Instructor’s Manual: Chapter 8

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# Learning Objectives for Chapter 8: Physical Challenges and Supportive Services

# After reading this chapter, you will be able to 1. Identify three main categories of physical and mental challenges, and types of disabilities within those categories. 2. Understand the importance of stigma in the lives of people with physical and mental challenges. 3. Distinguish between Americans’ historical and current views of physical and mental challenges. 4. Identify federal policies relevant to people living with physical and mental challenges. 5. Understand why people with physical and mental challenges and developmental disabilities are more likely to experience disparities in health and health care. 6. Articulate social work roles and careers related to people with physical, mental and developmental challenges.

# Lecture Notes for Chapter 8: Physical Challenges and Supportive Services

Over 54 million Americans, about one out of every five individuals, have a disability. Accidents, genetic diseases, viruses and illnesses rendered many people disabled to a different degree. They often face limitations, stigma, discrimination, abuse, as well as poverty and a loss of dignity. Laws for disability rights, disability activism, and expanded coverage of disability issues have helped to increase awareness and knowledge, yet old attitudes, experiences, labeling language, and stereotypes exist in school settings, the workplace, health care settings, and within families. Challenging issues that continue to affect quality of life for individuals with disabilities include accessible transportation, affordable health care, discrimination, employment opportunities, and housing. In following the NASW Code of Ethics, social workers support the worth and dignity of all people—including those with disabilities.

Definitions of Disability

Disabilityis a temporary or permanent reduction in function that can include physical or health-related, psychosocial, sensory, mental or psychiatric, cognitive or learning, neurological, intellectual, and developmental disabilities.

In order to qualify for legal protection:

* A person may be disabled if she or he has a physical or mental condition that substantially limits a major life activity (such as hearing, learning, seeing, talking, or walking). [For adults—this is reflected in whether they can engage in work; and for children—this is reflected in their ability to engage in age-appropriate activities.]
* A person may be disabled if she or he has a history of a disability (such as cancer that is in remission).
* A person may be disabled if she or he is thought to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and is severe and interferes with normal activities of living. The condition must have existed for at least twelve months.

Types of Disability

People can experience more than one disability, or **co-occurring disabilities**. An example of co-occurring disabilities is when a person with an intellectual disability may also have vision and neurological impairments.

**Categorical disabilities** have a significant sensory impairment or mental illness and have developmental delays. They are likely to need long-term care and are eligible for special education. **Functional disabilities** limit a person’s ability to perform physical activities, and they often can be ameliorated with assistive devices or technology.

* Developmental Disabilities - a severe chronic disability that is manifested before the age of 22 and is likely to continue indefinitely. It may occur because of a genetic predisposition or an issue before, during, or after the person is born.
  + Autism - generally appears before age three and affects the normal development of the brain in areas of social interaction, communication skills and cognitive functions. People with autism have trouble in non-verbal and verbal communication, social interactions, and leisure or play activities.
  + Cerebral Palsy - a chronic condition affecting control of the body and/or limb movement, muscle tone and coordination.
  + Down Syndrome – chromosomal disorder caused by the presence of an extra 21st chromosome. It is associated with some impairment of cognitive ability and physical growth, as well as facial appearance.
  + Epilepsy - a brain disorder that causes people to have recurring seizures. Epilepsy is more prevalent than autism, cerebral palsy, multiple sclerosis, and Parkinson’s disease combined. Globally approximately 65 million people have epilepsy and nearly 80% of cases occur in developing countries.
  + Fetal Alcohol Syndrome - a pattern of physical and mental defects which develop in some unborn babies when their mom drinks alcohol (or use drugs) during pregnancy. It is one of the most common causes of intellectual disability. It may also include: growth deficiencies, central nervous system problems, poor motor skills, mortality, malformations of the skeletal system and major organ systems (heart and brain), and problems with learning, memory, social interaction, attention span, problem solving, speech and/or hearing. Their facial features may include small eyes, short or upturned nose, thin lips and flat cheeks.
  + Fragile X Syndrome - the most common cause of inherited mental incapacities. The impact can range from learning disabilities to more severe cognitive or intellectual disabilities.
  + Prader-Willi Syndrome - symptoms include short stature, poor motor skills, weight gain, underdeveloped sex organs, mild cognitive impairment, and learning disabilities. The section of the brain that controls feelings of fullness or hunger does not work correctly in people with PWS. Their overeating leads to obesity.
* Physical or Mobility Disabilities - A physical condition that substantially limits one or more basicphysical activities in life (e.g. walking, climbing stairs, reaching, carrying, or lifting). A mobility impairment describes any difficulty that limits functions of moving, in any of the limbs or in fine motor abilities. They can stem from multiple causes and be permanent, intermittent, or temporary. The most common permanent physical challenges or disabilities are musculoskeletal impairments such as partial or total paralysis, amputation, spinal injury, arthritis, muscular dystrophy, multiple sclerosis, cerebral palsy, and traumatic brain injury.
  + Orthopedic problems - diseases or defects of the muscles and bones that cause people to not be able to move normally.
  + Hearing and vision problems – a mild visual impairment can be corrected with glasses, contact lenses or laser surgery. The vision of others cannot be corrected and they become functionally limited, or visually impaired (“legally blind”). People’s ability to hear also varies greatly. The term *hard of hearing* actually refers to people with mild to moderate hearing loss. By comparison, people who are deaf have moderate to severe hearing loss. Individuals who are deaf may identify themselves as part of Deaf Culture.
  + Epilepsy - In addition to being known as a Developmental Disability, epilepsy is also known as a seizure disorder that is considered a physical disability. A seizure may involve a sudden change in a person’s consciousness level, or sensory distortions.
* Neurocognitive Deficits – any characteristics that block the cognition process. The term may describe deficits in specific cognitive abilities, global intellectual performance, or drug-induced cognitive/memory impairment. Cognitive impairments may be congenital or caused by environmental variables such as brain injuries, neurological disorders, or mental illness.
  + Intellectual Disability - characterized by significant limitations both in intellectual functioning and in the ability to adapt to circumstances, or adaptive behavior. Previously known as mental retardation.
  + Learning Disability - neurological disorders that can make it difficult to acquire certain academic and social skills.
  + Traumatic Brain Injury - usually results from a violent blow to the head or body, or when an object, like a bullet, penetrates the skull.

Stigma and Discrimination Against People with Disabilities

People with physical, neurocognitive and developmental disabilities experience discrimination and injustices. Sometimes the discrimination is subtle and unconscious, as when people talk over the head of an individual in a wheelchair. Other times the prejudice and discrimination is blatant and intended.

* Discrimination is often due to **social stigma**, which is generally a “stain” on the way a person is perceived that leads them to be shunned by others. The three forms include:
  + visible or outer deformations like scars, a cleft lip, and obesity –physical or social disability
  + deviations in personal traits, like mental illness, alcoholism, drug addiction, or having a criminal background
  + imagined or real traits, of an ethnic group, nationality, or religion that are thought to deviate from the prevailing norm, or “tribal stigmas”
* Stigmatization can occur in multiple environments, such as at work, in health care, in educational settings, in the criminal justice system, and in one’s own family.
* People who are stereotyped and stigmatized because of their disability begin to act the way that the people who are stigmatizing them expect them to act.
* Stigma can also shape people’s beliefs and emotions, leading them to feeling depressed or having low self-esteem.

Social Work and Disability

Whether a disability is short term or long term, social workers can help individuals navigate services, resources and health care.

* Historical Background of Disability Services
  + Early colonists introduced the notion that those who were disabled, along with children and newcomers, should not be punished for failing to observe some of the laws.
  + Following the Revolutionary War, individuals with disabilities were often sent to almshouses, prisons, and asylums. Treatments included, including purging, bleeding, frights, hard labor, and immersion in cold water.
  + While teaching Sunday school at a prison in Massachusetts, Dorothea Dix observed that individuals with disabilities and mental illness were sometimes penned up together with criminals, sometimes chained and naked. She began advocating for them.
  + Following World War I and World War II, new forms of rehabilitation and adaptive technologies were identified and implemented.
  + The League of the Physically Handicapped was formed after the Great Depression, began promoting the idea that people with disabilities are entitled to the full rights of citizenship.
* Deinstitutionalization
  + Public asylums were an alternative to prison, but the living conditions continued to be wretched. In the 1960s there was a movement to remove individuals with disabilities from public institutions and move them back into the community. They were moved from institutions to community based group homes, with support from community mental health centers.
  + **Independent-living centers** began to appear in the late 1960s. They promoted principles of self-determination and deinstitutionalization. They are community agencies, usually staffed by people with disabilities, that use peer counseling and advocacy to assist others to live on their own.
  + One unfortunate consequence was that many of these individuals ended up homeless.
  + In 2009 the Department of Health and Human Services created the **Community Living Initiative** to develop and implement strategies that increase opportunities for Americans with disabilities to participate in community living.
* Americans with Disabilities Act
  + Passed in 1990 to protect persons with disabilities from discrimination based on stigma. The ADA defines disability as any physical or mental impairment that substantially limits one or more major life activities such as caring for oneself; performing manual tasks; walking, seeing; hearing; speaking; breathing; learning; or working.
  + Individuals who are eligible for protection under ADA have a disability that substantially limits their ability to perform major life activities. A four-stage framework categorizes the level of difficulty experienced by an individual, ranging from least to most severe:
    - pathology
    - impairment
    - functional limitation
    - disability
  + The law places strict limits on employers when it comes to asking job applicants to answer medical questions, take a medical exam, or identify a disability.
  + The law mandates access and accommodations for individuals with disabilities, such as ramps to public buildings, communication access via closed captioning and sign language interpreters, curb ramps, parking spaces, and Braille on elevator buttons.
* Disability Social Work Practice

Employment options when working with individuals with disabilities may include hospitals, mental health organizations, supportive rehabilitative services, vocational rehabilitation, an employee assistance program, resettlement programs for refugees, sports clinics, HIV/AIDS clinics, disaster relief, the military, or residential treatment centers.

* Best practices when working with individuals with disabilities include:
  + be person-centered and involve people with disabilities in decision-making processes that directly affect his or her life
  + facilitate access and respect in a person’s environment
  + focus on helping the person and his or her support system cope well with challenging situations
  + incorporate a strengths-based and resilience oriented perspective to build on the person’s inherent strengths and resources
  + Person First Language – Instead of describing people by their labels or medical diagnoses, which devalues and disrespects them as people, we use terminology that can foster positive attitudes about people with physical/neurocognitive challenges and developmental disabilities.
    - Emphasize the person, not the disability. For example, we refer to a person with a disabilityrather than a disabled person. By placing the person first, the disability is no longer the primary, defining characteristic of an individual, but one of several aspects of the whole person.
  + Services for Persons with Disabilities – social workers are advocates, educators, clinicians, facilitators, group leaders, and program developers. They assist their clients with four specific issues relevant to their condition:
    - Civil rights
    - Income support
    - Education and rehabilitation
    - Genetic counseling

Diversity and Disability

* Age – education and health can be impacted
* Class – assistive technology can be expensive
* Race and ethnicity – may experience multiple forms of discrimination
* Gender – high risk of abuse, lower access to health care screenings
* Sexual orientation – may feel marginalized in two communities
* Intersections of diversity – multiple dimensions of difference

Advocacy on Behalf of People with Disabilities

* Economic and Social Justice – Resources are available, but access to these resources and services is limited for individuals who do not have the economic means. Stigma and discrimination are present in many work environments.
* Environmental Support – Social workers can maximize client self-determination and service provision for PWD by being consumer-centered, acquiring knowledge about resources and agency services, and advocating for PWD across practice levels.
* Human Needs and Rights – During institutionalization, many individuals were deprived of civil rights. Social workers advocate for individuals to have self-determination.
* Political Access - Politically correct People First Language puts the person before the disability, and describes what a person has, not who a person is. Social workers may help update or create brand new policies for corporations that cater to or employ people with disabilities.

Your Career in Disabilities Social Work

* Job availability for social workers is expected to increase with this population.
* Settings may include community non-profit hospitals, out-patient public or ambulatory care clinics, inpatient for-profit hospitals, transitional care rehabilitation units, assisted living, long-term care settings, and home health care.
* Skills needed include:
  + understanding of the classification systems and diagnostic terminology
  + understanding of the roles of all vocational rehabilitation specialists
  + Understanding of health disparities and stigma
  + Understanding of the bio-psychosocial-cultural and spiritual aspects of multiple types of disabilities
  + crisis intervention and short-term counseling skills
  + knowledge about culturally competent assessment, counseling, and community resources

# Key Concepts for Chapter 8: Physical Challenges and Supportive Services

Americans with Disabilities Act (ADA)

categorical disabilities

disability

functional disabilities

genetic counseling

independent-living centers

intellectual disability

person with a disability (PWD)

public accommodations

rehabilitation

# Case Study for Chapter 8: Physical Challenges and Supportive Services

Suzanne was 43 when she received the surprise news that she was pregnant again. While she as glad to finally have a son, along with her 23-year-old twin daughters Jessica and Megan, Suzanne felt a sense of loss when she learned that Joel had an intellectual disability (ID). Joe’s dad Tom was proud of his daughters’ academic and athletic accomplishments but felt uneasy relating to Joel. Tom kept quiet as his wife Suzanne disclosed her anxiety about helping Joel navigate through life. Somehow envisioning Joel participating in Special Olympics in the future, rather than high school and college sports, left a hole in Suzanne and Tom’s hearts. To prepare for an inevitable future, Suzanne decided to volunteer at a local sheltered workshop and day program where she observed other children with intellectual disabilities enjoy horseback riding and work with their hands. One day Suzanne overheard parents of two 23-year-old young adults with ID discuss how their children wanted to get married and have children. This conversation made Suzanne feel very uncomfortable and she doesn’t know how to broach this subject with Tom.

1) What resources exist for parents who have children with intellectual or developmental disabilities?

2) How can social workers talk with Joel’s parents to assure them there is hope for Joel living a meaningful life?

3) Where might Joel’s parents and local social workers locate policy information to help them advocate for Joel in future?

4) How would social workers respond to the idea of young adults with ID wanting to get married and raise children?

# Discussion Questions for Chapter 8: Physical Challenges and Supportive Services

Discussion Question #1

Should adults with intellectual disabilities who live in group home facilities be allowed to get married? What about having kids? Parenting can be a challenge for anyone; is it possible for people with intellectual disabilities to manage children of their own? What about teens with intellectual disabilities who are in group home programs—should they be allowed to have sex? If not, how can it be prevented?

Discussion Question #2

The deaf and hard of hearing community has a lot of pride and is very strengths-focused. There is considerable controversy within the community about the use of cochlear implants, which enable some people who are deaf or hard of hearing to be able to hear for the first time (or to hear again after hearing loss has set in). Some videos online show people crying after getting a cochlear implant and being able to hear their loved ones speak for the first time. Some in the deaf/hard of hearing community have claimed these videos send the wrong message. Why do you think some feel that way? How does this impact the way you think about deaf/hard of hearing people?

Discussion Question #3

There is a concept called the “spread of disability” (or the “global disability myth”) that refers to the fact that people with an observable disability are often treated as if they have multiple disabilities; for instance, people who are blind report that people often speak to them in elevated voices, as if they are also hard of hearing, or people in wheelchairs say others speak more slowly to them, as if they also have an intellectual disability. What impact do you think this has on the self-concept of people with disabilities? What does it say about the way society sees people with disabilities?

Discussion Question #4

What is your take on people with disabilities (like South African “Blade Runner” Oscar Pistorius, who had both his legs amputated) using assistive technology to compete alongside people without disabilities? (Notice I did not say “able-bodied people”—remember to think about your use of language!) Another example is North Carolina teen runner Kayla Montgomery, whose multiple sclerosis causes her to lose feeling in her legs as her races progress—but she continues to run through concentration. Some of her opponents have said she has an unfair advantage because she cannot feel the leg pain associated with distance running and high exertion. What do you think is fair or right?

# Chapter Exercises for Chapter 8: Physical Challenges and Supportive Services

1. The opening vignette features Joe, an administrator who works with The Arc. Explore the history of The Arc and write a reflection on the importance of grassroots organizations for people with disabilities.

2. Locate a family member or friend who has a disability (physical or mental challenge). Ask this person what concerns she or he has about being disabled. Write a report on how this person has managed disclosure of the disability, issues at school and in the workplace, and activities of daily living.

3. What famous people (dead or alive) had or have a disability, yet still made valuable contributions to society? Start by investigating some of the following:

a. Artists and musicians: James Durbin (autism advocate, guitarist, and singer who finished fourth in Season 10 of American Idol); Ludwig van Beethoven (composer with a hearing disorder); Ray Charles (African American musician and singer who was blind); Francisco Goya (Spanish painter who became deaf at age 46)

b. Actors: Henry Winkler (played “The Fonz” on the TV show Happy Days and has dyslexia); Marlee Matlin (Oscar winner who is deaf and uses sign language); Michael J. Fox (lives with Parkinson’s disease)

c. Historical figures: Julius Caesar (Roman Emperor who

had epilepsy); General George Patton (WWII hero

who had dyslexia); U.S. President George Washington

# Class Activities for Chapter 8: Physical Challenges and Supportive Services

**Class activity #1**

Hand out this disability etiquette quiz to your students and ask them to complete it individually. After allowing enough time, review each question, asking for volunteers to provide their answers and the rationale for them.

1. If I see someone who uses a wheelchair struggling with an entrance to a building, it’s okay to help them by holding the door open with my foot and helping push the wheelchair through.

True False

2. It is best not to ask a person with a service dog if they would mind if I pet their dog, since the dog is working to help that person.

True False

3. If someone has a speech impairment and is hard to comprehend when she speaks, I should do my best job to guess what she is saying before I respond, rather than asking each time I am unsure.

True False

4. When someone is hard of hearing or deaf, if I do not know sign language, I should avoid trying to communicate with him.

True False

5. When someone with communication difficulties has an interpreter with her, I should speak directly to the interpreter rather than to the person with whom I’m communicating.

True False

6. It is okay to ask people with disabilities about their disabilities.

True False

7. It is acceptable to refer to someone who has epilepsy as “an epileptic.”

True False

8. People who are blind have an enhanced sense of hearing, so when you meet such a person anew after having met previously, you do not need to mention your name—they will remember your voice and find it insulting that you said what your name is.

True False

Key: 2 and 6 are true; the rest are false.

**Class activity #2**

Create a drawing of 5-7 basic shapes on an 8 ½ by 11 piece of paper, with some of the shapes touching, overlapping, or interlocking. Make enough copies for half of the class to get one of them. Distribute blank pieces of paper to the rest of the class. Have each person with a drawing pair up with someone who has a blank sheet of paper and a pencil. The students with the copy of the drawing should not show the drawing to their partners.

Tell the students with the drawing that they are going to explain to their partners how to reproduce the drawing, but they must use only gestures—no sounds. Additionally, the student receiving the instructions must keep their drawing hidden at all times, perhaps behind a book or folder standing on the desk. Police this fairly strictly. The students doing the drawing may ask questions of those who are gesturing. Give them about five minutes to attempt to reproduce the drawing.

The students who are drawing should then flip their sheets over. For the next round, the people with the drawings may speak in their efforts to get their partners to reproduce the drawing. However, those who are drawing may not ask questions and must draw with their non-dominant hand. Again, the drawings should be hidden from those who are giving instructions until they are completed.

Have the students compare their drawings to the original. Lead them in a discussion of what it was like to try to communicate without one of their typical abilities. What was most challenging? What emotions did they feel through the process? (If you have students in the class who have disabilities, comparing their experiences to those of the students in the class may be instructive, depending on the specific nature of the disability.) How would it be different for them had they lacked that ability since birth? Discuss the struggle in adjusting to a new disability. Does this increase their empathy for those with disabilities? In what ways does this simple activity fail to give a true picture of what it is like to live with a disability? (There are many, which could be a very valuable truth to point out; for instance, this doesn’t simulate the discrimination that many people with disabilities encounter.)

**Class activity #3**

Encourage your students to spend 15-20 minutes walking around the campus in groups of 3 to 4. Have them bring a notebook and writing utensil with them. Note that although the ADA was passed in 1990, there remain many problems with accessibility of public facilities for people with disabilities. Have your students look for as many examples as they can find of challenges that would be faced by people with particular disabilities. Encourage them to truly try to experience the campus through a different lens than they normally do. If you have some students who do have disabilities, they are (of course) welcome to point out aspects of the campus that cause them struggles, or things they observe that would cause issues for people with different disabilities.

After students return, have them share their findings. What examples are most glaring? Is there anything they feel should truly be acted upon? If so, what steps would they take to make that change? Why do so many of these challenges still exist a quarter-century after the ADA was made law?

# Video and Multimedia for Chapter 8: Physical Challenges and Supportive Services

#### Video Clips

* [The National Center for Learning Disabilities Explains Asperger’s](https://www.youtube.com/watch?v=gdSzM3MHfOA)   
  What is Asperger’s Syndrome (also called Asperger’s Disorder), and how does it manifest?
* [Lambs Farm: Where People Grow](https://www.youtube.com/watch?v=cmbCxZVx_lk)   
  A look at an Illinois agency, Lambs Farm, which serves adults with developmental disabilities.
* [Murderball](https://www.youtube.com/watch?v=vbiFjp0jqto)   
  The trailer for the Oscar-nominated documentary *Murderball*, which profiles members of the United States wheelchair rugby team in a stereotype-shattering fashion.

#### Audio Clips

* [Justin Lee and His Parents](http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=327706802&m=328888412&live=1)   
  A couple talks about the struggles and worries involved in caring for their teenage son Justin, who has cerebral palsy and a seizure disorder.
* [Do Autistic Kids Fare Better in Specialized or Mainstream Education?](http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=5688674&m=5688675)   
  Social work favors giving people with disabilities opportunities to have lives as similar as possible to people without disabilities—but what’s the best type of school for kids with autism?

# Web Resources for Chapter 8: Physical Challenges and Supportive Services

* [American Association of People with Disabilities](http://www.aapd.com/)   
  Homepage of the America’s largest disability rights organization.
* [National Association of the Deaf](http://nad.org/)   
  NAD is the nation’s premier civil rights organization of, by and for deaf and hard of hearing individuals in the United States and America.
* [ADA Updates & Information](http://www.ada.gov/)   
  Information on, and technical assistance with, the Americans with Disabilities Act (ADA), courtesy of the Department of Justice’s Civil Rights Division.

# SAGE Journal Articles for Chapter 8: Physical Challenges and Supportive Services

[**SAGE Journal User Guide**](http://www.uk.sagepub.com/sageEdge/orvis3e/files/SJ-userguide.pdf)

Article 1.

[Plummer, S., & Findley, P. A. (2012). Women with disabilities’ experience with physical and sexual abuse: Review of the literature and implications for the field.*Trauma, Violence, & Abuse, 13*(1), 15-29.](http://tva.sagepub.com/cgi/reprint/13/1/15?ijkey=pWnEOpLmnFY06&keytype=ref&siteid=sptva)doi:10.1177/1524838011426014

This literature review examines peer-reviewed research on the experience of abuse among women with disabilities.  After summarizing the key themes in the existing research, the authors make suggestions for research and practice to better understand and respond to the unique experiences of this population.

#### Questions:

1. According to the authors, why has there been so little attention paid to the experiences of women with disabilities who experience physical and sexual abuse?
2. Describe the unique experiences or circumstances of abuse faced by women with disabilities.
3. What do isolation and dependency have to do with risk of abuse?
4. What do these findings suggest about how services for individuals experiencing abuse could be improved?

Article 2.

[Russa, M. B., Matthews, A. L., & Owen-DeSchryver, J. S. (2014). Expanding supports to improve the lives of families of children with autism spectrum disorder.*Journal of Positive Behavior Interventions,*](http://pbi.sagepub.com/cgi/reprint/1098300714532134v1?ijkey=YSPwT4Fypcmmk&keytype=ref&siteid=sppbi)doi:10.1177/1098300714532134

This article summarizes peer-reviewed practice research on family-centered approaches to addressing the stress experienced by families of children with ASD.  Several strategies are explored that are designed to address the stress experienced by families.

#### Questions:

1. What is the family-centered service delivery model?  Why is a family-centered approach recommended in the care of children with ASD?
2. What strategies have been used to enhance parent-educator collaboration in families of children with ASD?
3. What promising approaches have been used to promote service coordination?