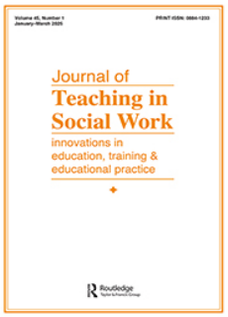

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Intellectual and Developmental Disabilities in Social Work Practice: A Dedicated Model Syllabus for Graduate Schools of Social Work

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ABSTRACT

Most social work students receive only limited instruction about disabilities in their general coursework despite a growing need for trained social workers in this area. In this paper, we argue that coursework dedicated to the field of intellectual and developmental disabilities (I/DD) needs to be implemented as an essential component of a graduate-level social work education. This paper presents a complete syllabus for a graduate-level course (referred to here as "I/DD 101") dedicated solely to teaching about I/DD in social work practice. Course content explores the historical, societal, and environmental factors influencing how social workers interact with individuals with I/DD across their lifespan. This syllabus is structured as a template that can be customized for different purposes and contexts. Rather than being viewed as definitive or comprehensive, it is offered as a resource and starting point for education in this field.

KEYWORDS

Intellectual and developmental disabilities; social work practice: graduate schools of social work; syllabus

Rationale for dedicated disability coursework

Definitions

Intellectual and developmental disabilities (I/DD) are lifelong conditions beginning early in life, affecting an individual's cognitive processing, communication, motor function, and daily living skills (Masefield et al., 2020; World Health Organization [WHO], 2020). The term "I/DD" encompasses an array of different conditions, including autism spectrum disorder, cerebral palsy, Down syndrome, epilepsy, and other genetic and congenital conditions (Horejsi, 1979; Masefield et al., 2020; Russo-Gleicher, 2008). People with developmental disabilities may or may not have co-occurring intellectual disability. The term intellectual disability has replaced "mental retardation" to refer to individuals characterized by significant limitations in cognitive functioning and adaptive behavior (i.e.

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daily living skills) (American Psychiatric Association [APA], 2013). Service providers who work with people with I/DD seek to improve social and practical skills based on each person's goals. Providers also support families in navigating systems and accessing essential support services for improving health and quality of life (Carulla et al., 2011; Russo-Gleicher, 2008; Schalock et al., 2007). Often, the only person assigned to address an individual's diverse service needs will be a social worker (John & Schrandt, 2019).

Examples of how I/DDs can manifest include 1) Communication challenges, such as difficulty in expressing thoughts and ideas verbally, limited vocabulary, or difficulty understanding spoken language; 2) ocial skills differences, such as challenges in understanding social cues, appropriately modulating eye contact, or understanding body language or facial expressions; 3) Cognitive differences, such as the ability to learn, problem solve, and make decisions, particularly when requiring abstract thinking or complex reasoning; 4) Motor skills impairments, leading to difficulties with walking, talking, or adaptive tasks such as dressing or cooking; 5) Behavioral issues, such as aggression, self-injury, or impulsivity that may cause harm to the person or constrict their access to their communities; 6) Sensory issues, such as being hypersensitive or hyposensitive to sensory stimuli (e.g. light, sound, touch, taste, or smell) leading to discomfort or distress; 7) Transition difficulties, such as requiring support to change between tasks or adapt to unexpected changes to routine; and 8) Co-occurring mental health conditions such as anxiety, depression, or attention-deficit/hyperactivity disorder (ADHD), which are important considerations in presentation and treatment needs.

The Centers for Disease Control and Prevention (CDC) estimates that 1 in 6 U.S. children aged 3 through 17 years are diagnosed with I/DD, and over 7 million Americans experience some intellectual or developmental disability (Cogswell et al., 2022). The prevalence of I/DD in the U.S. has been steadily increasing over time (Zablotsky et al., 2019), meaning that the number of service providers needed to adequately support this population is also increasing. Individuals with I/DD need support throughout their lives. During childhood, early intervention for ages 0–3 years and special education for school-age children are crucial to help youth develop an optimal academic, adaptive, and social skills trajectory. During the transition to adulthood, when school-based services change or are withdrawn, day habilitation and work-readiness or vocational programs are needed to build independent living skills and community relationships. In later adulthood, when age-related changes in mobility or health occur, residential placements are often needed for continuity of care. Unfortunately, services for individuals with I/DD in the U.S. are limited, with as many as 473,000 individuals currently on waitlists to receive long-term care (Howse et al., 2006; Larson et al., 2012; Serres & Howatt, 2015).

Individuals with I/DD are members of a vulnerable and disadvantaged population with a long history of discrimination, abuse, neglect, and institutionalization (Fishley, 1992; Kavanagh et al., 2015; Longmore, 1987; Mackelprang, 2010; Mackelprang & Salsgiver, 1999; Pardeck, 1998; Russo-Gleicher, 2008). After deinstitutionalization in the 1960s, the philosophies of normalization, independent living, and self-determination underpinned efforts to provide opportunities for people with I/DD to enjoy typical aspects of everyday life in U.S. society, including employment, public transportation, and social and recreational activities (Wehmeyer, 2001). Unfortunately, barriers still exist for most persons with I/DD. For example, despite their ability and desire to work in the community, only 36% of adults with I/DD have paid employment, and 50% leave high school without a diploma (The Arc, 2018). People with I/DD have been stereotyped as being unproductive (Dusseljee et al., 2011; Fujiura, 2010; Lehmann et al., 2013; Russo-Gleicher, 2008), leading to discrimination. In addition to these low social expectations, many leave school with little community-based vocational experience or transition planning (American Association on Intellectual Developmental Disabilities [AAIDD], n.d.). As a result, more individuals with I/DD rely on government assistance and are five times more likely to live in poverty than those without I/DD (Emerson, 2007; Heller, 2017). In addition, individuals with I/DD more often experience poor health, social inequality, and fewer interpersonal relationships (Friedman & Rizzolo, 2018). Enhancing the education of social workers in the field of I/DD so that they can provide therapy and support to this population is vital for the well-being of individuals, families, and communities.

Social work values and individuals with I/DD

Social workers are trained to value all individuals' dignity, worth, uniqueness, and self-determination (National Association of Social Workers [NASW], n.d.). Social workers are, therefore, ideally suited to work with I/DD individuals. Social workers can help individuals with I/DD increase skills across many domains, including academic, executive function and organization, problem-solving, daily living, and social skills. They can also assist the individual in negotiating various social and recreational settings and navigating the healthcare and service systems.

Social work instructors seeking to build the capacity of their students to serve individuals with I/DD can draw from established philosophical and practice approaches in their classes. First, when formulating goals for a social worker, collaborate with individuals with I/DD and their caregivers to decide which skills should be prioritized. This person- and family-centered approach helps motivate clients and supports them in learning new skills to participate more fully in activities they value (Hakobyan et al.,

2020). Second, it is important that service providers carefully consider how to use the least possible restriction or supervision when caring for individuals with I/DD to allow people the dignity of risk and the opportunity to benefit from making their own choices (Marsh & Kelly, 2018). The person- and family-centered process respects and responds to the person's preferences with I/DD. The entire process requires close communication and shared decision-making that goes well beyond the simple provision of information (Elwyn et al., 2014; Epstein & Peters, 2009; Rowland & Politi, 2016; Street & Millay, 2001)

Next, most people have been taught to think of I/DD through a medical or deficit model that focuses on impairments and limitations, with the implication that people with I/DD need to be cured or fixed. Neurodiversity and strengths-based approaches challenge this way of thinking. The neurodiversity movement views I/DD and other neurological differences as a normal aspect of human diversity that can be incorporated as a positive aspect of a person's identity (Kapp et al., 2013; Nicolaidis, 2012). Rather than have a disorder that requires a cure, people with I/DD have a disability that requires understanding and accommodation from their community, and their perspectives are a valuable addition to society. Finally, taking a strengths-based approach means understanding (1) limitations in present functioning are understood within the context of a person's community, age, and culture, (2) limitations coexist with strengths, (3) the purpose of describing a person's limitations is to develop a profile of needed supports so that they can reach their goals, and (4) the quality of life of a person with I/DD will improve over time with appropriate personalized supports (Elder et al., 2018; Wehmeyer et al., 2017).

Some social work schools have recently included developmental disability in diversity studies (Gilson & DePoy, 2002; Hanes et al., 2014). However, in reviewing disability content in social work schools, Gilson and DePoy (2002) found that the medical model remains the default approach. When students use the medical model without properly appreciating an individual's unique skills, an unequal power dynamic can arise between social workers and individuals with I/DD when providing services. This unequal power dynamic is evident, for example, when social workers are in the position to determine the eligibility of supportive services for individuals with I/DD (Fuld, 2020; Meekosha & Dowse, 2007). It is, therefore, essential that students are exposed to the various theories that inform social work practice in the I/DD community. Social work students may initially view I/DD through a simplified lens. Yet, it is important that they examine the full social model of developmental disability. The social model of disability is centered on the understanding that the limitations people with disabilities experience often arise from inaccessible environments in which they are working and living rather than being the result of an impairment a person may have (Oliver, 2013). This is helpful for social workers because it suggests that they can implement changes to make

environments more accessible for people with I/DD, which will limit the functional impairment associated with disability.

People with I/DD have other overlapping identities related to their race/ethnicity, class, gender, sexual orientation, and aspects of disability. Intersectionality describes the interconnected nature of social categorizations, and social work instructors can use this concept to interrogate interdependent systems of discrimination or disadvantage (Crenshaw, 1994). It is critical for social workers to understand how clients' experiences may differ depending on their intersecting identities and social context. For example, Black autistic children are diagnosed three years later, on average, and are up to three times more likely to be misdiagnosed than their white non-Hispanic peers (Constantino et al., 2020; Daniels & Mandell, 2014; Mandell et al., 2007). White children with I/DD are more likely to receive coordination and family-centered care than children from minoritized racial/ethnic backgrounds (Doshi et al., 2017). Autistic women and girls are less likely than autistic men and boys to receive psychiatric or emergency department services (Tint et al., 2017), and face sexual health disparities (e.g., lower rates of pap smears than non-autistic women) (Nicolaidis et al., 2013). Lesbian, gay, bisexual, transgender, and queer (LGBTQ) people with I/DD have higher rates of mental health conditions and more unmet healthcare needs than cisgender heterosexual people with I/DD (Hall et al., 2020; Wallisch et al., 2023). It is essential for social workers to understand their clients as a whole person with interlocking identities, all of which affect their service needs, physical and mental health, and community engagement.

Social workers are often the linchpin to providing services for families, working with other professionals (e.g., teachers, healthcare providers, psychologists or psychiatrists, occupational, speech, or physical therapists) and/or private agencies to help develop treatment plans for ongoing support (Fuld, 2020; Morgan, 2012; Robinson et al., 2012). Understanding the critical discourse in this field can lead to a more supportive, positive, and effective approach to their social work practice.

Promoting MSW student engagement in the I/DD field

Schools of social work provide students with multiple opportunities during the course of their training to develop practice skills informed by historical, policy, and diversity content. Students can examine their basic attitudes and values and understand how their experiences shape their professional conduct, especially when working with marginalized groups such as people with disabilities (Council on Social Work Education Keesler, 2019). However, many fields of study compete for slots in the social work curriculum. Despite the increase in the number of schools infusing disability content into their programs, students

continue to report feeling unprepared to work with individuals with disabilities (Bean & Hedgpeth, 2014; Keesler, 2019).

Currently, opportunities to focus specifically on disability content in programs are limited, and students interested in disability must confront the restricted coursework available in most schools (Haney & Cullen, 2018; Keesler, 2019). Ideally, courses on disability would cover many essential topics: theory, policy, treatment modalities, accessibility, and accommodation, to name just a few – because all are essential for social workers hoping to meet the needs of individuals with I/DD and their families (Bean & Hedgpeth, 2014; Bean & Krcek, 2012; Keesler, 2019; Laws et al., 2010; Leslie, 2008; Moyle, 2016). Service delivery outcomes in any social worker's practice generally depend on having acquired competency in a given area. This principle applies to working with the I/DD population as well. To assist students in advocating for the worth and service needs of persons with I/DD, it is essential that they first understand their attitudes toward disabilities (Cheatham et al., 2015; Keesler, 2019). Students need training

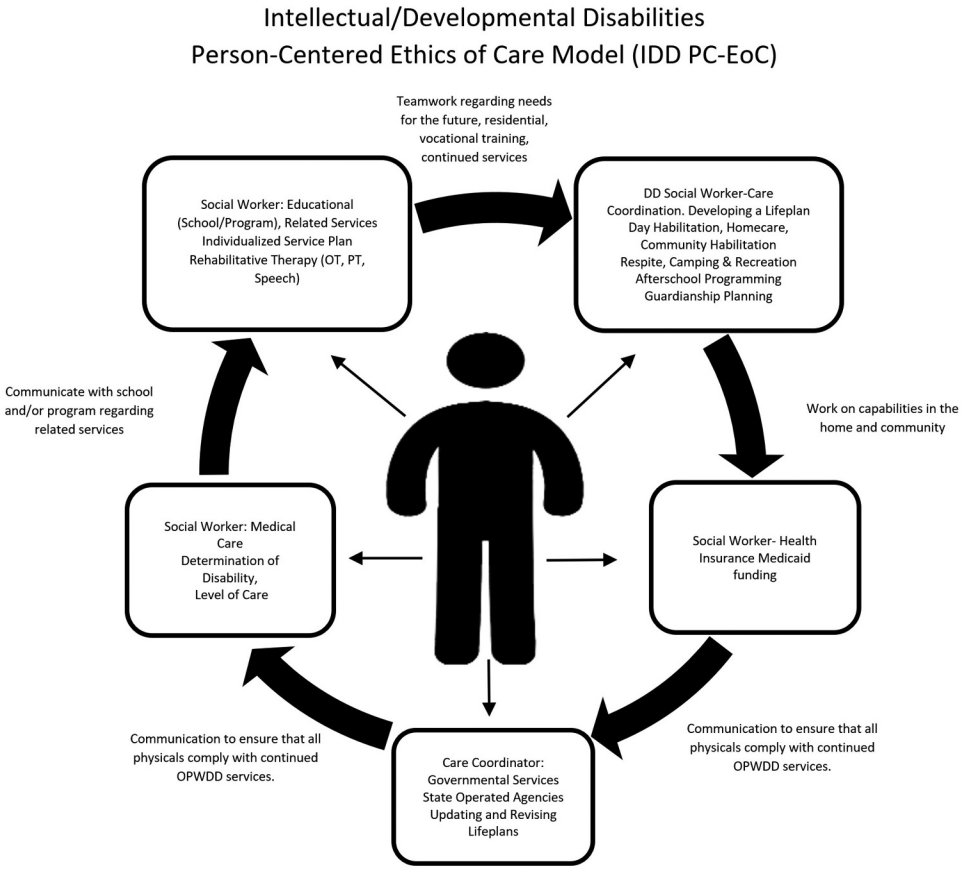

Figure 1. The person-centered ethics of care model for people with intellectual and developmental disabilities.

and work experience to increase their competence and confidence in this field (Fuld, 2020).

The organizing principle for this graduate-level course is what we have termed the "Person-Centered Ethics of Care" model of social work practice in I/DD (Figure 1). In this model, the person and their primary caregivers (usually their family members) are at the center of a hub of intersecting social care systems. These systems are easily identified in the lives of every social work student in the classroom. They include the educational system or school; the medical or healthcare system, including doctors, nurses, and therapists; the governmental regulatory system that sets policy for these entities; the financial systems, including Medicaid; and the social service systems that employ social workers and managerial staff. Individuals with I/DD will interact with these people and entities throughout their lives. The Person-Centered Ethics of Care (PC-EoC) model strives to remind everyone that the disabled person at the center of these systems is the one who matters the most. This class aims to ensure that all social work students gain a comprehensive understanding of all the key forces that shape the life of a developmentally disabled person in our society.

As caseloads in the I/DD field grow, it is increasingly likely that graduating social workers will be employed to treat individuals and their families across a wide range of practice settings. Social workers are often involved in all aspects of a person's life, including assessment, diagnosis, treatment, and service delivery. A social worker may be involved in early intervention planning; educational testing in schools; organizing afterschool programs; coordinating mental health and vocational services – in short, social workers are involved in nearly every aspect of the developmentally disabled person's life. Yet, the trend in modern practice for other professionals is toward increasing specialization. Thus, a speech therapist may focus only on swallow issues, a behavior analyst may focus only on applied behavior analysis, a psychologist may specialize only in cognitive behavioral therapy, and a psychiatrist may specialize only in pharmacology. The Person-Centered Ethics of Care (PC-EoC) model strives to accommodate these focused approaches and the broader role of social workers without losing sight of the disabled person at the center. As a result, this model strives to be both broader and deeper in its approach to social work education: broader in that this syllabus covers all ages from infancy to adulthood; and deeper in exploring all the forces together. This approach will foster the attitudes, values, and skills that are consistent with the ethics and standards of the social work profession.

Using this syllabus, instructors can offer students a wide perspective on the I/DD field, including how social workers function within these systems.

Course overview and objectives

This course provides social work students with a theoretical and practical framework for working with individuals with I/DD and their families across the lifespan.

Emphasis is given to understanding how a person with I/DD sits at the center of the hub of intersecting forces that will shape their developmental trajectory and outcomes, such as their health, mental health, and quality of life. The class is designed to be presented over a 15-week semester. This course's objectives are to:

- Challenge students to reflect on their own biases regarding people with I/DD by learning about the historical context of I/DD. This includes the civil rights movements that led to better access to education and communities for people with I/DD and how stigmatization, ableism, and continued segregation affect the lives of people with I/DD and their families in the present day.
- Empower students to engage in critical practice by comparing models of disability (social vs. medical vs. disability justice), frameworks (e.g., neurodiversity, strengths-based approaches), and different care frameworks (e.g., person-centered ethics of care, strengths-based approaches) and their implications.
- Demonstrate the importance of taking a life course perspective, acknowledging how support or lack of support at each stage of life affects a person's adult health and quality of life outcomes.
- Equip students to take a multidimensional approach to care, meaning they will learn to provide direct assistance, engage in policy reform, research the best approach to care, promote individual dignity and social justice, and optimize environmental factors for individuals with I/DD.
- Demonstrate how theory can be applied to practice with I/DD by using case studies to illustrate key elements of the lives of people with I/DD and the choices that caregivers and service providers will make.
- Encourage students to use field placements or volunteer activities to engage with or provide support or recreational services for people with I/DD.
- Expose students to professional organizations that serve individuals with I/DD. These organizations can be valuable resources when providing direct practice.
- Cultivate student awareness of how disability intersects with other identities such as race, ethnicity, sexual orientation, or gender identity.
- Empower students to advance human rights and social and economic justice for people with I/DD.
- Family members are often the gatekeepers and key points of contact for professionals; this course will provide students with the practical skills required to effectively interact with families of children and adults with I/DD.

In-class structure

Large-group activities: case studies and role-playing scenarios

The instructor will provide comprehensive PowerPoint lectures outlining information on each topic throughout the course. Information on I/DD throughout the key developmental stages of a person's life will be presented, including handouts and educational materials to reinforce the information. Students are responsible for reading all texts assigned each week and participating in class discussions.

The purpose of case studies is to illustrate key elements of a developmentally disabled person's life and some of the choices made by their caregivers and service providers. Students will engage with case studies to acquaint themselves with a range of nontraditional families caring for a member with I/DD. Case materials will examine perspectives from different life stages and transitions and different cultural and environmental perspectives. Examples of case studies used in the author's class are presented in the supplemental materials.

Guest speakers

A critical component of this class is engaging with guest speakers from various backgrounds. These will include faculty with research or practice expertise in I/DD and community members with I/DD, family members, or service providers. Instructors may highlight the importance of intersectionality by seeking speakers who can speak to the experience of BIPOC, LGBTQIA+, or other diverse individuals with I/DD. *Note*: For their time, instructors can provide a small honorarium to self-advocates (i.e., people with I/DD). Students are each expected to ask a question of the guest speaker.

CSWE Competencies and Practice Behaviors (2022 EPAS. n.d.)

Competency 1: Demonstrate Ethical and Professional Behavior • Social workers understand the value base of the profession and its ethical standards, as well as relevant policies, laws, and regulations that may affect practice with individuals, families, groups, organizations, and communities	*1. a.b.c.d; a.* make ethical decisions by applying the standards of the National Association of Social Workers Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics within the profession as appropriate to the context; b. demonstrate professional behavior; appearance; oral, written, and electronic communication; c. use technology ethically and appropriately to facilitate practice outcomes; d. use supervision and consultation to guide professional judgment and behavior.
Competency 2: Advance Human Rights and Social, Racial, Economic, and Environmental Justice • Social workers understand that every person, regardless of position in society, has fundamental human rights. Social workers are knowledgeable about the global intersecting and ongoing injustices throughout history that result in oppression and racism, including social work's role and response.	*2. a.b*; a. advocate for human rights at the individual, family, group, organizational, and community system levels; and b. engage in practices that advance human rights to promote social, racial, economic, and environmental justice.

(*Continued*)

(Continued).

Competency 3: Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice • Social workers understand how diversity and intersectionality shape human experiences and identity development and affect equity and inclusion. The dimensions of diversity are understood as the intersectionality of factors including but not limited to age, caste, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, generational status, immigration status, legal status, marital status, political ideology, race, nationality, religion and spirituality, sex, sexual orientation, and tribal sovereign status.	*3. b;* b. demonstrate cultural humility by applying critical reflection, self-awareness, and self-regulation to manage the influence of bias, power, privilege, and values in working with clients and constituencies, acknowledging them as experts of their own lived experiences
Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities • Social workers value the importance of human relationships. Social workers understand theories of human behavior and person-in-environment and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers are self-reflective and understand how bias, power, privilege, and personal values and experiences may affect their ability to engage with diverse clients and constituencies effectively.	*6. a.b;* a. apply knowledge of human behavior, person-in-environment, and interprofessional conceptual frameworks to engage with clients and constituencies; and b. use empathy, reflection, and interpersonal skills to engage in culturally responsive practice with clients and constituencies
Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities • Social workers recognize the implications of the larger practice context in the assessment process and use interprofessional collaboration. Social workers are self-reflective and understand how bias, power, privilege, and their values and experiences may affect their assessment and decision making	*7.a.b.;* a. apply theories of human behavior and person-in-environment, as well as other culturally responsive and interprofessional conceptual frameworks, when assessing clients and constituencies; and b. demonstrate respect for client self-determination during the assessment process by collaborating with clients and constituencies in developing a mutually agreed-upon plan.
Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities • Social workers apply anti-racist and anti-oppressive perspectives in evaluating outcomes. Social workers understand theories of human behavior, person-in-environment, interprofessional conceptual frameworks, 2022 Educational Policy and Accreditation Standards 13, and critically evaluate and apply this knowledge in evaluating outcomes.	*9. a.b*; a. select and use culturally responsive methods to evaluate outcomes; and b. critically analyze outcomes and apply evaluation findings to improve practice effectiveness with individuals, families, groups, organizations, and communities

Course content

Week 1. Introduction to intellectual and developmental disabilities

Students will learn to define I/DD and recognize how genetic and environmental risk factors acting early in life create delays in three or more areas: cognition, self-direction, mobility, self-care, language use, independent living skills, and economic self-sustainability in adulthood. There are many possible disabilities that instructors may include based on their own interest

or expertise or student interest. We show examples of intellectual disability and autism.

Establishing the diagnosis of I/DD

- The purpose of establishing a diagnosis of I/DD is to ensure rights are protected and to determine eligibility to receive various services and supports, including:
  - Early Intervention and special education services for children with I/DD;
  - Medicaid home and community-based services;
  - Social Security Administration benefits.

Diagnostic criteria for I/DD

- Each I/DD has different diagnostic criteria. For example:

  o Intellectual Disability:

    ▪Deficits in intellectual functioning are confirmed by clinical assessment and standardized testing. Deficits in adaptive functioning are indicated by failure to meet sociocultural standards for personal independence and are also identified via standardized testing. Onset occurs during the developmental period (before age 18 years). Levels of severity include: mild, moderate, severe, and profound.

  o Autism Spectrum Disorder:

    ▪Difficulties with social communication and interaction and the presence of repetitive or restricted interests or behavior patterns are assessed by standardized tests (i.e., the Autism Diagnostic Observation Schedule) and an intelligence test to determine whether a person's social development is limited in the context of their intellectual functioning. Autism diagnosis also requires a developmental history. Levels of functioning include: Level 1 ("Requiring support"), Level 2 ("Requiring substantial support"), and Level 3 ("Requiring very substantial support")

Epidemiology and demographics

- Each I/DD has different epidemiology and demographics. Examples include:

- Intellectual disability:
  - The overall prevalence in the US of mild to profound intellectual disability ranges from 8.7 to 36.8 per 1,000 children.
  - Prevalence of IQ < 50 and adaptive deficits ranges from 2.5 to 5 per 1,000 children.
  - Intellectual disability occurs in all races and cultures.
  - Socioeconomic status affects prevalence; testing bias contributes to differences in racial and ethnic data.
- Autism:
  - 1 in 44 children in the US has an autism diagnosis
  - Approximately 35% of people with autism also have intellectual disability
  - Boys are four times as likely to be diagnosed with autism as girls
  - There are no overall differences in the number of Black, White, Hispanic, and Asian/Pacific Islander children diagnosed with autism

Screening and assessment

- Screening for most I/DDs focuses on caretaker reports of developmental delays.
- Measures used for screening include the Modified Checklist for Autism in Toddlers, Revised (MCHAT-R), and the Vineland Adaptive Behavioral Scales (VABS).
- Other broad screening tools for adaptive functioning and development exist.

IQ testing

- IQ testing measures general mental capability: the ability to reason, plan, solve problems, think abstractly, and learn from experience.
- Persons with intellectual disability generally score 75 or below on IQ tests.

Adaptive functioning

- Adaptive Functioning includes the assessment of
  - Social skills;
  - Adaptive communication skills;
  - Personal living skills;
  - Adaptive motor skills.

- Academic achievement is generally delayed, though persons with mild I/DD can develop literacy and mathematical skills.

Behavioral assessment

- Individuals with I/DD may be at greater risk for externalizing disorders such as Attention-Deficit/Hyperactivity Disorder, impulse control, and aggression; or internalizing disorders such as anxiety.
- A thorough assessment of potential co-occurring conditions is critical. Treatment of co-occurring conditions can significantly enhance the quality of life.

Intervention and treatment

- Services and supports are available to parents to help them support their disabled child.
- Support services are essential in enabling people with I/DD to thrive throughout their lifetime.
- Family/supportive services are the primary systems that allow full inclusion in the community.
- Breakdown of intervention and treatment services include:
  - Early intervention (ages <3)
  - Preschool special education (3-5)
  - School-aged special education (5-21)
  - Transitional services (21+)
  - Vocational programs
  - Day programs
  - Residential options
  - Family support (e.g., respite care)
  - Care coordination (state agencies: e.g., NYS OPWDD)

Health disparities and inequities

- Adults with developmental disabilities are living longer, healthier, and more meaningful lives today compared to 20 or 40 years ago.
- However, this population's health needs are unique and not adequately addressed (e.g., long-term side effects of medications for co-occurring conditions).
- Robinson et al. (2012) introduce the concept of diagnostic overshadowing in the I/DD population. Diagnostic overshadowing means that behaviors or symptoms of co-occurring conditions are attributed to I/DD rather than thoroughly investigated and treated. For example, suppose a person has episodes of aggressive behavior. In that case, a healthcare provider

may attribute that to I/DD rather than considering the possibility that the person is in pain or is experiencing anxiety.
- Lack of Medical and Dental Providers
  - o Other issues can lead to inadequate medical care and increased case complexity.
  - o Medicaid remains the primary source of health insurance for older adults with I/DD, and many providers do not accept Medicaid.
  - o I/DD individuals experience little continuity of care.

Increased case complexity

- Increased case complexity, described as several interconnected healthcare issues coexisting in a patient's life, is a recurring theme throughout the lives of people with I/DD.
- This complexity may result in a physician's unwillingness or inability to address particular problems effectively or having numerous specialists who may not communicate.
- Increased case complexity may include coexisting and untreated health problems; inaccurate diagnoses; lack of continuity in physician care, with scattered and unavailable past medical records; medical staff's inability to communicate with the client or caregiver; failure to address the behavioral challenges that may arise during the medical examinations.
- Such experiences can lead to negative attitudes among medical personnel, making it harder to locate providers who can accommodate the needs of people with I/DD.

Person/family-centered planning

- Students will be introduced to a theoretical framework called the Person-Centered Ethics of Care. This model identifies the five major forces that will affect the day-to-day lives of the I/DD individual in the years to come.
- These include educational, medical, governmental, financial, and social service systems.

Implications for social work practice

- Students learn that well-trained social workers are often responsible for assessing and coordinating care for the I/DD population.
- Social workers provide assessments and care plans, make referrals to other providers, and monitor appointments and follow-ups.
- Cultural competency involves knowledge of the following:
  - ○ Diagnostic Testing biases;
  - ○ Native, or first, language;

- Cultural values;
- Socioeconomic status;
- Health status;
- Family and community involvement.

Resources

Note: these resources pertain to the authors' home state of New York. Instructors will want to review the website for relevant service providers and funders in their region and provide resources accordingly.

- Resource Guide for Family of Children with Disabilities or Developmental Delays: 2019
  - http://www1.nyc.gov/assets/doh/downloads/pdf/earlyint/family-resource-guide.pdf
- Guide to Understanding Supportive Services
  - http://parenttoparentnys.org/images/uploads/pdfs/PtoPNYS_Guide_to_Services/
- Office for People with Developmental Disabilities
  - https://opwdd.ny.gov/
- Resource Guide Directory
  - https://www.yai.org/linkresource/directory-family-support-services

Week 2. Intellectual/developmental disability and stigmatization

Students will learn that individuals with I/DD are among the most socially isolated citizens in our society, and they face significant health, employment, and housing disparities due to the stigma of disability. This session will explore the myths and effects of stigmatization toward individuals with I/DD.

The stigma of disability

- The History of Developmental Disabilities
  - https://mn.gov/mnddc/parallels/
- Terms for those with I/DD have historically been pejorative: "feeble-minded," "mentally defective," "idiot," "subnormal," and "retarded."
- These terms have become generic insults.
- The dehumanization of people with disabilities found its most extreme advocates in the Eugenics movement in the U.S. and Nazi Germany.
- The stigma and low expectations for people with I/DD continue across many aspects of life: education, employment, healthcare, sexuality, parenting, etc.

- Social psychological theories help explain why particular groups have been shunned throughout history.

  o **Evolutionary theories explore reasons for stigmatizing, such as**:
    ▪Non-reciprocity;
    ▪Disease avoidance.

  o **The Process of Stigmatizing the Intellectually Disabled** (see figure 2)
    ▪Social stigmas have existed throughout human evolution, supporting the survival of the most influential groups in the social order.
    ▪Stigmas exert a bias to look after in-group interests and to consider the stigmatized as a threat to survival.
    ▪The dominant group is allowed to categorize who is in and who is out. Stigma can be attached to a group for many reasons, but always with the effect of excluding them.

Theoretical approaches

- **The Social Model of Disability**

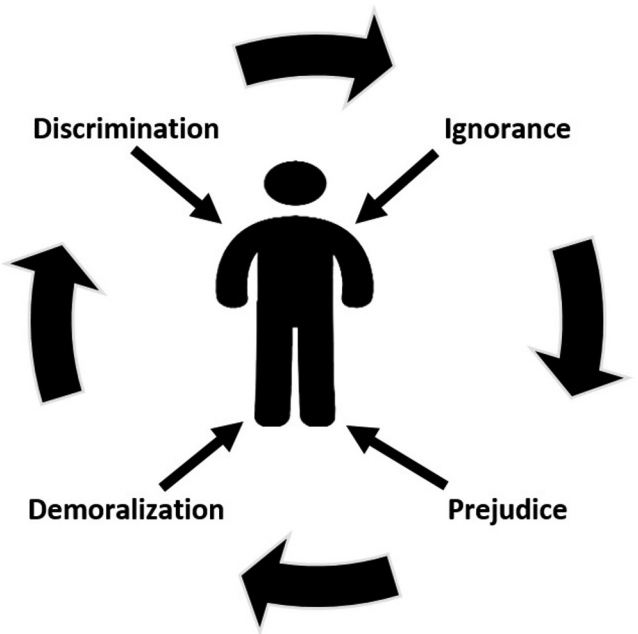

Figure 2. Stigma process model.

- The focus of the social model of disability is on all things that restrict individuals with I/DD such as individual prejudices, institutional racism, inaccessibility to building and transport systems, segregated educational systems, and exclusion in the workforce.

- **The Medical Model of Disability**

  - The medical model stemmed from a moral model around disability/impairment, actively pathologizes individuals with I/DD, and sees disability as something that needs to be "fixed" or "corrected."

- **Cognitive and Attributional Approaches**

  - Other hypothesized reasons for stigmas include:

    - Belief in a just world; Eugenics; Dehumanization toward individuals with IDD
    - Attributions of control and responsibility; Individuals with IDD do not have decision-making capabilities
    - Demand and resource evaluations, e.g., interactional uncertainty.

- **What Maintains the Cycle of I/DD Stigma?**

  - Persistent stigmatization of I/DD groups is based upon the following:

    - Lack of understanding and misconceptions;
    - The segregation of people with I/DD and the resulting invisibility of people with I/DD across many settings of everyday life;
    - Lack of concern fueled by low social, economic, and political influence and power.

- **The Effects of Stigmatization on Individuals with I/DD**

  - The consequences of this persistent stigma include:

    - People with I/DD are presumed "incompetent" across all areas of life – and therefore of little use to society;
    - Stereotyped as "dependent" and "childlike," leading to a lack of choice, rights, and respect;
    - Limited access to opportunities others take for granted;
    - Few positive and aspirational role models;
    - Creation of segregated spaces in which abuse, neglect, and hate crimes flourish;

- Low self-esteem, anxiety, and depression among the stigmatized;
- Creation of physical and mental health inequities.

- **The Effects of Stigma on Families**

  - Family members are also stigmatized, with harmful effects such as:
    - Negative attitudes directed at family members (courtesy stigma);
    - Fear that others will view family members negatively;
    - Negative attitudes toward family members internalized (affiliate stigma);
    - Isolation and avoidance of family members in society;
    - The poor physical and mental health of family members;
    - Financial hardship.

- **Where does the Stigma of I/DD Occur?**

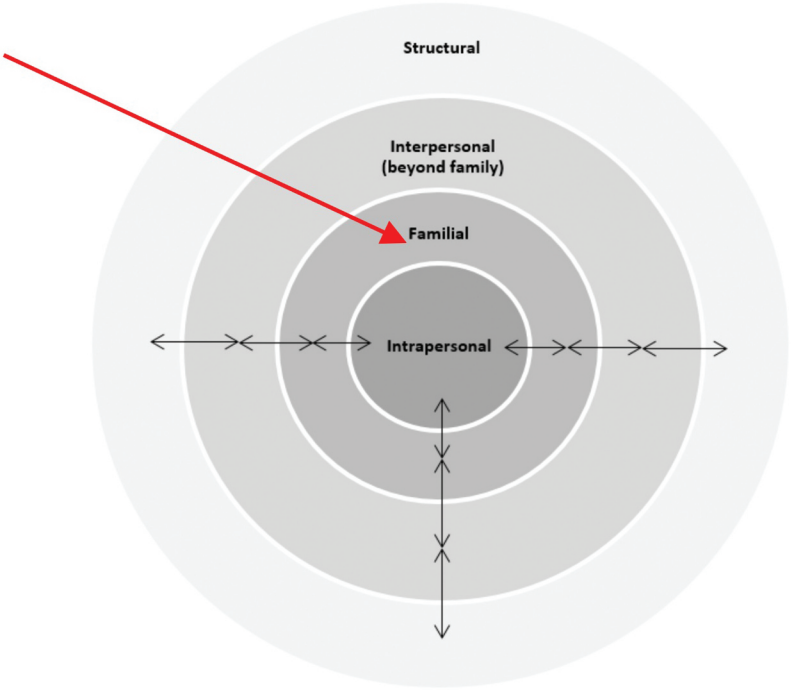

Figure 3. Werner and Scior's (2016) a multi-level model of intellectual disability stigmatization is discussed.

- Werner and Scior's (2016) multi-level model of intellectual disability stigmatization is discussed (see Figure 3).

- **Social Work Efforts to Combat I/DD Stigma**

  - Social workers can lead the effort to combat stigmatizing, including:
    - Understand theoretical factors regarding I/DD stigma: causes, reinforcers, and their implications for intervention;
    - Design and deliver interventions (particularly at intrapersonal and familial levels);
    - Build and transform research and evaluation into interventions on micro, meso, and macro levels;
    - Highlight the impact of changes to policy and service provision on the lives of people with I/DD;
    - Targeting stigmatization on all levels.

- **Understanding and Applying the Neurodiversity Framework**

  - Social workers must understand the concept of neurodiversity and its utility for fostering empathy, understanding, and effective support strategies for neurodivergent people, which will include:
    - Understand that neurodiversity recognizes the biological fact that human cognition is diverse. Under this framework, differences in brain development and function like those associated with I/DDs are considered normal variations in the human population. The inclusion of neurodivergent people in society is considered positive or neutral rather than negative, and this framework is not aligned with the idea of eliminating or curing I/DDs.
    - Discuss common challenges individuals face, such as stigma, discrimination, and accessibility issues.
    - Teach the importance of using the language preferred by each person or group. For example, some people may prefer person-first language (person with autism), while others may prefer identity-first language (autistic person).
    - Use case studies, personal narratives, and guest speakers to help students understand the experiences of neurodivergent individuals, including those with intellectual disabilities.
    - Discuss key legislations such as the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA).
    - Discuss social workers' ethical responsibilities in advocating for and supporting neurodivergent people.
    - Teach how to develop and implement individualized support plans that address each person's unique needs.

- Explore strategies for promoting inclusion in educational settings, workplaces, and communities.
- Emphasize the importance of working with families, caregivers, educators, and healthcare professionals
- Introduce various assistive technologies that aid communication, learning, and daily living.
- Provide information on local and national resources, support groups, and advocacy organizations.

Week 3. I/DD delays in early childhood and early intervention

Students will learn to recognize the early signs of developmental delay in young children. We will focus on how these delays affect a child's development in several areas, including physical, cognitive, communication, social, emotional, or behavioral skills. In addition, students will learn the critical importance of early intervention services in helping to support children's development and to assist the family unit. An introduction to the family-centered model will be discussed.

- **Diagnosing Children 0-3 Years**
  - Some children are diagnosed with I/DD prenatally via genetic testing (e.g., Down syndrome) or ultrasound.
  - Children born prematurely (before 37 weeks) have elevated rates of I/DD and other conditions such as vision or hearing loss.
  - Some children manifest developmental delays after birth. There are many causes of delays. Some may grow out of their delays if provided with appropriate services, while some will eventually receive an I/DD diagnosis (e.g., intellectual disability, autism, cerebral palsy, etc.)
  - An intellectual disability diagnosis must be made only by a licensed psychologist or neuropsychologist capable of administering, scoring, and interpreting a standardized intelligence test. A psychologist can make an autism diagnosis, but it may also be made by a physician or a team of specialists. A diagnosis of cerebral palsy is made by a physician or team of specialists and may involve brain scans. A pediatric neurologist makes a diagnosis of epilepsy.
  - Some children with mild I/DD are not identified until elementary school or later when the expectations in academic or social areas exceed their unsupported or unaccommodated capabilities.

- The earlier the delay is detected, the earlier a supportive intervention can occur. This will always improve a child's outcome.

- **What is Early Intervention?**

  - The term Early Intervention (EI) describes the services and supports available to children 0-3 years of age with developmental delays and/or disabilities. Services are also available to assist family members.
  - EI programs are available in every state and US territory. Programs are publicly funded to provide services for free or reduced cost for any eligible child.
  - EI programs provide specific services for assessing the child and the family's needs.
  - EI services can significantly improve a child's ability to learn new skills, overcome challenges, and increase success in school and life. EI services help families cope with their child's diagnosis and needs.
  - EI services range from 30 minutes per week to 40 hours per week. EI providers often teach families how to use skills to support their child's development so that the child can benefit 24/7.
  - EI programs focus on a child's specific adaptive behavioral areas, including motor skills, communication abilities, self-help, and independent living skills (e.g., eating, dressing, and toileting).

- **Who Provides EI Services?**

  - EI is an umbrella that includes many specialists who evaluate and assist the child with a developmental delay:
    - **Social Workers** assess the child's social and emotional development. They also help find needed resources.
    - **Speech and Language Pathologists** assess/intervene in communication skills. They provide services to help with speech, language, and early literacy; some specialize in feeding or swallowing delays.
    - **Physical Therapists** assess/intervene in movement and gross motor skills. This includes balance, strength, and coordination. They can recommend assistive technology like walkers and special chairs.
    - **Occupational Therapists** assess/intervene in fine motor skills. This includes grasping or holding small objects. They also help with the cognitive, sensory, and communication processes involved in play skills. They may help parents adapt their home environments and support the child's feeding and self-care skills.
    - **Psychologists and other developmental therapists** assist families with their child's behavior, mental health, and learning issues. They

help the child learn how to express and regulate emotions, form close relationships, and explore their world.
- **Nurses** assess/intervene in the child's physical health. They can assist with prescribed medications, feeding tubes, sores or other issues related to mobility impairment, breathing equipment or tracheostomies, colostomy care, and sometimes provide care at night for children who need supervision 24/7.
- **Nutritionists** assist with any problems related to feeding or diet.
- **Audiologists** assess for hearing-related issues.
- **Vision specialists** assess problems with vision.

- **Types of Skill Development Services**
  - Babies and toddlers may receive services at home or in the community to help with development in these areas:
    - Physical skills (reaching, crawling, walking, drawing, building)
    - Cognitive skills (thinking, learning, solving problems)
    - Communication skills (talking, listening, understanding others, using assistive or augmentative communication devices)
    - Self-help or adaptive skills (eating, dressing)
    - Social or emotional skills (playing, interacting with others)
    - Sensory processing skills (handling textures, tastes, sounds, smells).

- **EI Funding & Eligibility**
  - EI services are provided under the Individuals with Disabilities Education Act (IDEA).
  - Through federal grants to each state, children who qualify may receive services free of charge or at a low cost. Insurance may cover part of the cost, but eligible families receive EI services regardless of insurance coverage or income.
  - Although IDEA is a federal law, each state implements its own EI programs. Thus, specific regulations and procedures vary from state to state.
  - Some children are eligible for EI based on a diagnosis (e.g., Down syndrome, autism, cerebral palsy). Other children must meet specific thresholds of impairment (e.g., using a standardized test, must score at least two standard deviations below the mean in an area of development or 1.5 standard deviations below the mean in two domains)
  - EI is conceptualized as an intervention program for children with severe delays, not a prevention program. This means some children with delays will not meet the impairment threshold and will not be provided services, even if they could benefit. Children who do not qualify can

continue receiving developmental surveillance, and families may pursue services through insurance and seek reevaluation at a later time.

- **The Individualized Family Service Plan (IFSP)**
  - The IFSP is a written treatment plan that maps out a child's EI services and how services will be administered.
  - The IFSP details a child's current levels of functioning, specific needs, and goals for treatment (referred to as outcomes).
  - The IFSP takes a family-based approach to services since supporting the family is the most effective way to support the child. Thus, the IFSP is developed with input from the child's family.

- **Person-Centered Ethics of Care Model – Theoretical Framework** (Figure 1).
  - As parents of young infants begin the IFSP process, they will be centered within several systems that will impact their child's growth. First, a service provider (e.g., physician or hospital social worker) makes a referral, or parents can approach their county health department for surveillance and EI assessment if they have concerns. Then, families will meet individual service providers, therapists, and service coordinators to help them navigate these different components. Medical specialists will be involved, and state entities that establish insurance and funding streams for the services offered. This theoretical framework is diagrammed below.

- **Developing the IFSP**
  - All family members are essential to the IFSP team because they best understand the child's needs.
  - A family advocate and a service coordinator (social workers) from the EI program may attend the IFSP meeting.
  - The timeline for developing an IFSP is 30 days from determining eligibility. Before it can be written, the team must gather all relevant information. Any previous evaluations of the child will be beneficial in this process.
  - Parent(s) and family members will discuss the household's daily routines, the challenges the child faces, and the family's goals for the child's development.

- The family must communicate the challenges that it faces as a whole. These include transportation needs and any trainings that might benefit the family.
- Throughout the entire EI process, parents need to keep comprehensive written records. Families should discuss and brainstorm about their child's unique challenges and goals, taking notes or voice recordings of their meetings. Parents are advised to bring a detailed list of questions to IFSP meetings.

- **The Components of the IFSP**

  - Every IFSP must contain key components, which include the following:
    - List of people and organizations involved: The IFSP will list the name of the EI service coordinator (usually a social worker) who is working most closely with the family. It will list any professionals and organizations providing services and their funding sources.
    - The current level of functioning: The IFSP will describe the child's current level of functioning (e.g., medical condition, results from specialty examinations or assessments).
    - Outcomes: Outcomes, or goals, are a critical component of the IFSP. They must be relevant, specific, and measurable. These are generally short-term goals; all provided services will work toward these outcomes. See the following examples:
      - J will grip his sippy cup, raise it to his mouth, and drink without assistance.
      - J will use his picture exchange communication system to communicate his desires for food, potty need, and nap time.
      - J will articulate the "m" sound in the initial position or beginning of a word.

- **After the IFSP**

  - By law, the IFSP team must meet to review the treatment plan every six months to determine whether goals are being met and update the outcomes based on the child's development and family goals.
  - The family may request an additional review at any time if they feel the IFSP is not serving their child's best interests or if there has been a significant change in the child's life (e.g., hospitalization).

- **Length of EI service provision**

  - Early intervention services usually last until age 3, although some states will extend EI services beyond this time.

- Once they age out of EI, children with I/DD transition to preschool (ages 3–5).

Week 4. Preschool and school-age children with I/DD and the IEP

Students will learn the unique education process for preschool children with I/DD, overseen by the Committee for Preschool Special Education (CPSE). Students will also learn about a gradual shift in services from a family-centered to a person/education-centered model. Discussions will focus on transition experiences, advocacy, and the family's ever-changing role as children enter preschool programs.

Every school district has a CSPE committee that decides a child's special education needs and services for ages 3–5. The committee will help to craft an Individualized Education Program (IEP) for each public school child who needs special education. The IEP will be reviewed and adapted periodically as the child ages.

- **Qualifying for Special Education**
  - To qualify for special education, the IEP team must determine that a child has one of the following:
    - intellectual disability;
    - autism;
    - blindness;
    - deafness;
    - emotional disturbance;
    - hearing impairment;
    - combination of physical and intellectual or developmental disabilities.
- **When Can a Child Have an IEP?**
  - Children at least three years old who qualify for special education services may have an IEP. If a child with I/DD is not receiving special education and has no IEP, the child cannot receive services.
  - Children who are not eligible for IEP services may receive a 504 plan to provide more limited accommodations (e.g., a longer time for tests, sitting near the teacher)
- **What is the IEP Process?**
  - The IEP is a written document for each public school child eligible for special education. It is an important step forward in providing services to and improving outcomes for students with disabilities.

  - The IEP is created through a team effort and reviewed at least once yearly.
  - The revision process fosters collaboration and links sound practice with statutory and regulatory requirements.
- **Steps of The IEP Process**
  - Step 1: Identification and pre-referral: there are different pre-referral interventions by which the family or school can initiate the IEP process;
  - Step 2: Referral;
  - Step 3: Eligibility;
  - Step 4: Development of the IEP;
  - Step 5: Implementation;
  - Step 6: Evaluation and review.
- **Purpose of the IEP Team**
  - By pooling their knowledge and experience, team members set out to craft an individualized response to a child's unique needs, strengths, and talents.
  - Much information is shared at IEP meetings, involving multiple discussions between family and staff.
  - The product is the child's IEP, which will guide their educational experience for years.
- **What Should an IEP Include**
  - The child's present level of performance (PLOP) in school is assessed to increase the child's learning. Individualized instruction and related services, such as occupational therapy, speech therapy, and physical therapy, are incorporated into the IEP.
  - Necessary support services are included, such as physical accommodations and assistive technologies.
- **How Long Does an IEP Last?**
  - A child's IEP lasts one year from the date it is written.
  - Each year, before the anniversary date of the IEP, a notice will be sent out to all team members to schedule the annual IEP meeting.
  - Family members are strongly encouraged to attend.
- **Related Services on the IEP**
  - Federal law allows schools to provide certain services that are not strictly educational. However, these services are essential to helping students benefit from special education. These are called *related services*.
  - Examples include: an autistic child may need one-on-one sessions with a speech therapist to improve communication skills; some children may require special transportation services; some teachers may need professional assistance to create a behavioral intervention program.

Week 5. School-aged children and teens with I/DD and Transition to adulthood

Students will examine key educational elements affecting children from ages 5–21. In New York State, services are directed by the Committee for Special Education (CSE) during this period. Topics will include planning for the future; transitioning out of Special Education; guardianship; and how families must apply for services through state agencies for people with disabilities. In New York State, this is the Office of People with Developmental Disabilities, or OPWDD. Instructors should cite the relevant agencies in their state.

- **From Preschool to School Age – the CSE**
  - o For young children in New York, the Committee for Preschool Special Education (CPSE) directs disability services. For children ages 5-21, the Committee for Special Education (CSE) becomes responsible.
  - o Annual IEP and related services review continue, provided the child is still eligible.
  - o Youth should attend their IEP plan meetings at every age but are particularly encouraged from age 14 and up as this is associated with improved outcomes.
- **Future Planning for the School-Aged Child**
  - o Transition planning helps kids with IEPs prepare for life after high school.
  - o Under federal law, transition planning must start when a child turns 16. However, it is recommended that planning start as early as age 12. Planning covers employment, post-secondary education if appropriate, and daily life skills.
- **What is IEP transition planning?**
  - o Transition planning is a formal process required by IDEA, by which IEP team members, families, and youth develop goals for post-high school life and plan how these goals will be met. This information will guide the planning process.
  - o The transition plan has two main components: postsecondary goals and transition services.
    - ▪Postsecondary goals
      - These goals state what your child wants to do or achieve after high school. Goals can be in four areas:

(1) 1. Vocational training (e.g., learning a trade);
(2) 2. Postsecondary education (e.g., college or other type of schooling);
(3) 3. Employment;
(4) 4. Independent living

▪Transition services

•Once transition goals are set, the IEP team will decide what services a child needs to meet those goals. The range of possible services is very broad, and it can include:

(1) 1. Instruction (including special education);
(2) 2. Related services, such as therapy;
(3) 3. Community experiences (e.g., volunteer work);
(4) 4. Career and college counseling;
(5) 5. Assistance with daily living skills.

- **Guardianship: An Essential Part of Transition**
  - o During the transition planning timeframe, families are encouraged to consider whether legal guardianship is the right choice for their family. This is a legal proceeding in which the courts will determine who will serve to guard the legal rights of an incapacitated person.
  - o A guardian is an individual or institution (such as a parent or bank trust department) appointed by the court to care for an incapacitated person (called a ward). The guardian will be assigned the duty of protecting the ward's assets.
  - o Guardianship can be specialized to cover only financial, medical, or other specific aspects of life as needed or can be comprehensive.
- **The Office for People with Developmental Disabilities (OPWDD)**
  - o OPWDD is a large New York State agency that provides various support and service options to meet the needs of individuals with I/DD and their families.
  - o OPWDD coordinates services for state residents with I/DD and other neurological and developmental impairments.
  - o OPWDD provides services across New York directly and through approximately 500 nonprofit service provider agencies.
- **Accessing OPWDD – The Front Door**

  - o The Front Door is the main internet portal for accessing services through the NYS Office for People with Developmental Disabilities. Supports and services provided by OPWDD include the following:
    - ▪Help for people with I/DD to live in a home in the community;
    - ▪Help for people with I/DD to work in the community, including employment training and support, volunteer opportunities, and other types of community engagement;
    - ▪Help for people with I/DD who need residential and day services;
    - ▪Help for families, including overnight respite, afterschool programs, assistive technology, and behavioral services.

- **Servicing Individuals with I/DD and their Caregivers**
  - Services are free and funded through Medicaid via Home and Community-Based Services Waiver (HCBS).
  - A trained care coordinator employed by OPWDD provides families with the names of agencies to help them set up services and help develop an individualized plan.
  - Based on a psychological evaluation, children younger than five may be eligible for services.
  - Many of the services provided through OPWDD can be self-directed, allowing caregivers to remain responsible for the services they receive.
  - Self-direction allows caregivers to choose and manage staff working with their children and gives them complete budget control. Caregivers must attend a training session through the Front Door if they choose self-direction.

    - Self-direction gives the family the flexibility to choose the best support and services for them and their child.
    - The family chooses the services, the staff, the organizations, and the schedule that works best for them.
- **The OPWDD Process – Developmental Disabilities Service Organizations**

  - To access DDSO programs, a child must have a developmental disability significantly limiting their independence.
  - Parents must provide supporting documentation from the child's medical provider and attend a Front Door Information Session in their state to learn about services and how to access them.
  - They need to visit the regional state office of developmental disabilities, or they can contact their regional DDSO
  - The DDSO will help caregivers begin an eligibility review. The earlier the family contacts their state office of developmental disabilities, the sooner they can begin services.
  - Children who qualify typically receive benefits while attending school (ages 5–21). Afterward, they will receive help transitioning to life after school.
  - The child must meet eligibility requirements for Medicaid and the Home and Community-Based Services (HCBS) waiver program since Medicaid will pay for most of the services the child will receive.
  - Income will not be a factor when considering Medicaid eligibility, provided the child lives at home.
  - Once the state office of developmental disabilities confirms the child's eligibility, the family is contacted by an assessment specialist within five days of the initial assessment process. The specialist will discuss service

requests and consider the child's needs. Caregivers can also contact the local DDSO directly if they have not been contacted within five days of the process.
- The goal of the office of developmental disabilities is to get all eligible people enrolled and minimize those who might be lost to follow-up.

Week 6. I/DD: behavioral treatment and management

Students will learn that many people with I/DD experience psychiatric disorders, behaviors that may be aggressive, destructive, or dangerous to the individual, and difficulties with adaptive coping skills. Students will be introduced to the different modalities used in behavioral intervention for people with I/DD.

- **Behavioral Treatment & Intervention**
  - "Challenging behaviors" include pica, self-injury, aggression, socially inappropriate sexual behaviors, fecal smearing, and others.
  - Challenging behavior is common in I/DD but difficult to diagnose and manage.
  - It can adversely affect the person's quality of life and cause the breakdown of community placements and isolation or segregation if untreated. Occasionally, these behaviors may result in hospital admission.
  - We will examine the evidence base for the psychological and pharmacological treatment of challenging behavior.
- **What is Behavior Therapy?**
  - Behavior therapy is an approach to understanding self-destructive or unhealthy behavior that focuses on a person's learning history, including reinforcement and punishment of behaviors.
  - Therapy is based on the idea that a thorough assessment can identify what is reinforcing or maintaining behavior and change the contingency so that the person can learn more adaptive behaviors instead or so that the person's unmet needs are being communicated through the behavior.
  - Behavioral Therapy for the School-Aged Child can be added to the IEP to ensure service delivery.
- **Functional Behavior Assessment (FBA)**
  - A functional behavior assessment requires the following elements:

- o A specific target behavior;
- oUnderstanding what is causing and maintaining the behavior;
- oDetermining how the target behavior interferes with the student's educational progress.

- **Steps Included in a Functional Behavioral Assessment**
  - o Identify and define the target behavior.
  - o Collect information about when the target behavior happens through observations and data collection. Interview the child, parents, and staff.
  - o Determine what occurs before the child's target behavior (triggers) and after the target behavior (reinforcements).
  - o Try to determine the purpose of the target behavior and articulate why and when the IEP team thinks the child uses the target behavior.
  - o Once the assessment is complete, interventions can be created based on the hypothesis and other relevant information.
  - o Example of an FBA: When the student is given a writing task that he perceives as too challenging to complete (trigger), he will get up from his seat, pinch and scratch himself, move his desk, and try to leave the room (target behaviors). This allows him to escape from the difficult task (negative reinforcement).
- **IEP Assessment Meeting**
  - o The IEP team can complete the functional behavioral assessment at the first meeting if there is enough information to determine the purpose of the target behavior.
  - o If more information is needed, the IEP team will decide how to get the information and when to complete the assessment.
  - o Once the team believes that they have identified the purpose of the behavior, the IEP team develops a behavioral intervention plan for the student utilizing positive behavioral supports.
- **Behavioral Intervention Plans**
  - o A behavioral intervention plan is created after completing a Functional Behavioral Assessment. It should be designed to help the student change the target behavior.
  - o A student's need for a behavioral intervention plan must be documented in the IEP. These plans must be reviewed at least annually.
  - o The IEP must specify a particular device or service to address the target behavior.
  - o IEP changes must specify a detailed intervention, accommodation, or other program modification needed to address the target behavior impeding the child's learning.
- **Applied Behavioral Analysis (ABA)**

  - Applied Behavioral Analysis, or ABA, is often described as the "gold standard" for autism treatment.
  - ABA is based on the theory that desired behaviors can be taught through rewards and consequences. The therapist (who may be a social worker) works individually with a child. They implement FBA to design appropriate behavioral interventions.
  - ABA is the most-researched intervention for autism and has been used for over 50 years. Typically, an ABA therapist:
    - Uses a scientific approach to understanding an alternative behavior that might be helpful to a child to improve or change a difficult pattern.
    - Attempts to change the environment to change the behavior.
  - The time spent in therapy can be quite high, and the hours spent vary weekly. Usually, therapy lasts up to three years.
  - ABA therapy applies our understanding of how behavior works to real situations that affect the child and result in behaviors that are self-injurious, aggressive, dangerous (e.g., elopement) or cause significant disruptions for other learners.
  - The goal is to increase helpful behaviors and decrease harmful behaviors that hamper learning.
  - ABA therapy programs can help to increase language and communication skills.
  - ABA can teach new skills, independence, enhanced speaking, better toileting skills, improved sleep through the night, and skills needed to hold jobs as adults.
- **The Ethics of using Applied Behavior Analysis**
  - ABA is not always the best treatment.
  - Cultural sensitivity and ABA should not be taken in the one-size-fits-all context.
  - The supposed benefits of ABA can exacerbate behaviors and cause trauma
  - Parents should be provided with other approaches to behavior management before deciding to use ABA.
  - Ethical consideration is encouraged that promotes the autonomy of the family and child.
- **Positive Behavioral Supports**
  - PBS differs from Applied Behavioral Analysis which focuses on the intervention, lifestyle, and environmental changes that influence the challenging behavior of the individual
  - Positive behavior supports are ways that schools and programs use to improve behavior. They offer useful interventions and create environments to help all students achieve their goals.

- If a person has a behavior that makes it hard to learn or engage with the community, the IEP team should consider positive behavioral interventions and strategies. These interventions focus on outcomes of value to the individual and their family. Positive behavior supports using reinforcement, not punishments, in a program designed to help each individual learn to change the target behavior.
- They can include any of the following:
  - teaching the child new replacement behaviors;
  - rewarding the child for using neutral or socially appropriate behaviors instead of the target behavior;
  - helping the child learn what triggers the target behavior and how to avoid these triggers;
  - changing what happens around the child to be more supportive and accommodating;
  - helping the child develop their strengths at school;
  - teaching the child to identify emotions;
  - teaching the child to express feelings in socially appropriate ways;
  - identifying a caring adult that can support the child at school;
  - identifying difficult times for the child and how they can be avoided.

- **Other Behavioral Programs**

  - Treatment and Education of Autistic and Communication related handicapped CHildren, or TEACCH, is an evidence-based program that builds on the strengths that many autistic children may have in visual detail and memory. Thus, teachers are trained to adapt to the physical learning environment, teaching style, and intervention strategies, including visual schedules and concrete visual learning tools.

Week 7 and 8. Group project and midterm presentations

Students will be placed into groups of 3–4 people, tasked with developing an in-class presentation and written assignment. Groups will present a case study to other class members concerning any I/DD topics covered in the course thus far. They will prepare a written paper describing possible interventions using the family center or person-centered approach and relevant theoretical frameworks from classwork readings or outside sources. Students may also seek outside topics related to I/DD if deemed suitable.

- **Group Assignment of Case Study Presentations**
  - The groups should design an intervention in three practice contexts (individual, group, organizational, community, or policy). The group

will discuss their intervention during class and other interventions they might consider.
- The presentation will be followed by a written description of the case and proposed interventions (resulting from the in-class discussions).
- The in-class presentation will be designed as follows:
  - The presentation of the case should be brief;
  - Questions for further clarification from the audience will follow the presentation;
  - This will include a time-limited session in which the audience shares feedback and ideas with the presenters;
  - The presenters will gather their ideas, ask final questions, and prepare their written report. This will be the basis of the final paper.

Week 9. I/DD: social work practice and service delivery

Students will learn about service delivery practices and additional available resources to assist individuals with I/DD and their caregivers. Special attention will be given to state-wide agencies that can help families locate services. During this session, we will discuss the Person-Centered Ethics of Care Model (PC-EoC) in greater detail.

- **The Office for Persons with Developmental Disabilities – A Recap**
  - The New York State Office for People With Developmental Disabilities (OPWDD) coordinates services for New Yorkers with a wide range of developmental disabilities. Generally, any person with a disability that began before age 21 is eligible for services.
  - OPWDD provides many services through its own offices.
  - Approximately 80% of services are supported by OPWDD by over 500 nonprofit agencies and providers.
  - OPWDD offers an array of services and supports to help developmentally disabled people live in the home of their choice.
  - The various levels and combinations of services and supports mean that OPWDD can accommodate the needs and preferences of virtually anyone with I/DD.
- **Review the Person-Center Ethics of Care Model** (Figure 1).

  - Students will examine a new theoretical approach to integrate the five main components of a disabled child's life in the growing years. These include educational, medical, governmental, financial, and social service components.
    - **Educational**: Provision of information and education:

    - Essential components are the Department of Education, transitional services throughout the school years, and vocational services for young adults;
  - **Medical**: Access to healthcare and related services:
    - Students will study the different approaches to healthcare available to disabled children and young adults. These services are available through specialty clinics designed to meet the needs of developmentally disabled patients.
  - **Governmental and Financial**: Organizing and paying for services:
    - OPWDD and other state and federal agencies play a role in determining disability, as well as a role in funding necessary services. Students will become familiar with some of these key relationships.
  - **Social Services**: Accessing family care and community resources
    - Students will learn about the vast array of programs and services that social workers can access to help individuals with developmental disabilities.

Week 10. I/DD: young adulthood and the guardianship process

In this unit, students will explore how a caregiver can be awarded guardianship of a young adult with a developmental disability. This is a key step in planning the transition from high school to life as an adult.

- **Why Caregivers Should File for Guardianship**
  - In New York State, when individuals with I/DD turn 18, they are deemed independent and legally competent to make decisions for themselves.
  - This means that no other person can make decisions for that individual – whether personal, medical, or financial.
  - If a person has an intellectual disability and has difficulty making decisions for themselves, the family or caregiver can petition the court to appoint a guardian for that person.
- **About Article 17-A Guardianship**
  - Article 17-A Guardianship is straightforward and can be completed relatively quickly. Once awarded, it covers most financial and healthcare decisions and supportive decision-making decisions.
  - To file a case, the family can contact a lawyer with experience in guardianship, or they can file the paperwork themselves directly with the court. A DIY Forms program is available online to help submit a petition. In addition, they can contact their local Surrogate Court for an Article 17A Guardianship packet.
- **Filing for Article 17-A Guardianship (ages 18+)**

- Article 17-A Guardianship is available only for individuals who are intellectually disabled or developmentally disabled.
- These are the legal terms used in Article 17-A of the Surrogate's Court Procedures Act (Legislation, n.d..)
- Two health professionals each must complete a form to file the petition. The first must be completed and signed by a certifying physician with experience caring for the developmentally disabled individual. The second can be completed either by a psychiatrist or a psychologist. These forms must certify the reason that the disabled person cannot manage their personal affairs.

- **Obtaining Court-Appointed Guardianship**
  - Upon successful petition, a guardian is appointed for the person with I/DD.
  - The petition will contain basic facts about the applicant, including the petitioner's relationship to the individual. The petition will describe the person's disability and how it impacts their ability to make decisions independently.
  - The petition includes certification attesting to a person's level of functioning.
- **The Court Hearing**
  - A full hearing will be held before a judge assigned to the guardianship case.
  - Anyone can object to the appointment of a guardian, including the person to be assigned a guardian. Generally, any objections involve a hearing and a separate filing with the court.
  - The petitioner must provide clear evidence of the need for guardianship. This may include:
    - Proof through IQ testing that the person lacks the capacity or ability to make responsible decisions;
    - Proof that the individual's diagnosis is the cause for the lack of capability;
    - Evidence that the proposed guardian is fit to carry out their duties and responsibilities;
    - Proof by case attorneys that the petitioner's best interests will be protected;
    - Evidence from independent witnesses, such as the person's friends, family members, doctors, or others, may be called upon to provide information on the petitioner's level of functioning.
- **Guardian Powers and Duties**
  - If the petition for guardianship is successful, the court will provide specific powers and duties for the guardian. These powers and

responsibilities only apply to the person with I/DD.

- **Supportive Decision-Making**
  - o Supported decision-making (SDM) is a way to allow individuals with IDD to retain their decision-making capacity by choosing supporters or guardians to help them make choices.
  - o The underlying premise of decision-making is that everyone has the right to self-determination, exercise legal capability, and express their choices with support provided in the context of those they trust (Bigby et al., 2019).
  - o Supporters can include friends, family, caregivers, mentors, and other community members.
  - o The individual chooses supporters.
  - o Supporters know and have an understanding of the individual's goals, preferences
  - o Supporters value and respect the autonomy of the individual with IDD
  - o Using Supported Decision-making:
    - ▪ Empowers the individual.
    - ▪ It can assist the individual in retaining their rights.
    - ▪ Increases self-worth and self-esteem.
    - ▪ Allows for personal growth and experiences.
    - ▪ This means that individuals are viewed as more capable and active contributors to society because they make decisions and are in charge of their own lives.
- **Transitioning from High School to Adult Life**
  - o Transitioning from school to adult life can be challenging for any young adult, and adequate planning can dramatically improve outcomes and reduce stress. While many young adults with I/DD will attend college or find employment after high school, parents of individuals with I/DD must also prepare for alternatives to college or employment.
  - o Careful planning and preparation for work can mean the difference between becoming an active worker in the community versus sitting idly at home with few or no prospects for employment.

Week 11. I/DD: older adults, employment & decision-making

Students will explore the unique concerns of young adults with I/DD. They will learn the importance of using a person-centered planning approach to promote self-determination, which requires the skill to make one's own choices.

For individuals with I/DD, person-centered planning is essential to the overall success of work and community integration. Developing self-determination is a lifelong process, and promoting this process early on during the transition to adulthood is essential. Specific efforts involving one's family and community are needed to help the individual. Examples of community involvement include work-related and day-habilitation programs, in which the individual can learn valuable skills. Social workers are needed throughout this process.

Social worker roles and responsibilities

- **Fostering Determination: Social workers can encourage and promote self-determination in individuals with I/DD in many ways**.
  - **Incorporate decision-making early in the learning process**
    - Decision-making goals need to be incorporated within the individual's Individualized Education Plan (IEP) early in life to learn about making choices and advocating for things that are important to a person.
  - **Encourage families to support decision-making in the home environment**.
    - Families are important in helping their children learn about making choices and decisions.
    - An IEP that supports learning these skills can be supplemented by home and community opportunities to reinforce these skills.
    - Community Habilitation programs can help the individual thrive independently within the community.
    - Families can continually encourage individuals to make independent decisions, such as what to wear, eat, or purchase with their money and how to spend their leisure time.
  - **Person-Centered Planning (PCP)**
    - Key principles of PCP include respect for the individual, empowerment, inclusion, and flexibility.
    - Involves working as a multidisciplinary team involving individuals with I/DD, their families, caregivers, and other stakeholders to design and implement a plan tailored to their needs and desires.
    - Focuses on the individual's strengths, goals, and aspirations, as specified in the Life Plan.
    - Emphasizes the individuals' rights to make choices in the decision-making process that influence their lives.

- Often include assessment, setting goals, developing a plan of action, implementation, and review and evaluation.

- **Self-Determination (SD)**:
  - Focuses on ensuring that individuals with I/DD have opportunities to make choices and pursue their goals based on their own preferences and values.
  - Involves developing skills such as decision-making, problem-solving, goal-setting, and self-advocacy, as developed in the Life Plan
  - Is essential for promoting independence, fostering self-confidence, and enhancing overall well-being. Strategies can include:
    - Provide opportunities for skill development
    - Offering choices and options
    - Fostering self-advocacy
    - Supporting autonomy, and
    - Facilitating access to resources and support networks.

- **Individualized-directed learning**
  - Depending on their cognitive skills, individualized-directed learning may allow some persons with I/DD to actively participate in the instructional process. The individual is included in the decision-making process of IEP meetings and helps set their educational goals.
  - Individuals are encouraged to choose their own tasks and learning goals and adjust them throughout the school year if possible.

- **Help individuals to develop self-advocacy skills**.
  - Assist the individual with I/DD to access and use information that helps them advocate for their needs.
  - Ensure the individual finds opportunities to speak for oneself and learn to be self-assertive.
  - Involve them in the decision-making process and listen to what they say.
  - Ensure sufficient time is provided for them to make their own decisions.

- **Encourage individuals with I/DD to directly participate in the transition from school to work**.
  - It is an essential process that all post-high school goals and activities are related to the individual's interests and strengths.
  - Increase using the Person-Centered Ethics-of-Care model in planning for individuals with I/DD. This essential element ensures that all factors are considered when planning a person's future. This provides a structure for the transition from school to work.

- **Key components of a Person-Centered approach**
  - o Ensure that the process is culturally sensitive to the needs of I/DD individuals and their families or caregivers.
  - o Explore the individual's desires, dreams, interests, and unique talents.
  - o Encourage individuals with I/DD to envision what they want to do.
  - o Explore all model components: the individual's health and hygiene are important.
  - o Support the decision-making process. Help the individual with I/DD to learn that it is ok to make mistakes, provided we learn from them.
  - o Assist the individual and family members in designing concrete goals and pathways to achieve them.
  - o Help ensure that the person-centered planning process is a lifelong goal that will always involve the desires of the individuals and their families.

Transitioning to work

Person-centered planning works best when everything is done in the context of the individual's needs and when the planning is actively facilitated. The social worker has many opportunities to facilitate this process of transitioning to work. These include:

- Getting well acquainted with the I/DD individual and gathering as much information as possible about their strengths, interests, and needs;
- Remaining up-to-date with resources for the individual and family to help with transitioning and training opportunities;
- Coordinating life plan meetings to discuss the transition process in general;
- Assisting the individual in identifying their desires and goals for the future;
- Continuing to explore and locate community resources and programs that can benefit the individual before and after completion of high school;
- Collaborate with the school-based IEP team (Special Education Teacher, Speech Therapist, Occupational Therapist, Physical Therapist, Transition Specialist) to fine-tune the transition plan;
- Follow up with team members to ensure the transition plan is executed.

Exploring work/volunteer opportunities

Intellectually disabled students need work/volunteer experiences to transition from the school environment. It helps individuals with I/DD choose their future and where they would like to work or volunteer.

- Exploring work/volunteer opportunities can be extremely valuable for individuals with few chances to envision themselves in a work environment. They often have little idea what kind of work they want, yet they may be uniquely talented in a particular area.
- Holding volunteer or paid positions during high school is associated with adult employment for people with I/DD.
- Work readiness/volunteer opportunities may be offered in some schools. It is crucial to assist these individuals in imagining which types of worksites they may want to explore in the future.
- With work readiness/volunteer programs, direct experience can be helpful for future planning. Activities can include:
  o Field trips to worksites;
  o Volunteer for a few hours a week at the sites;
  o Job shadowing.

Preparing for work/volunteer opportunities

Work preparation goes beyond learning about work possibilities and identifying a person's interests and goals. Other key elements are the following:

- Helping an individual develop specific employable skills, the most important of which are social skills;
- Finding structured learning opportunities that incorporate a defined set of useful skills;
- Preparing early – which means work preparation should be happening by a student's junior year;
- Providing individuals with basic information and opportunities to learn essential employment skills. This can be done through picture exchange communication techniques or other forms of communication to assist the individual in processing the skills;
- Ensuring that work/volunteer opportunities occur in collaboration with community-based employment agencies with specific experience employing individuals with I/DD.

Collaborating with employment agencies and employers

Collaborating with community-based employment agencies and employers with experience assisting individuals with I/DD is critical to a school's transition process. Key elements include:

- Employers that provide access to short-term "job shadowing" as well as longer-term work opportunities;
- Inviting employers to take part in the transition planning and thereby assist with work/volunteer opportunities;
- Paying particular attention to the practices and strategies that can make a real difference in preparing for employment.

Week 12, 13 & 14. Invited guest lecture series on proposed topics

Guest lecturers are invited to speak on the many topics covered in this curriculum. Professors teaching this course will be surprised by the number of individuals willing to share their knowledge of the I/DD field – fellow professors, parents, and local specialists, to name a few. This helps the students improve their learning more engagingly and interactively. Guest lectures help students and faculty contribute to the course objectives and make the course more appealing.

- **Proposed Topics**
  - o Medical service delivery among individuals with I/DD (medical professionals)
  - o Aging with I/DD (caregivers)
  - o Policy professionals in the I/DD field

Week 15 I/DD: social work practice and advocacy

Students will further explore the scope of social work practice in the field of I/DD. Students will learn two essential ingredients for working in this field: first, one must focus on individual, family, and community strengths; second, one must work collaboratively to support individuals and their caregivers to achieve the lives they desire and deserve. Special attention will be paid to holistic approaches that combine individual and systemic factors – this is the essence of the Ethics of Care model highlighted throughout the class. Students will learn that social work practice occurs across the lifespan, including working with children, adults, families, schools, jobs, groups, and whole communities.

- **The Role of Social Workers in the I/DD Field**
  - o Social workers focus on maintaining and enhancing the quality of life.

- Social workers contribute knowledge and skills to assist people with I/DD, their families, and their communities through social work practices in various settings.
- Social work practice includes all program design and management levels, individual planning, counseling, care coordination, case management, policy development, research, and advocacy.
- Social work with individuals with I/DD can occur in any practice context.
- Examples of specific settings can include, but are not limited to:

Intellectual/developmental disability service providers	Early intervention services (EI)
Committee for Preschool Special Education (CPSE) services	Committee for School-age Special Education (CSE) services
Transitional services	Day habilitation services
Residential and housing support services	Aging care services
Parent/caregiver support group	Mental health services and counseling
Guardianship planning services	Advocacy services
Medical and healthcare agencies	Clinical evaluation services
Rehabilitation therapy services	Policy and research

- Scope of Practice of Social Work in the Intellectual/Developmental Disability Field

Social workers work alongside individuals with I/DD to advocate for their rights, facilitate their empowerment (and that of their families), help meet their needs, and reach their aspirations. Social work practice in the I/DD field spans several approaches and can include numerous areas of engagement.

- **Assessment**
  - Social workers help provide the following:
    - Strengths-based psychosocial assessment;
    - Risk assessment (such as family violence and abuse);
    - Capacity, functioning, and development assessment;
    - Participation requirements, housing, and accommodation.
- **Capacity Building**
  - The capacity to impact the lives of persons with I/DD includes:
    - Working to engage, educate, and coordinate local community groups, networks, businesses, and government entities to develop more welcoming and inclusive communities for people with disability. This is achieved by removing the barriers to physical and social access and participation and by decreasing stigmatization;

    - Working within mainstream services to increase awareness, understanding, and knowledge of the issues that disabled people and their families face daily so that appropriate and effective services and support can be delivered;
    - Building the capacity of individuals or families to navigate health and welfare systems and gain access to vital information.

- **Care Coordination – OPWDD**

    - The social worker will engage state agencies such as New York's OPWDD in several key ways, including:
        - Service brokerage;
        - Coordinating support;
        - Collaborating with multidisciplinary teams;
        - Referrals to other services;
        - Accessing resources;
        - Assistance with residential placement and housing;
        - Assistance with advanced care planning, including obtaining guardianship and Surrogate Court orders, if necessary, to support decision-making.

- **Advocacy**

    - These activities include:
        - Supporting individuals to be self-advocates using a Person/Family-Centered perspective;
        - Advocating for change on an organizational and systemic level.

- **Counseling and Therapeutic Approaches**

    - Many forms of therapy are included:
        - Individual, family, and group work;
        - Grief and loss counseling, including adjustment to disability and associated lifestyle changes;
        - Dealing with emotional aspects of life transitions;
        - Interfamily relationships and dynamics;
        - Positive behavior support approaches, including developing and implementing behavior support plans.

- **Residential Planning**

    - Social workers can facilitate planning by providing information about resources to maximize opportunities for where the person wishes to live.

- **Mediation and Conflict Resolution**
  - o Social workers support people with I/DD and their families to help resolve conflicts between themselves and others.
  - o This can include crisis resolution.
- **Policy and Program Design Research**
  - o Social workers can be involved in developing policy and designing and evaluating new types of programs.
  - o Social workers can engage in research studies and publish their findings in peer-reviewed journals.
- **Specialized Expertise**
  - o Social workers also provide specialized knowledge based on their engagement in the field of disabilities, including:
    - ▪ Knowledge of the impact of the disability on individuals and families;
    - ▪ Recognition of abuse, neglect, and family violence in some of these families;
    - ▪ Intimate knowledge of mental health in the I/DD community, including caregiver issues of chronic sorrow and depression associated with grief and loss;
    - ▪ Awareness of individual and family adjustment to a disability diagnosis and the role of older adults issues in this field;
    - ▪ Knowledge of complex family dynamics and limited social supports;
    - ▪ Experience with homelessness or inappropriate accommodations;
    - ▪ Expertise addressing transitional points in people's lives;
    - ▪ Detailed knowledge of sociolegal issues and ethical decision-making, such as advanced health directives, enduring power of attorneys, end-of-life decision-making, and withdrawal of life support systems.
- **The Contributions of Social Workers**
  - o Social workers use multi-faceted approaches, combining knowledge of human behavior, personal dignity, environmental influences, varied level of intellectual and physical functioning, the importance of socio-economic and cultural factors, and the harmful effects of stigmatization, discrimination, marginalization, and social isolation experienced by many individuals with I/DD as well as their families.

  - Social workers develop evidence-informed assessments, planning, and interventions within a framework of empowerment of their clients.
  - Social work interventions understand the impact of the individual's health, psychosocial, or other needs with I/DD.
  - Social workers are regularly involved in multidisciplinary teams, mainly when interventions occur within the complex social, psychological, family, and institutional dynamics.
  - Social workers can inform the decision-making capacities of other professional members of the multidisciplinary team.
  - Social workers respect the importance of the individual's rights and work with I/DD individuals in choosing how to live their lives best.

- **Wrap-Up**
  - Social Workers have much to contribute to the field of I/DD. Their impact is felt throughout governmental agencies, non-government organizations, and the private sector.
  - Focusing on self-determination and using holistic approaches such as the Ethics of Care model outlined in this class, social workers make a valuable and unique contribution to providing the best care that meets the complex needs of individuals with I/DD and all the people in their lives.

Syllabus customization

Customizing a syllabus involves tailoring the content, structure, and learning outcomes to meet different purposes or contexts' specific needs and goals. Here are some suggestions and guidance on how instructors should customize this course syllabus to suit various purposes and contexts while maximizing learning outcomes and engagement for the students in the following contexts:

- Before customizing the syllabus, it's crucial for instructors to understand the demographics, learning styles, and prior knowledge of the audience. For example, they may want to consider the student's age, educational background, cultural diversity, and special requirements or preferences.
- Instructors should emphasize the importance of clear and specific learning objectives in the syllabus. These objectives should be specific enough to guide the customization process and help them design the course content and assessments to meet these objectives of the students.
- Instructors should stress the importance of aligning the syllabus's content with students' needs and interests. This alignment, which may involve adding, removing, or modifying topics, readings, assignments, or

resources, helps create a more engaging and relevant learning experience for the students.
- Instructors should consider different teaching methods and instructional strategies suitable for the context and learning preferences of the students. For example, they may need to incorporate additional learning techniques, group discussions, hands-on activities, multimedia resources, or guest speakers specifically geared toward a topic.
- Instructors may need to modify and adapt assessment methods to efficiently evaluate the students' understanding and progress. This may involve adjusting the types of exams, presentations, weighting of assignments, grading criteria, or incorporating additional real-world scenarios and problem-solving tasks.
- Instructors should be mindful of cultural differences and sensitivities when customizing the syllabus. For example, they should ensure that the content, examples, and language are inclusive and respectful of diverse perspectives. In addition, incorporating diverse authors, case studies, and perspectives can enhance the relevance and authenticity of the syllabus.
- Instructors should keep the syllabus flexible and be prepared to repeat or make changes based on feedback and evolving needs of the student. In addition, encouraging open communication with learners to solicit feedback and suggestions for improvement throughout the semester may be helpful. This iterative approach allows the instructor to continuously refine the syllabus to better meet the needs of the students.
- Instructors should ensure that the customized syllabus aligns with institutional standards, accreditation requirements, and learning objectives of the broader curriculum, if applicable.

Customizing this syllabus for various purposes or contexts will optimize the learning experience and promote student success. This can also assist in ensuring that social work practice and education about individuals with I/DD remains relevant and responsive to the needs of diverse learners and changing environments.

Discussion and implications

This paper discusses how MSW programs are central to developing student interest and sound practices in Intellectual/Developmental Disabilities. This model syllabus aims to promote I/DD awareness, interest in related careers, and a critical approach to support individuals with I/DD and their families across the lifespan. For students who do not have direct experience with I/DD, the authors believe that dedicated I/DD coursework is necessary to pique their interest in the field and showcase the many opportunities for support, advocacy, and social justice work. Other students may have experience in school

social work or the foster care system but lack appropriate professional training for managing youth with I/DD cases. Dedicated I/DD coursework is necessary for students to build a competent and sustainable career in these fields, as cases involving I/DD may be some of the most complex and effortful. Given the pervasive need for social workers trained in I/DD across all settings, all MSW programs must review their curricula to ensure that basic theory and practice for I/DD are included in their coursework and field placements. This model syllabus provides guidance and recommendations for those MSW programs wishing to expand their instruction in this area.

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