

# Service for Children with ASD from Culturally Linguistically Diverse Settings at a Glance

Yanhui Pang<sup>1</sup>

<sup>1</sup> College of Education and Human Services, Commonwealth University of Pennsylvania, Bloomsburg, PA, USA  
Correspondence: Yanhui Pang, College of Education and Human Services, Commonwealth University of Pennsylvania, Bloomsburg, PA, USA. Tel: 570-389-4031. E-mail: ypang@commonwealthu.edu

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## Abstract

With increased public awareness of developmental disabilities such as Autism Spectrum Disorder, there are more and more available diagnosis and therapy options for them. It is obvious that services on improving functionality of these children are beneficial. However, there are challenges existing in diagnosis, therapy and intervention service delivery for children with Autism Spectrum Disorder from culturally, linguistically diverse backgrounds due to language barriers as well as cultural differences. In this research synthesis barriers that children from culturally linguistically diverse backgrounds with ASD experienced were examined with discussions and recommendations to combat these challenges and further improve services provision for these children and their families.

**Keywords:** Autism Spectrum Disorder, diagnosis, therapy options, cultural, linguistically diverse backgrounds

## 1. Introduction

### 1.1 Background

Autism spectrum disorder (ASD) is a developmental disorder that can affect children's development in areas such as cognition, language, social interaction, self-help and motor skills. Children with ASD may experience language delays, expressive language deficit, speech delays, and some are even muted. Some others develop cognitive deficits, limited social interaction skills, inability to develop independent skills and clumsiness in motor abilities. Regardless of the impact of the ASD on children's development, language is always the area that hits most by the spectrum, ranging from limited expressive abilities, lack of initiation and/or attempt to communicate, lack of communicative behaviors (e.g., no eye contact), or unable to recognize social cues and respond to social demand appropriately. For children with ASD from linguistically diverse backgrounds this is even more challenging because learning social/behavioral skills and English as the second language pose more challenges to these learners with ASD than their English speaking peers. Even when these children are equally competent in both English and their native language, receiving therapy and instructions in English only (their non-native language), can pose challenges to these children, not to mention many of them experience language barriers.

With an increased public awareness, legislative and policy support for diagnosis and service delivery for children with autism, there are more cases and early diagnosis of autism among younger children. This definitely benefits these children and their families as early diagnosis leads to early intervention services and yield better results. However, diagnosis of children from culturally, linguistically diverse backgrounds is not as smooth as their peers with factors such as the immigrant families may oppose the identification and diagnosis of ASD. Therefore, there may be a delay in diagnosis and receiving therapies and attending intervention sessions.

## 2. Methods

There aren't many research studies that focus on this group of children with ASD from diverse backgrounds, so the current study aims to fill the gap to specifically focus on the studies on identification of children with ASD from culturally, linguistically diverse backgrounds, the assessment, diagnosis, and intervention therapies. Keywords used for search includes "children with ASD", "English language learners with ASD", "children with ASD from culturally, linguistically diverse backgrounds", etc. Database used include Education Resource Information Center (ERIC) and google scholar. The criteria for search include that the articles must be published after 2000 and must be from scholarly peer reviewed journals. After search and identify relevant articles, the author screened the

identified articles and selected ten representative articles that do not overlap with others and targeted on children with ASD from linguistically diverse backgrounds. Ten representative articles on this topic were chosen for the current study and were reviewed, summarized, and synthesized and analyzed. Themes were identified and reported as below.

### 3. Findings

#### 3.1 *Obstacles and Challenges Experienced by ELLs with ASD*

Hashim, Yunus, and Norman (2021) studied the obstacles English language learners in Malaysia with ASD experienced in learning English language through interviews and field observations. According to the research the obstacles in acquiring English as a second language mainly comes from many children with ASD experiencing cognitive disabilities. The research recommends that professionals develop modules that incorporate social stories and visual images that can motivate English language learners with Autism in English language acquisition. English as second language not only impacts young children with autism but may influence parents' ability to interact fluidly with their bilingual children (Hudry, Rumney, Pitt, Barbaro, & Vivanti, 2018).

Challenges experienced by immigrant families when it comes to difficulties in accessing ASD services was analyzed in Estrem and Zhang's (2011) study, which found that Somali immigrant children enter into autism services through schools earlier than other language groups. Possible reasons for this include many immigrant families don't have access to or not aware of these service options. Another discussion in Estrem and Zhang's study is that the entry age to the autism services is impacted by the severity of the disability and immigrant/English languages learning families' access to non-school services, therefore the research recommends further study on these factors and sees whether they contribute to earlier entry to the autism services.

Challenges occurred in accurate diagnosis of the developmental level among children from culturally linguistically diverse backgrounds, without which it is hard for professionals to design intervention therapy sessions that appropriately address these children's needs. Some research (Yamasaki & Luk, 2018) shows that diagnostic assessment may not be validated for children from culturally linguistically diverse backgrounds, which may explain the disproportionate representation of bilingual children in special education. The importance of accurate diagnosis in determining intervention services for children from culturally linguistically diverse backgrounds with ASD was emphasized in Kim's (2016) study as well. Kim recommended selection of accurate assessment of play and language skills using native language and pointed out that the level of intervention needs to be set based on child's linguistic and play skill in their native language.

#### 3.2 *Therapy and Intervention Ideas for English Language Learners with ASD*

Lang, Rispoli, Sigafoos, Lancioni, Andrews, and Ortega's (2011) study used standardized language assessments and analyzed the learner's behavior during the Discrete Trial Training instruction sessions in different languages. This study indicates children with autism from bilingual backgrounds may present unique language development patterns as children are exposed to different languages. Lang et al.'s study suggests more research should address the likely complex language development patterns among this group of children and uses multiple assessments rather than just standardized language assessment to get authentic data about English language learners language proficiency to design individualized intervention plan.

Some suggested therapy ideas include use of video modeling in increasing children from culturally linguistically diverse backgrounds scripted verbalizations and play actions (Kim, 2016). In Kim's study three Korean children with ASD were intervened using video modeling on social play and interactions. Their social and play levels were assessed prior to the intervention and used to set the intervention goals. In Kim's study video clips were played for children to watch in order to learn how to appropriately engage in social play prior to their play sessions with their mothers. All three children increased verbalization and play after the intervention sessions and these skills were maintained for two weeks after the intervention sessions (Kim). Another study (Aindriu, 2020) conducted interview of students with disabilities who attended Irish speaking school including those with autism and inquired their interests in school. The study recommended adoption of hands-on activities and include child-centered approaches in service delivery. It also recommended teachers to extend the use of ICT across all subject areas to further promote accessibility and accommodation of children's different needs.

#### 3.3 *Language Preferences During Therapy Sessions*

Aguilar, Chan, White, and Fragale (2017) studied language preferences among learners from linguistically diverse backgrounds. Five children with autism from Spanish speaking families were recruited for the study and were tested to determine whether they have preference between English and their home language, Spanish. Children's

performance in mastered tasks and tasks requiring newly learned skills were compared. Results indicated there is no language preference during easy tasks but most of the participants indicated language preferences during difficult tasks. Possible reasons behind are participants may have been receiving instructions and reinforcement in both English and Spanish context during easy tasks; however, they indicated preferences for Spanish during acquisition of new skilled tasks, which may be “due to longer reinforcement histories associated with the skills and Spanish instruction in both home and school” (p. 344).

Similar concerns were included in Yu’s (2015) study, which conducted a case study of a young child, Oscar, who was diagnosed with autism from a Chinese American family through field observations and interviews. The study indicated Oscar’s mom was concerned that limitations in English may put Oscar at a disadvantageous situation such as being denied for services. Although the mother didn’t think bilingualism hurt Oscar, using their native language may lead to lack of progress with the intervention. Those challenges were also included in Yahya’s (2012) case study, which focused on three bilingual children receiving therapy sessions to improve language skills. Yahya suggested teachers use their native language in verifying students’ understanding of the tasks and explaining the meaning of English words. The study further recommends use of visuals in teaching sight words, such as print words on cards. The study also discussed the difficulties in teaching abstract words and recommended use of visually cued instruction in teaching abstract concepts.

#### 4. Discussion

With increased public awareness and available diagnosis and therapy options for children with ASD, it is more and more likely for families to see the benefits of early intervention and likelihood of improving functionality of these children with ASD. Challenges still exist in diagnosis, therapy, and intervention service delivery for children with ASD from culturally, linguistically diverse backgrounds due to language barriers as well as cultural differences. Dickerson and Dickerson (2018) discussed that language barriers experienced by families from culturally, linguistically diverse backgrounds may pose difficulty in identifying signs of autism, while cultural differences pose challenges for these families to obtain diagnosis. Through analysis of these challenges the current research has the following discussions and recommendations. First, it recommends increased awareness of the characteristics and early signs of ASD among families from culturally, linguistically diverse backgrounds. Families of culturally linguistically diverse backgrounds many times aren’t aware of abnormal signs of early development disparities, which may lead to delay in diagnosis and further delay receipt of therapy sessions. They may be unable to see the maximum effectiveness of the therapy sessions. It is recommended that more information sessions are set up to increase public awareness of the autism, with webinars, newsletters circulating in different cultural communities, physician’s office, churches and in different languages. Public awareness also can be achieved through connecting these novice families with veteran families.

Second, improve demonstration of evidence-based therapy intervention sessions to show to families who have children qualifying for autism services, and involve families in the therapy sessions so they can implement these in the home environment. Demonstrate therapy implementation and involve families in implementation of interventions; this way, it can improve family understanding of the operation of therapy sessions and facilitate them support practice of skills at home settings. Family members can help monitor the children’s development and progress and share the data with the professionals. This increases collaboration between professionals and families in the process of service provision, mutually monitor child’s growth, and make a timely adjustment in service delivery. Yu’s (2015) study points out that each family of a child with ASD has different needs and suggests professionals communicate with family members to explore their beliefs and preferences about language use in the intervention process and thus address their different priorities.

Third, connect novice families from culturally linguistically diverse backgrounds who have children newly diagnosed with autism with veteran families who have children with autism went through the service provision process. Through the connection the novice families can obtain firsthand information and learn available resources that range from diagnosis, therapy session options to unofficial intervention options from veteran families. It’s a relief for new families when they learn that veteran families went through similar challenges and that their children made achievement eventually. They can learn from veteran families that every family has their own emotional challenges like shock, denial, disbelief, and then transition to appreciation, advocacy stage. New families can understand these emotional shifts are normal and they are not alone. They can gain confidence since many of the families and their children eventually all can achieve their goals and many become advocate for their child and appreciate what autism teach and lead them to.

There is more and more increased attention on children diagnosed with ASD with increased public awareness, available intervention sessions, as well as more available diagnostic instruments. Children from linguistically,

culturally diverse backgrounds are in a disadvantageous situation when it comes to diagnosis and recipient of therapy sessions. Part of reasons for lack of service provision for children from culturally linguistically diverse backgrounds derive from their families have different preferences towards diagnostic test, hold different attitudes, and some oppose intervention therapies for their children. Other families have concerns about the autism label, which in turn leads to refusal of the diagnostic test because they don't really understand what this label lead them up to and what future their children will end up with if labeled with ASD. Recommendations for this have been discussed in this paper that include increase public awareness of available autism service delivery models among communities with culturally, linguistically diverse backgrounds, introduce therapy sessions to be implemented in home environment, and connect newly diagnosed families with veteran families to provide continued support for these families.

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**Data sharing statement**

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