**Title:** Caregiver Acculturation, Knowledge, and Therapy Expectations for Caregivers: Examining Relationships among Caregivers Receiving An Individualized Mental Health Intervention for Children with ASD (AIM HI)

**Authors:** Stephanie Hernandez, BS, Elizabeth Rangel, MS, Yesenia Mejia, PhD, & Lauren Brookman-Frazee, PhD

**Introduction:** In the past decade the prevalence of autism spectrum disorder has increased to every 1 in 36 children.1 Mental health services (MHS) are key institutions for families who seek therapy to improve mental health outcomes for their autistic child.2 More specifically, publicly funded MHS play an important role in the experience of navigating access to MHS for minoritized families, specifically Latino families. AIM HI (An Individualized Mental Health Intervention for Autism) was created to tailor care towards the unique experiences of autistic children and their families.3 Interventions like AIM HI are necessary as decades of research has consistently shown that families face several unique service disparities when navigating access to MHS for their autistic child.4 Even with the availability of interventions created specifically for autistic children who are receiving care within publicly funded settings, Latino families experience service disparities due to cultural barriers (i.e., lack of resources/information and lack of trust) that significantly effects their start to therapy.5 Acculturation, the relationship between one’s culture of origin and their new culture,6 has been identified as a significant factor that may influence the way that Latino families navigate autism services, their expectations of therapy, and their knowledge on autism.7 This study will draw from Latino families enrolled in the AIM HI intervention and will examine the baseline relationships between acculturation, Latino caregivers’ autism knowledge, and their AIM HI therapy expectancies.

**Methods:** The current study includes a total of 105 caregivers subsample of acculturation and US identity (N= 85) subsample of English language measure (N= 104) (Mage = 41; SD = 8.49) of children with an autism diagnosis aged 5-13 years old receiving therapy with a therapist training in AIM HI. This study examined the relationship between acculturation (AMAS-ZABB; Zea, Asner-Self, Birman, & Buki, 2003), caregiver-reported autism knowledge (N = 107) (The Maternal Autism Knowledge Questionnaire; Kuhn & Carter, 2006) and parent expectations of treatment (N =94) (The Parent Expectancies for Therapy Scale- modified; Nock et al., 2003) at baseline.

**Results:** Results showed that higher acculturation *(r* = .35), (Msd = 3.73(.43)) and higher English proficiency *(r* = .43), (Msd = 3.78(.61)) were significantly positively associated with higher baseline autism knowledge. Being Hispanic/Latino (Msd = 3.60(3.39)) was significantly negatively associated with lower total acculturation (*r* = -.29), lower English language use, (*r* = -.44), and lower baseline autism knowledge (*r* = -.36). Lastly, high US identity *(r* = .260), (Msd = 3.64(.51)) was significantly positively associated with positive AIM HI therapy expectancies at the start of treatment.

**Discussion:** These findings further support literature that has exemplified the importance of accounting for families’ unique cultural experiences at the start of therapy. We see that at the start of therapy, acculturation and English language is significantly positively associated with autism knowledge, as well as US identity being significantly positively associated with therapy expectancies. With such associations being seen at the start of treatment, future research should examine if acculturation is associated with caregiver autism knowledge, caregiver therapy expectancies, and treatment outcomes for Latino children after receiving AIM HI.

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