

- 78 per cent of African-American and minority ethnic communities said their local education authority did not provide support to their children during exclusion
- Caucasian children were diagnosed with autism at 6.3 years of age, whereas African-American children were diagnosed at 7.9 years and Hispanics who were diagnosed on average 18 months later
- Caucasian children typically access mental health services at 6 years of age in comparison to 7.1 years of age for African-American children.
- The Center for Disease Control reports that 1 in 110 children are identified as having an Autism Spectrum Disorder, according to studies released in December 2009.

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COMMUNITY OUTREACH PROGRAM FOR MINORITY FAMILIES AFFECTED BY AUTISM

At FBR, it is our policy that services are provided and admissions and referrals are made without regard to race, sex, color, national origin, ancestry, religion, creed, disability or age.



A CARF Three-Year Accreditation has been awarded to Family Behavioral Resources for its *Intensive Family-Based Services - Mental Health* (Children and Adolescents), *Outpatient Treatment - Mental Health* (Adults), and *Outpatient Treatment - Mental Health* (Children and Adolescents). *BHRS program is accredited under *Outpatient Treatment*. Ask us about CARF today!

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Although scientists and researchers have yet to isolate the cause and identify a cure for autism, studies continue to support the efficacy of early intervention (EI) services. Given this fact, a late diagnosis and/or misdiagnosis have the capacity to critically impact a child's ultimate prognosis and therefore, every aspect of each stage of the child's life. This is confounded even more in the minority families with lower incomes and/or limited education who have more difficulty accessing early intervention services.



Statistics show that minority children are diagnosed two and a half years later than Caucasian children. At FBR, we have taken steps to change that.

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MISSION STATEMENT

It is the mission of Family Behavioral Resources to be a leader in delivering the highest quality of recovery-oriented mental health services. Services are designed in accordance with FBR's philosophy of care, and delivered through a variety of theoretical approaches and interventions based on evidence-based practice. We are committed to supporting children, families and their surrounding community with quality care which upholds the utmost integrity. *Here, caring is everything.*



OUR PHILOSOPHY

FBR does not embrace one specific method or theory to treat our consumers. We respect children's unique perspectives, culture, learning styles and behavioral needs as well as the family's identification and prioritization of current need areas.

WHAT IS AUTISM?

Autism is a broad diagnostic category, which is why it is referred to as a "spectrum disorder." Children within the autism spectrum are diagnosed as having one of the following:

- *Autistic Disorder*
- *Asperger's Syndrome*
- *Pervasive Development Disorder, NOS*
- *Rett's Syndrome*
- *Childhood Disintegrative Disorder*

Although children diagnosed with an ASD are truly unique, there are three areas of impairment associated with this diagnosis: communication, social interaction and stereotypical and repetitive behaviors.

AUTISM IN MINORITIES

According to current statistics, 67 children are diagnosed with an ASD every day, causing ASD to have become the fastest growing developmental disability in the United States (Autism Speaks). Autism knows no racial, ethnic or socioeconomic boundaries. Despite this fact, racial disparities exist with respect to service availability and accessibility.

Studies indicate that minority children are diagnosed later and are more likely to be misdiagnosed, in contrast with Caucasian children. According to a study conducted by Mandell, Listerud, Levy and Pinto-Martin (2002), on average, Caucasian children were diagnosed with autism at 6.3 years of age, whereas African-American children were diagnosed at 7.9 years and Hispanics who were diagnosed on average 18 months later. Additionally, Caucasian children typically access mental health services at 6 years of age in comparison to 7.1 years of age for African-American children.

Many times doctors fail to diagnose immigrant children as having Autism. Instead they refer to the child as being "culturally confused." Other immigrants, on the other hand, find it hard to seek services and care because their culture sees Autism as a "burden" and they are scared about their privacy being kept.

Yet another reason why minorities may not seek care is because of their socioeconomic statuses or language barriers. They may feel as if they don't have enough money to pay for such services or are confused with terms due to difference in languages.

Early diagnosis is critical in a child's life. It is important that minorities' needs be taken care of so that these issues of late diagnosis and lack of care do not arise.

Even though many minorities do receive services, they may be minimal or inadequate. It is important to take action and seek help.

FBR'S COMMUNITY OUTREACH PROGRAM

Thanks to the support of Congressman Tim Murphy, Family Behavioral Resources was granted \$146,000 in federal appropriations funds to develop a community outreach program in the Penn Hills region of Pittsburgh. We identified a need to support minority families impacted by Autism Spectrum Disorders.

The primary focus of the Community Outreach Program for African-American Families Impacted by Autism Spectrum Disorders is to connect with African-American families with a child or children diagnosed with ASD in order to increase awareness of ASD, identify and overcome barriers to service delivery, increase the effectiveness of current services and develop additional services and supports as needed. Consequently, unidentified children will be diagnosed earlier, more accurately and have the supports in order to access effective community-based treatment.

In addition to community outreach, FBR is committed to internal development and growth. The COC will collaborate with the clinical management team at FBR to develop trainings for staff targeting cultural awareness, competency and sensitivity within service delivery.

The COC will also work in conjunction with the Human Resources Department to focus on the recruitment, hiring and retention of African-American individuals to increase the diversity of FBR employees.

