



School of Social Work and Disability Resources: Working to Make Documents Distributed through LMS Accessible

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We Love PDFs!

Not really.

You Should Walk Away With

- > Understanding of how much content might be distributed electronically on your campus
- > Case study of creating a collaborative relationship
- > One idea to implement on your campus

Reminder of 2014 Presentation

- > Professors distribute files through LMS
- > The quality/accessibility of these files varies
- > DRS was working mostly as a silo to evaluate and convert

2014 Data

	Winter 2014	Spring 2014	Summer 2014	Autumn 2014
# classes evaluated	28	58	28	33
# files (pdfs, word docs, powerpoint, excel, text files)	1,097	2,003	753	1,623
# pages (pdfs, word docs, powerpoint, excel, text files) distributed through LMS that DRS evaluated	20,373	34,492	9,445	26,808

I asked myself -

- > Has the data changed?
- > Were Winter, Spring, Summer, Autumn of 2014 anomalies?

- > Nope.

2015 Data

	Winter 2015	Spring 2015	Summer 2015	Autumn 2015
# classes evaluated	30	26	2	29
# files (pdfs, word docs, powerpoint, excel, text files)	669	1,045	52	1,068
# pages (pdfs, word docs, powerpoint, excel, text files) distributed through LMS that DRS evaluated	11,973	17,106	1,116	18,269

Averages from past 8 quarters

> 35 files per course

> 596 pages per course

> This only includes word docs, pdfs, excel sheets, text files and powerpoints – what about other files (video, audio, publisher files, images)?

Let's Assume

- > Each UW course has 596 pages of content distributed electronically
- > For Autumn 2015 of 13,207 classes that's

7,871,372 pages of content

From Nov 2014 to Today

- > Professors distribute files through LMS
- > The quality/accessibility of these files varies
- > **DRS not a complete silo!**

How SSW Got Involved

- > Mutual benefit from partnering
- > DRS shared files we had from previous quarters
- > SSW started to set up their own conversion process

SSW Taming of the Files

- > Content
- > Process
- > Product

SSW Numbers

- > 7 classes
- > Over 400 pdf files that were touched and further remediated by SSW

Lessons Learned

- > Start Early
- > Develop Process
- > Think of the Big Picture

Trouble Areas

- > Not enough lead time
- > Access to content
- > Quality of content

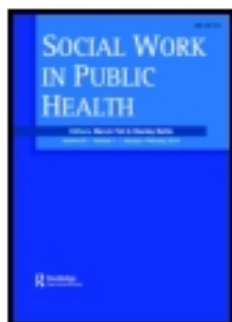
File Naming Conventions

- > Global_agenda
- > Frank_week3
- > 30012162
- > Smith_500a03
- > 510_Millstein_ethics

The Good

Social Work in Public Health

Volume 24, Issue 6, 2009



Original Articles

Pain Management and Substance Abuse: A National Dilemma

DOI: 10.1080/19371910802679010

Jeannine Catalano^d

pages 477-490

Publishing models and article dates explained

Published online: 09 Oct 2009



Full text HTML



PDF

Full access

The Bad

span. As a result, research into life-span development has lagged behind. In addition, for reasons that perhaps date back to their own professional training, therapists tend to focus on the childhood years in their assessment of patients' development. It may be helpful to list some of the ways developmental assessment benefits therapeutic planning.

Faithful to the principle that psychoanalytically oriented psychotherapy treats the whole person, it is necessary to assess the person's normative functioning in ontogenetic perspective. Stage-specific expectations and tasks provide the context for evaluating patients' current level of functioning, along with other criteria. Describing someone as unmarried takes on differing connotations, depending upon whether the person is fifteen, thirty-five, or fifty-five.

Developmental assessment highlights areas of regressive vulnerability, such as body image problems in the later adult years. Of at least equal importance, developmental assessment can alert the clinician to current and potential ego resources, many of which become salient over the adult life stages. Familiarity with life stages and the developmental pressures inherent in them also helps the practitioner to recognize signs of incipient transitional crisis, and to anticipate patients' susceptibility to emerging life-span challenges. Recognition of stage-specific potentialities, such as the impulsivity and narcissistic exacerbation of early adolescence, can be central to the short-term management of intrusive events or assessing the efficacy of different treatment modalities.

Life-span assessment is not the only dimension covered in this chapter, however. An impressive body of research is concerned with reexamining the expectable differences that occur in gender development. Gender identity interacts with fundamental aspects of intrapsychic development, affecting the psychogenesis of psychopathology, its manifestations, and access to treatment. The perceptions and needs of men and women differ as well as overlap. Furthermore, gender identity is not an all-or-none phenomenon. Gender dysphoria produces a variety of pathological reactions, which sometimes create and always complicate psychotherapeutic activity. As social mores and systems change, customary sex roles and attitudes, including

object preferences, also undergo degrees of transformation. The assessment of psychopathology can depend upon the assumptions made about which definitions are sociologic and which are based on a developmental understanding of intrapsychic operations. The psychological status of homosexuality, for example, cannot be reduced to a legalistic definition any more than can the diagnosis of psychosis. Gender development and gender identity are therefore significant issues in developmental assessment procedures.

A third major parameter of developmental assessment concerns its hermeneutic status, its interpretive meaning. Development is a process in which the person's ongoing participation is a distinctive feature. In the course of living through the developmental experience, people also shape the meaning that the life course holds for them. In turn, those perceptions color the process itself, interacting with self and object representations and influencing the person's world view. This inner meaning of the developmental process is called the developmental mode (Bocknek, 1984). By understanding this inner meaning therapists gain a more empathic understanding, aiding the alliance and guiding intervention strategy. The patient who views life as a struggle for sheer survival, for example, may be unable to consider personal fulfillment. The patient who "only wants to be happy" may not have internalized mastery and competence as part of the life process.

PARAMETERS OF DEVELOPMENTAL ASSESSMENT

It is rarely necessary for practitioners to redesign their usual assessment procedures in order to include developmental material. In large measure, the therapist's perspective simply expands, like the expert photographer who routinely adjusts his camera lens to enhance the quality of his pictures. Colarusso and Nemiroff (1981) suggest a number of developmental lines for tracing major themes across the adult life stages: intimacy, love, and sex; the body (as image as well as physical capacities); time and death awareness; relationship to children; relationship to parents; mentor relationships; relationship to society; work;

The Ugly

Unfortunately, few psychotherapists have been exposed to life-span developmental theory, and even fewer to its application to everyday clinical practice. One reason has been the paucity of literature in the field. Until recently, psychoanalytic studies have been directed to the earliest period of the life

Successes - SSW

- > Process Refined
- > Faculty and Department buy-in
- > Document Depository

Successes - DRS

- > Access to all Canvas sites
- > Use of SensusAccess (free online conversion tool)
- > Reduced workload

Next Steps – SSW Wish List

- > Promote campus model
- > Faculty training

Next Steps – DRS Wish List

- > More transparency between student, faculty and DRS
- > Use data to promote change at departmental level
- > Share best practices



“Consistent in its
inconsistency”

Melinda McRae



Thank you!

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