**Symposium Title**: Health and behavioral Interventions for culturally diverse families of children with IDD

**Chair**: Sandy Magaña[[1]](#footnote-1)

**Discussant**: Meghan Burke2

**Overview**: Research shows that most evidence-based health and behavioral interventions are either tested or developed in collaboration with the target community. Community interventions catering to a cultural group’s specific needs are significantly more effective than generic interventions and more likely to promote health equity, build on the community’s strengths, and optimize community engagement. This symposium brings together a diverse group of researchers to highlight a culturally tailored intervention and two culturally adapted interventions. Our first presentation describes a culturally tailored health promotion intervention for Latinx families of children with intellectual and developmental disabilities (IDD) and presents its feasibility, acceptability and preliminary outcomes. Our second presentation examines the preliminary outcomes of Research Units in Behavioral Intervention (RUBI) in Spanish and group format with Latinx caregivers when cultural considerations and modifications are integrated. Our third presentation examines the effectiveness and social validity of a culturally adapted and telepractice version of the Prevent, Teach, and Reinforce for Families (PTR-F) for Chinese American families of young children with IDD. Results from these three studies underscore the importance of cultural relevance in reducing health disparities in racially and ethnically minoritized families and challenging behaviors among their children with IDD.

**Paper 1 of 4**

**Paper Title**: PODER Familiar: A culturally tailored health intervention for Latino families of children with IDD

**Authors**: Amy Pei-Lung Yu1 and Sandy Magaña1

**Introduction**: Persistent health disparities among Latino families of children with intellectual and developmental disabilities (IDD) negatively impact both children and caregivers. Latino children with IDD have been traditionally underdiagnosed (Angell et al., 2018; Nevison & Zahorodny, 2019), and therefore underutilizing preventive care and therapeutic services (Xu et al., 2022). In addition, Latino families often face additional barriers such as language difficulties, financial burdens, discrimination, social isolation, and limited access to culturally relevant services (Zuckerman et al., 2014). However, most evidence-based health interventions for families of children with IDD are not tested nor developed in collaboration with this population. To promote healthy lifestyles and health outcomes among Latino families of children with IDD, we implemented a two-site (Texas and Illinois) culturally tailored health intervention aimed at evaluating the feasibility, acceptability and preliminary outcomes of the program.

**Method**: Using principles of community-based participatory research, we developed our initial curriculum manual based on two previous efficacious culturally tailored programs that were co-created with Latina caregivers of children with IDD and community stakeholders. Using mixed-methods, we conducted a single-group pre-post pilot study with 30 Latina family caregivers of children with IDD in Texas and Illinois. Five promotoras (peer mentors) who were also parents of children with IDD across the two sites were recruited to deliver the virtual 10-session program. We routinely received feedback from our promotoras and participants through weekly meetings, feedback surveys, and follow-up individual interviews and focus groups on ways to improve the curriculum content, organization, presentation slides, modality, toolkit, logistics, support mechanisms, and other topics of interest. We collected quantitative and qualitative data to examine the feasibility, acceptability, and preliminary outcomes of the intervention.

**Results**: Quantitative results showed significant improvements in family caregivers’ health promoting behaviors, nutrition practices, and parenting strategies; family caregivers also reported decreased screen time and lower unhealthy food intake. Children demonstrated increased physical activity, decreased intake of added sugars, and improved overall health. Qualitative findings highlighted the intervention's cultural relevance, the value of the promotora model, and positive impacts on family health behaviors. Participants appreciated the program's alignment with Latino cultural values and the promotoras' shared lived experiences.

**Discussion**: Our findings suggest that the intervention is both feasible and acceptable, with high retention rates and participant satisfaction. Moreover, the results indicate promising effects on promoting the health and well-being of both Latina family caregivers and their children with IDD. Three key components contributed the intervention success. First, the co-development process with Latino families and community stakeholders ensured that the intervention was culturally relevant and addressed the specific needs of this population. Second, employing Latina family caregivers of children with IDD as promotoras or interventionists, allowed for flexibility in scheduling, eliminated obstacles such as transportation, and facilitated trust and open communication. Third, the ongoing support provided to promotoras throughout the intervention enhanced the quality and consistency of delivery. The intervention's alignment with the Latino cultural value of "familismo," the emphasis on family relationships and mutual support, likely contributed to the high engagement and positive outcomes observed. Future research should include larger randomized controlled trials to establish intervention efficacy. Practitioners working with Latino families of children with IDD should consider incorporating culturally tailored, family-centered approaches that address both caregiver and child health simultaneously.

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**Paper 2 of 3**

**Paper Title**: Cultural considerations and modifications in the implementation of the RUBI behavioral parent training intervention with Spanish-speaking caregivers of Latinx autistic children

**Authors**: Yoreidy Tavárez3, Elizabeth Cross3, and Ji Su Hong3

**Introduction**: It has been well documented that challenging behaviors, presenting with irritability, aggression and difficulties following instructions are very common in autistic youth and emerge in early childhood. Literature indicates overwhelming rates of aggressive behaviors in autistic youth (aggression to a caregiver 68%, aggression to non-caregivers 49%, and self-injury 27.7%) and challenging behaviors are strongly associated with impairments in quality of life, social isolation, behavioral crisis, school problems, and parental stress and depression (Kanne & Mazurek, 2011; Lecavalier et al., 2006; Soke et al., 2016). Research Units in Behavioral Intervention (RUBI) is a manualized, time-limited parent training intervention for autistic youth and mild-to-moderate challenging behaviors, and has strong evidence for reducing challenging behaviors and improving daily living skills (Bearss et al., 2015). Studies have examined the applicability of RUBI in group format for parents of autistic children to further address the crucial accessibility need of evidence-based interventions for disruptive behaviors in autistic children (Burrell et all, 2020; Edwards, Zlomke, & Greathouse, 2019). However, limited evidence-based interventions are available in Spanish for caregivers of Latinx autistic children (Maldonado et all, 2023; Magaña et al, 2022).

**Method**: The current non-randomized, waitlist-controlled, interventional study introduces the effectiveness of the implementation of RUBI in Spanish and group format with Latinx caregivers when cultural considerations and modifications are implemented. Caregivers were enrolled in RUBI Spanish group at a busy, urban outpatient specialized autism clinic. A certified bilingual (Spanish and English) psychologist provided the intervention via telehealth. Translated Spanish materials are available through the original authors. Cultural considerations and modifications in the implementation of RUBI Spanish group were incorporated. Measures at pre-, mid-, and post-treatment were administered and outcomes from the caregivers that fully completed the intervention will be presented. Measures included Spanish versions of the Aberrant Behavior Checklist-Community (ABC-C) and the Home Situations Questionnaire Modified for Autism Spectrum Disorder (HSQ-ASD). The need for neuroaffirmative language modifications to these measures was addressed.

**Results**: Caregivers of Latinx autistic children participating of the RUBI Spanish group intervention reported significant reductions in disruptive behaviors as assessed through the ABC-C. These included measures on irritability, social withdrawal, stereotypic behavior, hyperactive/inattentive, noncompliance behavior, and “inappropriate” speech. Similarly, significant reductions in daily functioning severity interference and increased acquisition of adaptive skills were assessed through the HSQ-ASD. Scores from both measures are reported during each condition for up to 14 patients whose caregivers completed the intervention.

**Discussion**: A preliminary implementation of RUBI Spanish group showed promising outcomes in targeted reduction of disruptive behaviors and skill acquisition in Latinx autistic children. Neurodiversity affirming and cultural diversity considerations are discussed in the context of cultural considerations and modifications implemented. Caregivers’ qualitative reports involving their sense of identity within their Latinx parenting style, experienced mainstream social expectations, and ability to access resources are also discussed. Future directions for this ongoing intervention include plans for feasibility and acceptability analysis of RUBI Spanish group delivery as sample increases.

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**Paper 3 of 3**

**Paper Title**: Remote delivery of culturally adapted Prevent-Teach-Reinforce for Families (PRT-F) program with Chinese American Families of young children with intellectual and developmental disability

**Authors**: Jinlan Zhu1 and Wendy Machalicek4

**Introduction**: The prevalence of challenging behavior among young children with intellectual and developmental disability (IDD) is higher than the prevalence of challenging behavior for children without disabilities. Without appropriate intervention, challenging behavior tends to persist in individuals with IDD. Parent education and training programs focused on supporting parents of children with IDD to learn and use evidence-based behavioral interventions with their child contribute to improved parent strategy use and increased confidence in supporting their child’s behavior and ultimately support decreased child challenging behavior and increased appropriate adaptive behavior. However, the research-to-practice gap is astonishingly large for racial and minority groups with limited empirical work on behavior support for families of diverse cultural and linguistic backgrounds. To address the research gap, the current study examined the effectiveness and social validity of a culturally adapted and telepractice version of the Prevent, Teach, and Reinforce for Families (PTR-F, Dunlap et al., 2016) for Chinese American families of young children with IDD in the United States. PTR-F is a manualized and evidence-based positive behavior support program.

**Method**: Six mothers and their children with autism spectrum disorder (ASD) participated. Two independent randomized concurrent multiple baseline designs across six parent-child dyads were used to examine the effects of the culturally adapted PTR-F intervention program when delivered by mothers on the decreased rate of target child challenging behavior. Two randomization strategies, case randomization and intervention start-point randomization, were used in this study.

**Results**: Visual analysis combined with the non-parametric Tau-U and parametric magnitude of treatment effect size standardized mean difference analysis, revealed mixed results with a medium effect found for child-challenging behavior in the first concurrent multiple baseline design group and small effects found in the second group. Participated parents positively rated the overall PTR-F process on the modified social validity questionnaire, agreeing that the PTR-F process was effective on their behaviors and their children’s behaviors. For the service delivery via remote telepractice technologies, parents reported high levels of satisfaction across various aspects of the remote telepractice experience. The results also indicated that the parent education and coaching sessions effectively enhanced parental confidence among all participating parents.

**Discussion**: This study represents the first cultural adaptation of PTR-F for Chinese American families, addressing a significant gap in existing research. The findings in this study provide evidence supporting the relationship between parents' fidelity in implementing behavioral support plan strategies and the reduction of challenging behaviors in children with IDD. To the best of my knowledge, this is the first cultural adaptation research of parent training for Chinese American families with IDD. However, there is still a need for further research, particularly on how cultural factors influence behavior.

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