] for working with military veterans and integrating content on aging into the classroom. Many of the resources in this guide focus on working with dually eligible individuals. Although content outside the Medicare–Medicaid population appears, the guide is not a comprehensive collection for all disability types and settings.

RIC developed a crosswalk of the CSWE EPAS competencies and DCC model content to demonstrate how the guide would align with the current accepted areas for social work education. The crosswalk helped frame the goals of a curricular guide for disability in social work education. RIC convened a diverse group of experts through a workgroup including social work educators with a broad range of expertise in disability areas, national-level training experts in disability, disability advocates, federal policy-makers, a health plan social worker, a professor of disability studies and individuals with disabilities. The workgroup participated in four virtual meetings and provided guidance on the outline, structure, and content of the guide. Significant discussion centered on the usefulness to the intended audience—social work educators. The group drafted and refined disability learning outcomes for each EPAS competency. In addition to DCC model content, workgroup members contributed educational resources. A list of the workgroup participants appears in *Appendix B*.

Scope of Guide and How to Use

This curricular guide enables educators to enhance and fill gaps in their current curricula to expand their disability competence. The next section, EPAS Competencies Mapped to Disability Learning Outcomes, provides links between the DCC model and social work values, offers suggested disability learning outcomes for each of the EPAS competencies, and provides suggestions for addressing content in the classroom. Explicit curriculum educational resources appear in a companion Excel database spreadsheet searchable by type of resource and competency, the Issues of Disability and Disability-Competent Care Social Work Curriculum Educational Resource Database.

---

[3] These resources include *Advanced Gero Social Work Practice* (Council on Social Work Education, 2009; retrieved from https://www.cswe.org/getattachment/Centers-Initiatives/Centers/Gero-Ed-Center/Educational-Resources/Gero-Competencies/Practice-Guides/Practice-Guide/GeroBrochureFINALPDF.pdf.aspx); *Advanced Social Work Practice in Military Social Work* (Council of Social Work Education, 2010; retrieved from https://www.cswe.org/CMSPages/GetFile.aspx?guid=75fa605c-03ff-44fb-a6f8-57d102e6fde5); and *Specialized Practice Curricular Guide for Military Social Work* (Council on Social Work Education, 2018; retrieved from https://cswe.org/Education-Resources/2015-Curricular-Guides/Military-Social-Work/MilitarySW2018.aspx).

Many of the educational resources in this guide stem from DCC materials developed or compiled for health-care settings. Other materials include a broader scope including other settings where social workers practice such as schools, community mental health centers, advocacy organizations, government, and so forth. The DCC materials developed for health plans and providers define disability from a functional perspective rather than a disease-based perspective. This remains consistent with the World Health Organization (2018) definition of disability as an

> umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.

EPAS Competencies Mapped to Disability Learning Outcomes

DCC Connection to Social Work Values

Schools applying for accreditation must demonstrate how their mission statements align with the overall mission of the profession. The DCC model and social work education share common purpose and values.

> The purpose of the social work profession is to promote human and community well-being. Guided by a person and environment construct, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, social work's purpose is actualized through its quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons. (CSWE, 2015)

This mission reflects the core values of the DCC model, with a focus on the individual needs of the person, respect for the person's choices, and equal access to care including the elimination of medical and institutional bias, perception of disability as a societal issue, and emphasis on functional capacity versus diagnosis or disease. **Table 1** shows how the values of the DCC model and the values of social work education align. Whereas the core values of each capture the concepts of individual worth, dignity, person-centeredness, and respect, the core values of the DCC model support and further specify social work values.

Table 1: Social Work and DCC Values Alignment

Social Work Values	*Core Values of the Disability-Competent Care Model*
- Service - Social justice - Dignity and worth of the person - Importance of human relationship - Integrity - Competence - Human rights - Scientific inquiry **Source:** CSWE, 2015	- Person-centered approach - Respect for the person's choice and the dignity of risk. - Equal access to care including elimination of medical or institutional bias - Perception of disability as a societal issue - Focus on functional capacity as compared to diagnoses or disease processes. **Source:** Resources for Integrated Care, 2017

Explicit Curriculum

CSWE accreditation standards require that schools of social work provide a matrix to demonstrate how their content implements the nine competencies. **Table 2** displays the social work competencies as outlined in the 2015 CSWE EPAS.

Table 2: CSWE Educational Policy and Accreditation Standards Competencies

Competency	Description
Competency 1:	*Demonstrate ethical and professional behavior*
Competency 2:	*Engage diversity and difference in practice*
Competency 3:	*Advance human rights and social, economic, and environmental justice*
Competency 4:	*Engage in practice-informed research and research-informed practice*
Competency 5:	*Engage in policy practice*
Competency 6:	*Engage with individuals, families, groups, organizations, and communities*
Competency 7:	*Assess individuals, families, groups, organizations, and communities*
Competency 8:	*Intervene with individuals, families, groups, organizations, and communities*
Competency 9:	*Evaluate practice with individuals, families, groups, organizations, and communities*

The guide is organized around the nine EPAS competencies mapped to the pillars of the DCC model. **Table 3: Crosswalk of CSWE EPAS Competencies to Disability Learning Outcomes** outlines how DCC content relates to the social work competencies by providing main DCC content areas as learning outcomes and a connection point between disability content and social work competencies. For each CSWE competency table, the knowledge, values, skills, and cognitive and affective processes appear at the top followed by a list of behaviors within that competency as outlined by CSWE. The Disability

Learning Outcomes column outlines learning outcomes for social work students related to disability. The Connection Point column outlines the case for how content on disability supports the CSWE competency. Educational resources under each competency are provided in the Issues of Disability and Disability-Competent Care Social Work Curriculum Educational Resource Database available at https://docs.google.com/spreadsheets/d/1M2arvHWdriBoNzC4GNabQbyHjg5CJ9q_RkOrUs0PV2U/edit#gid=1448839630.

Table 3: Crosswalk of CSWE EPAS Competencies to Disability Learning Outcomes

Competency 1: Demonstrate Ethical and Professional Behavior

CSWE Knowledge, Values, Skills, and Cognitive and Affective Processes

Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice: at the micro, mezzo, and macro levels. Social workers understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior. Social workers understand the profession's history, its mission, and the roles and responsibilities of the profession. Social Workers also understand the role of other professions when engaged in inter-professional teams. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology and the ethical use of technology in social work practice. Social workers:

CSWE Behaviors and Outcomes	Disability Learning Outcomes	Connection Point For educational resources click here
• Make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context	• Recognize the contribution of people with disabilities as experts in their own lives as it relates to decision-making • Apply the concept of dignity of risk • Identify the basic tenants of the Americans with Disabilities Act • Identify other key legislation affecting individuals with disabilities • Describe the Olmstead decision as it relates to self-determination, community participation, and choice to live in the least restrictive environment	The concept of dignity of risk resonates with the social work competency of demonstrating ethical and professional behavior and expands on the Code of Ethics in the area of self-determination (NASW Code of Ethics 1.02). Dignity of risk implies an acceptance that individuals may choose to take on more risk than the social worker may feel comfortable with and that the individual has the right to make such choices. The Olmstead decision from the Supreme Court directs the states to ensure persons with disabilities can live in the least restrictive settings of their choice in the community. Students can be challenged to apply this concept of the dignity of risk in their field placements both at the individual and organizational levels. Instructors can encourage students to evaluate how they see risk handled both positively and negatively.

CSWE Competency 1: Demonstrate Ethical and Professional Behavior		
CSWE Behaviors and Outcomes	**Disability Learning Outcomes**	**Connection Point** For educational resources click here
• Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations		
• Demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication		
• Use technology ethically and appropriately to facilitate practice outcomes	• Use innovation in technology to support individuals and families with disabilities in living with greater independence	Using technology to facilitate practice outcomes requires that social workers be aware of technology that supports community living for people with disabilities or where to go in the community to find that information.
• Use supervision and consultation to guide professional judgment and behavior		

CSWE Competency 2: Engage Diversity and Difference in Practice

CSWE Knowledge, Values, Skills, and Cognitive and Affective Processes

Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power. Social workers:

CSWE Behaviors and Outcomes	Disability Learning Outcomes	Connection Point For educational resources click here
• Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels	• Define disability • Give examples of an individual's experience of disability • Define independent living and the independent living movement • Explain disability culture and its various manifestations • Summarize how age, race, and socioeconomic factors affect individuals and families with disabilities • Describe the shift in attitudinal models in health care from traditional medical model to person-centered (DCC) • Identify access barriers and policy changes needed for inclusion of individuals with disabilities and their families	As Competency 2 makes clear, disability and ability represent dimensions of diversity. Some specific examples for teaching include using personal stories of individuals with disabilities to apply learning at the micro level; having students research one group that represents a different disability culture to address this competency at the mezzo level; and exploring and documenting barriers in a particular setting and solutions to access to cover this competency the macro level.

CSWE Competency 2: Engage Diversity and Difference in Practice		
CSWE Behaviors and Outcomes	**Disability Learning Outcomes**	**Connection Point** For educational resources click here
• Present themselves as learners and engage clients and constituencies as experts of their own experiences	• Describe components of meaningful involvement of people with disabilities • Apply discovery skills (e.g., components of essential lifestyle planning, Person-Centered Thinking™, and motivational interviewing) • Explore strategies for contributions of people with disabilities in the functioning of organizations • Engage with disability advocacy organizations • Describe the concepts of identity-first and person-first language and other terminology preferred by persons with disabilities, and use that in oral, written, and electronic communication	To help reinforce the learning outcome of engaging clients and groups as experts in their own experience, instructors could invite in a speaker on from a center for independent living or other disability advocacy group for an in-class presentation. Some skills and tools in the field of disability services are excellent techniques for learning about the values and preferences of individuals and groups that social workers support.
• Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.	• Recognize and challenge one's own biases related to disability	The social worker must use self-reflection to uncover bias in how he or she views disability. For example, do students automatically presume poor health in people with disabilities? Social work educators can use in-class discussion as well as self-reflection assignments to evaluate implicit and explicit biases.

CSWE Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice

CSWE Knowledge, Values, Skills, and Cognitive and Affective Processes

Social workers understand that every person regardless of position in society has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education. Social workers understand the global interconnections of oppression and human rights violations and are knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Social workers understand strategies designed to eliminate oppressive structural barriers to ensure that social goods, rights, and responsibilities are distributed equitably and that civil, political, environmental, economic, social, and cultural human rights are protected. Social workers:

CSWE Behaviors and Outcomes	Disability Learning Outcomes	Connection Point For educational resources click here
• Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels	• Identify the basic tenants of the Americans with Disabilities Act and the disability rights movement • Identify policy and organizational changes needed to support integration and access at a student's field placement	Instructors can help students learn strategies and skills for advocacy on the individual and systems levels, informed by understanding of disability as a civil rights construct. Students will learn about disability advocacy groups and how to effectively engage with them as allies for disability rights.
• Engage in practices that advance social, economic, and environmental justice	• Summarize change needed on individual, organizational, and societal levels for integration for people with disabilities • Recognize issues of access for people with disabilities and their families	Students will apply knowledge of barriers to integration and access in their practice settings to work with individuals with disabilities and advocacy groups as advocates for change.

CSWE Competency 4: Engage in Practice-informed Research and Research-informed Practice

CSWE Knowledge, Values, Skills, and Cognitive and Affective Processes

Social workers understand quantitative and qualitative research methods and their respective roles in advancing a science of social work and in evaluating their practice. Social workers know the principles of logic, scientific inquiry, and culturally informed and ethical approaches to building knowledge. Social workers understand that evidence that informs practice derives from multidisciplinary sources and multiple ways of knowing. They also understand the processes for translating research findings into effective practice. Social workers:

CSWE Behaviors and Outcomes	Disability Learning Outcomes	Connection Point For educational resources click here
• Use practice experience and theory to inform scientific inquiry and research	• Design a research plan that includes people with disabilities and access to participation in social work research • Give examples of evidence-based models for working with people with disabilities • Describe how the DCC model emerged in serving individuals dually eligible for Medicare and Medicaid	Instructors can integrate content on disability when teaching about this research competency. Examples include using research studies that integrate people with disabilities and having students design and analyze such studies. Instructors can also integrate evidence-based models of supporting people with disabilities, which will enable the social worker to apply these models in work environments.
• Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings	• Explore how people with disabilities communicate their ideas, the "disability voice," and possible researcher bias	
• Use and translate research evidence to inform and improve practice, policy, and service delivery	• Design a continuous quality improvement (CQI) project that affects people with disabilities	At the macro level, CQI efforts can improve services for people with disabilities. Instructors can have students explore how organizations can use research collected from the experience of individuals with disabilities to inform practice and policy.

CSWE Competency 5: Engage in Policy Practice

CSWE Knowledge, Values, Skills, and Cognitive and Affective Processes

Social workers understand that human rights and social justice, as well as social welfare and services, are mediated by policy and its implementation at the federal, state, and local levels. Social workers understand the history and current structures of social policies and services, the role of policy in service delivery, and the role of practice in policy development. Social workers understand their role in policy development and implementation within their practice settings at the micro, mezzo, and macro levels, and they actively engage in policy practice to effect change within those settings. Social workers recognize and understand the historical, social, cultural, economic, organizational, environmental, and global influences that affect social policy. They are also knowledgeable about policy formulation, analysis, implementation, and evaluation. Social workers:

CSWE Behaviors and Outcomes	Disability Learning Outcomes	Connection Point For educational resources click here
• Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services	• Describe federal and state policy on educational, health, and social supports for individuals with disabilities and the implications for social work practice • Give examples of advocacy organizations that support people with disabilities	Social work educators can have students explore the history and landscape of local, state, and national policy relating to individuals with disabilities to demonstrate how social policy evolves and expands and have them document how policies have shaped access, well-being, and service delivery. From this, they may develop strategies to work toward policy that further integrates people with disabilities.
• Assess how social welfare and economic policies impact the delivery of and access to social services	• Describe the benefits of including people with disabilities as advisors in creating policy	Students can identify social welfare programs for individuals with disabilities (i.e., Supplemental Security Income, Medicare, Medicaid, and Section 8 housing vouchers), as well gaps and potential policy opportunities and limits. Students can develop plans to create advocacy coalitions to address gaps in policy.
• Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice	• Give examples of how advocacy by people with disabilities and their allies has advanced human rights and social and economic justice • Explain how the concepts and principles of self-direction and equal access identify critical program design elements and highlight lessons learned from program experiences.	

CSWE Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

CSWE Knowledge, Values, Skills, and Cognitive and Affective Processes

Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers value the importance of human relationships. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship-building and inter professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate. Social workers:

CSWE Behaviors and Outcomes	Disability Learning Outcomes	Connection Point For educational resources click here
• Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies	• Describe the social model of disability and how it differs from a medical or deficit-based construct • Recognize the complexities of living with a disability and how it affects supports for individuals with disabilities, their families, and communities • Describe the barriers to supports: attitudinal, process accommodations, physical access, communication access, programmatic and navigational access • Apply some strategies to address barriers • Summarize the prevalence of behavioral health needs in the population of persons with disabilities	The social model of disability resonates with the social work concept of person-in-environment. It provides a key perspective on the way the social environment plays a role in shaping how individuals experience the world. It includes social perceptions of disability, how inclusive and accessible (or not) communities are, disparities in health/employment/access, etc., among people with disabilities.
• Use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies	• Apply knowledge of person-centered practice models in working with individuals, families, groups, organizations, and communities	Social work educators can introduce students to and encourage them to apply some person-centered practice models such as motivational interviewing, Person-Centered Thinking (PCT)™, (MAPS) Making Action Plans, (PATH) Planning Alternative Tomorrows with Hope. If students have field placements at disability organizations, they may also be able to share methods used with peers and instructors through a field seminar or practice course.

CSWE Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

CSWE Knowledge, Values, Skills, and Cognitive and Affective Processes

Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of interprofessional collaboration in this process. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making. Social workers:

CSWE Behaviors and Outcomes	Disability Learning Outcomes	Connection Point For educational resources click here
• Collect and organize data and apply critical thinking to interpret information from clients and constituencies	• Apply knowledge of person-centered assessment to support individuals, families, groups, organizations, and communities in describing themselves and their lives • Assess needs through effective communication • Assess an organization's disability competence • Assess the positive and negative effects of an organization's policies on people with disabilities	Understanding effective strategies to support individuals with disabilities in person-centered care planning aligns closely with this social work competency. The DCC model also stresses the importance of working in an interdisciplinary team. More specifically, instructors could use the DCC Self-Assessment Tool to assess the disability competency of their field placement setting and the DCC START to assess an organization's training program as it relates to competency in disability.
• Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies	• Summarize what is important to individuals, what they need and want, and together develop a plan to achieve it • Leverage an individual's care partners and the interdisciplinary team to address the individual's needs while keeping in mind the significant influence of all these environmental factors such as perceptions of disability, access, and health disparities on people with disabilities	

CSWE Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities		
CSWE Behaviors and Outcomes	**Disability Learning Outcomes**	**Connection Point** For educational resources click here
• Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies	• Implement, monitor, and refine the plan in collaboration with the individual, group, or organization as needed • Assess an organization's training materials for disability competence	
• Select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies		

CSWE Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

CSWE Knowledge, Values, Skills, and Cognitive and Affective Processes

Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers are knowledgeable about evidence-informed interventions to achieve the goals of clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to effectively intervene with clients and constituencies. Social workers understand methods of identifying, analyzing and implementing evidence-informed interventions to achieve client and constituency goals. Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and interorganizational collaboration. Social workers:

CSWE Behaviors and Outcomes	Disability Learning Outcomes	Connection Point For educational resources click here
• Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies	• Assess the positive and negative effects of policy on people with disabilities • Design interventions to make organizations more disability-competent • Make recommendations to enhance an organization's training in disability competence	Instructors could have students apply the DCC Self-Assessment Tool to make recommendations about enhancing the disability competency of their field placement setting and the DCC START to recommend enhancements to training in disability competency.
• Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies	• Facilitate support and service plans or organizational strategic plans that emphasize goals and outcomes important to individuals with disabilities • Apply knowledge of the social model of disability to practice and policy settings	Instructors could use in-class exercises or assignments to expose students to the social model of disability and have them apply the model to practice and/or policy.
• Use interprofessional collaboration as appropriate to achieve beneficial practice outcomes	• Describe care coordination provided by an interdisciplinary team, interprofessional team, and multidisciplinary team • Explain the role of a social worker on an interdisciplinary team and how to work collaboratively	Interprofessional teamwork represents a key feature of this competency. Instructors could have students document how the team approach affects individuals with disabilities. An interdisciplinary team is a core component of the DCC model.

CSWE Competency 8: Intervene with With Individuals, Families, Groups, Organizations, and Communities		
CSWE Behaviors and Outcomes	**Disability Learning Outcomes**	**Connection Point** For educational resources click here
• Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies	• Apply knowledge of self-determination and minimization of risk from the individual and organizational perspectives	
• Facilitate effective transitions and endings that advance mutually agreed-on goals		

CSWE Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

CSWE Knowledge, Values, Skills, and Cognitive and Affective Processes

Social workers understand that evaluation is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in evaluating outcomes. Social workers understand qualitative and quantitative methods for evaluating outcomes and practice effectiveness. Social workers:

CSWE Behaviors and Outcomes	Disability Learning Outcomes	Connection Point For educational resources click here
• Select and use appropriate methods for evaluation of outcomes	• Design a research plan that includes people with disabilities in social work research • Use research-informed practice to develop support plans that account for personal outcomes important to people with disabilities	Understanding the importance of personal outcome measures will enhance social workers' capacity to support individuals with disabilities. Social workers can also lead efforts to ensure that the voices of individuals with disabilities remain central to continuous quality improvement with families, groups, and organizations. Instructors could use assignments to have students demonstrate learning in this area by designing research studies inclusive of people with disabilities and/or developing individual or organizational plans with personal outcome measures as central components.
• Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes	• Explain the balance between traditional approaches (quality measures, surveys) and concrete, close-to-the-ground strategies to learn how the individuals are experiencing the services and programs being provided	
• Critically analyze, monitor, and evaluate intervention and program processes and outcomes		
• Apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels		

Implicit Curriculum

CSWE accreditation standards require that schools of social work demonstrate how they exemplify social work values through the culture and diversity of the school. The practices below provide some examples of how schools have supported a culture of diversity and inclusion for individuals with disabilities. Schools of social work could integrate the strategies below to demonstrate commitment to disability as a form of diversity.

- Consider changes to bring the school into greater compliance with the ADA. These include the following:
    - Making the school's website and any online coursework ADA compliant
    - Implementing a policy of universal design in curriculum. Universal design means learning designed to meet the learning needs of and accessible to all learners, according to the Center for Applied Special Technology.[4] The CSWE CDPD compiled a list of universal design educational resources, which is available at https://www.cswe.org/Centers-Initiatives/Center-for-Diversity/About/Commission-for-Diversity-and-Social-and-Economic-J/Council-on-Disability-and-Persons-with-Disabilitie/CDPD-Connect-Session-Resources.aspx
    - Providing supports for students with exceptional learning needs
    - Considering physical access issues in university buildings, field placements, and emergency and safety plans
    - Contacting local ADA centers (see https://adata.org/find-your-region) for support in implementing the ADA
- Hosting talks about disability-related issues
- Developing and promoting student groups for students with disabilities
- Connecting with the state's University Center for Excellence in Disabilities (UCEDD). UCEDDs emerged in 1963 to serve people with intellectual and developmental disabilities. They now operate as resources for individuals with a wider range of disabilities. They receive funding from the Administration on Intellectual and Developmental Disabilities in the Administration for Community Living, U.S. Department of Health and Human Services, and provide education, research, and service. UCEDD centers exist in every state and territory. For a list, see https://www.aucd.org/directory/directory.cfm?program=UCEDD.
    - The Department of Disability and Human Development at the University of Illinois at Chicago (a UCEDD) has undergraduate minor, undergraduate major, master's program, and PhD programs in disability studies. It is the only disabilities-specific department in the United States to offer a PhD program in the field. It has many resources and can offer networking opportunities related to accessibility and disability competence. More information can be found at http://ahs.uic.edu/disability-human-development/
    - The Texas Center for Disability Studies (a UCEDD) at the University of Texas at Austin received a 3-year Project of National Significance from the Administration on Developmental Disability to develop and evaluate an innovative disability studies (DS) curriculum. The goal of the DS program is to pursue critical analysis of the nature, meaning, and social context of disability to encourage a broad understanding of the phenomenon beyond the medical model, including the experience of disability by individuals and the society. The Texas Center for Disability Studies developed and presents seven DS classes through an online format. A graduate level portfolio was approved by the University of

---

[4] For more information see http://www.cast.org/.

Texas at Austin graduate school in 2009. Based on anecdotal evidence, the program reportedly broadened students' professional skills and knowledge of disability.[5]

---

[5] Project description available at https://www.aucd.org/nirs/search/prj_view.cfm?id=45585&keywords.

References

Bean, K. F., & Krcek, T. E. (2012). The integration of disability content into social work education: An examination of infused and dedicated models. *Advances in Social Work*, *13*(3), 633–647.

Burge, P., Druick, D., Caron, M. C., Ouellette-Kuntz, H., & Paquette, D. (1999). Coursework on developmental disabilities: A national survey of Canadian schools of social work. *Canadian Social Work Review*, 16, 49–64.

Council on Social Work Education. (2015). *Educational policy and accreditation standards*. Available at https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx

Gilson, S. F., & DePoy, E. (2002). Theoretical approaches to disability content in social work education. *Journal of Social Work Education*, *38 (1)*, 153–165.

Gourdine, R. M., & Sanders, T. (2002). Missed opportunities and unlimited possibilities: Teaching disability content in schools of social work. *Journal of Health & Social Policy*, *16*(1–2), 207–220.

Kropf, N. P. (1996). Infusing content on older people with developmental disabilities into the curriculum. *Journal of Social Work Education, 32*, 215–226.

Laws, J., Parish, S. L., Scheyett, A. M., & Egan, C. (2010). Preparation of social workers to support people with developmental disabilities. *Journal of Teaching in Social Work*, *30*, 317–333.

MedPAC. (2018). Managed care plans for dual-eligible beneficiaries. In MedPAC, *Report for the Congress: Medicare and the Health Care Delivery System* (Chapter 9). Retrieved from http://www.medpac.gov/docs/default-source/reports/jun18_ch9_medpacreport_sec.pdf?sfvrsn=0

Office of the Assistant Secretary for Planning and Evaluation. (2016). *Report to Congress: Social risk factors and performance under Medicare's value-based purchasing programs*. Retrieved from https://aspe.hhs.gov/pdf-report/report-congress-social-risk-factors-and-performance-under-medicares-value-based-purchasing-programs

Ogden, L., McAllister, C., & Neely-Barnes, S. (2017). Assessment of integration of disability content into social work education. *Journal of Social Work in Disability & Rehabilitation, 16:3-4, 361-376.*

Resources for Integrated Care. (2017). *Disability-competent care*. Retrieved from https://www.resourcesforintegratedcare.com/concepts/disability-competent-care

U.S. Department of Health and Human Services. (2016). *Health, United States 2015*. Table 42. Retrieved from http://www.cdc.gov/nchs/data/hus/hus15.pdf#042

World Health Organization. (2018). *Disabilities*. Retrieved from http://www.who.int/topics/disabilities/en/

Appendix A: Background on Medicare–Medicaid Coordination Office

Individuals eligible for both Medicare and Medicaid have a higher prevalence of multiple conditions than individuals on Medicare-only or Medicaid-only. In 2013 the average annual Medicare cost for dual eligibles was more than two times higher than other Medicare beneficiaries (MedPAC, 2018). Being dually eligible for Medicare and Medicaid has also been identified as a social risk factor for poor health outcomes (Office of the Assistant Secretary for Planning and Evaluation, 2016). CMS has recently focused on improving care to this population. Since 2013 MMCO has worked to develop resources for health plans, health systems, and providers to expand their capacity to deliver more integrated coordinated care to people dually eligible for Medicare and Medicaid. MMCO contracted with The Lewin Group to provide technical assistance for this effort, including developing a suite of products published on the RIC website (https://www.resourcesforintegratedcare.com/).

Appendix B: Workgroup Members

RIC wishes to thank the members of the Disability-Competent Care Curriculum workgroup for their contributions to this guide. Participants names and affiliation appear below. Christina Neill Bowen, independent consultant, facilitated the work group process and Helen Dawson, The Lewin Group, provided support. RIC also wishes to thank Chris Duff, disability policy consultant, for his contributions to the DCC model.

Name	Organization
Matthew Bogenschutz	Virginia Commonwealth University School of Social Work
Jae Ran Kim	University of Washington, Tacoma, Social Work & Criminal Justice Program
Ellen LaSalvia	Buckeye Health Plan
Elizabeth Leef	Administration for Community Living, U.S. Department of Health and Human Services
Elizabeth Lightfoot	University of Minnesota School of Social Work
Jeanne Matich-Maroney	Iona College Department of Social Work and Marriage & Family Therapy
Susan Neely-Barnes	University of Memphis Department of Social Work
Lydia Ogden	Simmons School of Social Work
Randall Owen	University of Illinois at Chicago, Institute on Disability and Human Development
Yolanda Padilla	Council on Social Work Education Center for Diversity and Social & Economic Justice and University of Texas at Austin Steve Hicks School of Social Work
Sydney Pickern	Disability Rights Education and Defense Fund
Claudia Sellmaier	University of Washington, Tacoma, Social Work & Criminal Justice Program
Shawn Terrell	Administration for Community Living, U.S. Department of Health and Human Services
Tarek Zidan	Indiana University School of Social Work