Cross-cultural practice and autism

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Keywords: Cross-cultural practice, autism

Introduction

Autism is among the most commonly occurring developmental disorders (Bristol, McIvane, & Alexander, 1998). Although there is little evidence for an increase in the incidence of autism (Williams, Mellis, & Peat, 2005), the apparent increase in the prevalence of the condition has raised awareness of the needs of these children and their caregivers (Diggle, McConachie, & L, 2002). However, despite this increasing awareness, little is known about the impact of cultural and linguistic diversity on interventions used to support communication development in children with autism (Bridges, 2004; Dyches, Wilder, Sudweeks, Obiakor, & Algozzine, 2004). Interventions include the use of augmentative and alternative communication (AAC) systems (Mirenda, 2001) and the modification of the learning environment to enhance opportunities for communication (Koegel, Koegel, & Carter, 1998). Wilder, Dyches, Obiakor, and Algozzine (2004) noted that children with autism and their parents who are from non-dominant cultures face “…triple-layered problems – they are culturally different, they may be linguistically different, and they have exceptionality that is loaded with behavioural repertoires” (p. 105). If therapists and educators are to work effectively with the parents and carers of children with autism, including those from diverse cultural backgrounds, a greater understanding of the impact of culture on their communication and learning is required (Dyches et al., 2004; Wilder et al., 2004).

Cultural diversity and AAC

Children with autism commonly use AAC systems to support their learning and participation at home, at preschool, and in the community. However, emerging evidence indicates that cultural and linguistic background may impact on the use of AAC (Bridges, 2004). Huer (2000) demonstrated that adults from different cultural/ethnic groups differed in their perception of graphic symbols used in AAC systems. Consequently they may: (a) teach unintended or incorrect meanings for symbols, and (b) respond differently to the use of these symbols. This may have consequences for the child learning AAC, as competent use of AAC systems must be taught. In addition, children with autism are known to be literal or “concrete” in their thinking (Mesibov, Adams, & Klinger, 1997). Consequently they require consistent teaching and consistent feedback from adults and other children to learn effectively. If the meaning and response to the AAC system varies across communication partners, the child with autism may become confused and cease using the AAC system. It can be argued that it is imperative that therapists and educators ensure that symbols used in AAC systems are understood not only by the child with autism but also by all those with whom he or she interacts each day at home, at preschool, and in the community. If the child is from a non-dominant linguistic background, therapists and educators may need to use a range of symbols to meet the needs of the different cultural groups. They may also need to consider other strategies.
that support learning and that are influenced by culture.

Educational philosophies and child-rearing practices
Therapists and educators often suggest to parents that they implement a range of strategies to enhance communication (e.g., encouraging requests, offering choices, responding to unintentional communication in a meaningful way). These typically require parents to modify the way they interact with their child in order to encourage him or her to socially engage and communicate. However, parents’ interactions and expectations are likely to be influenced by differing culturally bound child-rearing practices (Hwa-Froelich & Vigil, 2004; Rodriguez & Olswang, 2003; Vigil & Hwa-Froelich, 2004; Wilder et al., 2004) and attitudes to disability (Rossi & Balandin, 2003).

Rodriguez and Olswang (2003) compared the child-rearing practices of Mexican-American mothers with Anglo-American mothers. They reported that Mexican-American mothers “…placed a high value on teaching their children to be polite to adults, to obey parents and teachers, and to be a good student” (p. 459). Anglo-American mothers placed higher value on self-directed learning, on teaching the children to think for themselves, and on teaching the children to interact socially with other children and adults. Such differences in child-rearing practices have implications for therapists and educators working with parents of children with autism.

The roles of parents, therapists, and educators
Children with autism may benefit from intensive learning support in their preschool years (Prizant & Wetherby, 1998). Consequently, therapists and educators often request that parents play an active role in their child’s therapy or education programs (Diggle et al., 2002). However, culturally based differences in child-rearing practices may influence not only the roles that parents are willing to take in teaching their child, but also those they expect the professional to fulfil (Hwa-Froelich & Vigil, 2004; Rodriguez & Olswang, 2003). For example, parents with Asian backgrounds may expect therapists and educators to provide their child with structured learning that involves systematic and repeated practice of new skills (Fung & Roseberry-McKibbin, 1999). Therapists and educators working with children with autism may believe a naturalistic approach is effective and find it difficult to adapt their service or role to collaborate effectively with parents. At the same time, parents who are willing to adapt may still experience difficulty assuming new roles because they are outside their previous cultural experiences (Vigil & Hwa-Froelich, 2004). Under these circumstances careful negotiation must be undertaken in order to successfully accommodate and respond to parental preferences. Otherwise, parents may be unwilling or unable to incorporate recommendations into their daily lives (Hwa-Froelich & Vigil, 2004). Further research is required to examine these and other barriers and solutions to successful cross-cultural practice involving children with autism and their families (Wilder et al., 2004).

Note
1 AAC system: An integrated group of components, including the symbols, aids, strategies and techniques used by individuals to enhance communication. The system serves to supplement any gestural, spoken, and/or written communication abilities (American Speech-Language Hearing Association, 1991).

References


