



Addis Ababa University
College of Social Sciences
School of Social Work

Assessment on Multi-cultural Intervention for Autistic
Children: The case of Joy, Nehemiah and Ryan Autism
Centers

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Abstract

This qualitative study is conducted to examine issues related with multiculturalism to effectively intervene with autistic children found in care centers of autism. The study focuses on three autism centers namely Joy center for children with autism and related developmental disorders, Nehemiah autism center and Ryan autism center. This study has essentially examined those interventions that are helpful when working with multicultural children diagnosed with autism spectrum disorder the clandestine affecting such interventions. Data was collected through nine semi-structured interviews with professionals who work with these autistic children inside the three autism treatment centers. Additionally 22 open ended questioners were distributed to practitioners in the treatment centers with the rational of maximizing acquired data. Grounded theory methods and open coding were used in this study to analyze codes in the data and recorded common themes from the collected data. Findings of this study produced themes separated into three categories: language, accessibility and culture as barriers affecting multicultural intervention. Additionally in terms of helpful interventions for multicultural children, participants of this study recommended interventions developed under the model of Applied Behavioral Analysis (ABA) to be more helpful while treating these autistic children with diverse background applying individualistic treatments depending on specific needs using speech therapy, occupational therapy, social interaction enhancement therapy, and picture exchange therapy while teaching them self-help skills like toilet training.

Key Words: Autism, Children, Grounded theory, Language, Multicultural

Acronyms and Abbreviations

ABA: Applied Behavior Analysis

ASD: Autism Spectrum Disorder

CDC: Centers for Disease Control and Prevention

DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5th edition

EDHS: Ethiopian Demographic and Health Survey

RDI: Relationship Development Intervention

TEACCH: Training and Education of Autistic and other Communication Handicapped
Children

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Dedication

To the memory of my father, Hussein Serro (1945-2014)

Acknowledgement

First I would like to thank the almighty Allah for helping me when conducting this study. Secondly I would like to thank my parents, my father Hussein Serro, who sacrificed a lot for me and provided everything for this paper including payments for the whole masters classes albeit he died before watching me graduate and my mother who loved me unconditionally and who was there for me every time I needed her. Finally I would like to express my deepest gratitude to my advisor Comdr. Demelash Kassaye (PhD) for his unreserved guidance and support throughout the course of this work.

Chapter one: Introduction

1.1 Background of the study

Autism Spectrum Disorder, also known as ASD, is a developmental disorder that affects people starting from childhood incurring a lifelong struggle along with having a wide range of symptoms. According to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), "Autism Spectrum Disorder is characterized by impairments in social communication and social interaction and the presence of restricted, repetitive behaviors" (American Psychological Association, 2013, p. 3).

Science has not yet succeeded in finding a specified cure for autism but if carefully designed appropriate and lifelong educational approaches were used along with support for families and professionals with available high quality community services can most probably improve the lives of persons diagnosed with Autism Spectrum Disorder. Additionally as it is crucial to the recovery process, several studies conducted on autism stated that early detection and intervention should get a prime focus while dealing with autism spectrum disorder.

According to Stephanie (2012), the meaning of this developmental disorder is not always understood cross-culturally due to the lack of words to describe it and its symptoms in non-dominant cultures. Some cultures still has no words to describe autism while others adopted the English word and western explanations to fit to their own culture. Especially in Ethiopia awareness creation mechanisms should be systematically designed targeting to reach people from every walk of life. Every family should be aware of early symptoms of developmental disorders like autism as early detection plays a pivotal role in the success of treatment and interventions.

Problems related to social communication and social interaction are one of the major challenges for autistic children and in order to address these problems Ashley (2012), suggested that “we have to create a conducive environment which is enabling like modifying school curriculum and special education services in accordance to their communication style” (p. 24).

Additionally in every autism treatment setting effective methods to simplify information and communication should be devised in order to make it easier for these children. According to the official autism 101 manual (2006), these methods include using clear and concise language, breaking instructions and tasks into smaller steps, and using visual supports, such as written or picture schedules bearing in mind that information and materials should be organized in such a way that important or key components are highlighted and easily identified by students.

In terms of prevalence if we take countries like the United States of America since they did extensive studies on autism, the epidemiological data shows that according to surveys conducted by the Centers for Disease Control and Prevention (CDC) which is a federal agency that supports research in autism spectrum disorders, estimates the prevalence of ASD as 1 in 68 children, occurring in all racial, ethnic and socioeconomic groups in America (autism-society.org).

Due to the reason that statistical data in the extent and prevalence of autism is not sufficiently available in Ethiopia at the moment, it's hard to certainly state how many children in Ethiopia need help or are actually received any help in relation to autism. To this effect since autism is an international/ global problem, we can expect that in Ethiopia there will be roughly similar prevalence rate as in other regions of the world. If 1 in every 68 children is diagnosed with ASD in the United States of America we should fairly be able to say that out of the total 90 million population in Ethiopia there would be at least a minimum of 500,000 children suffering from

autism spectrum disorder making it hard to provide the needed treatment, general education and life skill training.

Even though there is a prevalence of children living with autism spectrum disorder in large numbers in Ethiopia, there is a viable scarcity in availability and accessibility of autism centers to help these children. In this country most of the children hardly get access to diagnosis and treatment. In addition to this due to societal misconceptions and other detrimental factors, autistic children in Ethiopia are widely deprived of their basic rights including the right to get an education, the right to in some way participate in society and even the right to see daylight or enjoy the sunshine (niafoundation.com).

The major concern of this paper is the issue of multiculturalism and its effect in relation to autism treatment. *Merriam-Webster's online dictionary* (11th ed.) defines Multiculturalism as “the existence, acceptance, or promotion of multiple cultural traditions within a single jurisdiction, usually considered in terms of the culture associated with an ethnic group and this can happen when a jurisdiction is created or expanded by amalgamating areas with two or more different cultures” (p. 538). In this sense multicultural intervention for autism could be considered as the existence, acceptance, or promotion of multiple cultural and linguistic differences among children and their families receiving treatment for autism spectrum disorder while designing and applying interventions and treatments as it affects the process and outcome of interventions.

Multicultural ideologies and policies vary widely, ranging from the advocacy of equal respect to the various cultures in a society, to policies of promoting the maintenance of cultural diversity and to policies in which people of various ethnic and religious groups are addressed by authorities as defined by the group that they belong. In this regard according to the data obtained

from Wikipedia, Canada is the first country in applying multiculturalism in the countries social and immigration policies followed by Australia (wikipedia.com).

To this effect multiculturalism could be considered as an issue affecting autism treatment as children from non-dominant cultures face unique problems and require a specialized treatment when they are diagnosed with this developmental disorder. This is due to the reason that in addition to barriers in relation multiculturalism affecting treatment, autism primarily affects children's communicating ability and the interventions therapies and treatments available to address this interaction problem are designed and will be applied primarily by using major languages. In other words the fact that Children who are diagnosed with autism and that are nonverbal will face difficulties in learning to speak as the disorder by itself forces them in learning only one language at a time whereas multicultural children will be exposed to two or more languages, one at the treatment centers and the other when they return to their families, creating confusion and delayed improvement.

To this effect we are expected to bear in mind the prevalence of multiculturalism while planning intervention strategies as it might possibly impact the process and the outcome of interventions that were designed to help children living with autism spectrum disorder. In this regard recognizing the diversity in language and culture among the children getting treatment at the autism centers and stressing the need for accommodating multiculturalism in autism intervention, this paper assessed multicultural interventions in autism treatment centers located in Addis Ababa city seeking to examine helpful interventions for children with a multicultural background along with the barriers affecting such interventions.

1.2 Background of the organizations

There are four autism treatment centers in Addis Ababa city. Among these one focuses on treating elderly people that are diagnosed with autism while the rest three focuses on childhood autism namely Joy center for children with autism and related developmental disorders, Nehemiah autism center and the recently founded Ryan autism center. These autism centers are established with a rationale that children with autism and their families could benefit from living situations that are designed with the intention of promoting better life by reducing challenging behaviors for people with autism. As families with an autistic child could become emotionally and physically consumed with challenges presented by having an autistic child, these autism treatment centers play a great role in sharing this parents burden and providing them with required helpful resources like life skill training. As this study focuses around multicultural intervention aiming to assess issues raised and experiences about helpful interventions for these children and barriers to such interventions, this study explored the experiences of Joy, Nehemiah and Ryan autism centers in terms of multiculturalism and autism intervention.

1.2.1 Joy Center for children with Autism and related developmental disorders

Among these autism centers Nia foundation's Joy Center for Children with Autism and related developmental disorders, being the first of its kind in Ethiopia, was established in May 2002 by Zemi Yenus, a mother of an autistic son, who pioneered the movement to change society's awareness and treatment of children with autism and other developmental disorders and their families in Ethiopia. Nia Foundation's overall aspiration and main purpose is to increase the well-being of vulnerable children in Ethiopia. The foundation runs five core programs and among these programs the Joy Center for Children with Autism and Related Developmental Disorders is the primary and largest program. The Center focuses on full integration of children

with autism into society by working closely with the autistic children, their parents and extended family networks, as well as the Ethiopian community. The center started with four kids and then expanded to nine, then twelve and they are now proud to say that they have eighty children enrolled at the center (niafoundation.com).

1.2.2 Nehemiah Autism Center

Another autism treatment center working in Ethiopia is Nehemiah Autism center and it was founded on June 16, 2011. They started with 6 autistic children and currently they provide trainings and treatments to 40 autistic children. Based on the data we get from their official website there are more than 400 children on the waiting list and in order to accommodate these children if they are successful in getting funds they have a plan to open branches to reach more autistic children (www.nehemiah-autism.org). Among the achievements they say they have during their 5 and half years journey serving autistic children in Ethiopia, currently these children are capable of putting clothes and eating independently, learned toileting, sitting for a longer time, some of them started to speak few words while others understand orders and execute it, their motor skills were greatly improved as they now can grab, catch and write with pencils, improvements regarding physical problems by walking through physiotherapy sessions, capable of knowing their families and finally showing a great improvement, three autistic children improved well enough to join normal school (nehemiah-autism.org).

1.2.3. Ryan autism center

Ryan autism center is established at 2015 with a rationale for providing services for autistic children. The center provides services mainly focusing educating autistic children with the required self-skills and creating awareness about autism for parents and families. The center

started functioning with six autistic children and currently there are 25 autistic children in addition to six staff members.

These experiences by the autism centers illustrates the point that When a child with autism lives in a setting that improves their quality of life by addressing unique sensory, emotional and physical needs, they tend to require fewer behavioral interventions. This can result in less costly treatments and an improved quality of life for families of children diagnosed with autism.

1.3 Statement of the problem

The complex nature of autism affects each child differently and the level of detrimental impacts and impairments along with the recovery also varies from child to child. These complex natures of the disorder with the variety of symptoms require a combination of treatments and interventions. Previous studies suggest that there are several treatment methods that have been used by professionals who work with children who have autism. According to the data obtained from Autism Society (2011), among these the best known and most highly researched treatment methods include TEACCH (Treatment and Education of Autistic and Communication for Handicapped Children), Applied Behavioral Analysis (ABA), speech therapy, occupation and physical therapy, and social skills and play therapy.

Along with the medical, educational and physiological nature of therapies and treatments, intervention strategies applied in an autism treatment setting requires to be systematically designed considering the impact of culture and language on interventions when dealing with children diagnosed with autism that came from a culturally different or non-dominant language speaking families considering previously conducted researches suggested that ASD occurs approximately equally across ethnicities and cultures and no studies to date have reported

significant ethnic differences in symptom presentation(autismspeaks.org). This is due to the reason that children with autism face difficulties while learning to communicate especially when learning to speak and there improvement might also be delayed by cultural and language barriers affecting treatment considering the fact that impacts of culture on autism intervention is understudied as Tasby (2008) stated “autism remains a disorder that is not diagnosed evenly across cultures in the medical and educational community” (p. 12).

One of the major concerns while dealing with Autism spectrum disorder is its detrimental impact on the communicating ability of the children diagnosed with this developmental disorder. These children struggle with limited communication or verbal skills that might be lifelong even into adulthood affecting their social and personal life.

Studies conducted in this area suggests that this problem further gets escalated on children that are from families that use other languages other than the language used during treatment and interventions in an autistic treatment centers. With this regard Yu (2013) indicated that Chinese immigrant mothers with autistic children living in the united states were encouraged by professionals to use only English with their autistic children because “bilingua lism was viewed as a potential risk that could hinder their children’s access to intervention or even undo progress that had been achieved” (Yu, 2013, p. 10).

To this effect it is safe to say that multiculturalism could be an issue in an autism treatment setting in Ethiopia requiring attention as the country is a multi-lingual and multi-cultural developing country having around 90 million populations speaking more than 70 languages and possessing multiple cultural values. This signals the need for multicultural intervention in our autism treatment centers which means the existence, acceptance, or promotion of multiple cultural and linguistic differences among children and their families receiving treatment for

autism should get the prime focus and needs to get proper consideration while designing and applying interventions and treatments as it affects the process and outcome of interventions while helping these autistic children.

While exploring to further understand childhood autism in an Ethiopian context and multicultural interventions in an autism treatment setting in addressing its effect on children from a multicultural background, this research project addressed the issue of multiculturalism in intervention while assessing three autism centers located in Addis Ababa city and examined interventions that are helpful when working with multicultural children diagnosed with autism spectrum disorder along with the barriers affecting such interventions for multicultural autistic children.

Based on the statement of the problem discussed, the research question of this research project addressed the following two questions:

- 1. Which interventions are helpful when working with autistic children from divers' cultural and linguistic background getting treatment in autism treatment centers located at Addis Ababa city?*
- 2. What are the barriers related to multiculturalism that are affecting interventions for autistic children in autism treatment centers located at Addis Ababa city?*

1.4 Objective of the study

1.4.1. General objective

The general objective of this study is to explore interventions that are helpful in accommodating multiculturalism when working with autistic children that are getting treatment in Autism centers

located in Addis Ababa city along with assessing the barriers related to multiculturalism affecting interventions.

1.4.2. Specific objectives

Specific objectives of this study are:

- To examine if treatments provided by autism treatment centers in Addis Ababa city are addressing the needs of multicultural children diagnosed with autism spectrum disorder..
- To explore helpful interventions that can accommodate multiculturalism in Ethiopia for treating children with diverse cultural and linguistic background.
- To explore barriers related to multiculturalism affecting interventions for children in autism treatment centers located in Addis Ababa city.
- To assess multicultural interventions implication for social work practice in autism treatment centers located in Addis Ababa city.

1.5. Significance of the study

This study is significant in promoting multiculturalism in an Ethiopia autism treatment setting considering the prevalence of cultural and linguistic diversity in Ethiopia in general and in Addis Ababa city in particular as issues related to multiculturalism has an impact on the process and outcome of autism intervention. Additionally this research project is significant as it brought an insight into the unique challenges that Ethiopia children from diverse linguistic and cultural background experience while getting treatment by exploring helpful interventions that can accommodate the issue of multiculturalism in autism treatment setting and barriers related to multiculturalism affecting the process and outcome of such interventions.

Additionally this paper contributes in adding the number of studies conducted on autism in an Ethiopian context as there is a prevalence of scarcity in terms of available studies and documentations regarding autism spectrum disorder in an Ethiopian context.

1.6. Scope/ delimitation of the study

This study explored helpful multicultural interventions for Ethiopian children diagnosed with autism spectrum disorder by taking into account the fact that this children and their families are a part of this multi ethnic and multicultural nation. While calling towards addressing multiculturalism in autism treatment, the scope of this study is limited to exploring helpful interventions for autistic children and assessing the barriers impacting such multicultural interventions in autism treatment centers namely Joy center for children with autism and related developmental disorders, Nehemiah autism center and the recently founded Ryan autism center. The geographical scope of this study is bounded specifically in Addis Ababa city and among the four autism treatment centers located in Addis Ababa city, this study assessed the three autism treatment centers as they focus on childhood autism. The three autistic centers available in Ethiopia namely Joy, Nehemiah and Ryan autism centers and professionals in these autism centers treating autistic children with multicultural background were the focus of this study as it helps in exploring the issues of multiculturalism and autism treatment.

1.7. Limitation of the study

One of the Limitations that challenged this study is the scarcity with regard to availability of literature especially with autism in the context of Ethiopia showing the need for more research to be conducted with this context along with time constraints. Additionally due to the fact that there are only three autism treatment centers in Addis Ababa and one of them is at its early stage of

starting treatment, the use of snowball sampling techniques might also create limitations with the sample, as the use of multiple participants from a smaller pool of agencies might likely contribute to less variety among the results.

1.8. Operational definitions

Comorbidity: the occurrence of two or more psychiatric and/or somatic disorders in the same individual. A significant proportion of ASD sufferers have comorbidity.

Culture: the learned, shared, and transmitted values, beliefs, norms, and life ways of a particular group that guide their thinking, decisions and actions in patterned ways

Multiculturalism: describes the existence, acceptance, or promotion of multiple cultural traditions among the children diagnosed with autism and their families.

TEACCH (an acronym for the Treatment and Education of Autistic and Communication for Handicapped Children): is the term given to describe the various activities undertaken by Division TEACCH, a state-wide community-based program of services for children and adults in North Carolina, USA

Chapter Two: Literature review

2.1 Introduction

With the purpose of understanding the value of this study it is primarily essential to understand a few key points about autism such as the prevalence of this diagnosis, the impact on multicultural groups, the barriers to care and the need for improved living situations along with the interventions recommended. Defining multicultural children as children who represent two or more cultures, with an emphasis on children from families with diverse multicultural background, this literature review reviewed how autism was first assessed, how it evolved over time, how it impacts a family along with the importance of early detection and how autism treatment is understood by addressing the interventions that are used when working with children who have autism. Finally, the literature review addressed social workers' understanding of autism, and how this understanding defines and influences interventions.

2.2 History of research in Autism

So as to understand the current research, it is important to have an understanding of the historical context of autism, and how this disorder was previously viewed. Several historical reviews of autism indicate that symptoms such as having repetitive motions, delays in communication skills, or being withdrawn and uncommunicative were viewed in the past as symptoms of schizophrenia. According to the official autism 101 manual Autism Today (2006), autism refers to 'neurologic disorders involving serious impairment of abilities to interact and communicate socially, and repetitive and restricted interests and activities' (p. 2). According to this manual Classic autism is at one end of the autism spectrum and it is associated with delayed or absent spoken language, and sometimes with cognitive delay while Asperger's Syndrome is at the other

end of the autism spectrum which is not associated with delayed language, cognitive development or self-help skills.

Additionally as this manual suggests generally, people on the autism spectrum have great difficulty making friends and understanding social rules. It states that they typically have one or a few interests, activities or physical movements, which they engage in repeatedly. According to this manual these children may or may not have mental retardation and/or a marked delay in language, although even those using superficially “normal” language will have problems using language in a socially fluent and appropriate way.

Additionally Stephanie (2012) stated that Swiss psychiatrist Eugen Bleuler defined the concept of autism in 1911, believing it was not a separate condition but one of the secondary effects of schizophrenia. According to Stephanie (2012), he first introduced the term autism which stems from the Greek word “autos,” meaning self and Starting from 1938, when the term autism was no longer used to describe symptoms of schizophrenia, autism became recognized as symptoms associated with a childhood neurodevelopmental disorder instead of a psychiatric illness.

The cause of this developmental disorder is not specified by research yet but some people blame early childhood vaccinations as a cause.

2.3 Autism among Multicultural Groups

Several literatures show that different multicultural groups perceive autism differently and even the meaning of this developmental disorder is not always understood cross-culturally due to the lack of words to describe it and its symptoms in non-dominant cultures. To this effect Kuenzli (2012), on an exploratory Study about the Somali Community’s Experiences with Autism tried to explore how the Somali community experiences and perceives the condition of autism. The

study consisted of interviews with community professionals who work with Somali families affected by autism. The finding of this research indicates that autism is a new concept for many Somali immigrants. The study found that the differences in views of childhood development between Somali and American cultures contribute to how Somali immigrant parents perceive autism. The study also found that Somali parents experience several barriers when accessing the service system. The finding of this study supports the need for further autism education and outreach efforts to this population.

2.4 Barriers to Treatment

Children from multicultural backgrounds face a variety of barriers when trying to access basic health care services. These obstacles to care often overlap with the already existing barriers that most families perceive when trying to access appropriate services.

Without specifying autism, in Ethiopia even in terms of access to a general health treatment for children and mothers, according to the data obtained from the 2011 Ethiopian Demographic and Health Survey (EDHS) conducted by the Ethiopian Central Statistical Agency (2011) shows, ninety-four percent of women among the respondents reported that they have at least one of the specified problems when accessing health care for themselves. According to this survey the most important barrier to women's access to health services in Ethiopia is taking transport to a facility (71 percent), followed by lack of money (68 percent), and distance to a health facility (66 percent). As the survey shows more than six women in every ten (61 percent) were concerned about their workload inside and outside the home. Also, about six in every ten (58 percent) were concerned that drugs may not be available at the facility or said that they did not want to go alone to a health facility. More than half of women were concerned that there may not be a health provider at the health facility (56 percent) or that there may not be a female health

provider (53 percent). Additionally this survey states that rural women reported the most problems with access to health care (Central Statistical Agency, 2011).

Especially in our case the treatment for autism in Ethiopia is hardly accessible to children with autism as there is a scarcity in terms of available treatment as there are only three autism treatment centers providing service for children. Additionally having a large number of people living below the poverty lines and being one of the most diverse multi ethnic nation that gives a great emphasis on its cultural values with the prevalence of over 70 languages further encourage the language, economical and accessibility barriers to care and treatment for the poor multicultural autistic children of Ethiopia.

Additionally the complexity of this developmental disorder creates more challenge on the children and their families as the level of severity varies from child to child requiring a much more effort in facilitating a better living situation. Constantine (2014), on a qualitative study conducted to get perspectives on living situations for children with classic autism, interviewed parents of children with severe autism and professionals work in residential settings to understand their perspectives of living situations for children with severe autism. Challenging behaviors occur with more frequency and intensity in children with severe autism. Living situations have been shown to have a negative impact on behaviors and the quality of life of a child with autism, as a typical home setting can be over stimulating and overwhelming to children with autism due to the nature of their diagnosis. In concluding primarily this study found that challenging behaviors in autism increases parental stress and that more public awareness is required. Additionally, ideal living situations and suggestions for social workers who work with families impacted by autism were described in this study.

A qualitative study conducted by Emily (2015), explored the experiences of Latino caregivers as they navigate care for a child with autism spectrum disorder. While conducting this study six caregivers participated in a semi-standardized interview containing 14 questions. The data obtained was analyzed using a phenomenological approach to find common themes in the participants' experiences. Data from the recorded interviews was reviewed, de-identified and transcribed by the researcher. After transcription, the data was reviewed for initial codes and then re-read for manifest and latent content. Dominant themes and implicit themes were identified by the researcher and were used to organize the data collected. The Findings of this study were organized into two broad themes and subthemes of positive experiences with service access and delivery and negative experiences with service access and delivery. According to this study the sub-themes of positive experiences were communication, support systems, collaboration, education, and luck whereas the sub-themes of negative experiences were language access and interpretation, lack of information, limited support and validation from professionals, waitlists and logistics. The findings in this study provide several implications for practice, policy, research and education. According to this study increased access to consistent quality interpretation, increased training for professionals and further evaluation of policies that impact Latino clients are all recommended.

The discrepancy around service utilization among multicultural groups supports the need for this study to be conducted in addressing this issue of multiculturalism in intervention for multicultural autistic Ethiopian children, as children from multicultural groups should be represented equally among the services that are provided for children with autism.

The above mentioned papers on the barriers to care and the need to improved living situations for autistic children within the general population as well as the multicultural population helps

provide in clarifying the need for interventions and treatments that are more accessible and culturally appropriate.

2.5 Parental involvement and early detection

Multiple researches conducted previously shows that increased parental involvement has a positive impact on children with autism; however, there is a need for continued research pertaining to how their involvement improves and/or influences outcomes of interventions for their autistic children. According to Nelson (2013), on a study conducted on parental involvement in early intervention programs for children with Autism, investigated the ways in which parents of children (ages 2-7) with autism are involved in their children's early intervention program and how this involvement influences their child's social skills and behavior. More specially, this study explored the association between parental involvement and the behavior and social skills of children with autism receiving services through an early intervention program. While conducting this study Ecological Framework has been applied and this study calls to give attention to the value of looking at more than just the individual. Nelson (2013), stated that "rather than simply focusing only on the child with autism, there should be a focus on all interrelated systems that affects the child's development. In order for parental involvement (a micro-system) to affect the social skills and behavior (another micro-system) of their child with autism, there needs to be involvement with the child's early intervention program (a meso-system)" (p. 17). In this study the chosen research design for the study was a quantitative survey and the participants responded voluntarily. The findings from this cross-sectional study recommended that we should work more on encouraging parental involvement in early intervention programs as it contributes in benefiting the development of social skills and behavior of their children (ages 2-7) with autism.

2.6 Multiculturalism and Treatment

Children from diverse, multicultural backgrounds may face a number of barriers when trying to get access to needed treatments, and require unique interventions that help guide them and their family through the process. Lynn, Tina, Festus, and Bob (2004) conducted a study on the Multicultural Perspectives on Teaching Students with Autism and they defined *multicultural* as any language, culture, ethnicity, national origin, or socioeconomic status differing from the dominant middle- or upper-class European American (English-speaking culture for the purpose of their study) and stated that multiculturalism must be a focus of efforts to educate students with disabilities as the possibility of misclassification and the poor potential for multicultural students with autism to interact with individuals in the dominant culture, teachers and other professionals should attend to multicultural issues and give a special attention when identifying and teaching students with autism.

Additionally according to this study when students with autism have been misclassified and misdiagnosed, this have been made as the result of three factors: (a) the previous lack of diagnostic educational labels, (b) the ambiguous nature of the disability, and (c) families' cultural and linguistic interpretation and reaction to receiving the diagnosis and to obtaining services. According to this study discussion of strategies for helping multicultural students with autism must include consideration of their communication and language abilities and skills.

This study gives more emphasis on language as it is an important issue for most students with autism because problems in communication are common to students with this disability language assessment and is crucial instruction medium to their education. If the student's native language is not English, a bilingual diagnostic professional should conduct the assessment, if possible. Assessing any form of communication will be difficult with students with autism whose native

language is not English. In terms of assessment, this study states that assessment practices for identifying students with autism should include both a native language and an English language assessment to determine which language should be used to communicate with the student and in some cases an ecological assessment of communication needs in the natural environment is particularly important for students with low communication skills.

By reviewing multiple literatures conducted on related topics, this study concluded by calling teachers and professionals working with multicultural children to think and act multicultural rather than monoculture and to develop curricula that are multicultural in content. Further the study recommended that culturally sensitive teachers use methods that are congruent with the students' cultural learning styles and reflect on the relevance of knowledge bases in a variety of culture which helps teachers to understand and respect their own cultural heritage and develop the knowledge, skills, and attitudes to become functional within other ethnic cultures as well as the mainstream culture. Additionally this study concluded that Students with multicultural backgrounds and autism are challenged on three dimensions: communication, exceptionality, and culture. The professional literature continues to address the first two and this study recommended that it is imperative now to consider multicultural perspectives. By considering this third variable Lynn et al (2004), stated that “general and special education professionals will avoid inappropriate identification, assessment, categorization, placement, and instruction of students with autism who come from culturally and linguistically diverse backgrounds” (p. 34).

An advisory report conducted in Netherlands by the Health Council of the Netherlands (2009), stated that autism is incurable and while various therapies are used to treat the effects of the disorder, their effectiveness is still somewhat limited. Presently according to the argument stated in this report, the most effective form of treatment involves early, intensive behavioral

interventions. As yet, however, there is only limited evidence to support the effectiveness of this approach.

According to this report, in the Netherland there is consensus about which elements must be included in the treatment and supervision of individuals with ASD. One is psycho-education and the dissemination of information about the disorder, and about how it affects ASD sufferers' ability to function as well as other aspects of their lives. A second element involves treating the somatic symptoms presented by such individuals (such as visual and hearing problems). Then there is the treatment of comorbidity, such as ADHD and motor problems. Finally there are psychosocial interventions such as behavioral interventions and family support, as well as support in education and employment.

While concluding this advisory report recommended that the goal of psychosocial interventions is to teach the skills that enable people with an ASD to cope more effectively with everyday life. This generally involves combating the symptoms by using behavioral therapy principles to improve the subject's communication and social skills and by teaching them how to deal with stereotypical behavior patterns. The other interventions are needed to maintain an equilibrium between the individual in question and their social environment. According to this advisory report the treatment of comorbid symptoms, such as anxiety disorders and ADHD like symptoms, involves the use of medication even though pharmaceutical treatment has only a modest part to play in the treatment of ASD. As yet, there is no way of achieving the primary prevention (preventing the disorder from developing in the first place) of ASD. Nevertheless, secondary and tertiary prevention (preventing the effects of the disorder from worsening) are possible, with early detection, accurate diagnosis, and timely treatment and counseling.

There are several interventions that are recommended for the treatment of autism. A study conducted in the University of North Texas by Callahan, Mehta, Magee and Wie (2010), used secondary data analysis to review the results of 187 surveys that were provided to teachers, administrators, and parents of a child with autism. The authors analyzed the results of a social validation survey to determine if autism service providers including special education teachers, parents, and administrators demonstrate a preference for the intervention components of Applied Behavior Analysis (ABA) or Training and Education of Autistic and other Communication Handicapped Children (TEACCH). They also investigated the comprehensive ness of these treatment models for use in public school programs. While conducting this survey, they stated that any terms identifying ABA or TEACCH were purposefully excluded from the items to avoid biasing the respondents. Thus, respondents expressed their opinions only about the perceived importance of each specific intervention component as part of a hypothetical high -quality autism program, rather than its role within a familiar and most of the time emotionally invested treatment model.

Applied Behavior Analysis (ABA) and Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH), are two comprehensive models that will be evaluated in this study. According to data obtained from this survey, ABA focuses on behavioral analysis helping these children to increase their useful behaviors and decreasing their harmful behaviors by using positive reinforcement while focusing on enabling the children to be able to accommodate the world around them and to societal norms (Callahan et al, 2010). TEACCH on the other hand, depends more on visual learning and structured teaching methods while focusing more on accommodating to the child's needs (Callahan et al, 2010).

According to this study TEACCH approach is based on understanding the culture of autism, the characteristic patterns of thinking and behavior seen in individuals with autism. It is also based around developing an individualized person and family centered plan for each client or student, rather than using a standard curriculum (Callahan et al, 2010).

In this survey the specific autism treatments within the ABA, TEACCH, and BOTH categories were analyzed in terms of their distribution across the IDEAL Model functional categories.

According to this survey the IDEAL Model provides a comprehensive selection of socially validated activities which, if effectively implemented would improve key outcomes for students with autism (Callahan et al. 2010).

In order to validate the researcher's categorization of which ideal intervention components represented the ABA and TEACCH approaches, the researchers conducted a process of expert validation. By doing so individuals with documented training and expertise in the ABA and/or TEACCH models were identified and asked to complete a survey to identify the items representing their model. According to this study experts were defined as individuals who had completed national training in the respective model and who were familiar with the use of the model within the field of autism intervention. As it was stated in the survey, experts were recruited from colleagues and acquaintances of the research team members throughout the United States. The experts remained blind to the purposes of the study and eight ABA and eight TEACCH experts participated in the survey while third group of eight experts consisted of individuals who had received certified training in both models (Callahan et al., 2010).

As a conclusion this study found that service providers did not have a preference between ABA or TEACCH treatments, but that they preferred a combination of the key components of each program. The participants indicated that a combination of these treatments provide the most

comprehensive method for having an effective outcome. This was due, in part, to the balance of the treatments and the activities emphasized in each, according to the participants (Callahan et al., 2010).

As a limitation even though this study conducted by Callahan et al. (2010), provided some interesting concepts to help determine appropriate interventions for children with autism, it did not provide any information about the preference for these programs among multicultural groups. It would be beneficial to learn about the preference for these or other treatment methods within multicultural groups, in determining appropriate interventions for multicultural children diagnosed with autism.

2.7 Social Work and Childhood Autism

Social workers that work in an autism treatment setting should be knowledgeable and concerned with the issues affecting children who have autism and their families, as this condition requires provision of multiple services and support that might be difficult to manage and understand for these children and their families.

To this extent on a study conducted about School Social Workers' role in supporting parents of a child with Autism, Foster (2015), explored the role of the school social worker in supporting parents of a child with autism spectrum disorder (ASD). Being a quantitative research study, surveys were emailed to members of the Minnesota School Social Workers Association in this study and participants were asked to complete the survey if they worked as a school social worker and supported students with ASD. The survey investigated the impact of an ASD diagnosis on the parental stress and what role school social workers had in supporting parents' needs. The objective of this study was to gain a better understanding of the school social

workers' role and identify what supports are being utilized and which are not. According to this survey, the three most common supports were connecting parents to community resources, acting as a liaison between school and home and emotional support. Respondents reported parents most frequently report stress relating to behavior, educational needs and lack of resources. Some respondents reported certain areas of stress in which they did not feel it was their place to provide supports such as parent support groups.

According to this study these findings also uncover implications for future research as there is a need for more detailed research investigating the roles that social workers have in supporting parents of a child with autism. This study's findings also implied that it is important to identify what stressors these parents are experiencing in order to develop best practice and interventions. Additionally these results of this study indicated the need for further training and education for social workers who are involved in the care of children who have autism, as this limited understanding of the causes and treatment methods creates barriers for care among social workers who work with these children and their families.

On another study focusing on social workers role Weil (2012), explored Social Workers' role in the delivery of play therapy to Children by using a quantitative design to survey 51 licensed social workers on their use of and perceptions of the effectiveness of play therapy. For this study data was collected through an online survey and analyzed to determine how frequently social workers use play therapy, what level of training they have in play therapy techniques, how effective social workers feel play therapy is effective with children and what factors are believed to contribute to its effectiveness. Findings revealed that the majority of social workers do not use play therapy with their clients, but do feel it is an effective form of intervention. Additionally, findings showed that social workers had minimal exposure to play therapy in graduate school or

through continuing education; yet a majority of respondents indicated that they felt basic training in play therapy interventions should be a part of all social workers' undergraduate/graduate education. According to Weil (2012), this highlights the necessity of further research on the role social workers play in the delivery of play therapy services and the need for schools of social work to better prepare students to practice play therapy in the field.

2.8 Conceptual frame work

For this particular research in impacting the formulation of the research question and design of the research as well as the interpretation and application of findings, the emphasis is placed on the ecological perspective. Pardeck (2015), stated that “the ecological perspective defines the problems of clients in new ways and thus demands enlightened strategies for effective social work intervention” (p.3). According to him ecological perspective builds on the traditional concerns of social work practice dating back to Mary Richmond and also separates social work from the more traditional approaches stressed in psychology and psychiatry. According to Pardeck (2015), the ecological approach provides strategies that allow the social worker to move from a micro level of intervention to a macro level of social treatment as this perspective not only helps the social worker impact a client system through policy and planning activities but also through psychotherapy and other micro level approaches. Additionally Pardeck (2015), concluded his argument by stating that the ecological perspective makes a significant departure from the traditional methods of casework, group work, and community practice as social workers can now conceptualize the problems confronting their clients in such a way that effective treatment involves not only working with the client, but also with the systems that facilitate social functioning including the client's family, neighborhood, community and other critical social systems .

The ecological perspective was developed by the psychologist named Urie Brofenbrenner in 1979 and according to Brofenbrenner (1994), this perspective is an integrative framework for understanding multiple levels of systems and he argues that in order to understand human development, one must consider the entire ecological system in which growth occurs.

According to Brofenbrenner (1994), in requiring us to identify the cultural and societal contexts, along with the historical and economic influences on a person's life and understanding of self, this system is composed of five socially organized subsystems that help support and guide human growth which include: micro-system, meso-system, exo-system, macro system, and chrono-system.

2.9 Summary

The reviewed literatures by this study showed that autism spectrum disorder is a complex disorder with the variety of symptoms requiring a combination of treatments and interventions. According to these studies along with the medical, educational and physiological nature of therapies and treatments, intervention strategies applied in an autism treatment setting requires to be systematically designed considering the impact of culture and language especially when dealing with autistic children that came from a culturally different or non-dominant language speaking families. To this effect recognizing the issues raised by previous studies and the effects and barriers related to multiculturalism on autism treatment, this study examined interventions that are helpful when working with multicultural children diagnosed with autism spectrum disorder along with the barriers affecting such interventions for multicultural autistic children.

Chapter Three: Research Methodology

3.1 Sources and types of data

While conducting this qualitative research project in order to obtain the required data in an autism treatment setting, this study managed to obtain primary data through an interview and questioner from professionals engaged in providing treatment and intervention in autism treatment centers namely Joy center for children with autism and related developmental disorders, Nehemiah autism centers and Ryan autism center. Secondary data was collected from multiple publications like books, manuals, research journals and available online sources like E-books from multiple online databases.

3.2 Sampling technique

For this study the participants were recruited through Snow ball sampling method, which is a nonprobability sampling strategy that allows the researcher to first identify providers who meet the inclusion criteria. This sampling method is selected due to the reason that in this study there is a need to get participants with an insight of professional knowledge and experience on the issue considering the research's focus on multicultural interventions for autistic children in autism treatment centers.

Professionals that are currently working with autistic children having a previous experience in autism centers were interviewed and additional questioners were distributed on issues surrounding childhood autism especially focusing on intervention for multicultural children diagnosed with this developmental disorder. These professionals were proportionally selected from the three autism treatment centers located in Addis Ababa city. The selection processes for recruiting participants in this study was planned depending on the inclusion criteria that solely

rely on criteria's of proven experience in working with autistic children in Ethiopia and current engagement in providing treatment and intervention for children diagnosed with ASD in Ethiopia in addition to being a professional of professions such as counseling psychology, social work and psychiatry.

3.3 Target population

There are 37 employees at Joy center for autistic children, 21 employees at Nehemiah autism center and 6 employees working at Ryan autism center that meet the inclusion criteria to participate in this study as they are currently engaged directly in the interventions and treatment of children with autism.. For the interview 3 professionals from each autism treatment centers that meet the inclusion criteria having a previous experience in autism treatment setting were interviewed on issues that help in addressing the research question raised by this study.

Additionally, one third of these employees (thirteen from Joy, seven from Nehemiah and two from Ryan) were asked to fill questioner with contents related to the interview questions in order to maximize the quality of data as the research was analyzed using coding method with grounded theory.

3.4 Data Collection

Semi-structured questionnaires were used as the primary data gathering instrument for this qualitative study along with the interview. The questioner constitutes open and close ended questions that were designed to address the research question and generate more data in exploring practitioners experience in terms of addressing multiculturalism in autism treatment setting. For an interview the participants of this study that meet the selection criteria were asked to participate in an interview session that lasted approximately 30-45 minutes. The interviews were audio recorded on a tape recorder owned by the researcher for transcription purposes. The

interview questions were partially adopted from a study conducted by Stephanie (2012), on a related issue surrounding interventions for multicultural children with Autism spectrum disorder at St. Catherine University. The interview questions constitute open ended questions and appropriate care was taken to reduce any concerns regarding confidentiality.

3.5 Research Design

For this study a mixed research design was used as this study constituted both qualitative and quantitative research methods even though the study mostly rely on qualitative research design method. This study used snowball sampling method and managed to obtain primary data through an interview and questioner from professionals engaged in providing treatment and intervention in autism treatment centers namely Joy center for children with autism and related developmental disorders, Nehemiah autism centers and Ryan autism center

3.6 Data Analysis and interpretation

The data was analyzed using grounded theory methods. According to Bob (2000), grounded theory is both the process of category identification and integration (as method) and its product (as theory). This means Grounded theory as a method, provides us with guidelines on how to identify categories, how to make links between categories and how to establish relationships between them. Grounded theory as theory is the end-product of this process as it provides us with an explanatory framework with which to understand the phenomenon under investigation and according to Bob (2000), this theory being a method of coding the collected data through identifying similar concepts and themes, it allows researchers to link or ground these categories to the data from which they derive and helps in identifying, refining and integrating categories, and developing theory.

By doing so based on the principles of grounded theory while conducting the analysis, the interviews and questioners were carefully transcribed and exhaustively examined to find different codes and themes. After searching for different codes and themes was conducted and we make sure that it was unable to identify any new codes, the collected data and identified codes were re-read for any missed latent content. Once we make sure that there is no any missed latent content then similar topics that are related to each other were grouped into broader categories which were refined, integrated and analyzed so as to develop themes that helped in answering the original research question were listed.

Chapter Four: Findings and Discussion

4.1 Findings

This study assessed the three autism treatment centers namely Joy center for children with autism and related developmental disorders, Nehemiah autism centers and Ryan autism center to gain insight about multicultural intervention of autism spectrum disorder in an Ethiopian context by focusing on utilized intervention mechanisms along with the barriers related to multiculturalism affecting such interventions hoping to find recommendations and suggestions that can alleviate the effects of multiculturalism in autism treatment that can address the challenges that children with multicultural background face.

While conducting this study nine participants with varying professions representing three autism centers were interviewed based on the inclusion criteria as they work with the target population directly by providing treatments. In terms of profession among the nine respondents one participant studied counseling psychology, one studied social anthropology, one studied social work, three participants studied psychology and the rest three participants studied clinical nursing. All of the nine participants stated that they design intervention strategies for each autistic child individually recognizing the need to address unique problems due to the complex nature of autism spectrum disorder. All of the nine participants in this study stated that they use treatments developed under the model of Applied Behavioral Analysis (ABA) while treating this autistic children with multicultural background applying individualistic treatments depending on their specific needs using speech therapy, occupational therapy, social interaction enhancement therapy, and picture exchange therapy along with teaching them self-help skills like toilet training.

Among the participants three of them were females and the rest six were male. All participants that participated in this study have prior experience working with multicultural families coming from different nations and nationalities of Ethiopia and additionally three participants stated that they had experiences working with multicultural children from a white and Arab families living in Addis Ababa city.

The following table (Table 1) demonstrates the characteristics of the participants.

Table 1: Characteristics of participants in the interview

		Number	Percent
Gender	Male	6	66 %
	female	3	33%
profession	Counseling psychology	1	11.1%
	Social work	1	11.1%
	Clinical nursing	3	33.3%
	Social anthropology	1	11.1%
	psychology	3	33.3%
Therapy model	Applied Behavior Analysis (ABA)	9	100%

Depending on the qualitative research methodology chosen, this study used grounded theory to transcribe data from the interviews and read through the transcripts which lead to finding three major themes as a barrier to treatment for multicultural children that are currently getting treatment at the autism centers after repeatedly reading the data taking the appropriate care in order to avoid any missed latent content. The three themes that emerged from the data as a barrier related to multiculturalism to autism intervention for this target population are Language, accessibility and culture. Language refers to the participants' statements regarding the role of language use in autism treatment setting impacting the process and outcome of intervention for

children with diverse multicultural background, the other theme accessibility refers to the respondent's statements surrounding accessibility issues impacting treatment and the third theme culture referring to the participants' statements regarding issues related to culture in impacting early intervention and parental involvement as a barrier to multicultural interventions for this target population impacting the process and outcome of treatment.

The following table (Table 2) outlines the major themes found and responses

Table 2: *Thematic Categories and responses*

<i>Theme</i>	<i>Responses</i>
<i>language</i>	<i>The need for consistency in terms of language used at home and during interventions.</i>
	<i>Confusion and delay in developing functional communication when facing multiple languages.</i>
	<i>The need for sincerely explaining the need for consistency in terms of language use to multicultural families.</i>
<i>Accessibility</i>	<i>Lack of materials prepared about autism for parents with domestic languages to encourage effective participation of multicultural parents in intervention</i>
	<i>Lack of a good living condition suitable for this children to play as parents move to the capital city seeking treatment</i>
	<i>lack of social workers helping parents in encouraging effective participation</i>
<i>Culture</i>	<i>Culture affecting the quality of parental involvement in play activities</i>
	<i>Some parents took their autistic children to religious institutions for weeks seeking religious treatments like holly water without asking permission and disrupting treatment</i>
	<i>Culturally induced perception problems contributing to late intervention affecting the outcome of treatment</i>
	<i>parents don't include their autistic children in events and activities being afraid of stigma as people in many cultures think autism happens to people that have sin.</i>

Language

Language is one of the major themes emerged from the transcribed data and it was addressed by every respondent stressing the fact that language is a prominent issue when dealing with multicultural intervention for autistic children with different lingual and cultural background. Mentioning the multicultural nature of Ethiopia in general and Addis Ababa in particular along with the fact that children from every part of the country comes to Addis Ababa seeking treatments, every respondents that were participated in this study were calling towards consistency in terms of language use and four respondents out of nine stated:

we have parents that have difficulty speaking Amharic even though the medium of instruction used during treatment is Amharic and we expect the children to practice what they learned when they return home so we tell the parents to try to speak to them using Amharic at home.

Autistic children having social interaction problems get confused when they face multiple languages before they develop functional communication and it delays.

We have six children getting help in our autism treatment center that came from different part of the country currently living in Addis Ababa having parents with difficulty in speaking Amharic and taking appropriate care not to offend them and their culture we sincerely explained the issue and clearly told them the importance of consistency in terms of language used during treatment and at home..

The situation of having large family with a multicultural background exposes autistic children to an additional language affecting their language improvement.

Examining these arguments raised by respondents of this study they stated that recognizing language as a major barrier to multicultural intervention in autism treatment centers, prime focus should be given towards consistency in terms of language use both at the treatment setting and at homes of such autistic children in order to avoid confusion and delay in terms of language improvement by encouraging retention when teaching them skills that help them in learning to speak and maximize the level of their social interaction. To this effect these respondents stated that they were telling parents of such children to adhere to this condition and maintain the consistency in terms of language use at the treatment setting and homes of such autistic children with different lingual and cultural background by taking appropriate care without offending them and their language.

Accessibility

The second theme emanated from the transcribed data is accessibility and it was mentioned by several respondents as a barrier affecting multicultural intervention for autistic children with a multicultural background. According to these respondents Accessibility issues ranging from scarcity in availability of treatment to affordability impacts this target population requiring a collaborative effort and attention. To these effects four respondents out of nine stated:

Some of the Autistic children and their families with a multicultural background were forced to change their residence and come to Addis

Ababa in order to get treatment as treatment for autism in Ethiopia is hardly accessible.

An autistic child that came from Tigray region who was getting treatment in our autism center was forced to discontinue treatment as his parents decided to live Addis Ababa and return to their home town due to the reason that they couldn't secure a job and can't afford to stay in Addis Ababa.

Due to lack of social workers in the autism center along with shortage in accessibility of awareness creation programs through media and publications providing the necessary information's about autism in domestic languages considering such multicultural parents difficulty understanding Amharic, some parents especially the mothers get overwhelmed requiring more understanding about autism and related comorbidity issues by getting too emotional and taking more time to get along with the treatment facing difficulty in terms of effectively participating in interventions.

Accessibility of toys and accessibility of a good living condition suitable for play is a major challenge for Somali children that are getting treatment in our center as I observed when we had a chance to visit one child's home last year. They live in a condominium house crowded with a lot of people without having a space for the children to play and without providing any toys.

Another issue mentioned by respondents that relates to accessibility barrier for multicultural interventions is lack of training materials and intervention tools prepared in major domestic languages granting the possibility of providing treatments in their mother tongue for autistic children with different lingual and cultural background. To this effect understanding the problem two respondents shared their experience surrounding this issue and stated that

We can hardly find studies, guiding materials and publications about autism that are prepared and focused on Ethiopia and we are even forced to modify and create tools like 'Abogida Phonetics' which was used to translate 'picture exchange therapy(PEX)' from English to Amharic.

Most of the tools like toys and puzzles we need for intervention that are available in the market are prepared and designed considering English will be used as a medium of intervention and in order to use them for our purpose we hired and trained carpenters so that they can make us tools that can be used for treatment using Amharic.

According to these respondents accessibility related barriers such as lack of autism treatment centers in their home town forced some of the parents to change their residence making them exposed to face several challenges like high living cost and non-conducive living conditions that come from living in a city like Addis Ababa even forcing some children to discontinue getting treatment in autism centers without achieving the goals of the treatment and learning the required skills. Additionally challenges related with accessibility of toys, accessibility of social workers, accessibility of materials prepared about autism for parents with domestic languages and accessibility of a good living condition suitable for this children to play are also among the issues raised by respondents affecting the process and outcome of intervention in an autism treatment

setting as this children requires to play having the space and toys needed so that their social interaction could develop.

Additionally respondents shared their experience in terms of adopting, modifying and translating training materials and intervention tools to make them usable for interventions delivered using the Amharic language and showed the possibility in terms delivering trainings in other domestic languages as there is a possibility in terms of translating and adopting training materials and intervention tools prepared in major domestic languages recommending that efforts should be made towards granting the possibility of providing treatments in their mother tongue for autistic children with different lingual and cultural background as it is possible.

Culture

The third theme emanated from the transcribed data is culture and it was mentioned by several respondents as a barrier affecting multicultural intervention for autistic children with a multicultural background. According to these respondents issues related to culture ranging from cultural impact on parental involvement to culturally induced stigma hindering the children's participation in the societal gatherings and events limiting their social interaction and communication capabilities, have their own impact on the quality and outcome of treatment for this target population. To these effects six respondents out of nine stated:

Some parents took their autistic children to religious institutions for weeks and sometimes a month seeking religious treatments like holly water without asking permission from the autism center disrupting interventions.

Most cultures in Ethiopia influence parent's value and ability to play with their children as the culture encourages children to only play with each other.

Among the children with a multicultural background getting treatment in our center two of them came to us at the age of seven and eight being late for intervention due to the barrier related to cultural impact on perception as their parents took time to accept the fact that their children are Autistic trying religious institutions first instead of taking them to autism treatment centers slowing improvement.

We should work towards engaging religious institutions in the awareness creation program and reach every part of the country as many parents in Ethiopia usually took their autistic children to religious institutions first and try traditional methods before they brought them to autism treatment centers forcing them to be late for intervention

We teach parents to include their children in events and activities to increase their social interaction and communication capabilities but some parents still doesn't take their autistic children to social gathering and events being afraid of stigma as people in many cultures think autism happens to people that have sin.

When we tell some parents with children that show slow improvements to put more effort by helping them at home in activities we teach them to do, they give us answers such as 'we don't have time' and we are praying for him that's the only thing we can do'. In my personal opinion this shows culturally the values that some people give to autism treatment especially their perception towards the value of parental involvement in interventions needs more works in terms of teaching these parents and creating awareness.

These respondents issued barriers related to culture affecting treatment by commenting on its impact on quality of parental involvement as most cultures in Ethiopia doesn't encourage parents participation in terms of play in addition to cultural influences on parents of such children forcing them to take time to accept the fact that their child is autistic and try religious and traditional methods of treatment before they came to the autism treatment centers which affects the process and outcome of treatment as being late for intervention delays improvement and it hinders the required sequence of treatment making it hard in applying therapies like behavioral modification therapy. Additionally these participants stated that Some parents do sn't value the importance of consistency in treatment as they took their autistic children to religious institutions for weeks and sometimes a month seeking religious treatments like holly water without asking permission from the autism center disrupting interventions and showing reluctance in terms of effectively participating on treatment and limiting their children's inclusion in societal gatherings fearing stigma. To this effect this respondents recommended the need in working towards a nationwide awareness creation programs including religious institutions that can address such barriers affecting treatment in an autism treatment setting.

Additional findings from the questioner

Additionally, 22 employees (13 from Joy, 7 from Nehemiah and 2 from Ryan autism center) were asked to fill questioner with contents related to the interview questions in order to maximize the quality of data as the research was analyzed using coding method with grounded theory. 20 respondents out of the 22 were able to fill the questioners responsibly while two of them returned blank questioners claiming they were busy.

The following table (Table 3) demonstrates the characteristics of the participants and acquired responses from the questioner.

Table 3: Characteristics of participants and acquired responses from the questioner

		Number	Percent
Gender	Male	12	60 %
	female	8	40%
Profession	Clinical nursing	13	65%
	Special needs	1	5%
	Social anthropology	1	5%
	psychology	5	25%
Therapy mode l	Applied Behavior Analysis (ABA)	20	100%
	TEEACH	-	-
Experience working with autistic children	Below 2 years	9	45%
	2-4 years	4	2%
	5-6 years	2	1%
	Above 6 years	5	25%
Level of training acquired on working with children from diverse cultures	I have had no trainings	14	70%
	I have had some training	6	30%
	I have had extensive training	-	-
Capacity of the autism center in facilitating ideal living situations for improvement	Excellent	-	-
	Promising	7	35%
	Satisfactory	11	55%
	Not conducive and poor	2	10%
Detected comorbidity problems in multicultural autistic children you worked with	seizure	8	-
	Stutter	3	-
	Down syndrome	2	-
Are there any children that your center decided to put	Yes	-	-

them on waiting list because of their different multicultural background?	No	20	100%
Level of parental involvement for the multicultural children you are working with	Excellent	5	25%
	Promising	-	-
	Satisfactory	12	60%
	poor	3	15%
Availability of social worker inside the autism treatment center.	Yes they are available	-	-
	There is no social worker	20	100%
Did u conduct an ecological assessment of communication needs?	Yes	18	90%
	No	2	10%

When we examine the acquired responses from the questioner, in terms of characteristics of the respondents twelve participants were male and eight were female. Among these respondents thirteen of them studied Clinical nursing, five of them studied psychology, one studied Special needs and the remaining one studied Social Anthropology. In terms of utilized therapy model all of the participants mentioned Applied Behavior Analysis (ABA) and in terms of years of experience on working with autistic children nine participants stated that they have below 2 years' experience, four of them have 2-4 years' experience, two of them have 5-6 years and five of them had above 6 year experience. When asked about the level of training acquired on working with children from diverse cultures fourteen of these participants stated that they have had no trainings on working with children from diverse cultures whereas the remaining six participants stated that they have had some training on working with children from diverse cultures. In terms of the capacity of the autism center in facilitating ideal living situations for

improvement by providing the required facilities for autistic children, seven participants stated that it is promising, eleven participants stated the condition is satisfactory whereas two participants stated that the center is not conducive and poor in terms of providing the required facilities for autistic children. When asked to list detected comorbidity problems in multicultural autistic children that they previously worked with eight participants mentioned seizure, three participants mentioned Stutter and two participants mentioned Down syndrome. When asked if there are any children that their autism treatment center decided to put on waiting list because of their multicultural background, all participants stated that there are no children that their autism treatment center decided to put on waiting list because of their multicultural background. In terms of level of parental involvement for the multicultural children they worked with five participants stated that there is an excellent parental involvement that was effective and twelve participants stated that the level of involvement is satisfactory whereas three participants stated that there is a poor level of parental involvement for the multicultural children they worked with. In terms of the availability of social worker inside the autism treatment center all of the participants stated that there is no social worker playing the required social workers role in all of the autism treatment center. Finally when asked about conducting ecological assessment of communication needs for every children whereas two of them stated that they don't conduct an ecological assessment of communication needs.

Summary

The participants of this study issued multiple barriers to intervention for children with a multicultural background and these barriers were grouped into three themes surrounding language accessibility and culture. These findings tried to show unique experiences and challenges of multicultural autistic children that are getting treatment in autism treatment centers hoping to

pave the way for producing effective recommendations and encourage future research bearing in mind the Ethiopian context. Additionally according to the findings from the questioner participants stated that the level of training acquired on working with children from diverse cultures is low and the capacity of the autism centers in terms of providing facilities need improvement even though some centers are better equipped than others. Additionally these participants also suggested the need for addressing comorbidity problems and lack of effective parental involvement with some multicultural autistic children they worked with as these issues affect the quality of multicultural interventions.

4.2. Discussion

This study examined the interventions that are helpful when working with multicultural children diagnosed with autism spectrum disorder along with the barriers affecting such interventions by gathering data using questioner and interview asking the practitioners that are currently working at the autism treatment centers by directly engaging in interventions for autistic children with different lingual and cultural background.

Helpful interventions for multicultural autistic children

When we compare the finding of this research with previous studies conducted on autism treatment models, Callahan et al. (2010) suggested that their study found that in terms of preferable treatment methods service providers that participated in their study did not have a preference between ABA or TEACCH treatment models, but they preferred a combination of the key components of each program. These participants indicated that a combination of these treatments provide the most comprehensive method for having an effective outcome. This was due, in part, to the balance of the treatments and the activities emphasized in each, according to the participants (Callahan et al., 2010). To this effect admiring the focus on individualistic

treatments in all three autism treatment centers, this study recommends that even though the choice of treatment models chosen by the three autism treatment centers was Applied Behavioral Analysis (ABA), in terms of addressing multiculturalism in autism treatment a combination of these treatments could possibly provide the most comprehensive method for having an effective outcome especially in addressing problems related to communication as the majority of the children enrolled in these three treatment centers are unable to develop functional communication. This means even though Applied Behavioral Analysis (ABA) focuses on behavioral analysis helping these children to increase their useful behaviors and decreasing their harmful behaviors by using positive reinforcement while focusing on enabling the children to be able to accommodate the world around them and to societal norms, it could possibly benefit these children more if aspects of TEACCH were combined to interventions to address multiculturalism more as TEACCH encourages developing an individualized person (and family)-centered plan for each client or student, rather than using a standard curriculum depending more on visual learning and structured teaching methods while focusing more on accommodating to the child's needs (Callahan et al, 2010).

Barriers affecting multicultural intervention

The findings from this study indicated that in terms of barriers affecting multicultural intervention there are some barriers to treatment affecting the process and outcome of intervention for this target population. This section will examine similarities and differences between recent studies and this current research, and the themes will be related back to the literature and examined to help understand the key issues around treatments and interventions that are helpful when working with different lingual and cultural background who have autism getting treatment in autism treatment centers located in Addis Ababa city.

Language

There were several similarities between previous research and this current study regarding language and how this impacts treatment when working with multicultural children who have autism. Among this Dopke (2006), reflected upon potential difficulties autism could cause to a child in a dual language environment and stressed the importance of considering the child's sensory abilities and his or her ability to generalize. According to Dopke (2006), a child's sensory perception is usually atypically heightened in some areas and perhaps dulled in others when diagnosed with autism spectrum disorder. According to her a person's senses allow them the ability to learn about the world through how they feel, see, smell, hear, and taste. With this regard if a person's senses are atypical, they will perceive the world around them differently than the typical person would, resulting in a difference and potential insufficiency of cognitive development. The second idea she raised is generalization and according Dopke (2006), it is the ability to learn something in one context and apply it to another (from explicit learning to general application). This shows that individuals with autism struggle to take what they learn explicitly in one context and then apply it to another. According to this study the ability to generalize is important in language development for the purpose of applying language use in different contexts and using different structures. Additionally Dopke (2006) recommended that it is generally assumed that adding an additional language would just add to the confusion the individual with autism experiences and should try to be avoided.

On another study, Lynn et al. (2004) stated that multiculturalism must be a focus of efforts to educate students with autism from different cultural background and suggested that strategies for helping multicultural students with autism must include consideration of their communication and language abilities and skills. By reviewing multiple literatures conducted on related topics,

this study concluded by calling teachers and professionals working with multicultural children to think and act multicultural rather than monoculture and to develop curricula that are multicultural in content.

Additionally Yu (2013) explained the problems emerging from lack of consistency in terms of language used for autism treatment with the one used at home of multicultural children by indicating that as findings from the research shows Chinese immigrant mothers with autistic children living in the united states were encouraged by professionals to use only English with their autistic children because “bilingualism was viewed as a potential risk that could hinder their children’s access to intervention or even undo progress that had been achieved” (Yu, 2013, p. 10). Recognizing its effects on treatment outcome this study suggests that when the language used during treatment is primarily used at the home, then the child will progress in therapy and will have noticeable improvements with language and communication skills.

The findings of this research regarding the issue of language and autism treatment comply with the previous studies as it also acknowledges the issue of language as a barrier for multicultural treatment stressing the need for considering autistic children’s communication and language abilities when designing intervention strategies in autism treatment settings. According to the findings of this research, recognizing language as a major barrier to multicultural intervention in autism treatment centers, respondents suggested that prime focus should be given towards consistency in terms of language use both at the treatment setting and homes of such autistic children as it affects the process and outcome of interventions. These participants recommended that practitioners in autism treatment setting should address this issue of inconsistency in terms of language use for multicultural autistic children in order to avoid confusion and delay in terms of language improvement and encourage retention when teaching skills that help them in

learning to speak and maximize the level of their social interaction. To this effect these respondents stated that by taking appropriate care without offending their culture and language, they were telling parents of such children to adhere to this condition and maintain the consistency in terms of language use at the treatment setting and homes of such autistic children with different lingual and cultural background.

Accessibility

Accessibility issues are considered as a common barrier to autism treatment by many studies conducted surrounding autism. Supporting accessibility as a barrier to interventions for multicultural children, on a study conducted with a title Barriers to healthcare among Asian Americans, Kim & Keefe (2010) described how multicultural families struggle with a lack of knowledge about available treatments and how these interventions can help children by stressing the need for addressing accessibility barriers in terms of teaching multicultural families with autistic children suggesting that families are less likely to encourage their children to participate in a treatment program for autism if they do not understand the treatment or how the interventions help their child. Additionally this study also supported the accessibility issues raised by respondents related to accessibility of toys and accessibility of a good living conditions suitable for these children to play, as Kim & Keefe (2010) also recognized the possibility of accessibility barriers related to lack of toys and good living condition suitable to play for multicultural children by sharing the experience of Asian American's while exploring the barriers to health care as these children requires to play having the space and toys needed so that their social interaction could develop.

Among the accessibility issues addressed by the respondents of this study, the accessibility issue related to the need for having social workers inside the autism centers in order to help families

was also supported as Foster (2015) suggested the need for social workers in supporting families of children with autism in terms of connecting parents to community resources, by acting as a liaison for their needs and providing emotional support as parents most frequently report stress relating to behavior, educational needs and lack of resources.

Additionally Jennifer (2011) suggested that families of children with autism spectrum disorders experience significant stress relative to other families after she examined the relationship between social support, family resilience and parental stress in families with a child diagnosed with ASD. The findings of this study shed new light on the role of social support and family resilience on parental stress in families with a child diagnosed with ASD. Since the results of this study show that more resilient families report less parental stress clinicians need to focus on programming for families that enhance key processes of family resilience and reduce stress. This finding supported the argument raised by the participants of this study regarding the need for addressing lack of materials prepared about autism for parents with domestic languages in order to help boost the level of understanding that multicultural parents have surrounding autism and related comorbidity issues to maximized resilience and to help them get along with the intervention by suggesting more and collaborative efforts towards educating parents with autistic children to contribute to the effectiveness of autism treatment as it encourages effective parental involvement.

Culture

Several literatures supported the issues raised by these respondents and among these studies a study conducted by Dugger (2012) gave a strong conclusion calling towards more effort in encouraging early intervention for autistic children by reviewing multiple research studies and stressing on the point that, when diagnosed early children with autism spectrum disorders show

significant improvements in different parts of communication showing better result and fast response than those who did not receive services at an early age. This conclusion supported the need to address this culture related barriers exposing multicultural children to delayed improvement that came from lack of early interventions. To this effect issued barriers related to culture affecting treatment such as cultural influences on parents of such children forcing them to take time to accept and engage in autism treatment has to be addressed considering the fact that being late for intervention delays improvement and hinders the required sequence of treatment making it hard in applying therapies such as behavioral modification therapy. To this effect these respondents recommended the need in working towards a nationwide awareness creation programs including religious institutions to address such barriers affecting treatment in an autism treatment setting.

Additionally on another Study Kuenzli (2012) supported the arguments raised by some of the respondents in this study about the possibility of culture impacting the quality of parental engagement in therapy for multicultural families especially in terms of parental involvement in play by assessing the experience of Somali community and analyzing the difference in views among cultures on autism. According to this study autism is a new concept for many Somali immigrants and the differences in views of childhood development between Somali and American cultures contribute to how Somali immigrant parents perceive autism. The study also found that Somali parents experience several barriers when accessing the service system and concluded by suggesting that this study supports the need for further autism education and outreach efforts to this population.

4.3 Implication for practice

Considering the contexts for social work practice are often complex, usually demanding, and always challenging, the findings acquired from this study has implications for social work and other professionals who work with children who have autism as this study addresses multiple concepts including culture, language, treatment, and practices in an autism treatment setting. Language being a consistent issue addressed within the previous research as well as this current study it has an implication for practice as multiple respondents expressed their concerns regarding how to work with children from multicultural families where Amharic is not the spoken language by stressing the impact that language has on communicative functioning. To this effect in terms of implication to practice this study recommends practitioners that work inside the autism treatment settings should encourage consistency in terms of language used during treatment and at the children's home by communicating with the parents and sincerely explaining the detrimental effect that inconsistency in terms of language use had in terms of creating confusion and delaying improvement in developing functional communication for such autistic children.

Regarding the issue of accessibility as a barrier to multicultural intervention, the implication for practice of this study states that practitioners inside autism treatment center should device a way to encourage and boost the understanding of multicultural families especially the mothers by contributing their experience and knowledge in terms of writing and translating materials prepared about autism for parents with domestic languages in order to help boost the level of understanding that multicultural parents have on issues surrounding autism and related comorbidity issues in order to help parents to get along with the intervention by achieving resilience in handling complexity of the situation and participate effectively in interventions

Additionally this study has an implication for practice towards a nationwide advocacy work in awareness creation programs including religious institutions as multiple respondents expressed their concerns regarding culturally induced perceptions limiting effective parental involvement in intervention, hindering early interventions and affecting consistency of interventions as some parents disrupt treatment for weeks and sometimes a month seeking religious treatments like holly water.

4.4 Implications for Research

Due to the fact that autism in an Ethiopian context is understudied, this study recommends that unique problems of Ethiopian autistic children should be a focus of future research considering the fact that there is a scarcity in terms of available data regarding autism in an Ethiopian context including statistical data such as the prevalence rate of this developmental disorder.

Additionally considering the nature of Ethiopia in general and Addis Ababa in particular constituting a multicultural and multilingual society, the issue of multicultural intervention by itself requires further research that could incorporate subjective experiences of autistic children and their families with multicultural background representing different nations and nationalities of Ethiopia.

Finally, from my observation during the course of this study, I realized that only a few autistic children managed to succeed in improving their communication skill whereas the majority of these children are still nonverbal which signals a need for further studies surrounding these children and the reason why they are still nonverbal.

4.5 Summary

In conclusion, even though the level of awareness among the society concerning issues surrounding autism and accessibility of treatment are showing progress, Hearing that Parents of an autistic child getting treatment at one of the centers were divorced blaming each other for the cause of this developmental disorder was heartbreaking for me and this made me realize the fact that this lack of awareness induced perception problems in our society are deep rooted and requires a collaborative effort along with more research.

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Appendix A: Interview Questions

1. How did you describe childhood autism in an Ethiopian context in relation to challenges and opportunities?
2. What are the barriers to treatment for Ethiopian children with a multicultural background that are diagnosed with autism?
3. What is your education background? Why did you choose to work with this client population?
4. How is the autism treatment setting in the autism treatment centers in accordance with providing conducive environment for interventions facilitating ideal living situations for improvement and recovery ?
5. Which interventions or treatment modalities do you use when working with Ethiopian multicultural children who have autism and their families?
6. What has led you to choose the treatment models that you use over other treatment models or interventions that are used when working with Ethiopian children who have autism?
7. What are the advantages and disadvantages of this particular treatment or intervention?
8. Based on your experience what is your say about the significance of comprehensive autism treatment models of Applied Behavior Analysis (ABA) and Training and Education of Autistic and other Communication Handicapped Children (TEACCH) in terms of treating multicultural autistic children?
9. What is your experience in working with multicultural autistic children and their families in accordance with the prevalence of multiple cultural and linguistic differences among children and their families affecting treatment?
10. Based on your experience what should be done in order to help these multicultural autistic children in helping them learning to speak and minimize the impact of their culturally different background forcing them to use a different language at home other than the language used at the autism center?
11. Have you noticed any cultural implications or barriers when using the above mentioned treatments with children from multicultural backgrounds?
12. What are the unique problems that you experienced while working with multicultural autistic children?
13. What types of ethnic groups do you work with in your profession? And how did you describe the challenges that autistic children from such culturally different families face in learning to speak?

14. How many children are getting treatment currently at your center and among these children how many of them have a multicultural background?
15. Based on your experience how did families of autistic children with a multicultural background perceive the meaning of play and what is their understanding or cultural view of play as a developmental task?
16. In terms of play and its significance for autism treatment how would you describe the availability of toys in their home and parental engagement in play activities in an Ethiopian context?
17. Based on your experience, how would you describe the level of stigma referring to the negative connotation that some cultures have regarding an autism diagnosis in an Ethiopian context?
18. Is there a prevalence of Comorbidity which is the occurrence of two or more psychiatric and/or somatic disorders in the same child? What will you do when such problems like comorbidity were detected?
19. Based on your experience what are the implications of multicultural interventions for social work practice in an autism treatment center that you are currently working?
20. Based on your experience what should be social workers role inside autism treatment centers in helping multicultural autistic children in Ethiopia?
21. Are there any observations or experiences that you would like to add, as it relates to this client population?
22. Are there any resources that you could recommend for furthering my understanding of multicultural children who have autism especially in Ethiopia?

Appendix B- Questionnaire

Addis Ababa University,

School of Social Work

This questionnaire is designed mainly for the purpose of gathering firsthand information in order to obtain the required data regarding helpful interventions and treatments for multicultural children diagnosed with Autism spectrum disorder. The information gathered through this questioner will be used as a major source for the thesis titled *Interventions for Multi-cultural Autistic Children in Autism Centers in Addis Ababa city*, prepared for the partial fulfillment of the requirements for the degree of Master of Social Work in Addis Ababa University.

Since the information you provide had a prime importance contributing to the quality and success of this paper, you are kindly requested to forward your genuine response and I can assure you that the information you provided will be confidential.

Questionnaire

I. Respondent's Profile

1. Age a. below 18 b. 18 – 25 c. 26 – 35 d. Above 35

2. Place of work

3. Educational background

- Below Bachelor Degree
- Enrolled in Bachelor Level Program
- Completed Bachelor Degree
- Completed Master Degree
- Completed Specialist Level
- Completed Doctoral Degree

4. Experience working with autistic children.....

- a. below 2 years b. 2-4 years
- c. 5 – 6 years d. above 6 years

5. As an employee of an autism treatment center, have you ever received any type of training that was related to intervention of children diagnosed with autism?

- `a. yes b. no

If your answer is yes would you please mention some?

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6. How would you describe your level of training in working with children from diverse cultures? (Check one)?

- A. I have had minimal to no training to work with children from diverse cultures.....
- B. I have had some training to work with children from diverse cultures
- C. I have had much training to work with children from diverse cultures
- D. I have had extensive training to work with children from diverse cultures

7. What are the barriers to treatment for Ethiopian multicultural children diagnosed with autism?

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8. How is the autism treatment setting in the autism treatment centers in accordance with providing conducive environment for interventions facilitating ideal living situations for improvement and recovery ?

- a. Satisfactory.....
- b. Promising
- c. Excellent
- d. Not conducive and poor
- e. Could you justify your choice

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9. Which interventions or treatment modalities do you use when working with Ethiopian children who have autism and their families?

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10. What has led you to choose the treatment models that you use over other treatment models or interventions that are used when working with Ethiopian children who have autism?

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11. What are the advantages and disadvantages of this particular treatment or intervention?

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12. What is your experience in working with multicultural autistic children and their families in accordance with the prevalence of multiple cultural and linguistic differences among children and their families affecting treatment?

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13. Have you noticed any cultural implications or barriers when using the above mentioned treatments with children from multicultural backgrounds?

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14. How did you describe the challenges that autistic children from culturally different background face in learning to speak?

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15. What are the other unique problems that you experienced while working with multicultural autistic children?

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16. Based on your experience what is your say about the significance of comprehensive autism treatment models of Applied Behavior Analysis (ABA) and Training and Education of Autistic and other Communication Handicapped Children (TEACCH) in terms of treating multicultural autistic children?

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17. How would you describe the capacity of the autism center you work in with respect to facility in accommodating multicultural autistic children? Are there any children that your center decided to put them on waiting list because of their multicultural different background?

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18. Based on your experience what is the level of parental engagement in treatment for families of autistic children with a multicultural background?

- a. Satisfactory.....
- b. Promising
- c. Excellent
- d. Poor

Could you justify your choice

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19. Based on your experience, how would you describe the level of stigma referring to the negative connotation that some cultures have regarding an autism diagnosis in an Ethiopian context?

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20. Are there any observations or experiences that you would like to add, as it relates to this client population?

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21. Do you have a social worker in the autism center? Based on your experience what should be social workers role inside autism treatment centers in helping multicultural autistic children in Ethiopia?

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22. Is there a prevalence of Comorbidity which is the occurrence of two or more psychiatric and/or somatic disorders in the same child? What will u do when such problems like comorbidity were detected?

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23. As a practitioner in an autism treatment setting will you conduct an ecological assessment of communication needs in the natural environment as it is particularly important for students with low communication skills? If your answer is yes can you share your experience with us?

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