

# Cultural Values and Beliefs Reflection Tool (Family Form)

## A Tool for Parents and Caregivers of Young Children with Autism Spectrum Disorder (ASD)

Welcome! This tool, developed by the On-Time Autism Intervention (OTAI) program, is designed to support parents and caregivers of children with autism who are just beginning autism-specific services. We recognize that each child and family are unique and that this is what makes each child and family special.

This Cultural Values and Beliefs Reflection Tool will support your providers in better understanding your family background, lifestyles, and goal areas so that they are able to support the needs of your family. Your family's values and beliefs are important for your provider to understand in order to develop plans and goals that fit within your family's daily activities.

Whenever possible, the plans and goals of professionals should center on and align with your family values and beliefs. Your child's goals in therapy should prioritize and reflect the needs and preferences of your family. There are two main goals of this tool:

1. To help you identify goal areas based on your child's and your family's specific needs, routines, and lifestyle.
2. To facilitate discussion and collaboration with your providers to ensure their goals for your child align with your family's values and beliefs.

Family origin and culture heavily influence perceptions of autism and autism-specific services. Your values and beliefs may shape your goals and decisions for therapies, supports, and services, as well as your interactions with providers (1). Parents and caregivers rely on their values and beliefs when making therapy and service decisions for their children (2).

Knowledge of the values and beliefs held by your family is important for providers to understand when developing goals or care plans for your child (2). Providers will be better able to create goals that are relevant, and in turn, recommend support strategies that are most meaningful for your child and family.

The tool contains 6 main sections that cover routines or common daily rituals to support your child's growth and development (3). Routines and rituals provide natural and effective learning opportunities for your child to practice new behaviors (4). The reflection questions posed for each section are meant to support your providers' understanding of what may be most important to you and your family when writing goals for these specific activities and routines. This tool is meant to be the starting point for conversation and collaboration with your provider.

1. Mire SS, Gealy W, Kubiszyn T, Burrige AB, Goin-Kochel RP. Parent Perceptions About Autism Spectrum Disorder Influence Treatment Choices. *Focus on Autism and Other Developmental Disabilities*. 2017;32(4):305-318. doi:10.1177/1088357615610547

2. Bernier R, Mao A, Yen J. Psychopathology, families, and culture: autism. *Child Adolesc Psychiatr Clin N Am*. 2010;19(4):855-867. doi:10.1016/j.chc.2010.07.005

3. Spagnola M, & Fiese BH. Family Routines and Rituals: A Context for Development in the Lives of Young Children. *Infants & Young Children*. 2007;20(4): 284-299. doi:10.1097/01.IYC.0000290352.32170.5a

4. Schreibman L, Dawson G, Stahmer AC, et al. Naturalistic Developmental Behavioral Interventions: Empirically Validated Treatments for Autism Spectrum Disorder. *J Autism Dev Disord*. 2015;45(8):2411-2428. doi:10.1007/s10803-015-2407-8



# Your Family



What are some things you love and celebrate about your child?



Tell us about your family. What do you love and celebrate together?





# Your Family



Who is a part of your family?  
Who is a part of your child's life?



What is the role of grandparents or elders in your family?  
Is it different from yours as a parent?  
Are grandparents/elders important in your child's life?





# What's Important to You?

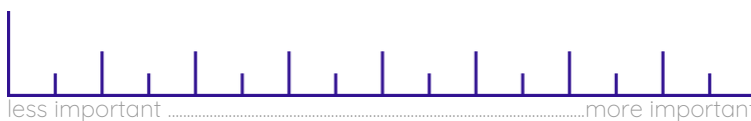
Some people feel strongly about some routines and don't feel strongly about others. How would you rank these topics in order of importance to you?



Mealtimes



Sleep/Bedtime



Personal Care



Play and Relaxing



Social Activities



Interdependence,  
Independence



## What's Important to You?

Is there anything you wish you could do with your child that you cannot? (For example, outings, going to restaurants, religious events, etc.)

Is there anything you wish you could do without your child that you cannot? (ex. because your child needs more supervision, or you feel you have to be there)



## Family Routine: Mealtimes

What does mealtime or eating look like for your family? This might be parent feeding, eating independently, eating at a table or couch, separately or together, or other things.

**1**

What did meals look like for you/your family in childhood? Is there anything from your culture or childhood that is important for you to continue?

**2**

What do mealtimes look like currently?

**3**

Are there aspects of meals that you would like to see change in some way? If yes, what are they?

**4**

Is there anything else about meals, food, or eating that you would like to share with us? If yes, what?



# Family Routine: Sleep

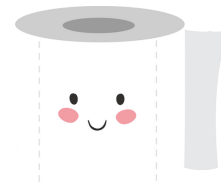
What do sleep and bedtime look like for your family? This might be activities like co-sleeping, sleeping separately, bedtime routines, or other things.

**1** What did sleep time look like for you/your family in childhood? Is there anything from your culture or childhood that is important for you to continue?

**2** What does going to bed and sleep time look like currently in your family?

**3** Are there aspects of bedtime, sleep, or sleep time that you would like to see change in some way? If yes, what are they?

**4** Is there anything else about bedtime or sleep that you would like to share with us? If yes, what?



# Family Routine: Personal Care

What does this look like for your family? This might be activities like dressing, bathing, toileting, or other things.

**1** What did personal care look like for you/your family in childhood? Is there anything from your culture or childhood that is important for you to continue?

**2** What does personal care look like currently?

**3** Are there aspects of personal care that you would like to see change in some way? If yes, what are they?

**4** What else about personal care would like to share with us?

**5** Please indicate the areas of support you are most interested in  
\_\_toileting      \_\_bathing      \_\_handwashing      \_\_dressing  
\_\_other:





# Family Routine: Play & Relaxation

What does this look like for your family? This might be activities like playing with siblings, playing or entertaining self alone, or other things

**1** What did play and relaxation time look like for you/your family in childhood? Is there anything from your culture or childhood that is important for you to continue?

**2** What does play and relaxation time look like currently?

**3** Are there aspects of play and relaxation time that you would like to see change in some way? If yes, what are they?

**4** Is there anything else about play and relaxation time that you would like to share with us? If yes, what?



# Family Routine: Interdependence

What does this look like for your family? This might mean completing tasks/daily routines without assistance from others (independence); family members working together, relying on/supporting each other (interdependence), or other things

**1** What did interdependence/independence look like for you/your family in childhood? Is there anything from your culture or childhood that is important for you to continue?

**2** What does interdependence/independence look like currently?

**3** Are there aspects of interdependence/independence that you would like to see change in some way? If yes, what are they?

**4** Is there anything else about interdependence/independence that you would like to share with us? If yes, what?



# Family Routine: Social Activities

What does this look like for your family? This might be social events with extended family or friends, holiday celebrations, community gatherings, or other things

**1** What did social activities look like for you/your family in childhood? Is there anything from your culture or childhood that is important for you to continue?

**2** What do social activities look like currently?

**3** Are there aspects of social activities that you would like to see change in some way? If yes, what are they?

**4** Is there anything else about social activities that you would like to share with us? If yes, what?

**5** Are there activities, rites of passage, or special cultural or religious events that you would like support to prepare your child to participate in?



Please use the following space to describe or list your core values as a family (see attached list for ideas):

### Examples of Values

- |                |              |                 |
|----------------|--------------|-----------------|
| Accountability | Freedom      | Loyalty         |
| Achievement    | Friendship   | Openness        |
| Adaptability   | Fun          | Optimism        |
| Authenticity   | Generosity   | Order           |
| Balance        | Grace        | Patience        |
| Belonging      | Gratitude    | Peace           |
| Caring         | Growth       | Perseverance    |
| Collaboration  | Harmony      | Reliability     |
| Commitment     | Honesty      | Respect         |
| Compassion     | Humility     | Responsibility  |
| Competence     | Inclusion    | Security        |
| Confidence     | Independence | Self-discipline |
| Connection     | Initiative   | Self-expression |
| Cooperation    | Integrity    | Spirituality    |
| Diversity      | Joy          | Teamwork        |
| Efficiency     | Justice      | Tradition       |
| Equality       | Kindness     | Trust           |
| Fairness       | Leadership   | Understanding   |
| Faith          | Learning     | Uniqueness      |
| Forgiveness    | Love         | Vulnerability   |