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# Professionals' Adaptations of Autism-Specific Family Interventions for Somali Families

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## Introduction

Somali children are disproportionately represented in autism identification rates in America (Arboleda et al., 2014). The need for culturally responsive services is clear (Fox et al., 2017). However, populations new to the United States are less likely to access health services, especially services for developmental disorders (Edbrooke-Childs et al., 2016; Teunissen et al., 2014; Fassaert et al., 2009). Further, when these services are attained, they are not catered to culturally and linguistically diverse populations (Wang et al., 2021).

Caregivers, who are the key decision makers in fostering their child's development, deserve access to high-quality autism-specific family education and training. However, educational services catered to Somali immigrant populations are lacking (Arboleda et al., 2014; Decouteau, 2017; Fox et al., 2017). Therefore, there is an urgent need in investigating how providers adapt family interventions for Somali families with a member with autism.

## Research Question

**How do professionals adapt autism-specific family interventions for Somali families?**

## Method

- Semi-structured interviews of professionals working with Somali caregivers of children with autism
  - Approximate 60 minute interviews
  - Virtually via Zoom or telephone
- Semi-structured interviews qualitatively analyzed by the student PI and faculty PI using thematic analysis methodology (Braun & Clarke, 2012)
- Transcripts examined using a priori codes based on Barnett and colleagues (2018).

## Results

**Family Education and Training**

- Formal Meetings
- Behavior skills training
- Informal verbal interactions, call, text
- Provision of resources and written materials
- Community outings and appointments
- Classroom and clinic tours and observations
- Parent coaching
- Parent didactic education
- Family Nights and group trainings

**Types of Adaptations**

- Adding sessions
- Adjusting the order
- Changing communication mode
- Individualizing family goals
- Integrating context or strategies
- Lengthening; extending pacing
- Pausing
- Receiving praise
- Reducing and omitting components

**Contexts for Adaptations**

- Child's need
- Caregiver literacy and physical needs
- Caregiver preference
- Culture and disability status
- Emergent life events
- Family needs or makeup
- Professionals' preference or judgment
- Promoting engagement, buy-in, trust

The parents are as unique as their kids.

Culturally humble... come in with an open eye and open heart.

I was wanting it to be, a one size fits all thing... There are trends that I've observed. The flip side is everyone's different and giving space to both those ideas.

Many of the Somali families I work with have a lot of respect for professionals... It it tells me that I have a lot of influence with the families, that I need to be very careful how I use.

It was one of my most positive and more successful interventions that I've ever had, and it went the opposite of what I'm trained to do.

## Participants

*Demographic Information*

| | |
|---|---|
| Sex and/or Gender Identity | Female (15), Male (4) |
| Race: | White (14), Latinx (1), Other/Mixed (1), Puerto Rican (1), Southeast Asian (1), White/Jewish (1) |
| Age range | 23-51 years old |
| Language | English (17), English/German (1), Spanish/English (1) |
| Profession | BCBA or Behavior Practitioner (9), Educator (8), Social Worker (1), Speech Therapist (1) |
| Education | Master's Degree (12), Bachelor's Degree (7) |

## Conclusion

- Different understandings and ideas of what family education and training is amongst professionals serving the Somali community.
- Individualize don't overgeneralize. What works for one Somali family with autism, won't necessarily work for another family.
- Practitioners and researchers should be aware of the active ingredients in their interventions and then consider the multiple contexts that can help them optimally adapt.
- Researchers should consider practitioners routine practice to examine ways to maximize family interventions.

## References