Case Worksheet for Learners

Case Goal
Screening for ASD in families from culturally and linguistically diverse (CLD) backgrounds can be challenging not only due to language differences, but also because of differing cultural expectations about child development, and understanding of ASD and its treatment.

Key Learning Points of this Case
1. Know the steps for eliciting concerns and conducting developmental surveillance and screening with families from culturally and linguistically diverse (CLD) backgrounds.
   a. Describe some important techniques that a physician should include when asking about a family’s expectations for their child’s development.

2. Know how to discuss the outcomes of developmental and/or autism screening with CLD families.
   a. Describe how to communicate normal and abnormal screening results using a culturally competent approach.

3. Understand how to discuss autism with CLD families.
   a. Name some challenges related to language and culture with using the word “autism”.

   b. Explain how to work effectively with interpreters in translating the word and concept of “autism” for families.

   c. Describe culturally competent diagnostic evaluation and treatment approaches.

   d. Identify potential culture-specific barriers to diagnosis and treatment access.

   e. List 3 resources to refer CLD families to when concerns are raised about autism.

3. Describe culturally competent diagnostic evaluation and treatment approaches.

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Case Study 1: Part I

After using the M-CHAT-R and obtaining additional details about Mario’s current communication, social skills and play skills, the actual total score turns out to be 8. Based on the revised algorithm, you do not need to complete the follow-up interview, but do need to refer Mario immediately to his local Early Intervention provider and to a local diagnostic specialist for a full developmental evaluation to investigate possible developmental delays and Autism Spectrum Disorder. You discuss your concerns with the family, recommending that Mario have an additional medical evaluation to assess his development on any flagged responses indicating a concern. You ask if you can contact the local Early Intervention program on their behalf so that Mario may start to receive help with developing communication skills. You schedule a follow-up appointment at your office at the family’s earliest possible availability with an early evening appointment slot that you keep expressly for urgent appointments needing further discussion and follow-up. You emphasize to the family the importance of coming back for this appointment, even if only one parent can come due to their work schedules.

After Mario’s family leaves and you finish clinic for the day, you reflect on how this visit went and think about how you will further review Mario’s screening test results and recommended referrals with his parents when you meet, since based on your clinical observations, you strongly suspect that Mario has ASD. One of the nurse practitioners in your clinic is from Guatemala, so you ask for her perspective on what to consider from a cultural standpoint when you see Mario’s family again to further discuss next steps, specifically, the referral to Early Intervention, obtaining a comprehensive developmental evaluation for Mario, and most importantly, how to best discuss the topic of ASD in a culturally competent manner.

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Case Study 2: Part I

Your next patient is François who comes with his mother who is originally from Haiti. She has brought her firstborn two-year-old son to visit you today at the suggestion of her local daycare provider. Assisted by a Haitian-Creole speaking cultural liaison from your practice, she describes him as having been a quiet infant who had more vocabulary at 15 months, but now speaks only in single, non-recognizable words. François has episodes of uncontrollable agitation and has been labeled “Ti moun dezod” (undisciplined child) at home and “Ti moun mal eleve” (a poorly raised child) outside of the family. François’ father has started spanking in order to control his outbursts. Although late-talking runs in the family, François’ aunt has expressed concern over his loss of language, peculiar hand mannerisms, and repetitive lining up of cars.

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Case Study 2: Part II

François’ aunt has suggested that his condition may be due to supernatural causes. His “Dro Mwa” has requested that the family take one year to raise him in prayer to make sure all bad spirits leave the house and François in peace. In the meantime, she is treating him with a daily homemade remedy of one cup of water soaked overnight in morot (Ole pollon) to stimulate speech.

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Case Study 2: Part III

After you hear François’ mother’s story about his development, you ask the Haitian-Creole cultural liaison to help her fill out the M-CHAT screening tool by reading the questions to her in Haitian-Creole and recording her answers since she is unable to read. The results and follow-up interview report a “failure” of five critical items. You explain that those items indicate that François needs further evaluation by a developmental-behavioral pediatrician who will rule out or rule in a specific diagnosis.

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Handout I:  Cultural & Linguistic Differences in Autism Identification

Prevalence

A 2014 report summarized data from 2011 to 11 sites collected by the Center for Disease Control and Prevention’s (CDC) Autism and Developmental Disabilities Monitoring Network, an active surveillance system that tracks ASD trends. The overall prevalence for Autism Spectrum Disorder (ASD) in this study was found to be 1 in 68 based on DSM-IV TR criteria among 8 year olds. Non-Hispanic white children were approximately 30% more likely to be identified with ASD than non-Hispanic black children and were almost 50% more likely to be identified than Hispanic children.

Average age of diagnosis

The majority of children identified as having ASD in the CDC study had a developmental concern noted by 36 months of age. The median age of first evaluation for ASD was 38 months in white children, 40 months in black children and 43 months in Hispanic children.

Presenting concerns

By self-report, more pediatric clinicians reported difficulty identifying ASD signs and symptoms in children from families who are Latino, or African American or whose family’s primary language was Spanish, than in white children or children whose family’s primary language is English (Zuckerman, 2013). This may be, in part, because children from other culturally and linguistically diverse (CLD) backgrounds may have different presenting concerns or their families may not be concerned at all.

Most common concerns

The most common reason children are identified as being at risk for ASD is due to reported expressive language delay. However, this may or may not be perceived to be a problem by some families.

For example, if parents speak a primary language other than English, they may attribute their child’s language delays to being exposed to multiple languages between the home, siblings, childcare and the media. It would be important to reinforce with families that speaking two or more languages does not necessarily put a child at risk for language delays and disorders. Furthermore, it is not a reason to stop speaking the parents’ primary language at home.

References


Case Study 2: Part IV

After discussing that you would like to refer François to a developmental-behavioral pediatrician for further evaluation, François’ mother expresses a sudden and strong hesitation and resistance to proceeding further, so you ask a few more questions to understand why. Eventually she nervously shares that her facial visa expired more than a year ago. She came to the U.S. on an approved visa when she was six months pregnant to visit her extended family, gave birth to François while here, and never returned to Haiti, hoping to create a better life for her young son by living and working in the U.S. She has taken him to see you today at the urging of her son’s daycare provider regarding his behavior, but now has a new concern: fear of further exposure of her undocumented status leading to possible deportation and separation from her son and family members by needing to see yet one more unfamiliar provider.

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Case Study 2 Part V - Epilogue

With a little more time and discussion, you are able to reassure François’ mother to seek evaluation for her son. You are glad that his daycare provider had the training and the insight to encourage his mother to see you for his check-up. You help to arrange a visit with a local developmental-behavioral pediatrician and make a referral to a nearby Early Intervention provider. The cultural liaison will follow up with the family to assist them with scheduling the evaluation appointment and will also help arrange transportation for them. The cultural liaison will refer François’ family to the local Early Intervention office, an important community partner in delivering culturally competent family-centered care and evidence-based interventions. This type of follow-through is a well-established part of your practice for non-English-speaking families.

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References


Culturally & Linguistically Competent Autism Screening

Screening for ASD is the first step of an ongoing process of monitoring healthy development. Eventhough effective autism screening requires your full range of clinical skills and resources, screening families from diverse backgrounds may take an expanded set of knowledge and skills.

The Massachusetts Act Early State Autism Team, along with pediatric developmental specialists, primary care clinicians practicing in neighborhood health centers with diverse populations, and community members, collaborated to learn the challenges and provide clinicians who screen with tips for promoting the identification of autism spectrum disorders (ASDs) and other developmental disabilities for children from immigrant families or from families whose primary language is not English. Our team interviewed a variety of experienced clinicians and community members who shared their thoughts about what works well in ASD screening for children from families from these diverse backgrounds.

Included in this screening kit, you will find:

1. Clinician Tips for Culturally & Linguistically Competent Autism Screening
3. ASC Evaluations (For more information on autism screening tools available. The M-CHAT is endorsed in this screening since it is free to the public, offered in many translations, and provides a follow-up interview to reduce false positive rates. More information at www.theyoucan.org/shot-autism-tool.
5. Resource and referral information may be found on the National Center for Cultural Competence’s website.

We hope that this resource will prove valuable in helping mange the ASD screening and referral process with all children and their families.

For more information, please contact Elaine Gabovitch, MA Act Early Ambassador & State Team Leader at Elaine.Gabovitch@umassmed.edu.

Acknowledgments

This publication was supported by cooperative agreement U90/CCU502325-04 from the Centers for Disease Control and Prevention (CDC) National Center on Birth Defects and Developmental Disabilities. Its contents are solely the responsibility of the author and do not necessarily represent the official views of CDC.

Clinician Tips

THINK PROCESS

Culturally & Linguistically Competent Autism Screening

Handout II: Considering Culture in Autism Screening Guide

Promoting the early identification of autism spectrum disorders across culturally and linguistically diverse populations.

Massachusetts has a diverse population and “one size” does not always fit all when it comes to monitoring healthy development. Eventhough effective autism screening requires your full range of clinical skills and resources, screening families from diverse backgrounds may take an expanded set of knowledge and skills.

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Clinic Tips

**UNIQUE CONSIDERATIONS**

Our experts highlighted unique considerations in the screening and referral process when working with culturally and linguistically diverse populations from immigrant backgrounds and/or whose primary languages are not English. These tips may help you find a new approach if your typical process meets with challenges.

- Be aware that discussions about a problem, concern, or potential diagnosis such as autism can be anxiety provoking and confusing for most parents, and even more so if language and cultural barriers are layered on.
- Some families may not have seen children with ASD included in their communities or in their own cultures.
- Media campaigns around ASD may not reach many of these populations.

**SCREENING TOOLS**

- Recognize that children’s behavior in the office may reflect cultural norms and may not be a true reflection of a disorder. Be patient and observe more closely.
- Conversely, some behaviors seen in ASD may be viewed as culturally appropriate or even desirable behavior.

**COMMENTS**

- If you do not hear your child’s mother speak in Spanish, you can address her as “Gran Ma” or “Becita” and express your concern.
- Your child’s mother shares that she has been concerned about Daniel’s language development. He only uses a few words in Spanish and English and has fleeting eye contact and does not involve you or his family while playing with toys in the office. His mother is given an M-CHAT translated into Chinese. She leaves many answers blank and states that she has no concerns about Daniel’s development. She admits that she wants Ming to be ready for preschool in a few months. You use this concern to suggest an Early Intervention (EI) referral but the family would prefer not to have someone come to their home so you work with their local EI to provide an alternative setting. You also schedule another visit two weeks later with both parents with a Cantonese interpreter to review the M-CHAT.

**ASSURING THE FAMILIES**

- Make sure they know the date and time of the visit, have a way to get there, and have a contact number to call with questions.
- It’s important to have a developmental specialist referring families for referral.

**MORE INFORMATION**

More information at: [www.MAActEarly.org](http://www.MAActEarly.org) / [www.cdc.gov/actearly]

**Clinic Tips**

**PUTTING IT ALL TOGETHER**

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Handout III: Working with Interpreters & Cultural Liaisons

Understanding how to effectively work with interpreters and cultural "liaisons" or "brokers" can improve your ability to provide care for diverse families. Keeping in mind that there are myriad cultures and languages, sometimes finding these professionals can be challenging.

Interpreters

Interpretation

Interpretation is the oral restating in one language of what has been said in another language. Interpreted information should accurately convey the tone, level and meaning of the information given in the original language. (Source: National Center for Cultural Competence)

Preparation

Though not always possible, it is ideal to meet with the interpreter prior to entering the clinic room to assure s/he is comfortable translating the content and vocabulary that will be discussed during the encounter and to clarify any questions s/he may have.

- This is especially important when discussing issues like ASD that may involve less commonly used terms.
- Keep in mind as well that the word "autism" may not exist in the interpreter's and family's language.
- Confirm the interpreter's essential role to uphold the family's confidentiality.

Methods to consider

There is a range of ways that professional interpretation can be provided through an in-person interpreter, telephone service, or video techniques.

Tips for working with an interpreter

- Introduce the interpreter and the family to each other.
- You should ask the family's permission to use an interpreter and explain that you feel it will be helpful for their child's care. Keep in mind that if the family speaks English as a second language and has been in the U.S. for several years, an interpreter may not be appropriate for their needs.
- Effectively position the interpreter in the clinic room. Typically this is next to the parent so that you can maintain your body orientation and eye contact with the parent even when using the interpreter.
- Ideally, the interpreter should be physically positioned at the same level as the person or people you are speaking with (i.e., seated if the parent is seated, standing if the parent is standing) to minimize any perceived power differential.
- During the encounter, it is important to direct your questions to the parent, not the interpreter.
- Minimize the use of ad-interpreters, such as family members or untrained bilingual staff, when possible. This can frequently contribute to misunderstandings and misinformation.
- Never put another child in the family in the position of being an interpreter given the nature of medical discussions.
- Continually gauge the effectiveness of the interaction between you, the family, and the interpreter.
- Attend to the family's demeanor, emotional expression, and level of engagement.
- Make certain both parties understand that they can ask questions at any point if things are not clear or either is unsure of something being discussed.

Finding the right interpreter for the family’s and your needs

Interpreters are proficient in language translation, but not necessarily sensitive to cultural interpretation and may not always be able to help in the clarification of cultural norms, for example:

- A Spanish-speaking person from Spain probably would have a different cultural perspective than a Spanish-speaking person from Latin America.

Handout IV: M-CHAT-R/F

Modified Checklist for Autism in Toddlers, Revised with Follow-Up

(M-CHAT-R/F)TM

The Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F; Robins, Fein, & Barton, 2005) is a 2-stage parent-report screening tool to assess risk for Autism Spectrum Disorder (ASD). The M-CHAT-R/F is available for free download for clinical, research, and educational purposes. Download of the M-CHAT-R/F and related material is authorized from www.mchatscreen.com

The M-CHAT-R/F is a copyrighted instrument, and use of the M-CHAT-R/F must follow these guidelines:

1. Reproduction of the M-CHAT-R/F must include the copyright at the bottom ((© 2009 Robins, Fein, & Barton). No modifications can be made to items, instructions, or item order without permission from the authors.
2. The M-CHAT-R/F must be used in its entirety. Evidence indicates that any subsets of items do not demonstrate adequate psychometric properties.
3. Parties interested in reproducing the M-CHAT-R/F in print (e.g., a book or journal article) or electronically for use by others (e.g., as part of digital medical record or other software packages) must contact Diana Robins to request permission (Diana.Robins@wisc.edu)

Instructions for Use

The M-CHAT-R/F can be administered and scored as part of a well-child care visit, and also can be used by specialists or other professionals to assess risk for ASD. The primary goal of the M-CHAT-R/F is to assess the likelihood that a child is on the autism spectrum. The M-CHAT-R/F is not intended to be used as a diagnostic tool. A positive screen should prompt further investigation and a full diagnostic evaluation by a specialist. The M-CHAT-R/F can be scored in less than two minutes. Scoring instructions can be downloaded from http://www.mchatscreen.com

Acknowledgment: We thank Joaquin Fuentes, M.D. for his work in developing the flow chart format used in this document.

For more information, please see www.mchatscreen.com or contact Diana Robins at Diana.Robins@wisc.edu

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MA Act Early Autism Case Training:

A Developmental-Behavioral Pediatrics Curriculum

View Document
Considering Culture in Autism Screening

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer yes. Please circle yes or no for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (For example, if you point at a toy or an animal, does your child look at the toy or animal?)
   Yes
   No

2. Does your child point with one finger to ask for something or to get help?  (For example, pointing to a snack or toy that is out of reach)
   Yes
   No

3. Does your child play pretend or make-believe? (For example, pretend to drink from an empty cup, pretend to talk on a phone, pretend to feed a doll or stuffed animal)
   Yes
   No

4. Does your child like climbing on things?  (For example, furniture, playground equipment, or stairs)
   Yes
   No

5. Does your child point with one finger to show you something interesting? (For example, pointing to an airplane in the sky or a big truck in the road)
   Yes
   No

6. Is your child interested in other children? (For example, does your child watch another child, smile at them, or go to them?)
   Yes
   No

7. Does your child show you things by bringing them to you or holding them up to you to see – not to get help, but just to show? (For example, showing you a flower, a stuffed animal, or a toy truck)
   Yes
   No

8. Does your child answer when you call his or her name? (For example, does he or she look up, talk, babble, or stop what he or she is doing when you call his or her name?)
   Yes
   No

9. When you smile at your child, does he or she smile back at you?  (For example, pointing to a snack or toy that is out of reach)
   Yes
   No

10. Does your child get upset by everyday noises? (For example, your child尖叫 or cry to noise such as a vacuum cleaner or loud music)
    Yes
    No

11. When you smile at your child, does he or she show you things by bringing them to you or holding them up to you to see – not to get help, but just to show? (For example, showing you a flower, a stuffed animal, or a toy truck)
    Yes
    No

12. Does your child point with one finger to ask for something or to get help? (For example, pointing to a snack or toy that is out of reach)
    Yes
    No

13. Does your child point you in the eye when you are talking to him or her, or dressing him or her?  (For example, showing you a flower, a stuffed animal, or a toy truck)
    Yes
    No

14. Does your child try to copy what you do? (For example, waving bye-bye, clap, or make a funny noise when you do)
    Yes
    No

15. Does your child point with one finger to show you something interesting? (For example, pointing to an airplane in the sky or a big truck in the road)
    Yes
    No

16. If you turn your head to look at something, does your child look around to see what you are looking at?
    Yes
    No

17. Does your child try to get you to watch him or her? (For example, does your child look at you for praise, or say "look" or "watch me")
    Yes
    No

18. Does your child understand when you tell him or her to do something?  Yes
    No

19. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?  (For example, showing you a flower, a stuffed animal, or a toy truck)
    Yes
    No

20. Does your child like movement activities?  (For example, being bounced or bounced on your knee)
    Yes
    No

Total Score: _______

M-CHAT-R Follow-Up (M-CHAT-R/F)™

Permissions for Use

The Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT-R/F; Robins, Fein, & Barton, 2009) is designed to accompany the M-CHAT-R. The M-CHAT-R/F may be downloaded from www.mchatscreen.com.

The M-CHAT-R/F is a copyrighted instrument, and use of this instrument is limited by the authors and copyright holders. The M-CHAT-R and M-CHAT-R/F may be used for clinical, research, and educational purposes. Although we are making the tool available free of charge for these uses, this copyrighted material and is not open source. Anyone interested in using the M-CHAT-R/F in any commercial or electronic products must contact Diana L. Robins at DianaLRobins@gmail.com to request permission.

Instructions for Use

The M-CHAT-R/F is designed to be used with the M-CHAT-R; the M-CHAT-R is valid for screening toddlers between 16 and 30 months of age, to assess risk for autism spectrum disorder (ASD). Users should be aware that even with the Follow-up, a significant number of the children who fail the M-CHAT-R will not be diagnosed with ASD; however, these children are at risk for other developmental disorders or delays, and therefore, follow-up is warranted for any child who screens positive.

Once a parent has completed the M-CHAT-R, score the instrument according to the instructions. If the child screens positive, select the Follow-Up items based on which items the child failed on the M-CHAT-R; only those items that were originally failed need to be administered for a complete interview.

Each page of the interview corresponds to one item from the M-CHAT-R/F. Follow the flowchart format, asking questions until a PASS or FAIL is scored. Please note that parents may report "maybe" in response to questions during the interview. When a parent reports "maybe," ask whether most often the answer is "yes" or "no" and continue the interview according to that response. In places where there is room to record an "other" response, the interviewer should use his/her judgment to determine whether it is a passing response or not.

Score the responses to each item on the M-CHAT-R/F Scoring Sheet (which contains the same items as the M-CHAT-R, but values have been replaced by Pass/Fail). The interview is considered to be a screen positive if the child fails any two items on the Follow-Up. If a child screens positive on the M-CHAT-R/F, it is strongly recommended that the child be referred for early intervention and diagnostic testing as soon as possible. Please note that if the healthcare provider or parent has concerns about ASDs, children should be referred for evaluation regardless of the score on the M-CHAT-R/F or M-CHAT-R.
2. You reported that you have wondered if your child is deaf. What led you to wonder that?

Does he/she:
- Often ignore sounds? Yes: No:
- Often ignore people? Yes: No:

No to both Yes to either

PASS FAIL

Has your child’s hearing been tested?

Yes

No

ALL CHILDREN:

What were the results of the hearing test? (Choice one):
- Hearing in normal range □
- Hearing below normal □
- Results inconclusive or not definitive □

5. Does ________ make unusual finger movements near his/her eyes?

Does he/she ever...
- Present to drink from a cup? Yes: No:
- Present to eat from a spoon or fork? Yes: No:
- Present to talk on the telephone? Yes: No:
- Present to feed a doll or stuffed animal with real or imaginary food? Yes: No:
- Push a car as if it is going along a pretend road? Yes: No:
- Pretend to be a robot, an airplane, a ballerina, or any other favorite character? Yes: No:
- Put a toy pet on a pretend stove? Yes: No:
- Stir imaginary food? Yes: No:
- Put a toy pot on a pretend stove? Yes: No:
- Push a car as if it is going along a pretend road? Yes: No:
- Pretend to vacuum the rug, sweep the floor, or the mow lawn? Yes: No:
- Other (describe) Yes: No:

PASS FAIL

Yes to any No to all

Flap his/her hands near his/her face?

Yes

No

Yes

No

Other (describe)

PASS FAIL

Yes to any of the above No to all

Yes

No

PASS FAIL

Put an action figure or doll into a car or truck as if it is the driver or passenger?

Yes

No

PASS FAIL

Yes to any of the above No to all

Yes

No

PASS FAIL

Does this happen more than twice a week?

Yes

No

PASS FAIL

Does he/she ever:
- Play peek-a-boo?
- Look at hands?
- Pretend to play pretend or make-believe:
- Stairs? Yes: No:
- Chairs? Yes: No:
- Playground equipment? Yes: No:
- Stairs? Yes: No:
- Chairs? Yes: No:
- Playground equipment? Yes: No:

Yes to any of the above No to all

PASS FAIL

Please describe these movements (If parent does not give a PASS example below, ask each individually.)

Yes

No

Yes

No

PASS FAIL

Please give me an example of something he/she enjoys climbing on. (If parent does not give a PASS example below, ask each individually.)

Yes

No

PASS FAIL

Does he/she enjoy climbing on:
- Stairs? Yes: No:
- Chairs? Yes: No:
- Playground equipment? Yes: No:

Yes to any of the above No to all

Yes

No

PASS FAIL

Does he/she enjoy climbing on:
- Stairs? Yes: No:
- Chairs? Yes: No:
- Playground equipment? Yes: No:

Yes to any of the above No to all

PASS FAIL

Please describe these movements (If parent does not give a PASS example below, ask each individually.)

Yes

No

PASS FAIL

Does he/she ever... (below are PASS examples)
- Pretend to talk on the telephone?
- Pretend to feed a doll or stuffed animal with real or imaginary food?
- Push a car as if it is going along a pretend road?
- Pretend to be a robot, an airplane, a ballerina, or any other favorite character?
- Put a toy pot on a pretend stove?
- Stir imaginary food?
- Put an action figure or doll into a car or truck as if it is the driver or passenger?
- Pretend to vacuum the rug, sweep the floor, or the mow lawn?
- Other (describe)

Yes

No

PASS FAIL

Yes to any No to all

Yes

No

PASS FAIL

Yes to any of the above No to all

Yes

No

PASS FAIL

Does this happen more than twice a week?
6. Does your child point with one finger to ask for something or to get help?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PASS</strong></td>
<td></td>
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</tbody>
</table>

- If there is something your child wants that is out of reach, such as a snack or toy that is out of reach, how does he/she get it? (If parent does not give a PASS example below, ask each individually.)

- Does he/she...
  - Reach for the object with his/her whole hand?  
    - Yes: No:  
  - Lead you to the object?  
    - Yes: No:  
  - Try to get the object for himself/herself?  
    - Yes: No:  
  - Ask for it using words or sounds?  
    - Yes: No:  

- If you said “Show me” would he/she point with one finger?

  - Yes |
  - No |

- Is he/she interested in children who are not his/her brother or sister?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PASS</strong></td>
<td></td>
</tr>
</tbody>
</table>

- When you are at the playground or supermarket, does your child usually respond to other children?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PASS</strong></td>
<td></td>
</tr>
</tbody>
</table>

- How does your child respond?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PASS</strong></td>
<td></td>
</tr>
</tbody>
</table>

- Does your child...
  - Play with another child?  
    - Yes: No:  
  - Talk to another child?  
    - Yes: No:  
  - Bubble or make vocal noises?  
    - Yes: No:  
  - Watch another child?  
    - Yes: No:  
  - Smile at another child?  
    - Yes: No:  
  - Ask at first but then smile?  
    - Yes: No:  
  - Get excited about another child?  
    - Yes: No:  

- Does he/she respond to other children more than half the time?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PASS</strong></td>
<td></td>
</tr>
</tbody>
</table>

8. Is __________ interested in other children?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PASS</strong></td>
<td></td>
</tr>
</tbody>
</table>

- If the interviewer just asked #6, begin here: We just talked about pointing to ask for something. Ask all.

- Does your child ever want you to see something interesting such as...?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAIL</strong></td>
<td></td>
</tr>
</tbody>
</table>

- Does your child ever want you to see something interesting such as...?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAIL</strong></td>
<td></td>
</tr>
</tbody>
</table>

- Does your child ever want you to see something interesting such as...?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAIL</strong></td>
<td></td>
</tr>
</tbody>
</table>

- If parent does not give a PASS example below, ask each individually.)

- How does your child draw your attention to it? Would he/she point with one finger?

<table>
<thead>
<tr>
<th>Yes to any of the above</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAIL</strong></td>
</tr>
</tbody>
</table>

- Is this sometimes just to show you not to get help?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PASS</strong></td>
<td></td>
</tr>
</tbody>
</table>

- Does your child sometimes bring you...?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PASS</strong></td>
<td></td>
</tr>
</tbody>
</table>

- Does your child sometimes bring you....

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAIL</strong></td>
<td></td>
</tr>
</tbody>
</table>

- Is this sometimes just to show you, not to get help?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PASS</strong></td>
<td></td>
</tr>
</tbody>
</table>

- **PASS** example below, ask each individually.)

- Does your child sometimes bring you....

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAIL</strong></td>
<td></td>
</tr>
</tbody>
</table>

- Is this sometimes just to show you, not to get help?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PASS</strong></td>
<td></td>
</tr>
</tbody>
</table>
10. Does __________ respond when you call his/her name?

Yes

No

If he/she is not involved in something fun or interesting, what does he/she do when you call his/her name? (If parent does not give a PASS example below, ask each individually.)

Does he/she...
- Look up?
- Talk or bubble?
- Stop what he/she is doing? (Below are FAIL responses)

Yes / No / No

Yes / No / No

Yes / No / No

Yes only to PASS example(s)

Yes to both PASS and FAIL examples

Which one does he/she do most often?

PASS response

FAIL response

PASS → FAIL

PASS PASS PASS

FAIL

11. Does __________ respond when you call his/her name?

Yes

No

Does your child...
- Make eye contact? Yes / No / Yes
- Seem to hear but ignore parent? Yes / No / Yes
- Respond only if he/she is right in front of the child’s face? Yes / No / Yes
- Respond only if touched? Yes / No / Yes

PASS example below, ask each individually.)

PASS only to PASS example(s)

FAIL PASS

PASS

FAIL

PASS → FAIL

PASS PASS PASS

FAIL

12. Does __________ get upset by everyday noises?

Yes

No

Does your child have a negative reaction to the sound of...
- A washing machine? Yes / No / Yes
- Babies crying? Yes / No / Yes
- Vacuum cleaner? Yes / No / Yes
- Hairdryer? Yes / No / Yes
- Traffic? Yes / No / Yes
- Baby squawking or screaming? Yes / No / Yes
- Loud music? Yes / No / Yes
- Telephone/ doorbell ringing? Yes / No / Yes
- Noisy places such as a supermarket or restaurant? Yes / No / Yes
- Other (describe): Yes / No / Yes

Does your child...
- Calmly cover his/her ears? Yes / No / Yes
- Thump their head? Yes / No / Yes
- Cry? Yes / No / Yes
- Seem to hear but ignore parent? Yes / No / Yes

YES only to PASS example(s)

YES to both PASS and FAIL examples

YES only to FAIL example(s)

Which one does he/she do most often?

PASS response

FAIL response

PASS → FAIL

PASS PASS PASS

FAIL

13. When you smile at ____________, does he/she smile back at you?

Yes

No

What makes ___________ smile? (If parent does not give a PASS example below, ask each individually.)

Does your child...
- Smile when you smile? Yes / No / Yes
- Smile when you return from being away? Yes / No / Yes
- Make no response? Yes / No / Yes

PASS example below, ask each individually.)

PASS only to PASS example(s)

FAIL PASS

PASS

FAIL

PASS → FAIL

PASS PASS PASS

FAIL

Does he/she ever...
- Smile when you smile? Yes / No / Yes
- Smile when you enter the room? Yes / No / Yes
- Make no response? Yes / No / Yes

(Below are FAIL examples)

Does your child...
- Look up? Yes / No / Yes
- Respond only if parent is right in front of the child’s face? Yes / No / Yes
- Respond only if touched? Yes / No / Yes

YES only to PASS example(s)

FAIL PASS

PASS response

FAIL response

PASS → FAIL

PASS PASS PASS

FAIL
Considering Culture in Autism Screening

14. Does ________ look you in the eye when you are talking to him/her, playing with him/her, or changing him/her?

No

Yes

PASS

Yes or two or more

Yes only to one

No to all

PASS

FAIL

Does your child look you in the eye every day?

Yes

No

On a day when you are together all day, does he/she look you in the eye at least 5 times?

Yes

No

PASS

FAIL

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15. Does ________ try to copy what you do?

No

Yes

PASS

FAIL

Does your child try to copy you if you...

Yes

No

PASS

FAIL

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16. If you turn your head to look at something, does ________ look around to see what you are looking at?

No

Yes

PASS

FAIL

What does he/she do when you turn to look at something? (If parent does not give a PASS example below, ask each individually.)

PASS

FAIL

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17. Does ________ try to get you to watch him/her?

No

Yes

PASS

FAIL

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18. Does __________ understand when you tell him/her to do something?

Yes

No

Please give me an example of how you know he/she understands you.

If example indicates that child can understand a simple command without nonverbal cues

PASS

FAIL

No

Yes

If the situation gives him/her a clue, can he/she follow a command? For example when you are dressed to go out and you tell him/her to get his/her shoes, does he/she understand?

No

Yes

When the situation does not give him/her a clue, can he/she follow a command? For example...

(1) If you say, “Show me your shoe” without pointing, making gestures, or giving hints (when you are not going out or getting dressed), does your child show you his/her shoe?

Yes / No

(2) If you say, “Bring me the blanket” or ask for another object without pointing, making gestures, or giving hints, does your child bring it to you?

Yes / No

(3) If you say, “Put the book on the chair” without pointing, making gestures, or giving any other hints, does your child put the book on the chair?

Yes / No

No to all

Yes to any

PASS

FAIL

19. If something new happens, does __________ look at your face to see how you feel about it?

Yes

No

If your child hears a strange or scary noise, will he/she look at you before responding?

Yes

No

Does your child look at you when someone new approaches?

Yes

No

Does your child look at you when he/she is faced with something unfamiliar or a little scary?

Yes

No

Yes

No

PASS

FAIL

20. Does __________ like movement activities?

Yes

No

Does he/she enjoy being bounced or swung?

Yes

No

When you swing or bounce him/her, how does he/she react?

Yes / No

Laugh or smile?

Yes / No

Talk or babble?

Yes / No

Request more by holding out his/her arms?

Yes / No

Other (describe)

Yes / No

Yes to any specific examples (or if “other” is a positive response)

PASS

FAIL

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Considering Culture in Autism Screening

**Handout V: Cultural Considerations for Screening & Follow-Up**

There are a number of developmental and autism screening tools available in multiple languages that capture delays and disorders in children from families with limited English proficiency (LEP). Routinely screening for autism and other developmental concerns at all recommended ages and levels of contextual factors can be effective. Translated screening tools will increase early identification of those young children at risk for these disorders, regardless of their background. It is important to use these translated tools and know the follow-up steps necessary to improve accurate detection and follow-up.

**Routine developmental and autism screening practices reduce disparities**

Several studies have found that screening is less consistent and occurs later for children from ethnic minority and low SES backgrounds than it is for middle class, non-minority children. Incorporating routine screening into pediatric practice helps reduce such disparities. Get to know your local community and have screening tools available in all languages commonly spoken in your area (see “Handout VI: Cultural Competence Resources”). By doing so, you will increase children’s and family’s access to early identification and intervention in the event that developmental disorders, such as autism, are detected.

- In a 2013-2014 survey of pediatric providers conducted by the Massachusetts Act Early state team, 20% of respondents reported they do not screen if the family does not speak English.
- In a 2013 study of Latino families by Zuckermeien et al., only 29% of primary care practices offered the Spanish version of screening tools to Latino families.
- Formal screening practices increase sensitivity and may reduce ethnic and SES disparities in early identification of ASD (Sikes et al, 2003).

**M-CHAT and M-CHAT-R/F screening tools**

The M-CHAT-R/F (2014) is the latest version of the original M-CHAT screening tool (2000). Although the original M-CHAT has been translated into a number of languages, the updated M-CHAT-R questionnaire is still in its acquisition of new translations, and more can be expected over time. If a translation does not yet exist for the revised version, the original version’s translations provide a high level of accuracy, but only if used in conjunction with the follow-up interview (M-CHAT-R/F) since it has variable utility in different cultural and linguistic settings with the questionnaire alone.

- Translations for both the M-CHAT and M-CHAT-R/F can be downloaded from http://www2.gsu.edu/~pystd/M-CHAT/Official_M-CHAT_Website.html.

To clear up any confusion, it may be helpful to go over each question with families and explain each to them, if warranted. In addition, the follow-up interview is an essential step to ensuring clarity and accuracy in the tool’s administration.

**Considering Culture in Autism Screening**

**Post screening follow-up and next steps**

It is important to set aside more time than is left in the remainder of the well-child visit to go over the results of the ASD screening test. Many clinicians use time slots at the end of their day or at the end of a session for such discussions so that they do not feel rushed with a family. Consider if you also need an interpreter or a cultural liaison (CL) to help translate this important conversation. You could then schedule a follow-up visit with the family and the interpreter or CL at the earliest possible available date for the family, even if only one parent can come. At that time with the family and interpreter/CL present, you will discuss your concerns, the M-CHAT-R/F results, and the follow-up referrals in more detail, answer any questions, and insure logistical supports are in place for them to be able to follow through with the referrals.

An effective approach to open the conversation about screening results:

1. Begin the conversation by using the parent’s perspective as your starting point and reviewing the child’s strengths.
2. Speak slowly & calmly.
3. Listen.
4. Discuss results with empathy and follow guidelines for any feedback.
5. Maintain eye contact when culturally appropriate, and direct your body positioning towards the family, NOT towards the interpreter or CL.
6. Whenever possible, you want to be in your own concerns with those raised by the parent (e.g., “When we first sat down, I know you mentioned that you were concerned about your child’s speaking. I am too, and I’d like to see what more we can learn from specialists who have more experience and expertise in this area?”)
7. Be clear, expressing your concerns at this time.
8. Be specific in your use of examples (e.g., describing exactly what you have seen, as well as using parental report and/or M-CHAT-R/F questions to guide this conversation).
9. Discuss the results of the M-CHAT R/F, but also provide referrals and explain what they are for and what each specialist or program will do.
10. Convey logistical information, such as how to contact the referral clinic, and you may also need to assure the family that the clinic has appropriate transportation to get to the assessment visit.
11. Share your concerns with the child’s parents around development and ask their permission to begin working on arranging additional evaluations.
12. Use these as the reasons you feel a child would benefit from a more comprehensive evaluation.
13. Depending on the perspective that the family shared thus far, you can decide how much to include about the possibility of ASD, recognizing that there could be implications either way.
14. You should conclude by reinforcing to the parent that you hope to be considered their “partner.”
15. Let them know you will follow their child closely and assist in whatever ways you can to ensure that both he and his family are getting the care and support that they need.

**Other points to consider when giving any feedback:**

- a. Provide time for questions (i.e., “cause often, keep the language and medical terms you use simple).
- b. Identify a cultural liaison (when available to help explain and support the clinician and family in discussing and following up on screening results, the family’s reaction, and their questions and referrals.
- c. Clarify parents’ expectations and explain to them the screening tool does and what it does not.
- d. Discuss with families if they have concerns about their child’s development and if they think their child has delays or differences in his or her development. If so, ask what they think might be causing these delays.
- e. Clarify with the interpreter and/or the cultural liaison the equivalent term or definition of “autism spectrum disorder” in that particular language and culture.
- f. Always consider your clinical impression and clinical judgment of this particular family and child and let that guide your approach.
- g. Use simplified medical language and avoid jargon or confusing terminology; never use acronyms.
- h. Allow time for questions; don’t try to include all that you know about ASD risks or screening tools since too much or overly sophisticated information can be overwhelming for many families.
- i. Inquire about the family’s understanding and check for your understanding in turn by rephrasing what they tell you to accurately clarify their perspective.
- j. Provide the family with informative materials translated in their primary language.
- k. Provide a contact person for follow-up with questions. It would be ideal if this person were a cultural liaison. It is critical that the family leaves with a firm plan and the phone of the contact person to call if support is needed.
- l. Provide a close follow up to check in on the evaluation, results and recommendations.
Considering Culture in Autism Screening

Handout VI: Cultural Competence Resources

Health care clinics that serve culturally and linguistically diverse (CLD) populations offer an extraordinary opportunity to reduce health care disparities and increase access to services for children and families. Along with this opportunity come certain challenges such as barriers related to language and customs. To have meaningful conversations and interactions with patients’ families and to provide a high quality of care to these children, cultural presence is critical.

We all hail from different cultures. When trying to understand the perspectives of people from a variety of cultures, it is best to reflect on one’s own background first. With this approach as the starting point, it can help heighten awareness and bridge understanding between cultures.

Key recommendations for pediatric providers to bear in mind when working with CLD families include:

- Although getting to know specific cultures is important, it is even more important to know an individual family’s cultural health beliefs, behaviors and social context to better understand your patient’s needs.
- Avoid cultural generalizations that might hinder meaningful conversations and relationships with patients.
- Get to know the community in which your clinic is situated; take into account and show respect for individual and collective values that are based on the cultures represented in your area.

Where to begin:
The National Center for Cultural Competence (NCCC - see links below) serves to increase the capacity of health care and mental health care programs to design, implement, and evaluate culturally and linguistically competent service delivery systems to address growing diversity, persistent disparities, and to promote health and mental health equity. Their web site offers a wealth of assessment tools, guides, frameworks and information at the individual or organization level to enhance the delivery of high quality services to culturally and linguistically diverse individuals and underserved communities.

Foundation of Cultural Competence:
http://ncc.georgetown.edu/foundations/index.html

Self-Assessment Checklist:
http://ncc.georgetown.edu/checklist.html

Consideration in Autism Screening

Handout VII: Immigration Fact Sheet

Information about immigrant status is highly complex, ever-changing, and may vary depending upon individual circumstances. If you wish to understand more about a particular family you are serving, it may require researching a family’s status using the most valid, primary sources of information, such as the U.S.CIS official web site at www.uscis.gov and going to seeking legal advice with an immigrant expert. For our purposes, we will provide a general overview.

Some immigrant status categories that clinicians should be aware of include:

- Citizens from Immigrant Families
- Native born citizens are born in the U.S. or its territories. The vast majority of children in immigrant families fit this status, including French.
- Naturalized citizens originally emigrate to the U.S. and apply to become naturalized citizens after living lawfully in the U.S. for a specified period of time.
- Lawful Permanent Residents (LPRs) (i.e., Green Card Holders)
- Lawful permanent residents have permission to live and work permanently in the U.S.
- Naturalized citizens originally emigrate to the U.S. and apply to become naturalized citizens after living lawfully in the U.S. for a specified period of time.
- Immigration Statuses Other than LPR
- Non-immigrant status
- Admitted to the U.S. for a limited period of time for a specific purpose
- Undocumented Immigrants
- Undocumented immigrants are foreign-born and lack the right to be in the U.S. because either a) they entered without inspection (“entered without inspection” or EWI) and did not subsequently obtain any right to remain or b) they stayed beyond the expiration date of a visa or other status making them “out of status” or “overstayed” status. Francis’ mother demonstrates an example of an “overstayed” status.

Common concerns and tips for addressing them:

- Quality of services in U.S. not available in home country
- A common story among immigrant families involves when a parent comes to the U.S. on a tourist visa, similar to Francis’ mother and ends up staying in the country due to a child’s needs because of lack of appropriate health care in one’s home country. The parent fears what will happen to the child if they lose their health care in the U.S. due to deportation as it is often unpredictable.

- Confusion about eligibility
- Immigration and welfare laws are complex. Confusion about eligibility rules originates from differences in eligibility criteria for various state and federal programs. Many eligible immigrants do not understand this system and wrongly assume that they should not seek services. Some eligible welfare workers have mistakenly turned away eligible immigrants.

- Tips
- Emphasize that a lawfully present child or adult will still be eligible even when other family members are not.
- Language is important. Use terms like “eligibility” and “non-eligibility.” Avoid the term “undocumented.” Another term that does not imply criminal activity is “unlawfully present.”
- Identify community advocates who understand immigrant populations.
- Seek out immigration services to questions your patient’s families may raise. Never assume that someone is either eligible or ineligible.

Cultural Resources

Guides to working with translators

Cultural liaisons and brokers

Phrasebooks

Other resources


Considering Culture in Autism Screening

Handout VI: Cultural Competence Resources

Get to know the history and demographics of the families you serve by compiling your own “fact sheet”:

<table>
<thead>
<tr>
<th>What to know</th>
<th>Where to look</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Census Bureau State and County Quick Facts, education, socioeconomic status, vital statistics, race &amp; ethnicity, family composition, etc.</td>
<td><a href="http://www.census.gov">www.census.gov</a></td>
</tr>
<tr>
<td>State level data on the size, composition, and socioeconomic characteristics of foreign-born populations</td>
<td><a href="http://www.census.gov/foreign-data">www.census.gov/foreign-data</a></td>
</tr>
<tr>
<td>Yearbook of Immigration Statistics: Immigrants coming to the U.S. by state and immigration status</td>
<td><a href="http://www.census.gov/foreign-data/yearbook">www.census.gov/foreign-data/yearbook</a></td>
</tr>
<tr>
<td>Local immigrant centers for specific populations</td>
<td><a href="http://www.foreignembassyconsulate.com">www.foreignembassyconsulate.com</a></td>
</tr>
<tr>
<td>Medical assistance programs for immigrants by state</td>
<td><a href="http://www.culturalorientation.net/resources-for-refugees/phrasebooks">www.culturalorientation.net/resources-for-refugees/phrasebooks</a></td>
</tr>
</tbody>
</table>

Cultural Resources

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Other resources

Handout VIII: Immigration Resources

Migratory status affects the access to and quality of critical services for children with disabilities and their families. Often fear, misconceptions, lack of knowledge, and inevitable language barriers increase the difficulty of navigating an already challenging system of health and human service agencies. The following resources can familiarize providers about immigration in order to understand some of family’s barriers when trying to get services for their children.

Immigration Resources

U.S. Citizenship and Immigration Services (USCIS) is the government agency that oversees lawful immigration to the United States. USCIS will secure America’s promise as a nation of immigrants by providing accurate and useful information to their customers, granting immigration and citizenship benefits, promoting an awareness and understanding of citizenship, and ensuring the integrity of the U.S. immigration system. [http://www.uscis.gov/]

The National Immigration Law Center (NILC) engages in policy analysis, litigation, education and advocacy, to achieve this vision. NILC plays a critical role within the movement for racial, economic and social justice for low-income immigrants. They have a variety of informative fact sheets and printable materials in several languages. Includes the “Quick Guide to Immigrant Eligibility for ACA” www.nilc.org/document.html?fbid=844. www.nilc.org

The National Immigration Project of the National Lawyers Guild (NIPNLG) is a national non-profit that provides legal and technical support to immigrant communities, legal practitioners, and all advocates seeking to advance the rights of noncitizens. www.nationalimmigrationproject.org/index.htm

Massachusetts Resources

Catholic Charities of the Archdiocese of Boston is one of the largest providers of social services in Massachusetts and offers nearly 90 programs and services in 27 locations around Eastern Massachusetts. From Lawrence to Brockton and Natick to Boston, their service sites throughout Eastern Massachusetts serve people of all faiths. www.ccab.org/refugee.html

The Irish Immigrant Assistance Center (IIIC) has supported Irish immigrants since 1989 and has grown into a multiservice center for people from 120 countries helping them find their place in our multicultural society. http://iiicenter.org

The Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA) is the largest organization in New England promoting the rights and integration of immigrants and refugees. www.miracoalition.org

The Refugees & Immigrant Assistance Center (RIAC), formerly known as the Somali Women and Children’s Association, is a community-based, grassroots organization dedicated to promoting educational and socio-economic development in the Massachusetts refugee and immigrant community. RIAC has offices in Jamaica Plain, Lynn, and Worcester. www.riacboston.org

Handout IX: Quick Guide to Immigrant Eligibility for ACA

A Developmental-Behavioral Pediatrics Curriculum
Interpretation
Interpretation is the oral restating in one language of what has been said in another language. Interpreted information should accurately convey the tone, level and meaning of the information given in the original language.

Source: National Center for Cultural Competence.
http://nccce.georgetown.edu/features/language.html

Linguistic competence
The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and hearing who are deaf or have hearing impairments. Linguistic competence requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. Source: National Center for Cultural Competence.
http://nccce.georgetown.edu/documents/Definition%20of%20Linguistic%20Competence.pdf

Linguistic isolation
Households in which no one over age 14 speaks English very well. Source: U.S. Census Bureau.

Limited English Proficiency (LEP)
Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English are considered limited English proficient, or “LEP.” In other words, LEP individuals speak very little or no English. Source: National Conference of State Legislators, Children’s Policy Initiative.

Public charge
The term “public charge” is used in immigration law to describe a person who depends exclusively on cash benefits to support himself or herself. Source: National Immigration Law Center.
www.nilc.org

Refugee
A refugee is someone who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to, or, owing to such fear, is unwilling to avail himself of the protection of that country. Source: Cultural Orientation Resource Center.
http://www.culturalorientation.net/learning/about-refugees

Translation
Typically refers to the written conversions of written materials from one language to another.

Source: Cultural Orientation Resource Center.
http://www.georgetown.edu/features/language.html

Cultural competence
Cultural competence is a set of values, behaviors, attitudes, and practices within a system, organization, program, or among individuals and which enables them to work effectively across culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. Striving to achieve cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment. Source: U.S. Department of Health and Human Services, Health Services and Resources Administration.
http://www.familyvoices.org/news/latest/id/0317

Cultural liaison or broker
Cultural liaisons or brokers function much the same way as community liaisons (above) but also have the knowledge of the values, beliefs and practices of a cultural group or community and specific organizations and systems with which they have learned to navigate effectively, either for themselves, their families, and/or their communities. Cultural brokers can play a key role in informing organizations about the most culturally appropriate ways of joining with families and communities from different backgrounds. Source: Family Voices. Inc.

Immigrant
According to the Department of Homeland Security, an immigrant is defined as a “permanent resident alien.” An alien admitted to the United States as a lawful permanent resident. Permanent residents are also commonly referred to as immigrants; however, the Immigration and Nationality Act (INA) broadly defines an immigrant as any alien in the United States, except one legally admitted under specific nonimmigrant categories. An illegal alien who entered the United States without inspection, for example, would be strictly defined as an immigrant under the INA but is not a permanent resident alien. Lawful permanent residents are legally afforded the privilege of residing permanently in the United States. Source: Department of Homeland Security.
http://www.dhs.gov/definition-terms#15

References


