A Bilingual Child Diagnosed With Autism Spectrum Disorder (ASD)

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EXECUTIVE SUMMARY

Silvia and Antonio Juarez described their 4-year-old son Emanuel as often happy. Emanuel came from a bilingual home and spoke both Spanish and English. His favorite activities were reading and playing with his iPad over-and-over again. Reading was a favorite pasttime and something that the Juarez's felt he did well. While he was described as "loving to engage people," it was not clear that his efforts were successful nor was it clear that they were reciprocated. Briefly observing Emanuel's interaction with his parents, it was noted Emanuel used echolalic phrases and engaged in repetitive and restricted behaviors, toe walking, and finger flicking. These behaviors were noted to be unusual and warranted further evaluation. The Juarez's primary concern was regarding Emanuel's "talking and being able to hold a conversation." Through speech and language therapy, the family expected that Emanuel's communication skills would improve, and he would be able to participate in conversations and talk in sentences.

INTRODUCTION

According to ASHA's Code of Ethics, "…individuals who serve the ASD population should be specifically educated and appropriately trained to do so" (American Speech-Language-Hearing Association [ASHA], 2016, 2019a). To decrease diagnostic error attributed to over or under-diagnosis, cultural and linguistic variables reflecting the home and community environment must be considered in planning screenings and diagnostic testing. The selection of culturally and linguistically appropriate measures begins with identifying screening and assessment instruments that are psychometrically sound and/or sensitive to distinguishing differences from disorders (ASHA, 2019b). Culturally responsive screening procedures for differentiating Autism Spectrum Disorders (ASD) from other developmental disorders

and differences examine such behaviors in the context of cultural norms for eye gaze, joint attention, response to one's name, showing/pointing to desired items, nonverbal communication, pretend play, imitation, and language development (American Psychological Association [APA], 2013; ASHA, 2019a).

This chapter examines the above variables as critical factors for consideration in culturally responsive service delivery. Their relevance in service delivery is then illustrated in a case study of Emanuel, a simultaneous bilingual 4-year-old child with a suspected diagnosis of Autism Spectrum Disorder (ASD). The case study of Emanuel is significant in that it illustrates the complexities of culturally responsive service delivery addressing the following issues.

- Social and cultural variables
- Bilingual language assessment
- Bilingual service delivery
- Assessment and treatment of ASD
- Family-centered partnerships
- Interprofessional teaming/practice (IPP)

The case study concludes with a plan of care that is supportive of Emanuel's ASD and Spanish/English communication needs while engaging in family-centered services and interprofessional practice/teaming.

Autism

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by deficits in the following areas.

1. Social communication and social interaction (verbal and nonverbal)
2. Restricted repetitive, stereotypic behaviors, interests and activities
3. Inflexible adherence to routines
4. Restricted interests and activities
5. Hypo/Hypersensitivity to sensory input

(APA, 2013; ASHA, 2019a)

Prevalence of ASD

The U.S. Centers for Disease Control and Prevention (CDC) (2014) report a steady rise in the prevalence of ASD over the past 50 years. An examination of such factors as gender, race, and ethnicity finds great variability. Overall prevalence of ASD in the U.S. was reported by the CDC at 16.8 per 1,000 for the general 8-year-old population. Prevalence among males was reported to be 26.6 per 1,000 and 6.6 per 1,000 for females (CDC, 2019). Prevalence among non-Hispanic white children was reported at 17.2 per 1,000, while prevalence rates reported for racial and ethnic minorities, placed Hispanic children at a rate of 14.0 per 1,000 and non-Hispanic Black children at 16.0 per 1,000. Current data showing a rising rate of identification for non-Hispanic Blacks and Hispanic children may be attributed to reduced barriers to identification of children with ASD. Potential barriers include: 1) social stigma, 2) lack of access to healthcare services due to non-citizenship or low income and non-English primary language (CDC,

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