

**Advocating with Humility: Improving Access of Treatment Services for Filipino Immigrant
Families with Autistic Children in Alberta, Canada**

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Abstract

Different factors influence access to services for Filipino immigrant families with autistic children in Alberta, Canada. These include the immigration process, the immediate needs of the family as they settle down in their new environment, unfamiliarity in getting services for their children, family dynamics, cultural identity, cultural beliefs about autism, financial constraints, and other personal factors. As a result, Filipino immigrants are less likely to access healthcare services compared to other immigrant populations in North America. The use of cultural humility by mental health professionals will address the dynamic intersectionality of these factors and influence access to services for Filipino immigrant families with autistic children. Moreover, cultural humility will help clinicians learn strategies that respect Filipino immigrant families' cultural identity. In particular, the methods of reflective practice, collaborative learning, social justice, and advocacy integration are applicable. These techniques will help therapists strengthen their relationship with Filipino immigrant families, create positive changes in their lives, and ensure healthy development for their children. Therapists may use cultural humility to enhance access, utilization, and engagement of services for Filipino immigrant families with autistic children.

Advocating with Humility: Improving Access of Treatment Services of Filipino Immigrant Families with Autistic Children in Alberta, Canada

Autism Spectrum Disorder is a neurological developmental disorder that affects an individual's communication, social relationships, and daily living. Symptoms of autism include unusual repetitive and rigid behaviour, atypical social relatedness, sensory incompatibility, and delayed communication development (Nowell et al., 2019; Spaniol et al., 2018). These symptoms may result in challenging behaviour that may complicate parent-child relationships and disrupt healthy family dynamics (e.g., intense tantrums, hyperactive/inactive behaviours, as well as disruptive and aggressive behaviours) (Hartley et al., 2017; Hodgetts et al., 2016). These complications are an additive layer for the settlement journey of immigrant families in Alberta. As an example, upon arriving in the province, these families must determine ways to acquire basic necessities (e.g., employment, housing, and schooling for their children) (Fontil & Harriet-Petrakos, 2015; Yohani et al., 2019) in addition to dealing with their child's specific (e.g., therapy and interventions) They may experience an internal adjustment within their family dynamics (i.e., roles in the family) as well as a cultural shift from their home country into Canada (Browne et al., 2017). Questions may arise as to how to support their life in Canada, such as: (a) "Where can I find treatment?" (b) "How can our family afford treatment?" and (c) "How will our family adjust in Canada?" In theory, families can apply for provincial funding from Family Support for Children with Disabilities (FSCD). Based on the need of the family, they may gain a contract with the government allowing them to access for funding for a psychologist, occupational therapist, speech-language pathologist, and other disciplines, on a continuum services (e.g., financial assistance, community aide, and respite aide) (Alberta Government, 2019; Shepherd & Waddell, 2015).

Psychologists and counsellors are part of the multidisciplinary framework in Alberta that could support families by providing behavioural intervention, counselling support, and other services (Alberta Government, 2019; Millau et al., 2019; Penner et al., 2019; Young et al., 2019). As part of the psychology discipline's ethical responsibility, psychologists and counsellors have an obligation to be part of the front-line mental health team in assisting immigrant families with autistic children navigate funding systems (Alberta Government, 2019; Canadian Psychological Association [CAP], 2017; Hodgetts et al., 2016; Young et al., 2019). The psychology discipline must consider external and internal factors to effectively support immigrant populations with autistic children as they navigate their journey in Alberta (Millau et al., 2019; Rivard et al., 2019; Weiss et al., 2017). External factors include settlement needs (e.g., housing, employment, and schools); while internal factors include having the capacity to navigate the funding system for their children and cultural needs (Hodgetts et al., 2016; Young et al., 2019; Millau et al., 2019; Rivard et al., 2019; Weiss et al., 2017). These factors play an integral role in building the family's capacity to support their children to continue their development. Recognizing these factors' dynamics in therapy will help psychologists and counsellors make a strong therapeutic alliance with families with autistic children. A key approach to effectively supporting immigrant families is for service providers to understand the systems that affect the settlement process through culturally competent practices (Anzaldo, 2020; CPA, 2017b; Fox et al., 2017; Pratt et al., 2017). This includes cultural factors that interplay in the interaction of the individual with their environment (e.g., cultural beliefs, values, and practices) (Anzaldo, 2020; Dhanji, 2018; Elorza, 2019; Lairmore, 2019). There are also external factors such as settlement needs and navigation for access in funding (Browne et al., 2017; Alberta Government, 2019; Millau et al., 2019; Penner et al., 2019; Young et al., 2019). Thus, this manuscript aims to explore cultural factors

that affect access to services for Filipino immigrant families with autistic children in Alberta, Canada. As well, this manuscript will determine culturally competent practices that would integrate cultural humility for psychologists and counsellors to effectively support this population in their practice.

Firstly, I will provide a self-positioning statement and reflect on my personal and professional inspirations for writing this manuscript. The results of these reflections are the guiding questions of this document. I will also discuss strategies to prevent partial scientific investigation that is infringed by my biases. Secondly, I will explore demographical information about autism and interventions to support children and families, factors affecting access to services for Filipino immigrant families with autistic children in Canada, as well as principles of cultural humility as they apply to the practice of psychologists and counsellors. Lastly, I will identify common themes found in the literature and discuss their implications for the practice of psychologists and counsellors to improve access to services, utilization of services, and engagement of Filipino immigrant families with autistic children in therapy. I will discuss recommendations for integrating cultural humility in practice as well as fundamental next steps based on the literature review and themes found in this manuscript.

Self-Positioning Statement

Author's Reflection

This manuscript was inspired by my work experience supporting Filipino immigrant families with autistic children. As a second-generation Filipino immigrant in Canada, I learned my culture through my parents and grandparents. They taught me to speak Tagalog and Creole Spanish. They also taught me cultural practices that are important in the Filipino community

(e.g., informal and formal Tagalog and Filipino etiquette). Being trilingual provided me with an opportunity to create and facilitate programs for Filipino immigrant families with autistic children because I am able to connect and communicate with various Filipino communities. For instance, I facilitated a parenting program funded by the provincial government. Social workers referred families to the program prior to other services such as psychologists, speech-language pathologists, and other clinical disciplines. Almost all of the families I worked with have been in Canada for more than five years. However, none of the families had previously accessed provincial funding, and it was their first-time accessing government support. Referrals also came from teachers who observed challenging behaviours in their classrooms, and the teachers suggested that the children and their families access provincial support for clinical services. I was astonished that the families had never accessed funding and that they did not have knowledge of the different services offered by the government. Most of the children I worked with were between seven and 16 years old, and I know that early intervention is essential to decrease the negative symptoms of autism (Hodgetts et al., 2016; Young et al., 2019; Millau et al., 2019; Penner et al., 2019) I felt sad that no one had provided these families with resources to access such services. Although the workshop was intended for parents to study various parenting practices, I advocated to provide additional resources for families and explained how to navigate funding systems for children with disabilities in Alberta. At first, I thought that the participants' lack of knowledge was an oversight by the funding system, a form of salient segregation that had prevented Filipino immigrant families from accessing clinical treatment. However, this assumption was transformed by curiosity after I became a program manager for the agency. I discovered that the funding body of the province of Alberta markets support services in schools as well as in clinical and medical facilities. There are also cultural brokers that support families

and work to make treatments and other services accessible for new immigrants. However, cultural brokers only get involved with families when community members report a risk to a family's well-being. I became curious about what prevents Filipino families from accessing services for their children, and my curiosity sparked this research project.

Professional Reflection

Cultural competency is a requirement for working with individuals. Cultural competency refers to developing respectful responses towards individuals and systems when supporting people of all cultures, languages, classes, and other diverse factors that recognize and affirm their affiliation and protect and preserve their dignity (Sue et al., 1992; Sue, 2017). This practice promotes that clinicians learn behaviours that are respectful to diverse individuals, which could be achieved through formal professional development training, consultation, and research (Sue, 2017; Sue et al., 1992). Counsellors also have an ethical responsibility to develop competency in the population with which they are working (CPA, 2017; CPA, 2017b). However, I found that in academic research in North America, there is a lack of representation of the general Filipino community and Filipino immigrant families with autistic children (Dhanji, 2018; Anzaldo, 2020; Elorza, 2019; Lairmore, 2019). Similarly, autism is not often found in Philippine-based literature (Lally et al., 2018; Lucerno, 2017; Quilendrin et al., 2015). This infers that the current understanding of the Filipino population is based on anecdotal opinions collated from people belonging to other cultures, resulting in misrepresentation. This leads to a generalized assumption of the lived experiences of Filipino families with autistic children, namely that Filipinos have a strongly similar cultural equivalence to other collectivist cultures (Anzaldo, 2020; Lairmore, 2019). Making this assumption disregards the Philippine's historical and colonial background, which forms the foundation of its heterogeneous and diverse cultural

identity and beliefs, as well as the economic and personal reasons that families have for immigrating to different countries (Aguilar, 2015; Anzaldo, 2020; De Gracia et al., 2016; Lairmore, 2019; Pratt et al., 2017). Articles that equate generalized knowledge of cultural minorities with cultural competency promote misrepresentation. They promote an assumptive practice that prevents the discipline's respect for an individual's uniqueness and general diversity in the community, while simultaneously inhibiting the discipline's commitment to social justice (CPA, 2017b; El-Lahib, 2015;).

Guiding Question

By reflecting on my personal and professional experiences, I aim to identify factors that affect access to services for Filipino immigrant families with autistic children in Alberta, Canada. I also aim to explore and recommend culturally competent practices such as cultural humility for counsellors and psychologists. These practices will enhance services and encourage Filipino families to utilize services. These objectives are achieved through a literature review of Canadian and International academic publications and answered the questions below:

1. What factors affect prevent how Filipino immigrant families with autistic children access services in Alberta, Canada?
2. How can psychologists and counsellors improve access to services for Filipino immigrant families and integrate principles of cultural humility in their approaches to culturally competent practice in the field?

Perspective Bracketing

My personal and professional reflections show my passion for researching the issue of autism in the Filipino context. However, my passion may affect my exploration of academic

literature, resulting in a biased representation of concepts. Hence, bracketing a personal perspective is important to honestly represent and explore the essence of academic literature (Gearing, 2004; Tufford & Newman, 2010). This is achieved by identifying and bracketing internal and external suppositions that may affect the process of scientific investigation (Tufford & Newman, 2010). Firstly, as the author, I am aware that my personal experience in the Filipino culture and my work supporting autistic individuals and their families may affect my research. I may seek to align my findings with a personal agenda of advocacy. This is evident in my professional reflection which includes a “call to action” for the psychological discipline and is critical of the lack of representation of Filipino individuals in academic literature.

Writing about personal and professional biases may mitigate their effect within this document. By maintaining an awareness of my biases during the process of writing this document, I hope to separate my personal perspectives from the research process. Secondly, there are uncontrollable factors that may affect the rigour of the investigation (Gearing, 2004). I have experienced their effects while exploring different literature about the research topic, such as lack of academic representation of Filipino immigrant families with services for autism. Thus, I have created a demographical description of autism, immigrants, and Filipino immigrants. Lastly, in my reflexive self-statement, I will include introspection into the experience of researching and writing this document. In so doing, I will explore the influence of my biases in completing this document, as well as biases that may influence the weaknesses and strengths of the arguments in this manuscript (Dunger et al., 2017).

Literature Review

Terminology

The label of autism spectrum disorder has changed from "living with autism" to "autistic person/individual" on January 2020 (Canadian Autism Spectrum Disorder Alliance [CASDA], 2020). Previously, the labels of "living with autism" and "with autism" had been used to describe autistic people (e.g., Alberta Government, 2019). However, these labels subscribe to the notion of a medical model, which separates the diagnosis from the person. A deficit-based model with underlying assumptions suggests that a diagnosis is an invalidation of an individual and thus argues that it could be "fixed" (El-Lahib, 2015). The prevalence of the diagnosis of autism has increased drastically over the past decade, from one in 152 children in 2002 to one in 68 children in 2018 (Baio et al., 2018). Growing understanding of autism has influenced development of current assessment procedures for the diagnosis, which has increased in people being diagnosed with autism (Baio et al., 2018; Wijayasinghe et al., 2016; Brian et al., 2019). For instance, Wijayasinghe et al. (2016) explored the history of assessment for autism. These researchers suggest that the early form of assessment of autism began through clinical observation and assessment tools. However, a deeper understanding and classification of symptoms has changed this procedure to a more structured and specialized process. Changes include an adaptation of new findings of the neuropsychological influence of autism and individuals' social development. As a result, the current assessment procedures of autism are systematic and use a multidisciplinary approach (Wijayasinghe et al., 2016).

Brian et al. (2019) portray that assessment for autism is facilitated by a physician and psychologist with the parent and their child. This procedure strengthens the assessment process's efficiency by having different disciplines identify symptoms of autism based on the physician's and clinician's expertise. This concept is a similar concept explored in the article by Mandy et al. (2019). These researchers examined the adaptation of the Autism Diagnostic Observation

Schedule test for adults suspected to be autistic. This tool is used to assess symptoms of autism for children starting two years old (Brian et al., 2019; Baio et al., 2018). Mandy et al. (2019) suggest that psychologists and physicians must consider depletion and subjective aspects of childhood memory for suspected autistic adults. As a result, specific considerations must be accounted for when assessing adults, such as removing questions based on a childhood memory. It implies that physicians and clinicians must consider different factors (e.g., age, gender and culture) in assessing individuals with autism. Furthermore, these articles show that a cultural shift has occurred as the prevalence of people diagnosed with autism has increased, along with the general understanding of the diagnosis grows (Baio et al., 2018; Mandy et al., 2019; Brian et al., 2019). As a result, an increased understanding of the neurodiversity of individuals has changed the narrative into an position that autism is one part of a person's personal identity that influences one's uniqueness (El-Lahib, 2015; CASDA, 2020). Thus, autism advocates promote the use of "autistic person" as an advocative approach to integrating a diagnosis as part of a person's identity, challenging the earlier stance of the medical model (CASDA, 2020).

Diagnostic Criterion

Autism Spectrum Disorder

Autism is a neurodevelopmental disorder that affects an individual's development (Quinletero et al., 2015). Its symptoms may require clinical support and additional caregiving because it may constrain the individual's daily functioning and relationships with others (Hartley et al., 2017; Hodgetts et al., 2016). Symptoms include unusually repetitive and rigid behaviour, atypical social relatedness, sensory incompatibility, and delayed communication development (Nowell et al., 2019; Spaniol et al., 2018). Difficult behaviour may occur due to symptoms of autism including intense tantrums, hyperactive/inactive behaviours, or disruptive/aggressive

behaviours (Quinletero et al., 2015). Such behaviours may affect a child's ability to perform in their environment, which may decrease their completion of and attention to non-preferred tasks (Nowell et al., 2019; Spaniol et al., 2018). This may decrease the chance of the child learning new skills that they can use to adapt in other situations. Delayed communication and lack of social awareness decreases an autistic child's capacity to form relationships with their peers and may result in isolation and negative social behaviour such as negative attention-seeking and other high-risk behaviour (Nowell et al., 2019; Spaniol et al., 2018).

Challenging behaviours may create similar complications in the child's family life. Hodgetts et al. (2016) observed a higher level of parental stress, anxiety, and depression among parents of autistic children. They found a high correlation between parental stress and negative mental well-being among parents whose children exhibit highly challenging behaviours. Hodgetts et al. (2016) suggest that challenging behaviours may affect the positive relationship between the child and their caregivers. Hodgetts et al. (2016) argue that negative parental mental well-being increases the possibility of high-risk parenting practices and abuse. Similarly, Hartley et al. (2017) observed the relationship between parental divorce and parentage of families with autistic children. They found that families of autistic children experience a higher chance of parental divorce. They relate this correlation to a shift in parental expectations and roles due to the diagnosis and resulting parental conflicts. Symptoms of autism and the additional caregiving needs that result may shift the expectations that a parent had for their child, which may result in the adjustment of parental roles. This unexpected shift may complicate marital relationships, which may lead to separation or divorce (Hartley et al., 2017). On the contrary, psychologists and counsellors could provide interventions to enhance the lives of autistic children as well as

their family members (Hartley et al., 2019; Hillman, 2006; Nowell et al., 2019; Spaniol et al., 2018).

A psychologist can offer a critical perspective in providing behavioural therapy suited to the child's needs using an evidence-based approach and ongoing support for the child's family (Hillman, 2006). For instance, Mohammadzaheri et al. (2015) explored the application of Applied Behaviour Analysis in decreasing the disruptive behaviour of autistic children through adult-driven delivery of interventions. These researchers observed that the psychologist has a key role to play in intervention delivery. The psychologists in the study demonstrated critical awareness in determining the intensity of the intervention and adapting to the child's developing capabilities. Similarly, Luxford et al. (2017) evaluated the effectiveness of school-based behavioural therapy to decrease anxiety in young adolescents with autism. These researchers found that psychologists who are adaptable and who provide interventions that suit the needs of the participants in combination with ongoing training of parents and teachers improved anxiety management in children, which in turn may improve family dynamics.

Interventions that decrease the behavioural symptoms of autism had a positive influence on the children's development (Nowell et al., 2019; Spaniol et al., 2018). For instance, Spaniol et al. (2018) examined the influence of attention training in decreasing behavioural symptoms while increasing the cognitive skills and academic performance of school-aged autistic children. The positive results of the intervention were evident in the participants' decreased behavioural symptoms, higher academic performance, and better adaptive social behaviours. Similarly, Nowell et al. (2019) examined the difference in the behaviour of autistic children at school who had received early and delayed interventions for social communication and self-regulation. They

found that children receiving early interventions had higher prosocial behaviour and peer adaptiveness compared to peers who had received treatment later in the school year.

Psychologists and counsellors could improve parent-child relationships and the family dynamic of autistic children through evidence-based training and counselling of parents (Hartley et al., 2017; Hassenfeldt et al., 2015). For instance, Hassenfeldt et al. (2015) examined the effectiveness of training parents to teach their autistic children general skills (daily living tasks) and decrease challenging behaviours through a cognitive-behaviour psychoeducational approach. Hassenfeldt et al. (2015) found improvements in the children's abilities to complete daily tasks and enhancements in the capacity of parents to provide effective parenting strategies to handle challenging behaviour. Hartley et al. (2017) suggests that counselling interventions for parents are essential to improve the child's family life. Interventions may support parents in developing an adoptable outlook on their life, which will help them adjust their parenting role as well as improve their relationships with their self, their children, their family, and other people around them (Hartley et al., 2017). Thus, the literature discussed above suggests that services provided by psychologists and counsellors are essential for the healthy development of autistic children and their families by decreasing challenging behaviours, teaching skills, and providing on-going support for the positive well-being of the family.

Demographics

Immigrant families in Alberta

Immigration has increased 26% of the number of populations in Canada in 2020, and the provincial government of Alberta predicts that roughly 2.1 million immigrants will settle in Alberta by 2049 (Alberta Government, 2018; Government of Canada, 2020). The immigrant

population of Canada is varied, made up of individuals from Asian, European, African, Latin, and other countries (Government of Canada, 2020) Immigrant families must find ways to meet their immediate needs (e.g., employment, housing, financial, and school) to successfully settle in their new country (Brown et al., 2017; Fontil & Harriet-Petrakos, 2015; Kaushik & Walsh, 2018; Yohani et al., 2019). Successful settlement and integration of immigrants depends on the intersectionality of different factors.

Suitable employment for new immigrants is needed to meet the financial requirements of their daily lives (Braker, 2017; Gosseries, 2012; Kaushik & Walsh, 2018). However, finding employment in a new country may present immigrants with a new set of challenges. For instance, Kaushik and Walsh (2018) investigated the theoretical explanation of employment barriers for highly-skilled immigrants in Canada by exploring a variety of academic articles. The term ‘highly-skilled immigrants’ refers to immigrants who have obtained higher education (e.g., bachelor, masters, or doctorate level degrees) in a country other than the country they immigrated Kaushik and Walsh (2018) suggested that due to different systematic requirements (e.g., credentials and training) highly-skilled immigrants experience difficulties in gaining satisfactory employment in the host country. These difficulties include lack of recognition of foreign credentials and previous work experience, and a demand for Canadian-based work experience (Kaushik & Walsh, 2018). Highly-skilled immigrants may also face barriers like lack of language skills, prejudices, stereotypes, and discrimination from the Canadian employment market. These factors are concerns for the economic integration of skilled immigrants to gain general or specific employment (Kaushik & Walsh, 2018).

Another example, Gosseries (2012) suggests that because of the differences between the North American job market and the market they may have left behind, new immigrants may experience

inequality in the hiring process in North America. This researcher argues that the North American process may present too-stringent requirements (e.g., North American job experience, cover letter, resume and/or curriculum vitae) that complicate the acquisition of suitable employment for immigrants (Gosseries, 2012). Similarly, Branker (2017) argued that complicated hiring processes may create barriers for new immigrants to gain suitable employment quickly. Branker (2017) qualitatively investigated the experience of new Caribbean immigrants in Canada when finding employment. They found that the participants experienced frustration when navigating job boards and online platforms due to their novelty, and it was noted that these immigrants felt that they experienced discrimination within the labour market. However, it was found that social networks were a key factor in helping the participant gain employment (Branker, 2017). Individuals who have the ability to network with other people has better chance in gaining employment. It implies that communication and sociability of the individuals is a factor that influences the chances of immigrants to gain employment (Branker, 2017).

The articles discussed above show that new immigrants may experience difficulties in gaining employment due to lack of credentials and experience that are evaluated in the host country. However, the complicated process of looking for employment also presented its own challenges. These factors are an additional layer that influence the successful integration of immigrants into their new homeland. The article by Braker (2017) highlights discrimination, which may create barriers for the successful integration of immigrants into their new country. For instance, Drolet et al. (2015) qualitatively interviewed 16 immigrants from different backgrounds (e.g., gender, country of origin, and average age of 36 years old) about their experience in finding suitable employment. Participants indicated common themes of

experiencing discrimination in the labour market. When they initially searched for work, immigrants felt that they were over-qualified for entry-level positions due to the experience they had acquired in their home country. However, Drolet et al. (2015) found that they were underqualified for the positions due to their lack of job experience in Canada. Drolet et al. (2015) argues that qualifications based on locality of job experience present inequalities that discriminate between Canadian and foreign experiences. They suggest that discrimination based on qualification increases the difficulties associated with economic integration for immigrants. These researchers also argue that gender, age, race, and social class may also present predicaments for immigrants searching to gain suitable employment. Evidently, about 80% of the participants perceived that they experienced difficulties in gaining employment based on their age, gender, and race (Drolet et al., 2015).

Discrimination in hiring based on age, gender and race in Canada is continuously rising (Godley, 2018; Lazarus et al., 2020; Vang & Chang, 2019). For instance, Godley (2018) examined longitudinal change in discrimination cases in Canada from 2013 to 2018. Godley (2018) found that there has been a gradual increase in racial discrimination cases in Canada. Godley (2018) suggests that 15% of all Canadians experienced discrimination of some kind in 2018, with the highest number of discrimination cases accounting for ethnicity or culture (8.4%), race or colour (6.6 %), sex or gender (4.9%), age (3.3%), and other factors such as disability and sexual orientation. Godley (2018) also found that South Asians and Middle Eastern individuals reported higher cases of discrimination compared to other communities in Canada in the context of ethnicity, culture, race and colour discrimination.

Similarly, Vang and Chang (2019) quantitatively compared perception of ethnicity-based discrimination between Vancouver and Toronto. They found a higher prevalence of

discrimination based on ethnicity in Vancouver compared to Toronto. They also suggest that targeted racial discrimination is higher for South Asian, Middle Eastern, and Indigenous individuals (Vang & Chang, 2019). Lazarus et al. (2020) quantitatively interviewed Canadians during the current outbreak of COVID-19 from February to June 2020. They found a 23% increase in targeted discrimination during the examined period, with most of these experiences being felt by members of the Asian Canadian community during the pandemic (Lazarus et al., 2020). The articles discussed above suggest that ethnicity-based discrimination in Canada is increasing, which may affect the life of immigrants. This negative experience may influence the integration of immigrants in Canada and affect their psychosocial capacity in their new environment (Espinosa et al., 2018; Li & Anderson, 2016; Singh et al., 2017)

Experiences of discrimination may affect an individual's well-being (Espinosa et al., 2018; Li & Anderson, 2016; Singh et al., 2017). These experiences may complicate the successful integration and settlement of immigrants (Brown et al., 2017; Espinosa et al., 2018). For instance, Espinosa et al. (2018) quantitatively investigated the correlation of perceived stress and ethnic identity between first- and second-generation immigrants. Accounting for perceived stress includes financial needs, experiences of discrimination, and interpersonal coordination and time-management. Espinosa et al (2018) found a higher correlation between perceived stress and ethnic identity within second-generation immigrants compared to first-generation individuals. However, second-generation immigrants scored lower in ethnic identity compared to first-generation participants. Espinosa et al. (2018) argue that having a strong ethnic identity is a protective factor that helps first-generation immigrants manage stress better than their second-generation counterparts. Espinosa et al. (2018) also suggest the impact of stress in the context of ethnicity-based discrimination. Second-generation immigrants may have higher agility in

identifying prejudice and acts of discrimination compared to first-generation individuals, and, as a result, may experience higher stress (Espinosa et al., 2018).

Similarly, Brown et al. (2017) suggests that immigrant families are at risk of emotional health problems during their settlement and integration process. This statement is based on the researchers' longitudinal study of 7,055 families who immigrated to Canada between 2001 and 2005. They found that single parents are more prone to experiencing emotional symptoms compared to two-parent families. Emotional symptoms in immigrant families have higher correlations with visible minority status, female gender, low income, and refugee status. This elevated risk is based on the interconnection between parenting stressors, personal adjustments based on past experiences (e.g., political upheaval and exposure to violence from their originating country, and post-migration discrimination), as well as stressors of migration and resettlement (e.g., finding housing, employment, financial needs, and post-migration discrimination). As a result, these experiences may influence the psychosocial well-being of an individual. It may increase their isolation and later affect their mental health (Brown et al., 2017).

Li and Anderson (2016) quantitatively explored the relationship between pre-migration trauma and post-migration perceived discrimination of Latin and Asian Americans. Compared to Latin Americans, they found higher amounts of perceived stress based on pre-migration trauma and post-migration experiences of discrimination within Asian participants – except for Vietnamese. Li and Anderson (2016) argue that the past negative experiences (e.g., sexual, political, and financial trauma) of an individual may significantly affect their stress management because they decrease the individual's ability to acculturate in a new environment. Experiences of prejudice and discrimination from their environment become an additional factor that

increases the perceived stress of the individual (Li & Anderson, 2016). Stress in acculturating within a new environment along with discrimination further decreases the psychological well-being of an individual. It may result in increased social isolation and relational problems (Li & Anderson, 2016). A similar sentiment was found in an article by Singh et al. (2017). These researchers explored the correlation between depressive symptoms and acculturative stress among Asian Americans. Singh et al. (2017) suggests that Asian Americans have significantly higher chances of depressive symptoms compared to other immigrants in the United States. Singh et al. (2017) argue that compared to other immigrant populations, Asian immigrants may experience unique stress. This stress includes language barriers, difficulties in gaining employment, and feelings of being disrespected in their new country. As a result, they have higher chances of depressive symptoms based on environmental factors they experience as they acculturate in the country (Singh et al., 2017). Based on these articles, experiences of discrimination may affect the integration of an individual in a new environment (Brown et al., 2017; Espinosa et al., 2018). Individuals may not feel assimilated by the environment, which may result in their decreased psychological well-being, thereby promoting isolation and negative mental well-being (Li & Anderson, 2016; Singh et al., 2017).

Experiences of discrimination may have significant effects on the psychological health of immigrants (Espinosa et al., 2018; Li & Anderson, 2016; Singh et al., 2017). For instance, Collins et al. (2011) quantitatively investigated the mental health risks of immigrant and refugee families based on gender. They found that women have higher chances of mental health concerns compared to men. They suggest that this correlation is based on the gender roles assigned to men and women in a given culture. Women tend to take more responsibility for parental roles compared to men. This responsibility adds to the stressors of migration and integration.

Additionally, children from immigrant families are observed to face challenges in their settlement journey including the need to learn a new language, become familiar with Canadian school systems, and inappropriate academic placement (Lund & Lee, 2015). As a result, these children may experience low self-esteem, feelings of marginalization, and a sense of not belonging or being an outcast at school and with their peers. They are consequently at risk for school disengagement and violence (Lund & Lee, 2015). However, access to mental health services is significantly lower in immigrant participants compared to the general population. Lund and Lee (2015) infer that this statistic is a dire prediction that there is a need for mental health professionals to help bridge access of mental health services to immigrants.

Immigrants may also face barriers in accessing health-based services (Brown et al., 2017; Kalich et al., 2016; Millau et al., 2019; Rivard et al., 2019; Weiss et al., 2017). As an example, Kalich et al. (2016) explored barriers that affect access to health care services for immigrants in Canada by reviewing academic literature. They found commonalities amongst the literature including linguistic barriers, lack of information about how to access or navigate services, and cultural differences. These factors are also observed in articles by Brown et al. (2017) and Espinosa et al. (2018). These factors will be discussed later in the context of access to services for immigrant families with autistic children (e.g., Millau et al., 2019; Rivard et al., 2019; Weiss et al., 2017). Furthermore, Kalich et al. (2016) recommend that health care providers must address these issues by expanding the reach of the information they distribute about services and resources to ensure populations that experience barriers have adequate access. They also recommend further exploration of strategies that may improve health care access for immigrant populations. Espinosa et al. (2018) and Li and Anderson (2016) similarly recommend that health care professionals must develop an awareness of stressors present in the lives of immigrants.

Espinosa et al. (2018) highlights that affirming and acknowledging the existence of stressors and the ethnic identity of the individual may have a positive influence on improving access to mental health services for immigrants. Therefore, there are different factors that may affect the settlement process of new immigrants, which include employment, financial stability, experiences of discrimination, and other interpersonal factors (Braker, 2017; Godley, 2018; Gosseries, 2012; Kaushik & Walsh, 2018; Lazarus et al., 2020; Vang & Chang, 2019). Although mental health services are available to support the integration of immigrants, the intersectionality of their needs and possible barriers in accessing services affect the likelihood of them accessing these services (Brown et al., 2017; Collins et al., 2011; Espinosa et al., 2018; Kalich et al., 2016; Lund & Lee, 2015)

Filipino immigrants in Canada

Filipinos immigrants are less likely to access mental health support and health care in Canada compared to other immigrant demographics (Brown et al., 2017; Dhanji, 2017; Kalich et al., 2016). They are also one of the largest immigrant group in Canada (Salmani et al., 2019; Statistic Canada, 2017). Most Filipinos start their journey to Canada by applying as temporary foreign workers. They then undergo the process of provincial nomination in order to become permanent residents (Pratt et al., 2017). In most cases, one member of the family begins this process until they develop the financial and legal capacity to bring all immediate family members to Canada (Kelly et al., 2011; Madianou & Miller, 2011). It takes approximately two to five years before Filipino immigrant workers reunite with their family (Kelly et al., 2011). Filipinos immigrate to other countries for various reasons, including better employment opportunities and improved living conditions (Kelly et al., 2011; Madianou & Miller, 2011; Wells et al., 2013). These reasons prompt individuals to sacrifice careers and relationships in

their homeland without necessarily understanding the consequences (Marshall, 2016; Pratt, 2006; Pratt et al., 2017; Tunghonan et al., 2015).

Reunification is a word used for the process of rebuilding relationships and resolving tension among previously separated family members (Pratt, 2006). Reunification follows different paths, potentially affecting family dynamics (De Leon, 2009; Pratt, 2006; Pratt et al., 2017; Wells et al., 2013). For example, De Leon (2009) interviewed two Filipina adults about their experiences reunifying with parents in Canada. Both participants immigrated under the sponsorship of their parents, who were working as domestic workers in Canada. Both women arrived in Canada when they were fourteen years old. The participants indicated that upon reunification, they experienced underlying emotions of abandonment by their parents, namely, feelings of estrangement, betrayal, and disappointment (De Leon, 2009). The negative feelings brought on by reunification were manifested in attitudes of defiance towards their parents during their teenage years. They both dropped out of school when they were seventeen years old and gained full-time employment. Through a youth program provided by "Kabataang Montreal" ("Filipino Children of Montreal"), they learned to understand the struggles their parents encountered in Canada. One of the participants explained she learned to recreate the Filipino mythology of Canada as a diverse and accommodating country for ethnically diverse communities. Before immigrating, the participants believe that their life will be more comfortable and financially stable in Canada. A contrast to their life in the Philippines where financial instability is prevalent. However, the participants soon realize that instability continues as their family settles in a new country (De Leon, 2009). It has helped them reunite their shattered attachments to their parents. It has also re-established a narrative that their family are activists for the Filipino community.

On the contrary, the positive transformation outlined by De Leon (2009) is similar for all Filipino immigrant families. Pratt (2006) used qualitative analysis to examine the acculturation experience of twenty-three families from 1991 to 2005. The families were separate from their mothers while their mothers worked in Canada. The mothers worked in Canada as domestic helpers to obtain landed immigrant status. The researcher found common problems. All participants lived below the poverty line in the city of Vancouver, which is below \$37,094 yearly household income in the year 2000. The youth experienced low academic performance and indicated poor occupational prospects. The family dynamics of all participants included observed marital discord and recorded involvement with law enforcement over domestic concerns. Pratt (2006) suggested that the hostile family dynamics of the participants stem from their indebtedness due to the migration process. The word “indebtedness” associates to the characteristics “having gratitude” based on intergenerational trauma of Filipino culture called “utang na loob” or “utang ng loob” (Leskela et al., 2002; Nadal, 2011). The parent, who has sponsored their family to immigrate, perceived that their family has indebtedness for their sacrifices in bringing them to Canada (Pratt, 2006). Another factor is the change in lifestyle experienced by family members in the Philippines based on the differences in the remittance currency (Pratt, 2006). Family members that reunite with their mothers experience a status shift, from being sustained by their monthly remittance to living below the poverty line. This causes conflict and stress between mothers and their family members. Pratt (2006) noted that this severe differentiation within the family unit leads to conflict, stress, and separation among family members. It creates a strain on their relationships, which triggered domestic conflict in the participants (Pratt, 2006).

Similarly, Wells et al. (2013) examined the risk and protective factors for Filipinos in the context of domestic conflict. This phenomenological study interviewed four Filipinas who had experienced domestic violence within the last five years. Wells et al. (2013) argue that there are cultural, experiential, and interpersonal factors that process the event of domestic violence. The research participants indicated themes, namely cultural beliefs about domestic violence, reunification trauma of the family, the shift in gender roles, and integration and settlement stress (e.g., financial needs). However, Wells et al. (2013) argue that these themes are intertwined within the process of domestic violence. These researchers suggest that further investigation about the intersectionality of cultural and experiential factors is required to support this population effectively. Disregarding these factors is a failure that promulgates the growing number of Filipino families experiencing intimate partner violence in Canada (Canadian Center for Justice Statistics, 2016; Wells et al., 2013).

On top of the stress of the reunification process during their settlement, Filipinos experiences internal conflict due to intergenerational trauma as they settle into their new country (Aguilar, 2015; Leskela et al., 2002; Nadal, 2011; Paiki et al., 2016; Schimmenti, 2012). Intergenerational trauma is an internal experience due to their colonial history (Aguilar, 2015; Paiki et al., 2016). In the context of Filipinos, intergenerational trauma comes from the colonization of the Philippines by Muslim sultanates, Spain, and the United States of America (Aguilar, 2015; Leskela et al., 2002; Nadal, 2011; Paiki et al., 2016; Schimmenti, 2012). Filipino intergeneration is accounted in the triadic relationship of "hiya" (shame), "pakikisama" ("being-along-with"), and "utang ng loob" ("debt of gratitude"). Firstly, "hiya" ("shame") refers to feelings of guilt, humiliation, and embarrassment (Leskela et al., 2002). Although this feeling is innate to an individual, the intergenerational trauma of Filipinos has exploited its meaning.

"Hiya" in the Filipino culture is linked to the perception of respecting a person in authority and from breaking the bonds of group harmony. During the colonial era, "hiya" was associated with feelings of fear from making a mistake from the expectations of people in authority resulting in punitive punishment or death. As a result, it was ingrained in the psyche of Filipino culture, transforming to emotions rooted in survivor's guilt, creating unhealthy anxiety upon breaking expectations of others in the present time (Leskela et al., 2002). Similarly, "hiya" is also associated with destructing a harmonious relationship between an individual and the group, which is explained by the attitude of "pakikikisama" (Nadal, 2011). "Pakikikisama" ("being-along-with") refers to behaviours that maintain harmony with others despite internal contradictions. Although this perspective is rooted in the collectivistic nature of Filipino culture, it has mutated through the course of history due to the colonial trauma that Filipinos have endured.

The precolonial history of the Philippines embraces practices of group cohesion, namely "bayanihan", which promotes selflessly helping others to maintain harmony among group members. However, Nadal (2011) argues that the relationship between native Filipinos and colonizers has infected this practice with an attitude of maintaining harmony to ensure the safety and wellbeing of the group. The intergenerational transmission of "pakikisama" has created an internal conflict within the individual to ensure harmony despite personal perception. Lastly, "utang ng loob" or "utang na loob" ("debt of gratitude") is a hereditary concept introduced by Western ideology that describes loyalty within and indebtedness to the family system (Schimmenti, 2012). However, this concept has changed over time during the colonial history of the Philippines. It has transformed into an obligation to be continuously indebted to the family unit and to authority figures. This is perpetuated by the relationship between respecting people in

authority (colonizers) and harmony among group members (Schimmenti, 2012). It has transformed in its current form of continuous indebtedness to the family unit observed in the "remittance culture" of Filipinos migrating to other countries. Remittance culture is the practice of sending money to primary and immediate family members in the Philippines due to visible (children) or invisible obligation to continuously support them financially (Pratt et al., 2017).

“Hiya”, “pakikisama”, and “utang na loob” have a triadic relationship within the perception of making mistakes and breaking harmony with the group. Filipino immigrants experience internal conundrums due to intergenerational trauma upon relocating in another country (Aguilar, 2015; Leskela et al., 2002; Nadal, 201; Paiki et al., 2016; Schimmenti, 2012). Remittance culture is an example of the resulting adverse effect of intergenerational trauma (Kelly et al., 2011; Madianou & Miller, 2011). Most Filipino immigrants continuously send money in the Philippines despite the financial needs they have (De Leon, 2009; Pratt, 2006; Pratt et al., 2017; Wells et al., 2013). This practice is perpetuated by the feelings associated with internal intergenerational trauma as discussed above, resulting in personal and financial stress that impacts the dynamic between family members (Aguilar, 2015; Kelly et al., 2011; Madianou & Miller, 2011; Pratt et al., 2017). Similarly, the invisible pressures are collated when acculturating within western cultures (Paiki et al., 2016). This is observed in parent-child relationships when a child is pulled between choosing to follow the expectations of the family unit and making independent decisions. Paiki et al. (2016) suggest that problems arise in the dynamics of Filipino immigrant families when a child is perceived to be disrespectful of the expectations of the family unit resulting from the emergence of attitudes linked to intergenerational trauma. As a result, there is an internal conflict within individuals choosing between their family's expectations and their personal intentions (Leskela et al., 2002; Paiki et

al., 2016; Wells et al., 2013). It also initiates the development of unhealthy dynamics among family members. Furthermore, intergenerational trauma is also triggered by external factors (Pratt et al., 2017). Although Filipinos speak English, intergenerational trauma prevents them from using expressive language when interacting with Western culture (Aguilar, 2015). The emergence of a perceived power dynamic triggers the feeling of "hiya" resulting in decreased expression in the conversation (Pratt et al., 2017). Therefore, the reunification process and intergeneration trauma are some of the factors that could be considered when exploring the settlement journey of Filipinos in Canada.

Funding Structure in Canada and Alberta

The Canada Health Act ensures that all provinces provide support for clinical treatment for individuals living with disabilities (Penner et al., 2019; Shepherd & Waddell, 2015). All provinces have allocated funding for different programs, namely behavioural therapy, counselling, community support, respite, educational aid, financial support, and other clinical and occupational services. However, each funding structure differs from the other by using criteria to evaluate the severity or needs of symptoms and individuals (Penner et al., 2019; Shepherd & Waddell, 2015). For instance, Alberta, Saskatchewan, Quebec, Nova Scotia, Prince Edward Island, Yukon, and the Northwest Territories provide services for families with a provisional diagnosis (Penner et al., 2019; Shepherd & Waddell, 2015). Families have direct funding for choosing service providers in New Brunswick, Prince Edward Island, Yukon, Nova Scotia, and British Columbia. The provincial governments of Saskatchewan, Quebec, Manitoba, Newfoundland and Labrador, Nunavut, and Northwest Territories provide direct service to families (Penner et al., 2019; Shepherd & Waddell, 2015). On the contrary, families in Ontario

have a choice to receive direct service or funding (Penner et al., 2019; Shepherd & Waddell, 2015).

Alberta is the only province that provides direct funding for both clinical services and financial support (Shepherd & Waddell, 2015). Funding for families depends on the documented severity of the diagnosis, allowing individual or specialized team-based services to occur in children's homes or in the community (Alberta Government, 2019; Penner et al., 2019). Alberta provides funding through a government program by FSCD (Alberta Government, 2019). Each family has an assigned caseworker who supervises funding for programs and services. However, the difference in delivery between each province creates a disparity among families with children living with disabilities (CASDA, 2014). Families move to different provinces to gain access to services, and most of them relocate to Alberta in order to receive more support compared to their original provinces (Penner et al., 2019; Young et al., 2019). This burdens the Alberta government and creates an imbalanced atmosphere for the whole of Canadian society (Public Health Agency of Canada, 2018). Although families in Alberta have different options for accessing service providers (i.e., not-for-profit agencies, private service providers, and provincial operated medical facilities), the waitlist in the province could last anywhere from nine months to three years (Penner et al., 2019; Young et al., 2019).

As an example, Young et al. (2019) qualitatively compared access to services for families of autistic children living in rural and urban locations in Alberta and British Columbia. They found a significant difference between the waiting period for services in rural locations (approximately one to three years) and urban cities (approximately nine months to one year). Similarly, Hodgetts et al. (2016) suggest that the waiting period has a significant effect on the parents' psychological well-being. It promotes an individual's feeling of isolation, which

negatively impacts their perception of themselves and their family. Although paying privately is an option, most families with autistic children have at least one parent staying home due to the demands of caregiving (Penner et al., 2019). This situation affects the family's financial capability to pay for private services (Penner et al., 2019; Young et al., 2019). Families also experience various systemic barricades in obtaining the funds they need from the government, namely navigating administrative requirements (e.g., intake and advocacy with caseworkers) in securing funding (Penner et al., 2019; Young et al., 2019). For instance, the Alberta Government (2019) requires families to have evidence in order to obtain specialized multidisciplinary support for their children (e.g., psychological and school assessments). These assessments must be paid for by the parents before a child qualifies for provincial support. Similarly, disparities in funding structure exist between different provinces in Canada (Gardiner & Iarocci, 2018; Penner et al., 2015).

Gardiner and Iarocci (2018) explored the perspective of families accessing services in British Columbia. These researchers interviewed fifteen families regarding the government support system. The families described support services as inflexible, complicated, and inaccessible due to lack of guidance by the funding body and service providers. In another example, Penner et al. (2015) examined the cost-effectiveness of treatment delivery in Ontario. They indicated that societal functioning for autistic individuals depends on early intervention; however, it is predicated by the long wait time for service access. Autism advocates are currently requesting that the federal government create a national strategy to support autistic people (CASDA, 2014). In 2018, the federal government of Canada promised allocation of funds to support the creation of a national strategy (Public Health Agency of Canada, 2018). Changes in policies and funding structures are being developed.

Factors Affecting Service Access of Immigrant Families for Autism

There are a multitude of factors that affect the experience of accessing services for immigrant families with autistic children (Millau et al., 2019; Rivard et al., 2019; Weiss et al., 2017). For example, Rivard et al (2019) qualitatively examined aspects that prolong the diagnoses of children suspected to have autism in immigrant and Canadian-born families. They found that immigrant families have longer delays in obtaining a diagnosis and experience more challenges in accessing services. They suggest that delays in diagnoses are the result of cultural beliefs about autism, lack of understanding about autism, and unfamiliarity with systems in Canada. As a result, parents have a lower drive for advocating to start the assessment process, which results in a longer waiting period to obtain a diagnosis and treatment. Fontil and Harriet-Petrakos (2015) qualitatively compared the experiences of Canadian and immigrant parents who enroll their autistic children in specialized preschools. They found that immigrant parents are less likely to express their needs and expectations of the school due to language barriers, unfamiliarity with school systems, and perceived stigma about people with disabilities. The result is a low level of parent engagement with their child's programming (Fontil & Harriet-Petrakos, 2015).

As an example, Fox et al. (2017) assessed the challenges faced by Somali immigrant families with autistic children in the United Kingdom. This qualitative research found that Somali immigrant families have negative perceptions of autism and they experience difficulties navigating support systems to obtain funding. It is important to note that funding for autistic children in the United Kingdom only provides a treatment-based intervention that occurs in a clinic (Fox et al., 2017). Negative cultural perceptions about autism are an additional factor that hinders access to funding for new immigrant families; hence, researchers suggest that autism

awareness for new immigrants is important (Fontil & Harriet-Petrakos, 2015; Rivard et al., 2019). Families who have negative cultural perceptions of autism have stigmas that decrease their drive to advocate for funding (Rivard et al., 2019). Fox et al. (2017) suggest that their participants have a feeling of shame and guilt about their children's diagnosis, the result of which is failure to access services. Another example, Millau et al. (2019) quantitatively compared the quality of family life for immigrant and Canadian-born families with autistic children in Montreal, Quebec. They found that immigrant families reported having higher parental stress and lower parent-child positive interaction compared to Canadian-born families. Millau et al. (2019) suggest that immigrant families are compounded with the stress associated with the negative behavioural symptoms of autism and the unfamiliarity of social support systems. Caregiving stress is a similar sentiment found in articles by Rivard et al. (2019) and Fox et al. (2017). This form of stress compounded by the stigma about autism results in social isolation of the parents and their family (Fox et al., 2017; Millau et al., 2019; Rivard et al., 2019).

The articles discussed above show common factors that influence access to services for immigrant families with autistic children, namely barriers related to navigating the system, cultural needs, and cultural stigma about autism. These additive layers must be considered in order to effectively support families accessing services (Fox et al., 2017; Rivard et al., 2019). Understanding and accounting for these factors improves service access for immigrant families with autistic children. For instance, Garg et al. (2017) suggests that stigma about autism from their home country inhibits immigrant families from accessing services. This research qualitatively analyzes the opinion of Latin and Asian immigrant families with autistic children who are accessing health care services (e.g., medical support) provided by professionals from the same culture. They found that families who accessed support from healthcare workers from the

same culture developed a greater "awareness" of the needs of their family and their attendance and engagement with support improved (Garg et al., 2017).

Immigrant families need to grow their awareness regarding symptoms of autism so as to understand their children's needs (Kang-Yi et al., 2018; Wang & West, 2016). Through quantitative research, Wang and West (2016) analyzed Asian-American immigrant parents with autistic children including their experiences accessing services and their perceptions of their children's diagnosis. Wang and West (2016) determined that the parents in their study shared similar perceptions about their children's diagnosis. These parents believed in negative stigmas about autism, the incapability of their children, and reported difficulties accepting their children's diagnosis. Wang and West (2016) provided their participants with psychoeducational materials about the diagnosis of autism, as well as free access to translation. Wang and West (2016) concluded that by providing these services, the participants were able to accept their children's diagnosis and have a positive outlook on their children's futures.

Kang-Yi et al. (2018) found similar results through their grounded theory research. Kang-Yi et al. (2018) determined Korean immigrants in New York experience substantial personal challenges when working to accept their children's diagnosis. After determining that the participants had limited access to translated resources, the researchers advocated for translated support materials to help families understand their children's diagnoses. Wang and West (2016) and Kang-Yi et al. (2018) demonstrate the need for bridging support for immigrant families in order to enable and empower the families to support their children's development. In an example similar to Wang and West (2016) and Kang-Yi et al. (2018), Yohani et al. (2019) investigated Syrian families that are accessing support for their autistic children through a cultural brokerage program offered through immigrant services in Edmonton. In this type of program, a cultural

broker provides a bridge to help immigrant or refugee families access translators, interpreters, educational support for learning English, and additional support needed by families (e.g., financial, travel, and housing). This model follows the systematic framework used by professionals to support immigrants' integration into the community. Yohani et al. (2019) found a common trend with their study's participants. The participants initially relied heavily on their cultural broker; however, their reliance on the program gradually decreased. The researchers suggest that the capacity-building of an individual is an important factor for acculturation in a new country. Although the participants in this study experienced political unrest and war, they learned to recognize their capacity in Canada. This capacity was observed after one year when participants in the study were able to access services for their autistic children while independently communicating using English or an interpreter (Yohani et al., 2019).

The articles discussed above suggest that new immigrants face challenges in accessing services, including provincial support, because of a multitude of factors. Improving the capacity of immigrant families requires additional support such as parental education, coaching in multicultural communities, and cultural brokers (Kang-Yi et al., 2018; Millau et al., 2019; Rivard et al., 2019; Wang & West, 2016; Yohani et al., 2019). The articles discussed in this section echo similar concepts to Espinosa et al. (2018), Li and Anderson (2016), Singh et al. (2017) and Brown et al. (2017) in the context of improving access of mental health services in the general immigrant population discussed earlier. These concepts suggest that providing services which account for cultural identity, needs, and beliefs about autism improve access to services for immigrants from a multicultural background (Barzykowski et al., 2019; Fox et al., 2016; Hook et al., 2016; Kang-Yi et al., 2018; Kim, 2016; Ratts et al., 2015; Rosen et al., 2017; Stahmer et al., 2019; Wang & West, 2016; Yohani et al., 2019).

Service Access of Filipino Immigrants

Understanding and acknowledging cultural identity, needs, and beliefs about autism is an important factor in enhancing the service access of Filipino immigrant families with autistic children. However, an explanatory service access model of these factors for Filipino immigrant families in North America that includes autistic children remains undetermined in the academic field (Alzaldo, 2020; Dhanji, 2018; Elorza, 2019; Lairmore 2019). A similar trend has been observed in the Philippines (Lally et al., 2018; Lucero, 2017; Quilendrino et al., 2015). The most current statistic for people with disabilities in the Philippines, completed in 2010, showed that 14% of the population experiences some form of disability (Lally et al., 2018). A diagnosis of autism is not keenly popular in the Philippines, and there is no consensus on a national strategy to support these families (Lally et al., 2018; Lucero 2017). Filipino families must access clinical support through private means (Lally et al., 2018; Quilendrino et al., 2015). For instance, Lucero (2017) criticized the fact that academic studies on the autistic population in the Philippines are lacking, and knowledge about autism and diagnoses within the Filipino culture is reliant on American literature. This statement is based on one researcher's qualitative experience of raising an autistic child. Lucero (2017) argued for the importance of positive parenting practices in supporting a child's healthy development, increasing sociability, and decreasing aggressive behaviours. Lucero (2017) recommended that various sectors of the community in the Philippines, from the Barangay officials to the national government, conduct further studies in support of Filipino families with autistic children.

A similarly advocative statement is found in the recommendations of Quilendrino et al. (2015). These researchers examined the effects of parents' perceptions about autism by seeking health services for early diagnosis while using a quantitative analysis of 41 Filipino families in

the Philippines. The researchers observed that the average age of diagnosis in the Philippines is 3.9 years old. They found a common trend of negative perceptions regarding these diagnoses. Families report feelings of denial as well as lack of hope that their child will eventually catch up. Quilendrino et al. (2015) suggested that a lack of understanding of the diagnoses affect parents' views of their children, and it influences their parenting practices, confidence regarding the management of situations, and relationships with their children. Quilendrino et al. (2015) add that general stigma about mental health and developmental disabilities as well as other cultural factors affect the view that parents exhibit towards their children. Lack of research within the Filipino culture is a limitation highlighted by Quilendrino et al. (2015). One consequence of this lack of research is that negative perspectives on developmental disabilities among Filipino parents result in abuse and maltreatment of their children (Sarmiento & Rudolf, 2017), as is observed in the high rate of abuse experienced by children with disabilities in the Philippines. As a result, according to a 2004 survey of the Department of Social Work of the Republic of the Philippines, 57% of children with disabilities have received corporal punishment from their primary caregiver (Sarmiento & Rudolf, 2017; World Health Organization, 2017). The country's awareness of autism and mental health is growing, as is reflected by the Republic of the Philippines' *Mental Health Act* of 2017, which allocates funding for public access to support the needs of people with disabilities and mental health concerns (Lally et al., 2018). The effects of this act on the nation's awareness are still unknown.

The lack of awareness of disabilities and mental health issues in the Philippines affects service access for immigrant Filipinos in North America (Alzaldo, 2020; Elorza, 2019; Lairmore, 2019). This perpetuates cultural beliefs and practices about disabilities and mental health within Filipinos in North America (Alzaldo, 2020; Elorza, 2019). For instance, Alzaldo (2020)

qualitatively examined the perspective of 18 first-generation Filipino American parents of autistic children regarding autism and child-rearing techniques. The results suggest that Filipino immigrant families perceive autism and child-rearing strategies from diverse perspectives ranging from the biomedical field to a supernatural explanation. For example, participants indicated the common etiology of autism, from genetics to witchcraft ("kulam"). Treatment also varied from Applied Behavioural Analysis and the Early Denver Model to alternative forms of healing based on the use of cultural practices. Some participants indicated access to faith healers ("manghihilot" and "albularyo") who decrease symptoms of autism. Filipino perceptions of a child's symptoms are similar to Asian counterparts at 36 months old (Son et al., 2017). Categorization of symptom severity ranges from "normal" for verbal and socializing children to "abnormal" for nonverbal children. It is important to note the language used in the study was Filipino, which means that "normal" and "abnormal" are common descriptions used in Tagalog. All families reported a belief that there is no cure for autism.

Alzaldo (2020) also highlighted the importance of "pakikisama" ("being-along-with"), "kapwa" ("others" or "fellow"), and "hiya" ("shame") in rearing their child. "Pakikisama" refers to behaviours that maintain harmony with others despite internal contradictions; "kapwa" is loosely translated as the feeling of being similar to others; and "hiya" in the Filipino culture is linked to the perception of respecting a person in authority and from breaking the bonds of group harmony (Leskela et al., 2002; Nadal, 2011; Paiki et al., 2016). Alzaldo (2002) suggests that participants have indicated that "pakikisama" reflects how family members (internal and external) assist the autistic person in different challenging situations (e.g., behavioural and communication issues). Similarly, families expressed the word "kapwa" for the inclusion of their child in social gatherings. However, Alzaldo (2020) indicates that "hiya" has a negative effect on

the assessment. Half of the participants indicated "nahiya" ("shame") at the idea of obtaining an assessment, receiving a diagnosis, and utilizing treatment for their children. Meanwhile, the participants were perceived to have low reported levels of parental stress. Alzaldo (2020) correlated this to the Filipino culture of "bahala na" ("placing matters into God's hands") concerning a child's development and future. It is important to note that Alzaldo (2020) cautions readers about the validity of their study due to lack of previous academic literature supporting their findings.

The themes found in the article by Alzaldo (2020) are reflected in academic literatures discussing access of mental health services for Filipino immigrants in North America (Elorza, 2019; Kuriku, 2015; Lairmore, 2019). For example, Elorza (2019) qualitatively explored the perception of mental health issues and coping mechanisms amongst Filipino Americans and their connections to cultural ties and religion. Elorza (2019) found a prevalence of depression, general anxiety, acculturation stress, and suicidality among 40 participants. They found fewer mental health problems amongst individuals accessing support from religious organizations (e.g., clergy or pastoral care). Individuals accessing religious organizations are less likely to access psychological help. However, 49% of the participants do not access religious organizations or psychological supports. The participants indicated that they are "ashamed" ("nahihiya") to access support. They justify their action by indicating "bahala na" ("leaving it up to God") or finding "lakas ng loob" ("inner strengths"). These phrases infer an individual's sense of loss of control to their external and internal environment, respectively (Aguilar, 2015; Elorza, 2019).

On the contrary, Lairmore (2019) quantitatively examined the psychological stress, access/utilization of mental health services, and stigma about the mental health of 601 Filipino Americans through phone interviews. They found that Filipinos and Filipino Americans

associate their stigma about mental health with "hiya" ("shame"), loss of face, religious belief, and cultural mistrust. Lairmore (2019) suggests that seeking mental health treatment brings feelings of shame to the individual. They argued that "loss of face," which refers to the sense of loss of an individual's social integrity, is a confounding factor that exacerbates feelings of shame. Lairmore (2019) also suggests that due to their culture's strong value of religion, Filipinos tend to access faith healers rather than mental-health professionals. Lairmore (2019) explains that the mistrust of mental health professionals is a theme among the participants. Similarly, through phone interviews and data mining, Kuriku (2015) quantitatively examined suicide rates of Filipino Americans compared to that of other Asian ethnic groups. The researcher found that Filipino Americans have lower suicide rates than their Asian counterparts. Similar to Lairmore (2019), Kuriku (2019) attributes the low suicide rates of Filipino Americans to the intertwined beliefs of shame and loss of face and to the support found in religious organizations or individuals (e.g., faith healers, clergy, and pastoral caregivers). Contrary to Lairmore (2019), Kuriku (2015) argues that social relationships are the determinant of a low level of stress. Kuriku (2015) suggests that first-generation Filipinos in the United States are at a greater risk of suicide and of depressive and substance-use disorders, compared to the United States–born Filipinos. Both researchers argue that a sense of alienation and isolation occur among first-generation Filipino Americans due to the acculturation shift from a collectivistic to an individualistic environment. Kuriku (2015) suggests that as individuals build their social relationships, their idealized collectivistic culture resurges, which results in a system of support — a trend observed among participants who have been in the United States for more than 10 years or who are second-generation Filipino Americans.

The articles discussed suggest that cultural beliefs and practices about disabilities and mental health are convoluted by the lived experiences and the internal process of settlement of Filipino immigrants in North America (Alzaldo, 2020; Elorza, 2019; Kuriku, 2015; Lairmore, 2019; Son et al., 2017). For instance, Son et al. (2017) quantitatively examined the rate of access to mental health and medical services by Asian families for their children in the United States. They found that Filipinos were the least likely to access mental health and medical services in comparison to their other Asian counterparts. A similar sentiment was observed by Brown et al. (2017), Dhanji (2017), Alzaldo (2020), Elorza (2019), Lairmore (2019), Pratt et al. (2017), Kuriku (2015), De Leon (2009), and Pratt (2006). These articles posit that Filipino immigrants place less priority on mental health and medical services due to other imminent (e.g., employment, financial, schooling) needs they encounter as they settle in North America.

Additionally, remittance culture within the Filipino community adds a deeper layer to the financial challenges that Filipino immigrants face in North America. This cultural phenomenon intertwines with the intergenerational trauma of “pakikisama” and “utang na loob”, which was described earlier (Aguilar, 2015; Leskela et al., 2002; Nadal, 2011; Paiki et al., 2016; Schimmenti, 2012). Another cultural factor of intergenerational trauma that affects the rate at which Filipino immigrants access services is “hiya”. Paiki et al. (2016) suggest that the feelings associated with “hiya” occur as a result of the interactions between Filipino immigrants and authority figures from other cultural backgrounds (e.g., police officers and medical personnel). Feelings associated with the reunification process add another factor that affects the rate at which Filipino immigrants access services. For instance, Pratt et al. (2017) suggested that reunification trauma experienced by Filipino families complicates the rebuilding of connections between family members. Families focus more on rebuilding their relationships than navigating and

accessing services (De Leon, 2009; Pratt, 2006; Pratt et al., 2017; Wells et al., 2013). Therefore, the combination of cultural factors (e.g., unfamiliarity with autism and mental health, stigma about mental health, the stress of the settlement process, and intergenerational trauma) and a lack of academic research on the Filipino immigrant population complicates the conception of an explanatory model to support service access for Filipino immigrant families with autistic children (Alzaldo, 2020; Brown et al., 2017; Elorza, 2019; Lairmore, 2019; Pratt et al., 2017; Son et al., 2017). However, these concepts highlight the need for understanding and acknowledgement of these factors to positively influence access of services for Filipino immigrant families with autistic children.

Improving Service Access through Cultural Humility

Cultural humility refers to the ability to maintain an interpersonal stance that is empathetic to the perspectives of others in relation to aspects of their cultural identity (Foronda et al., 2016; Grundel et al., 2020; Owen et al., 2016; Stahmer et al., 2019; Vesely et al., 2017; Wright, 2019). The practice of cultural humility requires practitioners to develop an ability to recognize how their own background shapes their interactions with others from diverse and marginalized backgrounds (Foronda et al., 2016; Stahmer et al., 2019). The assumption of cultural humility is that the intersectionality and heterogeneity of culture and life experience has a significant influence on the lives of individuals, and thus, practitioners must acknowledge the impact these factors have on effectively supporting others (Foronda et al., 2016; Stahmer et al., 2019). Based on this assumption, the practice of cultural humility advocates for continuous experiential learning through advocacy, training, and collaboration with clients and different community members as professionals develop their competences when working with clients of diverse backgrounds (Fisher-Borne et al., 2015; Hook et al., 2013; Hook et al., 2016).

Experiential learning of cultural humility is an additional component that enhances the development of culturally competent practice (Lund & Lee, 2015). Moreover, training programs that focus on cultural competence alone can be problematic. They promote the idea that cultural competence requires a finite mastery of intercultural knowledge. However, advocates of cultural humility posit that knowledge about culture is infinite due to the intersectionality of different factors affecting one's life (Fisher-Borne et al., 2015; Foronda et al., 2016; Stahmer et al., 2019). The way that cultural humility acknowledges the intersectionality of cultural and experiential factors in an individual's life promotes feelings of acceptance and belonging, which in turn builds trust between individuals (Stahmer et al., 2019; Wright, 2019). It creates an "open" atmosphere to discuss and challenge issues of oppression and privilege and decreases the perceived power dynamic between people (Lund & Lee, 2015; Vesely et al., 2017). Practicing humility requires self-reflection and self-critique, as well as establishing a respectful and collaborative relationship with clients, communities, and colleagues (Fisher-Borne et al., 2015; Hook et al., 2013; Hook et al., 2016; Lund & Lee, 2015). Cultural humility acknowledges that differences exist between cultures; however, the practice of humility encourages inquiry into the underlying cause of cultural differences and offers a self-reflective practice to provide provisions that challenge inequality internally (Foronda et al., 2016).

As indicated, cultural humility argues that culture is fluid and subjective depending on an individual's perception of reality. An individual's perceptions are challenged by institutional and systemic inequalities in the environment (Hook et al., 2013; Hook et al., 2016). The fluidity and subjectivity of culture highlights the multiple facets of its expression as a result of the interaction between an individual and their internal and external environments (Ratts et al., 2015). Cultural humility encourages therapists to be culturally humble by practicing openness, working

collaboratively with clients, and respecting the unique intersectionality of the aspects of clients' identities (e.g., life experience, family history, culture, and other factors) (Foronda et al., 2016). Humility equips therapists to regulate any sense of privilege that may arise in therapy due to cultural differences, resulting in a collaborative partnership between therapist and client in counselling (Ratts et al., 2015). Thereby, cultural humility encourages practitioners to embrace the lifelong process of learning through engagement with clients, organizational structures, communities, and self-reflection (Fisher-Borne et al., 2015).

As indicated earlier, immigrant families must navigate factors (e.g., finding employment and basic needs, specific cultural needs, lack of knowledge about resources) that affects their successful settlement and integration in Canada (Brown et al., 2017; Collins et al., 2001; Drolet et al., 2015; Kalich et al., 2016; Kaushik & Walsh, 2018). Similar to other immigrants, Filipino families with autistic children experiences these factors. Additionally, Filipino immigrants are less likely to access services intended to support the settlement and healthy development of immigrant families compared to other immigrant populations (Alorza, 2020; Brown et al., 2017; Dhanji, 2018; Elzaldo, 2019; Kaushik & Walsh, 2018). The lack of knowledge and cultural stigma about issues regarding disabilities and mental health services, prioritization of financial (i.e., personal needs and remittance culture) and settlement needs, and the effects of intergenerational trauma are factors to be considered in influencing access of services for Filipino immigrants and Filipino immigrant families with autistic children (Alzaldo, 2020; Brown et al., 2017; Elorza, 2019; Lairmore, 2019; Pratt et al., 2017; Son et al., 2017).

The practice of cultural humility helps professionals effectively support Filipino immigrant families with autistic children by encouraging professionals to appreciate the intersectionality of cultural factors and life experiences that influence an immigrant's willingness

to access mental health services (Alorza, 2020; Brown et al., 2017; Dhanji, 2018; Elzaldo, 2019; Kaushik & Walsh, 2018). However, it is a novel topic in academic literature. Literatures portraying the application of cultural humility with immigrant and disability sectors suggest strong potential for improving access to services for Filipino immigrant families with autistic children (Grundel et al., 2020; Lund & Lee, 2015; Owen et al., 2016; Stahmer et al., 2019; Vesely et al., 2017; Wright, 2019). Articles discussing the application of cultural humility with immigrant sectors show that it improves the relationships between therapists and clients from diverse backgrounds (Grundel et al., 2020; Lund & Lee, 2015; Owen et al., 2016; Vesely et al., 2017). Cultural humility bridges the understanding between the intersectionality of cultural and experiential aspects of an individual. As discussed earlier, successful integration and settlement of immigrants depends on the intersectionality of cultural and experiential needs, which include employment, financial stability, experiences of discrimination, and interpersonal factors (Braker, 2017; Godley, 2018; Gosseries, 2012; Kaushik & Walsh, 2018; Lazarus et al., 2020; Vang & Chang, 2019). These needs create an unhealthy dynamic that affects the psychological wellbeing of immigrants (Collins et al., 2011; Kalich et al., 2016; Lund & Lee, 2015). However, there are barriers that influences immigrants' access of mental health services, such as linguistic barriers, difficulties navigating the system, cultural differences, and perceived prejudice and discrimination (Brown et al., 2017; Collins et al., 2011; Espinosa et al., 2018; Li & Anderson, 2016; Lund & Lee, 2015; Singh et al., 2017). This creates a dynamic where immigrants feel inferior or misunderstood when dealing with therapists and other mental health professionals (Collins et al., 2011; Grundel et al., 2020; Lund & Lee, 2015; Owen et al., 2016). Cultural humility offers a way for therapists to decrease the chances of this dynamic being created, which

can in turn influence the success of therapy (Vesely et al., 2017; Lund & Lee, 2015; Owen et al., 2016; Grundel et al., 2020).

As an example, Vesely et al. (2017) qualitatively explored the practice of cultural humility amongst school counsellors, teachers, and educational supports working with immigrant children in the United States. They assumed that immigrant children experience isolation and feelings of marginalization in school systems, and as a result these children do not perform academically as well as their peers. They found that training school counsellors, teachers, and educational supports in cultural humility had a positive correlative effect on the performance of immigrant children in school. Since then, counsellors, teachers, and educational supports in select schools have adopted cultural humility into their work setting by engaging with families and integrating diverse cultural aspects into curriculum development. In the conclusion of the study, Vesely et al. (2017) found that as a result of cultural humility practices, immigrant children perform better in school and their families become more engaged in school activities. In a similar research project conducted in Canada, Lund and Lee (2015) qualitatively investigated the influence of cultural humility on the interactions between immigrant children and school personnel (i.e., teachers, counsellors, and educational aides). Their study yielded positive results similar to Vesely et al. (2017). Similarly, Lund and Lee (2015) also argue that cultural humility empowered students to share their ethnic background and identity with peers and school personnel, which decreased their feelings of marginalization and isolation. As a result, the resilience of immigrant children increased, and they felt more comfortable in their new environments. School personnel learned to become advocates for social justice and became skilled on how to promote diversity while understanding how concepts like oppression, power, and privilege affect their students in different ways (Lund & Lee, 2017).

Owen et al. (2016) qualitatively explored the experiential perception of 247 clients towards therapists who were oriented in cultural humility. These researchers suggested that there is an association between clients' experience of cultural humility in therapy and treatment outcomes. Participants who reported higher degrees of cultural humility from their therapists were able to explore the effects of their cultural identities on their problems and had better outcomes than their counterparts. However, Owen et al. (2016) suggest that their results were limited due to profound cultural influences among their participants (e.g., 84% Caucasian therapists, 16% Asian therapists). In another example, Grundel et al. (2020) examined an integrated approach to cultural humility and culturally competent practice through a case study of an individual with a dual cultural background in counselling. The analysis indicated that the client had positive experiences in therapy due to the open exploration of the client's cultural identity, the integration of salient cultural factors, and the counsellor's strategy in addressing the cultural impact of the client's situation (Grundel et al., 2020). These articles infer that cultural humility could positively influence service experience and access for immigrants through acknowledging and incorporating cultural needs, identity, and beliefs in therapy.

Articles discussing cultural humility in disability sectors are observed in the context of behavioural training and psychoeducational support for parents of children with disabilities (DuBay et al., 2018; Stahmer et al., 2019; Sugai et al., 2012; Wright 2019). These articles show that the feeling of being genuinely accepted by the therapist is an important factor that improves therapeutic alliance. For example, DuBay et al. (2018) interviewed 20 Latin and Caucasian families with autistic children about their perception comparing early intervention programs that use cultural humility practice and ones that do not. The researcher interviewed the families, asking about their perceptions of therapy strategies, the service providers, and targets of the

intervention. All families agreed that with both models of service delivery, the intervention offers benefits for the development of their children. However, Latin families have indicated that they felt that they needed more information on strategies to support their children's healthy development in services that did not acknowledge their cultural needs and identity. DuBay et al. (2018) argues that Latin families' acknowledgement of cultural needs and identity is an important factor that helps families understand the concepts learned in therapy. The participants suggest that when service providers acknowledge their clients' cultural needs, they feel more familiar with the concepts they are learning. As a result, they feel comfortable implementing the strategies provided by the therapist. DuBay et al. (2018) highlight that the increased comfort level of parents to implement interventions at home decreases the problems that the family were experiencing, such as behavioural symptoms associated with autism and the teaching of new skills.

As another example, Wright (2019) explored the integration of cultural humility into behavioural therapy among immigrant families with autistic children by acquiring Applied Behavioural Therapy intervention - a form of behavioural therapy that uses schedule of reinforcement to enhance individual's learning (Wright, 2019). They found that cultural humility decreases the perceived power imbalance between clinicians and immigrant parents with autistic children. Cultural humility enhances the trust between the clinician and the family and results in improved therapy outcomes. Wright (2019) argues that the use of a humble approach builds common ground for both parties to explore and understand each other's perspectives. The practice of cultural humility creates trust that allows both parties to explore the intersectionality of internal and external (cultural and life experience) factors that affect the client's situation (Wright, 2019). Similarly, Stahmer et al. (2019) qualitatively compared the perspectives of

immigrant caregivers of autistic children in the United States who were receiving treatment from therapists trained in cultural humility. They found improved engagement with families accessing services for their children. Stahmer et al. (2019) connect improvements in access to services with the integration of the client's cultural identity, allowing the clinician to explore systematic barriers that affect client engagement. A humble approach enhances trust-building between the client and the clinician, resulting in a strong therapeutic alliance (Stahmer et al., 2019).

On the contrary, Dennison et al. (2019) argues that by acknowledging the cultural needs of individuals, therapist open the venue for trust. Dennison et al. (2019) examined articles that explore the practice of cultural humility in Applied Behavioural Analysis with immigrant families of autistic children. They found common themes, namely the importance of decreasing language barriers between therapists and clients and the interpersonal understanding of biases of therapists. For example, they observed that a disconnect between the languages of therapists and clients significantly impacts the therapeutic alliance. Therapists use academic-based terminology (e.g., prompt hierarchy), whereas immigrant families may not be familiar with these terminologies, which decrease the chances of their understanding and familiarization with behavioural strategies to be implemented in the home. Therapists may not be aware of their biases (e.g., lack of understanding about certain cultural practices), which results in unintentional adaptation of culturally appropriate targets. Thus, Dennison et al. (2019) suggest that acknowledging and integrating cultural identity, needs, and practices are important factors to prevent dismissal of culturally appropriate targets. As a result, these strategies increase the client's familiarization with interventions and targets.

Fong et al. (2016) has similar sentiments. Fong et al. (2016) examined articles that help improve the cultural awareness and cultural competency of therapists providing behavioural

therapy to immigrant families with autistic children. They found that a disconnect in language between therapist and client occurs. They argue that written goals directed for children's improvement are interpreted differently by various cultures. For instance, Fong et al. (2016) suggests that in Japanese culture "tantrum" or "meltdown" refers to "panic", which is significantly different to the North American definition of both words. These researchers also suggest that disregarding the impact of cultural biases result in inappropriate intervention targets. For example, Fong et al. (2016) suggested that Japanese children imitate the faces their parents make after having a meal. However, this behaviour is inappropriate in other cultures. Thus, improving service access for immigrant families with autistic children and providing appropriate behaviour intervention depends on understanding, acknowledging, and integrating their cultural needs and practices in therapy (Dennison et al., 2019; Fong et al., 2016).

In summary, cultural humility helps develop an environment where individuals from different cultural backgrounds feel accepted (Lund & Lee, 2015; Vesely et al., 2017). The practice of cultural humility supports clinicians with acknowledging, integrating, and accepting cultural (e.g., ethic and cultural practices) and experiential factors (e.g., immigration journey and experiences of prejudice and discrimination) that influence an individuals in therapy (Grundel et al., 2020; Owen et al., 2016). The common themes in the application of cultural humility in immigrant and disability sectors shows that nurturing genuine acceptance and integrating the cultural identity of the client in therapy will improve the therapeutic alliance (Dennison et al., 2019; DuBay et al., 2018; Fong et al., 2016; Grundel et al., 2020; Lund & Lee, 2015; Owen et al., 2016; Stahmer et al., 2019; Sugai et al., 2012; Vesely et al., 2017; Wright 2019). These factors positively influence access of services for Filipino immigrant parents of autistic children by having professionals acknowledge the intersectionality of cultural and experiential factors in

their clients' lives (i.e., lingering emotions from reunification process, intergenerational trauma of Filipinos, additional financial needs from remittance culture, lack of awareness and stigma about disabilities and mental health, and cultural practices for healing) (Aguilar, 2015; Alzaldo, 2020; De Leon, 2009; Elorza, 2019; Kelly et al., 2011; Kuriku, 2015; Lairmore, 2019; Leskela et al., 2002; Lucero, 2017; Madianou & Miller, 2011; Nadal, 2011; Paiki et al., 2016; Pratt, 2006; Pratt et al., 2017; Quilendrino et al., 2015; Sarmiento & Rudolf, 2017; Schimmenti, 2012; Wells et al., 2013).

Implications for Counseling Psychology

The aim of this manuscript was to determine factors that affect the service access of Filipino immigrant families with autistic children in Alberta, Canada, as well as to explore and recommend an approach of cultural humility in a culturally competent practice that supports the examined population. Access to services by Filipino immigrant families with autistic children in Alberta Canada is influenced by internal and external factors. Similar to other immigrant populations, Filipinos experience influences from the internal process of settling in a new country, namely employment, financial and other immediate needs, as well as experiences of prejudice and discrimination (Brown et al., 2017; Kalich et al., 2016; Kaushik & Walsh, 2018; Lund & Lee, 2015). Similar to other immigrant populations, Filipino families with autistic children are also influenced by both societal stigmas surrounding mental health and disabilities, and an ignorance about navigating and acquiring system funding (Millau et al., 2019; Rivard et al., 2019; Weiss et al., 2017; Yohani et al., 2019; Young et al., 2019). However, Filipino immigrant parents of autistic children have internal and external culturally-based needs. Internal factors include cultural identity, needs, practices, and beliefs, as well as external lingering emotions of the reunification process, intergeneration trauma, culturally-based financial needs

from remittance culture, and experiences of prejudice and discrimination (Aguilar, 2015; Alzaldo, 2020; Brown et al., 2017; Elorza, 2019; Espinosa et al., 2018; Kuriku, 2015; Lairmore, 2019; Li & Anderson, 2016; Lucero, 2017; Millau et al., 2019; Paiki et al., 2016; Penner et al., 2019; Pratt et al., 2017; Quilendrino et al., 2015; Sarmiento & Rudolf, 2017; Singh et al., 2017; Wells et al., 2013).

In sum, these internal and external concepts show the intersectionality between environmental, experiential, and cultural factors, which influence access of services for Filipino immigrants with autistic children in Alberta, Canada. Cultural humility acknowledges and integrates the intersectionality of factors in practice (Dennison et al., 2019; DuBay et al., 2018; Fong et al., 2016; Grundel et al., 2020; Lund & Lee, 2015; Owen et al., 2016; Stahmer et al., 2019; Sugai et al., 2012; Vesely et al., 2017; Wright 2019). Examining these factors and beliefs can change the professional's behaviour in therapy in order to provide a culturally competent practice for their clients. As a result, therapists could develop their acumen by working with diverse populations and recognizing cultural fluidity and subjectivity (Fox et al., 2016; Hook et al., 2016; Hook et al., 2016; Ratts et al., 2015). This strategy will inspire clinicians to reflect on their behaviour, create a humble environment that respects the complexity of an individual's cultural identity, and question social injustice within their environment, liberating chains that historically create systematic oppression in society (El-Lahib, 2015; Kim, 2016; Moule, 2009; Rosen et al., 2017; Stahmer et al., 2019; Wright, 2019). Thus, I argue that adopting the concepts and practices of cultural humility in the field of psychology and counselling have positive implications in supporting Filipino families with autistic children. In the therapeutic process of counselling, it implies the integration of internal (i.e., cultural needs, beliefs, practices) factors of Filipino cultural identity to improve service utilization and engagement. Similarly, the practice of cultural

humility reiterates the ethical responsibility of psychologists and counsellors to recognize the importance of integrating advocacy and social justice into their practices. As a result, cultural humility bridges the gap brought by external factors (i.e., settlement process and system navigation), improving access of services for Filipino immigrant families with autistic children.

Reflective practice in cultural humility brings about a degree of self-awareness of the privileges and unconscious biases that psychologists and counsellors bring into therapy (Barzykowski et al., 2016; Ratts et al., 2015; Stahmer et al., 2019). As a result, psychologists and counsellors from different cultural backgrounds can be made aware of their ignorance about the Filipino culture. This awareness prompts psychologists and counsellors to ask clients about their culture and their perspectives about intervention (Barzykowski et al., 2016; Fox et al., 2016; Kim, 2016; Stahmer et al., 2019; Wright, 2019). This is a critical step in developing trust between the clinician and the client, and it helps the clinician identify an important part of a client's cultural identity (Brown et al., 2017; Dennison et al., 2019; Espinosa et al., 2018; Fong et al., 2016). For example, psychologists and counsellors must consider linguistic differences (Dennison et al., 2019; Fong et al., 2016). Although Filipinos are known for their skills in speaking Tagalog and English (due to the colonial history of the Philippines), the meaning of the English words and phrases they use is different compared to native English speakers in North America (Aguilar, 2015; Alzaldo, 2020; Elorza, 2019; Leskela et al., 2002; Nadal, 2011; Paiki et al., 2016; Schimmenti, 2012). This linguistic mismatch between clinicians and clients can present challenges (Alzaldo, 2020; Dennison et al., 2019; Fong et al., 2016). For example Filipinos describe the behaviours and characteristics of autism as “abnormal” and “normal” (Alzaldo, 2020; Elorza, 2019). These words should not be deemed as a stigmatized description of

autism; however, psychologists and counsellors must consider the difference in political correctness between cultures (Alzaldo, 2020; El-Lahib, 2015; Elorza, 2019).

These differences suggest two possible courses of action for clinicians. On one hand, they may immediately correct these words to the North American standard by using the words “autistic” and “typical” (CASDA, 2020; Elorza, 2019). However, this creates an impression on the client that promotes the dominance of North American political correctness over the client’s cultural understanding of English words (Alzaldo, 2020; Dennison et al., 2019; El-Lahib, 2015; Elorza, 2019; Fong et al., 2016). This also triggers behavioural responses corresponding with the intergenerational trauma of Filipinos (i.e., “hiya” and “pakikisama”) and may inspire them to comply with the dominant figure (i.e., the therapist) (Aguilar, 2015; Paiki et al., 2016; Pratt et al., 2017). As a result, this perspective negatively affects building a therapeutic alliance, thereby preventing the creation of a common nurturing ground between the therapist and the client (Brown et al., 2017; Espinosa et al., 2018; Li & Anderson, 2016; Singh et al., 2017). On the contrary, a respectful response to the client’s use of language occurs if the therapist uses premises of cultural humility (Grundel et al., 2020; Lund & Lee, 2015; Owen et al., 2016; Vesely et al., 2017). The therapist respectfully inquires about the client’s intended meaning, or mimics or mirrors the use of the words during therapy (Dennison et al., 2019; Fong et al., 2016; Lund & Lee, 2015; Vesely et al., 2017). As a result, the therapist learns from the client about the cultural significance of the words they are using (Fisher-Borne et al., 2015; Foronda et al., 2016; Green-Moton & Minkler, 2019; Hook et al., 2016). This approach creates a welcoming environment that acknowledges and integrates the client’s cultural identity, which positively influences the therapeutic alliance and improves service utilization.

Another example is the creation of intervention goals, which is a common practice in behaviour therapy and parent coaching (Luxford et al., 2017; Mohammadzaheri et al., 2015; Nowell et al., 2019; Spaniol et al., 2018). However, psychologists and counsellors might use Western-based perspectives in creating intervention targets, such as terms used in behavioural therapy (Dennison et al., 2019; DuBay et al., 2018; Fong et al., 2016; Stahmer et al., 2019; Sugai et al., 2012; Wright, 2019). However, this approach creates a power differential dynamic between the therapist and client, which triggers intergenerational trauma in Filipinos (i.e., “hiya”, “pakikisama” and “utang na loob”) as described earlier (Aguilar, 2015; Paiki et al., 2016; Pratt et al., 2017). Clients may not inquire about the concepts learned in therapy and the applicability of these practices in their lives due to feeling that they have to comply with the authority figure (i.e., “pakikiasama”) or express gratitude for the strategies provided by the therapist (i.e., “hiya” and “utang na loob”) (Aguilar, 2015; Paiki et al., 2016; Pratt et al., 2017). As a result, this approach decreases the client’s engagement of services and the effectiveness of intervention, as well as negatively impacts the credibility of the therapist (DuBay et al., 2018; Grundel et al., 2020; Owen et al., 2016). This implies negative effects on the trust required to build strong therapeutic alliances.

Alternatively, filtering intervention goals through the practice of cultural humility improves the effectiveness of intervention. The therapist asks about cultural parenting practices in the Filipino culture and the relevance of behavioural strategies that the clinicians are familiar with. For example, Filipino parenting strategies are different than North American practices. In Filipino parenting practices, it is appropriate for children to be sleeping with their parents in their bedroom, in the same bed. Some children are spoon-fed until they are school-age, and some parents start teaching independent toileting practices to their children when they are between six

to seven years old (Alzaldo, 2020; Lucero, 2017; Quilendrino et al., 2015). The intention of these parenting practices in the Filipino culture is to nurture intimacy in the parent-child relationship (Lucero, 2017; Quilendrino et al., 2015). Adopting intervention targets that integrate the intentionality of Filipino cultural parenting practices help the client form a deeper connection with the intervention that is relevant to their cultural identity and actual experiences (Alzaldo, 2020; Dennison et al., 2019; Fong et al., 2016; Lucero, 2017; Quilendrino et al., 2015). As a result, this approach increases the engagement of the client with the intervention, which improves the effectiveness of the intervention in the client's life, as well as enhances trust between the therapist and the client. These examples show that awareness of the differences between cultural perspectives and practices and integrating the cultural identity of Filipino immigrants with autistic children in interventions may improve their service utilization and engagement. Thus, the use of cultural humility has positive implications in psychology and counselling, which provides strategies that may improve the strengthening of the therapeutic alliance.

The impacts of intergenerational trauma and the triadic relationship between the phrases "hiya," "pakikisama," and "utang na loob" may negatively influence the perception and behaviour of Filipinos with other cultures as described above (Aguilar, 2015; Paiki et al., 2016; Pratt et al., 2017). However, decreasing their effect involves the concept of "kapwa" (Aguilar, 2015; Leskela et al., 2002; Nadal, 2011; Paiki et al., 2016; Schimmenti, 2012). "Kapwa" loosely translates to "others" or "fellow" and it refers to the feeling of being similar to others. Introducing this concept by connecting Filipinos with others (e.g., support systems) decreases the stress they are feeling (Aguilar, 2015; Alzaldo, 2020; Elorza, 2019; Kuriku, 2015; Lairmore, 2019; Pratt et al., 2017). The concept of "kapwa" helps an individual to re-recognize the healing

power of connection with others by calling on their community (Lally et al., 2018; Sarmiento & Rudolf, 2017). Recognizing the importance of connecting with others opens the possibility of strengthening the support surrounding the client (Kuriku, 2015; Lairmore, 2019). Integrating the concept of “kapwa” with cultural humility in the practice of psychology and counselling acknowledges and integrates interpersonal cultural practices and the collectivistic nature of Filipino culture and serves to enhance the service utilization and engagement of Filipino immigrant families of autistic children in therapy. This approach can be used by psychologists and counsellors with Filipino parents of autistic children who are accessing counselling services to identify external protective factors in their lives.

As discussed previously, most Filipino immigrants send remittance money to financially support their immediate and external families in the Philippines (De Leon, 2009; Pratt, 2006; Pratt et al., 2017; Wells et al., 2013). At first glance, individuals from other cultures may deem this practice as financially straining for an individual and their family (e.g., Brown et al., 2017; Son et al., 2017). However, using the lens of cultural humility in counselling by asking the client about the cultural value of this practice may shift this deficit-based perspective (Grundel et al., 2020; Lund & Lee, 2015; Owen et al., 2016; Vesely et al., 2017). Filipino remittance culture is associated with negative connotations of intergenerational trauma expressed through “pakikisama” and “utang na loob” (Aguilar, 2015; Leskela et al., 2002; Nadal, 2011; Paiki et al., 2016; Schimmenti, 2012). However, it also has a reverse positive aspect in understanding the external social protective factors of the individuals (Alzaldo, 2020; Elorza, 2019; Kuriku, 2015; Lairmore, 2019). Deeper introspection of this practice based on positive cultural values and the idea of “kapwa” may show the amount of social connection and support that immigrant parents are receiving from their family members in the Philippines (Alzaldo, 2020; Elorza, 2019; Kuriku,

2015; Lairmore, 2019). Shifting the perspective by empathetically connecting with the cultural values of the clients, psychologists and counsellors may have a better understanding of interventions that effectively support immigrant Filipino parents of autistic children in counselling. Clients may invite or acknowledge the perspective of a significant support system from the Philippines (Alzaldo, 2020; Elorza, 2019; Kuriku, 2015; Lairmore, 2019). As a response, the therapist who acknowledges the importance of cultural values may utilize these external protective factors to build an intervention based on the client's connectivity with their environment and support network (Dennison et al., 2019; Fong et al., 2016; Lund & Lee, 2015; Vesely et al., 2017). Integrating this approach in counselling provides genuine empathy with the client, and as result, it may improve service utilization and engagement due to an enhanced therapeutic alliance.

Another example involves the value that Filipino culture places on faith-based healers and the culture's pervading religious view on mental health and disabilities (Alzaldo, 2020; Elorza, 2019; Kuriku, 2015; Lairmore, 2019; Lucero, 2017; Quilendrino et al., 2015). A deficit perspective of these practices and views may indicate the promotion of superstitious beliefs and stigmatized ideas surrounding issues in mental health and disabilities (e.g., Elorza, 2019; Lairmore, 2019). Lairmore (2019) highlights its negative effects as an external locus of control in challenging situations described in the words "bahala na" or "leaving it up to God". Reframing this perspective through cultural humility may suggest that these practices and perspectives offer positive internal protective factors to Filipino immigrant parents with autistic children who are accessing counselling support and behavioural intervention. The antonym for the phrase "bahala na" is "pag-asa", which means "hope" (Aguilar, 2015; Alzaldo, 2020; Kuriku, 2015; Pratt et al., 2017). This concept suggests that "leaving it up to God" gives Filipino families with autistic

children “hope” for their children’s development and future (Alzaldo, 2020; Kuriku, 2015). Its implication with psychologists and counsellors may suggest that they try encouraging Filipino clients to reflect on and incorporate in their lives the internal protective factor of hope brought by the perspective of faith-healers and religious teachings. Acknowledging and integrating internal protective factors promotes a therapeutic alliance that welcomes cultural values and beliefs (Dennison et al., 2019; Fong et al., 2016).

Based on the examples above, cultural humility may help psychologists and counsellors reframe deficit-based biases to acknowledge and integrate cultural values and beliefs that promote external and internal protective factors. Through this practice, psychologists and counsellors could adopt culturally appropriate interventions that will improve therapeutic alliances. The literature review also suggests that the access of services by Filipino immigrants with autistic children is influenced by social issues, namely the internal settlement process of immigrants and the barriers faced in navigating funding systems in Alberta and in Canada as a whole. Access to services is predicated by barriers found in the funding system (Hodgett et al., 2016; Penner et al., 2015; Penner et al., 2019; Young et al., 2019). The systems involved in acquiring funding present complications for immigrant families accessing services (Gardiner & Iarocci, 2018; Hodgetts et al., 2016; Penner et al., 2015; Penner et al., 2019; Young et al., 2019). The regulatory funding body encourages families to advocate for themselves through engagement with resources available in Alberta (Alberta Government, 2019). However, this assumes that all families have similar resources and acumen about funding structure and services. As a result, families may experience confusion about acquiring funding to access services for their children (Gardiner & Iarocci, 2018; Hodgetts et al., 2016; Penner et al., 2015; Young et al., 2019). Additional stress affecting access of services may include finding suitable

employment, financial stability, necessities for living, lingering emotions from the reunification process, and the effects that experiences of prejudice and discrimination can have on an individual's wellbeing (Aguilar, 2015; Braker, 2017; Espinosa et al., 2018; Godley, 2018; Gosseries, 2012; Kaushik & Walsh, 2018; Lazarus et al., 2020; Li & Anderson, 2016; Pratt et al., 2017; Singh et al., 2017; Vang & Chang, 2019; Wells et al., 2013).

The literature suggests that psychologists and counsellors must be part of the conversation to improve their clients' abilities to navigate the system and enhance the access of services by Filipino immigrants with autistic children (Dennison et al., 2019; Fong et al., 2016; Lund & Lee, 2015; Vesely et al., 2017; Alzaldo, 2020; Elorza, 2019; Kuriku, 2015; Lairmore, 2019; Lucero, 2017; Quilendrino et al., 2015). This is achieved by reflecting on the ethical responsibility of counsellors to their clients and the communities. The Canadian Code of Ethics for Psychologists by the CPA (2017) suggests that psychologists and counsellors must acquire appropriate knowledge that will respect the diversity of the population they are supporting. This is observed in two of the Code's principles, namely Principle I: Responsible Caring, and Principle III: Integrity in Relationship. In practice, psychologists and counsellors must familiarize themselves funding systems for people with disabilities in order to provide accurate and useful information for Filipino immigrants with autistic children (CASDA, 2014; Fontil & Harriet-Petrakos, 2015; Millau et al., 2019; Penner et al., 2019; Public Health Agency of Canada, 2018; Rivard et al., 2019; Weiss et al., 2017; Yohani et al., 2019; Young et al., 2019). Psychologists and counsellors must understand the influences of barriers in navigating funding system and the intersectionality of environmental, experiential, and cultural factors of Filipino immigrant families with autistic children (Aguilar, 2015; Alzaldo, 2020; CASDA, 2014; Elorza, 2019; Kuriku, 2015; Lairmore, 2019; Lucero, 2017; Paiki et al., 2016; Penner et al., 2019; Pratt

et al., 2017; Public Health Agency of Canada, 2018; Quilendrino et al., 2015; Wells et al., 2013; Young et al., 2019). This will support clinicians to recognize internal and external cultural factors that create barriers for accessing funding for Filipino clients as previously discussed (e.g., mismatched linguistic interpretations and triggers of Filipino intergenerational trauma when they are advocating for themselves). Drawing from these concepts suggests that psychologists and counsellors will be effectively equipped to advocate for Filipino immigrant families with autistic children in accessing services. In the Canadian Code of Ethics for Psychologists, Principle IV: Responsibility to Society states that members of the college must promote social justice within the community. This responsibility suggests that psychologists and counsellors must be part of the community-based conversation that will improve access of services for Filipino immigrant families with autistic children. This is achieved by building an awareness of the intersectionality of environmental, experiential, and cultural factors affecting access of services by Filipino immigrant families with autistic children, and by considering the complexities of the funding systems in Alberta and in Canada discussed in the articles above (e.g., Aguilar, 2015; Alzaldo, 2020; CASDA, 2014; Elorza, 2019; Kuriku, 2015; Lairmore, 2019; Lucero, 2017; Paiki et al., 2016; Penner et al., 2019; Pratt et al., 2017; Public Health Agency of Canada, 2018; Quilendrino et al., 2015; Wells et al., 2013; Young et al., 2019).

Being involved in the conversation in the community includes collaborating and conversing with community leaders, advocates, resource agencies, service providers, academics, and other stakeholders for equality in services accessed by the immigrant and disability sectors (CASDA, 2014; Public Health Agency of Canada, 2018). It is important for psychologists and counsellors to be engaged in the process of creating strategies and effective practices that will enhance access of services for Filipino immigrants with autistic children. Community-based

advocacy may also enhance clinicians' learning about other concepts that will improve their service delivery with individuals from diverse backgrounds. Common themes found in the literature suggest a call to action for psychologists and counsellors to embrace a culturally competent practice that acknowledges and integrates the integrity and importance of environmental, experiential, and cultural factors in the lives of Filipino immigrants with autistic children. As shown above, the population of both Filipino immigrants and Filipino immigrants with autistic children is continuously growing (Baio et al., 2018; Salmani et al., 2019; Statistic Canada, 2017). As it expands, there is a continuous need for mental health professionals to provide services that respect the cultural identity and uniqueness of individuals in this community (CPA, 2017; CPA, 2017b; Sue, 2017; Sue et al., 2019). The strategies offered in this document suggest a path to change so as to effectively support the community's needs.

Recommendations for Practice

The dynamic intersectionality between environmental, experiential, and cultural factors influences the access to services of Filipino immigrant families with autistic children in Alberta, Canada. Cultural humility as a practice for psychologists and counsellors may improve service engagement, utilization, and access for this population. Implementing cultural humility in psychologists' and counsellors' practice may improve the therapeutic alliance through nurturing trust, creating accepting environments, and integrating Filipinos' environmental, experiential, and cultural identity in interventions. Based on these concepts, I recommend that the practice of cultural humility include reflective practice, genuine collaboration, and the application of social justice and advocacy.

Reflective practice offers deeper introspection about the effects of clinicians' unconscious biases on their interaction with clients and others (Kim, 2016; Rosen et al., 2017; Stahmer et al.,

2019; Wright, 2019). Unpacking the premise of reflective practice suggests considering the influences of intrapersonal and interpersonal factors. Intrapersonal reflection focuses on an individual's interaction with their environment, learned perspective, and acquired cultural identity (Dennison et al., 2019; Fisher-Borne et al., 2015; Fong et al., 2016; Foronda et al., 2016). These experiences and acquired beliefs comprise the individual's unique identity. Thus, these intrapersonal factors are influenced by the systems that form the schema for how individuals receive, filter, interpret, and translate information (Dennison et al., 2019; Fisher-Borne et al., 2015). I suggest the use of intrapersonal introspective questions such as (a) "What systems affect my life?", (b) "How do these systems influence my processing and filtering of information?", and (c) "How do these systems affect my interaction with myself?" These questions evoke humility in the clinician, creating urgency to acknowledge systems that have defined their development and to understand their vulnerability to their environment. Asking intrapersonal questions may create awareness of the impact of the individual's schema on their interaction with others (Barzykowski et al., 2016; Fox et al., 2016; Rosen et al., 2017).

Intrapersonal reflection is practiced in the above example. In the example, the difference between the cultural definitions of words may affect the therapeutic alliance between therapists and Filipino immigrant families with autistic children and improve their access to behavioural therapy and parent training programs (Alzaldo, 2020; CASDA, 2020; Dennison et al., 2019; DuBay et al., 2018; El-Lahib, 2015; Elorza, 2019; Fong et al., 2016; Stahmer et al., 2019; Sugai et al., 2012; Wright, 2019). Filipino families may describe behaviours associated with autism symptoms as "abnormal" and "normal" (Alzaldo, 2020; Elorza, 2019). Without introspection on these biases, a therapist from a North American culture may deem this language inappropriate and may perceive the client as having significant cultural stigma about autism (CASDA, 2020;

Dennison et al., 2019; Fong et al., 2016). However, intrapersonal reflection about these words may reveal the differences in language between cultures (Dennison et al., 2019; El-Lahib, 2015; Espinosa et al., 2018; Fong et al., 2016). Deeper introspection may result in clinicians' acknowledgement of their lack of understanding of Filipino language and culture. Accepting one's lack of insight about a certain concept gives an individual an experience of humility. In the context of therapy, a humbling experience may help psychologists and counselors develop humility and the ability to identify their biases based on the systems surrounding the client (i.e., experiential, environmental and cultural factors).

Adopting humility may help therapists learn from clients' perspectives and the systems they are embedded in, such as the intersectionality of different factors (Dennison et al., 2019; Fong et al., 2016; Grundel et al., 2020; Kim, 2016; Owen et al., 2016; Stahmer et al., 2019; Wright, 2019). Caution must be applied when distinguishing between assumptions and important information. Clarifying the concept with the client will help identify the importance of the information to them (Espinosa et al., 2018; Foronda et al., 2016; Hook et al., 2016; Li & Anderson, 2016). This sentence's important aspect is emphasized in the word "with," which introduces another layer for reflective practice, namely, interpersonal reflection. This practice involves introspection by including the perspective of others and could be achieved by acknowledging and accepting one's vulnerability in their environment. Through this approach, individuals may experience the humility that deeply connects them with another person's beliefs (Barzykowski et al., 2016; Fox et al., 2016; Rosen et al., 2017).

In counselling, the practice of interpersonal reflection is observed in accepting the vulnerability and humbling feelings experienced by the therapist in their behaviour, such as an honest inquiry of unfamiliar concepts, connecting personal experiences to the clients, and

showing genuine emotions (Barzykowski et al., 2016; Foronda et al., 2016; Hook et al., 2016). In the example above, the therapist who does not use interpersonal reflection may immediately correct the client to use terms that promote North American political correctness. On the contrary, psychologists and counsellors who adopt interpersonal reflection might use mimicking, mirroring, and clarification of the terms. The difference between these examples is based on their intentions. Correcting the client teaches and promotes the therapist's culture, while the use of mimicking, mirroring, and clarification of terms intends to deeply understand the client's perspective (Dennison et al., 2019; Fong et al., 2016). Interpersonal reflection aims to connect psychologists and counsellors with their clients on a deeper level. This practice decreases the power dynamic between therapist and client. As a result, their intention will gesturally imply that the therapist is not the expert in supporting clients to achieve their goal in therapy; instead, the client has the expertise in the therapeutic process, intervention, and progress in therapy (Hook et al., 2016). As stated earlier in the emphasis of the word "with," interpersonal reflection shows its intention for working collaboratively with the client. This practice in therapy may promote an environment that is welcoming and accepting (Dennison et al., 2019; Fong et al., 2016; Grundel et al., 2020; Lund & Lee, 2015; Owen et al., 2016; Vesely et al., 2017). The concept infers that developing cultural humility requires intrapersonal and interpersonal reflective practice. These approaches will help psychologists and counsellors incorporate humility in their practice, creating a welcoming and accepting environment that values learning between the therapist and the client.

The concept of learning with the client in reflective practice is the second practice recommendation, namely, genuine collaboration. It calls for a strategy that aims to identify the systems surrounding an individual's life (Fox et al., 2016; Ratts et al., 2015; Stahmer et al.,

2019). The key aspect of this strategy is identifying the systems while discarding the assumption that some systems are a barrier (Stahmer et al., 2019; Wright, 2019). This strategy echoes the fluidity and interconnectivity of environmental factors and embraces the concept that clients are experts in their own lives (Hook et al., 2016; Ratts et al., 2015). The application of reflective practice initiates a different narrative that opens a door for possibilities in therapy. The counsellor should ask the client about the influence of systems and the possibilities offered by these systems to support the client's growth (Hook et al., 2016; Rosen et al., 2017). This conversation opens a discussion about environmental factors that could benefit the client (i.e., extended family members) and the cultural need for religious guidance and faith healers (Aguilar, 2015; Alzaldo, 2020; Elorza, 2019). An important factor for this strategy is that no factor should be dismissed. Instead, the clinician must embrace that these factors influence the unique cultural experiences that offer possibilities within the individual's natural systems (Kim, 2016; Rosen et al., 2017). Its premises are observed in the example of identifying protective factors among Filipino immigrants with autistic children, who are accessing counselling support and behavioural therapy (Aguilar, 2015; Alzaldo, 2020; Elorza, 2019; Grundel et al., 2020; Kuriku, 2015; Lairmore, 2019; Lund & Lee, 2015; Owen et al., 2016; Pratt et al., 2017; Vesely et al., 2017).

Identifying internal and external protective factors involves the reframing of ideas that affect Filipino immigrants with autistic children's access to services. For instance, reframed perceptions of remittance culture show the importance of "kapwa" ("the feeling of belonging"), while the flipside of "bahala na" is "pag-asa" ("hope") (Aguilar, 2015; Alzaldo, 2020; Elorza, 2019; Kuriku, 2015; Lairmore, 2019; Pratt et al., 2017). Integrating genuine collaboration into practice requires the reframing of perspective by practicing empathy. This is an important

approach that helps clinicians understand clients' values and the importance of their systems and practices. Empathy requires a deep understanding of another's feelings. The application of empathy in genuine collaboration starts in identifying different systems affecting the client's life, moves towards analyzing the client's internal and external strengths and their attitudes towards these systems, and ends in reframing negative perceptions about these systems as protective factors in the client's internal narrative. In the example above, empathy can help therapists understand the deeper meaning and value of remittance culture in a client's life. Reflecting on remittance culture may identify the number of individuals that interacts with the client (e.g., family and friends in Canada and the Philippines). These individuals can be part of the client's support network, which acts as protective factor in their life. As a result, the negative intonation of remittance culture from "utang na loob" and "pakikiisa" is reframed to the importance of "kapwa" in the healing process of Filipino immigrants in therapy (Alzaldo, 2020; Elorza, 2019; Kuriku, 2015; Lairmore, 2019). These techniques, in genuine collaboration, highlight a key intention of cultural humility: to empower clients to explore the systems (i.e., experiential, environmental, and cultural factors) and develop an awareness of the systems that influence their lives (Lund & Lee, 2015; Vesely et al., 2017). Acknowledging and integrating systems in therapy emphasizes a non-judgmental environment that embodies acceptance and collaborative learning. Through empowerment and developing awareness of external influences, the client will build their capacity to advocate for themselves in their natural environment (Grundel et al., 2020; Lund & Lee, 2015; Owen et al., 2016; Vesely et al., 2017). Inferring on these concepts recommends that genuine collaboration requires empathy to identify systems affecting and surrounding the client, understand the value of those systems to the client, and reframe the meaning of systems that may provide protective factors in the client's life. Through these

practices, the therapeutic environment creates an accepting and welcoming environment that encourages collaborative learning. Thus, this space may empower the individual to advocate for themselves in their environment.

The third recommendation of practice is tied with the empowerment of an individual through integrating social justice and advocacy in the practice of psychologists and counsellors. Acknowledging social issues experienced by individuals from diverse backgrounds is an important aspect in empowering them to advocate for themselves and others around them. For example, part of the intersectionality of different factors experienced by Filipino immigrant families with autistic children in accessing services includes the internal process of stress, lingering emotions from the reunification process affecting family dynamics, and negative internal aftermath of experiences of prejudice and discrimination (Brown et al., 2017; De Leon, 2009; Kaushik & Walsh, 2018; Lazarus et al., 2020; Pratt et al., 2017; Vang & Chang, 2019; Wells et al., 2013). These factors may negatively impact the individual's perspective on themselves and others, resulting in isolation and poor psychological health and psychosocial relationships (Alzaldo, 2020; Elorza, 2019; Espinosa et al., 2018; Kuriku, 2015; Lairmore, 2019; Li & Anderson, 2016; Singh et al., 2017). The practices of cultural humility and integrating social justice and advocacy into practice suggest acknowledging the existence of these social issues, identifying protective factors, and latter empowerment of the individuals based on their perceived strengths, values, beliefs, and culture.

As discussed earlier, genuine acknowledgement of negative experiences requires intrapersonal and interpersonal reflection to build an environment that welcomes and accepts the feelings associated with these experiences (Dennison et al., 2019; Fong et al., 2016; Grundel et al., 2020; Hook et al., 2016; Lund & Lee, 2015; Owen et al., 2016; Vesely et al., 2017). The

word "with" is emphasized in these practices to help the client feel belonging and acceptance from another individual. This atmosphere will help the therapist and the client collaboratively identify protective factors in the client's life (e.g., family, friends, memories, and religious, cultural, and personal practices (Hook et al., 2016; Rosen et al., 2017). Identifying the personal importance and value of protective factors may help reframe clients' narratives from a deficit to an advocative stance for themselves and those around them (Grundel et al., 2020; Lund & Lee, 2015; Owen et al., 2016; Vesely et al., 2017).

The second recommendation in integrating social justice and advocacy in practice is continuous learning through integrated collaborative learning. Although it seems similar to the concept discussed in the implication of practice, this perspective focuses on integrating cultural humility in a culturally competent practice for psychologists and counsellors. Competent practice in the context of cultural humility advocates for continuous learning through interactions with individuals in their environment, including their clients; professional development training; consultation and supervision; learning from articles and other disciplines; and acquiring information from community leaders, advocates, and other stakeholders. It prescribes the notion that knowledge and information are fluid and can be learned everywhere (Fisher-Borne et al., 2015; Foronda et al., 2016; Fox et al., 2016; Green-Moton & Minkler, 2019; Hook et al., 2016; Kim, 2016; Stahmer et al., 2019; Wright, 2019). This approach recognizes the importance of learning from the clients' perspectives. This approach is beneficial, coherently improving utilization and engagement in the service access of Filipino immigrant families with autistic children. Collaborating with the Filipino community will nurture the communication between them and the mental health field. In summary, the recommendation for the practice of cultural humility for psychologists and counsellors may improve utilization, engagement, and access to

services for Filipino immigrant families with autistic children. This recommendation includes the use of intrapersonal and interpersonal reflective practice and genuine collaboration through empathic reframing of factors affecting the individual's life and empowering individuals to be advocates for themselves and the community by integrating social justice and advocacy into practice.

Fundamental Next Steps for Research

The fundamental next step for the academic field is to support the growing understanding of factors that affect service access for Filipino immigrant families with autistic children in Alberta, Canada, as well as to investigate the actual applicability of cultural humility with the examined population. The literature review in this manuscript opens the discussion for researchers to be part of the conversation in understanding the fluidity of the intersectionality between experiential, environmental and cultural factors influencing the lives of Filipino immigrant families with autistic children. It includes beliefs and stigma about services, stress and necessities in their settlement journey (e.g., financial, educational, and employment), and the intersectionality of intergenerational trauma in the lived experience of Filipino immigrants in North America (Aguilar, 2015; Anzaldo, 2020; Braker, 2017; Collins et al., 2011; Dhanji, 2018; Drolet et al., 2015; Elorza, 2019; Godley, 2018; Gosseries, 2012; Kalich et al., 2016; Kaushik & Walsh, 2018; Lairmore, 2019; Lally et al., 2018; Lazarus et al., 2020; Leskela et al., 2002; Lucero, 2017; Lund & Lee, 2015; Nadal, 2011; Paiki et al., 2016; Quilendrin et al., 2015; Schimmenti, 2012; Vang & Chang, 2019). These factors are layers that can be investigated and untangled by future researchers to develop an explanatory model that acknowledge the fluidity of these factors in the lives of Filipino immigrants in North America, and in the context of Filipino immigrant families with autistic children (Anzaldo, 2020; Elorza, 2019; Lairmore, 2019).

Similarly, the mental health field in the Philippines now has the opportunity to explore the intersectionality and the vastness of mental health issues within the Filipino demographic due to the enactment of the Philippine Mental Health Act of 2017. This law specifies mental health support for people with schizophrenia, addiction issues, and developmental disabilities (Lally et al., 2018). It is a novel concept in the Philippines, and its application and effects on the general population are still unknown (Lally et al., 2018; Sarmiento & Rudolf, 2017; World Health Organization, 2017). Understanding mental health within the Filipino culture and promoting mental health wellness in the Philippines will be made possible through the engagement of academic researchers and mental health professionals' relationships with Filipinos in the Philippines.

Awareness of factors that may influence service access for the immigrant and disability sectors also opens the conversation for researchers and mental health professionals to identify effective practices that will improve access to and utilization of services in Canada. For instance, the exploration of service access of families of autistic children showed that there is a need to improve the effectiveness of systems of funding support throughout Canada (CASDA, 2014; Gardiner & Iarocci, 2018; Penner et al., 2015; Penner et al., 2019; Public Health Agency of Canada, 2018; Shepherd & Waddell, 2015; Young et al., 2019). The need for intervention for autistic children and people with disabilities may create an unhealthy dynamic between themselves and people around them (Gardiner & Iarocci, 2018; Millau et al., 2019; Penner et al., 2019; Rivard et al., 2019; Weiss et al., 2017; Young et al., 2019). However, the funding systems in Canada are complicated to navigate due to a variety of administrative difficulties (e.g., availability and wait time) and differences among provincial jurisdictions (e.g., direct funding vs. direct services) (Gardiner & Iarocci, 2018; Penner et al., 2015; Penner et al., 2019; Young et al.,

2019). This creates disparity among citizens who are trying to access funding when they most need it for intervention (CASDA, 2014; Public Health Agency of Canada, 2018). An exploration of unified federal funding systems and adopting forms of funding systems from other countries into the Canadian demographic may help to establish equitable funding for autistic individuals and people with disabilities (CASDA, 2014; Public Health Agency of Canada, 2018).

The discussion about service access for the general immigrant population and immigrant families with autistic children showed that engagement with a human services professional may enhance this population's access to services and support (Braker, 2017; Collins et al., 2011; Drolet et al., 2015; Godley, 2018; Gosseries, 2012; Kalich et al., 2016; Kang-Yi et al., 2018; Kaushik & Walsh, 2018; Lazarus et al., 2020; Lund & Lee, 2015; Millau et al., 2019; Rivard, et al., 2019; Vang & Chang, 2019; Wang & West, 2016; Yohani et al., 2019). The intersectionality between the cultural beliefs, life experience, and attitudes towards disabilities and mental health may influence the service access of immigrants in Canada (Brown et al., 2017; Fontil & Harriet-Petrakos, 2015; Fox et al., 2016; Godley, 2018; Lazarus et al., 2020; Rivard et al., 2019; Son et al., 2017; Vang & Chang, 2019). This is observed in the lack of engagement in assessment, diagnosis, and treatment services for immigrant families with autistic children and immigrants' access to general mental health services (Brown et al., 2017; Fontil & Harriet-Petrakos, 2015; Rivard et al., 2019; Son et al., 2017; Yohani et al., 2019). Researchers could explore ways in which to enhance culturally competent practice and community engagement to improve service access for immigrant sectors (e.g., collaboration initiatives, program creations, cultural brokerage programs, and community activism) (Brown et al., 2017; Son et al., 2017; Yohani et al., 2019). Thus, engagement in the community opens endless possibilities to improve service access for

Filipinos in the Philippines, Filipino immigrants, and Filipino immigrant families with autistic children in North America, as well as immigrant and disability sectors.

Reflexive Self-Statement

The topic of improving access to services for Filipino immigrant families with autistic children is based on my personal interest. It draws from my personal and professional experiences, as well as my interest in concepts regarding systems and policies, cultural diversity in the Filipino culture, family dynamics, and autism. Combining these interests has inspired the conception of the first guiding question of this manuscript: What factors affect how Filipino immigrant families with autistic children access services in Alberta, Canada? In the process of answering this question, I found articles that suggest a gap in academic literature in determining an explanatory model for service access for this population in North America (e.g., Brown et al., 2017; Dhanji, 2017; Son et al., 2017). As a result, I felt that bridging the research gap required taking an advocative approach in understanding the culturally competent practice of psychology and counselling. This feeling resulted in the conception of the second guiding question: How can psychologists and counsellors improve access to services for Filipino immigrant families and integrate principles of cultural humility in their approaches to culturally competent practice in the field? Reflecting on the process of creating guiding questions for this manuscript made me realize that it has influenced my perception of the final product. I felt that the gap in academic references about the Filipino community, and in the context of autism in Canada, was due to a lack of interest in the academic field related to the Filipino community. This perception has strengthened my intention of taking an advocative stance while searching for preliminary articles to determine a coherent explanatory model for the service access of Filipino immigrant families with autistic children. I perceived that pairing this concept with cultural humility is an advocative

approach and a call to action for psychologists and counsellors to reflect on their ethical responsibility for Filipino immigrants, particularly those with autistic children, in Canada. My perception of controlling the final product prevented me from removing my bias in this manuscript's first versions. It also resulted in a constant resurgence of the concept of a gap in academic literature, which has given me an understanding of the lack of credibility of the manuscript's initial versions.

Revisiting the concept of cultural humility gave me an ironic experience with the problems of this manuscript's preliminary versions. The biases I have with my assumption about the lack of interest in the academic field related to Filipinos and taking an advocative stance have prevented me from deeply understanding the premises of cultural humility relative to the intersectionality of culture and lived experiences and the fluidity of knowledge. The biased lens I initially had has unintentionally incorporated concepts of traditional beliefs of static cultural identity and a finite perspective about knowledge. This is observed in the adjective "coherent," which has intentionally prescribed a linear explanatory model for access to services for Filipino families with autistic children. Based on this assumption, I have concluded that access to services for Filipino immigrant families with autistic children is influenced by their unfamiliarity with the funding system and the complex systemic interaction between their lived experiences, environment, and cultural identity. This conclusion emphasizes the complexity of determining coherency to provide an explanatory model that clearly explains the linearity of the connected factors affecting service access due to the vastness of systems surrounding clients' lives.

As a result, my perception of the implications and recommendations for practice was embedded with blame on the lack of academic interest in understanding the population, resulting in a gap in knowledge about systems that affect the Filipino immigrants' lives in the context of

autism in North America. On the contrary, gaining awareness of my biases has helped me deeply and truly connect with the premises of cultural humility and the intersectionality of culture and lived experiences and the fluidity of knowledge. This shifted my preliminary conclusion that suggests that access to services by Filipino immigrants with autistic children is influenced by the dynamic intersectionality between experiential, environmental, and cultural factors. This is a significant contrast from its initial version. The final version acknowledges the intersectionality between different factors, which creates everyone's unique life experiences. In the context of Filipino immigrant families with autistic children, experiential factors account for the developed schemas individuals have that affect their filtering and processing of information (Dennison et al., 2019; El-Lahib, 2015; Fisher-Borne et al., 2015; Fong et al., 2016, Foronda et al., 2016). Based on the common themes found in the literature, the dynamic intersectionality of different factors in an individual's life implies that the application of cultural humility in the practice of psychologists and counsellors will help them to acknowledge and integrate their cultural identity and unique perspectives into therapy.

The implications on the practice of psychology and counselling suggest that the approach may strengthen the therapeutic alliance achieved by building trust and nurturing accepting and welcoming environments that respect, acknowledge, and integrate the cultural identity and uniqueness of individuals. As a result, it may positively influence the access, utilization, and engagement of services by Filipino immigrant families with autistic children. Compared to an earlier perspective, this revision embodies a critical understanding of the common themes in the literature without my personal biases. Therefore, I have experienced a shift in my perspective during the process of completing this manuscript.

Conclusion

The common themes found in the literature suggest that the intersectionality of environmental, experiential, and cultural factors affect Filipino immigrant families with autistic children's access to services. Environmental factors include the common elements that immigrants may experience during the integration and settlement process (e.g., finding essential needs) as well as other external factors that may influence their interaction with the environment (e.g., prejudice and discrimination). In the context of immigrant families with autistic children, environmental factors include navigating systems in their new environment and dealing with learned cultural stigmas about autism.

Lastly, cultural factors are part of Filipino immigrants' shared cultural identity, namely, lingering emotions due to the reunification process, influences of intergeneration trauma on their lives (e.g., remittance culture and cultural practices of healing), and the lack of awareness about issues surrounding disability and mental health sectors. Similarly, cultural humility may help psychologists and counsellors to positively influence access to services for Filipino immigrant families with autistic children. Cultural humility strategies include a reflective approach, continuous learning through genuine collaboration, and the integration of social justice and advocacy to develop a culturally competent practice. The application of these principles in immigrant and disability sectors show that cultural humility may improve therapeutic alliances in counselling and behavioural therapy. The implication of integrating cultural humility into the practice of psychologists and counsellors suggests that it may strengthen the therapeutic alliance by building trust and a welcoming and accepting environment that respects the client's cultural identity and life experiences.

In the population's context, cultural humility's integration in the practice of psychologists and counsellors may help them positively influence service access, utilization, and engagement for Filipino immigrant families with autistic children. These implications can be achieved by acknowledging the impact of intersectionality and cultural differences in therapy, incorporating cultural identity and practices in interventions and goals, identifying protective factors based on the client's values and beliefs, and adopting a stance of social justice to integrate advocacy with clients in counselling practice and the community. Based on these connotations, harmonizing cultural humility's premises into psychology and counselling would result in continuous engagement with intrapersonal and interpersonal reflection, genuine collaboration through the empathic reframing of factors affecting a person's life, and individuals' empowerment to be advocates for themselves and the community.

Lastly, the process of incorporating these concepts into psychology and counselling practice advocates for being aware of the intersectionality of factors affecting an individual's life and fluidity knowledge. Through this awareness, psychologists and counsellors may adopt continuous collaborative and experiential learning in their practice. As a result, they may adopt a continuous life-learner's persona. Knowledge is not only achieved through academic and professional training; it is a process of continuous learning by interacting with the environment (i.e., individuals and communities from diverse backgrounds) and gaining experiences in the outside world. This concept invites an individual's vulnerability and encourages them to have a humble perspective as they become a continuous life-learner. Adopting this persona will help transform the words in this manuscript into action. As a result, my intent to improve the accessibility of services for Filipino immigrant families with autistic children will become a reality.

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