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Autism and the Impact on Multicultural Famlies

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AUTISM AND THE IMPACT ON MULTICULTURAL FAMLIES

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AUTISM AND THE IMPACT ON MULTICULTURAL FAMLIES

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ABSTRACT

This study examined the impact of autism spectrum disorder (ASD) with parents from different cultures all over the world. The literature review focused on ways negative and positive outcomes impacted parents and caregivers raising children with autism. The results showed that even though parents and caregivers experienced high stress levels and difficult times, they gained a better perspectives and coping skills when learning to accept the autism disability. Studying information from other cultures and autism provides greater understanding about how autism impacts the Hmong community, when parents are raising a child with autism.

Chapter 1: Introduction

Autism Spectrum Disorder (ASD) is a developmental disability. It has a broad range of conditions, which causes challenges in social, behavior and communication skills. Those who are diagnosed with ASD look no different from those who do not have ASD. The way that one communicates, interacts and behaves is different from others. ASD falls on a spectrum that ranges from individuals who are non-verbal and extremely challenged to very gifted people, such as Mozart, Einstein and Steve Jobs (Centers for Disease Control and Prevention, 2019).

ASD people show signs of challenges in communication, and social interactions with others. They can have a hard time understanding how and why others think the way they do or maybe unable to express how they feel. When it comes to learning, each person with ASD has his or her own strengths and areas of need. Some may have difficulties paying attention, working with others, or feel distress with changes in their routine (Centers for Disease Control and Prevention, 2019).

There is no test when it comes to diagnosing a person for ASD. Many medical professionals rely on observations of a child’s behavior and development. Within 18 months, ASD can be identified and by age two, the ASD diagnosis can be confirmed (Centers for Disease Control and Prevention, 2019). Currently there is no cure for ASD, but there are interventions to improve a child’s development and behavior. Many factors indicate that a child may have ASD. According to the Centers for Disease Control and Prevention, scientists believe that genes are one of the major factors that can cause a person to have ASD and children whose siblings are diagnosed with ASD are more prone to having ASD as well. Drugs taken during pregnancy can cause ASD and children whose parents are old may be more likely to have ASD (Centers for Disease Control and Prevention, 2019).

Autism is one of the disabilities that is fairly new to the Hmong community. As Autism continues to grow among all children, it is also growing within the Hmong community and other multicultural ethnic groups in the United States such as Mandarin-speaking immigrants (Wang and Casillas, p. 594). In the Hmong language, there are no words that can translate the word autism, nor are there Hmong words that can be translated and interpreted to exactly represent what the English term for most of the professional and medical terms. As a result, parents are having a hard time understanding these concepts and terms. In the Hmong Community, there are traditional parents and parents who are acculturated and assimilated to the Western culture. Parents who hold the traditional view, believe that ASD has something to do with their child's spirit. Traditional parents tend to perceive their ASD child negatively and communicate to others that their child is "stupid" or "not smart." In reality, their child has a developmental learning disability. The language barrier between the Hmong language and the English language could be another reason for negative thinking about ASD. Families who are more assimilated and acculturated with the western culture have a better understanding of autism. They also understand how a disability can affect the way their child behaves, communicates and learn. There are many factors in the Hmong culture that can play into understanding disabilities whether it is a Learning Disability or a more severe disability such as ASD or Down syndrome. Other factors include traditional values, traditional practices, and family factors.

Four years ago, I was given an opportunity to work as a paraprofessional at a Hmong charter school. Little did I know that I was going to be working as a special education paraprofessional. My knowledge of special education was limited and my experience with special education was very limited as well. During my first year as a special education paraprofessional, I worked with a second grade student whose disability was Autism. At that time, I did not know much about Autism, and as I continued to work with the student and with my other colleagues, I became more knowledgeable about the disability. Working with this student with ASD for a year, I became interested in their learning and their social skills. I learned about the struggles and challenges that students had with their social skills and how they were unable to express their thoughts, feelings, or ideas.

During my four years working with the school, I have worked with at least five different students who were diagnosed with ASD. Some I worked with as a special education paraprofessional and some I worked with as a special education teacher. All of them fell on different parts of the spectrum and were in different grade levels. In elementary school, students with autism required more support as they learned how to communicate and behave. The older students needed support with their communication and strategies for how to deal with stress.

As a special education teacher, I have worked with parents and listened to their stories and concerns in regards to their child. I wanted to know more about how Autism impacted them and how they supported their child at home with learning and communication skills. When I had meetings with parents whose children had ASD, they always asked the special education team questions such as “why is my child dumb?”; “why is my child not learning at the same pace as other students in their grade level?”; or “I know my child is stupid, but please help support them in their classes.” When I hear comments like these, it worries me that there are not enough resources or information to provide to our Hmong families with what Autism is and how they can support their child at home. As parents tell me about their child, I can hear the level of stress in their voices. I may not know the reasons behind it, but it is something that I would like to know more. What is it that stresses Hmong parents?

I would like to learn more about what parents are doing to support their child or how ASD impacts them and their families. I am also interested in learning about other multicultural families and how autism has affected them and how having a child with ASD differs from culture to culture.

This study will explore how autism impacts parents from different cultures. The paper will also consider the different stress factors that impact parents and what are the negative and positive effects on the parents and other caregivers when they live with a child who has ASD. The literature review focuses more on the different Asian communities around the world as the Hmong community has similar beliefs and values. Due to autism being fairly new, after exploring the different cultures, the next step is to provide more information about autism spectrum disorder to the Hmong community. It is also important to provide information about how autism can have a positive impact and to let parents in the Hmong community know that there are parents from different cultural backgrounds who may be sharing the same experience as them.

Chapter Two: Literature Review

Overview of Research Process

Academic Peer-Reviewed journal articles were used for this literature review. PsychoInfo was the database used to retrieve the articles. The key words used to search for the articles included "autism," "culture," "multicultural," and "stress." The structure of this chapter is to review the journal articles on how autism impact parents from different cultures around the world. It is also to focus on the stress levels, and along with negative and positive impact on the parents and other caregivers raising a child with autism. The information had reoccurring themes of parents having negative impacts and that stress levels were high when raising a child with autism. When it came to having a positive impact, there were themes of parents reaching out to other parents who were also raising child with autism, being more patient and having a better understanding of what autism was. Providing information and research to the Hmong community will support Hmong parents in gaining a better understand of autism and know that autism is a disability in many cultures that is still new.

Jegatheesan, Miller, and Fowler (2010) examined interviews of Asian Muslim parents about their beliefs about the Autism Spectrum Disorder (ASD). The study focused on how parents made sense of their child's disability especially related to practices within their homes. The research questions by Miller et al. (2010) were are as follows: How did South Asian Muslim immigrant parents make sense, within their cultural meaning systems, of the experience of having a child with autism? Specifically, what were their beliefs about autism? And what were their childrearing goals? (Jegatheesan et al., 2010).

The study included three multicultural families: Muslim families from Southeast Asia who live in a Midwestern city in the United States. The ages of the children with ASD in the three families ranged from two to eight years and were immigrants from an Asian country. Two or more languages were spoken in the homes. The socioeconomic status ranged from low to middle and the families had lived in the United States between 10-15 years (Jegatheesan et al., 2010).

Jegatheesan et al., (2010) conducted a qualitative study. They collected data by following the participants in their homes and in the community for over 700 hours over 17 months. Researchers observed and interviewed the participants (Jegatheesan et al., 2010).

An ethnographer (a person who goes and lives with the family) interviewed participants. Mothers and fathers were interviewed separately and interviewed differently. Mothers were interviewed face-to-face in their homes, grocery stores, or at the park. Mothers participated in at least eight interviews averaging 15 hours per mother. A small recording device was used during interview during transit (p. 100). Fathers participated in phone interviews due to religious beliefs between from men and women. Interviews from the fathers were to gain insight about his perspective of autism. The men were interviewed at least five times and average about eight hours per father interview (p. 100). Interview topics included beliefs about having children with Autism, how to parent a child with autism, religious practices, multilingualism, communicative behaviors, and experiences with speech therapists and other professionals (Jegatheesan et al., 2010).

Jegatheesan et al. (2010) analyzed the data by using transcripts reviewed by two native speakers of Hindi, Urdu, and Bangla. They reviewed the written and recorded transcripts. The parents then were asked to read selected parts of the transcript and completed the final check for the accuracy of what they said during the interviews. The authors read books prior to beginning the research to get a better understanding to the Muslim culture. Data was collected from different resources to point out any critical issues that needed to be checked against each other (Jegatheesan et al., 2010).

The results from this study stated that religion was the primary factor related to raising a child with disability. The parents believed that their family was chosen to have “his special child” which was referred back to Allah. There were characteristics such as having a loving nature, being able to protect the child, and their fate connection to the child that Allah chose to allow them to nurture their sons who had Autism and that they were chosen because they were capable of making sure that they could provide this for their child. The families stated that they treat their child as a typical child. The parents referred back to their religious beliefs and Allah. Inclusion was very important as they continued to raise their child with autism (Jegatheesan et al., 2010).

The purpose for conducting this study was to enrich multicultural understanding of teachers and other professionals who work with children with autism. This study provided a different lens coming from the parents instead of professionals. Research must go beyond the generalization of people, religion, language and regions (p. 107). Building rapport between parents and professionals makes a big impact on families whether parents believe the professionals are able to help with questions and concerns that they may have about their child with autism. The rapport could determine how parents connect to the professionals and how they come to view disabilities. Professionals and educators should come to understand the different cultures and practices before providing support to families who do not have the same cultural linguistics and/or religious practice as the majority ethnicity (Jegatheesan et al., 2010).

Van Hees, Roeyers, and De Mol, (2018) studied information from students who were either seniors in high school or in their first year of college and their parents about transitioning to post-secondary education and how it impacted the parent-child relationship. The hypothesis of this research stated that the differences of how parents and students perceive the construction of adulthood, autonomy, disclosure of disability and support services impacted the parent-child relationships (Van Hees et al., 2018).

The study included 94 individual participants divided into 26 fathers, 34 mothers and 34 students. The 34 students included boys and nine girls and were either seniors in high school or in their first year in college. All subjects were diagnosed with fulfilled established DSM-IV-TR criteria for autistic disorder, Asperger's disorder, or PDD-NOS or DSM-5 criteria for ASD (Van Hees et al., 2018).

The researchers conducted a qualitative research. Data was based on interviews with parents and students. The interview guides were revised by two researchers, one in the field of ASD and the other in the field of family research. The researchers used probing questions that were open-ended. Participants were able to speak freely about their experiences and generate their own topics to talk about during the interview. The guides were used flexibly (Van Hees et al., 2018).

Data was analyzed individually and based on the Grounded Theory Approach (GTA) method and the dyadic interview analysis (DIA). Information from students included construction of adulthood, urge for autonomy acquisition, the reluctance for disclosure and formal support, complex tension in the parent-child relationship, stress, anxiety, and ambiguity and difficulties to redefine the parent-child relationship. Information from parents included: losing accustomed position, difficulties in handling their child's wish for autonomy, need for disclosure and extensive support services, complex tension in parent-child relationship, stress, anxiety, and ambiguity and difficulties to redefine parent-child relationship. DIA was analyzed by two researchers who compared, reflected and integrated the perspectives of both students with ASD and their parents. First an overarching analysis within each family unit was conducted to construct potential new themes. The researchers then assessed how each participant addressed each theme. Next, the researchers analyzed data to look for convergences between the different families. Both allowed the construction of a conceptual framework that represented the family perspective on higher education transition (Van Hees et al., 2018).

Results from this study showed that students with ASD expended on a daily basis to suppress their autism behavior and tried to display “normal” behavior. Students did not state that they have ASD unless accommodations were needed. With parents, the results indicated they had low expectations for their child’s autonomy and struggled to promote independence. They described themselves as overprotective and vigilant. Parents were more open to communicate about ASD and ask for support whereas students were more resistant. Students felt frustrated when it came to being recognized as a full person by their parents. Parents felt frustrated in allowing their child to discover new challenges and situations on their own (Van Hees et al., 2018).

The authors’ conclusion showed first-person perspective of post-secondary transition between parents and students. There were differences regarding adulthood, autonomy and disclosure. The differences caused tension between the parent-child relationships (Van Hees et al., 2018).

Argumedes, Lanovaz, and Larivée (2018) examined how reduced frequency and severity of challenging behaviors and education affected the levels of parent stress (Argumedes et al., 2585). They hypothesized that reduced challenging behaviors were associated with reduced parenting stress. Also, family-centered support would have a larger reduction in parenting stress, compared to one-on-one parenting education (Argumedes et al., 2018).

Participants in this study included families who had a child with ASD who was less than 12 years old and presented a moderate or severe challenging behavior at home. The total number was 42 families (Argumedes et al., 2018).

The study used observations and questionnaires instrumentation. The first instrument that was used was the Socio-demographic Questionnaires asked parents were asked about their child and family structure. The rater who answered a 15-item inventory that described autistic characteristics or symptoms on a 7-point scale completed the Childhood Autism Rating Scale (CARS). If the item was not observed by the rater, the parents then commented on the symptoms. After the rating scale, the researchers went back to another questionnaire to evaluate the presence of challenging behaviors with developmental disorder noted by the parent or staff in the last two months. Parents were assessed the frequency (never, monthly, or hourly) and severity (mild, moderate, severe) of the challenging behaviors. Lastly, the Parenting Stress Index-3rd Edition (PSI) was used to evaluate how the parents rated their stress level on a 120-item questionnaire. Three topics were assessed: externalizing symptoms, relationship and attachment, and parent, caregiver, family mental health and function. These were assessed on a five-point scale (Argumedes et al., 2018).

In the pre-intervention assessment phase (Argumedes et al., 2018) used the socio-demographic questionnaire, CARS-2 and PSI. Families were chosen randomly for the three-hour brief one-on-one family education or the eight-week family-center support intervention. CARS-2 utilized direct observation. The parents were asked questions when items were not observable. The PSI was completed after eight weeks and after another three months. All procedures were conducted in the family's home (Argumedes et al., 2018).

The results from this study showed that parenting stress levels decreased following the interventions. When stress levels of parents were increased, the behaviors of the child increased as well. The reduction of parent’s stress levels decreased dramatically with the family-center intervention (Argumedes et al., 2018).

The authors concluded that the hypothesis was correct. The severity of the parenting stress levels increased with the severity of the child’s challenging behaviors. The one-on-one and the family-centered interventions reduced the stress level of parents, but the family-centered had a larger stress reduction. Another indication that lower stress levels resulted when parents learned to better manage their child’s behavior (Argumedes et al., 2018).

The study done by Williams, Hartmann, Paulson, Raffaele, and Urbano, (2016) compared caregivers from two different cultures: African Americans and Euro-American caregivers. The African American culture was further classified them into two groups, a high acculturation group and a low acculturation group. The stress levels and coping levels in each group were considered related to providing care to children who were diagnosed with Autism Spectrum Disorder (ASD) (Williams et al., 2016).

There were two hypotheses that the researchers had for this study. First, that caregivers who were Euro-Americans would show higher levels of stress than both of the African American groups. The second hypothesis was that the low acculturation African American group would be the most proactive when it came to coping whether using coping skills, or engaging or disengaging in the coping skills. The researchers also noted that the low acculturation group used spirituality to cope with stress of raising a child with ASD (Williams et al., 2016).

The participants were primary caregivers to a child under 18 who was diagnosed with ASD. There were a total of 103 participants: 50.5% Euro-Americans and 49.5% African Americans which made a total 52 Euro-American families and 51 African American families. The African Americans group was further classified to either high acculturation and low acculturation groups (Williams et al., 2016).

A qualitative method was used for this study that included many instruments to collect data. The first was the Demographic questionnaire. They adopted the questionnaire from the Parental Perception of the Development of Autism (2009). The next instrument was a rating scale that measured the symptoms and behaviors associated with ASD in children from ages two to 18. The third was focused on the parental stress. This instrument measured stress in regards to caring for a child from one to 12 years. Parents chose the best answer from the five options. Questions were based on the Autism Parenting Stress Index (PCI). The Coping Strategies Inventory measured different coping strategies used when parents were stressed. This next instrument measured coping behaviors based on spirituality and identifying if these were helpful. Finally, the last instrument used was assessing acculturation within the African American culture. This instrument assessed participants' beliefs, practices, preferences, interracial attitude, health beliefs, values and traditions. Data was collected via online surveys and interviews (Williams et al., 2016).

The data was analyzed using a hierarchical Discriminant Function Analysis (DFA). This method determined the profiles and response patterns from the different groups. The DFA focused on five predictors due to the different education levels within the three groups (Williams et al., 2016).

Results concluded that the low acculturation African American group experienced more stress and used more coping strategies than the high acculturated African American group and Euro-American group. Results did not support one of the hypothesis which stated that the Euro-

Americans would have higher stress levels. It showed that the Euro-Americans had lower stress levels than both the African American groups. All three groups scored high in proactive coping, meaning that they used planning and forwards thinking when it came to parenting their child with ASD. The results of spiritualty with coping supported the hypothesis that the lower acculturated African American group engaged in spirituality for coping strategies. The difference between the low acculturated group and the high acculturated group was the use of spirituality when it came to coping skills (Williams et al., 2016).

Williams et al. (2016) concluded the study did not support Euro-American having more stress. It was opposite in that the lower acculturated African American group had higher stress level out of the three groups. Their second hypothesis was supported stating that the lower acculturated African American group had proactive coping strategies and also engaged used spirituality (Williams et al., 2016).

Waizbard-Bartov, Yehonatan-Schori, and Golan, O. (2018) examined the personal growth of parent raising a child with autism. Many studies focused on the stress and difficulties that come with providing care for their children. The purpose of this study was to explore the growth of Israeli parents to children of ASD. This study focuses on the positive growth and not the negative effects that may come with parenting child with ASD. The research questions in this study included: how do the growth experiences of parents to children with ASD fit in the Tedeschi and Calhoun's crisis-related growth model? What additional themes not covered by the crisis-related growth model emerges from the experiences of parents? Lastly, how do the themes emerging from the experiences of parents in a Western culture differ from those of parents from mainland China? (Waizbard-Bartov et al., 2018).

In this study, participants included 14 mothers and five fathers of Israeli children, adolescents, and young adults with ASD. Participants were selected through advertising and parents volunteered to participant in this study. The parents confirmed their child's clinical diagnosis of ASD. Parents of this study were from middle to high socio-economic status. Out of the parents 16 parents had boys with ASD and one had a girl with ASD (Waizbard-Bartov et al., 2018).

Waizbard-Bartov et al. (2018) used a semi-structure interview. This helped parents reflect about their parental experiences. Questions were based on the Tedeschi and Calhoun's crisis-related growth model. This model assessed how a person has personally grown following a significant crisis (Waizbard-Bartov et al., 2018). The first part of the interview focused on questions that required less guidance and less specific questions that allow parents to speak freely. The second part of the interview focused on addressing themes related to positive growth feelings (Waizbard-Bartov et al., 2018). The interviews were recorded and then transcribed. The interviews lasted about an hour to two and a half hours. After transcribing the interview, parents were asked to approve the data and were given the chance to change anything that was translated incorrectly (Waizbard-Bartov et al., 2018).

The data was analyzed using a categorical content analysis to transcribe the interview. Next a phenomenological approach examined meaning of the different points of view from the interviews. A ground-based theory analyzed the participant's narratives. Two coders analyzed the data. When there was a difference in coding data, a third coder was called to make a decision. After analysis, the data was then compared to the Tedeschi and Calhoun's crisis-related growth model that compared both similarities and differences (Waizbard-Bartov et al., 2018).

Results showed that personal growth was common. Most parents reported personal growth experienced as a defining experience in their parenting. Five parents did not report any personal growth, but reported positive aspect of parenting. Most parents felt empowered and realized greater personal strengths. They gained emotional strength through difficult situations and some found inner power. New perspectives on life and new meaning was experienced by parents. Most parents also turned to spirituality to help them cope with the experiences that they experienced. Relationships between spouses were stronger and better and felt unity between the them. The unity of family helped with coping as well. The relationship between the parent and child was the most powerful bond (Waizbard-Bartov et al., 2018).

Tsang, Shek, Lam, Tang, and Cheng (2007) conducted a study on the program, Treatment and Education of Autistic and related Communication Handicapped Children (TEACCH) in Hong Kong, China (p. 390). The TEACCH program started at a university in North Carolina and focused on "integrating behavioral, developmental, psychoeducational, psycholinguistic, and ecological perspectives to support students to fit into society as an adult" (Tsang et al. 2007). Previous studies have documented improvement from students who have been part of the program. Tsang et al. (2007) attempted the TEACCH model with students in Hong Kong to evaluate the effectiveness of the program (Tsang et al. 2007).

In this study, two groups were assessed. The first group was the experimental group, which had 18 students between the ages of three and five years with low intellectual skills than the control group. There were 17 boys and one girl. The other group, which was the controlled group also had 16 students between the ages of three and five. There were 12 boys and four girls. The students from both groups were diagnosed with Autism. The experimental group participated in the TEACCH program while the control group completed a program, but was not given the TEACCH program (Tsang et al. 2007).

This study was a longitudinal study that lasted 12 months. The data was analyze on the developmental scale of the validated Chinese version of the Psycho-educational Profile Revised (PEP-R). The other instruments that were used included the Merrill-Palmer Scale of Mental test and the Hong Kong Based Adaptive Behavioral Scale. All the instruments assessed the cognitive and social adaptive functioning of the students within the two groups (Tsang et al. 2007).

Results from the study showed that both groups made improvements in different areas. There were more improvements from students in the experimental group than in the control group. The different improvements were in perception, fine motor and gross motor. The control group made more progress in daily living than the experimental group. The experimental group showed significant improvements in the first sixth months than with the control group (Tsang et al. 2007).

The authors' conclusion stated that the TEAACH model was effective for students who have autism. There was improvement noted in the areas of fine motor, gross motor and perception skills. This study demonstrated the effectivness of the TEACCH model within the Hong Kong schools in China (Tsang et al. 2007).

Tsai, Cebula, and Watson (2017) researched on the broader autism phenotype (BAP) regarding how well siblings of autistic children adjusted considering environmental stressors. There have been previous studies that have shown that siblings of children with autism have more difficulties related to self-concept and social competence (Tsai et al. 2017).

This study compared the different BAP levels of parents and siblings from the United Kingdom and Taiwan. Tsai et al. (2017) had three hypothesis. First, they hypothesized that typically developed (TD) siblings in both countries with higher levels of BAP would show greater adjustment difficulties than those who had lower BAP. Next, they hypothesized that with the higher BAP levels, parents would report that their TD child would have a greater difficulty with adjustment than children of lower BAP levels. They also noted whether there was a difference between the two countries. Lastly, the researchers used the diathesis-stress model to see if it supported the western culture model of the BAP levels and environmental stress in the sibling adjustment (Tsai et al. 2017).

Participants in this study included families from the United Kingdom and Taiwan. There were 80 pairs of mothers and one of their typically developed child from Taiwan and 75 mothers with their typically developed child pairs from United Kingdom. The dyads from both countries had to meet the following criteria: 1. Families must have a child with ASD and another TD sibling between the ages of 7-18. 2. Formally diagnosis with ASD, and finally, 3. Both the sibling and mother must have English and Chinese skills. If there were multiple siblings, the study requested that the sibling who was closest in age to the child with ASD participate in the study (Tsai et al. 2017).

Both mother and TD siblings were given questionnaires to answer. After answering the questionnaire, the TD siblings had a blank envelope to put their answers in and give to their mother to send at the end of the study (Tsai et al. 2017).

The BAP levels of the mothers were measured by the autism-spectrum quotient (AQ) and the AQ-Chinese. The AQ is a self-report assessment on the level of autistic traits. The AQ-adult was used to compare to the TD sibling's adjustment for both groups. With the TD siblings, the AQ-adol was used depending on the age of the sibling. To evaluate environmental stressors, the Social Responsiveness Scale, 2nd Edition was used as a tool in both the UK version and Taiwan version. The Child and Adolescent Survey of Experiences (CASE) assessed the TD sibling life experience along with a translated Chinese version for Taiwan. The Strengths and Difficulties Questionnaire (SDQ) was used to assess the TD sibling adjustment outcome (Tsai et al. 2017).

The results from this study showed that the UK siblings had higher adjustment difficulties and higher prosocial behavior than the siblings in Taiwan. The mothers in Taiwan showed significantly higher BAP levels than the mothers in the UK. The BAP levels in the Taiwanese siblings were also higher than the siblings in the UK. Mothers in Taiwan, who reported higher BAP level, also reported more difficulties with the TD sibling adjustment outcome. The results of difficulties in Taiwan were due to the age difference between the sibling and the child with ASD. In Taiwan, the siblings of the children who were less affected with autism had better prosocial behaviors than the children who had a sibling that was highly affected by autism. In the UK, the TD sibling of the child that was less affected with autism had fewer difficulties and peer problems than the siblings of the child who was more affected by autism (Tsai et al. 2017).

The authors' studied how BAP levels and environmental stressors affected the adjustment outcomes of siblings of children with ASD. The researchers concluded that the siblings in Taiwan had a better adjustment outcomes than the siblings in the UK. The siblings in the UK reported to have higher difficulties on the scales that were analyzed for this study. The study noted that the adjustments could be due to the cultural differences between the United Kingdom and Taiwan. The study highlighted that mothers who reported higher BAP levels were associated with difficulties with adjustments, which only partially supported their hypothesis. The second hypothesis, focused on whether mothers of higher BAP levels would report higher sibling adjustment difficulties. The results supported this hypothesis only in Taiwan and not in the

United Kingdom. There were higher levels in BAP in Taiwan, which led to sibling adjustments being more difficult. The last hypothesis was that the diathesis-stress model would be supported the western culture. This hypothesis was not supported by the results from this study and was the opposite. This study results did not show that negative life events played a role in the sibling adjustment outcomes. Overall, the study showed that siblings with higher BAP levels needed more support than those who had lower BAP levels and that the environmental stressors did not play a role in the adjustments (Tsai et al. 2017).

Schlebusch and Dada (2018) completed research on autism and South American families. There study focused on the cognitive appraisal, both positive and negative impacts, from families who raised children with autism (Schlebush and Dada, 2018).

The participants in this study included 180 families. They had a child with autism under the age of nine, who attended a disability-related school or intervention programs and was diagnosed with ASD. There were 180 families who participated in this study. 68% were mothers and 81% of the children in this study were boys. Many of the families included two parents, 20% of families were single parent, 5% were blended or stepfamilies. 9% of the participants did not have a completed education, while 74% had a tertiary education (p. 88). Lastly, 69% of participants were employed (Schlebush & Dada, 2018).

Within this study, the participants received a survey booklet, which was completed by the primary caregiver. The Family Impact of Childhood Disability Scale (FICD) was used to assess the positive and negative impact of the disability on the family (Schlebush & Dada, 2018).

The analysis of the data that was collected for this study used the statistical software by IBM. To consider the reliability, the FICD scale was assessed. The Conformity Factor Anylsis (CFA) was used to verify whether the data from the present study matched the original model.

Finally, with the FICD scale, a statistical analyses was conducted to determine validity of the data (Schlebush & Dada, 2018).

Results from this study indicated that there was no correlation between positive and negative appraisal that impacted the family or child with autism. Parental stress was not the only factor that African American parents experienced. There were also positive appraisals that parents experienced. The results also supported the hypothesis that the researchers considered. The researched also found that financial costs of having a child with ASD was the biggest impact on families. Secondly, the appreciation from other family members impacted the family who had a child with ASD. The least impacted was not being afraid to call friends and other family members (Schlebush & Dada, 2018).

The authors' conclusion focused on the positive and negative impact on family of children with ASD. The first finding showed that the study had reliable and valid information. The study also concluded information that parenting stress was the primary factor that parents noted when raising a child with ASD, but that there were positive effects. The highest rank scores related to benefits of having a child with ASD. They focused on appreciation of differences between people, greater awareness of other people's needs, and a better clarity about what matters and what does not matter (Schlebush & Dada, 2018). Findings of this study reported that there were more positive impact than negative impacts. Parents reported joy and resilience. In the home environment, the families were stronger due to having a child with a disability in the family. The biggest negative impact in the family was due to financial cost (Schlebush & Dada, 2018).

Landon, Shepherd and Goedeke (2018) conducted a study on the relationship between symptoms of autism spectrum disorder (ASD) and the Satisfaction With Life (SWL) in New

Zealand. The researchers focused on the different coping styles. They hypothesized that ASD severity, caregiver burden, stress and emotion-focused and maladaptive approaches to coping would be negatively associated with SWL. The second hypothesis stated that social support and problem-focused coping would be positively associated with SWL (Landon et al., 2018).

Participants in this study included 184 parents over the age of 18 who cared for a child with ASD living in New Zealand. There were 162 female participants and 22 were male participants. The parents ranged from of 24-62 years old. Many of the participants were educated and 81 of the parents had a degree from a university (Landon et al., 2018).

Online questionnaires were used for this study. Questions included: demographic information, access to support, SWL, and perceived stressed. The Autism Impact Measurement (AIM) was used to estimate ASD traits of the child and the Coping Orientation to Problems Experienced (COPE) was used for the different coping strategies. The participants completed the questionnaire in 15-20 minutes. The Caregiver Reaction Assessment (CRA) was a 24 item test that measured positive and negative reactions to taking care of a child with ASD. The SWL scale reported participants' levels of agreement. The Likert-scale measured how much support participants they felt received from other people such as their partner, family, friends, and medical professionals. The last scale measured the parent's stress levels when taking care of their child with ASD. The data was analyzed using the Statistical Package for the Social Science. The Cronbach's alpha was used for consistency. To determine the SWL, initial correlation analysis was used (Landon et al., 2018).

Results from this study indicated that participants' SWL fell in the dissatisfied category. The perceived health problems and SWL showed strongest negative relationship. The strongest positive relationship was between SWL and care-related esteem. The higher the SWL, the better coping strategies participants possessed (Landon et al., 2018).

Landon et al. (2018) conducted a study on the relationship between stress-level, ASD severity and caregiver burden. They believed that approaches to coping strategies would have a negative impact on satisfaction with life. The study supported Landon et al.'s hypothesis. Positive association included social support and SWL while a negative association was noted in the problem-focused coping and SWL. This study also reported that parents of a child with ASD had poorer physical health. Financial cost and being given different interventions were some of the biggest challenges for parents. The maladaptive coping strategies were associated with poorer SWL. This study reported that parents were dissatisfied with their lives when caring for children with ASD (Landon et al., 2018).

A study was conducted by Burkett, Morris, Manning-Courtney, Anthony, and Shambley-Ebron (2015) with African American families raising their child with autism and ways culture influenced finding the right healthcare for autism diagnosis and treatment. Burkett et al. (2015) completed previous research which noted that African American children are more likely to be misdiagnosed and diagnosed later than Caucasian children (p. 3245). The current study done by Burkett et al. (2015) had the following research questions: What are the care meanings, practices, expressions, and ways of living of urban African American families that influenced the health and wellbeing of their children with autism? In addition, how does family care and professional care interface to promote health and wellbeing for their child with autism? (Burkett et al., 2015).

In this study, there were 24 African American family members. There were eight mothers, five fathers and 11 of the participants were either grandmothers, siblings, aunts, uncles and cousins (p. 3246). Among the eight families, there were both two-parent and single parent families. Many of the families' income levels were below the poverty line level, but all families had low incomes. All participants had at least a high school education level. Along with the family participants, there were 28 professional participants who worked within clinics that cared for children in autism developmental programs and ASD classrooms. The 28 professional participants included ASD teachers, psychologists, therapists, nurse practitioners, researchers, developmental pediatricians. There were 26 Caucasian professionals and two African American professionals (Burkett et al., 2015).

Burkett et al. (2015) included the following procedures in this research: observations, active listening, and reflections. Over six months, participants participated in in-depth interviews and researchers engaged in the families' home life whenever they were invite. More field observations were included within the child's therapy, school, clinic and community settings (Burkett et al., 2015).

The data was analyze using Leininger's phases of ethonursing analysis. The phases included collecting, describing observations and interviews. The data was then used to identify patterns within the families who participated and considered values, beliefs, and practices from both the families and the professionals in this study. The data was divided into either universal or diverse culture. Universal culture referred to themes that were shared similarly between the two groups and the diverse culture referred to the differences, variation in values and way of living between the two groups (Burkett et al., 2015).

The results showed that providing protection for their child with autism and taking action for their child were the two main themes for the urban African American families. Regarding protection for their child, families stated that they felt unequal treatments in the healthcare and community care. They also did not trust clinical health care after seeking the appropriate health care for their child with autism, which could have been a reason for the delay in diagnosing their child. To protect their child, families felt they needed to provide protections by teaching their child independence in self-care. Many of the family members treated their child as “normal” to prevent any discrimination, as African Americans are a minority group (Burkett et al., 2015).

The second part of the results was related to taking action for their child. This meant that families needed to recognize and understand the type of health care that their child needed. They wanted to find a balance in the differences among their community and the disability that their child had. It was vital for the child’s health and wellbeing that the families take action on behalf of their child. Parents often approached their child first before making any decisions. Many of these decisions were based on making choices out of love for their child and balancing the wellbeing for the child with autism and the other family members. Many family members stated that they had both respectful and disrespectful experiences with the health care providers. Some were willing to help and some were not willing to help (Burkett et al., 2015).

The results collected from the health care professionals showed that they viewed African American families’ actions differently. They noted that due to African American families not having the same parent support networks as Caucasians, it made it harder for them to approach the healthcare system for their child. The healthcare providers also noted that they saw African Americans as “overwhelmed” by the different emotional and physical care while having limited resources (Burkett et al., 2015). As stated before, families experienced both negative and positive interactions with the health care providers. Some positives were having the providers listen to their concerns and being flexible. The negative experiences included providers being impatient, acting as if they know everything and having responses such as “there is nothing wrong” (Burkett et al., 2015).

The authors concluded that when it comes to their child with autism, providing protection and taking actions on behalf of their child with autism were the most important to them. There were factors such as providers' diagnostic bias, access to health care and family symptom interpretations that lead to delays in getting their child diagnosis and seeking health care for their child. Findings of the child with higher functioning autism were due to having families promoting independence in self-care, which lead to providers having a diagnostic bias compared to Caucasian children (Burkett et al., 2015). The study also concluded that families cared for their child with autism by taking actions in seeking a diagnosis and engaging in therapies used in their homes. African American mothers saw ASD as having less of an impact than Caucasian mothers, which could influence raising concerns about the diagnosis and pursuing actions. Many of the families wanted to give back to their community by providing more information about autism to help with the community's knowledge and perception. Lastly, the distrust of health care providers could be attributed to the previous discriminatory experiences and historic inequalities African Americans had faced (Burkett et al., 2015).

DuBay, Watson, and Zhang (2018) studied Latino caregivers related to intervention models, strategies and targets. There has been an increase with autism identified in Latino children. The study wanted to identify how culturally appropriate, feasible and acceptable autism has in the Latino culture. The study addressed two research questions: What are the differences in the ways that non-Latino Whites (NLW) and Latino Spanish-speaking (LSS) parents of children with ASD living in the same geographic areas of the United States perceive the quality and family-centeredness of intervention they are currently receiving? Secondly, how feasible, appropriate and acceptable do LSS parents view common therapy models and evidence-base practices used in ASD interventions (DuBay et al., 2018).

Participants included fourteen primary caregivers, one grandmothers and thirteen mothers. There were 55 parents, 27 were NLW's and 28 were LSS. The participants were recruited through a national ASD advocacy organization that included support groups, parent workshops, community events, membership network, and finally through a university-based ASD research registry. In the LSS group, five groups completed the survey in English and the rest of the groups completed in Spanish. The NLW group completed the survey in English. Out of the 20 groups that participated, 11 of them participated in the survey in the quantitative phase (DuBay et al., 2018).

DuBay et al. (2018) used mix procedure of both qualitative and quantitative data collection. Twenty groups participated in the qualitative strand. Children with autism were between the ages of one and six. They were in one of the four focus group to discuss the perceptions of intervention experiences and evidence-based practices (p. 1625). The quantitative group had 27 NLW groups and 28 LSS groups who participated and completed the survey regarding satisfaction with early interventions. The focus groups lasted about two hours. In each of the groups, a main facilitator and a Latina community member were audio recorded (DuBay et al., 2018).

In the quantitative strand, participants completed the Background Information Questionnaire where parents were asked about education, how long their child has been received services, native language and income. Next, the Family Outcomes Survey-Revised was used to assess the strengths and needs related to the interventions. Finally, participants participated in the Measure of Processes of Care that assessed the child's intervention based on the perception of the parents. The data in the quantitative strand used t-tests to compare the NLW and LSS groups. The data was repeated using the ANOVA to confirm patterns. Due to the small sample size, the authors used the Cohen’s d effect size to estimate the differences between the two groups. In the qualitative strand, the participants were put into focus groups to discuss their perceptions of the different interventions. Questions were asked in the different groups and included additional prompts. In the focus groups, participants were provided videos of four different interventions modeling and strategies. After watching the videos, questions were provided to create a discussion in the groups. Participants were asked about how acceptable, feasible, and how appropriate the different interventions were. The qualitative data was analyzed using student research assistants. They transcribed the audio and translated the information into English. The transcribed data was checked for accuracy. The data was read two or three times to familiarize researchers with the data. Spanish data was checked by a research assistant to check for accuracy. The final analysis used the ATLAS (DuBay et al., 2018).

Results from this study showed that all the participants had previous interventions. All NLW parents all spoke English and the all the LSS parents spoke mainly Spanish. All the LSS parents were born outside of the United States and had an average of 15 years living in the States. Parents in the NLW had a higher education and income compared to their counterpart, the LSS group. The NLW averaged three intervention services, whereas the LSS group had about two interventions. Many services included speech, occupation therapy, physical therapy, developmental therapy and hippo-therapy. The NLW group showed that the interventions were not helpful when it came to teaching their child how to learn and develop. There were not any differences between the two groups when it came to the category of support. The LSS parents reported to have a lower satisfaction. Caregivers wanted to be more involved in their child’s therapy and appreciated the communication between parents and the provider even though there was a language difference. Many participants stated that there is a higher need more for professionalism among the providers (DuBay et al., 2018).

Within the Latino community, children with autism were shunned. Criticism and judgement are still a part of what Latino caregivers have to endure for not finding the right treatments for their child. These come from family, friends and professionals. This criticism was often a reason for the stress among caregivers. In the Latino culture, being a united family was important because they depended on each other for support. Many of the Latino caregivers wanted their extended families to be more involved with their child stating that involvement would improve their child's therapy and to promote generalization if there was consistency throughout the family. Many parents who have a child with autism have not shared their child's disability with their family members in order to avoid conflicts that may be harmful to their child. Due to family difficulties, families attended ASD support groups when needed rather than connecting with their family members. Culture played an important part in interventions. The main culture was communication. Parents wanted to make sure that safety came first for their child. They were afraid that if their child was unable to speak for themselves, they would fail to get their needs met, especially by strangers. Bullying was another reason that communication was key for parents who wanted to ensure that their child did not experience it. Parents wanted a balance how their child was perceived and the needs for their child's future (DuBay et al., 2018).

The authors concluded that there were no significance difference related to the perceptions and helpfulness of the different interventions. The one difference noted was that the NLW groups stated that the early interventions were not helpful compared to what the LSS group reported. Parents in the LSS groups also reported having higher satisfaction compared to the NLW parents and that the NLW parents reported to respond less positively than the Latino parents. Latino parents strongly reported the involvement of other families as part of interventions. Latino parents may not be aware of how culture can influence their perceptions and experiences. Providers need to be willing to ask about family backgrounds when it comes to providing services for children who are exposed to different cultures. It is important for professional providers to understand each culture has different values and beliefs (DuBay et al., 2018).

A study conducted by Wang and Casillas (2012) focused on Asian Americans, mainly Mandarin-speaking parents experiences of raising a child with autism. In the Chinese culture, it focuses on harmony, interdependence and loyalty. There is high respect for the elders, parents and respect of the past. There is high expectation of Chinese children when it comes to education and behavior. In addition, in the Chinese culture it is to believe that a child’s disability may be due to the mother’s failures to follow proper healthcare practices during pregnancy or wrongdoings from their ancestors. Wang and Casillas cited from Wang et al., 2007 that today, the Chinese believed that the present life is determine by the good and bad in the previous life (p. 45). The researchers wanted to research further in regards to understanding the perspectives and experiences of Chinese immigrant parents on raising a child with ASD (Wang & Casillas, 2012).

Participants in this study included Chinese immigrant parents living in the northern United Stated. There were six Chinese Asian American participants. The families included four couples and two single mothers. All participants were first-generation raising a child with autism and their native language was Mandarin. The average residency of the participants was between 10 and 20 years in the United States. Their children with autism ranged from three to 11 years old (Wang & Casillas, 2012).

The study was conducted using semi-structured interview. Parents were given the opportunity to choose where they would like to be interviewed. Many interviewed in their homes and in Mandarin. One parent chose to be interviewed in English. The interviews lasted less than hour and were recorded to be analyzed later (Wang & Casillas, 2012).

The audio recordings were translated from Mandarin to English. compare the data, a narrative summary from each parent was used to determine differences, similarities, and patterns. Data was analyzed by bilingual persons to check for accuracy and an expert was used to check content and feedback (Wang & Casillas, 2012).

The results found many differences between the eastern and western culture. Religion and superstitions were mentioned related to coping or having an understanding of their child with autism. Many parents came to the states to get a better education or for job purposes and will eventually return back to their country. Eastern parents were more concerned and worried about their child, whereas parents in the western culture were more relaxed. There were more concern about the social image as well in the eastern culture. When it came to coping, many participants used both traditional and western beliefs to help them. Parents experienced stress and/or depression when they received the diagnosis of their child with autism. Many of the participants also did not tell or delayed telling their grandparents about the diagnosis. When it came to changes in their lives, many parents were stressed and had a negative feelings. One parent saw positivity through the experiences of raising a child with autism. Parents believed that autism was due to genetics or external factors such as exposure to chemicals, vaccine, or modern technology. A key belief for their child's improvement was the devotion of the parents. Due to financial needs, limited access to resources, and language barriers, it was hard for parents to be devoted. Results showed that to cope parents focused on connecting with other parents, gaining more knowledge on autism, used positive thinking, redefined stressful events, and attended support groups. When it came to the future, parents discussed goals for their child to be independent, have a normal life, and social relationships. Parents focused on their family and child instead of themselves related to the expectations of being a parent (Wang & Casillas, 2012).

The study wanted to gain a better understanding of cultural differences of parents raising a child with autism. In the Chinese culture, autism is still fairly a new term that they are still learning. Having a child with autism results in parent "losing face" to their community. They are learning to find a balance to between self and family members. Factors such as discrimination, rejection, and bullying played a huge role when raising a child with autism in the western culture. Many parents still believe that the child's disability was due to the mother's failures to follow healthcare practices during pregnancy. Many parents raising a child with autism are using western interventions such as speech therapy or behavior therapy. Some are still following traditional ways. Parents have come to gradually accept the experience and transform it into a positive experience. There have been struggles that parents have gone through, but some have experienced stronger family ties. There are still high expectations for the child to graduate from college and find a good job. Parents viewed themselves as teachers and friends of their child. Some parents were more flexible to ensure that their child never gave up and to care for themselves independently (Wang & Casillas, 2012).

Riany, Cuskelly and Meredith (2017) conducted a study comparing the parent-child relationship with Indonesian families on raising a child with ASD with parents raising a typically developed child. In the Asian countries, most parenting styles are authoritarian. Authoritarian parenting style is characterized by parents who are more direct and demanding and less responsive to their child. Indonesia is one of the most diverse countries in the world. There are over 250 different ethnic groups, each with its own language, cultures, values and beliefs (p. 3560). This study focused on parent-child relationship. The researchers hypothesized that parents of a child with ASD would have a more authoritarian parenting but less authoritative than parents of typically developed child. Secondly, parents of child with ASD would report fewer positive parent-child relationships than the comparison. Finally, parents of children with ASD would receive less support than the compared parents (Riany et al., p. 3561).

In this study, there were over 617 Indonesian parents with at least one typically developed child and 103 parents with a child with ASD. Out of all the parents from both groups, only 459 parents of typically developed children and 101 parents with a child with ASD completed the study (Riany et al., 2017).

Riany et al. (2017) completed the study mostly in the national language of Indonesia, which is Bahasa Indonesian, while Ejaan Yang Disesuaikan (EYD) known as formal Indonesian language was used to collect the data. Participants were recruited through online and paper surveys. Three types of measurements that were used. The Parenting Styles and Dimension Questionnaire (PSDQ) assessed the three parenting styles: authoritarian, authoritative, and permissive. The Parent-child Relationships Questionnaire (PCRQ) assessed the relationship between the parent and child. Lastly, the Multidimensional Scale of Perceived Social Supports (MSPSS) measured support across three groups: friends, family, and significant others (Riany et al., 2017).

The t-tests and the chi-square analysis were used for preliminary data. The authors used the Fisher’s exact test (FET) if numbers were lower than expected. Due to the large number of independent variables, factor analysis was used to determine if variables reflected socioeconomic status. Comparative analysis for the two groups used MANCOVAs with the three different measurements that were used for this study. The data was translated into English by the author another bilingual researcher (Riany et al., 2017).

Results from this study showed significant differences in parenting styles between parents raising a child with ASD and parents raising typically developed child. There were significant differences in the all three parenting styles. The parent-child relationship also showed a significant difference between the two groups. Finally, there was a significant difference with the social supports reported (Riany et al., 2017).

Riany et al. (2017) concluded that there were significant differences in all three hypothesis that compared between parents of children with ASD and parents with typically developed children. This study determined that parents of children with ASD used more authoritarian and less authoritative styles than the compared group. When it came down to the parent-child relationships, parents of children with ASD reported lower scores on warmth, personal relationships, and disciplinary warmth, but had high scores in the power scale (p. 3566). With social support, the study showed that parents of children with ASD had less support from friends, family and significant others. This low support could be due to the fact that having a child with a disability in Indonesia may be perceived as negative or having karma. There were no differences with the gender of the child (Riany et al., 2017).

A study done by Iadarola, Levato, Harrison, Smith, Lecavalier, Johnson, Swiezy, Bearss, and Schahill (2018) focused on parent training on behavioral strategies for children with autism. A child with autism can have many challenges. One of them may be related to behavior. Parents can become stressed and isolate themselves from others due to the different challenges when raising a child with ASD (p. 1031). This study hypothesized the following: self-reported parental competence would show a significant improvement and whether self-reported measures of parental stress would show significant decrease in parenting training (PT) compared to psychoeducational problem (PEP). Secondly, the researchers wanted to explore whether parental cognitions showed improvements in parental stress and child's behavior (Iadarola et al., 2018).

The parent training was a 16-week treatment course for parents. This training included eleven 60-90 minute sessions of direct instructions, videos, practice examples, and role-playing with the parent and therapist. The PT program also included two home visits and two more optional visits if needed. The program taught parents about the application of behavioral strategies to manage the child's behavior both at home and in the community. The Psychoeducation Program (PEP) included 12 sessions and one home visit. The sessions were individually-delivered and covered topics such as parenting young children with ASD, educational plans, etiology of ASD and how to select the right treatments for parents and children. The PEP program did not have any direct instructions like the PT program did (Iadarola et al., 2018).

The present study selected 180 children with ASD and moderate to disruptive behaviors who were between the ages of three and seven. The study was 24 weeks long and parents were put into either the PT or PEP group. The Autism Diagnostic Observation Schedule (ADOS) measured responses in the areas of social situations, communication, and restricted/repetitive behaviors. The Autism Diagnostic Interview assessed the child's early communication and language development, social development, and unusual interests and behaviors using a parent interview. The Developmental/Cognitive Functioning, The Standford-Binet Fifth Edition (SBV) or the Mullen Scale of Early Learning (MSEL) assessed cognitive functioning. Parenting Stress Index-Short Form (PSI) assessed parental stress. Caregiver Strain Questionnaire (CGSQ) focused on raising a child with ASD and how it interfered with family activities. Parents then were given the Parenting Sense of Competence (PSOC) to have parents self-report their satisfaction and efficacy. The PSOC also measured motivation and frustration. Lastly, the Abberrant Behavior Checklist (ABC) was used to demonstrate the change in sensitivity (Iadarola et al., 2018).

The data collected were analyzed using mixed-effects linear regression models with the changes within the 24-week processed. Exploratory analysis examined each measured that was used in this study. Structural Equation Modeling (SEM) evaluated the relationship between the changes at the 12-week mark and the 24-week mark (Iadarola et al., 2018).

Results from this study reported improvements from both the PT program and the PEP program. There was a 14% reduction from the PT program and a 9.3% reduction from the PEP program when it came down to the PSI measure. A 17.2% reduction from the PT program and a 7.1% reduction from the PEP program in the CGSQ measure. Finally, in the PSOC measure, there was a 16.4% increase from PT and a 7.4% increase in the PEP. Results also showed that the PT program demonstrated a bigger reduction at the 12-week mark than the end of the 24-week measure. PT was higher than PEP in the CGSQ and the PSOC, but there were no difference in the PSI. Stress levels of parents from both programs did not show any significant difference between the 12-week and 24-week study. There were changes in the child's behavior whether parents were from the PT program or the PEP program and that competence showed no overall significant change (Iadarola et al., 2018).

The authors concluded that there were improvements in parenting self-reports in both the PT and PEP groups. In the PT program the increase was related to strategies for behaviors, whereas in the PEP program, ASD knowledge was increased. Although both programs showed improvements, the PT program showed greater improvement than the PEP program. The PT decreased parental stress levels and also decreased the child's disruptive behaviors. Through this study, it was noted that understanding and having more knowledge about the behaviors of the child reduced parental stress. In addition, providing parents with the correct tools to decrease disruptive behaviors decreased stress and improved parents' competence. Although there was a change in both programs, the results did not support the hypothesis, as no changes occurred between the 12-week and 24-week marks (Iadarola et al., 2018).

McAuliffe, Cordier, Vaz, Thomas, and Falkmer (2017) researched mothers' quality of life, stress and time management when raising children with autism. The study included parents of children between the ages of two-18 who had autism and lived in Australia. The study was completed at Curtin University and at Telethon Kids Institute (McAuliffe et al., 2017).

Four different measures were used in this study. The first was the World Health Organization Quality of life Brief (WHOOL Brief), which assessed the quality of life of the parent. Second, the Autism Parental Stress Index (APSI) was used to assess the stress level of the parent. Third, the Brief COPE assessed different coping styles. Lastly, the Time Use Estimate Table was used to measure and describe their daily schedule. The measures were given to participants in three ways: by phone, online or paper and pencil version of the survey. There were 248 surveys completed by participants (McAuliffe et al., 2017).

Data was analyzed through using the Statistical Package for the Social Sciences (SPSS). Factor analysis was used for the coping styles and the scree-test was used to determine the number of factors. The Kaiser-Meyer-Olkein measured adequacy and sufficient of each data provided. The chi-square test was used to compare the relationship between a single parent and a couple parent status for demographic status. With the WHOOL Brief and the APSI, a univariate analysis was used. Finally, to identify the different factors such as quality of life, stress, coping styles, binary logistic regression analysis was performed (McAuliffe et al., 2017).

Results from this study showed significant differences between single mothers and coupled mothers related to demographic statuses such number of children, education, income, cognitive impairment and intellectual disabilities. There were no significant differences in the measurements of the hours completed with house duties and visiting family time. There were also no differences with coping skills. Findings with the single mothers showed they had a lower quality of life and used more of an adaptive coping strategy to deal with everyday stress. Another finding was that single mothers dealt more with financial hardships. A reason for this could be the fact that single mothers struggled with finding suitable and flexible jobs. A challenge with mothers who have children with ASD could be the access to resources such as childcare. Single mothers coped better than coupled mothers using the acceptance style. Overall, there were no significant differences between single mothers and coupled mothers raising children with ASD (McAuliffe et al., 2017).

Guler, Vries, Seris, Shabalala, and Franz (2018) conducted a qualitative study in the South African culture. In South America, economics and emotional impact can greatly affect the care for children with ASD. The study focused on interventions and important factors that could affect parents or caregivers when deciding the right interventions for their child with ASD.

The study was conducted in Cape Town, South Africa, which is the second largest city (p. 1006). In Cape Town, there are over 500 children on the waiting list for autism to receive special education services and to be placed in an ASD-specific school (Guler et al., 2018). Participants in this study included 28 caregivers of children from ages seven and younger. There were 22 mother participants, five father participants and three grandmother participants. Twenty-two out of the 28 participated in the focus group and six participated in the in-depth interview (Guler et al., 2018).

The focus group had 32 open-ended questions for the participants to discuss with one another. The questions were from previous focus groups of parents of children with ASD. The focus group in the current study focused only on contextual factors to the ASD interventions. The in-depth interviews had 36 open-ended questions, which most of the questions were similar to the questions that were asked in the focus group. All interviews and focus groups were audio recorded and video recorded. Most of the focus groups and interviews were conducted in English and a Zulu-speaking member of the team conducted one interview and one focus group in isisZulu (Guler et al., 2018).

The data was transcribed and checked for accuracy. A native speaker translated the focus group and one interview that was in isisZulu into English. Two coding members then read all the data. Thematic analysis was used in analyzing the data that was collected. All the transcripts were read over several times before two coders created labels for data based on meanings and identified relationships between the data (Guler et al., 2018).

Caregivers noted that culture was quite important and required sensitivity when it came to making decisions for which interventions to use for their child. Culture in South Africa included beliefs, population, respect and familial culture. In South Africa there are many cultural background and beliefs. Providers should be sensitive when it comes to practices and beliefs. Caregivers also reported that having a child with ASD was a curse as a cultural belief. Language was reported as a problem and a barrier for caregivers to connect with child. There were differences when considering which language to use. English was the preferred language that caregivers wanted providers to use when working with their child with ASD. They wanted to learn English and wanted their child to be taught in English. Parents who wanted to keep their native language when working with their child stated that if they were not able to communicate in their native language, they could not be an active member in their community. Caregivers also wanted therapists to be able to speak their preferred language. They preferred and only wanted to use one language and preferred not using bilingual languages. A challenge that caregivers reported was the location of treatments. There was limited space, limited resources and the home environment was not a good place to provide the skills needed. One of the caregivers' preferences was to have an at-home delivery, so that providers could get a better understanding of the family and the child's challenges at home. The cost of treatment was another factor as it could lead to financial hardships for the caregivers. Caregivers wanted services to be all-inclusive and be available for all children with ASD. When it comes to the types of providers caregivers wanted, they preferred professional providers over community health workers. Parenting practices resulted in caregivers needing to have diverse knowledge of parenting styles as one cannot treat all their children the same. Parents also wanted providers to meet them at their level when teaching them about the different parenting skills. Lastly, parent stigma was not accessed, but showed up in the results (Guler et al., 2018).

The purpose of the study done by Guler et al. (2018) was to better understand the challenges faced by caregivers in South Africa. Results showed that culture played a big role when it came to finding the right intervention for children with ASD. Although language was a barrier, most caregivers wanted English as the primary language with their therapist. They preferred to have in-house delivery so providers got a better understanding and had more knowledge about the family and the home life of the child with ASD. The cost of treatments could cause caregivers financial hardships and so they wanted services to be all-inclusive with no hidden costs, as many families had limited resources. Many parents wanted to improve their parenting skills and learn how to handle their child with difficulties. With their support system, caregivers felt isolated and shamed when their child was labeled as “naughty” (p. 1014). Strategies for caregivers should include identifying, strengthening, and mobilizing their support system. In addition, interventions should consider the influence of beliefs and parenting practices (Guler et al., 2018).

Ruble, Murray, McGrew, Brevoort, and Wong (2018) examined how to increase services for children with autism by using activation. Activation includes self-management and refers to having the information, beliefs, skills, knowledge and motivation to participate as team members. It was also proven to show improvements in health conditions (p. 826). With activation, parent activation measure (PAM) was used to measure four stages: belief, confidence, action, and persistence. The three research questions were as follows: First, what stage of activation do parents of ASD report? Secondly, what is the concurrent and predictive relationship between parent activation and self-management, stress, satisfaction at baseline and pos**t-** Therapeutic Programming Session **(**TPS)? Lastly, what is the relationship between change in parent activation from pre and post TPS with indicators of parent stress and satisfaction at post TPS? (p. 827).

This study had 36 parent participants who received TPS. The ages of the children with ASD ranged from 2.3-15 years with 89% male children. TPS is based on parent-child service planning and decision making at the Kelly O’Leary Center for Autism Spectrum Disorders in Cincinnati. The purpose of TPS is to identify parent concerns, assist parents in accessing services and provide directions for navigating the service system (Ruble et al., 2018).

Four measures were conducted in the present study. The first was the Parent Activation Measure for Developmental Disabilities (PAM-DD) that assessed behavioral health and developmental and medical issues. Second, Self-Management Assessment (SMA) assessed the quality of self-management and how well parents managed their child's behavior within five different areas. Third, Parenting Stress Index (PSI) was used to assess the parental stress. Finally, Parent Satisfaction with TPS was used to assessed the satisfaction of using TPS (Ruble et al., 2018).

Raw scores were used to analyze data from the first measure of the PAM-DD for the first research question. The second research question was analyzed using Pearson correlations between the PAM-DD and stress and the domains of self-management. With the third research question, the PAM-DD changed scores were calculated for the satisfaction of using TPS (Ruble et al., 2018).

Results from this study showed that the overall average was in the level three of the PAM, which is *beginning to take action*. Patterns were consistent with a developmental approach aligned with activation. At baseline, scores were high in belief of taking responsibility and active role for the child's behavioral and care. The lowest scores at baseline were in knowing how to prevent problems with the child's behavior, confidence in finding solutions for behaviors, and knowledge of treatments available. There was a negative correlation between activation and stress and a positive correlation with self-management. In the post TPS, there was no correlation between satisfaction with TPS and satisfaction with the clinicians and parents reported a high satisfaction with TPS (Ruble et al., 2018).

The present study was to determine the relationship between activation of parents of children with ASD and using TPS to provide guidance and support for parent concerns and how activation influenced parental stress, self-management, and satisfaction (Ruble et al., p. 831). The authors' concluded that PAM help create the development of early steps and identifying needs will help parents. Scores were high in belief of the importance of their role in their child's development and behavior and low in maintaining a course of action. There were changes in activation with just one TPS visit. Parents who were using activation showed less stress and were able to manage their child's issue better (Ruble et al., 2018).

Ilias, Liaw, Cornish, Park, and Golden (2017) conducted a study with Malaysian mothers on their experiences with raising a child with autism. Previous studies have focused on stress of mothers and how other factors that can influence a mother. Although there may be negative impacts, positive outcomes and well-being have been documented for raising a child with autism (p. 75). The study examined the development of Malaysian mothers based on their experiences, well-being, and adaptation development (Ilias et al., 2017).

Participants included eight mothers who had a child with ASD and have lived in Malaysia most of their lives. Four mothers had Chinese background, three Malay background and one Indian background. The mothers' ages ranged from 32-59 years (Ilias et al., 2017).

A qualitative study was used. A postgraduate student researcher interviewed the mothers. The interviews were face-to-face as another postgraduate student observed the interviews. The research supervisor overlooked the two students. The recorded interviews were around 75-120 minutes. Participants completed a demographic survey before conducting the interview. The interviews were completed at the mothers' convenience (e.g. home, office, treatment room) (Ilias et al., 2017).

The interviews were transcribed and translated to English. NVivo 9 was used to analyze the collected data. Each transcript was read to get a better understanding, and then phrasing was used to capture meaning and quality of the texts. To check for accuracy and trustworthiness, the supervisor reviewed the student's coding for all of the interviews. An additional researcher reviewed the coding to determine themes for the sample (Ilias et al., 2017).

The current study results reported three themes. The first theme: *Learning to spell autism in Malaysia* was the process of identifying and diagnosing children with ASD and challenges. Seven out of the eight parents noticed that their child was not behaving appropriately. Their children were not able to interact with other children. They had a delay in their speech, had social difficulties, sensory issues, and self-harm behaviors. Mothers were not able to recognize autism until a year or two after the abnormalities began. Four mothers were not aware of what autism was, two did not seek professional help and the other mothers went to the hospital. All eight participants noted that autism was limited and many were not aware of autism in the Malaysian culture. Lack of autism knowledge led the mothers to reach out to their religious background. Due to the limited resources, mothers wanted support for special schools, services, financial help, and employment opportunities (Ilias et al., 2017). Finding a school for their child with ASD was a challenge for all the mothers. The teachers did not have the knowledge to teach the children and used negative discipline for the students. In Malaysia, there was lack of therapeutic services and the mothers wanted more services to be provided for their children (Ilias et al., 2017).

The second theme: *We are living with autism* defined the mothers sharing their experiences raising a child with autism. Mothers faced positive and negative obstacles while raising their child with ASD. Negative impacts resulted from stress, acceptance, fatigue, and role imbalance. The connection between the family members was not great as there was conflict between the members. The mothers noted that they were the primary caretaker of their child and that the father showed lack involvement. It was reported that fathers struggled with accepting their child had ASD and their denial phase took longer than the mothers. Family members were able to show emotional support and were willing to help when needed. Even though there were more negatives than positives, some of the mothers stated that their child with ASD had good relationships with family members and some of the fathers were willing to help and provide more awareness about autism in the community (Ilias et al., 2017).

The third theme: *Resilient overcoming: Climbing Mount Kinabalu* was when mothers described their coping and adaptation process. Again, mothers noted that there was limited access to resources. The mothers were not very confident in providing the right support for their child with ASD. They felt like giving up and became sad. With their faith, they kept going and they would eventually reach their peak. Different coping strategies were used by the mothers which created a positive impact and gave them confidence to work harder. Most of the mothers changed for the better. They learned to have a better attitude, be understanding and patient. Being proactive was needed to support their child. They read books and gained information online to get a better understanding of autism. One of the seven coping skills, helped parents accept their child as they were. Parents were given a deeper relationship with their child. Expectations were adjusted for the children related to their future and achievements. Spirituality encourage the mothers through the difficult times (Ilias et al., 2017).

This study examined the experiences of mothers raising children with autism in Malaysia. The mothers' experiences were based on spirituality, culture, interpersonal and intrapersonal factors. The experiences the mothers faced were a journey for them. There were positive and negative impacts. There were times when they were at their lowest and there were positives when it came to the relationships between the child with autism and the family members even though there were challenges within the family. The mothers continued to strive and rely on their spirituality to help them keep going (Ilias et al., 2017).

Lee and Chiang (2018) conducted a study on Korean mothers and their children with autism. The study focused on the different variables that had an impact on parental stress. Due to limited studies on autism in the Korean culture, Lee and Chiang (2018) looked at previous studies to identify the different factors with the stress levels. The results from the studies showed that the mother's stress came from employment status and marital status. This meant that mothers who were married and were employed had lower stress levels than mothers who were unemployed and unmarried (Lee and Chiang, 2018). The study focused on parental stress in Korean mothers and adolescents with autism and factors associated with the stress levels (Lee and Chiang, 2018).

Participants in this study included 138 Korean mothers. The adolescents with autism participated in special education schools that only taught children with a disability or in self-contained rooms. The adolescents' age ranged from 10 to 19 years old. Mothers were recruited from the Korea National Institute for Special Education in South Korea.

The study was a qualitative study. Mothers were given a survey to complete. Parental stress was measured by the Stress Index for Parents of Adolescents (SIPA). The SIPA was then translated back to English for accuracy. The Childhood Autism Rating Scale (CARS) measurement assessed the autism severity of the adolescent. Both measurements were translated into Korean by the researchers who were fluent in both English and Korean. The researchers also had knowledge of the instruments used. Lastly, The Maladaptive Behavior Index (MBI) was used to measure behavior of the adolescent. Finally, the data was translated back to English for accuracy. Data from the 191 surveys were analyzed by the Statistical Package for Social Sciences (SPSS) (Lee and Chiang, 2018).

The results from the study indicated that mothers raising an adolescent with autism had higher stress levels than typical parental stress. Five factors were associated with the mothers' stress levels which included autism severity, child's age, professional healthcare providers, early childhood special education, and maladaptive behavior. The study also found that healthcare professionals could relieve the stress levels. Also, the autism severity lead to having higher stress levels for the mothers caring for their adolescent. In the Korean culture, negative impressions of mental health has been decreasing. (Lee and Chiang, 2018).

The researchers concluded that Korean mothers showed higher stress levels than the normal parental stress. Five main factors were associated with the stress that the mothers felt. The level of severity resulted in mothers having higher stress levels. As stated earlier, healthcare professionals can lower parental stress levels. Even though there are still some negative impressions when reaching out for support from healthcare professionals, Korean mothers were highly encouraged to reach out to them (Lee and Chiang, 2018).

Das, Das, Nath, Dutta, Bora and Hazarika (2017) conducted a study on parental stress, coping, social support and resilience of families from India. Autism is a well-known disability in India. Autism affects more than two million people (Das et al., 2017). Many mothers who were raising children with autism avoided the community and public, had higher stress levels, and had more challenges due to their child's behavior. The studied assessed parental stress levels, social support, coping and resilience of parents in India (Das et al., 2017).

Participants in the study included 35 parents. Parents' ages ranged from 26-55. The average education level for the parents ranged from undergraduate to graduate or doctorate. A few procedure tools were used during this study. The Parental Stress Scale (PSS) was used to assess the level of stress of parents and the relationship between parent and child. The Social Support Appraisal (SS-A) was used to assess social support of the parents. To assess the coping of parents, the Coping Self-efficacy Scale (CSE) was used. Finally, they assessed the resilience of the parents, the study used The Family Resilience Assessment Scale (FRAS). All tools that were used during this study was questionnaire-based. Data was analyzed using descriptive statistics (Das et al., 2017).

From this study, results showed that parents raising a child with autism had a harder time raising their child. They noted that time was not flexible and the behaviors were a main factor in the high levels of stress. Results for the social support explained that many were able to rely on their family for support. Scores were high with coping strategies. The strategies included: stop being upset about negative thoughts, doing something positive, fight for what they wanted, and find other solutions when the ones that they were using were not working out for them. Finally, the FRAS scale resulted in everyone in the family being able to express their opinions when it came to making decision for the family. Parents were able to ask the community for help and they were also able to depend on the people within their community. When it came to the family connectedness, responses were divided. Some parents felt that they were taken for granted when raising a child with autism. They also felt that they should not get involved with people in the community. Many parents went to church and believed that stressful events were accepted as a part of life (Das et al., 2017).

The researchers concluded that parental stress was very common with parents raising a child with autism. Stress levels were due to financial, social, fostering and nurturing the child. Coping strategies were used to help with the pressure that parents had to face. Many were able to cope well, but others had difficulties. Friends and family members were a huge support for the parents in dealing with the stress. Many parents were able to turn to spirituality to help cope with the difficulties that they faced when raising their child. (Das et al., 2017).

Chapter 3: Application of the Research

As stated earlier, autism is still fairly a new disability within the Hmong community. There are many questions that have not been answered yet. There may not be an answer to all the questions, but providing parents with more information about autism can help them be more aware, educated and involved. Knowing that there are parents who have similar beliefs and values with a child with autism can decrease the stress that Hmong parents experience. Understanding coping skills and seeking out resources in their community can help ease parents' stress as well.

Many parents of a child with autism are more stressed than those who have a child who is neuro-typical. In the Asian communities around the world, many believe that their child has autism due the mother not following a specific rule or custom, or possibly something bad happened in their past life. The results showed that students were able to have relationships. Parents would like healthcare professionals to understand and be more educated about the Hmong culture and understand their beliefs. They want professionals to meet them in the middle when it comes to servicing their child. When there is no relationship between the healthcare professionals and parents, it then becomes an issue of lack of trust.

Even with all the stress that parents go through caring for their child with autism, there are positive impacts on parents, too. Parents educate themselves more about the disability by searching on the computer and reaching out to other parents who have children with autism. Parents have also noted that they have found comfort and coping skills by accepting their child. They have learned to be more patient and have a better view of the world.

This project based on a review of the literature, is to create an informational newsletter. This newsletter will be sent monthly to all parents at my charter who have a child with autism.

The purpose of this project is to provide the Hmong community with more information about autism each month. The newsletter will inform parents about experiences that parents from different cultures who have children with ASD go through when caring for their child. It will also provide parents with positive and negative information about autism so that they can be aware, feel empowered, and make informed choices. Another part of the newsletter will provide resources found within the local community so parents can reach out to get more information and support from different healthcare professionals. There will be a few stories where parents will share their view about autism. Having a first-hand experience in their culture can help others when coping and caring for their child.

The project will be created for parents and families who have a child with autism in the Hmong community in the city of St. Paul. Having Hmong parents know and understand what other parents are going through will provide support to those who share similar experiences. Due to the lack of culturally sensitive information about autism that Hmong parents have, an informational newsletter will provide a foundation of support. Many parents in the Hmong community do not know where to start when they need to find support from others when caring for their child. As the newsletter will be monthly, there will be new information that parents can look at and be up-to-date with autism, information and resources. Each month, there will be new resources and new stories from parents. The newsletter will also give parents different ways to support their child with social, behavior, communication or learning skills.

The informational newsletter will cost around $300 a month to send to parents of children with autism. The number of people working on the monthly newsletter should be around 30. There will be editors, writers fluent in both Hmong and English; graphic designer to provide visuals, and publishers. The team will have few researchers to provide accurate information about autism and someone to help seek parents who can provide first-hand experiences in caring for a child with ASD. The team should focus on sending out one newsletter each month. The team should research new information as parents should not read old information about autism. Even though this is an informational newsletter, the team is encouraged to focus mainly on content that is the most relevant and important for a Hmong parent.

There will four sections/pages within the newsletter. Each section will be dedicated to information related to autism. Section one will be new information about autism. This can include new research about autism and results from the research. The second section will be divided into two parts. The first part will include up-to-date information with different community resources with links websites and phone numbers for parents. The second part of section two will provide a list of healthcare providers who see students with ASD. These providers will include physicians, dentists, ASD consultants, speech therapists and other professionals who work with students with ASD. The third section will be information about special education. This section can have stories shared from special education teachers about their experiences working with students with ASD. This section will also have questions that parents had asked about special education and include tips on how to support their child in the areas of academics, social skills and behaviors. The last section will highlight the personal experience stories from parents who have children with ASD.

This project can be on going, as it will contain up-to-date information about autism through the lifespan. Parents want to know new information and new resources that they can explore. New technology is being produced every day and having a newsletter that includes these resources and technology will make parents feel more confident about how to support their child with autism. The more information that we can provide to parents, the less stress that they may have. Parents will also feel more comfortable. The newsletter is intended to support parents and extended family who support children with ASD.

Chapter 4: Discussion and Conclusion

As I was thinking about what topic to research on for my thesis, I thought about what was something interesting to me within the special education world. Ever since I started as a special education paraprofessional four years ago, autism has been something that has always been one of my interests. I wanted to know more and learn more about the disability. I know that within the Hmong community, autism is a growing disability. As a Hmong special education teacher, I wanted to gain insight about how other cultures dealt with the autism disability and provide that information to the Hmong parents who have children with autism.

My first impression as I was starting my thesis about multi-cultural families and autism was that I was only going to read about negative impacts when it came to raising a child with autism. As I was reading, I was surprised to find out that parents shared many positive impacts when raising a child with autism. Even though there may be difficulties raising a child with autism, some good can come out of it. I am glad that parents are able to accept their child for who they are even though times can be stressful. Parents talked about how they reached out to other parents who shared similar experiences so that they would not feel alone. There were parents who provided information to their friends and family about autism and made sure that people around them were aware of the disability.

I wanted to get parent input about how autism has impacted individual families so I could document the information that I got back. I then changed it to where I am today with my thesis and learning about other cultures and autism. My focus was on multi-cultural families and how autism has affected their families and how they cope with it. I want to provide personal stories from parents and let Hmong parents know that they are not alone and there are other parents facing the same issues that they may be facing. I also wanted to research on what resources multi-cultural families have used and if it was effective for them and their child.

As I was doing my research, I learned a lot from the articles that I read. I gained a broader perspective from considering a broad range of multi-cultural families. Some parents had negative impacts and there were parents who had positive impact. There were families who struggled with criticism or were looked down upon because the child had autism. Parents who were Muslim believed that their child with autism was given to them because they were strong enough to make sure that their child was accepted. I researched a lot on Asian communities, as the Hmong community is part of it. Parenting styles of Hmong parents and other Asian parents are similar.

I believe that the most important finding is the need to provide support for multi-cultural families. As I was reading the different articles, many parents expressed their concerns about healthcare professionals not understanding their cultural beliefs, values and the culture itself. I think that it is extremely important that healthcare professionals take the time and read about the different cultures who are living in their community, especially in the very diverse Twin Cities where many different cultures live together. As someone from a different culture, I want to feel welcomed when I go into a clinic or meet with a healthcare professional. In addition, healthcare professionals should be more sensitive when it comes to understanding the culture and the perspective of where parents are coming from. When parents do not feel like the professional want to help, it can make them feel hopeless.

Along with healthcare professionals, teachers should also learn about the different cultures of their students. Working as a paraprofessional and now a special education teacher, I know there are teachers who are unaware of the different cultures of their students and colleagues. I currently work at a Hmong charter school; there are still teachers who are not aware of the Hmong culture and the beliefs and values we share. At school, students want to feel welcomed just as parents want to feel welcomed when they go see a healthcare professional. Students should not be taught the same way as they have different learning styles. For students with a disability, it can be doubly challenging to learn because of being a multi-cultural student and having a disability such as autism.

I had shared the idea of a monthly newsletter with my special education coordinator. I discussed with her how the newsletter would look and what information would be included. My coordinator really liked the idea and thought that it would be helpful to the parents at our school who have children with autism. She really liked the section about the personal stories as many Hmong parents may not know that there are other parents who may be going through the same situations that they are experiencing.

In conclusion, the information that I found throughout this research will be helpful to the Hmong parents who are raising child with autism. Having awareness that there are other parents who may be going through the same stressful or positive events are happening with them will provide hope and will make them feel better. Providing up-to-date resources for Hmong parents can help lower their stress levels. As autism is still new in the Hmong community, more research within the Hmong culture will provide more information and support to parents.

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Special
Education

SEEK(Special **E**ducation **E**xploration **K**nowledge**) Monthly Newsletter**

What's New!
May 2019

Some signs of autism:

- Loss of previously acquired speech, babbling or social skills
- Avoidance of eye contact
- Persistent preference for solitude
- Difficulty understanding other people's feelings
- Delayed language development (www.autismspeaks.org)

Autism Facts:

- In 2018 the CDC determined that approximately 1 in 59 children is diagnosed with an autism spectrum disorder (ASD).
- Autism affects all ethnic and socioeconomic groups.
- Boys are four times more likely to be diagnosed with autism than girls.
- Parents who have a child with ASD have a 2 to 18 percent chance of having a second child who is also affected.
- Over the last two decades, extensive research has asked whether there is any link between childhood vaccinations and autism. The results of this research are clear: Vaccines do not cause autism. (www.autismspeaks.org)

More information can be found on (www.autismspeaks.org)

Resources
Pacer: pacer.org (952) 838-9000
-New video on understanding what autism is.
-June 2019 Workshop: Special Education: What Do I Need to Know

Providers/Healthcare
This is where healthcare providers information such as doctors, speech pathologists, child Psychologists, etc.

What's New in Special Education!

Tips on Organization:

- Eliminate unnecessary paper or materials (2 weeks)
- Make sure to only have enough folders and notebooks for each of your child's classes
- Label each side of the folder as "homework" and "completed/done"
- Label their binder (for middle school and high school) (www.pbisworld.com)

Learn more about organizational skills at www.pbisworld.com

Special Education Teacher Story: (will have a picture of teacher with consent to use the picture)

Ms. Joni Yam (Middle School Special Education teacher, Hmong College Prep Academy)
Teaching middle/high school special education can be very demanding at times. There are many general education teachers do not understand accommodations and modifications necessary to give special education students a fair and just education. They worry so much about meeting benchmarks and standards. They cannot see growth and achievement in small increments at a very slow rate. Special education teachers value the progress of growth whether it is at grade-level or below grade-level. Progress can still be measured and any achievement should be celebrated. Most of all, those that go into the profession must have heart and understand the value of students with special needs. There is a lot of paperwork that goes along with the job. Iif value the students you are servicing, the paper work is worth the effort.

Stories

This section is where parents will tell their personal stories of raising their child with autism. There will be at least two stories each month. The stories can be about anything such as coping skills, what they have learned about autism, the stress that they go through and etc…