Educational & Developmental Intervention Services (EDIS) Personnel Development

KIT

Keeping In Touch

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Inside this edition CULTURAL COMPETENCE

Resource Article

In our final KIT series of Cultural Competency, we take a look at Ravindran and Myers' 'Cultural Influences on Perceptions of Health, Illness, and Disability: A review and focus on Autism'. We are reminded also that while it is helpful to understand cultural variations it is essential to respect each family individually and be ever cautious about stereotyping.

It's understood that different cultures may have different views about health and of disability. Health is understood by some cultures to be a balance between forces of the universe (e.g., the Yin & Yang of traditional Chinese medicine). The ancient Indian Ayurveda 'Knowledge of Life' suggests health consists of a balance between the body, senses, mind and soul. Alvord and Van Pelt (2000) describe Native Americans view of health as "...achieving a balance between the human beings and the spiritual world." These concepts stand in contrast to the westernized view of health as being the absence of disease.

Just as culture plays a role in our understanding of health so too does it influence our understanding of disability. Some cultures attribute a child's disability to the former transgressions of the mother, punishment of sins committed in a former life, or the result of a curse being placed on the family. When disability is understood in these terms, families may be less willing to make decisions that interfere with or tempt the fate of their family. Not all cultures view disability as a negative consequence. Some Navajo view a child with a disability as a teacher or as a prophetic individual for their tribe. In this example families may also be less willing to seek out treatment for fear it may inhibit their child's gift. In Western cultures, treatment for a child with a disability is often dependent on the perceived cause of disability. The primary goal of identifying a cause of disability is to determine the best way to eliminate or minimize the effects of the disability.

The World Health Organization's International Classification of Functioning (ICF) views disability as part of the universal human experience. It recognizes that in

Resource Article (continued)

the lifespan, natural decrements of health occur; there is a range of health and disability. The authors note the importance of this definition because "...it takes into account the social aspects of disability and does not see disability only as a medical or physical dysfunction. By including contextual factors, the ICF allows us to appreciate the influence of the cultural context on a person's functioning."

Cultural context guides decisions about who families rely upon when they seek support for their child with a disability. Ravindran (2008) found that parents of a child with a disability who received support and acceptance from their extended family were themselves more accepting of their child's disability; family members were the main source of support. However, parents of children with Autism Spectrum Disorder (ASD) from Western cultures were more likely to view other parents of child with ASD as a source of support than they viewed their own family members, 68% and 53% respectively.

As early interventionists support families of children with Autism, culture certainly comes into play. Parents may select treatment based on their perceived cause of Autism. For example, some Chinese parents may believe that Autism is caused by spiritual forces and healthy life practices. As such they may try applied behavioral analysis (ABA), acupuncture, and/or herbal medicines. Families from Western cultures more typically view Autism as being neurologically based and seek more conventional approaches (e.g., speech therapy, ABA, cognitive therapy, pharmaceutical treatment, sensory intervention, and social skills training).

Conventional approaches don't always yield satisfactory results and families are increasingly seeking Complementary and Alternative Medicine (CAM) treatments. Hyman and Levy (2005) reported that a majority of families from Western cultures are using CAM. Wong and Smith (2006) found that while families are using CAM, only 62% share this information with their physicians. This is potentially concerning because the combination of treatments might not be optimal and might even be harmful to the child.

Communication between families and early interventionists is crucial in the treatment of children with Autism as well as other disabilities. Asking the family what they understand about their child's disability is an important first step in helping them make informed decisions about treatment options they believe are best for their child. Inquiring about treatment approaches the family is familiar with and that are common in their culture is also worth discussing with the family. This sort of dialogue can help establish a trusting relationship in which culture is respected and the family is supported.

Ravindran, N. & Myers, B.J. (2012). Cultural Influences on Perceptions of Health, Illness, and Disability: A review and focus on autism. *Journal of Child and Family Studies, 21*, pp. 311-319.

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 Asian 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 Asian population represents people with origins in the Far East Asia, Southeast Asia, or the Indian subcontinent. According to the 2010 U.S. Census the People of Asian descent represented 4.8% (U.S. Census Bureau, March 2012). Asian Americans live throughout the United States; 49% live in the West, 20% in the Northeast, 19% in the South and 12% in the Midwest (U.S. Census Bureau, March 2012).

People of Asian descent often share the values of collectivism and harmony founded in the teachings of Confucianism (Ritts, 2001; Lai & Zhang, 1999; Chen, et. al., 1998, Lynch & Hanson, 1994). Family is regarded as the focal point and behavior of family members reflects on the entire family. Education is highly regarded and success in school is believed to bring honor to the family (Lynch & Hanson, 1994). Preservation of harmony and melodious interactions between people also represent values rooted in Confucianism (Ritts, 2001; Lynch & Hanson, 1994). Additionally, proper behavior and respect for elders is valued and reflected in childrearing practices.

Asian children are valued and can be considered the parent's legacy to carry on family existence (Ritts, 2001; Lynch & Hanson, 1994). Young children are treated more leniently and mothers are very nurturing and highly responsive to the child's needs. Asian mothers are seemingly protective of their children. There may also be a great amount of close physical contact, including sleeping in the same room or bed with the parents (Ritts, 2001; Boocock, 1999). As children get older, expectations become greater and discipline turns more stringent (Ritts, 2001; Kelly & Tseng, 1992). Discipline practices among Asians generally include a higher degree of physical control over the children as compared to Western practices (Ritts, 2001; Kelly & Tseng, 1992; Lynch & Hanson, 1994).

The family structure represents a hierarchy based on age and gender, from grandparent, to father, to mother, then to eldest son (Ritts, 2001; Lynch & Hanson, 1994). Traditionally the father was the primary disciplinarian and the mother was the primary caregiver. However, these responsibilities are shared more now than in the past.

Among Asians the causal factors of a disability may include natural or physical reasons often linked to the mother, or the work of the spirits. Families of Asian decent may seek the assist of spiritual masters or engage in formal healing practices to deal with the disability. In an account of one family Lynch and Hanson (1994) described how a Chinese mother of a child with Down syndrome spent the first four years of her child's life blaming herself for her daughter's condition and feeling the burden of caring for her until she returned to Hong Kong where she consulted a fortuneteller. The fortuneteller told the mother that her little girl was sent to bring the family the luck of good fortune and the birth of their son. Following the visit, the mother's feelings for her daughter underwent a positive change.

Concerning harmony keeping, Asian communication behaviors are responsive to this desire, as the proverb says, "Keep your mouth shut, your eyes open" (Lynch & Hanson, 1994, p. 233). The challenge for early intervention providers is interpreting the message of the silence. Is it purposeful listening or disregard for what is being said? Direct eye contact in conversation is often not practiced and may be considered discourteous; this can serve as a valuable lesson for early intervention providers working with Asian families.

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."

Working with families from various cultures I've learned there are many different child rearing approaches. How can I effectively support families who have child rearing practices that I may not totally believe in?

When families have different cultural backgrounds than our own it is not unusual that the families would have different goals and expectations for their children, and consequently differing views on child-rearing. The way parents raise their children is influenced by cultural values, beliefs, customs, traditions and past experiences. In addition, child-rearing practices can be influenced by factors such as socioeconomic status and geographic differences such as living in rural or urban settings. In order for early childhood professionals to form meaningful partnerships with families, they must examine their personal beliefs about child-rearing and also explore and learn about the child-rearing beliefs and practices of the families they support. Furthermore, early childhood professionals must recognize that regardless of cultural background or experience, parents from all cultures share the common desire to provide for their children's safety and well-being and to help their children become successful, contributing adults.

The contrasting perspectives of *individualism* and *collectivism* are two distinct views about child development that tell us a lot about differences in parents' beliefs, priorities, expectations, and practices. Individual families will incorporate elements of both perspectives when raising their child but will emphasize one more than the other. Individualism is emphasized more in Western cultures and focuses on independence and self-reliance. Child-rearing practices emphasize teaching young children self-help skills in an effort to encourage them to eat, sleep, and use the toilet independently at an early age. Caregivers might also emphasize teaching children to make choices and to play independently. In contrast, the perspective of *collectivism* emphasizes interdependence and how one fits into the context of the larger group. When the value of *collectivism* is strong child rearing practices focus on teaching children about their role in the family and community, respect for elders, and cooperation in accomplishing tasks. Rather than teaching independence, children are taught to be considerate of how their behavior impacts others and how to work collaboratively towards a common goal.

It is easy to see how stress might emerge between an early intervention provider that values and emphasizes independence and a family that values and emphasizes interdependence. Yet philosophically there is no real conflict with the early intervention program which recognizes the infant and toddler within the context of the family. The reporting requirements for the early intervention program as well as evidence-based family-centered practices highlight the critical role of the family in helping their child develop and learn. Implementing family-centered practices requires taking the time to get to know the family including the underlying values and beliefs that influence

Consultation Corner (continued)

their child-rearing decisions. Together with the family, the professionals can identify the particular strengths that the child has and the skills that the child needs in order to develop. Learning about the family routines and daily activities can identify opportunities for teaching new skills that will not be in conflict with the family's values.

For Contemplation

When professionals and families work together they can achieve better outcomes for children. Developing a trusting relationship where the parties can communicate openly and without judgment will yield the best results for children. As professionals, our contribution can be significant to helping the family help their child, the positive effects of our contribution can be realized long after the child leaves our program.

Working successfully with all families will require that early intervention professionals examine the practices that they use with families and consider the underlying beliefs of those practices.

- What are my beliefs about child-rearing? Overall, do I tend to emphasize independence or interdependence?
- How do my beliefs about child-rearing impact the way I work with families?
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- What do I know about the beliefs about child-rearing held by the families I support?
- What kinds of questions can I ask to help me understand the values and beliefs underlying the child-rearing practices of the family?
- How can I support the goals and expectations that the family has for their child?

One of your colleagues has begun to work with Elena, an 18 month old little girl with developmental delays. Elena's mother has said that she spoon feeds Elena because she is concerned that Elena will not take in enough nourishment on her own and that she will spill the food. She shares that she and her siblings were all able to drink from bottles and were helped to eat until they began elementary school.

Your colleague feels that it's really important for Elena to strengthen her upper body and fine motor skills. She wants to suggest to Elena's mother to stop spoon-feeding her and to let Elena begin to feed herself.

What advice would you give your colleague?

On the WWW

This month we share a resources from the Community Tool Box. This site was created to "help people build healthier communities" and is a public service of the University of Kansas.

Chapter 27, of an extensive and interactive publication, available at the Community Tool Box site, is titled "Cultural Competence in a Multicultural World." Within Chapter 27 there is a section on "Building Relationships with People from Different Cultures" which includes a discussion about how to learn about people's cultures and how to build positive relationships. Also included are several reflective exercises, a checklist, and a few tools for discussion and reflection.

The direct link to Section 2 of Chapter 27 follows.
http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/building-relationships/main

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.

KIT Newsletters are available online at **www.edis.army.mil**

Thank you for your continued interest in the KIT.
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