

Autism and Multiculturalism, Generational Differences, and Diversity:

Information for School Professionals

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Superheroes Social Skills Training, Rethink Autism Internet Intervention, Parent Training,
Evidence-based Practices Classroom Training, Functional Behavior Assessment: An Autism
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Abstract

Multicultural issues in psychology, specifically in school psychology, has been a topic of growing interest as our student population becomes more diverse; however, our practitioners continue to be composed mainly of White/Caucasian providers. Cultural sensitivity, awareness, knowledge, and competency are key factors in providing best practice services to students and their families. Nonetheless, there is lack of research in the demographic and clinical differences that could potentially impact mental health services. The purpose of this monograph is to provide the reader with concise and practical guidelines to start their journey into becoming more culturally competent. In this exposition, the current statistics of the school psychology profession and student body in the United States will be presented. General information of cultural variability between ethnically and linguistically diverse groups will be given, including generational differences between immigrant parents and second-generation adults. Furthermore, multicultural issues in autism research and practice will be provided, as well as a summary of selected articles presenting issues with the study of diversity in autism research will be presented. It is concluded that, although cultural competency is hard to acquire, mental health professionals, and more specifically school psychologists, can and should be consistent consumers and developers of scientific research that soundly includes diversity issues.

Introduction

It has been mentioned, explained, and repeated over hundreds of articles throughout our literature. Culture, diversity and multiculturalism are concepts important to research and practice in the general field of school psychology, and autism research specifically. However, even a simple search for articles that include “diversity” and “multiculturalism” in addition to the terms of “autism,” or a search for articles in Spanish that include those terms, yielded very contrasting results. For example, using Google Scholar over the last 10 years, and putting the terms “autism + interventions” yielded 49,000 results. Typing the same terms in Spanish yielded around 5,000 results. Typing terms such as “autism” or “autism spectrum disorders” showed an even bigger discrepancy between English and Spanish. In the University of Utah’s library search for peer reviewed articles during the last ten years when the search included “diversity,” “multiculturalism,” or “culture” in addition to “autism,” the results were even more disappointing, with the Spanish terms yielding only 4 to 16 results while the English terms yielded thousands.

Authors have called for the importance of multicultural competence, awareness, knowledge, and sensitivity in research, practice, and education of school psychology professionals (Guerrero, 2008; Malone, 2010; Palacios & Trivedi, 2009; Sullivan & A’Vant, 2008). For example, Palacios and Trivedi (2009) state that “to be effective school professionals, gaining cultural literacy is not only desirable but also essential” (p. 18). The authors explain that to be culturally literate, individuals should “value diversity, demonstrate an appreciation and sensitivity for other cultures, and actively engage in learning and understanding the cultural norms and traditions of diverse groups” (p. 18). Although the first two are easily accomplished by many, it is the third point that can be a little challenging.

In daily activities, school professionals usually don't have the time to consciously think about and analyze their cultural knowledge and views, and the ways in which they influence their practice. Cultural competency classes are offered during training, but the depth and breath of the training depends on the resources available, population near the university, trainers with diversity experience, and researchers with a diversity focus. Yet when the statistics on demographic diversity of students and practitioners are observed, we continue to see a large discrepancy. The final aim of this writing is to present general actions that can be taken by school professionals to increase their cultural knowledge, sensitivity, and awareness and thus further enhance their cultural competency. More specifically the reader will be provided with information on general characteristics and generational differences of three major ethnically and linguistically diverse populations: Asian, Hispanic/Latino, and Black/African American families. Some information on White immigrant families will be included. This writing will also address the diversity issues observed in the research and practice literature for autism spectrum disorders, the current statistics of the profession of school psychology and a brief and concise summary of selected articles that provide information about the global prevalence rates of autism spectrum disorders.

The demographics of school psychology and students in the U.S.

The American Psychological Association (APA), and the National Association of School Psychologists (NASP) have presented cultural awareness as an essential part of a psychologist's training, research and practice. For example, APA has published the *Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists* (APA, 2002). NASP has included diversity issues and cultural competency in many of their professional guidelines. Diversity is a one of the *Core Values* of NASP. It is also part of their

Model for Services by School Psychologists, discussed in the Ethics Standards, and included in the Strategic Priorities (NASP, 2010a; NASP, 2010b). These have been just some of the efforts psychological associations have put forth to bring the topic of multiculturalism and diversity to the forefront of our profession. However, there are still many questions to be answered as the U.S. overall population and student population continues to grow and diversify. In this section, the issues of demographic differences between provider and client will be presented.

School Psychologists.

As the years have passed, school psychologists have seen a change in the demographic characteristics of their schools and the nation. The Institute of Education Sciences (IES) (2015) has projected that by 2024, more than 54% of the students in U.S. schools will be of an ethnicity other than White/Caucasian (p.1). However, our profession remains one dominated by the ethnic majority, White/Caucasian providers. Castillo, Curtis, Chappel and Cunningham (2011) presented on behalf of the NASP Research Committee the most recent results of the Membership Study of 2010. This data is based on the answers of 20% of randomly selected members of NASP by state, for the school year 2009-2010. There were 39 items in the survey of which 1 to 19 were completed by all respondents, and items 20 to 39 were completed only by school psychologists who were working full time in the schools.

Castillo et al. (2011) results indicate that, since the 1980's, there has been a change in the gender of the NASP members, with women being more than 65% of the work force, including field supervisors, professors, researchers, etc. For the year 2010, approximately 76.6% of the participants surveyed were women. Of the participants, more than 90% identified themselves as Caucasian, a percentage that although slightly decreasing, remains in the 90% or above range. Of the total of participants, more than 90% indicated that they worked in a school setting. Of

those who indicated that their primary employment was a full-time position at a school setting, 97.4% provided services to students who were of a racial or ethnic minority group. About 52.6% served 25% or more of minority students, but only 9.3% of school psychologists that were surveyed were members of a racial/ethnic minority group.

Students.

The demographic characteristic of the current school psychology force is in direct contrast to what the statistics are showing for the student population. As presented by the Institute of Education Sciences (IES) (2015b), and based on data for the 2012-2013 school year, around 13% of students were classified with a disability as presented by the Individuals with Disabilities Education Act (IDEA). Of that 13%, about 8% were classified as having Autism. Upon further analysis, of the 13% of students that have been classified with a disability, about 86% are members of an ethnic minority (IES, 2015a, p. 3). Based on the 2010 NASP data, about 90% of school psychologists are White/Caucasian, and approximately the same percent, which has their primary place of employment in a school, works with minority students. Thus, although efforts are being made to increase diversity in our profession, there is still a vast gap between where our students are and where we, as professionals, need to be.

Culture and multiculturalism defined

There are a myriad of terms in the psychological literature to address the levels of proficiency that professionals have about diversity and ethnic minority issues. The National Association of School Psychologists has a complete section on their website dedicated to information about *Culturally Competent Practice*. Before all the areas of proficiency are described in their webpage, NASP provides a definition of Culture obtained from the National

Center for Cultural Competence of Georgetown University that, although long, clearly states the breadth and depth of what culture and diversity truly entail:

Culture is an integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting and roles, relationships and expected behaviors of a racial, ethnic, religious or social group: and the ability to transmit the above to succeeding generations. (NASP Cultural competence- Defining culture, n.d.).

Multiculturalism is defined as “the view [people hold] that the various cultures in a society merit equal respect and scholarly interest.” (*multiculturalism*, n.d.)

The training school psychologists receive directly and indirectly prepare them to have a multicultural perspective when working and providing services to all students, families, and the community. However, not everyone is completely prepared to work with ethnically and linguistically diverse students and families. The Center for Effective Collaboration and Practice published definitions for the many terms utilized in multicultural research on their webpage titled *How does cultural competency differ from cultural sensitivity/awareness*.

Cultural Knowledge is defined as the familiarization with selected cultural characteristics, history, values, belief systems, and behaviors of the members of another ethnic group (Adams, 1995). Cultural Awareness is developing sensitivity and understanding of another ethnic group. This usually involves internal changes in terms of attitudes and values. Cultural awareness must be supplemented with cultural knowledge (Adams, 1995). Cultural Sensitivity is defined as knowing that cultural differences as well as similarities exist, without assigning values (i.e., better or worse, right or wrong) to those cultural differences (National Maternal and Child Health Center on Cultural Competency, 1997). Cultural Competence is the

integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of health care, thereby producing better health outcomes (Davis, 1997). Cultural Competency emphasizes a professional's ability to effectively operate within different cultural contexts.

School professionals should strive to be culturally competent in at least the culture of the population they work with the most. Even with significant training, this is not only difficult, but sometimes not possible due to the variations found between and within cultures. Jones (2010) presented four simple but critical actions school professionals can take to increase their knowledge of a culture. Although her suggestions are helpful and manageable, they may still not be enough to be considered culturally competent. First, professionals can learn through travel, visiting close neighborhoods with minority groups and interacting with the residents, and attending fairs and festivals and making observations about their manners and behaviors. A second option is visiting community centers or talking with friends of the same background about social graces and values important to that particular community. Third, professionals can read articles, books, and magazines that are specifically addressed for the community the professional wishes to know more about. Finally, professionals can build cross-cultural relationships in their own personal life, finding and including in their social network people from linguistically and ethnically diverse backgrounds.

General characteristics

As school professionals, practitioners, and consumers of scientific literature, reading what has been published in our own specific areas of expertise should be our first step in our cultural instruction. In their chapter for *The Psychology of Multiculturalism in the Schools: A*

Primer for Practice, Training and Research, Palacios and Trivedi (2009) describe characteristics reported in the research of some of the minority groups most seen in the United States. Each section below will be supplemented with other articles that directly provided descriptions of each minority or linguistically diverse group. Throughout this section, it is important to recognize that there are many other factors such as socioeconomic status, parental degree of education, and work attainment that account for variability between and within families.

Hispanic/Latino children and families.

Palacios and Trivedi (2009) point that the term Hispanic was created in 1978 by the US government to include any “person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture of origin.” This term actually refers to the linguistic origin, not an ethnicity, whereas Latino/a is more inclusive of Latin American countries in which Spanish might not be spoken (e.g. Brazil). In other words, people from the Americas and the Caribbean can identify themselves as Hispanic and Latino, or one of the two. The three major Hispanic groups living in the United States are Mexican American, Puerto Rican American, and Cuban American. When seeking help, Hispanic people may rely heavily on family, and use mental health services as a last resort after clergy or even traditional healers are sought (Peña et al., 2008). They are respectful of authority and often use formal language when addressing others of higher status or elders. They utilize body language in conversational speech and gestures of caring; for example, giving kisses on the cheek or hugs is common when greeting close friends and family members (Palacios & Trivedi, 2009; Peña et al., 2008).

Furthermore, social aspects seen in Hispanic/Latino culture such as “familismo, respeto, simpatia, and personalismo” shape their behaviors. As presented by Palacios and Trivedi (2009):

Familismo refers to the value of family; the shared responsibility for child rearing, decision making, and financial and emotional support; and the interdependence between family members within and across generations. Respeto, or respect in English, refers to deference to those with more hierarchical status as defined by tradition. Simpatia refers to the value of cooperation and harmony, pleasantly working independently while avoiding conflict, while Personalismo is an attitude, communication style, and interpersonal skill that is warm, friendly, personal, respectful and sincere when interacting with others. (pp. 31-32).

Black/African American children and their families.

There has been some debate about what would be the correct designation for individuals of black or African descent. Palacios and Trivendi (2009) expressed that the younger generation prefers to be called African American, while the older generation and the college-educated and affluent prefer to be called Black (p.27). However, caution is required with such terms since there are Black individuals that may have migrated from Central and South America as well as the Caribbean. In those instances in which it might become necessary that such terms be used, a recommendation from the authors is to ask the individuals how they might want to be referred to. Some clients might actually prefer to be referred to by their place of origin, such as Dominican or Brazilian. As with Hispanic/Latino families, Black families rely heavily on family and other services before seeking out mental health services (Palacios & Trivedi, 2009; Worrell, 2005). Palacios and Trivendi (2009) indicate that, due to negative experiences of racism and discrimination, adults may appear apprehensive of disclosing information, testing, and medication use. Chandler, A'Vant and Graves (2008) state that individuals of African descent

may prefer a communication style that is directly to the point, that incorporates reciprocal conversations, and eye contact.

Asian children and their families.

As with the previous two sections, it is essential to recognize that “Asian culture” encompasses many ethnicities that are very distinct from one another. Luang et al. (2008) described that individuals of Asian descent emphasize academic achievement, conformity, and obedience to elders. Fathers are usually the head of the family and, although mothers tend to be more involved in their children’s education, it is expected that the father will be involved in all decisions (Luang et al., 2008; Palacios & Trivadi, 2009). Adults of Asian descent may also prefer the assistance of family members, elders or traditional healers before seeking the help of mental health professionals (Luang et al., 2008; Palacios & Trivadi, 2009). Their communication style might be non-confrontational; in other words, they might present as quiet and agreeable (Luang et al., 2008). Adults with children may utilize an authoritative parenting style, and older siblings might be expected to help with the rearing of younger children and household activities (Luang et al., 2008; Palacios & Trivadi, 2009). When working with children of Asian descent, Palacios and Trivendi (2009) cautioned that students of Asian background may utilize a blend of psychological and physiological language to express their discomforts. For example, they may express having stomach issues when they are experiencing emotional distress.

Generational differences between immigrants and second-generation adults

There are differences between and within ethnically and linguistically diverse groups. Moreover, generational differences have been reported to exist within cultures. These

differences have an effect on family stressors, communications, and issues that can reflect on students' behaviors, and educational progress. Particular attention should be given to generational differences, since they might be present when working with families with diverse backgrounds. The Pew Research Center (PRC, 2013) utilized data from the 2012 Current Population Survey Annual Social and Economic Supplements (ASEC) from the Census Bureau of Statistics and the Bureau of Labor Statistics, and the PRC 2012 or 2011 National Survey of Latinos, and Asian-American Survey (pp. 103-104). Data for other minority groups were not included on the PRC Survey data shown because the sample was too small. The purpose of the report was to provide information on demographic factors and worldviews between first-generation or immigrant adults and second-generation minorities in the United States. Although the PRC survey data concentrated on Hispanic/Latino and Asian adults, there is information on other minority groups with the data obtained from the Census Bureau.

Overall, results from the PRC study show that second generation minority adults, who are individuals that were born in the US to immigrant parents, are doing better than their parents in the areas of educational attainment, income, and work attainment. Of the individuals surveyed, 90% of second-generation adults had obtained a high school diploma or higher degree, in contrast to only 72% of first-generation adults. Of the participants surveyed by PRC in 2012, around 47% were first generation immigrants from Hispanic descent, followed by Asian, and White. However, 46% of second-generation adults identified themselves as White, followed by Hispanic, and Asian. This trend of a higher percentage of adults identifying themselves as White as generations passed continues with those of the third generation or higher, where 78% identified themselves as White.

Of interest were PRC study results of the Asian and Hispanic individuals surveyed in 2012. Their results showed that 70% of Asian and Hispanic immigrants hold the belief that if you work hard enough, you can get ahead, compared to only 58% of the overall U.S. population (p. 11). Results indicated that 1 in 6 (40%) married second generation adults have a partner of a different race or ethnicity from themselves, as compared to 8% of the overall U. S. population and all immigrant participants sampled (p.11). Furthermore, when asked about their identity, second-generation adults identified themselves by their family's country of origin or using a pan-ethnic or racial label such as Asian American or Hispanic American.

Generational Differences: Asian, Hispanic, Black and White families

Due to the acculturation and assimilation processes that immigrant and second-generation adults undergo, there are generational differences that were observed in the PRC data and reported by other authors. Overall, it has been described that second-generation minority adults identify and affiliate with their parent's country of origin (PRC, 2013). Asian immigrants coming to the U.S. have relatively high levels of education and skills (PRC, 2013, p. 14). Luang et al. (2008) also indicated that Asian immigrants might have conflict with their youth regarding values and traditions from their country of origin and their new country. On the contrary to Asian adults, Hispanic immigrants "have relatively low levels of formal education and work in low-skilled, low-paying jobs" (PRC, 2013, p.14). Palacios and Trivendi (2009) indicate that immigrant homes speak more Spanish, but for second-generation youth, the skills start to decrease with schooling.

Although Black and White immigrants and second-generation adults are the smallest of the minority groups in the U.S., there were still generational trends found by the PRC study and reported by other authors. As reported by the PRC (2013) study, about 79% of all Black

immigrants came to the U.S. with authorizations or as refugees from the Caribbean (e.g. Dominican Republic, Haiti, Puerto Rico, etc.), Africa, or Latin America (p. 43). African immigrants were found to be more likely to graduate from college than other minority groups, to be younger than all Black adults in the U.S., and to have lower levels of poverty compared to all Black adults in the U.S. (PRC, 2013, pp. 42-45). In comparison to all other minority groups presented in the PRC study, White immigrant and second-generation adults were the smallest of the groups. They comprise about 5% of the immigrant population, and mostly come from the Soviet Union, Canada, United Kingdom, and Germany (p. 39). Second-generation White adults are slightly more likely than all adults in the sample, and slightly less likely than foreign-born adults, to be college-educated (PRC, 2013, pp. 39-41).

Diversity in Autism Spectrum Disorders

It has been said that autism spectrum disorders (ASD) are seen in “all” racial and ethnic groups (CDC, 2011). However, at the time of this writing, there have not been many studies completed in other cultures that can give a robust estimate or clear descriptions of differences in the presentation of symptoms (Elsabbagh et al., 2012). In the following sections, multicultural issues in autism research, statistics about the prevalence of Autism, and an exposition of articles that have included minority groups in their sample will be discussed.

Multicultural issues in Autism.

Dyches et al. (2004) discussed in their article several multicultural issues in the research of Autism. The authors indicate that, although most research has been conducted with Anglo families and participants, there are differences in reporting and data collection that influence the statistics obtained in prevalence and incidence studies. Additionally, there is a discrepancy in

diagnoses and classifications by racial/ethnic groups, and the research on family adaptation does not include Autism as its own category. Rather, it is grouped with developmental disabilities. In addition, the authors point out that the manner in which families view and appraise the diagnosis, as well as the social and organizational support they have access to may be affected by their background, including personal beliefs, education, and culture. For example, Dyches et al. indicate that some families may view the diagnosis as something negative. For example, some cultures may see the diagnosis as caused by the parents or as a punishment. Yet, other families may view it as positive. For example, some see the child as a gift from God, and that they have been given the child to overcome the challenges. These two opposite appraisals are influenced by the family's culture, values, and beliefs and should be considered not only for service provision, but also when conducting research with a diverse population. Lastly, the authors indicate that a minority family's knowledge and access to social and organizational support is also highly influenced by their language and educational attainment, as well as their values and beliefs. This can highly impact the family stressors, supports, and mental health service provision in families with children with ASD.

Reporting practices in Autism.

One of the issues mentioned by Dyches et al. (2004) was that most of the existing Autism research has been conducted with White/Caucasian families. Pierce et al. (2014) investigated the ethnicity reporting practices in the articles of three major autism journals. The authors utilized editions of *Autism, Focus on Autism and Other Developmental Disabilities (FAODD)*, and the *Journal of Autism and Developmental Disorders (JADD)* over six years between 2000 to 2010 (i.e. 2000, 2002, etc.). Pierce et al. (2014) showed that of the 943 articles reviewed for the study, 72% did not report ethnicity or race descriptors (p. 1514). In addition, 54% of the articles did

not utilize race/ethnicity as a variable of analysis, and of those that did use it, the authors would report no significant difference between groups or important differences (Pierce et al., 2014).

These results also suggest differences in reporting practices within research and data collection as mentioned by Dyches et al. (2004).

Prevalence of Autism.

The differences in reporting and data collection practices by researchers, in addition to the differences in diagnoses and classifications that vary within the U.S., also impacts the rates of prevalence that are reported by the major U.S. health agencies. According to estimates from the 2010 Center for Disease Control Autism and Developmental Disabilities Monitoring (ADDM) Network, one in every 68 eight-year-olds has been diagnosed with Autism. Estimates for Utah indicate that 1 in every 54 has been diagnosed with Autism (U.S. Centers for Disease Control and Prevention [CDC], 2014, p. 14). White children are more likely to be identified with ASD than other minority groups (U.S. Centers for Disease Control and Prevention [CDC], 2014, p. 14). Although this data may indicate that ASD is under-diagnosed in some minority groups, in a study conducted by Cordero, Alonso, Mattei and Torres (2012) it was estimated that in 2011, one in 62 children had an autism spectrum disorder in Puerto Rico, which is close to the national average. However, like with rates from state to state, which vary greatly (U.S. Centers for Disease Control and Prevention [CDC], 2014; Zaroff & Uhm, 2012), there is also variation in the rates of reported prevalence of ASD across different countries (Elsabbagh et al., 2012).

Levy et al. (2010) reviewed medical and educational records of all sampled 8-year-old children to evaluate if they met DSM-IV-TR criteria for autism, including records that contained a past or current diagnosis or classification of ASD. Data was obtained from the Autism and Developmental Disabilities Monitoring (ADDM) Network, representing all 8-year-old children

meeting criteria for ASD for the year 2002. Levy et al. (2010) found that 63.1% of White children, 22.9% of Black children, 10% of Hispanic, Asian, American Indian/American Native, and 3.9% denoted as other were diagnosed with an ASD. When only educational records are utilized, and only the IDEA classification of Autism employed for data collection, Travers et al. (2014) found that the odds of being classified with autism tripled from 2000 to 2007. Travers et al. (2014) obtained data from the IDEA Data Accountability Center for the years 2000 to 2007. In addition, the authors indicated that the prevalence rate of autism differed by race (i.e. higher for White students), the odds of being identified as having autism for Black students decreased, and the odds for Hispanic students remained the same, but was still lower than that for White students. Travers et al. (2014) indicated that the number of students classified with autism increased over time in all states for White students, and in most states for Hispanic and Black students.

Similar to the variability seen in the prevalence statistics for the United States, Elsabbagh et al. (2012) found discrepancies in the prevalence of Autism and Pervasive Developmental Disorders (PDD) around the world. The authors completed a systematic review of epidemiological surveys to investigate the factors impacting prevalence rates and the clinical presentations of autism and PDD in several countries. Asperger's and Childhood Disintegrative Disorders were excluded from the study, and most of the results were obtained from data collected since 2000. Elsabbagh et al. (2012) found 95 studies that met inclusion criteria and were utilized for the study. Overall, there were world regions from which data could not be obtained, data varied too greatly for patterns to emerge, or there were too few studies that met inclusion criteria. The authors divided the studies by regions: Europe, Western Pacific, South East Asia, Eastern-Mediterranean, America, and South America and Caribbean. The region with

most studies was Europe with 45, followed by Western Pacific and America (see Table 1). Results showed that for studies conducted since 2000, the median global prevalence rate for a Pervasive Developmental Disorder was 1 in every 160, and for Autism was 17 for every 10,000. The estimates for America, Western Pacific, and Europe did not significantly differ, and a higher ratio of males were identified relative to females. However, there were countries and regions for which data is not available. Thus, despite research claims that autism is present around the world, we don't currently have the studies to support that theory. Furthermore, behaviors classified as part of ASD may be very different between regions, or considered appropriate in other cultures.

Autism in two samples.

As it has been presented above, there are differences in the reporting, data collection, and even classification procedures in the research of Autism. However, there were no significant differences in the prevalence rates for several of the world regions. Chaidez, Hansen, and Herts-Picciotto (2012) found that when compared to White or other minority children, Hispanic children in their study had higher proportions of being diagnosed with a Developmental Delay or having extremely low scores on either an adaptive skill measure (i.e. Vineland) or a cognitive skill measure (i.e. MSEL). Nonetheless, the authors found similarities in their sample of 1270 children age 24 to 60 months in Autism symptomatology and scale scores of adaptive and cognitive function. It is important to note that the study was conducted in America and that the result might be different in other countries in which the same symptoms may not be seen as problematic or maladaptive.

Kang-Yi, Grinker & Mandell (2013) reviewed 15 articles in English and 13 in Korean that met their inclusion criteria to study Autism in the Korean culture. The authors found that

ASD is an uncommon diagnosis in South Korea, and that Reactive Attachment Disorder (RAD) is often preferred over the diagnosis of Autism. Kang-Yi, Grinker & Mandell (2013) concluded that families may view Autism as unchangeable and untreatable, but RAD can be “treated” since it is due to lack of motherly love and attention. The researchers also reported that the diagnosis of autism is primarily given to children with significant impairment before their second birthday. Kang-Yi, Grinker & Mandell (2013) informed that data from four reviewed studies indicated that the most common therapies in South Korean literature were music, massage, and play therapies, psychotherapy, and attachment promotion (p. 515). The authors indicate that there is no formal support system for children with special education needs, and that children with average or above skills often don’t receive support and are found in general education classrooms. Yet, the authors also present that, due to the highly structured and systematic educational system, many Korean children with ASD more easily participate in mainstream schools.

Conclusion

As school psychologists and mental health providers, we are trained to have sensitivity to many issues that the families we work with encounter. We learn how to have a multicultural view. It is important that, as mental health professionals, we consider and strive to be more culturally competent in our practice. Being culturally competent requires the professional to be able to effectively operate within different cultural contexts. Cultural competence is hard to achieve since it requires the provider to have knowledge, sensitivity, and awareness of a specific culture in spite of cultural variation within specific ethnic groups. Although professional associations such as APA and NASP acknowledge diversity and even offer guidelines to follow, the professional needs to gain cultural competence before the guideline can be met effectively.

As psychologists, we are ethically bound to provide services that are sensitive to the needs of our clients and to acknowledge our own competence in regards to diversity issues. Nonetheless, there are instances in which we are the only ones that can provide support and services to ethnically and linguistically diverse families. The latest statistics indicate that more than 90% of school psychologists are White/Caucasian, while more than 50% of the school population and about 86% of the special education students are minorities (Castillo, Curtis, Chappel & Cunningham, 2011; Institute of Education Sciences, 2015a; Institute of Education Sciences, 2015b).

Culture and diversity can and does influence how we provide services and thus should be considered when conducting research. Issues such as the ones presented by Dyches et al. (2004) permeate the literature of autism research and should be addressed in future investigations. Making significant efforts to include families and children of ethnically and linguistically diverse backgrounds, and reporting that information in their articles (Pierce et al., 2014) would increase the profession's knowledge and understanding of any differences or similarities that can impact the provision of services. Of utmost importance is the area of appraisal and social support access and usage by families of ethnically and linguistically diverse backgrounds (Dyches et al., 2004). How families view and understand the diagnosis or classification of autism will impact how open and how closely they will follow interventions, how likely they are to seek help from mental health professionals, and most of all what knowledge, if any, they have of the supports available to them in the U.S. Additionally, studying the social and organizational support that ethnically and linguistically diverse families have access to and utilize will impact their daily lives and stress levels.

There are great differences and similarities between the ethnically diverse groups presented, including generational differences and similarities within groups, that should be considered when providing services to ethnically and linguistically families. Black, Asian, and Hispanic families may seek the help of family members or traditional healers before seeking the help of a mental health professional (Palacios & Trivendi, 2009). Overall, second generation White, Black, Hispanic, and Asian adults are better positioned than their immigrant parents in socioeconomic status and educational attainment and consider themselves to be “more typically American,” while also valuing and identifying themselves with their ancestral roots (PRC, 2013). In contrast to Hispanic immigrants, Asian immigrants tend to have higher levels of education and professional skills. African immigrants are more likely than other minority groups to graduate from college, including U.S. born African Americans (PRC, 2013). Black immigrants come from various regions including Africa, the Caribbean, and South America. Over 70% of Asian and Hispanic immigrants and second generation adults hold the belief that, if you work hard, you can get ahead. By contrast, only 58% of the full U.S. population of adults feel the same way, while 40% say that hard work is no guarantee of success (PRC, 2013, p. 11).

Families that identify with the same ethnicity will differ in their values, beliefs, and traditions. It is difficult to “categorize” all minority groups by one label and offer effective services. Yet until we have a better understanding of the cultures that have become an integral part of our schools, we need some knowledge that can equip us with some sensibility towards the communities we work with. There are simple steps offered throughout this reading that can help in taking that first step toward cultural competence. Increase your knowledge of a culture by traveling, visiting neighborhoods or community centers, and observing (Jones, 2010). Find what social graces and practices are important and appropriate, read books, magazines and articles,

and create your own cross-cultural friendships (Jones, 2010). Ask questions politely and sensitively. When working with families, assume parents want to be involved and encourage positive involvement. Encourage parental access to school personnel of similar backgrounds and recognize the use of alternative substitutes for health needs (Peña et al., 2008). Provide encouragement and assurance to participate and ask questions, and guide parents to learn the system of 504's, and IEP's (Leung et al., 2008). And, "when in doubt, communicate respectfully, clearly and thoroughly" (Guerrero, 2008).

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Table 1: Summary of results of the Elsabbagh et al (2012) study.

Region	Number of studies	Prevalence AD/10000			Prevalence PDD/10000		
		Low	Median	High	Low	Median	High
Europe	45	1.9	10	72.6	30	61.9	116.1
Western Pacific	21	2.8	11.6	94	39.2**	181***	189^
South East Asia	3		11.7*		Varied from 1.4 to 100 depending on country.		
Eastern-Mediterranean	2						
America	21	11	21.6	50.5	34	65.5	90
South America & Caribbean (Aruba)	3	13-19			27-39.2		

APPENDIX A:

General web resources in Spanish for parents, educators and other school professionals

General web resources in Spanish for parents, educators and other school professionals

1. NASP crisis resources in Spanish:
 - a. [Bullies and Victims: Information for parents](#)
 - b. [A National Tragedy: How to help children overcome it. Information for parents and teachers](#)
 - c. [Disasters: Helping Children Cope](#)
 - d. [Emotional First Aid: A School's Guide to Crisis Intervention](#), Information for Parents
 - e. [Trauma and Children](#)
2. Spanish Information on Disabilities
 - a. [ADHD: A Primer for Parents and Educators](#)
 - b. [Anxiety and Anxiety Disorders in Children: Information for parents](#)
3. [Talking to Children About Violence: Tips for Parents and Teachers](#)
4. [Home and school collaborations: A guide for parents](#)
5. [Psychological Evaluations: What every parent should know](#)
6. [School Safety and Violence Prevention](#): includes resources of depression, bullying and harassment, and other mental health issues.
7. [Grade retention and promotion information for parents](#)
8. [Motivating Learning in young Children](#)
9. [Temper Tantrums: Guidelines for parents and teachers](#)
10. [Parenting Children with Disabilities](#)
11. [Second Language Acquisition: Information for Parents](#)

APPENDIX B:

Resources for parents and school professionals about Autism in English and Spanish

Resources for parents and school professionals about Autism in English and Spanish

1. [ASD: A Primer for parents and educators](#)
2. [Autism Speaks Spanish Resources](#)
3. [Autism Links-Spanish and other non-English resources](#)
4. [12 Autism Resources for those who speak Spanish](#)
5. [Autism Spectrum Disorders from A to Z: A Bilingual Autism Resource Guide](#)
6. [Autism Society in Spanish](#)