Educational & Developmental Intervention Services (EDIS) Personnel Development

KIT

Keeping In Touch

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Inside this edition CULTURAL COMPETENCE

Consultation Corner

From November through March 2014 we are excited to have Christina Kasprzak and Betsy Ayankoya as our consultation corner experts addressing the topic "Cultural Competence."

How can I effectively communicate with families who have communication styles different from my typical Western style? I want to foster positive cross-cultural interactions in a respectful and responsive way.

An early interventionist has been working for six months with a family with a two year old son with developmental delays. The family is from Japan but speak English fluently. The provider tells her colleagues that she is concerned that although the family has agreed to try certain activities with their son, they are not actually making an effort to carry out the activities between visits.

The provider is frustrated and is not sure why the family is not implementing the activities they agreed to on the IFSP. When she asked the mother directly, the mother started looking around and seemed distracted. The mother did not respond directly to the question but rather changed the subject by talking about other things. At home, however, the mother shares with her husband her concerns about the activities that the provider has suggested. She tells him that she does not want to be disrespectful and so out of politeness has not said 'no' to the provider. The mom feels she has tried to suggest other activities but seemingly the provider has dismissed those ideas. The parents agree to continue trying to politely suggest other activities.

Consultation Corner (continued)

Culture influences all aspects of our lives including our communication styles and preferences. Effective communication skills are essential to the development and maintenance of positive relationships with the families we support, and we know that miscommunications and misunderstandings are more likely to occur when individuals come from different cultural backgrounds with different communication styles governed by different rules of social interaction. To create positive interactions with families requires us to become aware of our own verbal and nonverbal communication preferences and to become knowledgeable about the verbal and nonverbal communication styles and preferences of the families with whom we work.

Verbal Communication

Verbal communication style is acquired at an early age and includes not only the specific language being spoken but also includes aspects such as tone of voice, volume, rate of speech, and accent. It also includes characteristics such as the directness of what is said as well as the amount of verbal communication (as opposed to silence) that is comfortable.

When a family speaks a different language than the early intervention provider, interpretation and translations services become critical to supporting effective communication. An interpreter converts one language into another through speech or sign language while a translator makes the conversion in writing. But an interpreter does more than just convert the language - they also play the important role of cultural mediator to facilitate cross-cultural understanding and communication. In early intervention, an interpreter is a critical member of the team. If you are interested, there are extensive resources available to help early intervention providers learn about effective methods of interpretation and translation.

However, just because a family speaks the same language, this does not mean that effective communication will be easy. Individuals from different cultural backgrounds may interpret tone of voice, volume and rate of speech very differently based on personal experience and their interpretation may be influenced by bias, stereotypes, and/or prejudice. Take for example some common Western biases or stereotypes about how one speaks: a person who speaks 'too fast' might be misinterpreted that they are in a hurry; a person who speaks 'too slow' might be misinterpreted that they are less intelligent; a person who speaks 'too loud' might be misinterpreted as angry or rude. There are also stereotypes about individuals who speak with an accent. Individuals with a Southern accent are sometimes stereotyped as less intelligent. Similarly, those who speak with a 'foreign' language can be presumed to be uneducated and may also be presumed to be new to the country. Clearly these and other stereotypes can lead to miscommunications between a professional and a family and can ultimately interfere with the family-professional partnership.

Consultation Corner (continued)

Verbal communication also includes the directness versus indirectness of what a person is saying and is another area where cross cultural communication can be problematic for providers trying to build relationships with families. Western culture tends to favor directness in communications – preferring that individuals 'say what they mean' and 'get to the point.' But non-Western cultures tend to be more indirect in their communications—sometimes telling stories to communicate a point or making suggestions to indicate a desire without directly stating their point. This type of indirect communication can sometimes leave a provider puzzled and wishing the family would "just tell me what they want." It is also important to note that Western culture is highly verbal. Providers typically expect families to talk extensively about their family routines and their child's experiences and can sometimes be surprised or concerned when a family member is less than talkative. The provider may assume that if the family member does not verbally disagree with them that they agree with whatever line of action is being proposed or might misunderstand a family's silence or limited conversation as disinterested, 'closed,' or unwilling to share. At the same time, the family might perceive the provider as pushy or intrusive.

Nonverbal communication

There are many powerful messages that we communicate without actually speaking. Nonverbal communication can indicate feelings or meaning to others consciously or unconsciously. It includes aspects of communication such as body language, gestures, facial expressions, eye contact, and proximity. As with verbal language, we learn these nonverbal cues at a very young age from family and community within our cultural context. Individuals from different cultural backgrounds will interpret nonverbal signals differently and may be influenced by their biases or stereotypes.

In Western culture, when a person sits with their arms crossed during a conversation they may be perceived as hostile or oppositional. But it might mean that the person is thinking intensely about what is being discussed or it might simply mean the person is cold. Another common example of nonverbal communication differences is eye contact. In Western culture, children are taught to look at someone when they are being spoken to in order to demonstrate that they are paying attention. In other cultures, children are taught to avert their eyes when talking to an adult or person of authority as a sign of respect. It is easy to see how a service provider might misinterpret a parent's lack of eye contact as disinterest, inattentiveness, or lack of concern when in reality the parent is demonstrating respect.

The acceptable amount of physical distance is still another aspect of nonverbal communication that differs across cultures. In Western culture, individuals are typically more comfortable with a greater distance than individuals from non-Western cultures. Too little distance can lead to a sense that the other person is invading ones space. At the same time, the other person might perceive there to be too much distance which may feel formal, impersonal or unwelcoming.

Consultation Corner (continued)

Effective cross-cultural communication

While culture has a powerful influence on communication style and preference, the uniqueness of each family makes it impossible to characterize their communication style based solely on their cultural or ethnic identify. To build effective cross-cultural communication with the families you serve you must first understand your own style and preferences for communication and then use active listening skills and observation to explore and understand the styles and preferences of the families you serve.

Key to building effective cross-cultural communication is developing and practicing active listening and observation skills. Active listening skills involves paying close attention to the speaker, asking open ended and clarifying questions, paraphrasing or restating the information in fewer words, and summarizing or pulling together the major themes or aspects of the conversation. It includes making sure your own verbal and nonverbal communications are encouraging and supporting the speaker—make sure your body language (posture, gestures) convey openness and attention. Pay close attention to what the person says and observe their verbal and nonverbal communication style and preferences. Learn to recognize your own personal biases about the ways that people communicate in order to avoid making false assumptions about others.

Contemplation

What are my own communication styles and preferences?

- Do I prefer that people look me in the eye when speaking with me? How does it make me feel when someone I'm speaking to does not look at me?
- Am I usually direct when I speak with others and expect them to be direct as well?
- How much physical space do I need between me and the other person when in conversation?
- What assumptions or stereotypes do I have about individuals who talk slowly? Loudly? With an accent?

Do I pay attention to the communication styles and preferences of the families I serve?

- Do I listen carefully to what the family says and observe their nonverbal cues?
- Do I ask questions rather than making assumptions about nonverbal cues?
- Am I conscious about how my communication style and preferences differ from the families I serve?

Returning to the story at the beginning, what verbal and nonverbal communication differences might be interfering with this family-professional partnership? How would you suggest the service provider approach the family regarding the various activities they could do at home between visits?

Resource Article

How do professionals from predominately Anglo-American traditional cultures work effectively with families from cultures different than their own? This was Kathleen Curry Sadao's question when she investigated the Micronesian cultural influences on parental attitudes of young children with disabilities. Micronesia is an archipelago of over 2000 islands, spanning 3 million square miles in the Pacific Ocean between Hawaii and the Philippines. Guam (a United States territory) is perhaps the most recognized and assimilated of the islands. Given the vastly different constellation of communities, languages, and governing bodies within the islands of Micronesia, many cultural characteristics differ from those of Anglo-Americans.

Some often cited Anglo-American parent attitudes concerning disabilities include emotional responses such as denial, guilt, anger, frustration, terror, and rejection. A number of models describe how parents experience these feelings and it is generally agreed upon that it is not a linear path.

Furthermore, Anglo-Americans are more likely to seek out support and assistance outside the family unit (e.g., support groups, second opinions from physicians, etc.). In contrast, Micronesian individuals tend to think more in terms of *collectivism* rather than *individualism*, which is often considered an American characteristic. Micronesian families turn toward family members for information and support.

Micronesian parent attitudes concerning disabilities may involve, supernatural attributes (e.g., looking at the moon in its first quarter will result in baby being born with cleft palate); emotional reactions (e.g., a baby's frequent crying is explained by the mother having gone out often at night during the pregnancy); physical responses (e.g., lack of proper nutrition during pregnancy will result in an unwanted birthmark on the baby), and a result of a family member's past offense (e.g., baby having club foot).

Resource Article (continued)

To help address the cultural divide, Sadao created a table ('Anglo-American Mainstream and Micronesian Cultural Values: Influence on Parents Attitudes Concerning Disabilities'). The table contrasts 13 differences of parent values and attitudes.

Mainstream Value	Future time orientation
Effect on Parent Attitude Concerning Disabilities	Powerless; may be unable to plan child's future; concerned about possibility to overcome disability
Micronesian Value	Present/Past time orientation
Effect on Parent Attitude Concerning Disabilities	Interested in cause; stigma attached; blamed on supernatural causes of a family members wrongdoing

The information listed in the table is a e reminder of one of the most universal strategies for becoming culturally competent. That is learning about one's own cultural preferences. This in turn helps professionals note differences that may interfere with their own ability to get to know and interact effectively with families, referred to by Kalyanpur and Harry (1999) as *cultural reciprocity*. Collaborative goal setting with a family (to include extended family members or elders of the community if culturally relevant to that particular family) is also helpful in facilitating a cultural relationship based on mutuality. Checking in with families to determine if an intervention is working is advisable as some cultures may agree with suggestions but only do so out of politeness even though they may not understand or agree with said suggestions. Indirect and circular questioning is a strategy that may be used with families who are less responsive to a direct line of questioning. Open-ended questions may further facilitate information gathering. Additional strategies for fostering cultural mutuality with Pacific Islanders are listed in Table 2 of the article. These suggestions included strategies such as avoid asking pointed questions without explanation or offering limited choices that require a direct answer and selection of the alternatives presented, avoid complex language structure when presenting theoretical models or explanations of technical assessment information, know your own value system and how it influences your judgments and perceptions, and provide adequate time for family decisions to be discussed with other group members/leaders (p. 29). These and the other suggestions included will be helpful in working with all families in the early intervention.

IDEA Part C mandates that a parent must be part of the early intervention team, thereby emphasizing the importance of culturally competence. Sadao's work with the Micornesian culture has obvious carry over implications for the work of professionals seeking to create a mutually and culturally connection with families.

Sadao, K. C. (2000). Micronesian Cultural Influences on Parent Attitudes Concerning their Young Child with a Disability: Considerations for Fostering Cross-cultural Parent/ Professional Relationships. *The California School Psychologist, 5*, 19-32.

What do the data say?

What are some common characteristics of different cultural groups?

Continuing our review of cultural variations, this month we look a bit closer at the Hispanic cultural sub-group. As you read on remember that it is critically important to respect and understand families individually and be ever cautious of stereotyping.

The Hispanic population represents people of Spanish/ Hispanic/Latino origin. In 1980 the Hispanic population represented 6% of the total population, in 2000 it climbed to 12.5%, and in 2010 it reached 16% (U.S. Census Bureau, May 2011). According to the US Census Bureau "more than half of the growth in the total population of the United States between 2000 and 2010 was due to the increase in the Hispanic population." The Hispanic population distribution for 2010 by origin indicated 60% Mexican, 9.2% Puerto Rican, 3.5% Cuban, and 24.3% other Hispanic, (U.S. Census Bureau, May 2011). The majority (75%) of Hispanics lived in eight states (California, Texas, Florida, New York, Illinois, Arizona, New Jersey, and Colorado).

A strong sense of family, collective orientation, and regard for interpersonal relations are among the traditionally held Hispanic values (Ritts, 2001; Lynch & Hanson, 1994; Harwood, et. al., 1999). Traditionally the father is the head of the household and the mother is primary care giver of the children. However, this format is changing as more mothers are working outside of the home and other sociocultural influences are being absorbed (Lynch & Hanson, 1994).

Parent child relationships are highly regarded and parents are generally quite nurturing (Ritts, 2001; Lynch & Hanson, 1994). There is a seemingly laid back attitude with children allowing them to progress at their own pace without undue pressure to reach developmental milestones (Lynch & Hanson, 1994; Harwood, et. al., 1999). A study completed by Schulze, Harwood, & Schoelmerich (2001) found that 52% of Puerto Rican mothers reported their children had not tried using a spoon independently by 12 month of age. Comparatively, 84% of White mothers reported their children had used a spoon by 12 months of age. They also found that 14.3% of Puerto Rican mothers compared to 74.2% of White mothers reported that their children primarily fed themselves by 12 months of age. Although this represents a difference, it does not indicate that one practice is superior or more appropriate. While there is a relaxed nature to childrearing, Hispanic adults maintain authority and encourage respect for elders and obedience (Ritts, 2001).

Extended family serves as source of support and they are often called upon to assist with childcare (Lynch & Hanson, 1994). Learning about family support systems, such as extended family, is an important component to providing effective early intervention services. Regarding the value of interpersonal relations, it is valuable for intervention providers to respect and understand this humanistic orientation (Lynch & Hanson, 1994). Taking the time to converse and not jumping into the regime of officialdom paperwork can likely prove invaluable.

Concerning children with disabilities, Hispanic people may direct causal factors to folk beliefs, such as the mother using sharp objects during pregnancy may result in a child with a clef palate (Lynch & Hanson, 1994). Smith-DeMateo reported a folk tale belief that mothers rolling balls of yarn during pregnancy may have a child born with the cord wrapped around the child's neck (cited in Lynch & Hanson, 1994). Hispanic families may also look to traditional healers or to the spirits to assist with the child's condition. While these represent some traditional beliefs, a family's response to a child with a disability is as individual as the child and each family approaches the situation based on their unique circumstances.

On the WWW

https://www.childwelfare.gov/systemwide/cultural/families/

The web resource this month is from the Child Welfare Information Gateway. This link provides resources and information for working with families of different cultures. For example, there are links for working with African-American, American Indian, Asian, Hispanic, and military families.

The link for working with military families includes resources for various aspects of supporting military families, including dealing with deployment, military health and stressors as well as various key military resource links.

Also check out the link about cultural competence which also highlights disproportionality.

Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on *Cultural Competence,* readers are invited to receive continuing education contact hours for reading the monthly KIT publications (November 2013 through March 2014) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam in April 2014. There is no need to register for the CEUs. Rather, if you are interested complete the exam online at www.edis.army.mil

Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

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