**Title**: Culturally Adapted WHO Caregiver Skills Training: Supporting Latino Families of Autistic Children in the Border Region

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**Introduction**: The United States-Mexico border region presents unique challenges for autistic children seeking healthcare services, including language barriers, high costs, delayed diagnoses, extensive waiting lists, and provider scarcity. These barriers often lead border residents to pursue cross-border healthcare solutions. For the Latino community in this region, culturally and linguistically appropriate interventions are essential to address health disparities and facilitate effective transnational service delivery. This study aims to evaluate the acceptability and feasibility of implementing the World Health Organization's Caregiver Skills Training (WHO-CST) program for Spanish-speaking caregivers of autistic children along the US-Mexico border.

**Method**: Ten Spanish-speaking caregivers of autistic children (ages 3-5 years, M = 3.85, SD = 0.88) from the Rio Grande Valley participated in the WHO-CST program. The sample included predominantly mothers (90%, n=9) who were bilingual Spanish English speakers (90%, n=9), with 20% (n=2) being Mexican caregivers who crossed the border for sessions. Among the children, 80% (n=8) were male, and 60% (n=6) primarily spoke Spanish. Data collection occurred at baseline and post-intervention (12 weeks). Assessment tools included the Autism Treatment and Evaluation Checklist (ATEC), Parental Stress Scale, Parental Sense of Competency Scale, Caregivers Knowledge and Skills Test, and Post-Session Feedback Forms for feasibility and acceptability measures.

**Results**: Implementation of the WHO-CST program yielded promising outcomes across multiple domains. While overall autism-related characteristics showed a modest reduction in ATEC total scores from baseline (M=72.70, SD=11.53) to post-intervention (M=69.70, SD=10.95), the health/physical domain demonstrated significant improvement (M=23.40, SD=7.95 to M=20.30, SD=9.14, t=2.96, p=.02). Although changes in communication, sociability, and sensory/cognitive domains trended toward improvement, these did not reach statistical significance. Notably, caregivers demonstrated substantial gains in their knowledge and understanding of autism care strategies, as evidenced by significantly improved scores on the caregiver knowledge test (t=9.13, p=.003). While measures of parental stress and sense of confidence showed encouraging reductions, these changes did not reach statistical significance. Program acceptability metrics were particularly strong, with unanimous agreement among caregivers regarding the comprehensibility of session content. Nearly all participants (99%) found the material directly applicable to their families' needs, and an overwhelming majority (97%) reported that the program helped them achieve their goals with their children.

**Discussion:** The WHO-CST program, adapted for Spanish-speaking Latino caregivers along the Texas-US border, demonstrated strong feasibility and acceptability. Preliminary effectiveness data showed promising results, particularly in improving caregiver knowledge and children's health outcomes. The program's success in accommodating binational participants and incorporating culturally sensitive practices suggests its potential to address early intervention service gaps in border regions. These findings contribute to understanding the complex healthcare needs of vulnerable populations in border communities and offer a practical solution for service delivery.

**References:**

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