



**Notes from the Field: Continuing Education for Social Workers on Autism, Intellectual Disability, and Sexual Health**

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# Notes from the Field: Continuing Education for Social Workers on Autism, Intellectual Disability, and Sexual Health

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*Linton and Canales*

## Abstract

California passed the California Healthy Youth Act (AB 329) in 2015, which mandated that students should have medically accurate, age-appropriate comprehensive sexual education. Social workers commonly provide services for adolescents with ASD and ID, yet most report that they feel unprepared or undereducated to support people with disabilities. This study evaluated the feasibility, acceptability, and impact of an online, continuing education training of *Mike's Crush*, a sexual health curriculum designed for adolescents with Autism and Intellectual Disability. Self-reports of readiness to support adolescents on intimacy and sexual health improved statistically significantly among participants.

## Introduction

Students with disabilities are less likely than others to receive sexual education in school (Gilmour, Schalomon, & Smith, 2012; Stokes & Kaur, 2005). Adolescents with Autism Spectrum Disorders (ASD) and Intellectual Disability (ID; previously known as Mental Retardation) often lack sexual health knowledge and the ability to care for their own sexual hygiene (Byers et al., 2013; Klett & Turan, 2012). They often struggle with social cues, boundaries, and inappropriate sexual behaviors (Cridland, Jones, Caputi, & Magee, 2014). Although understudied, social workers commonly provide services for adolescents with ASD and ID, yet most report that they feel unprepared or undereducated to support people with disabilities (Bean & Kreck, 2012; Bronstein, Ball, Mellin, Wade-Mdivanian, & Anderson-Butcher, 2011; Rueda, Linton, & Williams, 2014). A qualitative study of School Social Workers found that they were frequently approached by their adolescents with disabilities with sexual health needs (Linton, Rueda, &

Williams, 2017; Rueda et al., 2014). Social Workers reported that their clients with disabilities were sexually active, experiencing pregnancies, and were prone to sexual victimization (Linton & Rueda, 2014; Linton & Rueda, 2015).

California passed the California Healthy Youth Act (AB 329) in 2015, which mandated that students should have medically accurate, age-appropriate comprehensive sexual education. The law specifically calls for accommodation and adaptation of sexual health education curriculum for students with disabilities. After speaking to two local school districts in 2016, sexual health curriculum had not yet been adapted for students with disabilities. Research shows that education of Social Workers on disability-related content is associated with their likelihood of being socially inclusive of people with disabilities (Bean & Hedgpeth, 2012). This study aimed to assess the following research questions: a) What is the feasibility and acceptability of an online training for School Social Workers and special educators on a sexual health curriculum, *Mike's Crush*, for adolescents with autism and intellectual disability? b) What is the impact of the training on participants' perceptions of readiness to support adolescents with autism and intellectual disability on intimacy and sexual health? c) What is the impact of the training on participants' engagement in activities related to learning more about autism, intellectual disability, intimacy, and sexual health?

## The Training

Institutional review board approval from California State University, Channel Islands was obtained prior to recruitment for the training. The training was online in the course management system, Canvas by Instructure. The course was titled "Mike's Crush" and included a hardcopy curriculum and DVD that can be utilized by the

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educator (The Dibble Institute, 2018). The online intervention included an introduction to the lesson, the curriculum, and an activity. The intervention was live for fourteen days and included five modules. There was a total of ten lessons in the course, with eight lessons inspired by each module of Mike's Crush and lessons nine and ten created by the first author: a) Introduction, b) Appearance, c) Relationships, d) Body Language, e) Conversations, f) Getting to Know Someone, g) Rules and Laws, h) Healthy Relationships, i) Anatomy, and j) Preventing Sexually Transmitted Infections and Pregnancy. Every third day a module, which included two lessons, would go live, creating a fast-paced intervention. The participants engaged in conversations online, and the activities included reading excerpts, taking a quiz, and completing VoiceThread prompts. Each participant had their own account and was able to access the intervention at their convenience.

### Methods

Convenience sampling was used; participants ( $N = 10$ ) were recruited from state school social work organizations as well as a local special education department. Participants were asked to complete an informed consent prior to engaging with the course material. Once consent was obtained, participants were prompted to complete a pre-survey. The primary outcomes for the study were measured using scales that demonstrated reliability and validity among Social Workers and other professionals. Surveys included the following measures:

- Sociodemographics: age, gender, ethnicity, educational background (undergraduate and graduate degree(s), date(s) received, previous trainings on ASD, ID, and intimate sexual health), disability status, personal relationship to someone with ASD or ID
- Social Work Services: employment (full time/part time and title), current roles and responsibilities, employer type (government/non-profit status), demographics of clients

(number of clients, ages, percentage of clients that have autism and other disabilities), types of supports provided, descriptions of intimate and sexual health support provided for people with ASD or ID

- Readiness: Two items were used to measure readiness: "To what extent do you feel ready to support clients with ASD on issues pertaining to intimacy?" and "-pertaining to sexual health?" Response options ranged on a five point scale from strongly capable to strongly incapable with higher scores indicating more capability (Curtiss, 2013).
- Knowledge Seeking: *Knowledge Seeking* is a 5-item scale to assess social workers' behaviors in obtaining knowledge on intimate and sexual health among people ASD/ID, such as searching on the internet or reading books ranging from never to very often with higher scores indicating more frequency ( $\alpha = .87$ ; Curtiss, 2013).
- Collaboration: *Collaborating* is a 3-item scale to assess planning and brainstorming intimate and sexual health interventions for adolescents with ASD/ID with colleagues ranging from never to very often with higher scores indicating more frequency ( $\alpha = .94$ ; Curtiss, 2013).
- Satisfaction: Two open-ended questions inquired about the participants' satisfaction with the training and relevance to their practice: "What were the more useful aspects of the training?" and "What were some aspects of the training that you would add or change?"

### Analysis

Descriptive statistics and bivariate analyses (paired-samples *t*-tests) were used to describe the participants and outcomes. Qualitative comments provided an indication of areas of strength, weakness, and potential solutions to Mike's Crush. Converging patterns were identified for problematic areas mentioned by the same source multiple times; mentioned consistently by implementers, students, and observers; or mentioned less broadly but

consistently across lessons. Overall assessments of the salience of these patterns were used to inform decisions about needed informed modifications to the training.

### **Results**

#### **Feasibility**

The participants enrolled in the intervention were able to communicate with research personnel via email or through the online module learning system chat platform. Each participant had to create their own account in the online learning management system. The account then gave the participants full access to the intervention. Participants were required to create two additional accounts on another website for three activities. This access allowed the participants to answer a prompt where their fellow participants were able to see this information, creating a discussion-based activity. All of the participants' computers were compatible with the online training. However, some participants had trouble accessing the application VoiceThread. A common technological difficulty during the intervention was having the DVDs accessible on the computer. Mike's Crush videos and pdf files were held within the DVD that was mailed to participants. The DVD would not play on the computer because it was not supported by the computer itself. The Research Assistant created a video showing the participants how to download a supporting media player platform that would then allow for the participants to view the DVD. The Research Assistant also created a video showing how to download a supporting media player platform in order to view the pdf files as well. Out of all the ten participants, only one participant called the research assistant for clarification on accessing the Mike's Crush videos and pdf files.

#### **Acceptability**

The intervention included an introduction page to the lesson, a condensed version of the Mike's Crush lesson's curriculum, and an activity. Many

participants enjoyed the ease and structure of the online intervention. The online intervention allowed the participants to access the information easily and at their own pace. However, many participants voiced that they did not care to create additional accounts for VoiceThread and Vialogue, which accounted for three of the activities within the intervention. The majority of participants voiced that they were happy to have a hard copy of the curriculum to keep. The last VoiceThread activity assessed the thoughts on the intervention in an open-ended format. The participants noted that the curriculum in the training and hard copy format was a very important part of the training. Another student noted that the intervention also did not just talk about sexual health, but included topics like boundaries, relationships, and appearance. One of the most important comments that was received was that the curriculum was easily adaptable. It is important that a social worker is able to adapt and change aspects of the curriculum to meet the needs of a low functioning individual or, conversely, a high functioning individual.

The participants noted in the post survey that an aspect of the training they would change is to not have so many platforms to create and log into. Having the participants log into different platforms cause complication among the intervention and did not flow as expected. Another thing to consider is that four out of the ten participants were not able to complete the training within the allotted time due to the holidays and winter break scheduled during or right after the intervention, but they did complete the training at a later date.

#### **Participation**

Eleven participants initially enrolled in the intervention and took the pre-survey. However, ten participants completed the training and post-survey. A description of the participants is in Table 1. All of the participants were given a time frame of two weeks to complete the intervention. The training began on a Sunday, and every three days the research assistant informed the participants via email that the next module would

be open. The mean average for the participants to complete the intervention was 5.8 hours. Four participants did not complete the intervention within the two week time frame in December. Delayed participation reasoning was due to getting sick, not logging into their email during the winter break, or not working during winter break. However, the participants did complete the training by the end of January, adding five additional weeks to the intervention.

**Readiness, Knowledge Seeking, and Collaboration**

Self-reports of readiness to support adolescents on intimacy and sexual health ranged from 1 - 5 (strongly incapable to strongly capable) on the pre-survey and improved to a range of somewhat 4 - 5 (capable to strongly capable) on the post-survey. There were statistically significant improvements in the mean scores on self-reported readiness to support adolescents on intimacy and sexual health. Each measure of participants' knowledge seeking and collaboration efforts also had statistically significant improvements between pre- and post-surveys (Table 2).

**Discussion**

At the beginning of this continuing education training, the majority of the social work participants reported that they did not feel ready to support their clients with autism and intellectual disability on intimacy and sexual health. This is consistent with previous research that demonstrates that Social Workers are underprepared in social work baccalaureate and graduate degree programs to adequately support people with disabilities (Bean & Krcek, 2012). This demonstrates the need for continuing education to fill this gap. Similar to other research, this study found that a brief training can improve the willingness and confidence of Social Workers to include people with disabilities in social interventions including sexual health and intimacy education (Bean & Hedgpeth, 2012).

**Table 1.**

*Descriptive Statistics (N= 10)*

	<i>M</i>	<i>range</i>
Age	38	28 - 62
Average # of Clients	29.75	6 - 150
	<i>n</i>	<i>%</i>
Gender		
Male	2	20.0
Female	8	80.0
Ethnicity		
White/Caucasian	5	50.0
Hawaiian and White	1	10.0
Hispanic or Mexican	3	30.0
Asian	1	10.0
Previous Training on Disability & Sexual Health		
No	6	60.0
Yes	4	40.0
Identify as a Person with a Disability		
No	8	80.0
Yes	2	20.0
Relationship with Disability		
No	5	50.0
Yes	5	50.0

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**Table 2.**

*Comparisons between Pre- and Post-test Score  
(N = 10)*

	<i>Pre</i>	<i>Post</i>	<i>t</i>	<i>p</i>
	<i>M(SD)</i>			
Extent feel ready to support clients on intimacy	3.5 (1.18)	4.50 (0.52)	-2.53	.032**
Extent feel ready to support clients on sexual health	3.60 (1.27)	4.50 (0.53)	-2.21	.054*
In the past month, how often engaged in each of the following activities regards to human sexuality and individuals with autism or intellectual disability:				
Taken classes	1.20 (0.63)	2.60 (1.35)	-3.50	.032**
Attended workshops	1.00 (.000)	2.10 (1.19)	-2.90	.054*
Did research on the internet	1.60 (0.83)	2.30 (1.25)	-2.33	.045**
Read articles and books	1.70 (0.82)	2.70 (0.82)	-3.87	.004**
Read updates from a listserv or online group	1.10 (0.31)	2.00 (1.25)	-2.59	.029**
Planned lessons with colleagues	1.10 (0.31)	2.50 (0.85)	-5.25	.001**
Discussed teaching lessons with colleagues	1.40 (0.51)	2.60 (1.07)	-2.88	.018**
Brainstormed ideas with colleagues	1.60 (0.84)	2.90 (0.87)	-4.99	.001**

\*\* p < .05

\* p < .10

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