

# HOW TO ASSIST



**Newcomer  
families**

**Familles de  
nouveaux arrivants**

Living With  
**Autism  
Spectrum  
Disorder (ASD)**

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# INTRODUCTION

Autism Calgary is a community of individuals and families living with Autism Spectrum Disorder (ASD). Our organization is the community association for Calgary's autism community – families helping families! In 2017-2018 Autism Calgary began noticing a discrepancy in the timeliness, level of service and funding provided to Newcomer families living with ASD. After thorough investigation, it was discovered that there was substantial academic research confirming this gap in service delivery. In 2018, Autism Calgary was supported by the Alberta Human Rights Commission to write a guide to encourage institutions and service delivery organizations in Alberta to reflect on how better to serve these individuals and families who face these two challenging situations simultaneously; being a new resident of Canada and having a child with Autism Spectrum Disorder (ASD).

Creating this guide for service providers has been an important journey in self reflection and assumptions for our organization. As you read through this guide, we encourage you to take time to reflect on your own perceptions, and how to make your professional practice more accessible to Newcomer families. As we all work towards increasing our cultural competency and cultural safety, let us remember that children in every culture are valued and loved!

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# TAILORING YOUR APPROACH TO NEWCOMER FAMILIES

1

## Avoid Assumptions

- Although you may notice certain commonalities between families who are from the same geographic area, do not make assumptions about families and their dynamics or priorities based on cultural background. Life events, education, personalities and so many other unique factors define each family
- Engage the family to learn about beliefs, values and goals - including their religious beliefs.

2

## Make Appropriate & Meaningful Goals

- Ensure all family members understand treatment goals and their purpose
- Ask the family members if treatment goals are useful for improving the child's day-to-day function and involvement in family life. Some common goals, very useful for children in western families (such as sitting at a dining table), may not be especially relevant for families from other cultures.
- If the family does not feel the goals are important or useful ask them to help determine more appropriate and useful goals.

3

## Understand Family Dynamics

Family dynamics are the patterns of interaction between family members. These interactions affect all aspects of family life including: the roles each family member plays, how they communicate, how they make decisions, how they solve problems and how they share their feelings. The way in which family members interact is also shaped by many factors including: the number of individuals in the family, proximity to extended family, cultural upbringing of parents, presence of illness or disability in children or parents, work or school schedules and for Newcomer families, the immense pressures of settling and adjusting to a new society.

Immigration and the extensive difficulties that this can impose can also put a strain on family dynamics. Parents roles may have shifted as they struggle to establish their careers in Canada. Parents with language barriers may have become dependent on children for translation. All of these factors play a role in how your professional services or therapies will be utilized.

### How can I adapt my practices to a family's unique dynamics?

- **Always ask if your instructions, suggestions or questions are being understood and if they are being directed to the right person.** Ask if the family would also like you to provide this information to another family member, such as grandparents, who may also play an important role in childcare. Often what is perceived to be a "lack of compliance with treatment" may just be miscommunication.
- **Adjust your language to be more supportive than blaming,** especially when providing constructive criticism to families facing complex challenges. For example, instead of saying "You're not practicing with your child enough" say "I have noticed that you may be having some difficulty getting in the practice time with your child". Also, the family you are serving will most likely have a well-reasoned basis for their choices and actions - take time to understand their point of view and be open to learning new things and adapting your own practices, to be more relevant.

Based on recommendations provided in:

- (1) Grandpierre, V., Milloy, V., Sikora, L., Fitzpatrick, E., Thomas, R., & Potter, B. (2018). Barriers and facilitators to cultural competence in rehabilitation services: a scoping review. *BMC health services research*, 18(1), 23.
- (2) Kramer-Roy, D. (2012). Supporting ethnic minority families with disabled children: learning from Pakistani families. *British Journal of Occupational Therapy*, 75(10), 442-448.

# PROMOTING BILINGUALISM

Recent research is shining a light on the social communication benefits of bilingualism for children, both neurotypical and those on the autism spectrum. This provides a huge relief for families who speak a native language at home who may have previously been told that bilingualism would aggravate language impairments. Not only can they include their children in all aspects of their cultural heritage, for which language is an integral part, but they can be confident that this gift will be a blessing and not a hindrance to their child's development. The Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) further promotes the benefits of bilingualism, for children with any "language difficulties or disorders" (2).

***"For children with ASD, these results indicate that bilinguals are not only as proficient as their monolingual peers with respect to language acquisition but that bilingualism may lead to increased abilities in certain facets of social communication" (1) p. 257***

## REASONS TO PROMOTE BILINGUALISM IN CHILDREN AND FAMILIES LIVING WITH ASD:

Below are three key reasons to promote bilingualism among children and families living with ASD. Beside each are research quotations to validate and explain these reasons.

1

Bilingualism does not slow or impair language development in children with ASD, in fact it can promote it. This is even true for those who also have a co-morbid intellectual deficit.

"Together, the findings from these studies indicate that bilingualism does not appear to be detrimental to language development in children with developmental deficits in language or cognition. We may therefore expect that families of children with ASD would receive support from professionals when wanting to raise their child bilingually." (1) p. 253

"Children with language impairments are able to successfully learn multiple languages at the same time. Studies have compared bilingual and monolingual children with similar language difficulties or disorders. Results do not show any extra delay or difficulty for bilinguals" *The Alberta College of Speech Language Pathologists and Audiologists.* (2) p. 2

"Research has also shown that children with SLI [speech language impairment] and children with Down Syndrome can become bilingual and that bilingualism is not detrimental to language development, even in the presence of a language or cognitive deficits.." (1) p. 257

(1.) Beauchamp, M. L., & MacLeod, A. A. (2017). *Bilingualism in children with autism spectrum disorder: Making evidence-based recommendations.* *Canadian Psychology/psychologie canadienne*, 58(3), 250.

(2.) *English Language Learners (ELL). Myth versus Fact.* *The Alberta College of Speech Language Pathologists and Audiologists.* [http://acslpa.ab.ca/?wpfb\\_dl=766](http://acslpa.ab.ca/?wpfb_dl=766)

# PROMOTING BILINGUALISM

2

Bilingualism is important for parent-child communication and ensures children are included in their family, social & cultural communities

"By recommending a child be raised as a monolingual speaker, we as clinicians are reducing opportunities for these children to learn how to function linguistically and socially within their cultural communities. Recommendations against bilingualism may also have an impact on the parent-child relationship and on the ability of parents and children to communicate proficiently." (1) p. 255

3

Bilingualism has a positive impact in other social and communication domains, including executive functioning and theory of mind

"Studies examining the link between bilingualism and cognition and more specifically between bilingualism and executive functions (EF) appear to suggest that bilingualism may have a positive impact on EF. . .bilingualism requires the use of specific EF that lead to better performances in attentional control (inhibition) and working memory. It may also have a positive impact on metalinguistic awareness and metacognitive awareness, as well as better symbolic reasoning and better problem-solving skills because of increased cognitive flexibility" (1) p. 252-253

"Findings have shown improved theory of mind abilities in bilinguals compared to their monolingual peers." (1) p. 253



(1.) Beauchamp, M. L., & MacLeod, A. A. (2017). Bilingualism in children with autism spectrum disorder: Making evidence-based recommendations. *Canadian Psychology/psychologie canadienne*, 58(3), 250.

(2). English Language Learners (ELL). Myth versus Fact. *The Alberta College of Speech Language Pathologists and Audiologists*. [http://acslpa.ab.ca/?wpfb\\_dl=766](http://acslpa.ab.ca/?wpfb_dl=766)

# GUIDING PRINCIPLES FOR FAMILIES AND PROFESSIONALS

Below are principles and questions to guide professional practice, accompanied by explanations and evidence from research.

## ● Access to their Native Language = Access to their Native Culture

- "It is important to remember that for bilingual individuals, access to their minority language implies access to their minority culture" (1) p. 258.
- The authors go on to describe how this is especially true for children in bilingual homes and how recommendations against bilingualism are not only potentially harmful but also go "go against best practice guidelines set out by professional bodies such as the Canadian Psychological Association, Speech and Audiology Canada (SAC formerly CASLPA) and the American Speech and Hearing Association" (1) p. 258; (3).

## ● How can we provide Bilingual Interventions?

- Ideally interventions or therapies will be administered in both of the child's languages. However, this is often not possible for interventionists, unless one can be found who speaks the minority language or who is willing to learn at least some words in the minority language. In this case parents, other family members, or friends (or translators where available) can be encouraged to work towards intervention goals in the minority language.

## ● Factors Affecting Bilingualism

- Age of acquisition, quantity of input and environment all impact proficiency for each language.
- Parents should aim for 40-70% of weekly input to be in the child's minority language to achieve monolingual level abilities. Reading to the child in the language and attending weekend academic or recreation programs in the language can be helpful in this pursuit (1) p. 258; (4).

## ● How can we assess their language abilities and determine which language is dominant?

- Parent Questionnaires such as the "Alberta Language Environment Questionnaire" can be used to assess dominance. The "MacArthur Bates Communication Development Inventories" (available in multiple languages) may also be useful to assess language abilities in both languages

## ● How can we set positive but realistic expectations for families?

- "It is important to remember that bilingual children with language impairments will present similar types of deficits in both of their languages" (1) p. 258
- "While children with language and intellectual deficits can become as proficient as their nonverbal IQ-matched monolingual peers, they will nevertheless present language deficits, regardless of their language status. As such, expectations regarding a bilingual child's level of proficiency in each language should be commensurate with that of monolingual children with similar nonverbal IQs." (1)p.258

(1)Beauchamp, M. L., & MacLeod, A. A. (2017). Bilingualism in children with autism spectrum disorder: Making evidence-based recommendations. *Canadian Psychology/psychologie canadienne*, 58(3), 250.

(2) English Language Learners (ELL). Myth versus Fact. The Alberta College of Speech Language Pathologists and Audiologists. [http://acslpa.ab.ca/wpfb\\_dl=766](http://acslpa.ab.ca/wpfb_dl=766)

(3) Crozier, S., Harris, S., Larsen, C., Pettifor, J., & Sloan, L. (2001). Guidelines for non-discriminatory practice. Retrieved from <https://cpa.ca/cpsite/UserFiles/Documents/publications/NonDiscPractrev%20cpa.pdf>.

(4) Seung, H., Siddiqi, S., & Elder, J.H. (2006). Intervention outcomes of a bilingual child with autism. *Journal of Medical Speech-Language Pathology*, 14, 53-64.

# CASE STUDIES

## TERESA, CARLOS & SEBASTIAN

Teresa and Carlos moved to Canada three years ago with their three children, two daughters and one son, in the hopes of escaping political turmoil in their home country. Originally from South America, the family left behind much of their natural supports in the form of family and close friends. Because neither Teresa nor Carlos' education in South America was considered valid in Canada, the family has financial challenges. Carlos, has taken a job as a taxi driver which requires him to be out of the family home much of the day. He is working six to seven days a week for as much as 12 hours a day. Teresa, who does not speak fluent English, takes on the childcare and household responsibilities as their three children are young and energetic. Teresa is quite socially isolated because she has challenges understanding others due to a language barrier. Additionally, not having a valid driver's license in Canada creates a barrier to access social support as well as doing basic life routines such as getting groceries for the family. As a result, Teresa typically remains in the home much of the time. She rarely has time for herself or to socialize with others, which she desperately needs.

Their son Sebastian, the youngest, has recently been diagnosed with autism and he is severely impacted. He is non-verbal, has challenges with self-help including difficulty feeding himself and sitting upright without support. Sebastian also has lots of difficulty socializing with his peers and does not play appropriately with toys. Because Sebastian has high energy, his safety is a major concern. He has no understanding of road safety or strangers and therefore he requires supervision at all times.

Sebastian was accepted into an early intervention program where he will receive both intensive developmental support in a preschool program and therapy at home. Because the family has permanent residency, this support is funded by Family Support for Children with Disabilities (FSCD). While this is just what the family and Sebastian needs, the organization is very far from their home. With Carlos the only one able to drive and working much of the time, Access Calgary is their main transportation. On a few occasions, Teresa missed making a booking or made it for the wrong time, which has meant that Sebastian didn't get picked up, or was picked up late. Although this was due to her language barrier and the overwhelming nature of Sebastian's care, it still left the wrong impression with the service provider. During home therapy, she tries not to "linger" in the room to be respectful and ensure that the aides see that she trusts them with Sebastian. This is hard for her, but she remembers reading that it is important for children to learn things from different adults. To be productive with her time while someone is looking after Sebastian, she catches up with home duties such as cooking, laundry, cleaning and helping her daughters with homework. However, compounded by her language barrier, this is perceived as indifference and an unwillingness to meet implicit expectations of being more directly involved. Because of her apparent "lack of active involvement", Sebastian's home therapy hours have been reduced from three days to two days a week and the family does not understand why. The family also has funding which allows them to hire a babysitter each week for some respite. However, most of these hours go towards a babysitter so Teresa can attend English classes in the evening in the hopes she can better support herself and her family. Together the family is struggling to address all their needs. Both Carlos and Teresa are emotionally, mentally, and physically exhausted and they wonder how they will continue.





## MELANIE, BYRON, CECILIA & JEFFREY



Melanie and Byron moved from China to Canada 4-5 years ago, with their young daughter, Cecilia. Since that time they have welcomed their son, Jeffrey. He is now 3 and has recently been diagnosed with ASD.

Byron was a senior IT professional in China and was able to find an entry level IT position locally. Melanie was a high school math teacher in China but has been unable to become a certified teacher in Canada. She has been working in a used clothing store and was taking English lessons. Recently, their son, Jeffrey, has started to demonstrate signs that he is severely impacted by autism. He is non-verbal and sometimes displays difficult or self injurious behaviour such as head banging and fecal smearing. He now requires constant supervision. His parents would love to find more professional assistance or therapies, but they do not have permanent residency or citizenship status which means they are not eligible for government funding through FSCD. The family is in the process of applying for permanent residency status but are in desperate need of support for their son now. They are trying to save up for private therapies but this option does not look realistic for them. They have spoken to their bank about getting a loan to cover the cost of therapies but because they do not own a home they are ineligible.

In China, Byron was used to being the primary income earner and although Melanie worked she was the one in charge of the home and child care with the help of their parents. Since they moved to Canada their financial circumstances mean he can not always cover their bills and the childcare responsibilities have drastically increased due to Jeffrey's ASD and the lack of grandparent support. This adjustment has been a major shift for Byron. He has struggled to grapple with the changing family dynamics on top of taking a major demotion in his career.

The family no longer attend church regularly and when they do only one parent attends with their daughter because they feel there is no Sunday School class that Jeffrey could take part in. They have not told anyone in their social circles, outside the family, about Jeffrey's ASD and do not take him to social gatherings. Melanie has tried speaking to an immigrant serving agency about her son, but the agency does not know how to connect her to others in the same situation as her. When Melanie tried going to a support group for mothers of children with ASD her difficulty with English made it difficult to follow the conversation and she did not feel she connected with any of the mothers. So she never attended again. Melanie feels so alone and wishes she could find even one person who understood. Both parents are also concerned Cecilia does not get the attention she deserves but Jeffrey's care is so all consuming that they do not know what else to do. Jeffrey's day-home has said they cannot continue to care for him due to his ASD related needs – unless Melanie and Byron pay an additional amount for extra staffing. Because of this, Melanie has had to stop her English lessons and also had to drastically cut back her working hours. Byron tries to work overtime whenever he can and occasionally drives for Uber to help bridge the gap. Byron does his best at home with the little time available to give Melanie a break, but this comes at the cost of staying strong and focused at work.


Both parents are also struggling to come to terms with what the autism diagnosis means for Jeffrey's future and the future of the family. What are realistic expectations for Jeffrey's future? Are their previous hopes and dreams for Jeffrey and their family now just wishful thinking? Will their daughter, Cecilia, one day need to care for Jeffrey? These fears and unknowns for the future sometimes feel so overwhelming, especially in the face of being unable to access any therapeutic interventions. Despite these immense challenges, it is a relief to see that there are many moments each day when Jeffrey is happy. Slowly Melanie and Byron are learning to re-imagine a joyful, albeit different, future for their beloved son, and their family.

# POSITIVE PERCEPTIONS

Cultural competence can be described as an awareness of your own culture and worldview, knowledge about other cultures and worldviews and the ability to view and interact with other cultures in a positive and non-biased way. Gaining proficient cultural competence means having a positive perception of other cultures and ways of looking at the world. This requires us to look deeply and self reflect on our own biases and how they may impact diverse clients. When we are able to have cultural competency, we are more likely to create a safe and respectful space for everyone to express their own culture and viewpoints.

The points below are a few areas that can get you thinking about your own perceptions and spark some self reflection. However, the most important thing when working with any family, is to get to know that individual family. Just like every person living with ASD is unique, every family living with ASD is also unique!

## Cultural Stigma or Normal Grief?



When an English speaking, non-immigrant family expresses sadness, denial, fear or other emotions in reaction to their child's diagnosis or assessment it is usually understood to be part of a natural parental grieving or acceptance process. However, the same feelings expressed by Newcomer parents can sometimes be wrongly labelled as "cultural stigma". There is no universal understanding of how experiences of disability and impairment are understood and celebrated.

Children in every culture are loved.

How can we ensure we are giving Newcomer parents the benefit of the doubt?  
How can we better support Newcomer parents through the natural grieving and acceptance process?  
How can we better listen to and acknowledge each family's expression of love and their experienced understanding of their child's gifts?

## Isolated & Overwhelmed

Imagine being uprooted from your home and planted in a new country where you do not know anyone and are unfamiliar with all the systems and places in your new home. Whether this move was voluntary or involuntary it is easy to see that not having friends or family for support, advice, help or connections would leave you feeling overwhelmingly isolated. Now imagine that on top of this your child has been diagnosed with Autism Spectrum Disorder (ASD) and this results in behaviours that many do not understand - leaving you *even more* isolated. The loneliness could become suffocating - and it would make every other aspect of your life extremely challenging. Many difficulties that Newcomers face stem from this isolation and the overwhelming feeling of being alone.



How can we be more accommodating and understanding towards parents and families who are new to Canada?

## Rediscovering Hope

At a certain point, it may look like the situation, life perspective and world around of the immigrant inevitably dives them into a spiral of ultimate despair where is no place for any hope. Their dreams of an exciting, new beginning have turned into a nightmare. They are isolated, their career as they knew it has ended, they are struggling to meet their family's needs and they face discrimination from people and systems around them. We may scholarly examine this and academically debate the possible subjectivity of this perspective. Or alternatively, we can remember the words that Dylan Stanly (Director of community outreach for Harm Reduction Ohio) said about a similiar subject:



**“It is the place to forget what you think you know and set aside your opinion, so that when you meet people where they’re at, you can take the time to ask them where they want to go.”**

What exactly may prompt the professional to assist a client on their road toward a desirable future? Will it be a desire to lift their emotions? Or to rediscover the personal strengths buried in every survivor’s story? Will the internal fighter and warrior stop lingering in the shadows and step into the light? Will their resilience be finally built?

All these questions are very important concerning the complexities of Autism Spectrum Disorder that we are trying to address, as professionals. Of course, its impact on each child and each family is different. Because of this variability, it is hard to design and describe a universal approach or even a road map for every child and family’s changing needs - but there is always some hope. A hope that support from the community, that one person's patient listening ear, may help families to rediscover their joy and stability - and to experience the wonderful gift of seeing their children grow.

## How can I help Newcomer families to find hope?

### A Squeaky Wheel gets the Grease

The Canadian culture is one where it is not only acceptable but expected that you will request what you need and deserve. Demanding what you need is often considered normal behavior. But in many cultures, systems of support do not function the same way - self advocacy is considered disrespectful and will not advance your cause. In most cultures of the world being collaborative and communal is the best way to ensure you get what you need. For many Newcomers, becoming comfortable with self-advocacy is very difficult, especially when you are aren't familiar with the systems of support. Also, accessing certain services will put their immigration status at risk - and determining which ones they are allowed to access can be complicated. Despite being loving and engaged parents, this different frame of reference for self advocacy means that some parents are wrongly viewed as being passive or unengaged. Sadly this can result in their child's therapy or other services being reduced or put at risk.



**How can we go to bat for families that are new to Canada and help ensure they are getting the services they need? Are there immigrant serving or settlement organizations that we can connect them to?**

# POSITIVE PERCEPTIONS

## Language Barrier does not mean Intelligence Barrier

Imagine you move to Canada in the hopes of a better life for your family. You do not speak English or French and you want so badly to give your child living with ASD the best support possible. You struggle to understand the language and as a result miss a lot of important information you need to support your child's development. Service providers and professionals do not slow down their speech or give you time to ask questions to gain a better understanding. You also have a sense that the individuals working with your child do not think you capable of understanding and often do not consider you in decisions being made about your child's services and needs.

Often, when there is a language barrier, there is an assumption that there is a lack of understanding. This is often not the case at all. It can be very challenging to grasp what is going on when you do not understand the language but this does not mean an individual is incapable of understanding. Despite having an in-depth understanding of ASD and of their child's complex needs and unique strengths, parents can be left in the dark when it comes to their child's supports when service providers do not take the time to include them, especially when there is a language barrier.



Are we providing parents the time and support to ensure they are comprehending what we are saying to them?  
Consider and ask how families prefer to communicate.  
Is written form, such as by email, easier than oral?

## Lack of Access to Transportation = Lack of Access to Services

Being able to easily move from place to place is something many of us take for granted. However, for many Newcomers to Canada transportation is a major hurdle that leaves them even more isolated and overwhelmed. This issue is drastically increased if the family has a child on the autism spectrum.

Taking public transit often requires standing outside in bitterly cold weather (something many individuals have never experienced before) and usually requires multiple transfers and several hours to get anywhere outside of your neighbourhood. If you have young children, especially if one of them is on the autism spectrum, this is an exhausting ordeal.

In order to get a vehicle, Newcomers have several difficult hoops to jump through. If your license is not recognized or you did not drive in your home country, you will be required to take the written Learner's License test. Gaining enough proficiency in English to take this test can take years to obtain. Then on top of the cost of a vehicle, car insurance can be up to double the price for those without Canadian driving experience (even if they have been driving for years or even decades in their home country).

Despite these barriers, transportation is often not considered by service providers. Many families are turned away, denied service or fined by service providers because they can't make appointments or show up late.



How can we be more understanding regarding the day-to-day transportation difficulties faced by Newcomer families?

# GLOSSARY

Like many service sectors, the "Autism World" has its own lingo, jargon and acronyms. This glossary explores terms used in the global autism community as well as very specific terms used to describe models of service provision and funding in Alberta, Canada. If you or anyone you serve would like more information or assistance with anything you see in this glossary please contact Autism Calgary!

## ASD / AS

Autism Spectrum Disorder

A lifelong neurological disability that affects how a person communicates and socially interacts with others. There is a wide range of symptoms and severity.

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## HFA

High Functioning Autism or Asperger's Syndrome

A form of autism where an individual is able to speak or communicate. However, the individual still struggles with socializing, non verbal communication and other aspects of autism and may or may not have an intellectual disability. Also called 'Level I Autism'.

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## PUF

Program Unit Funding

Funding from the Alberta government for children aged 0-5 with disabilities or learning difficulties. The funding is provided through preschool programs to deliver educational and therapeutic supports to children.

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## FSCD

Family Support for Children with Disabilities

Funding from the Alberta government for families with children aged 6-18 who have disabilities. Families can use the funding for childcare, therapies and other expenses incurred because of the disability.

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## SS

Specialized Services

This refers to a custom package of therapies and services created to meet the needs of each family. It is funded by FSCD. It will usually involve therapy for the child and supports for the other family members.

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## DBA or DBS

Developmental Behavioural Aide/Service

This refers to a custom package of therapies and services that is less intense than Specialized Services. It is typically 6 months long. It can be used in place of Specialized Services or before or after it.

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## PDD

Persons with Developmental Disabilities Program

Funding from the Alberta government for adults with intellectual disabilities (18+). The funding is for caregiving supports and to allow these adults to be a part of their communities and live as independently as they can. Families can choose to either utilize a support organization or agency or manage the funds and care themselves.

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## AISH

Assured Income for the Severely Handicapped

A monthly income provided by the government of Alberta for adults (18+) who cannot work or earn sufficient income because of a permanent disability.

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## ABA

Applied Behavior Analysis

A type of therapy to teach children with ASD communication skills and helpful behaviours. It breaks down goals into very small steps and encourages children to learn steps through teaching & repetition.

# GLOSSARY

## Respite or Respite Care

Short-term caregiving for parents or caregivers of individuals with disabilities. This allows them to take a much needed break or attend to other family responsibilities. (aka babysitting)

**OT:** Occupational Therapist  
**PT:** Physical Therapist  
**SLP:** Speech Language Pathologist  
**Psych:** Psychologist

### Therapists that help individuals to improve...

OT: skills needed for daily living & working  
PT: physical movement and strength  
SLP: speaking and communicating  
Psychologist: mental health

## MDT Multi-Disciplinary Team

A team of health professionals (OT, SLP, PT and Psych) under the government of Alberta that review information about a child with a disability and make recommendations about what types of therapy and how much is needed. They are used to determine how much FSCD funding a family needs.

## Community Aide Behavioural Aide Personal Aide Educational Assistant (EA)

### Assistants to help children with disabilities to...

Community Aide: participate in community activities  
Behavioural Aide: learn behaviours that allow them to have a positive community life  
Personal Aide: personal hygiene and medical care  
Educational Assistant: be successful in their school classroom

## SPD Sensory Processing Difficulty/Disorder

A condition where an individual's brain and nervous system have difficulty processing or integrating information from their five senses. For example, a child with SPD, processing the feelings of hot or cold, tired, hungry, lights and sound can be challenging and overwhelming.

## PDD-NOS Pervasive Developmental Disability—Not otherwise Specified

An intellectual disability that affects an individual's ability to communicate and socialize

## OCD Obsessive Compulsive Disorder

An anxiety disorder in which people have unwanted and repeated thoughts, feelings and actions that they have difficulty stopping.

## ADHD Attention Deficit Hyperactivity Disorder

A disorder which affects a person's attention, the ability to sit still, and self-control.

## CP Cerebral Palsy

A group of conditions affecting body movement and muscle coordination. There is a great range in symptoms & severity.



# SOURCES

## Academic Publications

- Beauchamp, M. L., & MacLeod, A. A. (2017). Bilingualism in children with autism spectrum disorder: Making evidence-based recommendations. *Canadian Psychology/psychologie canadienne*, 58(3), 250.
- Crozier, S., Harris, S., Larsen, C., Pettifor, J., & Sloan, L. (2001). Guidelines for non-discriminatory practice. Retrieved from <https://cpa.ca/cpaweb/UserFiles/Documents/publications/NonDiscPractrev%20cpa.pdf>
- Grandpierre, V., Milloy, V., Sikora, L., Fitzpatrick, E., Thomas, R., & Potter, B. (2018). Barriers and facilitators to cultural competence in rehabilitation services: a scoping review. *BMC health services research*, 18(1), 23.
- Jegatheesan, B., Miller, P. J., & Fowler, S. A. (2010). Autism From a Religious Perspective: A Study of Parental Beliefs in South Asian Muslim Immigrant Families. *Focus on Autism and Other Developmental Disabilities*, 25(2), 98–109. <https://doi.org/10.1177/1088357610361344>
- Khanlou, N., Haque, N., Mustafa, N. et al. (2017). Access Barriers to Services by Immigrant Mothers of Children with Autism in Canada. *Int J Ment Health Addiction* (2017)15: 239. <https://doi.org/10.1007/s11469-017-9732-4>
- Kramer-Roy, D. (2012). Supporting ethnic minority families with disabled children: learning from Pakistani families. *British Journal of Occupational Therapy*, 75(10), 442-448.
- Seung, H., Siddiqi, S., & Elder, J.H. (2006). Intervention outcomes of a bilingual child with autism. *Journal of Medical Speech-Language Pathology*, 14, 53-64.
- Sritharan B., Koola M.M. (2019). Barriers faced by immigrant families of children with autism: A program to address the challenges. *Asian J Psychiatr.* 2019 Jan;39:53-57

## Community Resources

- Supporting Immigrant Children with Special Needs and Their Families. CMAS: SUPPORTING IMMIGRANT CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES. [www.cmascanada.ca](http://www.cmascanada.ca)
- English Language Learners (ELL). Myth versus Fact. The Alberta College of Speech Language Pathologists and Audiologists. [http://acslpa.ab.ca/?wpfb\\_dl=766](http://acslpa.ab.ca/?wpfb_dl=766)
- <https://www.amssa.org/family-dynamics/>
- <http://www.strongbonds.jss.org.au/workers/families/dynamics.html>
- <https://www.counselling-directory.org.uk/counsellor-articles/family-dynamics-the-roles-we-play>



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