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RESEARCH PAPER

Investigating Factors Hindering the Process of Acclimatization and Resilience of Families and Service Providers for Individuals with Autism Spectrum Disorder

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ABSTRACT

The researchers acquired transcripts from two focus groups including five key informants with four parents and one service providers of individuals with autism spectrum disorder (ASD) were analyzed in order to investigate the factors hindering the process of acclimatization and resilience of families and service providers for individuals with ASD by using the methods of qualitative research. The obtained themes of the present research generally indicated that perceiving and upraising an individual with disability/disorder is a life-long burdensome experience. It stimulates families and service providers and especially parents of individuals with ASD to inspect their beliefs. The information obtained from this study will definitely be helpful for families and service providers and particularly parents in providing them an insight and advance understanding of the changes that contribute in the coherence of their lost dreams and adjusting themselves in accordance with the changed perceptions. It will also assist the service providers regarding to transform the standing positions of the disability/disorder from non-compliant perspective to compliant perspective.

Introduction

Families and service providers of individuals with developmental issues such as ASD face many problems and stressors e.g. Summers et al. (1989) but usually they acclimatize effectively to their set of circumstances and state of affairs (Van Riper et al., 1992). The process of acclimatization is dynamic and ongoing process that goes on across the span of life (Levinson, 1986). It requires formation of the world and the adjustment to and being overwhelmed by the triumphing views of the world (Breines, 2004). Special segment of individuals with ASD and their families and service providers acclimatize and change with the passage of time

(Cowan, 1991). McCubbin and McCubbin (1993) explained that beliefs of families and service providers are contemplated as one of the most important factors that hinder the process of acclimatization and resilience of families and service providers for individuals with ASD. Muñoz et al. (1999) defined that beliefs are convictions of truths that are existed in the world and accepted without requiring any scientific proof. McCubbin et al. (1993) described that essential operating principles are family norms and values by which individuals conduct their ways of living and organize their social-emotional lives of their family members. Hawley and DeHaan (1996) explained that family preferences and preferences confront with the roles and activities based on the view point of the supremacy of opinions. According to Walsh (1998), resource catalysts are the types of information based on moral grounds that furnish and supply a rationale for adhesive views formed about something. Patterson and Garwick (1998) defined that the assumptions of the family about the social set up and the place of the family with particular cultural backgrounds are world views. In order to inspect the robust type of beliefs that evolve in the families and service providers of individuals with ASD, the researchers employed strengths based approach (Salebey, 1992) and developmental setting approach (Lerner, 1998). Such approaches highlight strengths of a family and try to understand the changes in relations among families and service providers and within families and service providers in relation with their life settings with the passage of time. Two relevant areas of researchto the interest of the researchers in changing the view points of the families and service providers with individuals who have special needs include: a) the resilience of individuals who are at risk; and b) the process of acclimatization and resilience of families and service providers for the individuals who have special needs. The publications related to these areas explain the pivotal significance of viewpoints in permitting and empowering the individuals to develop a sense of changed meanings and purposes in life and a sense of control over unraveling life events with the passage of time (Cohler, 1987; Levinson, 1986). In this perspective, the aim of the current study was to investigate factors hindering the process of acclimatization and resilience of families and service providers for individuals with ASD in the district Toba Tek Singh of the Punjab province of Pakistan.

Literature Review

The review of the related literature on the resilience of people highlights the need of understanding that how individuals gain and then maintain changed meanings that empower and permit them to reshape their activities and experiences in order to acclimatize with the required conditions of the events (Rutter, 1993). A cornerstone of successful acclimatization is to establish a sense of coherence (Olsson and Hwang 2002; Antonovsky and Sourani 1989). Garmezy (1983) pointed out the advanced protective role that is played by spiritual beliefs in order to reduce the risk of sub-standard outcomes faced by the people who encounter miscellaneous unpleasant situations and adversities. In the review of related literature on the process of acclimatization and resilience of families and service providers for individuals with ASD explains that beliefs of a family are contemplated to establish the core of a family's acclimatization and resilience (Hawley andDeHaan 1996; Walsh 1998). They furnish and supply consistency and stability, and a changed sense of meaning that helps families and service providers with differently able individuals pull together in order to face the future with a changed sense of belief (McCubbin and McCubbin, 1986). Beliefs work as road maps of cognition that furnish and supply vision to the families and service providers about the choices of their routine activities (Kumpfer, 1999; Rolland, 1993). The review of the related literature provides a wealthy information about the factors that hinder the process of acclimatization for the families and service providers who perceive individuals with ASD, including factors related to the values of the families and service providers, preferences of the families and service providers, resource catalysts and world views, such as morality, spirituality, coherence and connectedness as well (Stinnett and DeFrain 1985; Olson et al. 1979). The process of acclimatization and resilience of families and service providers for individuals with ASD with persistent health conditions highlights that the families and service providers subsist by accrediting positively changed sense to their suffering situations, explaining them as attainable and achievable (Patterson, 1991), and making constant struggles to restore a sense of control over their views and emotions (Kazak et al. 2004; Summers et al. 1989). Reports by parents highlight that perceiving and upraising an individual with a disability/disorder stimulates the distressed families and service providers to inspect their worthwhile values and preferences, and take attempt to determining a viewpoint regarding the disability/disorder of their individuals in order to make sense for them which is then confirmed by their daily routines and experiences (Scorgie and Sobsey 2000; Featherstone, 1980). With the passage of time, the families and service providers of individuals with unique needs experience changes in their ways of seeing the differently able individual in a changed perspective, themselves and the world as well. These horizons hold enrichments, deep-seated rewards and the admiration of the constructive benefactions made by the families and service providers with differently able individuals (Nelson 2002; Scorgie and Sobsey 2000; Summers et al. 1989). An ample range of transformational outcomes and positive changes are significantly reported by the parents of individuals with having disabilities/disorders together with developing personal or interpersonal capacities e.g. patience, tolerance, love and compassion (Kausar et al. 2003; Scorgie and Sobsey 2000; Behr and Murphy 1993; Summers et al. 1989) ameliorated interpersonal relationships with the family members, siblings, peers and others as well (Scorgie and Sobsey 2000; Stainton and Besser 1998); more stronger religious and spiritual beliefs (Poston and Turnbull 2004; Yatchmenoff et al. 1998); efficiently focusing on the requirements of passing a peaceful life and an ability of meeting the needs of the present time (Featherstone 1980); and contemplating the small and simple things in order to promote quality of life by giving greater appreciation to them (Abbott and Meredith 1986). Researches therefore strongly indicate that, with the passage of time different experiences of life, parents of individuals who have disabilities definitely restore a sense of control over their bitter circumstances as in combination with broken feelings and lost dreams, and their seeing the constructive endowments of their differently able individuals with reference to their developmental procedures, and their cognition based learning approaches enable them to understand that what is important in life to adjust, becomes possible with a changed sense of meanings in life (Kausar et al. 2003). Apart from these changes in the resource catalysts and world views, the meanings of the disability/disorder of the individual in the setting of the family is also worthwhile (Lawlor and Mattingly, 1998), and how families and service providers with differently able individuals acclimatize to have an individual with specific needs by changing their world meanings about socially and culturally deviated phenomena and adjusting their views about the perceptions of the world, values and preferences of the families and service providers (Kausar et al. 2003). Particularly, by giving value to (a) the nature and the extent of changes in the beliefs of families and service providers with differently able individuals in which the parents undergo; (b) the factors and the procedures involved in the changes for acclimatizing new scenarios of the world i.e. how the families and service providers come about changes their perspectives, the settings to which the families and service providers of the differently able are triggered by normative transitional procedures in the lives of their differently able individuals); and (c) undoubtedly different ways of thinking emerge with the passage of time in order to adjust in life that particularly are advantageous to families and service providers of differently able and are comprised of unique and constructive ways of living in order to gain positive outcomes and acclimatization for passing a social life in accordance with changed meanings about the disability/disorder and the nature of disability/disorder (Scorgie and Sobsey 2000). The reports from parents strongly indicate that, with the passage of time, the disability/disorder of their individual becomes a part of their routines and the disability/disorder adjusts in their way of living rather than a restriction that dominantly blocks the ways of normal living (Featherstone, 1980). In general, researches furnished and supplied information about the values of the families and service providers of the differently able and the world views in the perspective of an stresses on the facets of the process of acclimatization and resilience for the families and service providers, such as family coping strategies that ultimately furnish and supply strengths in the form of changed meanings to adjust in life (Summers et al. 1989), the quality of life for the differently able families and service providers (Poston and Turnbull 2004), pessimism and seeing opportunities in future life (Kausar et al. 2003), and the qualities of the differently able families and service providers for resilience (Patterson, 1991).Beliefs and world views are contemplated to be as typically a collective type of standing positions in the specific perspective of developmental conditions and most often are viewed and inspected together in order to furnish and supply a contrast of changed meanings (Turk and Graham, 1997) because beliefs and resource catalysts differ with reference to time of recognition and the acclimatization by keeping historical backgrounds of families and service providers with differently able individuals in view, and the nature of the disability/disorder and the developmental features of the disability/disorder (Seltzer et al. 2004; Shelton and Stepanek, 1995). The focus of the researchers was on the facets of the life events and experiences of families and service providers with differently able Individuals regarding the developmental conditions and adjustments. Researches of parents with individuals who have characteristics of ASD often inspect their parental stress and vulnerability to their levels of depression (Wolf et al. 1989), and they commonly contemplate the constructive contributions of their differently able individual towards normal living standards, but with the passage of time the evolving experiences of the families and service providers have changed meanings about the nature of disability/disorder that enables them to pass their lives with new horizons of awareness (Tunali and Power, 1993). Researches mostly tend to adopt a limited vision and have a narrower perspective about the standing positions of the disability/disorder, in which the differently able individual is particularly diagnosed and accommodated, firstly takes the perspective if ignorance into account which then changed into the perspective of appropriate social accommodations for the differently able individual, the differently able individual is viewed as a capable individual to cope with the personal and interpersonal demands rather than a stressor with negative influences on social-emotional welfare (Milgram andAtzil 1988). Parental response styles towards the dealing the disability/disorder of their individual and the ways of meeting the unique challenges of their differently able individual are mostly viewed as flexible characteristics that are totally independent from the adverse circumferences and experiences faced by the parents and arise as a result of the specific needs of the differently able individual (Konstantareas and Homatidis, 1989). Parental traits e.g. inflexibility, hardiness, rigidity, sense of control may, however, evolve with the passage of time in response to the particular experiences they face regarding the disability/disorder, such as interactions with the professionals in the perspective of the service delivery models and the school system for developing a coherence between deprivations and accommodations (Bromley et al. 2004). With reference to the family beliefs, family norms and values and family preferences, it was reported that parents especially mothers of the individuals with ASD, in contrast with other mothers of individuals with developmental delays such as down syndrome and others, place more stress on the significance of spousal support and less significance on successful career and on others fundamental views of their individual's social-emotional behaviors (Tunali and Power, 2002). Van Riper et al. (1992) inspected the social-emotional welfare of the families and service providers of individuals with developmental delays and found that most f the parents respond with acclimatizingskillfully to the unique challenges connected with their parental roles. Beyond the studies on the experiences of parents with the initial diagnoses of the disability/disorder of their individual (Midence and O'Neill 1999; Howlin and Moore 1997), the researchers are not aware of the studies that address how distressed families and service providers of individuals with ASD or down syndrome navigate transitional processes and the experiences of life subsequently (Mansell and Morris, 2004). This research article reports the qualitatively obtained findings of the present research by investigating the factors that hinder the process of acclimatization and resilience of families and service providers for individuals with ASD. The first phase of the current study was comprised of two focus groups involving five key informants from whom four were the parents and one were the service providers of individuals with ASD. The aim of the current study was to acquire preliminary information about the beliefs, values, preferences, resource catalysts and world views of families and service providers, and how their views might change with the passage of time in order to form the design of the second phase of data collection qualitatively. The second phase of data collection qualitatively was comprised of in-depth structured interviews with five parents from which one was single parent and four were two parent families and service providers of individuals with ASD who had recently experienced a diagnosis of their children with ASD. This phase enabled the researchers to investigate more specific themes such as impaired eye contact, impaired recognizing/understanding/using affect, coordinating/ integrating non-verbal communication, sharing of emotions and coordinating verbal and non-verbal communication. The obtained qualitatively obtained findings of the present research of the study arepresented separately.

Material and Methods

A Qualitative Research Approach

A qualitative research approach is contemplated ideal in order to investigate complex phenomena such as investigating factors hindering the process of acclimatization and resilience of families and service providers for individuals with ASD in the district Toba Tek Singh of the Punjab province of Pakistan. It enabled the researchers to understand the possible changes and continuity in the changed meanings and the standing positions about the rigid perspectives of the families and service providers with differently able individuals (McCubbin et al. 1996; Walsh, 1996; Miles and Huberman 1994). The researchers employed a key informant approach as a qualitative research method allows open-ended and detailed investigation of the topic (Marshall and Rossman, 1989).

Participants of the Study

The participants in the focus groups were six parents (four parents including both mothers and two fathers) of individuals with ASD, and two service providers working with the individuals who have specific needs in the field of disability/disorder. All the participants gave informed consent for their participation in the study. The researchers used a purposeful sampling strategy in order to recruit the participants who have keen knowledge about the changing views of the family beliefs, and who can define the phenomenon of interest deeply and intensely for the current research (Patton, 1990). The researchers contacted the focal persons of the academic institutions by phone and asked them for their assistance in order to identify knowledgeable key informants who were either parents (mothers or fathers) and service providers of the differently able individuals possessing the characteristics of ASD and/or service providers who had extensive experience of involvement with such groups of autistic Individuals. The researchers asked them to think of such parents (mother and/or fathers) who had experiences of perceiving and upraising the Individuals with ASD, and had knowledge about the disability/disorder beyond their personal experiences and incidents, and were insightful about the changing views of the disability/disorder, and prior to this were willing to talk and share about their experiences. The researchers furnished and supplied relevant informational materials to the focal persons in order to share with the potential participants: (a) a structured invitational brochure that was describing all about the nature of the two phases of the study, and the general and specific purposes of the focus groups; (b) a letter of information about the procedure of the study and a consent form; and (c) a confirmation form of the attendance of the participants. The structured invitational brochure stated that an opportunity to share the experiences, opinions and ideas about the families and service providers of individuals with ASD would be furnish and supplied to the participants of the focus groups, and how the participants think about passing a life with an autistic individual, and how the participants came out of grief and gained sense of control over their lost dreams and broken feelings. The researchers asked the participants to complete the confirmation form of attendance and consent forms as well and to return all the research relevant material to the researchers on the prescribed address within the given time.

Procedure of the Study

Participants of the study attended one of the two focus groups arranged at two different places. One focus group was conducted at the Government Special Education Center, Gojra, district Toba Tek Singh of the Punjab province, Pakistan. It was attended by the three parents. Second focus group was conducted at the Government Special Education Center, Samundari, district Faisalabad of the Punjab province of Pakistan. It was attended by one parent and one service provider. The aim of both the focus groups was to investigate the factors that hinder the process of acclimatization and resilience of families and service providers for individuals with ASD. The objectives were to: (a) see whether the topic of the research was an important one for participants of both the focus groups; (b) whether the topic of the research was making a sense and also was worthy for observation and later for deep investigation; (c) to acquire information about the family beliefs, family norms and values, family preferences, resource catalysts and world views of the families and service providers of individuals with ASD; (d) and how the standing positions about disability/disorder change and later transfer from non-compliant perspective to compliant perspective with the passage of time, and to investigate the nature of the changes in meanings; and finally (e) to hear that how parents of individuals with ASD and service providers to those who have autistic characteristics coherently articulate and then express meaningfully their standing positions about their family beliefs, family values and family preferences, resource catalysts and world views (it later enabled the researchers to develop best ways of conducting in-depth interviews and asking deep questions from the participants of both the focus groups in the second phase of data collection qualitatively of the research). Both the focus groups that were conducted at two different places in order to obtain general and specific information about the topic of the qualitative research lasted approximately two and half hours and were moderated by one of the researchers of the study. One of the researchers attended each focus group and noted down the participant's experiences and incidences with reference to each of the family’s beliefs, family’s values, family’s preferences, resource catalysts and world views. One of the researchers attended each focus group audio taped the sessions and gathered notes of the discussions. The focus groups were started with the introductions of the participants, and then discussion began on the key point of disability/disorder that led the participants to discuss their processes of acclimatization and resilience of families and service providers for individuals with ASD under the shadow of the questions that were formulated to guide the discussion process among the participants. During the discussion, the researcher focused intensely on the points that were related to the meanings of disability/disorder that were transferred from non-compliant perspective to compliant perspective, later enabled the researchers to determining the factors that hinder the process of acclimatization and resilience of families and service providers for individuals with ASD. After the focused group introductory session came to ended, following questions were then used to precede further discussion on the research topic: (a) How do the families and service providers of individuals with ASD talk about their beliefs? In what situations do families and service providers find themselves contemplating their family preferences and values? (b) How do the views of families and service providers change with the passage of time in their standing positions about their beliefs regarding disability/disorder? (c) What brings about the changes in the meanings of the disability/disorder? (d) How does perceiving and then up raising an individual with a ASD replaces the perceptions of a family from non-compliant perspective of disability/disorder to compliant perspective of disability/disorder? (e) How does the experience of perceiving and then upraising an individual with ASD makes the family to see the world in a constructive and positively changed perspective differently? Some other specific verbal prompts were also used to address the nature of family beliefs of each participant respecting the disability/disorder and the process of acclimatization. (a) Did perceiving and then upraising an individual with ASD teach a specific lesson to the family? (b) Which were the incidents or experiences that specifically stimulated the families and service providers to hinder their standing positions from non-compliant perspective of disability/disorder to compliant perspective of disability/disorder? (c) What type of situations force the families and service providers of individuals with ASD to focus on their standing positions respecting the meanings of disability/disorder? (d) What do the families and service providers want for their individuals with ASD in the long run? (e) What types of decisions do the families and service providers of the individuals with ASD thought to be necessary as to change in order to get positive influence on the process of resilience and acclimatization?

Data Analysis

Thematic analysis was performed to address research questions. The researchers firstly identified patterns through meticulous process of data familiarization to create initial codes. Secondly, the researchers assembled codes with supporting data and sorted the codes into potential codes to develop themes.

Later, the record obtained from the audio tapes of each focus group was transcribed by a professional transcriptionist who listened to audio tapes and then transcribed all the content into a well versed written form of document. The researchers of the study deeply checked the transcripts in order to ensure the accuracy of the data. The researchers read the transcripts with keen interest and noted down all the relevant points and gathered main ideas from the given text segments. Consequently, reoccurring themes were identified in order to formulate the results of the study. Major themes were finalized after a great discussed based on the observations of the researchers about the main ideas of the obtained audio taped material over a series of meetings. The goal of the meetings was to develop themes in order to represent a synthesis of the obtained ideas (Lincoln, 1995) that were generated by the researchers. The researchers ensured judgmental inflexibility respecting the obtained information from the focus groups by using the structured procedures in order to address the credibility, dependability and transferability of the qualitatively obtained findings of the present research of the study (Lincoln, 1995).

Credibility of the Obtained Data

The procedures that were used to address the credibility of the obtained data of both the focus group included a triangulation and a member checking that ensured the quality of the data to be well trusted and believed in (Lincoln & Guba, 1985). The researchers triangulated the data and tried their level best to reduce the systematic bias. The researchers made reduction in the systematic bias possible by collecting information from the parents and the service providers of the individuals with ASD by holding two focus groups (Patton 1990); and by using multiple approach of analyses (Miles and Huberman, 1994). Validity of the obtained themes Validity of the obtained themes that were emerged from the qualitative analysis was assured by using member checking (Lincoln and Guba, 1985). The researchers of the study sent participants a summary of three pages of the explored themes that were identified and then finalized by the researchers, and asked them to furnish and supply their feedback on the accurateness of the interpretations of the data made on the grounds of gathered data spreading over two focus groups. The researchers asked the parents and the service providers of the individuals with ASD whether the circulated themes made sense respecting the specific topic of exploration and whether any of the participants had any additional viewpoints and/or obtained thoughts and ideas to share in order to make the qualitatively obtained findings of the present research of the study more advantageous. The participants of the study were sent two copies of the summary by the researchers and were asked to write their notes and furnish and supply their precious feedback on one of the two given copies to them, and then return the copy marked with their reaction in a stamped and addressed envelope back to the researchers with thanks.

Dependability of the Qualitatively Obtained Findings of the Present Research

The dependability of qualitatively obtained findings of the present research based on the obtained data was addressed by two researcher's approach who analyzed the data in order for its transparency. The researchers of the study comprised of two individuals with two different backgrounds: one researcher was a psychologist and the other was a neurologist. Both the individuals rigorously read the transcripts and discussed the obtained ideas and themes carefully, and later contributed to the synthesis of the emerged ideas that were captured in the executive summary written on three pages, sent to participants in order to get the feedback. This procedure of the dependability of the data on the two researcher's approach ensured that the data were not biased and was not as weighted as to reflect any of the researcher's perspective.

Transferability of the Qualitatively Obtained Findings of the Present Research

Transferability is basically not taken as a crucial issue for the qualitative researches (Maxwell, 1996). The transferability of the qualitatively obtained findings of the present research based on the obtained themes of the study was as enhanced as possible. The researchers made the transferability of the qualitatively obtained findings of the present research possible by the inclusion of multidimensional perspectives of the diversified participants with multiple characteristics such as parents including mothers and fathers, and service providers of the individuals with ASD.

Results and Discussion

The researchers categorized results into general and specific themes. Emerged general themes were four and specific themes were ten. Family norms and values, family preferences, resource catalysts and world views were the general themes working as factors hindering the acclimatization and resilience of families and service providers for individuals with ASD on one hand. On other hand, impaired eye contact, impaired recognition and detection of facial expressions, impaired recognition/understanding/using affect, impaired gestures, impaired coordinated/integrated non-verbal communication, sharing of emotions, sharing of interests, coordinating verbal and non-verbal communication, and impaired taking turns were the specific themes working as factors hindering the acclimatization and resilience of families and service providers for individuals with ASD. These specific themes enabled the researchers to generate sub specific themes.

Table 1
Sub specific themes

Specific themes	Sub specific themes
Impaired eye contact	1. Impaired sustained eye contact 2. Impaired coordination of eye contact with vocal respond 3. Impaired coordination of eye contact with wait to verbal respond
Impaired recognition and detection of facial expressions	1. Impaired recognition and detection of happy facial expression 2. Impaired recognition and detection of angry facial expression
Impaired recognition/ understanding/using affect	1. Impaired recognizing/understanding and using happy facial expressions 2. Impaired recognizing/understanding and using angry facial expressions
Impaired gestures	1. Impairment in pointing he picture card 2. Impairment in showing the picture card 3. Impairment in giving the picture card

Impaired coordinated/ integrated non-verbal communication	1. Impaired coordination/integration of proximity with eye contact 2. Impaired coordination/integration of proximity with gestures 3. Impaired coordination/integration of proximity with facial expressions
Impaired sharing of emotions	1. Impaired respond to social smile 2. Impaired respond to praise 3. Impaired respond to name
Impaired sharing of interests	1. Impairment in showing the picture card 2. Impaired bringing the picture card
Impaired coordination of verbal and non-verbal communication	1. Impaired pointing and stressing the syllable 2. Impaired coordination of pointing with verbal labeling 3. Impaired coordination of pointing with reciprocal verbal labeling 4. Impaired coordination of proximity with reciprocal verbal respond
Impaired taking turns	1. Impaired taking turns in mathematical skill

The researchers found that all the families and service providers have unique sets of their beliefs on one hand. On other hand, the families and service providers of individuals with ASD have no anomaly in their lives (Pelchat et al. 2003). These families and service providers possess beliefs that have deviations from the norms of adjusting scales, and such deviated beliefs do not allow them to acclimatize with the appropriate norms of the social- emotional welfares. However, family beliefs gradually change their meanings and make the process of acclimatization easier for the parents and the individuals as well. The world views of the families and service providers surround the borders of other socially unadjusted families and service providers, and they see how the disability/disorder becomes people's strengths. Hence, the families and service providers capture the insights of other well- adjusted families and service providers respecting the disability/disorder and deliberately make sensible changes in their standing positions. They focus on the constructive contributions that are made by the differently able individuals and which proves that adopting the new horizons of disability/disorder guides the irregular patterns of life, causes to move them in a specified direction that shove the individuals towards constituting a constant or definite pattern of meanings (Masten et al. 1990; king et al. 2003). Parents undoubtedly acquire a sense of intelligibility and control over their broken feelings through changes in their beliefs, family values, family preferences, resource catalysts and world views that primarily entail different ways of thinking about the nature of disability/disorder of their individual, their parental role to cope with the unique needs of their individual and the constructive role of the family and the society as well. Certainly parents constantly struggle with their lost dreams in order to assimilate and regulate themselves whilst positive acclimatization occur with the passage of time in the form of changed views respecting the disability/disorder and the life horizons. As shown in the study (Kazak et al. 2004), the experiences of parents related to disability/disorder of their individual indicated the value of pessimism and their seeing of chances and possible opportunities that lie ahead in the future of their individual by offering multi dimensional opportunities of diminishing the symptoms of disability/disorder and making their individual a progressive citizen of the country.

Conclusion

Key informants provided four general themes such as family norms and values, family preferences, resource catalysts, world, and ten specific themes such as impaired eye contact, impaired recognition and detection of facial expressions, impaired recognition/ understanding/ using affect, impaired gestures, impaired coordinated/integrated non-verbal communication, sharing of emotions, sharing of interests, coordinating verbal and non-verbal communication, and impaired taking turns views working as factors hindering the acclimatization and resilience of families and service providers for individuals with ASD.

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