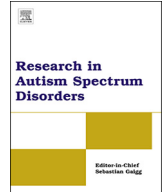




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A systematic review of cultural considerations and adaptation of social skills interventions for individuals with autism spectrum disorder

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ABSTRACT

Background: There is an increasing need for culturally competent interventions for individuals with ASD. Given the dynamic relationship between culture and social behavior, the effectiveness of social skills interventions may be particularly influenced by the degree to which they are culturally appropriate. The extent to which ASD social skills intervention research has considered the role of culture (either through including diverse samples or by implementing cultural adaptations) is not well understood.

Method: The current study is a systematic review of social skills intervention studies for individuals with ASD. The aims of the current review were to evaluate the extent to which studies have included diverse samples, and the extent to which cultural adaptations have been made to social skills interventions.

Results: Sixty-two percent of studies published since 2010 reported the race, ethnicity, or nationality of participants. Minority populations were notably underrepresented in studies conducted in the United States. Only five studies incorporated cultural adaptations to social skills interventions, and these studies included both surface and deep structure adaptations for diverse populations.

Conclusion: Greater diversity is needed in studies of social skills interventions for children and adolescents with ASD. Although a few studies highlighted the feasibility of incorporating cultural adaptation strategies for ASD interventions, future research is needed to examine the extent to which cultural adaptations enhance the effectiveness of social skills interventions in this population.

1. Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that is characterized by persistent impairments in social communication, social interactions, and restricted/repetitive patterns of behavior (APA, 2013). Difficulties in social skills are a core component of the disorder, and may include an absence of social reciprocity, a poor display of eye contact and facial expressions, a lack of nonverbal behaviors and gestures, and difficulty acquiring and maintaining peer relationships. Individuals with ASD commonly have difficulties with exhibiting the appropriate social skills across contexts. As such, a growing number of interventions have

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been employed to improve specific social communication and interaction skills for individuals with ASD across the lifespan (White, Keonig, & Schail, 2007; Reichow & Volkmar, 2009; Stichter, O'Connor, Herzog, Lierheimer, & McGhee, 2012; Wong et al., 2015; Stichter, Herzog, Owens, & Malugen, 2016). The extent to which social skills interventions have accounted for cultural diversity in ASD populations, both nationally and internationally, has not been systematically examined. This is an important consideration, particularly given increasing racial, ethnic and cultural diversity within the United States (US) population (Cherlin, 2010; Colby & Ortman, 2014). A recent examination of National Health Interview Survey (NHIS) data (from 2014 to 2016) indicated that the prevalence of ASD in the US was 1.82% among Hispanic children, 2.49% among non-Hispanic Black children, and 2.48% among those classified as other (as compared to 2.77% among non-Hispanic White Children) (Xu, Strathearn, Liu, & Bao, 2018), highlighting the need for culturally competent practices. For the purpose of this review, the broad term “culture” will be used to refer to the shared identity, behavior, values, and beliefs of members of a particular group or community. More specific terms of “race,” “ethnicity,” and “nationality” will be used to describe particular aspects of cultural identity with international populations and racial/ethnic minority populations within the US.

Diverse groups often demonstrate social skills uniquely in various settings and contexts, highlighting the cultural-specificity of social behavior (Cartledge & Loe, 2001; Jack, Garrod, Yu, Caldara, & Schyns, 2012; Gendron, Roberson, van der Vyver, & Barrett, 2014; Harrison, Long, Tommet, & Jones, 2017). Variability across cultures is well documented in the amount and type of eye contact, facial expressiveness and recognition, interpretations and usage of nonverbal cues and language, types of games and objects used during play, and expression of emotion (Marsh, Elfenbein, & Ambady, 2003; Carter et al., 2005; Yuki, Maddux, & Masuda, 2007; Zebrowitz, Kikuchi, & Fellous, 2010; Elfenbein, 2013; Norbury & Sparks, 2013; Ember & Cunuar, 2015). This cultural variability in social behavior has particular relevance to ASD. In Asian cultures, direct eye contact may be perceived to be rude or disrespectful, meaning that lack of eye contact may not be a meaningful social “red flag” for ASD. Similarly, Chinese children are socialized to inhibit emotional expression (Ho, 1986); as a result, a lack of facial expression may be viewed as socially desirable rather than maladaptive (as in Western cultures). Gesture use also varies significantly across cultures in ways that may directly impact recognition of nonverbal gesture use in ASD. For example, some cultures do not permit index finger pointing as a communitive bid to share attention, making it a less socially-relevant behavior than in Western cultures (Kita, 2009). Regarding early red flags for autism, Latino mothers are less likely than white families to express concerns about social skill difficulties in young children with ASD (Ratto, Reznick & Turner-Brown, 2016; Blacher, Cohen & Azad, 2014). Overall, consideration of potential cross-cultural differences in both demonstration and interpretation of social behaviors is important to understanding social impairment in ASD and in developing culturally-competent interventions.

A growing body of research indicates that simply attempting to involve diverse groups by encouraging participation in standard treatment procedures is a less effective approach, and that interventions are more effective when culturally adapted to meet the specific needs and cultural experiences of diverse subpopulations (Bernal, Jiménez-Chafey, & Domenech Rodríguez, 2009; Hall, Ibaraki, Huang, Marti, & Stice, 2016; Wiltsey Stirman, Gamarra, Bartlett, Calloway, & Gutner, 2017). Considering the heterogeneity among ASD populations (Kalibatseva & Leong, 2014; Burkett, Morris, Manning-Courtney, Anthony, & Shambley-Ebron, 2015; Hewitt et al., 2016; Oshodi et al., 2016; Fong & Lee, 2017), and the use of culturally adapted ASD screening measures (Soto et al., 2015), there is a clear rationale for the use of culturally adapted interventions for individuals with ASD.

1.1.1. Inclusion of diverse populations in ASD research

Despite the importance of ensuring that interventions are effective for diverse populations (Dyches, Wilder, Sudweeks, Obiakor, & Algozzine, 2004; Tincani, Travers, & Boutot, 2009; Fong & Lee, 2017), in a comprehensive review of evidence-based practices (EBP) for ASD, Wong et al. (2015) found that a lack of participant diversity was a significant limitation in the field. West et al. (2016) sought to address the issue by evaluating the reported participant demographics (e.g., race, ethnicity, and nationality) in studies reviewed by Wong et al. (2015), which were published between 1990 and 2011. Of the 2489 participants in the 408 studies included in Wong et al. (2015), only 770 (31%) of participants had a reported race, ethnicity, or nationality (REN) (West et al., 2016). Pierce et al. (2014), similarly evaluated ethnicity reporting practices across articles published in three major autism-related journals published during even years from 2000 through 2010. They found that 138 (28%) of the 943 articles selected reported participants race or ethnicity, and that sampled populations in ASD studies included approximately 47–90% Caucasian participants (Pierce et al., 2014). Overall, previous reviews have found that ASD studies did not consistently report on participant demographics, making it difficult to determine whether samples were representative of the broader population. Zamora, Williams, Higareda, Wheeler, and Levitt, (2016) found that ASD study samples are more likely to include African Americans than other minority groups, including Latinos.

The Publication Manual of the American Psychological Association (APA, 2010) explicitly calls for authors to report the race/ethnicity of their studies' participants. Although previous studies have found minimal reporting practices for ASD studies prior to APA's directive to report race/ethnicity in 2010 (Pierce et al., 2014; West et al., 2016), it is not clear if more recent ASD research has been compliant with these recommended demographic reporting practices. Information about the demographic characteristics of study participants is necessary in order to understand potential differences in intervention effectiveness across cultural groups. This information is critical for evaluating of external validity, or the extent to which the results of the study can be generalized to other individuals or populations (Bernal & Scharró-del-Río, 2001; Whaley & Davis, 2007). In fact, in order for interventions to be considered evidence-based, they must be evaluated on the populations for which they are intended (Huey & Polo, 2008; Whaley & Davis, 2007). Therefore, it is imperative that studies include diverse samples in order to minimize threats to external validity, and to find out for whom interventions work and under what conditions (Evans, 2010; Mejia, Leijten, Lachman, & Parra-Cardona, 2017). The National Institutes of Health (NIH) requires all grant applications to include ethnic/racial minorities in part to enhance scientific

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