

Multicultural Perspectives on Teaching Students with Autism

Lynn K. Wilder, Tina Taylor Dyches,
Festus E. Obiakor, and Bob Algozzine

To develop independence and self-responsibility in students with autism, traditional intervention techniques have focused on the acquisition of academic learning and adaptive skills of language and communication and the reduction of behavior problems. The critical question is, Will these traditional foci of intervention work for multicultural students with autism? These students have triple-layered problems—they are culturally different, they may be linguistically different, and they have an exceptionality that is loaded with behavioral repertoires. Apparently, these challenges make it imperative for general and special education practitioners to look for ways to educate multicultural learners with autism. In this article, the authors present culture-specific strategies for meeting the educational needs of students with autism. In addition, they relate these strategies to current efforts to prepare teachers and other professionals to assist students and their families.

Autism is a disorder present from birth or very early childhood that affects social interaction, communication of ideas and feelings, imagination, and relationships with others (National Research Council, 2001). Supporting the acquisition of academic learning and adaptive skills of language and communication, as well as the reduction of behavior problems, are the traditional treatments of choice to assist children with autism in developing independence and personal responsibility (Rumsey, Vitiello, Cooper, & Hirtz, 2000). During the past two decades, U.S. schools have become increasingly multicultural (Rodriguez, 1990; Utley & Obiakor, 2001; Ysseldyke, Algozzine, & Thurlow, 2000). For the purposes of this article, we define *multicultural* as any language, culture, ethnicity, national origin, or socioeconomic status differing from the dominant middle- or upper-class European American, English-speaking

culture. In recent years, the number of culturally diverse children living in poverty has substantially increased and there has been a significant increase in the number of homes where children primarily speak a language other than English (U.S. Department of Education, 2000). Based on current demographic changes in our society, it is important to ask, To what extent will traditional interventions work with culturally and linguistically diverse students with autism?

At the request of the U.S. Department of Education's Office of Special Education Programs, the National Research Council formed the Committee on Educational Interventions for Children with Autism (National Research Council, 2001). The committee was charged with the task of integrating the scientific, theoretical, and policy literature and creating a framework for evaluating the scientific evidence regarding effective interventions for young children with autism.

Seven key areas were addressed among the conclusions and recommendations of their work:

How the disorders are diagnosed and assessed and how prevalent they are; the effect on and role of families; appropriate goals for educational services; characteristics of effective interventions and educational programs; public policy approaches to ensuring access to appropriate education; the preparation of educational personnel; and the needs for future research. (National Research Council, 2001, p. 211)

Although no recommendations from the Executive Summary of the National Research Council addressed multiculturalism in teaching students with autism, the lengthier report noted that service providers need to be sensitive to cultural issues. Further, the council issued a call for research to understand how diversity affects services. The purpose of this article is to present culture-specific strategies for meeting the educational needs of students with autism and to relate these strategies to current efforts to prepare teachers and other professionals to assist students and their families.

Culture-Specific Strategies for Meeting the Needs of Students with Autism

Representatives from nine professional organizations, including the Council for

Exceptional Children and several divisions, established a set of guiding principles for preparing teachers and other professionals to effectively meet the diverse needs of all students, including those with disabilities (Dieker, Voltz, & Epanchin, 2001). Clearly, multiculturalism must be a focus of efforts to educate students with disabilities. Because of the possibility of misclassification and the potential for multicultural students with autism to interact with individuals in the dominant culture, teachers and other professionals should attend to multicultural issues when identifying and teaching students with autism (Dyches, Wilder, & Obiakor, 2001; Dyches, Wilder, Sudweeks, Obiakor, & Algozzine, 2004).

Historically, when students with autism have been misclassified, misdiagnoses have been made as the result of three factors: (a) the previous lack of diagnostic educational labels, (b) the ambiguous nature of the disability, and (c) families' cultural and linguistic interpretation and reaction to receiving the diagnosis and to obtaining services. From 1975, when P.L. 94-142 was enacted, until 1990, when the law was reauthorized, autism was not recognized as a diagnostic category. Further, Asperger Disorder was not widely recognized in the United States until 1994, when it was added to the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994). These children, when in need of special services, were forced to receive services under a different label.

Although diagnostic categories now exist whereby such children can be served educationally, the symptoms of autism spectrum disorders that overlap with those of other disabilities lead parents through a labyrinth of diagnostic procedures and labels. They often receive reports that their children have developmental delays, communication disorders, mental retardation, or multiple disabilities. Older children may also receive the diagnoses of learning disabilities, emotional disorders, obsessive-compulsive disorders, or anxiety disorders. Typically, autism is not diagnosed until age 5 and Asperger syndrome until age 7 (Stoddart, 1998), but many parents have no-

ticed symptoms in their children when they were as young as 2 years.

Diagnostic labels heavily affect those who receive them and their families. Some labels are preferred to others; for instance, because a diagnosis of Asperger syndrome requires at least average intelligence, this label may be preferred to that of autism (approximately 75% of those diagnosed also have mental retardation) or mental retardation. The way people view, or appraise, a disability is often a function of their cultural values. For example, some Latino mothers view having a child with a severe disability as a way for the mother to sacrifice part of her life and to receive opportunities and blessings or less frequently, as a punishment from God (Skinner, Bailey, Correa, & Rodriguez, 1999). Similar viewpoints may be common among other cultural, ethnic, or religious groups (see Marshall, Olsen, Mandelco, Dyches, Allred, & Sansom, 2003).

Further, linguistic differences may affect how families understand the diagnosis of autism. For example, some Asian languages have no word for autism (Dobson, Upadhyaya, McNeil, Venkateswaran, & Gilderdale, 2001), and other languages simply adapt the English word (e.g., "el autismo" in Spanish) and possibly the Western values associated with it. Without a vocabulary to define the disorder, families may not understand the implications of the disability or seek services for it.

Research on children with developmental disabilities has revealed that differences exist in the way people from various cultures access special services (Bailey, Skinner, Rodriguez, Gut, & Correa, 1999; Lian, 1996; Pruchno, Patrick, & Burant, 1997). African Americans often turn to family, friends, and religious groups before seeking professional help (Rogers-Dulan & Blancher, 1995), and they typically access services less frequently than European Americans (Pruchno et al., 1997). Latinos have a lower probability of accessing services than African Americans (Bailey et al., 1999). Additionally, some South Asians may not request services, especially if they have a girl with a disability, for fear

that the accompanying stigma will make it harder for them to arrange a marriage for their child (Raghavan, Weisner, & Patel, 1999). Failure to acquire early intervention services among these cultural groups may lead to a lifelong dependency on families, communities, and governmental services.

The misdiagnosis of autism is relevant in cultural contexts, due to the factors noted above. Yet, such educational misdiagnoses had not been adequately addressed in the literature until recently. In analyzing school data reported to Congress regarding the incidence and prevalence of students with various disabilities, Dyches et al. (2004) found that students with autism who were Black or Asian/Pacific Islander were served under the label of autism at approximately twice the rate of students with autism who were American Indian/Alaskan or Hispanic. Statistical analyses indicated that these disproportionate representations were significant. Additional analyses revealed that some racial groups were overrepresented (Asian/Pacific Islanders) or underrepresented (American Indians and Hispanics) in the category of autism, compared to their representation in other disability groups.

School personnel need to recognize when the label of autism is applied at varying rates to students from various multicultural groups. This is a concern because professionals may interpret some behaviors symptomatically rather than culturally (Obiakor, 1999a; Zionts, Zionts, Harrison, & Bellinger, 2003). Tantrums, aggression, lack of normal attachment to family members, lack of eye contact, poor social interactions and communication skills, and lack of appropriate emotional expression are behaviors displayed by some students with autism that may have cultural bases. For example, avoiding eye contact with an adult and responding to a teacher's question with silence (to indicate yes, no, disagree, agree, or misunderstanding) is more common among Asian American children than among European American children (Lian, 1996). These behaviors, if frequently demonstrated, may be interpreted by school personnel as an in-

indicator that the child has difficulties with social skills or communication, two prominent symptoms of autism. Similarly, some behaviors that would be deemed inappropriate (e.g., self-stimulation) or socially incompetent by Western professionals are ignored by Navajo parents (Connors & Donnellan, 1998). In addition, some parents and professionals in India do not consider language disabilities to be central to autism because of the belief that Indian boys speak later than Indian girls (Daley & Sigman, 2002). Having considered behaviors in cultural contexts, professionals need to make sure that the student is properly classified with autism. Professionals should be aware that these behaviors could cause a multicultural student to be misidentified as having autism or a student with autism to be misidentified as having another disability.

Another reason multicultural factors should be considered when assisting students with autism is that, like most students, students with autism will probably live and work within the dominant culture. A Western long-term goal for students with autism, even those who have severe disabilities, is to eventually hold a job in the community (Feldman, 1996; Westling & Fox, 1995). Teachers of multicultural students with autism should be aware that family expectations may be different. For example, how members of some cultures view independence and community-based competence varies (Connors & Donnellan, 1998; Harry, Grenot-Scheyer, Smith-Lewis, Xin, & Schwartz, 1995; Hernandez & Descamps, 1996), and those who do not value related educational goals should not be forced to adopt them. Independence and community-based competence tend to be components of middle- to upper-class European American cultural values in the United States (see Sue & Sue, 2003). However, unless the multicultural child with autism is segregated from the dominant culture, he or she will need to interact with people in this culture. Therefore, if Individualized Education Program (IEP) team members agree, teachers should be encouraged to use strategies that teach students with

autism appropriate social interactions and communication skills for the dominant culture. Because there is a dearth of professional literature delineating culture-specific strategies for teaching students with autism in particular, we have looked at the literature on strategies for teaching multicultural students with disabilities in general and the limited literature that addresses multicultural issues for students with moderate to severe disabilities. With caution, we have focused that information in terms of the needs of students with autism. Following are universal strategies suggested for teachers and other professionals who work with multicultural students with disabilities, with implications for those who work with students with autism.

Cultural Understanding

The first and foremost consideration for any professional who works with multicultural students with disabilities is to be aware of personal prejudices against certain groups (Obiakor, 1994). These biases may be against students of a particular disability, race, gender, socioeconomic status, ethnicity, religion, geographic region, appearance, or national origin. Teachers may be prejudiced against students with autism who disrupt class with their unorthodox behavior, who lack social skills valued by the dominant culture, or whose parents are exceptionally verbal in their behalf. Teachers may even be prejudiced against minority students with autism because the students come from a multicultural group that they dislike or misunderstand. For example,

Sehr, a 10-year-old with autism, was born in India and subsequently adopted by a family from India living in the United States. Her dark skin and eyes and personal scent from the spices and herbs in her diet were unfamiliar and unattractive to the special education teacher, who assigned a classroom paraeducator to work with her the majority of her time at school. Fewer data were collected on Sehr's progress than on that of the other students in her class. Fewer interventions were attempted.

As a result of such prejudicial behavior, fears, or dislikes, teachers must examine their personal views and be absolutely certain that they are not interfering with the effectiveness of teaching multicultural students with autism (Obiakor, 1994; Wilder & Obiakor, 2003).

Personal and professional biases may substantially affect the education and treatment of individuals with autism. During the psychogenesis era of autism, professional bias against cold, aloof, "refrigerator" mothers of children with autism resulted in the removal of these children from their homes in order for them to receive specialized treatment. This bias against mothers is no longer popular; in fact, parents are now expected to be an integral part of the decision-making process for their students with autism, according to the Individuals with Disabilities Education Act of 1997. Parents from some multicultural groups may be discriminated against by teachers and thus be uncomfortable being involved in educational decisions for their children (Zionts et al., 2003). To deal with these issues either way, it is imperative that teachers examine their own views regarding multicultural groups and work to gain sensitivity toward multicultural students and their parents, regardless of the level of parental involvement (Winzer & Mazurek, 1998).

Teacher Expectations

Teacher expectations are powerful determinants of student outcomes, especially in special education (Ford, 1992; Obiakor, 1999b). If a teacher believes that any student will not perform as well as the other students in his or her class, that student will probably fulfill the teacher's expectations (Brophy, 1986). Consider Ramirez:

Ramirez, a ninth grader with Asperger syndrome, came to school daily with unkempt and uncut hair, dirty clothes, and a malodorous presence and frequently lacked his school supplies and completed assignments; these were hindrances to his relationships with school personnel and peers. Teachers did not expect him to do well in

school. Unfortunately, no one at school was aware that his family was currently homeless and without access to laundry and bathing facilities or money for school supplies. Had he been identified as homeless, numerous Title I and other services would have been available to help Ramirez with this problem. Instead, a vice principal encouraged him to attend a vocational/technical school. Ramirez had no means of transportation to and from the new school and therefore believed he had no recourse but to quit school.

When teachers have high expectations for their students, the students tend to deliver (Lucas, Henze, & Donato, 1990). Of course, students with autism have limitations related to their disability; however, it is better for teachers to expect too much than to settle for academic and behavioral achievement that is less than what the student can achieve. Ramirez's teachers could have found a mentor from his community who would get to know him, tutor him in his academics and social skills, and assist his family in connecting to appropriate social services. Such mentoring is a tried and proven strategy for working with youth from nondominant cultures (Guetzloe, 1997). A student's background or personal characteristics should never restrict the teacher's expectation of his or her performance or limit his or her future options (Obiakor, 2001; Wilder, 2004).

Language Issues

A discussion of strategies for helping multicultural students with autism must include consideration of their communication and language abilities and skills. Language is an area on the IEP for most students with autism because problems in communication are common to students with this disability (American Psychiatric Association, 1994; National Research Council, 2001). Although approximately half of those with autism are considered to be nonverbal (Prizant, 1996), language assessment and instruction is crucial to their education; yet, it is often overlooked for multicultural students with visible disabilities (Harry et al., 1995).

If the student's native language is not English, a bilingual diagnostic professional should conduct the assessment, if possible. Assessing any form of communication will be difficult with students with autism whose native language is not English. The overrepresentation of bilingual students in special education suggests that diagnostic personnel have difficulty distinguishing between disabling conditions and language behaviors characteristic of students learning a second language (Carrasquillo, 1991). Assessment practices for identifying students with autism should include both a native language and an English language assessment to determine which language should be used to communicate with the student (Delgado & Rogers-Adkinson, 1999). In addition, an ecological assessment of communication needs in the natural environment is particularly important for students with low communication skills. Such an assessment will assist the IEP team in making decisions regarding language, such as what vocabulary the family believes is important for their child to learn in their native tongue (Harry et al., 1995; Westling & Fox, 1995). Diagnostic personnel should be aware that identifying multicultural students with an autism spectrum disorder may be problematic because their deficits are in language pragmatics as well as social skills. If assessment of their abilities is confounded by their use of a second language or other cultural behaviors, they may not be accurately identified.

If a student is identified as having autism and assessment results indicate that he or she lacks sufficient English fluency to understand academic and behavioral concepts, then an English as a second language (ESL) teacher and the special education or general education teacher must collaborate to implement educational and behavioral interventions. Collaboration should also occur between the speech-language pathologist and other team members, given the communication difficulties inherent in autism. Placing the student with a bilingual specialist or general educator would be optimal but not always possible, as there is an extensive shortage of bilingual

educators (Baca & Cervantes, 1998; Grossman, 1995), which has caused many school administrators to hire bilingual persons in nonprofessional school roles to assist teachers with translation and communication.

Teaching strategies for multicultural students with autism should be matched with the strengths and difficulties delineated by a comprehensive communication and language assessment using norm-referenced or criterion-referenced instruments or checklists, interviews, and observations (Venn, 2000). Strategies to improve communication include, but should not be limited to, ESL instruction available in the school district; bilingual special educator instruction (Winzer & Mazurek, 1998); use of picture communication systems or alternative communication (Snell & Brown, 2000); curricular materials in both languages; and periodic, ongoing language assessment (see Baca & Cervantes, 1998). The development of social skills may be enhanced by using culturally sensitive peer buddy or special grouping arrangements, mentor strategies and strategies for teaching resilience (Campbell-Whatley, Algozzine, & Obiakor, 1997; Gordon, 1995; Guetzloe, 1997), cooperative learning, acculturation experiences, and prosocial skills training for the dominant culture (Goldstein, 1999).

Cultural Pluralism in Curriculum

Multicultural students frequently lament that none of the textbooks, stories, or pictures used in their schools include students like them; this actually affects how they feel about themselves (Obiakor, 2001). It is important that those with autism have access to curricular materials that reflect their cultures, to help them feel that they belong to the school community, just like students from the dominant culture (Winzer & Mazurek, 1998). School assemblies, field trips, classroom visitors, posted text, pictures, flyers, school newsletters, and school personnel should offer a smorgasbord of cultural representation. Multiculturalism should be infused in the school context (see

Obiakor, 1999a; Winzer & Mazurek, 1998). Besides infusing multicultural representation in schools, teachers need to assess and teach to individual student communication or learning styles, to meet the needs of multicultural students with autism. These cognitive styles may be related both to student culture and to disability. Many students with autism prefer to communicate through visual rather than auditory receptive modes. Sue and Sue (2003) explained that students from various cultures prefer various culture-relevant communication styles (e.g., European Americans expect direct eye contact, limited physical contact, controlled emotions, and spoken and written standard English). Some cultures do not value the dominant culture communication patterns (e.g., to some Native Americans, avoidance of eye contact is a sign of respect). Teachers who ignore the cultural implications of a particular communication style will probably be less effective, particularly for students with high-functioning autism, than those who recognize both culture- and disability-related approaches.

Once broad-based and individual strategies are functional, the most valuable approach for working with multicultural students with autism is to view each student positively—as being able to progress and willing to learn (Wilder, 2001, 2002; Wilder, Jackson, & Smith, 2001). Students who have autism and come from multicultural backgrounds should be seen and treated as valuable members of a school community who require assistance to maximize their potential. This is an important role to be filled by an effective counselor. Kozol (as cited in Wilder, 2002) remarked, “Children, whatever the color of their skin or the condition of their birth, bless us by their mere existence on this earth. The great, unanswered question of our age is whether our societies [schools] plan to bless them in return” (p. 78). The critical question is, How do teachers and other professionals develop this positive attitude toward multicultural students with autism? To a large measure, personnel preparation programs play major roles in equipping school personnel with

techniques that can enhance positive learning environments for their students.

Implications for Preparation Programs

It is evident that students with autism demonstrate deficits in social skills, communication skills, and behavioral repertoires (National Research Council, 2001; Wahlberg, 2000; Wahlberg & Rotatori, 1996). The American Psychiatric Association (1994) noted that autism coexists with mental retardation in approximately 75% of cases. Considering the multidimensionality of characteristics associated with autism, it is reasonable to assume that identification, assessment, categorization, placement, and instruction/intervention could be problematic not only for students with autism from the dominant culture but also, and especially, for multicultural students with autism. Although general and special educators are trained to respond to students’ unique needs (Obiakor & Algozzine, 1995), they often find it difficult to shift their paradigms and try new ideas (Kohl, 1988; Obiakor & Utley, 1997; Palmer, 1998; Utley & Obiakor, 2001). As a consequence, many multicultural learners with disabilities may be placed in programs prone to frequent misidentification, miscategorization, misplacement, and misinstruction/misintervention (Obiakor, 1999a, 2001). There are underlying reasons for these mishaps. It appears that theoretical rather than practical efforts have been made to change preparation programs. Obiakor and Utley (2001) noted that there is a “severity of the supply-and-demand problem associated with professionals representing different cultural groups in doctoral programs in institutions of higher education” and that as a result, “there is a critical need to rethink traditional teacher preparation programs and develop a culturally responsive teacher preparation program” (p. 191).

Problems for multicultural learners with autism are trifold—these students are culturally different, they may be linguistically different, and they have an

exceptionality that is loaded with challenging behavioral repertoires. These problems are magnified because preparation programs require teacher trainees to retain a certain knowledge base but spend “very little time teaching the skills that will enable them to effectively apply that knowledge in different classroom settings” (Obiakor & Utley, 2001, p. 192). In addition, negative presumptions about multiculturalism have interfered with the infusion of multicultural curricula into other professional preparation programs. Approximately 10 years ago, Obiakor (1993) provided some typical examples of negative presumptions:

1. Universities cannot find qualified culturally diverse faculty for recruitment.
2. Adopting policies to recruit and retain minority faculty and staff members and students requires showing preferential treatment.
3. Multicultural curriculum is expensive.
4. Multicultural curriculum is not necessary because racism does not exist anymore.
5. Advocates of multiculturalism want to lower the quality of education.

These presumptions are counterproductive because they force preparation programs to engage in “fraudulent” multiculturalism, by which institutions pay lip service or engage in tokenism.

If the intention is to prepare professionals to be able to truly serve students with autism, efforts must be made to produce culturally responsive education programs. It is important that students with autism be appropriately identified, assessed, categorized, placed, and instructed, because one simple problem of misreferral can lead to greater problems of misplacement, misinstruction, and misintervention. Just as it is unfair to use the wrong medication for the right illness or the right medication for the wrong illness (Ysseldyke et al., 2000), it is a disservice to label students as having mental retardation, behavior disorders, learning disabilities, communication disorders, or other disabilities when the correct diag-

nosis is autism. General and special educators must be able to be culturally sensitive when they identify and interpret behavioral patterns.

Obiakor and Utley (2001) explained that a culturally responsive teacher preparation program involves teachers who think and act multiculturally rather than monoculturally, developing curricula that are multicultural in content. Culturally sensitive teachers use methods that are congruent with the students' cultural learning styles and reflect on the relevance of knowledge bases in a variety of cultural contexts. Such teachers understand and respect their own cultural heritage and develop the knowledge, skills, and attitudes to become functional within other ethnic cultures as well as the mainstream culture. They understand that becoming a multicultural educator is a developmental process and that the process will enable them to believe in their intrinsic worth, to transcend monoculturalism, and to become multicultural.

In addition, culturally sensitive teachers are willing to learn about customs, belief systems, communication linguistic styles, mores, and behavior patterns of different cultural groups. They are willing to internalize a methodology for adapting to and learning about many other cultures from which their pupils may come. Teachers who are multicultural are willing to develop a curriculum that includes elements of different cultural groups; they will identify cognitive styles influenced by the dominant culture and know how to recognize the individual student variances from the dominant cognitive styles of that student's culture. They are teachers who view multicultural students as capable, motivated, and resilient. These teachers can then be change agents who work to fight injustice, social inequality, and inequities.

What should be the knowledge base for diversity training in programs that prepare teachers of students with autism? The basic principles of multicultural education should be the foundation upon which the diversity concepts specific to autism are addressed. These include issues addressed earlier regarding under-

standing and interacting with families, and culturally specific strategies to help students with autism succeed academically and socially.

It is important to note that what happens in classrooms is tied to how teachers and other professionals are prepared (Obiakor, Karr, Utley, & Algozzine, 1998; Obiakor & Utley, 1997, 2001). A child who has autism and who is culturally, racially, linguistically, and socioeconomically different will likely require a special kind of assistance to effectively address these complex phenomena. Obiakor and Utley (2001) wrote,

Given the nature of diversity and the dramatic demographic changes within America's classrooms, we are aware that general and special educators will be challenged to provide quality instruction to all children. However, we cannot accept a "deficit orientation" as a fundamental principle upon which we base the implementation of individualized, appropriate educational programs for children with disabilities. . . . General and special educators must be trained to identify alterable factors (e.g., student engagement levels and use of teacher behaviors that decelerate student outcomes) that promote student learning and enhance responsiveness to instruction. Hence, general and special educators must learn through culturally responsive teacher preparation programs to apply pedagogical practices that accommodate students' needs and maximize the academic progress of all children, especially those who come from multicultural backgrounds. (p. 204)

Some critical questions should be addressed by teachers, especially as they work with multicultural students with autism in order to meet current demands and challenges:

1. How do we build on the established knowledge base?
2. How do we examine the classroom culture?
3. How do we plan and deliver classroom instruction?
4. How do we negotiate the roles of teaching?
5. How do we build self-concepts through self-efficacy?

6. How do we enhance learning with technologies and resources?
7. How do we work beyond the classroom?
8. How do we shift paradigms and powers?

As general and special educators work with students with autism, it is imperative that they know the functional levels of their students. On this issue, preparation programs must be on the cutting edge. Obiakor (1994) recommended requiring at least the following courses for preservice and inservice trainings. First, training should include courses in crisis intervention (e.g., courses dealing with disruption, disaster, and death); collaboration, consultation, and cooperation; issues and trends in special education; multicultural psychology and special education; and self-concept development. In addition, training institutions should require students to take courses in parental empowerment strategies; survey of exceptionality (i.e., opportunities to develop in-depth/overall information about exceptionalities such as autism); multidimensional assessment strategies; multiple intelligences; and the Comprehensive Support Model (i.e., how the "self," family, school, community, and government can function together for the common good). Competence in the skills taught in these courses can prepare teachers to be sensitive to and plan interventions that consider both the student's disability and the student's culture.

Conclusions and Implications

Professionals who work with multicultural students with autism and their families should be concerned about the relative paucity of research specific to the challenges they face. Published research often determines what will be taught and which interventions will be used with students. First, professionals need to be certain multicultural students are properly classified as having autism. Then, they need to know which interventions work best for them. Because the majority of special education research has been

conducted with populations that are predominantly European American and because most research has categorized students according to disability and failed to categorize students with autism according to culture, limited data are available to help researchers and practitioners ensure that appropriate services are provided to students with autism from diverse backgrounds. Such limitations may reflect a lack of awareness of cultural issues and ways that those issues affect students with autism and their families. In addition, such missing information clearly compromises the quality of the fields of professionals who work with multicultural students with autism.

It was not our intention in this article to solve the problems of multicultural students with autism and the professionals who work with them. To our knowledge, a discussion of these issues is in its infancy. The issues we have raised need to be investigated further. Evidence suggests that multicultural students have more difficulty with the academic and behavioral customs of the school culture than do students from the dominant culture. Our examination of multicultural perspectives on autism demonstrates that ethnic diversity may affect students with autism and their families. Students with multicultural backgrounds and autism are challenged on three dimensions—communication, exceptionality, and culture. The professional literature continues to address the first two; it is imperative now to consider multicultural perspectives. By considering this third variable, general and special education professionals will avoid inappropriate identification, assessment, categorization, placement, and instruction of students with autism who come from culturally and linguistically diverse backgrounds.

ABOUT THE AUTHORS

Lynn K. Wilder, EdD, is a member of the Department of Counseling Psychology and Special Education at Brigham Young University. Her research interests include accurate assessment of and effective instructional strategies for culturally and linguistically diverse students and

students with low socioeconomic status in special education. Tina Taylor Dyches, EdD, is an associate professor in the Department of Counseling Psychology and Special Education at Brigham Young University. Her research interests include family adaptation to disability and appropriate service delivery to students with autism. Festus E. Obiakor, PhD, is a professor in the Department of Exceptional Education at the University of Wisconsin–Milwaukee. His research interests include multicultural psychology and special education, self-concept development, at-risk learners, and educational reform and evaluation. He is the author or co-author of more than 100 publications, including books and journal articles. Bob Algozzine, PhD, is a professor in the Department of Educational Leadership and co-director of the Behavior and Reading Improvement Center at the University of North Carolina at Charlotte. His current research interests include school-wide discipline, effective teaching, block scheduling, self-determination, alternative assessment, and multicultural special education. Address: Lynn K. Wilder, 340-H McKay Building, Brigham Young University, Provo, UT 84602; e-mail: lynn_wilder@byu.edu

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