ABSTRACT

A PRESCHOOL RESOURCE SUPPORT PROGRAM FOR PARENTS OF CHILDREN WITH AUTISM: A GRANT PROPOSAL

By

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The purpose of this project was to write a grant proposal for the design and implementation of a resource support program that would serve as extra support for low-income Latino parents of newly diagnosed preschoolers. Parents of children with autism spectrum disorder (ASD) face multiple challenges. These challenges include limited access to screenings for ASD, language barriers, lack of information, awareness, community support, and resources due to low social economic status and mental health issues. The major components of the proposed program are to provide outreach, psycho education, and link parents to resources in the community. Santa Ana Unified School District's Mitchell Child Development Center which is located in the city of Santa Ana, California will be the host agency. The actual submission and/or funding for this grant were not requirements for the successful completion of this project.

A PRESCHOOL RESOURCE SUPPORT PROGRAM FOR PARENTS OF CHILDREN WITH AUTISM: A GRANT PROPOSAL

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To my three most precious gems: my children Martin, Briana, and Ethan for believing in me. Let my journey serve as an example of dedication, hard work, perseverance, and most importantly, the desire of me wanting to provide a better future for you. Thank you for being there through it all. I love you!

TABLE OF CONTENTS

Page

CHAPTER 1

INTRODUCTION

Problem Statement

Autism spectrum disorder (ASD) refers to the difficulty in social communication and social interaction; and restricted and repetitive behavior, interests, or activities (American Psychiatric Association [APA], 2013). ASD is currently affecting approximately 1 in every 68 children in the United States (Centers for Disease Control [CDC], 2010). This rate has risen 123% since 2002 (CDC, 2010). Furthermore, studies show that ASD affects boys 4 to 5 times more than girls (CDC, 2010). Children can be diagnosed as early as 2 years of age, yet the median age for first time ASD diagnosis is 53 months (CDC, 2010). Early diagnosis and early intervention are critical to increasing the odds of more positive outcomes for children (Levy, Mandell, & Schultz, 2009).

Between 1993 and 2003, schools had an increase of 500% in the amount of students on the spectrum and who qualified for services under the Individuals with Disabilities Education Act (IDEA; U.S. Government Accountability Office, 2005). Services for this population are among the most expensive provided under the IDEA, therefore the increased number of students that qualify for services poses a concern for the budget of both parents and school (Czapanskiy, 2014). Resource support programs to help their parents of children with ASD access services in the community can potentially help schools and parents save money. Careful attention to the disparities parents undergo while accessing services for their children as well as attention to the emotional barriers parents encounter can be important for better outcomes of services received (Czapanskiy, 2014).

When a child within a family is diagnosed with ASD, families may experience an array of emotions and challenges raising their child. Parents of children with ASD experience feelings of guilt, responsibility, and blame (Valente, 2004). Parents who have children with ASD are also twice as likely as parents without a child with ASD to get divorced (Valente, 2004). Moreover, parents encounter barriers when accessing supportive and educational services as well as having to deal with strong emotions. Parents identify themselves as the most common case manager for their child (McLennan, Huculak, & Sheehan, 2008). In a separate study, Brown, Ouellette-Kuntz, Hunter, Kelley, and Cobigo (2012) noted that parents of school aged children who are no longer eligible for early intervention services face a new set of challenges in supporting their child. Some of these challenges included gaining access to different services in order to meet their child's needs along at home and school.

Some parents of children with ASD experience more challenges than others in accessing services. Parents that come from an ethnic minority group such as Latinos and those who live in low-income neighborhoods experience an added amount of barriers in accessing services (Van Velsor & Orozco, 2007). Parents of children with disabilities are expected to be more involved in their child's education than parents of children in general education (Czapanskiy, 2014). However, Van Velsor and Orozco (2007) found that being from a low-income socioeconomic status prevented parents from engaging with schools more than parents that have higher incomes. Additionally, some Latino parents may not speak English therefore causing a disadvantage in accessing services for their children (Perrigo, Goldfarb, Matic, Banda, & Williams, 2013).

Given that the Latino population is growing, addressing language barriers can eliminate disparities these families face when accessing services for their children (Perrigo et al., 2013). Service access for ASD families is delayed for families with lower levels of education and income (Czapanskiy, 2014). If not given an appropriate referral, parents may lose time trying to figure out what step to take next and their child may be misdiagnosed with a another developmental disability. Not only do these parents of children with autism lack adequate support, they also feel discouraged by their lack of information and knowledge about related services that if not attained, can prevent a child's development (Czapanskiy, 2014). More and more children are getting diagnosed with ASD and the need of resources for parents, particularly those from low-income and Latino backgrounds are evident.

Latino parents of preschoolers with ASD need extra supportive services. Not only do these parents experience a difficult time getting a diagnosis, experience language barriers, and emotional challenges, they also lack knowledge of resources in the community (Sippl, 2014). Latino parents with language barriers have a difficult time scheduling therapy sessions and other related services needed to address their child's needs (Sippl, 2014). Latino parents have to work often times leaving their children with a caregiver who may not understand how to care for a child with ASD (Sippl, 2014).

Statement of Purpose

There are many barriers that prevent Latino parents of children with ASD from accessing services in the community to help meet their child's needs. The purpose of this project is to develop a grant proposal to fund a resource support program for Latino families of preschool children with ASD at Mitchell Child Development Center located in Santa Ana, California. The primary goal of the program will be to link low-income, Latino parents and family members with resources in the community that will help parents access services for their children and services to help parents cope with the demanding role of raising a child with ASD. The resource support program will include education workshops about ASD and parent trainings about strategies to work with their children in both Spanish and English during and after school hours. To address the emotional impact of ASD on parents, support groups and family to family workshops will also be provided. If needed, the resource support program will provide parents with referrals to meet basic needs such as food and shelter.

Multicultural Relevance

This grant will serve to facilitate the access in resources available to Latino parents with children with autism by offering a culturally competent program. Learning about cultures can help break down stereotypes that can help improve communication between Latino parents and non-Latino teachers (Becerra, 2012). Furthermore, this grant will help reduce some of the barriers Latino parents encounter when accessing service for their children. Having limited English makes every part of the diagnosis process more difficult (Zuckerman et al., 2014). Therefore, in order to make this program culturally competent, bilingual services will be provided to the families. In the Latino culture, machismo is a traditional gender role that looks at males as being tough and strong. Due to this cultural belief, fathers may have resistance when their male child is being diagnosed (Zuckerman et al., 2014). This program will include family to family support workshops for fathers. In order to address the poverty domain, families will be informed of free and low cost services in the community. Also, not many families are aware that there are Supplemental Security Income (SSI) benefits that their child may qualify for (Zuckerman et al., 2014), therefore, they will be encouraged to apply. In the Latino culture, mental health and disabilities is greatly stigmatized (Zuckerman et al., 2014). This grant will include educational workshops to teach parents about ASD and addressing parent concerns in a sensitive manner. Being culturally sensitive and addressing language barriers for Latino families can help reduce disparities in accessing services (Perrigo et al., 2013).

Social Work Relevance

An important part of a social workers' responsibility is to work with oppressed and vulnerable populations and to advocate for social policies to reduce the inequalities that exist in different areas (National Association of Social Workers [NASW], 2014). Having a school social worker as part the program for this grant will provide more opportunities for low-income Latino families of children with ASD to access services. School social workers have the ability to create a positive school climate and advocate for school policies in order to create an education system that serves students of all ethnicities and race (Becerra, 2012). The school social worker will have an opportunity to utilize their social work skills to propose new policies that are culturally informed for Latino families. The school social worker for this program will have the opportunity to advocate for policies based on empirical support. In addition, the school social worker will help bridge the gap that exists between schools and the local community, especially in low-income and racial ethnic minority communities (Becerra, 2012).

Social workers can serve as brokers between the school and Latino families to promote successful programs (Becerra, 2012). When educators are better able to understand the diversity of cultures of the Latino population, they are able to use their cultural strengths instead of their deficits (Moreno & Gaytan, 2013). It is important for social workers to recognize barriers that affect families from accessing services. Recognizing that there are other barriers that may not seem directly related to education such as healthcare, is important to meet the needs of Latino students (Moreno & Gaytan, 2013). Through this program, social workers will gain a better understanding of ASD among a fast growing population of Latinos to serve the needs of this vulnerable population.

Definition of Terms

The following are definitions of terms that will be frequently used throughout this project.

Autism spectrum disorder (ASD): Is a group of developmental disabilities that can cause significant social, communication, and behavioral challenges (CDC, 2008). According to the *Diagnostic and Statistical Manual of Mental Disorders*, (4th ed., text rev.; APA, 2000), different subtypes of ASD included autistic disorder, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified, and Asperger's syndrome (APA, 2000). After the publication in May of 2013 of the DSM-5 diagnostic manual, the subtypes were merged into one umbrella diagnosis of ASD (APA, 2013). For the purpose of this project, the term ASD will be inclusive of all former subtypes and reflect the current DSM-5.

Low-income: According to the U.S. Census Bureau, earning $45,000 per household annually is considered low-income and 48% of U.S. citizens fall into this category (U.S. Census Bureau, 2013).

Racial and ethnic minority populations: Are defined as Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and other Pacific Islander, American Indian and Alaska Native (U.S. Census Bureau, 2010).

Latino or Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Hispanic, Latino, or Spanish culture or origin regardless of race (U.S. Census Bureau, 2010).

CHAPTER 2

LITERATURE REVIEW

This literature review is focused on different ways in which ASD affects children, their parents, and their siblings. This literature review will explore the unmet needs of low-income Latino parents with children diagnosed with ASD. Social indicators that pose barriers in accessing services needed to get timely diagnosis, appropriate treatment, and extra support for low-income Latino parents will also be reviewed. Moreover, the literature will look at informational support for Latino parents about services for their children with ASD. Lastly, this literature review will identify and explain existing programs serving low-income Latino families with children with ASD to offer suggestions for programs designed to better serve Latino families. Resource programs will be reviewed in order to gain a better knowledge of the types of programs that are being used. In addition, this literature will seek to find ways in which these programs are being applied when working with low-income communities and vulnerable populations as; are low-income Latino parents who lack knowledge of available resources in the community. The goal of the literature review is to provide information about the Latino population and factors that have contributed to their lack of knowledge of ASD, ASD interventions, and ASD resources.

Impact of ASD on Parents

Not all families relate to disabilities in the same way. Some parents may feel more overwhelmed than others depending on the child's level of functional independence; therefore, these parents may feel they have greater unmet needs (Brown et al., 2011). Children with ASD have different levels of functioning. Children with low functioning skills are less independent and require more support from their family (Brown et al., 2011). Furthermore, Brown et al. (2011) note that the level of a child's functional independence and the way parents relate to it can impact the parent's idea about what they think are their unmet needs. For instance, parents who have high functioning children do not feel the need for services their child does not receive whereas parents with low functioning children feel more overwhelmed and feel the burden of not having support services provided to their child (Brown et al., 2011). Findings show that an indicator of family burden depends on the level of functioning of a child and the way the family deals with the disability (Brown et al., 2011). These findings suggest that not all families of ASD children adjust the same way. There is a need to develop more resources into families and adjust the way services are being distributed in order to help (Brown et al., 2011).

Parents oftentimes feel isolated due to fear of others not being able to understand their child's behavior. Isolation imposes significant consequences on families of children with disabilities (Czapanskiy, 2014). Low-income parents have fewer opportunities to learn about their child's disability and ways to help them (Council of Parent Attorneys and Advocates [COPAA], 2013). Parents of ASD children often experience isolation that can also drain them emotionally, putting their marriage in jeopardy (Czapanskiy, 2014).

Furthermore, isolation can decrease parents' chances to work with others in the community to improve their child's situation (Czapanskiy, 2014). Without the close collaboration of professionals, parents may find themselves making uninformed choices regarding their child's resources, treatment options, and education.

Impact of ASD on Siblings

Not only are parents affected by having to adjust to their child's lifetime disability, other family members experience difficulties as well. Even though there is little research to support that having a sibling with autism affects a sibling's social, emotional, and behavioral well-being, there is literature that supports the need for support groups for siblings of children with ASD (Green, 2013). Compared to children with siblings with typical development, children who have a sibling with ASD experience a hard time understanding why their sibling will not play with them, has different rules, and why parents spend more time with him or her (Green, 2013).

Like many parents, children in the family are also able to adapt when there is support available within the family. Research has shown that early intervention services are important for young children with ASD and their families (Tsao, Davenport, & Schmiege, 2012). Tsao et al. (2012) considered the existing research on what is currently known about siblings of ASD children and then discussed the available support for siblings. According to Tsao et al., siblings that have positive thoughts and awareness about their sibling's disability will have an easier time adapting to the effects of ASD on the family. Parents can help mold the way a child perceives their sibling's disability. Many siblings of children with ASD develop positive relationships with their sibling. The typically developing child usually serves as a role model, a teacher, caregiver, and confidant for the sibling with a disability. The behavioral problems associated with ASD can result in negative emotions for the typical developing child (Tsao et al., 2012). Therefore, there is a need for programs that offer extra support with material, information, and emotional and social resources (Tsao et al., 2012). When siblings perceive that parents and friends react in a positive manner toward the child with a disability, they express having better relationships with their siblings (Tsao et al., 2012).

During the preschool years of typically developing children, siblings of children with ASD are unable to understand clearly what ASD entails even though children as young as 3 years can tell when something is different about their sibling with ASD (Ferraioli & Harris, 2010). The typically developing sibling often times experiences difficulty when trying to build a social relationship with their sibling with ASD. Typical children may feel frustrated with rejection or feeling ignored by their sibling with ASD, especially if they do not understand why their sibling has behavioral problems (Ferraioli & Harris, 2010). Children with ASD siblings often get scared of their sibling's aggressive behavior and may be confused about how to interpret their behavior (Ferraioli & Harris, 2010). Preschool siblings may begin taking on the care taking role with their sibling with ASD, despite being chronologically younger (Ferraioli & Harris, 2010).

Impact of ASD on Preschoolers

Children with ASD develop differently than typical children. They are not able to relate to their parents like a typical child would due to their lack of social and emotional skills. Although they are able to recognize their mother's facial features, they lack emotional cues and are not able to recognize a nonverbal gesture, which prevents them from attaching emotionally to others (Valente, 2004). Aside from their deficit in social and emotional skills, children are also impacted in their behavioral skills. Children with ASD have the tendency to respond negatively when there is a change in their daily routine. Some children with ASD engage in dangerous behavior that requires extra attention and protection (Valente, 2004). In general, children with ASD are an isolated population. They need more support in school and in the community to help them engage in sports and other activities just like typically developing children do (Farmer et al., 2014).

Preschool children with ASD lack safety concepts, which can cause personal injury (Kenny, Bennett, Dougery, & Steele, 2013). Due to their impulsivity, poor judgment, and sensory issues, preschoolers with ASD can have a higher chance of engaging in dangerous situations and getting hurt (Kenny et al., 2013). Some of the behaviors that are commonly observed in children with ASD are tantrums, self-injury, property destruction, noncompliance with routine demands, aggression, and hyperactivity (Bearss, Johnson, Handen, Smith, & Scahill, 2013). Although ASD is a lifelong disability, research shows that early intervention programs are helpful by improving developmental functioning and reducing behavioral problems in children with ASD (Rogers & Vismara, 2008). Thus, ASD during the preschool years is a critical time for early intervention and parent involvement (Farmer et al., 2014).

Preschoolers with ASD experience transition difficulties that also require extra support. Transitions can pose challenges to the child, its parents, or the school. Transitions occur between early interventions and preschool services and between preschool services and kindergarten services (Denkyirah & Agbeke, 2010). Preschoolers with ASD experience 2 major types of transitions including horizontal and vertical transitions (Denkyirah & Agbeke, 2010). Horizontal transitioning refers to the child moving from one activity to the next or from one location of the school to another location within the same school (Denkyirah & Agbeke, 2010). Young children can benefit from preschool programs that spend a great amount of time and resources to transition planning activities (Denkyirah & Agbeke, 2010). Vertical transitioning is when the child is transitioning from one program to another, for instance, preschool to kindergarten. Teachers can collaborate with the parent and new teachers to make the transition smooth and avoid ineffective vertical transitioning that can result in negative consequences (Denkyirah & Agbeke, 2010).

Disparities in Diagnosis and Treatment

According to research, social indicators impact access to diagnosis and intervention service for children with ASD. For example, being Latino and low-income, contribute to disadvantages in diagnosis for children with ASD (Tek & Landa, 2012). A child's race and socioeconomic status also influence the age at which a child is diagnosed (Tek & Landa, 2012). Low-income Latino children eligible for Medicaid are diagnosed at a later rate than White children. On average, Latino children eligible for Medicaid were diagnosed at 8 years old compared to White children who are diagnosed at an average of 6 years old (Overton, Fielding, & Garcia de Alba, 2007).

Levy et al. (2009) studied racial and ethnic disparities in the recognition of ASD. The goal in this study was to screen records of children who had been evaluated at a health or educational source and find out if there was any present documentation of ASD classification. In this study, the records of 2,568 8-year-old children born in 1994 who lived in one of the 14 targeted areas across the United States met surveillance criteria for

ASD within the Autism and Developmental Disabilities Monitoring (ADDM) Network. There were eight race/ethnicity categories used, American Indian or Alaska Native; Asian; Black or African American; Hispanic; Native Hawaiian or Pacific Islander; White; other race or multiracial; and race or ethnicity not stated.

Levy et al. (2009) found that only 58% of children meeting ASD case definition had a diagnosis in their clinical or educational records. Black, Hispanic, and "other" race children had lower odds of having documentation for ASD classification than did White children. Boys had a higher likelihood of having documented diagnosis of ASD than girls. Children who had an IQ of 70 or lower were more likely to have documentation for diagnosis of ASD than were children who had IQ scores of 70 or higher. Children of mothers with some college education were more likely to have documentation for ASD diagnosis than children of mothers with less than a high school diploma. The findings of this study suggest that racial and ethnic disparities affect the identification of children with ASD (Levy et al., 2009).

This study suggests that clinicians are less likely to conduct further assessments when observing cognitive impairments in minority children. The researchers suggested that racial disparities in diagnosis are attributed to institutional factors (Levy et al., 2009). Some of these institutional factors include; access to healthcare, general prejudices held by clinicians, the families' perceptions of the symptoms, and the clinicians' reasoning for diagnosing a child with ASD (Levy et al., 2009). Clinicians diagnose boys more frequently than girls with ASD, even when girls present similar symptoms as boys. Clinicians also give White children an ASD diagnosis with more frequency than non-White children. According to Levy et al. (2009), clinicians have an unspoken hypothesis that affects the evaluation process when diagnosing minorities. The statistical discrimination model suggests that there is a need to train healthcare and education professionals working in underserved communities about ASD and its co-occurrence with severe cognitive disability.

Burrell and Borrego (2012) noted that parents who were married had a higher socio economic status, and had higher education levels had more skills and experience prior to receiving treatment for their child with ASD. Parents of higher economic status were more likely to be involved in collaborating with clinicians to set goals for their child's ASD treatment plan (Burrell & Borrego, 2012). Moreover, higher education equates to increase chance of parents knowledge and awareness of additional services for their child with an ASD diagnosis (Levy et al., 2009). Mothers with higher education have a better knowledge of developmental milestones that children are expected to meet by a certain age (Levy et al., 2009).

These studies indicate that low-income Latino children have a reduced chance of being diagnosed on time. Children of Latino parents are less educated and have less knowledge of developmental milestones and are less likely to be able to advocate for an appropriate diagnosis. Not having access to healthcare, having prejudices held by clinicians, and not having enough information about ASD can lead to a misdiagnosis for children of low-income-Latino parents.

Barriers to Service Access Affecting Latino Families of Children with ASD

Latinos are the largest minority in the United States and are also underrepresented when receiving ASD diagnosis (Magaña & Smith, 2013). Latino children are less likely to be diagnosed with ASD than non-Latino children (Magaña & Smith, 2013). Latino parents in low-income communities are often not informed and educated on what ASD entails. There is limited information in Latino communities about ASD and financial barriers that make it difficult to access services (Magaña & Smith, 2013). Clinics are often not able to help Spanish speaking families because they do not usually hire bilingual professionals and diagnostics instruments have not been culturally modified for the Latino population (Magaña & Smith, 2013). Latino parents have a more difficult time accessing services and intervention for their children with ASD than do white parents. Latino children often get under identified or misidentified, or diagnosed at a later age than their non-Latino counterparts (Magaña & Smith, 2013).

Because Latino children diagnosed with ASD continue to rise, it is important to have resources and supports available to them and their parents. However, there are many barriers that Latino families encounter when attempting to access services in the community. Latino children get diagnosed on average 2.5 years later than white non-Latino children (Zuckerman et al., 2014). It is more difficult to get an accurate diagnosis for children who are culturally and linguistically diverse. The examiner may misinterpret things while observing the child due to lack of familiarity with the culture (Overton et al., 2007). Delayed diagnosis can result in children having more severe symptoms than children who receive an early diagnosis and services (Zuckerman et al., 2014). Latino families lack awareness of ASD and health literacy (Zuckerman et al., 2014). Mental and developmental disabilities are stigmatized in the Latino culture, causing people to view disabilities and mental health as embarrassing (Zuckerman et al., 2014). For instance, in Mexico, children may behave different and have a disability but they are not labeled with a medical condition due to availability of services (Zuckerman et al., 2014). Latino parents often have little information on ASD and may have concern about their child's diagnosis. Zuckerman et al. (2014) noted that doctors are also confused about ASD since there is no absolute cause or cure. Parents may end up feeling confused when their questions and concerns do not get addressed and may cause parents to not know what to do next, causing a delay in taking action (Zuckerman et al., 2014). Parents may be skeptical about accessing services due to fear of exposing their immigration status (Magaña, Lopez, Aguinaga, & Morton, 2013).

There are many factors that can contribute to Latino children getting later diagnosis than other groups. There is lack of information about Autism in the Latino community (Magaña & Smith, 2013). There are also financial barriers that prevent Latino families from accessing services. Latino parents lack medical insurance or funds needed to access diagnostic services (Magaña & Smith, 2013). Language barriers make it difficult to communicate with clinics who do not offer information in Spanish (Magaña & Smith, 2013). Research shows that the amount of children that get diagnosed in public schools depends on financial resources available (Overton et al., 2007). The number of children found to have ASD in certain geographic areas may be influenced by the lack of resources available to parents who resort to school diagnostic teams for ADS evaluations (Overton et al., 2007). Furthermore, families who live in poor socio-economic neighborhoods may be affected in their chances of receiving a timely ASD diagnosis (Overton et al., 2007).

Zuckerman et al. (2014) explored these barriers by studying 33 parents of Latino children with ASD. In the study parents participated in five focus groups and four qualitative interviews. Most of the participants were Spanish speaking and Mexican born women with an education under high school level (Zuckerman et al., 2014). The results in this study showed that there were three themes that emerged as barriers to ASD diagnosis and services reported by the parents. The first category, community knowledge and perception of ASD, included the lack of information, mental health or disability stigma, and Machismo. The second category, parent and family factors, included limited English proficiency, lack of awareness of services, lack of empowerment to take advantage of services, and poverty. The third category, healthcare system barriers, included provider dismisses concerns, process is complex and slow, process is inconvenient, and process is uncomfortable for child. The findings of this study showed that Latino parents had little knowledge about ASD, community members felt uncomfortable discussing ASD, and service providers dismissed parents' concerns. Many parents in turn got normalizing messages about their child's behavior from service providers, which in return delayed the ASD diagnosis (Zuckerman et al., 2014).

Program Needs for Low-Income Latino Families

Latino parents need to have access to Spanish language classes where they can learn about ASD and ask questions that will help them better understand the importance of early diagnosis and intervention services. Parents need to be informed of services available for their newly diagnosed preschoolers. Training parents of young children with ASD on intervention strategies can help support the child's development (Oono, Honey, & McConachie, 2013). Early intervention leads to positive outcomes in parent-child interaction, an increase in language for the children, and reduction in severity of ASD symptoms (Oono et al., 2013). Furthermore, in order to expand the quality and services for young children with ASD parent education is needed (Symon, 2005). In such programs parents can learn and train other family members in techniques used to interact more effectively with the child with ASD (Symon, 2005). Although there is limited research that includes Latinos in ASD intervention studies, there is evidence supporting the need for culturally appropriate psycho-education ASD intervention for Latino parents (Magaña et al., 2013). Additionally, Latino parents of children with ASD need social support from the community in order to lessen the chance of isolation.

Parent Training for Preschoolers

The literature shows that parent training is an important component of successful early intervention for children with ASD. It helps language development in young children because parents learn behavioral strategies that they are able to implement with high fidelity (Ingersoll & Wainer, 2013). Parent trainings can help improve the quality of life at home by reducing stress among parents (Ingersoll & Wainer, 2013). When parents are stressed, it can impact the way parents interact with children. Parents can foster a child's language, cognitive, and social behavior when they engage in play in a warm and sensitive manner (Childress, 2011).

Preschoolers with ASD often have difficulties engaging with others during play. They have less initiation, respond less to joint attention, fewer turn taking capabilities, less social communication, more repetitive play, and less functional play (Childress, 2011). Studies have shown that there are benefits from having adults involved in play with children with ASD. Since the vast majority of children with ASD receive services through public schools, early intervention programs should be used to gain access to parent trainings (Ingersoll & Wainer, 2013). Children with ASD can learn social-communicative interactions, toy exploration, and purposeful play (Childress, 2011).

Schools and community intervention providers can use this knowledge to help support the development of skills for preschoolers with ASD (Childress, 2011).

Parent training interventions to target disruptive behaviors can be cost effective and potentially spread out in areas where specialized, intensive services are not available to the community (Bearss et al., 2013). Parents can learn different strategies to reduce disruptive behaviors in children with ASD. Some of these strategies include use of visual schedules, use of reinforcements, and techniques for delivering instructions used to increase compliance from children. There is empirical evidence that supports these strategies in being effective for reducing disruptive behavior in children with ASD (Bearss et al., 2013). Parent trainings can teach parents strategies to prevent or respond to their child's behaviors. Medication and school based programs can have a better outcome for children when used along with parent trainings (Bearss et al., 2013).

One model currently being implemented for low-income and Latino parents is family resource centers. This model has allowed room to make positive chances for vulnerable children and their families such at Latino parents with ASD children. There is an increase in the scope of services provided to the families through the use of resource centers. Family resource centers are community based programs that link or offer low-income parents access to health, family support, advocacy, health literacy, and many more programs that target some of the barriers that impede low-income Latino parents from accessing services for children with disabilities.

Psycho-educational interventions have also been used to empower Latino families of children with Autism. In their study, Magaña, Li, Miranda, & Paradiso de Sayu (2014) noted that there is need for culturally appropriate psycho-education ASD intervention for

Latino parents and that Latinos are rarely included in ASD intervention studies. In this study, empowering parents was done through an eight week health education program. By engaging in health education programs, participants felt more confident in carrying out behavioral challenges which lead to changes in health behaviors (Magaña et al., 2014). Furthermore, the result for this study showed that participants increased their knowledge of ASD between pre and post-test questionnaire. The preliminary findings showed that participants increased their caregiver efficacy between the pre and post-test. In the qualitative analysis, findings showed that participants reported that they enjoyed having someone to talk to and who they could relate to. There was also an emphasis on the importance of knowledge regarding advocacy services. Moreover, the preliminary findings showed that parents have difficulty getting a medical diagnosis. Lastly, children that were diagnosed late were ineligible for some programs due to their age.

Teacher Trainings

Parents and their children can also benefit from having competent teachers working with their child with ASD. Special education teachers working with ASD children are required to be prepared in a variety of ASD skills. Some of these skills include discrete trial training (DTT), incidental teaching, preference assessment, development of behavior support plans, and antecedent interventions (Marder & deBettencourt, 2012). Since parents of children with ASD request schools that offer more services than parents of other children with disabilities, it is important to include skills needed for working with parents (Denkyirah & Agbeke, 2010). DVD’s and other technologies can be used as component to support psycho-educational programs for parents and teachers that interact with children with ASD.

School districts have a hard time finding special education teachers that are qualified and trained to work with children diagnosed with ASD (Marder & deBettencourt, 2012). Many teachers working with children with ASD do not receive enough training in evidence-based instruction and intervention (Wainer & Ingersoll, 2013). The research suggests that providing specific ASD training for teachers can result in positive outcomes, reduction in student behaviors, and reduction in stress for teachers (Marder & deBettencourt, 2012).

Distance Learning Programs for Teachers

Like parents, teachers can also benefit from having distance learning programs that offer easy access at any time of the day. Research indicates that distance learning programs are a good way to distribute knowledge to different populations (Wainer & Ingersoll, 2013). They have been used to train health related professionals including those that work with ASD patients (Wainer & Ingersoll, 2013). Online training gives teachers that opportunity with online activities, online supervision, and interactive classes (Marder & deBettencourt, 2012).

In one study, Vismara,Young, Stahmer, Griffith, and Rogers (2009) evaluated the effectiveness of DVD training programs for therapist working with children with ASD in community based programs. A total of 10 therapists used the DVD training program along with 13 hours of didactic instruction. In addition to this, they also received 4 hours of team supervision. The therapist’s techniques improved after using the self-directed DVD program; however they needed the didactic instruction and team supervision in order to attain fidelity of implementation of the intervention techniques.

The findings of this study suggests that both parents and teachers can benefit from long distance training when used in conjunction with expert coaching in order to implement ASD interventions with fidelity (Vismara et al.,2009). Teachers can update themselves on the latest and most updated topics addressing ASD and Latino families without having to spend extra time outside of their work schedule to research the most current information regarding ASD.

Programs in the Local Community for Low-Income and Vulnerable Children with ASD

Valente (2004) notes that referrals to community services and centers for developmental disabilities are important and that consistency in care should be provided. The Regional Center of Orange County and The Center for Autism are two places that low-income parents of preschoolers with ASD in LA County are referred for extra support. Sometimes parents do not get the appropriate referral on time and their child may experience discontinuity of early intervention services due to the child's age (Brown et al., 2012). Agencies also take long periods of time to call parents back. If a parent is not aware of services in the community, preschoolers may miss out on services needed for early intervention. Even though the child may be receiving services at school, there may be services that can help families at home (Brown et al., 2012).

There are some resources and programs that exist for Latino parents and which provide information in Spanish. Autism Society, Autism Speaks, *Manitas Por Autismo* (Little Hands for Autism), and Talk About Curing Autism (TACA) are some of the resources and programs available to provide information and support to Latino families about ASD. Some of these organizations provide a website with information not only for parents but also for teachers of children with ASD. These organizations and their websites stand out as resourceful for the Latino population because they provide information in Spanish. Yet, Zuckerman et al. (2014) noted that Latino parents feel like there is not enough information in their communities about ASD. Moreover, there is poor awareness of available services and lack of empowerment to take advantage of services being offered (Zuckerman et al. 2014).

TACA is a program offered throughout the country with services offered in Orange County. In 2009, TACA received a $300,000 grant from the Newport Beach based Pacific Life Foundation. Since then, TACA was able to launch three programs for Orange County, one of which includes a Spanish speaking program (TACA, 2014). TACA offers learning seminars, coffee talks, and family events throughout the year. The seminars include important topics for ASD families (TACA, 2014). The coffee talks and family events provide social support for parents. This program also provides parents with an opportunity to check out books and DVD's with the latest information on ASD at no cost. TACA is also able to link parents to agencies that can provide free legal advice and advocacy.

Another successful program that has helped thousands of low-income and Latino families throughout the years is The Children's Bureau. This agency provides resource centers throughout Orange County. The Corbin Family Resource Center is located in Santa Ana. They offer treatment services, educational health and recreational services to these families. The family resources centers are unique in that they hire multicultural and multilingual staff that reflects neighborhoods and families served. By having multilingual staff, this addressed language barriers that Latino parents often encounter when searching for services. Because many times parents have to work and lack time in attending trainings and informational workshops pertaining to ASD education, there may be alternative tools used to help address this barrier.

Gaps in Literature

There is limited research pertaining to low-income Latino parents of children with ASD, theoretical approaches to disparities in ASD diagnosis and care, as well as autism-specific specialty services among Latino children with ASD (Magaña et al., 2013). More research is needed in order to address disparities among low-income Latino children with ASD. There is very little research that shows that certain programs are helpful for low-income Latino parents of ASD children. Additional qualitative research involving Latino participants is needed to help understand Latino barriers to accessing services for their children with ASD.

Conclusion

The literature suggests that service providers need to work at providing opportunities to gain knowledge about ASD and make it more available to Latino families. Not only are Latino children diagnosed at a later time than non-Latino white counterparts, they also have a higher number of unmet service needs (Magaña et al., 2013). There are existing programs like resource centers and interventions such as psycho-educational interventions that are being used with the Latino population to help address barriers that prevent many Latino families from accessing services for their preschoolers with ASD. Latino children should have the same access to early intervention services as non-Latino white counterparts. Empowering parents and providing them with cultural competent programs have been shown to be effective ways of teaching parents about ASD and addressing language barriers that often too many times discourage parents from seeking services for their children.(Zuckerman et al., 2014). It is the responsibility of the social work profession to ensure that Latino children with ASD of low-income, less educated parents have the same access and opportunity for high quality treatment as children from higher social economic backgrounds. Ensuring that all children have access to the appropriate services not only benefits Latino children and families but it helps an entire society to ameliorate the financial costs associated with delayed treatment. There is a great amount of work needed to ensure that information reaches not only Latino populations but minorities and low-income populations in general.

CHAPTER 3

METHODOLOGY

Strategies for Identifying and Selecting Potential Funding Source

This project used different techniques to find sources for this thesis. A complete search of local, state, and federal funding options for educational institutions were conducted. The following phrases were used to find journals and articles; a*utism and parent resources funding*, *funding for newly diagnosed families*, and *parent involvement program funding*. Additionally, the internet was used to navigate different websites such as Google and Google Scholar. Grant databases will be searched online through the California University Long Beach Library.

There were three grants that were considered as potential funding for this project. The first grant was through The California Wellness Foundation. This grant was for non-profit programs tailored at educating low-income communities and advancing wellness throughout the community. However, after further analyzing, this grant was not intended for new programs. This funding opportunity would only be given to already existing programs.

The second potential funding source identified was the Family Empowerment Centers through the California Department of Education grant database. This potential grant was a good fit for this project because it funds programs within school districts aimed at providing services for families of children with disabilities who are over the age of three and who may not qualify for other services. In this potential funding source, empowering centers were defined as programs that provide information, training, and support for families of children with disabilities. The amount of the funding available is 150,000 dollars. However, the application was not available because the grant deadline has closed. The last potential funding source considered for this project was through the Annenberg Foundation. The Annenberg Foundation is a better fit for the proposed program because this foundation funds economically disadvantaged communities.

Criteria for Selection of the Funding Source

The foundation also funds programs that provide services through collaborative models. The preschool resource support program for parents of children with ASD for this project, would work with the school district and other agencies in the community that work with children with ASD to collaborate and provide support, resources, and education to parents of children with ASD. In order to be considered for funding through the Annenberg Foundation, the agency applying has to be a non-profit agency and serve residents in the five-county region of Greater Los Angeles or Orange County (see Appendix A). The Annenberg Foundation awards grants that are designed to target any of the following areas of need; arts, culture and humanities, animal welfare, civic and community, environment, education, human health and wellness, and military veterans (Annenberg Foundation, 2015). The preschool resource support program for parents of children with ASD for this project falls under the categories of education and human health and wellness. Also, grants awarded ranged from $10,000-$100,000.

Description of Selected Funding Source

The Annenberg Foundation is a family foundation, established in 1989 by Walter H. Annenberg. It is among the world's largest foundations. The mission for the Annenberg Foundation is a family foundation that provides funding and support to nonprofit organizations in the United States and globally. The Foundation and its Board of Directors are also directly involved in the community with innovative projects that further its mission to advance public well-being through improved communication. The foundation encourages the development of effective ways to share ideas and knowledge (Annenberg Foundation, 2015).

Today, the foundation is run by Wallis Annenberg, daughter of Walter H. Annenberg. Wallis, along with her three children, served as officers and directors for the Annenberg Foundation. The areas of focus come from their own interests and passions. One of these areas of focus is to advance global communication through the use of media and diplomacy. Annenberg's schools for communication at the University of Southern California and University of Pennsylvania have been the biggest recipients of funding. The second area of interest is transformative power of the arts and promoting women's leadership around the world. The third area of interest is protecting earth across all borders. The fourth area of focus is art, education, public health, and environment at the community level in local neighborhood and targeted programs that can quickly make a change. The foundation is committed to core values of responsiveness, accessibility, fairness, and involvement. The Annenberg family believes that they can make the greatest contributions by helping non-profits develop ideas by becoming partners of the non-profits they support instead of trying to create solutions for them (Annenberg Foundation, 2015).

The Annenberg Foundation (2015) has funded over 8,500 grants totaling to 4 billion dollars. In 1993, the Annenberg Foundation made a contribution to public education with one of the largest gifts in history. The $500 million Annenberg Challenge for School Reform worked to restore public school reform in eighteen sites across the nation. The Annenberg Space for Photography, Annenberg Learner, The Annenberg Beach Community Beach House, The Wallis Center for Performing Arts, The Annenberg Retreat at Sunnylands, and The Annenberg Public Policy Center are all under the directors' activities that the foundation has developed. Not only has the foundation helped with the development of activities throughout Los Angeles County, it also has helped develop Project Grantsmanship to help grant writers with the grant writing process. Project Grantsmanship in partnership with other funders; offer a comprehensive, hands-on workshop that covers the complete grant development process (Annenberg Foundation, 2015).

Target Population

This grant project will target families of preschool students enrolled at Mitchell Preschool within the Santa Ana Unified School District in Santa Ana. According to the California Department of Education (CDE; 2014), during the 2013-2014 school year, 97% of the students enrolled at the district were from an ethnic minority and 93% were Hispanic or of Latino ethnicity. Mitchell Child Development serves approximately 200 to 250 children age's birth to 5 years. The parents who will participate in this program may be undocumented, low-income, Latino, Spanish speaking only, and will likely have limited knowledge about special education preschool programs and the ASD interventions (Mitchell Child Development Center, 2015).

Description of Host Agency

The host agency for this grant is Mitchell Child Development Center in Santa Ana, California. This preschool offers services that include; child find program, preschool assessment team (PAT), early start program, and other related pre-school programs. The program within this preschool that serves children with autism is called Systematic Utilization of Comprehensive Strategies Ensuring Student Success (SUCSESS). This program is for children that fall within the autism spectrum and have an IEP developed. The age range for the students in this program is 3 to 5 year olds. There are approximately 10 classes with one certified classroom teacher and three autism paraprofessionals. Each classroom can serve up to 12 students. The program is 5 hours long each day. Some of the services provided throughout the school day for the students include; speech or occupational therapy, adaptive physical education, discrete trial training, and social group classes, depending on the children's IEP (Mitchell Child Development Center, 2015).

Mitchell Child Development Center's mission statement is to provide a variety of program options to meet the needs through collaboration with service agencies and involvement of families as essential partners. The majority of children receive free transportation to and from school. Some parents may not visit the school grounds as often but are invited to attend parent workshops and informational meetings. The majority of students is of Latino background and has parents that are not fluent in the English Language. The majority of the classroom teachers are English speakers only but there is at least one bilingual autism paraprofessional in each classroom with the ability to interpret for parents if necessary (Mitchell Child Development Center, 2015).

Needs Assessment

Scholarly journals, peered review articles, government websites, and collaboration with the program specialist at Mitchell Preschool have been utilized to design this program. In addition, different evidence based practices were examined to determine the best and most appropriate way of reaching out and engaging parents, families, and school personnel to make use of the program. Google Scholar and the CSULB Library search engines were used to look for peer review articles. Keywords that were used to locate articles included: *autism and low-income Latino parents*, *support services and ASD, early intervention and ASD, Latino children with ASD diagnosis*, and *resources for ASD parents*. Appropriate information was gathered and analyzed from empirically based studies in order to determine the perceived need of support services for Latino, low-income parents of preschoolers with ASD. In order to improve access to support services for parents of preschoolers with ASD, educating and training parents on ASD will be used as a form of intervention. Educating the community about ASD will also be used as a strategy to address the need of ASD knowledge and awareness throughout the community. There has been ongoing communication with the administration of the host agency and the research evaluation department within the school district to better understand the specific needs of families of preschool students.

CHAPTER 4

RESULTS

Statement of Need

According to The CDC (2008), ASD is currently affecting approximately 1 in every 68 children in the United States. This rate has risen 123% since 2002. Furthermore, studies show that ASD affect boys 4 to 5 times more than girls (CDC, 2008). The need for a resource support program for low-income Latino parents of children with ASD is great. Not many programs offer a bilingual program targeted to reach communities like the city of Santa Ana, where Spanish is the primary language. Parents of children with ASD lack knowledge of services available to them in the community. When parents are not informed, their child might get diagnosed at a later time, causing those children to miss out on services.

If this project were not undertaken, low-income Latino parents of children with ASD living in Santa Ana would lack Autism awareness and resources needed immediately after receiving an ASD diagnosis. Parents need to be informed of services available to their newly diagnosed preschoolers. Training parents of young children with ASD on intervention strategies can help support the child's development (Oono et al., 2013). In order to expand the quality and services for preschoolers with ASD, parent program education is needed (Symon, 2005). The proposed program can help parents access and utilize resources available. Providing supportive services can help these parents match their needs. Some of these needs include access to health and education, referrals, advocacy and support groups, and other resources.

Since the parents being served are low-income, they have limited access to similar resources that are available in other communities. Parents of children with ASD are isolated and lack social support. Not only do low-income, Latino parents of children with ASD lack adequate support, they also feel discouraged by their lack of information and knowledge about related services (Czapanskiy, 2014). Having this program in the child's preschool will facilitate the parents in obtaining and accessing supportive services and information.

Program Narrative

In efforts to provide support to low-income Latinos families of children with ASD, a resource support program will become available throughout the school year to parents in the Santa Ana Unified School District. In order to achieve awareness of available resources in the community by parents of children with ASD, the program will consists of 12 workshops with a psycho educational component as well as a resource support component related to topics on ASD and special education. Parents will be informed of services currently available in the community that are time sensitive with regards to their child's current age. Furthermore, parents will be trained on understanding an ASD diagnosis. In order to establish membership into this program, the families referred are required to have at least one child enrolled at Mitchell Preschool and be considered low-income.

In order to facilitate the adjustment process and prevent parents from becoming isolated, a parent support group component is included as part of the proposed. The membership of this program requires that parents are enrolled in the beginning of the fall or spring semester of the school year. There will be 12 parents selected for the fall and 12 new parents for the spring (See Appendix B). In order to provide parents with continuity of parent support through their support group, new parents will not be admitted once the program has begun. This program will be facilitated by an MSW and four MSW interns. This program will consist of weekly parent workshops, offered twice a week for a total of 12 weeks. These workshops will be offered in both Spanish and English and will be 3 hours long. There will be 6 low-income parents selected to receive the workshop in Spanish and 6 low-income parents selected to receive the workshops in English for a total of 12 participants each semester. This selection will be based on a first come, first served basis. Children get enrolled in the preschool throughout the school year; therefore the current students get priority in this selection process. During the fall, workshops in English will be offered on Wednesdays at 5pm and the workshops in Spanish Saturdays at 9 a.m. During the spring, workshops in Spanish will be offered on Wednesday at 5:00 p.m. and the workshops in English will be offered on Saturdays at 9:00 a.m. During these workshops, parents will be informed about local resources that are available to them. Parents will be informed about education on ASD along with information on resources available to them. These workshops will be conducted by the Masters level social worker and with the aid of the MSW interns.

Throughout the duration of the program, parents will be assigned a case manager which parents will have to visit once a week for 30 minutes. During this time, parents will be able to identify resources needed in order to provide a better learning experience for their child with ASD. Resources can include but are not limited to basic needs, food, housing, clothing, counseling, financial assistance, medical insurance, dental insurance and in home support. Once the parent had identified the resources needed, parents will be provided with a referral to the appropriate agency in the community to address those needs.

Goals and Objectives

With the increasing numbers of children being diagnosed with ASD and the lack of ASD awareness among low-income Latino parents, it is important to provide an appropriate intervention.

Goal 1: Parents who participate in the proposed program will increase their knowledge about ASD as measured by a pre and post-test.

Objective 1: Provide parents with the Understanding Autism workshop. This workshop will increase knowledge on how to address disruptive behavior as it relates to ASD.

Objective 2: Parents will attend theSteps After Diagnosis workshop to help develop an action plan forinitial steps following their child's diagnosis

Objective 3: Parents will attend the Early Intervention and Treatmentworkshop to learn about educational and medical topics related to ASD.

Goal 2: Parents who participate in the proposed program will increase their advocacy skills.

Objective 1: Parents will attend two special education informational meetings including information about rights within the educational system.

Objective 2: Provide parents an advocacy training workshop.

Objective 3: Parents role play what they want to address in future IEP meetings.

Goal 3: Parents who participate in the proposed program will have increased social support.

Objective 1: Provide parents an opportunity to meet other parents in the context of four support group meetings.

Objective 2: Provide parents an opportunity to meet the school's staff members in the context of face-to-face introductions throughout the workshops.

Objective 3: Provide parents information and training about accessing community resources.

Target Population

This grant project will target 40 families of preschool students enrolled at Mitchell Preschool during the 2014-2015 school year within the Santa Ana Unified School District in Santa Ana. According to the California Department of Education (CDE; 2014), during the 2013-2014 school year, 97% of the students enrolled at the district were from an ethnic minority and 93% were Hispanic or of Latino ethnicity. Mitchell Child development serves approximately 200 to 250 children age's birth to 5 years. The parents who will participate in this program may be undocumented, low-income, Latino, Spanish speaking only, will likely have limited knowledge about special education preschool programs and the ASD interventions. The first 20 families will be drafted and enrolled during the month of September at the beginning of the school year. The second group of 20 families will be drafted and enrolled in the month January of that same school year.

Partner Agency Description

The host agency for this grant is Mitchell Child Development Center in Santa Ana, California. This preschool offers services that include child find program, preschool assessment team (PAT), early start program, and other related pre-school programs. The program within this preschool that serves children with autism is called Systematic Utilization of Comprehensive Strategies Ensuring Student Success (SUCSESS). This program is for children that fall within the autism spectrum and have an IEP. The age range for the students in this program is three to five year olds. There are approximately ten classes with one certified classroom teacher and 3 autism paraprofessionals. Each classroom can serve up to 12 students. The program is 5 hours long each day. Some of the services provided throughout the school day for the students include; speech or occupational therapy, adaptive physical education, discrete trial training, and social group classes, depending on the children's IEP.

Mitchell's Child Development Center's mission statement is to provide a variety of program options to meet the needs through collaboration with service agencies and involvement of families as essential partners. The majority of children receive free transportation to and from school. All the students enrolled at Mitchell CDC receive free breakfast and lunch meals. Many parents might not visit the school grounds as often but are invited to attend parent workshops and informational meetings. A large proportion of the students is Latino and has parents that are not fluent in the English Language. The majority of the classroom teachers are English speakers only but there is at least one bilingual autism paraprofessional in each classroom to be able to interpret for parents if necessary.

Program Budget Narrative

The total projected budget for the resource support program is $112,420. A detailed Line Item Budget for this program can be found in Appendix C.

Personnel

Masters level Social Worker (MSW): A full-time bilingual MSW will be hired at the S.A.U.S.D. to carrying out this program. The MSW's primary responsibilities are to recruit the parent participants, prepare and conduct the workshop presentations, supervise MSW interns, and co-facilitate the support groups. This position will pay $55,000 plus benefits.

Benefits: Benefit plans will become available to full time staff who work 30 hours of more. These benefits include medical, dental, vision, mental health, life, or retiree insurance. The amount of the fee to participate in each plan is calculated at 28% of the MSW's salary. (Approx annual cost: $15,400).

Masters level Social Work Interns: Two MSW interns will be required to work 16 hours per week. The MSW interns must be bilingual. The main responsibilities for the interns are to co-facilitate the support groups and workshops. In addition, the MSW interns will conduct case management for the participants and participate in outreach and advertisement of the workshops. The MSW interns will each receive a $1,000 stipend at the conclusion of their internship. (Total annual cost: $2,000).

Direct Program Expenses

Program Supplies: The program supplies include folders for parents to store power point handouts, ice breaker activity material to engage participants in groups, name tags, DVD's for parents to check out and take home. (Total annual cost: $2,000).

Office supplies: The office supplies include pens, markers, notepads, binders, and other stationary supplies. (Total annual cost: $1,200).

Printing and Postage: Printing of informational fliers and program schedules will be done at Mitchell's administrative office and donated in-kind. The postage will be used to mail out these flyers and schedules to parents in the program. (Total annual cost: $1,600).

Refreshments: Refreshments will be provided at each workshop. There will be 2 workshops per week and it is expected that 6 participants will attend each workshop. The refreshments will include drinks, sandwiches, pizza, fruit, and pastries. (Total annual cost: $1,000).

Program Incentives: Various gift cards to local retailers will be raffled at every group. There will also be a raffle of a 200 dollar gift card to Target during the last workshop. (Total annual cost: $1,000).

Program Evaluation: Funds will be utilized to contract an external evaluator. An external evaluator will serve to enhance the validity of the program. (Total annual cost: $5,000).

In-Kind Contributions

The school will provide the following in-kind contributions: Office space, utilities & internet, computers, equipment such as visual equipment, chairs, and tables. (Estimated value: $18,000).

Program Evaluation

In order to maintain this resource support program and offer the most effective service to Latino low-income parents of children with Autism, different evaluation tools will be utilized. First, there will be a pre-test given at the beginning of the program. There will be a post-test given to parents half way through the program and one at the completion of the program. This test will measure the knowledge parents have to access resources within the community, support received, and coping skills. The overarching goal of this program is to educate parents on locating services and being able to access them independently. Attendance will be taken at the beginning of each session to keep tract of prompt arrival time and participation.

CHAPTER 5

LESSONS LEARNED

Program Design

The focus of this thesis was the education and empowerment of Latino parents of preschoolers with ASD in Santa Ana, California. The primary goal was to develop a program about ASD and the type of resources available to Latino families within the community. The program design is modeled after workshops and trainings that are offered to parents with children in special education, parents of children with ASD, and low-income families with special needs children. The program workshops are modeled to assist emotionally vulnerable, isolated and economically disadvantaged families. After an extensive review of literature it was found that many Latino children receive a later diagnosis of ASD and the lack of awareness of ASD in the community delays or prevents some of the services available to preschoolers (Levy, 2009). Thus, this program is focused on education and linking Latino families of children with ASD to service providers in Santa Ana, California and neighboring cities to help get a timely medical ASD screening for children. Often times, children who are identified with ASD by the school's assessment team have not previously gotten medical diagnosis. Therefore, it is important to link families with services that will facilitate this process along with resources that will help the entire family adjust to their situation. The literature suggests there is limited information in Latino communities about ASD and financial barriers that make it difficult to access services (Magaña & Smith, 2013). In the proposed program, participants learn about ASD and how it relates to their child's education. The design of this program includes support group meetings to help parents make social connections with other parents experiencing similar struggles.

Many services available to preschoolers are time sensitive and children that outgrow those services miss out on opportunities to get intervention at an early age (Magaña & Smith, 2013). This program is focused on filling this gap by informing parents about early intervention services, their child's rights to them, and strategies to access them. In addition, the resource support program will benefit the parents directly. The parents will learn how to access services and social support available for families of children with ASD.

Host-Agency Selection

It was evident that the ideal agency to implement the program is a preschool for children with ASD. In particular, the Santa Ana School District (S.A.U.S.D.) that is in need due to lack of awareness of ASD and resources for low income Latino families with preschoolers with ASD. Mitchell Child Development Center was selected because it is the only public preschool within the S.A.U.S.D that has a program specialized for children with ASD. The majority of the students being served are of Latino background and low-income. A preschool setting for children with ASD is the ideal host-agency in which to implement the proposed program because all the children that attend have to have an IEP and have been recently identified. However, students that have an educational diagnosis are not automatically eligible for a medical diagnosis. Educational eligibility and assessments are performed by the school's multidisciplinary team and not by medical practitioners or medical assessments. Often times, parents tend to be more receptive to special educational services but experience emotional barriers that make it difficult to consider a medical diagnosis (Valente, 2004). Parents who have a child with an IEP can call the school for information and services and the school staff can refer them to the onsite school social worker. Mitchell Child Development Center and the S.A.U.S.D. were helpful and supportive throughout the grant writing process. The principal of this preschool, Mark Bello, supports and encourages anything that favors fostering a positive educational experience for the students and their families.

Process of Identifying Funding Sources

Identifying a funding source for the proposed program was an extensive process and stressful. An extensive literature review regarding low-income parents of children with ASD and understanding the growing concern for this vulnerable population helped to identify a funding source. The challenge was finding a funding source that provided the budget amount this proposed program needs. Many funding sources did not fund enough money for this program. In order to qualify for a larger amount of funds, the funding sources looked at were ones that funded all special needs children instead of ASD only. With the rise of children getting diagnosed and research showing that early diagnosis and intervention provides positive outcomes, the demand of programs serving this population and meeting their needs is high. However, many funding sources funded programs to serve the needs of families of older school age children with ASD.

Trying to identify a funding source made it evident that there are limited funding to support programs for Latino parents of preschoolers with ASD. When funding is not available to develop and carry out a program for Latino parents of children with ASD, children and their families can be left without the support needed to help raise preschoolers with ASD. It is important that funders consider the need for ASD programs for Latino parents to help support their preschoolers at such a crucial age. Not only will the access to supportive services empower Latino parents, it will also reduce the disparities that Latino parents encounter.

Grant Writing Process

The writing process was the most difficult since it required targeting a population and illustrating the specific need within ASD. Having to narrow down the specific need was not only difficult but also time consuming. Creativity in designing the program was necessary to reach and serve as many children with ASD possible. By providing support to Latino parents of children with ASD, not only are these parents benefitting but also the children, and in the broader picture so is the community. The literature notes that there is a need for support services to Latino parents of children with ASD (Valente, 2004).

Since the Annenberg Foundation focuses its attention on economically disadvantaged communities and has an interest in providing services to the community in a collaborative model, the needs assessment focused on working with the low-income Latino parents of children with ASD in order improve access to support services.

Implications for Social Work and Policy

The proposed program is valuable to the social work profession, to the development and awareness of ASD, and to increasing available resources within the Latino community. Working with families of preschoolers with ASD can help prevent children from missing out on time sensitive services. Social workers can help bridge the gap that exists between schools and the local community, especially in low-income and racial ethnic minority communities (Becerra, 2012). Having the knowledge of the barriers that low income families experience in the diagnosis process can help social workers advocate for policies within the school system that can be of service to those families.

Since the lack of ASD awareness and support among Latino families can pose a significant amount of challenges, it is important to have supportive services available to address the needs of parents. Children with ASD have different levels of functioning and not all families of children with ASD relate the same way (Brown et al., 2011). In order to help families, social workers need to find a way to develop and adjust the way those services are distributed. Although families of children with ASD may relate to the disability differently, research shows that parents of ASD children often experience isolation that can also drain them emotionally, putting their marriage in jeopardy (Czapanskiy, 2014).

Research has also shown that referrals to community services and centers for developmental disabilities are important and that consistency in care should be provided (Valente, 2004). Referrals to the community can help families receive additional services necessary to reduce the possibility of feeling isolated. Furthermore, referrals that can help early intervention services are important for young children with ASD and their families (Tsao et al., 2012). Social workers can help these families reduce the chances of isolation by linking parents with services in the community.

Helping families of preschoolers with ASD is relevant to social work because as mentioned in the literature, there is lack of information about Autism in the Latino community (Magaña & Smith, 2013). In the Latino culture, mental health is seen with a large amount of stigma. Social workers can help normalize mental health by providing more awareness about ASD and in exchange, reducing the shame and guilt many families experience when getting a child diagnosed with ASD. Educating the Latino community about ASD can encourage families to seek services on a timely manner. Parents can become empowered by learning about their child's disability and the services available to them.

Conclusion

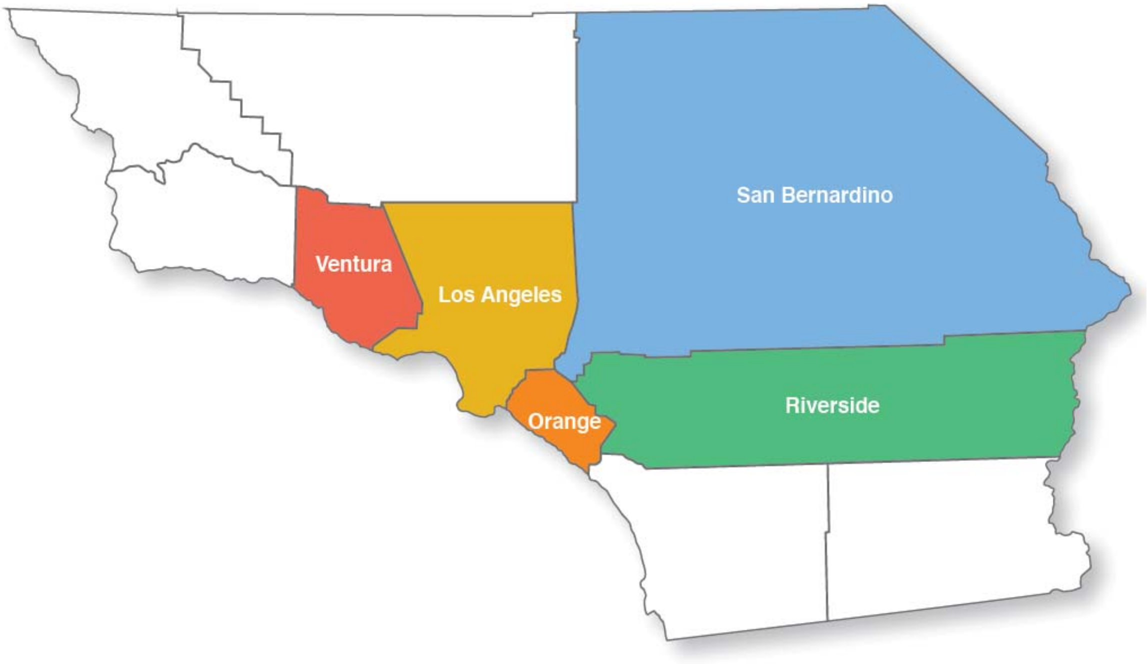
Being Latino and low-income, contribute to disadvantages in diagnosis for children with ASD (Tek & Landa, 2012). Due to the fact that more and more Latino children are being diagnosed with ASD, support services and awareness is needed in areas with large numbers of Latino families, such as Santa Ana. The proposed program aims at providing support services to low income Latino parents of children with ASD to help adjust to a having a child diagnosed with ASD. Since early diagnosis and early intervention are critical to increasing the odds of more positive outcomes for children, it is important to provide this population with programs that will help bridge gaps in accessing supportive services. Ultimately, the proposed project will contribute to the adjustment of a lifetime disability for newly diagnosed, Latino children from low-income families and their parents because it will provide resources and awareness in a city where the need is in high demand. Awareness of ASD in Latino communities can empower and strengthen communities and provide an opportunity for children and their families to have equal access to supportive services as non Latino communities.

APPENDICES

APPENDIX A

LOS ANGELES 5-COUNTY REGION MAP

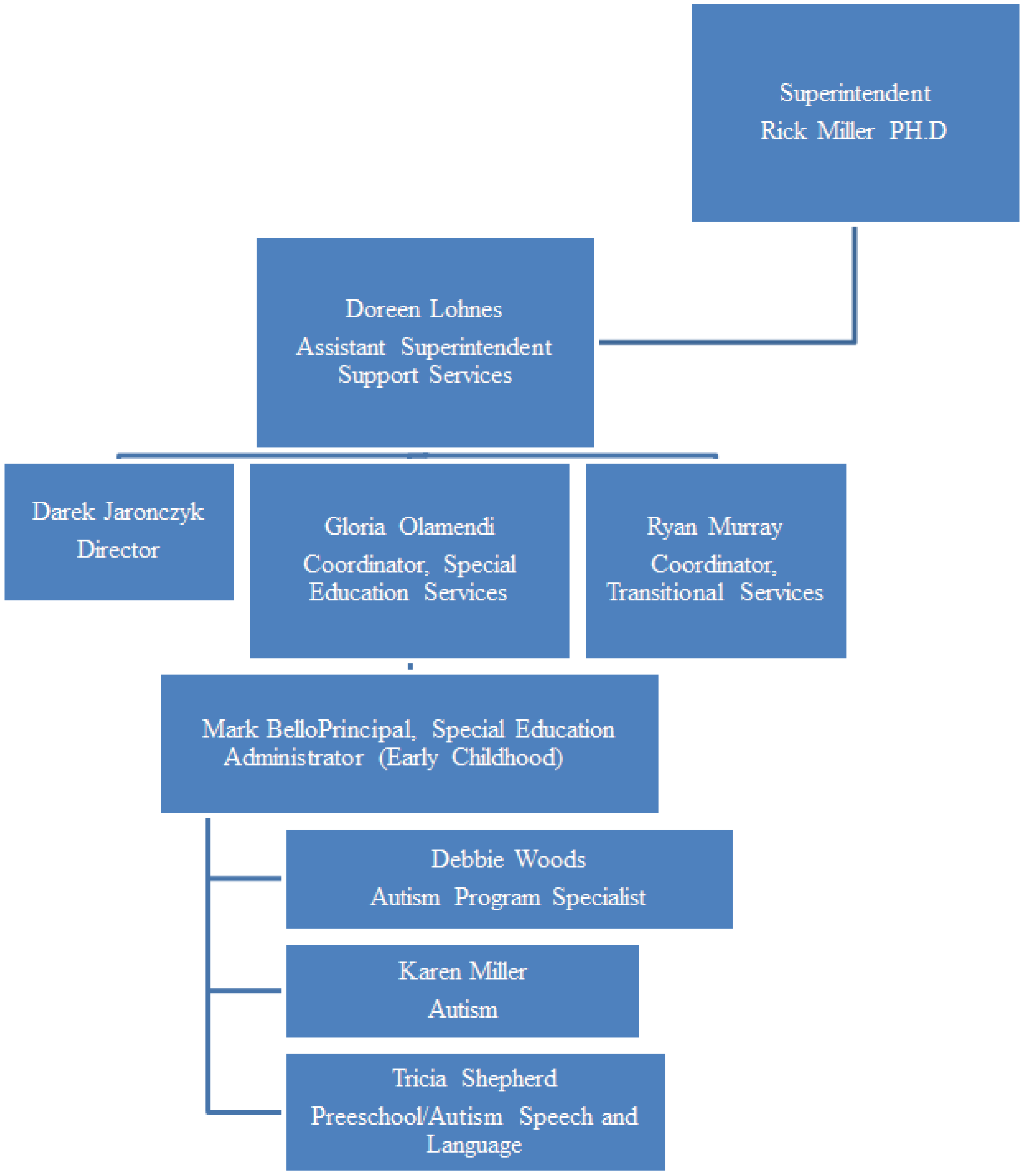
Los Angeles 5-County Region Map



APPENDIX B

ORGANIZATIONAL CHART

Mitchell Child Development Center’s Organizational Chart



APPENDIX C

PROPOSED PROGRAM LINE ITEM COSTS

Expenses for 1 Year of Proposed Program	
Salaries	
I Full-time MSW (40 hrs/week)	$55,000.00
Benefits @ 28%	$15,400.00
2 MSW Interns ($1,000 stipend each)	$2,000.00
TOTAL PERSONNEL COST	$72,400.00
Direct Program Cost	
Program Supplies	$2,000.00
Office Supplies	$1,200.00
Printing & Postage	$1,600.00
Refreshments	$1,000.00
Program Incentives	$1,000.00
Evaluation	$5,000.00
TOTAL DIRECT PROGRAM COST	$11,800.00
In-Kind	
Offices/Rent/ Utilities & Internet/ Equipment	$18,000.00
TOTAL IN-KIND PROGRAM COST	$18,000.00
TOTAL PERSONNEL COST	$72,400.00
TOTAL DIRECT PROGRAM COST	$11,800.00
TOTAL IN-KIND PROGRAM COST	$18,000.00
ADMINISTRATIVE OVERHEAD @ 10%	$10,220.00
TOTAL PROGRAM COST	$112,420.00
TOTAL AMOUNT REQUESTED	$94,420.00

APPENDIX D

PROPOSED PROGRAM SCHEDULE

Proposed Program Schedule

Fall 2015

Workshop Topic	Week Number	Workshops in English (Wednesdays) 5:30 p.m.-8:30 p.m.	Workshops in Spanish (Saturdays) 9 a.m.-12 p.m.
Understanding Autism Spectrum Disorder (ASD)	1	9/23/15	9/19/15
Adjusting to your child's diagnosis	2	9/30/15	9/26/15
Parent support group #1	3	10/07/15	10/03/15
Steps After Diagnosis	4	10/14/15	10/10/15
Early Intervention and treatment	5	10/21/15	10/17/15
Parent Support group #2	6	10/28/15	10/24/15
Special Education Clinic part 1	7	11/04/15	10/31/15
Special Education Clinic part 2	8	11/11/15	11/07/15
Parents Support Group #3	9	11/18/15	11/14/15
Community Resources and Websites	10	12/01/15	11/21/14
Advocacy Trainings	11	12/09/15	12/05/15
Parent Support Group #4	12	12/16/15	12/12/15

Spring 2016

Workshop Topic	Week Number	Workshops in Spanish (Wednesdays) 5:30 p.m.-8:30 p.m.	Workshops in English (Saturdays) 9a.m.-12 p.m.
Understanding Autism Spectrum Disorder (ASD)	1	3/16/16	3/19/16
Adjusting to your child's diagnosis	2	3/23/16	3/26/16
Parent support group #1	3	3/30/16	4/02/16
Steps After Diagnosis	4	4/06/16	4/09/16
Early Intervention and treatment	5	4/13/16	4/16/16
Parent Support group #2	6	4/20/16	4/23/16
Special Education Clinic part 1	7	4/27/16	4/30/16
Special Education Clinic part 2	8	5/04/16	5/07/16
Parents Support Group #3	9	5/11/16	5/14/16
Community Resources and Websites	10	5/15/16	5/21/16
Advocacy Trainings	11	5/25/16	5/28/16
Parent Support Group #4	12	6/01/16	6/04/16

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