Cultural and Linguistic Considerations in Working with Preschool Children with Autism Spectrum Disorders

Summer Institute

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Learner Outcomes

Participants will be able to:

• Identify describe 3 cultural and linguistic variables that may impact children with ASD

• Describe 2-3 cultural and linguistic considerations in adapting strategies

• Discuss how intervention practices may be adapted to meet the needs of a preschooler with ASD from a CLD home
Activity
Culture

- Culture is learned and shared knowledge
  - Transmitted through social and institutional traditions & norms to succeeding generations.
- Specific groups use to generate their behavior and interpret their experience of the world.
  - Includes but is not limited to:
    - rituals, customs, roles, expected behaviors, communication, languages, values, beliefs, etc.
- Culture is the lens by which we view the world.
  - Dynamic, constantly changing.

National Center for Cultural Competence
Setting the stage: Importance of cultural and linguistic competence
Engaging Diverse Families & Communities

• In service delivery, care that is family-centered and culturally and linguistically competent are important for several reasons:
  • Respond to changing demographics
  • Improve quality of services and developmental outcomes
  • Reduce long-standing disparities in the health status of people of diverse racial, ethnic and cultural backgrounds

Tawara Goode, et al. (2009)
Changing Demographics

A series of projections from the U.S. Census Bureau estimates:

- In the year 2045 the nation will become “majority-minority” (all people except those that are non-Hispanic, single-race white)
- The population under 18 years of age will reach this status by 2018 or 2019
- The working age population is projected to become majority-minority between 2036 and 2042

U.S. Census Bureau (2013)
### Cultural/Linguistic Context of NM  July 2016

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
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<tr>
<td>White alone</td>
<td>82.6%</td>
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<td>Black or African American alone</td>
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<tr>
<td>American Indian and Alaska Native alone</td>
<td>10.6%</td>
</tr>
<tr>
<td>Asian alone</td>
<td>1.7%</td>
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<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>0.2%</td>
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<tr>
<td>Two or More Races</td>
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https://www.census.gov/en.html
Convergence of Cultural Contexts: A Focus on Disability

Mental health

Socio-political Environment

Community

Family

Indiv with Disability

Health Care

Disability Services

Education

National Center for Cultural Competence
Underserved Populations

ACL definition of underserved populations:
• Racial or ethnic group
• Low-income
• LGBTQ
• Limited English proficiency
• Living in a rural area
• Having an acquired disability

Services/Supports:
• Accessibility
• Continuity
• Family–centered
• Coordinated
• Culturally effective
Cultural Barriers to Accessing Services and Supports

• Historical mistrust of health care, mental health, education, and social service professionals
• Unfamiliar with services and supports offered in the U.S. (different than country of origin)
• Experiences of racism, discrimination, and bias
• Literacy, health literacy, mental health literacy
• Limited English Proficiency
• Stigma
• Cultural beliefs about the meaning of disability (including differing value systems)
In your school, what cultures are represented?
Cultural Competence

• Ability to function effectively in the context of cultural differences.
• Requires that individuals, organizations, and systems have a defined set of values and principles as well as an ability to demonstrate behaviors, attitudes, policies, and structures that enable providers to work effectively cross-culturally.
• Recognize that individuals, organizations, systems are at various levels of awareness, knowledge and skills.

National Center for Cultural Competence
Elements of Cultural Competence

- Awareness & valuing of cultural differences
  - Beliefs & attitudes toward disability, health & service delivery, communication, socialization practices, etc.

- Understanding the range of dynamics that result from the interaction between people of different cultures

- Awareness of one's own culture and values
  - Conduct self-assessment

Adapted from Cross, Bazron, Dennis & Isaacs (1998)
Reflection

Take a piece of paper and write down your thoughts. Think about your work with children with ASD and their families.

• How do you integrate cultural and linguistic competence into school?
• Any hidden biases impact your work? Views of systems & providers?
Elements of Cultural Competence

• Developing cultural knowledge of the particular community served or to access cultural brokers who may have that knowledge

• Adapting to the diversity and cultural context of communities served
  • Adapt individual interventions, programs, and policies to fit the cultural context of the individual, family, or community

• Systematically involving families, key stakeholders, & communities
  • Encourage families to provide feedback and review policies & procedures
  • Learn about the resources available to families
  • Partner to address needs in the communities

Adapted from Cross, Bazron, Dennis, Isaacs (1998)
Linguistic Competence

• The capacity of an organization and its personnel to communicate effectively & convey information in a manner that is easily understood by diverse groups

• Language access for:
  • persons of limited English proficiency,
  • those who are not literate or have low literacy skills,
  • individuals with disabilities,

• Services and supports are delivered in preferred language
  • Interpretation and translations services comply with all federal, state, and local mandates.

Goode & Jones (2009)
Working with diverse families and preschoolers with ASD
• Working with diverse families in the context of their communities require us to be aware of their cultures as well as our own.

• Considering the child’s ASD in the work with families, raises cultural/linguistic implications e.g., perception of disability, the cultural influences on development, and the cultural influences on assessment and intervention.

• How we assess, teach and intervene requires us to examine the lens with which see or don’t see cultural/linguistic variables influencing our work.
Case Based Discussion

• Which variables relate to cultural/linguistic differences?
• Which variable relate to ASD?
• Which variables relate to Developmental levels/appropriateness?

What cultural lenses do you wear?
Adaptations

Preschool Models & Explicit Instruction
Coaching Parents on Adapting Strategies through Family-Centered Perspective and with Cultural & Linguistic Competence
Community-Based Early Childhood Programs

The Building Blocks Framework

- Explicit, child-focused instructional strategies
- Embedded learning opportunities
- Curriculum modifications and adaptations
- High-quality early childhood program

High-Quality Early Childhood Programs

• Engaging interactions
• A responsive and predictable environment
• Many opportunities for learning
• *Teaching that is matched to the child and activity*
• Developmentally appropriate materials, activities, and interactions
• Safe and hygienic practices
• Appropriate levels of child guidance
Curriculum Modifications

• A change made to the ongoing classroom activity or materials in order to achieve or maximize the child’s participation.

• By increasing the child’s participation in these activities and their playful interaction with toys and peers, the teacher helps the child take advantage of these opportunities to develop and learn.

• If the child in not able to learn through increased participation, the teacher provides even more help or assistance.
Embedded Learning Opportunities

• **Educational Team** identifies the opportunities most salient to the individualized learning objectives for the child and *take advantage of the child’s interests by embedding short, systematic instructional interactions into existing classroom activities and routines to enhance the child’s learning.*

• The Educational Team plan what they say and do, and what materials they use within these interactions.
Child-Focused (ASD) Instructional Strategies

• More **explicit** instruction is needed

• Educational team (including related services) identify learning opportunities matched the child’s individual objective and provide **planned, consistent, systematic instruction** in order to teach specific skills

• Interactions are **even more** systematic and more intensive than using modifications or embedding more opportunities.

• Sometimes the child’s learning activity may look different from the learning activity for other children in the classroom.
Explicit Instruction for Child with ASD

- **Attention skills**
- **Interaction before language**
  - In a structured area to share space, attention, and shared enjoyment
    - Sending clear message
  - Give interaction space for child to take a turn
  - Respond to child’s communicative intent

- **Functional Communication**
- **Reduction of interfering behaviors**
- **Increased participation**
- **Social skill development**
- **Toileting**
- **Feeding**
**Naturalistic Intervention (NI)**

**Evidence-Based Practice:**
Collection of practices including environmental arrangement, interaction techniques, and behavioral strategies that are used to promote appropriate communication and social skills.

The practices encourage specific target behaviors based on learner’s interests and build more elaborate learner behaviors that are naturally reinforcing and appropriate to the interaction. *(From The National Professional Development Center on Autism Spectrum Disorder, 2014)*
HOW to Support the Child with ASD that is Culturally and Linguistically Different
Cultural & Linguistic Competence Connection

Cultural Competence
• Develop cultural knowledge
• *Adapt* individual interventions to fit the cultural context of the family
• Systematically involve the family, always

Linguistic Competence
• Communicate effectively and relate information in a manner most easily understood
• Provide language access to materials in family language
• Services and supports are delivered in preferred language
Adaptions come from Information Gathering with Child’s Family
Family-Centered Adaptation

Information Gathering through a Family Interview
Family-Centered Adaptation: Family Interview

• Who lives in the home?
• Primary caregiver(s)?
• Languages in the home?
• Support out of the home?
• What does the family understanding of ASD?
• Community-based services? (ABA, SLP, OT)
• What are family stressors
• Describe a typical day in the life your child?
• Is there plumbing and electricity in the home?
• Of most concern?
• Reflect back on what they shared with us
Common Challenges for Families

• Understanding Autism
• Communication
• Behavior
• Toileting
• Feeding
Family-Centered Adaptations for Understanding Autism
Family-Centered Adaptations

Understanding Autism

• Debunk myths of autism
  • Each culture has their beliefs
  • Use language that matches the family’s understanding
    • Provide facts with sensitivity
    • Rephrase for increased understanding
  • Ask questions for understanding
Family-Centered Adaptations

Understanding Autism

“Hold” the family as they process the Autism diagnosis

- “My culture does not understand autism”
- “My family thinks I have “spoiled” my child”
- “What causes autism?”
- “My child’s level of autism”
Family-Centered Adoptions

Understanding Autism

• Describe how autism looks in their child
  • Use language that matches the family’s understanding
    • Describe examples of social communication difficulties unique to their child
    • Describe examples of restricted and repetitive behaviors unique to their child
    • Describe examples of child’s strengths and how these can be used to increase skills
Family-Centered Adaptions

Understanding Autism

• Gently explain that the “bubble” that stands in the way of their child and daily successes is the autism

• Provide family-friendly information about autism for increased understanding for other family members

• Family’s struggling with the emotional distress
  • Gently ask if they are comfortable to consider professional support
Family-Centered Adaptations with Communication
Family-Centered Adaptations

**Communication**

- What does communication look like in your family, culture and community?
  - Proxemics
    - How close do you stand
    - Is face-to-face okay
  - Is eye contact appropriate?
  - What daily interactions do you share?
  - Would you consider using interaction/communication strategies that are known to benefit children with autism, like your child?

- Collaborate with family with ideas to adapt interaction/communication strategies to cultural and community ways
  - Consider if picture symbols fit to the home
Family-Centered Adaptations with Behavior
Family-Centered Adaptations

**Behavior**

- What does response to behaviors look like in your family and/or in your culture?
  - How do you and family members respond to interfering behaviors?
  - How does that work for your child?
  - What are family and community reactions?
  - *Does your child sleep well?*
  - Would you consider a different way that is known to benefit children with autism, like your child?
HOW to Support the Family to Coach the Child at Home
Parent-Implemented Intervention (PII)

**Evidence Based Practice**

- With parent-implemented intervention, parents are taught to provide individualized intervention to their child to improve or increase a wide variety of skills and reduce interfering behaviors.

- Parents learn to implement practices in their home and/or community through a structured parent training program. (*From The National Professional Development Center on Autism Spectrum Disorder, 2014*)
Parent-Implemented Intervention (PII)

**Evidence-Based Practice**

- Parent-implemented intervention may be one way to maximize learning opportunities for very young children (Stahmer et al., 2017)

- We are NOT suggesting that parents be required to take on the responsibility of being the child’s sole interventionist (Stahmer and Pellecchia, 2015)
## Parent Implemented Intervention (PII)

### Benefits
- Parents start at an early stage
- Parents are taught to integrate evidence-based strategies into their family’s natural daily routines
- Increase generalization
- Parents share feelings of competence as members of their child’s team
- Intervention when there is very limited to no community-based resources

### Barriers
- Comfort level in diverse cultures to interact with child (peer to peer is more natural)
- Knowledge and resources
- Added pressure to demanding family schedules
Help Family find Daily Natural Routines

• Help them to understand that when their child is calm and alert, they are ready for social interaction
  • What time of day is better for child and parent?
  • Create a clutter-free space
  • Face-to-face
  • Teach them to honor when their child is all-done
  • End social interaction on a positive good note

• Natural daily Routines
  • Toothbrushing
  • Dressing
  • Making a favorite snack
  • Outdoor time

• Model for them how to take advantage of spontaneous opportunities
  • Follow the child’s lead
  • Imitation is HUGE! (sounds, actions, facial expressions, etc.)

\[ \text{calm + alert} = \text{ready} \]
Family-Centered: Teach Basics of Communication

Teach Interaction before language
(A structured area free of distraction to share space, attention, and enjoyment)

1. Send a clear message
2. Give interaction space for child to take a turn
3. Respond to child’s communicative intent
4. Repeat steps 1 – 3 as often as child is engaged
Family-Centered: Teach Basics of Communication

- **Teach communication exchanges**
  1. Occurs when *one person sends a message to another person* through a variety of ways
     - HOW is a message sent (facial expressions, gestures or words)
     - WHY is a message sent (to request, show, and to share)
  2. The person that receives the message *sends a message back to the sender*
  3. *Communication exchange occurs*

- Collaborate with family with ideas to adapt interaction/communication strategies to fit their home and out in the community
  - Consider if picture symbols match to home life
Family-Centered: Teach the ABC’s of Behavior

Teach what functions of behavior look like related to their child

Practice with them how to analyze an interfering behavior that occurs at home
A = (Antecedent) The cause that initiates a behavior to happen

B = (Behavior) Behavior that results from the cause

C = (Consequence) what occurs after the behavior happens
Family-Centered: Teach ABCs of Behavior

• Collaborate with family on ideas for how to adapt behavior strategies to fit their home and out in their community
  • Provide visual supports (behavior, communication, etc.) with input from family
Family-Centered Adaptations

Toileting?

Feeding?
QUESTIONS?
Resources to Review and Adapt

• A Parent's Guide to Applied Behavior Analysis
  *From the Autism Speaks Autism Treatment Network*

• A Parent's Guide to Toilet Training in Autism
  *From the Autism Speaks Autism Treatment Network (in Spanish)*

• Exploring feeding behavior in autism: a parent's guide
  *From the Autism Speaks Autism Treatment Network (in Spanish)*
Resources to Review and Adapt

• Sleep Quick Tips
  *From the Autism Speaks Autism Treatment Network (in Spanish)*

• Strategies to Improve Sleep in Children with Autism: A Parent's Guide
  *From the Autism Speaks Autism Treatment Network (Spanish available)*

• Exploring feeding behavior in autism: a parent's guide
  *From the Autism Speaks Autism Treatment Network (in Spanish)*
Resources to Review and Adapt

• Autismo: Una Guía Para Abuelos  
  *From the Autism Speaks Family Services*  
  • A guide for grandparents  
  • Help grandparents interact with their grandchildren

• Autism Speaks First 100 Days Kit (in Spanish)
Resources

• Autism Speaks: https://www.autismspeaks.org/
• Center for Development & Disability (CDD): http://www.cdd/
• CDD Information Network: http://cdd.unm.edu/infonet/
• Centers for Disease Control and Prevention, Learn the Signs. Act Early: http://www.cdc.gov/ncbddd/actearly/index.html
• National Autism Center: http://www.nationalautismcenter.org/
• National Center for Cultural Competence, http://gucchd.Georgetown.edu/nccc
• National Professional Development Center: http://autismpdc.fpg.unc.edu/
• New Mexico Autism Society: http://nmautismsociety.org/
Resources Available for Families at CDD

- Autism Spectrum Evaluation Clinic (ASEC)
  - 505.272.9337
- Parent Home Training Program (PHT)
  - 505.272.4725
- Supports and Assessment for Feeding and Eating (SAFE)
  - 505.272.0285
- Family & Provider Resource Team
  - State-wide Applied Behavior Analysis (ABA) Agencies
  - English 505.272.1852
  - Español/Spanish 505.925.6022
References


AHE’HEE

THANK YOU!

GRACIAS!

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