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Neurodiversity in the Cultural Context

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(Yankton Sioux/Navajo)
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Jeremiah D. Simmons, PhD (Yankton Sioux/Navajo) is a Post-Doctoral Fellow in the Department of Psychiatry & Behavioral Sciences in the School of Medicine at Stanford University. Jeremiah, a native New Mexican, was raised on the Mescalero Apache Indian Reservation in Mescalero, NM. While he associates himself with the Mescalero Apache Indian Reservation, his family originates from the Yankton Sioux and Navajo tribes. Jeremiah graduated with a B.A. from Stanford University, a M.S in Clinical Psychology from the University of New Mexico, and a Ph.D. in Clinical Psychology from the University of New Mexico.

From a clinical practice perspective, Jeremiah currently works Native American populations with co-occurring mental health and substance use problems and ensures that empirically-supported interventions are culturally centered and linguistically appropriate. His research activities are broadly focused on adolescent health disparities with an emphasis on mental and behavioral health, behavioral health policy, and co-occurring substance use and mental health disorders.



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The views expressed in this presentation are those of the speaker and do not necessarily represent the views, policies, and positions of the Indian Health Service (IHS), or the U.S. Department of Health and Human Services (HHS).



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Personal Disclosures

- I am a cisgender male of Native American (Yankton Sioux/Navajo) descent
- I have a family history of mental illness and substance abuse
- I have sought out and received my own mental health care



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“ We recognize that Stanford sits on the ancestral land of the Muwekma Ohlone Tribe. This land was and continues to be of great importance to the Ohlone people. Consistent with our values of community and inclusion, we have a responsibility to acknowledge, honor and make visible the university’s relationship to Native peoples.

STANFORD LAND ACKNOWLEDGMENT

Learning Objectives

At the end of this presentation, participants will be able to:

- Participants will be able to identify cultural differences in identification, acceptance, and treatment of autism spectrum disorder.
- Participants will be able to evaluate how culturally-centered community-based approaches may improve early intervention efforts for families.



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Grounding Questions

Use chat to respond

In your culture/community of origin, how is autism, autism spectrum disorder (ASD), or neurodiversity discussed/perceived?



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Disparities: Autism in Indian Country

- Autism spectrum disorder (ASD) occurs in 1 in 54 U.S. children (CDC, 2021)
- Indigenous people have the lowest rate of autism diagnosis of any racial group in the United States (Drexler, 2018)
- Indigenous children were 13% less likely to be identified as autistic (Bennett et al., 2021)



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Culture Matters



Autism is perceived differently across cultures.

Autism is treated differently across cultures.

Autism is supported differently across cultures.



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Cultural Perceptions of Autism: Identification & Acceptance

- Part of the reason that Autism symptoms are expressed differently is due to cultural differences of what is considered to be normal childhood development, or normal behavior (Matson et al., 2011).
- Indigenous traditional beliefs about neurodiversity
 - Inclusion and acceptance
 - Broader definition of “normal”
 - Definitions not well defined
- Impact of Historical Trauma and Colonization
 - Stigma
 - Shame and Guilt



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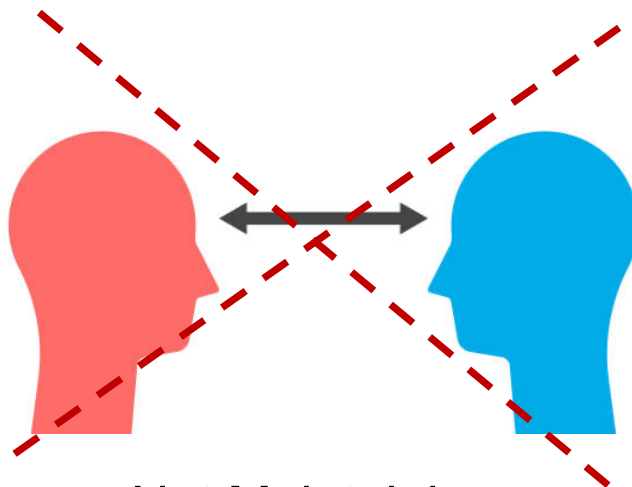
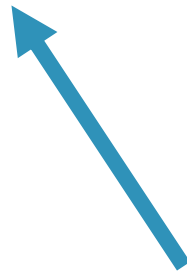


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Example 1: Eye Contact

WESTERN

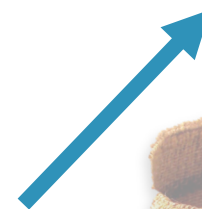
Core Feature



Not Maintaining
Eye Contact

INDIGENOUS

Respectful – less
maintained





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Example 2: Display of Challenging Behaviors

WESTERN

Externalizing
Challenging
Behavior



"Tantrum"

INDIGENOUS

Less
Externalizing
Behaviors



Cultural Influence on Treatment

- Racial and ethnic minority families are also less likely to use the services of professionals such as case managers, psychologists, and developmental pediatricians (Thomas et al., 2007)
- Poor outreach and cultural competency of providers (Lau et al., 2004)
- General mistrust of the system as a function of institutionalized discrimination (Benkirt et al., 2019)
- Greater reliance on extended family members and friends than professionals.



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Community-Engaged Approach: Early Engagement

- Historical Trauma-informed Parenting Approach
 - Reduce shame, guilt, and stigma
- Utilization of Certified Community Peer Support Specialists (CPSWs) from the community
- Adjusting Targeted Behaviors in Treatment
 - Ex; focus on treatment of behaviors that facilitate family, community, and cultural activities in addition to individual competence and autonomy (Bernier, Mao, & Yen, 2010)
- Including the extended family in treatment



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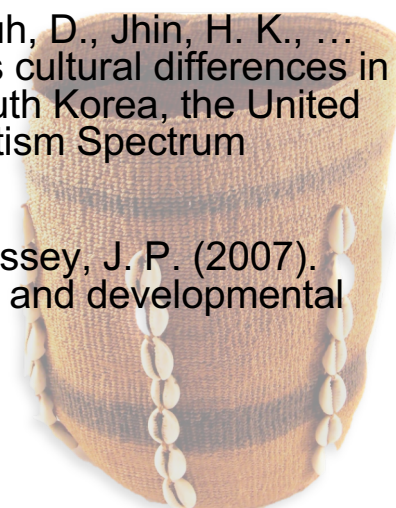


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