

FAMILIES WITH AFRICAN AMERICAN ROOTS

Rearing African American Children

African American parents instill in their children respect for authority figures, a strong work ethic, emphasis on achievement, a sense of duty and obligation to kin, a strong religious orientation, self-esteem and pride in their cultural heritage, and the importance of coping skills and resiliency.

Characteristics of African American Culture That Affect Child Rearing

- ◆ Feeling orientation
- ◆ People orientation
- ◆ Proficiency in nonverbal communication skills
- ◆ High degree of human interaction
- ◆ Biculturation
- ◆ Multiple environmental stimuli

Contrasting Beliefs, Values, and Practices

African American

Collective Orientation
Kinship and extended family bonds
High-context communication
Religious, spiritual orientation
More authoritarian child-rearing practices
Greater respect for elderly and their role in the family
More oriented to situation than time

Mainstream Culture

Individual orientation
Nuclear and immediate family bonds
Low-context orientation
More secular orientation
More permissive child-rearing practices
Less respect for the role of elderly in the family
More oriented to time than situation

Cultural Courtesies and Customs

In the African American home, it is not appropriate to:

- ◆ Address the individual by his or her first name unless given permission. It is not seen as friendly but instead implies disrespect.
- ◆ Tell the family that they are "too touchy" about race.

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Cultural Courtesies and Customs (continued):

- ◆ Make assumptions about the individual from knowledge of a particular demographic profile (e.g., single female, head of household, unwed mother.) This has very little meaning in the absence of a direct professional assessment.
- ◆ Tell ethnic jokes about any group--not even your own. African Americans feel that were they not in the room, the joke would have been about them.
- ◆ Converse with co-workers about personal matters, such as husbands, vacations, boyfriends, new cars, and so on, while providing services to African American families. African Americans interpret this behavior as showing distrust in them and their needs, as blatant disrespect, or that they are being put into the position of an "outsider."
- ◆ Assume that poverty equates with dysfunction.

Recommendations for Service Providers

- ◆ Capitalize on kinship bonds, and focus on family strengths rather than weaknesses in developing and implementing interventions. If extended family members are primary caregivers or are highly involved with the child and family, include them in the intervention.
- ◆ Use informal support networks such as the church, neighbors, or friends whenever possible and permitted by families to increase the effects of intervention or to reduce the need for formal interventions.
- ◆ Address family members formally, using titles and last names, until given permission to be more informal.
- ◆ Determine families' attitudes and beliefs about health and medical care, and work to match their preferences to appropriate intervention regimens.
- ◆ Become familiar with the resources in the African American community in your area and use those resources.

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Recommendations for Service Providers(continued):

- ◆ Adapt therapeutic interventions to the learning style and lifestyle of the family, and do periodic evaluations to determine their effectiveness, progress, or the need for redirection.
- ◆ Critically assess the effects of poverty on families and determine which issues are related to culture and which are related to socioeconomic status. To help understand this, consider the effects of significant economic or social decline in your own family by answering the following questions: How many months could your family weather unemployment without going under? What things would you have to do without if your monthly family income was cut in half? Where would you go if you had a problem with substance abuse? What would you do to protect your children from harm if they attended a school where some of their schoolmates routinely brought a weapon to school? Issues of personal discomfort, lifestyle change, insecurity, loss of personal power, self-esteem, trust, and fear must be taken into account by the service provider.
- ◆ Recognize that poverty does not equate with dysfunction. Many impoverished families manage to provide strong, nurturing care for their children.
- ◆ Avoid stereotyping all African Americans based on the behavior or lifestyles of a subset.
- ◆ Recognize that language is an important element of self-identity, and do not devalue a child's or a family's home language. In working with children, learn some of the techniques used to teach second language learners and use those to help children add mainstream United States English to their repertoire.
- ◆ Recruit ethnically diverse staff members for your program.

Sources: *Developing Cross-Cultural Competence* by Eleanor W. Lynch and Marci J. Hanson, 1998; and *Parenting in Contemporary Society* by Tommie J. Hamner and Pauline H. Turner, 2001.

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Rearing Hispanic Children

It appears that there are some cultural differences in values between Hispanic Americans and other cultural groups that account for differences in parenting. Probably the most important of these are familism (identification with the family) and the normative deference and respect formally accorded to the father. Other differences may well be the result of low socioeconomic status, lower levels of education, and structural components of the family itself. The Hispanic family has experienced change, just as the Euro-American family has changed. Much of this change has occurred without rejection of the cultural heritage or assimilation into mainstream society.

Characteristics of Hispanic Families

- Strong family ties
- Migration toward kin networks
- Emotional support
- Two-parent participation in child rearing
- Range of gender roles
- Mutual aid, respect, affection
- Authoritative, authoritarian, and permissive child-rearing styles
- Differences in child rearing according to gender of child
- Deference and respect afforded to fathers

Contrasting Beliefs, Values, and Practices

Hispanic

Collective orientation
Interdependence
Collective group identity
Cooperation
Saving face
Relaxed with time
Emphasis on interpersonal relations
Spiritual/magical belief orientation
More recent agrarian influence

Mainstream Culture

Individual orientation
Independence
Individual identity
Competition
Being direct
Time sensitive
Emphasis on task orientation
Rational/empirical orientation
More urbanized/industrialized mode

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Contrasting Beliefs, Values, and Practices (continued):

Hispanic

Tendency toward more patriarchal family structure

More relaxed with child development

More overt respect for the elderly

Extended family system more pronounced

Death more ritualized

Mainstream Culture

Tendency toward more democratic structure

Strong expectations for child development

Less value/respect toward the elderly

Nuclear family system more pronounced

Death less ritualized

Cultural Courtesies and Customs

It is inappropriate for the service provider to:

- Speak to the wife before the husband when both are present.
- Not ask whether the father is in agreement with the recommendations or plans, even if he is not at the session or meeting.
- Decline a beverage or food offering.
- Begin on work or tasks immediately, before any informal and relaxed exchange with the client has taken place.
- Use a tone of voice that is harsh and authoritarian.
- Show impatience or present him- or herself in a very hurried manner.
- Sit in a slouched or extremely relaxed manner.
- Use teasing to break the ice.
- Laugh at a cultural artifact or ritual or dismiss its importance to the family.

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Recommendations for Service Providers

The importance of use of self cannot be overstated. Service providers' effectiveness with Hispanic families that have members with disabilities significantly depends on the extent to which they are open to discerning how they handle ethnic, cultural, and racial differences. The following directives are offered to help the professional recognize these issues and also to consider the particular implications of information regarding Hispanic families.

- Examine your experiences with diversity, both culturally and racially. Were you socialized to accept and appreciate cultural and racial differences? Did you have negative experiences in your socialization that now affect how you interact with a culturally diverse person? Do you have a need to "hide" your prejudices or to rationalize them? Can you uncover these "-isms" and work on eradicating them? Can you make a commitment to unlearn prejudices or ingrained aspects of racism? These negative residues can only undermine your ability and can actually be harmful to clients.
- Assess your typical style of interacting with people in general and clients in particular. If you are always constrained by time, you may need to retune your timing mechanisms so that a Hispanic client does not receive the message that you are in a hurry and thus interpret this as your giving him or her less respect or concern. This is especially important in light of the Hispanic person's sensitivity to interpersonal cues.
- If the family has recently immigrated, then assess their adaptation processes to discern if and where problems may be present, which could cloud the family's ability to focus on the needs of the identified child or children.
- If the immigrant family is not legally documented, check your agency policy and, if acceptable, then go out of your way to delineate your role and highlight that it does not include informing the Immigration and Naturalization Service or what is termed *La Migra*.
- Given the reactions to illegal immigration, try to discern how you really feel about someone who is here illegally. It will be important to monitor any resentment or antipathy toward "illegal aliens" because the client or family will be especially sensitive to negative cues.

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Recommendations for Service Providers (continued):

- Out of respect for the immigrants' human status, Hispanic professionals avoid using the term *illegal aliens* and instead use *undocumented immigrants* when referring to them, for example, on a referral form or in consultation activities.
- If the immigrant family is not in the United States legally, consider if and who might be suffering from posttraumatic stress disorder related to the trauma of their crossing the border or the unrelenting fear of apprehension now that they are in the United States.
- If the immigrant family members come from a rural region of their country of origin, then assess basic issues, such as whether they know about childproofing their home. They may not recognize the need to have covers for electrical outlets because wiring in their previous country may have been structured differently.
- Do not assume that a family or a parent is literate in English or Spanish. Carefully assess this so that education inputs will be used appropriately.
- For poor and immigrant families, assess their feelings about going to doctors' offices or large urban centers for examinations. It may be necessary to accompany them and role model for them how to use elevators or what the protocol is when entering a reception area in a doctor's office.
- Does the family have transportation for following through on a referral that you make? They may gladly agree to all your plans but may be embarrassed to inform you that they have no means of transportation. Or they may not know how to traverse freeways that you assume everyone can negotiate.
- Learn about the class/economic backgrounds of families who are immigrants because their status in their country of origin may support a more Western view than you may realize.
- If a family comes from a Hispanic culture with which you are unfamiliar, such as El Salvador, assess what resources may exist in your community that can offer you consultation, readings, or perspectives so that you can become better informed.
- In your city, identify the Hispanic community networks and agencies that exist so that you will know what is available for referral purposes and whom you can call

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Recommendations for Service Providers (continued):

on to support your work or to offer you consultation. Attend Hispanic community celebrations as another avenue for you to gain respect for and knowledge of different Hispanic cultural rituals and practices.

- Given the growing presence of Hispanic people, begin or continue to read about this population. There are presently many publications, journals, and texts available. The *Hispanic Journal of the Behavioral Sciences* is an excellent resource that can be obtained from Sage Publications. For more leisurely reading on all Hispanic groups, a monthly publication such as *Hispanic*, published in Washington, D.C., by Hispanic Publishing Corporation can be quite informative.

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Rearing Asian American Children

The Asian American population in the United States consists of Chinese Americans, Filipino Americans, Japanese Americans, Korean Americans, Vietnamese Americans, and other Southeast Asia refugees. They are, then, a diverse and heterogeneous population, speaking many different languages and dialects.

Emphasis on education and achievement in Chinese and Japanese Americans has resulted in a high standard of living, at least for Japanese Americans. Families tend to remain small (1.1 to 1.4 children per family) and intact, and great emphasis is placed upon interdependence in family relationships, creating prescribed obligations of children to their parents. Fathers and sons (especially eldest sons) are the authority figures, and the social structure is vertical.

Although the child-rearing values between Asian American parents and middle-class American parents are similar in some ways, the particular child-rearing patterns used between the groups appear to differ. However, the longer Asian American families have resided in the United States, the more likely they are to be influenced by American behaviors. It is important, however, to emphasize that in some families, there is uncertainty about identification with the old and new cultures, and role relationship may become confused. Identifying differences in values and social norms among cultural groups and explicitly acknowledging the difficulties of simultaneously living in two social worlds may help children to succeed in creating a way of life that reflects the traditions, values, and languages of both cultures.

Characteristics of Asian American Families

Chinese Americans

- Father is undisputed head of family
- "Saving face" is an important guiding principle
- Role differentiation
- Gender and birth privileges
- Obligatory reciprocity in interactions
- Interdependence/group values
- Filial piety
- High achievement expectations
- Value on cooperation and obedience

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Characteristics of Asian American Families (continued):

- Elders are highly valued

Japanese Americans

- Authority vested in father and older male children
- Emphasis on group as opposed to individual
- Loyalty
- Child-centeredness
- Emphasis on prolonged dependency, obedience, conformity, and nonconfrontational parenting techniques
- High educational and achievement expectations
- High level of parental education and income

Contrasting Beliefs, Values, and Practices

Traditional Asian

Civilization

Agricultural

-Harmony with nature

Religion

Polytheistic, Spiritualistic

-Humanist

Philosophy

Heart-oriented

-Contemplative, circular thinking

-Fatalism

-Stoicism, patience

-Tradition, living with the past

-Being (person orientation)

-Self-denial, self-discipline

-Spiritualism, detachment

Mainstream culture

Industrial

-Mastery over nature

Monotheistic

-Christian

Mind-oriented

-Analytic, linear thinking

-Personal control over environment and one's fate

-Optimism, eagerness to take action

-Change, future orientation

-Doing (task orientation)

-Self-assertiveness, self-gratification

-Materialism

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Contrasting Beliefs, Values, and Practices (continued):

Social Orientation

Collectivist (we)

-Group welfare, public consciousness

Individual (I)

-Self-actualization, privacy

Traditional Asian

-Mutual interdependence, collective

-Hierarchy, role rigidity, status defined by ascription (birthright, inheritance, family name, age, sex)

-Conformity

-Cooperation, nonconfrontation, and reconciliation

Mainstream culture

-Individual autonomy, independence, self-reliance

-Equality, role flexibility, status defined by achievement

-Challenge or question authority

-Competition, aggressiveness

Family

Family-centered

-Family as primary unit

-Family solidarity, responsibility, and harmony

-Continued dependence on family is fostered

-Hierarchical family roles, ascribed status

-Parent-child (parental) bond is stressed

-Parent provides authority and expects unquestioning obedience, submission to structure

-Family makes decisions for the child

-Children are extensions of parents

-Parents ask: "What can you do to help me?"

-Older children are responsible for the siblings' actions

Individual-centered

-Individual as primary unit

-Individual pursuit of happiness, fulfillment, and self-expression

-Early independence is encouraged

-Variable roles, achieved status

-Husband-wife (marital) bond is stressed

-Parent provides guidance, support, explanations, and encourages curiosity, critical/independent thinking

-Child is given many choices

-Children are individuals

-Parents ask: "What can I do to help you?"

-Each child responsible for his or her own actions

Expression

Indirect

-Implicit, nonverbal

-Formal

Direct

-Explicit, verbal

-Informal

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Contrasting Beliefs, Values, and Practices (continued):

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|-------------------------|-----------------------------|
| -Goal oriented | -Spontaneous |
| -Emotionally controlled | -Emotionally expressive |
| -Self-effacing, modest | -Self-promoting, egocentric |

Cultural Courtesies and Customs

The following behaviors and expectations should be considered when interacting with selected Asian American populations. Failure to recognize and respect culturally appropriate customs, gestures, and so forth and/or acting in a contrary manner may risk offending clients and families who adhere to traditional social practices.

- Greet family members in order of age, beginning with the oldest and typically the male members first.
- Use Mr., Mrs., Miss, or other appropriate title with the family name (surname) for Chinese and Koreans and with the individual's first (given) name for Cambodians, Laotians, and Vietnamese.

After marriage, Chinese, Korean, and Vietnamese women typically keep their own family name and do not combine it with their husband's family name (e.g., if a Miss Lee marries a Mr. Chen, she may be referred to as Mrs. Lee.)

- Women typically do not shake hands with men. Younger people do not shake hands with an elder or significantly older person. Although a handshake between men is often acceptable, an initial slight bow before shaking hands or waiting for the other man to extend his hand first may be more appropriate. To show respect when shaking hands with Korean men, support your right forearm with your left hand. The traditional Lao greeting consists of bowing one's head--the higher the hands are placed, the more respect is shown; however, the tips of the fingers should never be above eye level.
- Kissing, hugging, slapping a person on the back, or putting one's arm around another's shoulders is considered inappropriate. In general, direct physical contact (particularly between men and women) should be avoided.
- Avoid prolonged gazing or expecting direct/sustained eye-to-eye contact with

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Cultural Courtesies and Customs (continued):

individuals who are relative strangers and in formal interactions.

- Touching the head (including a child's) is often considered threatening or offensive by Cambodians, Lao, and selected Buddhists because of the spiritual belief that it is the most sacred part of the body.
- Waving arms to elicit attention and pointing or beckoning with an index finger are considered to be signs of contempt. Instead, point with an open hand and indicate "come here" by waving the fingers of one hand closed together with the palm down, facing inward.
- Winking or batting one's eyes at another is impolite.
- When sitting, if one's legs are crossed, the soles and toes of the feet should point downward or away from the other person. In very formal situations, keep both feet on the floor and place hands in the lap or keep them visible.
- Emotional restraint, formality, reserve, tact, and politeness are essential. Avoid engaging in demonstrative behavior and talking or laughing loudly.
- In an initial encounter or first meeting, refrain from asking personal questions of the other party too quickly, but be prepared for people to ask personal questions of you (e.g., "Where are you from?", "How old are you?", "Are you married?", "How many children do you have?".)
- Avoid talking about what people think of the government and current foreign policy issues or internal political events/affairs pertaining to their native country.
- Removing one's shoes before entering a house is considered appropriate for many Asian groups.
- Expect to be offered food or drinks, and partake of such hospitality.
- If a guest comments or offers compliments about a particular household object, the host may feel compelled to give it to him or her as a gift.

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Cultural Courtesies and Customs (continued):

- Gifts are offered and received with both hands (as is the case with politely handing something to another person or receiving other objects.)
- Gifts are typically not opened in the presence of the giver(s).

Recommendations for Service Providers

The effectiveness of programs and providers serving multicultural populations rests heavily upon the sensitivity, understanding, and respect paid to the specific cultural, linguistic, familial, and individual diversity involved. Therefore, service providers must develop cultural competence. This process requires several tasks, which include 1) clarification and awareness of one's own values, assumptions, and biases; 2) gathering and analyzing ethnographic information regarding the cultural community within which each family resides; 3) determining the degree to which the family operates transculturally; and 4) examining each family's orientation to specific child-rearing issues. Understanding recent immigrant/refugee families further entails acquisition of culture-specific knowledge of traditional values, beliefs, and practices pertaining to family, religion, child rearing, education, health, mental health, and disability, as well as language characteristics and communication styles. Ethnic or cultural competence, however, also requires learning and refining skills necessary to engage in successful intercultural interactions and corresponding behavioral (as well as attitudinal) changes on the part of individual service providers. Culturally competent programs for children and families must similarly incorporate administrative strategies, policies, program designs, and services that are increasingly responsive to culturally diverse client populations. The following recommendations, therefore, address practical considerations in responding to various cultural orientations and behaviors related to service utilization by Asian American families.

Outreach

Critical to the process of gaining access to selected Asian American families is a recognition of the "trust" factor and the degree to which traditional family-centered and ethnic community orientations contribute toward a tendency to view "outsiders" with a degree of suspicion. Helping professionals and various human services agencies must be aware of the proper entry points to Asian communities. More specifically, certain formal and informal networks and established social relationships within various Asian communities play a major role in determining how a family in need will initially view an

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Recommendations for Service Providers (continued):

available public service. Trust typically begins when contact with a particular agency or helping professional has been initiated or affirmed by friends, relatives, or respected authorities. In some Asian communities, identified community leaders are usually consulted in relation to health or other matters involving external resources; their counsel, approval, and recommendations are often sought first.

Thus, third parties or indigenous intermediaries who have credibility within the family or the ethnic community may assume a major role in providing initial support, reassurance, and needed information about available services and their value, thereby facilitating the family's successful entry into a system. Providers and agencies need to identify such community gatekeepers, acknowledge their potential liaison role, and establish working relationships with them. The information source through which a family learns about a particular service, the nature of corresponding word-of-mouth communications, and initial encounters or first experiences all profoundly contribute to the agency's reputation within the community and its ultimate acceptability.

Working with Interpreters

To the extent that the previously described intermediaries are bilingual, they may be relied on as interpreters (and/or translators) for non- or limited-English-speaking family interactions. In many instances, families may prefer or assume that English-speaking family members, relatives, friends, advocates, indigenous community representatives, or bilingual staff from other agencies will accompany them on the first visit and continue to be available to serve as interpreters; issues of trust, moral support, dependency, personal relationships, and a collectivist or group orientation may reinforce this preference. Lack of available and appropriate bilingual/bicultural personnel or access to outside interpreters also may be a practical agency constraint that further necessitates this arrangement. However, it should be noted that comprehensive guidelines for selecting, preparing, and training interpreters have been developed and should be considered.

Initial Expectations/Orientation

Once contact has been established with agencies, more traditionally oriented Asian American families will likely expect an initial formality characterized by well-defined roles and clear communication regarding what is being requested of them and what specific services can be offered. Professionals are viewed as authority figures who are directive; employ structured, practical problem-solving approaches; and provide specific

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Recommendations for Service Providers (continued):

advice, answers, and recommendations. Professionals who are relatively nondirective, maintain a neutral or nonjudgmental demeanor, and fail to promptly offer practical assistance may be perceived as disinterested, uncaring, or even incompetent. The professional is assumed to have expertise and the ability to offer assistance that uniquely supplements family resources. Moreover, such assistance may relate to more immediate areas of need that are not typically addressed by a given provider's discipline or specialty knowledge and/or skills. The establishment of credibility and the provision (or "giving") of services that yield direct benefits from the outset are thus likely to facilitate client follow-through and maintenance of the professional-client relationship.

Throughout the initial process of developing client/family relationships, providers also should be cognizant of traditional parental orientations toward schools and professionals entrusted with the education and care of children with special needs. Filial piety defines a social hierarchy of allegiance that proceeds downward from "king" to "teacher" to "father." Parents are expected to respect and honor teachers and professional specialists by assuming a corresponding dependent orientation of deference, noninterference, and delegation of authority and responsibility. Therefore many Asian families are often unfamiliar with and confused by legislative mandates and policies that emphasize parental rights, responsibilities, and entitlements. They also may initially be uncomfortable with agency philosophies and practices that require collaborative, family-focused identification of needs and subsequent interventions.

Face Saving

Whether parents are requested to meet with professionals or have initiated efforts to obtain assistance, their ultimate public disclosure of child- or family-related difficulties is often extremely difficult. Such disclosure could be considered a betrayal of family loyalty or trust, an act of weakness, and/or a form of disgracing the family's honor and reputation. This belief is reinforced by a more general reticence to burden others with problems that the parent or family should presumably be able to resolve. Moreover, sharing personal problems and concerns with an authority figure may be construed as an act of disrespect.

The concept of face saving is very important in nearly all relationships. Maintaining face protects the dignity, honor, and self-respect of the individual and the family. One must anticipate that a family member or key informant will be reluctant to initially reveal vital information if this will cause loss of face. The professional is cautioned against

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Recommendations for Service Providers (continued):

venturing into a frank discussion of specific problem areas too quickly. Although the family may expect initial formality, the professional is encouraged to spend time establishing personal rapport and to allow for discussion of information that may be tangential or even unrelated to the referring problems or perceived needs. Asian parents typically place great value on professional sensitivity to the family's face-saving needs and positive regard for indirect approaches to typically stigmatic difficulties. Consequently, there is a need to reframe problems and approach them in a circular fashion while establishing mutual trust, respect, and movement toward a more personalized relationship. This may be manifested in the professional's attention to small but important details that show continued interest and concern for the family's comfort, general health, and well-being. In fact, this expression of empathy, sympathy, and compassion enables the professional to humanize his or her relationship with the family and to gain their confidence. Providers also may need to demonstrate flexibility and accommodation by being willing to meet at variable times in more informal, culturally familiar surroundings.

Communication Styles and Assertiveness

Mainstream providers are often frustrated by the subtleties and slower paced process that typically accompany successful relationship building with many Asian immigrant/refugee families. More ethnocentric providers may interpret culturally appropriate behavior patterns as indicative of inhibition, passivity, submissiveness, excessive dependency, deceptiveness, or resistance. Such value judgments can then accelerate efforts to pressure the parents or the family members into greater self-disclosure, independent decision-making, and definitive action. The resulting conflicts and alienation often strengthen provider preferences for clients who are ostensibly more sophisticated and cooperative and who demonstrate initiative.

Service providers may thus directly contribute to deteriorating relationships by failing to acknowledge certain behavior patterns as manifestations of deference to authority. When interacting with professionals, Asian American family members may convey respect for authority by engaging in prescribed behaviors such as repeated head nodding, avoiding eye contact and affective expression, refraining from asking questions or interrupting for clarification or making their needs and/or desires explicit, and withholding critical comments. Conveying respect and adhering to traditional virtues such as patience, reserve, and holding back can result in a persistent reluctance to seek explanations of

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Recommendations for Service Providers (continued):

services and policies or to clarify specific verbal communications and agency explanations.

Traditional Asian American parents may postpone indicating their choice of alternatives or following through on multiple recommendations that are presented to them. The professional therefore must be patient and allow for sufficient time and input to facilitate family decision making. Throughout this process, he or she must recognize the family as the primary social unit, observe protocols, and respect the traditional hierarchical roles of immediate or extended family members in collectively providing input, making decisions, and addressing their needs.

Reciprocity

Successful professional-family relationships are often characterized by the traditional Asian American parent's sense of moral obligation and reciprocity. A twofold obligation arises from interchanges in which those in "superior" positions grant assistance to those who require and depend on their services; the recipients, in turn, owe a debt of gratitude that can be repaid when a fitting occasion arises. In the absence of opportunities to respond reciprocally to the professional's own needs for assistance or to provide direct monetary repayment, family members may display their gratitude through personalized gift giving, invitations to dinner or family celebrations, and other expressions of appreciation. Such reciprocity is the basis of a longer term relationship or bond of friendship that persists well after the initial "debt" has been paid. Thus a professional's refusal to accept a family's offer of gifts, favors, or invitations to participate in more personal social interactions may be construed as rejection and failure to give face. Considerable tact, forethought, and sensitivity must be employed in such situations.

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Rearing Native American Children

It is difficult to make generalizations about parenting in Native American families. Because of their diversity, family lifestyles cannot be studied easily; and because of Native Americans' resistance to being studied by non-Native American researchers who are critical and biased, even less data are available. To be sure, there are strengths in traditional Native American values and practices that have not been emphasized in the literature by those with little understanding of this culture. Further, the status of Native American families is in a state of transition. Nevertheless, it seems imperative that professionals make an effort to understand and appreciate the heritage of Native American families so that those children can experience a sense of competence and self-satisfaction in on- or off-reservation situations.

Characteristics of Native American Families

- High poverty rates
- Diverse values, roles, and relationships across tribes
- Family is the basic unit of society and community
- "Family" includes household residents, extended family, and clan members
- Relational networks support and nurture strong bonds and mutual assistance and affection
- Elders provide guidance and wisdom
- Many individuals participate in child rearing
- Living in harmony with nature is valued
- Participation in tribal ceremonies and rites of passage
- Group-oriented philosophy

Contrasting Beliefs, Values, and Practices

Native American

Group life is primary
Respects elders, experts, and those with spiritual powers
Time and place viewed as being permanent, settled
Introverted--avoids ridicule or criticism of others if possible

Mainstream culture

Individual is primary
Respects youth, success, and high social status
Time and place always negotiable, plans for change
Extroverted--seeks analysis and criticism of situations

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Contrasting Beliefs, Values, and Practices (continued):

Native American

Pragmatic, accepts "what is"

Emphasizes responsibility for family and personal sphere

Observes how others behave; emphasis on how others "behave," not on what they say

Incorporates supportive nonfamily or other helpers into family network

Seeks harmony

Mainstream culture

Reformer, change or "fix" problems

Emphasizes authority and responsibility for wide area of social life

Eager to relate to others; emphasis on how others "feel" or "think"

Keeps network of family, friends, acquaintances separate

Seeks progress

Cultural Courtesies and Customs

Cultural diversity influences the variation of interaction customs. The following examples highlight some of the variation and the differing courtesies and customs service providers may encounter among some Native American groups.

- It is acceptable to compliment a family on their baby, but it is deemed inappropriate by some families to give a lot of attention to the child. The child's family may believe that this behavior might bring harm to the child.
- Cradle boards or swings are used by many Native American families. It is important for you to discuss with the family their wishes with respect to removing a child from the cradle board or other child-tending device for intervention activities.
- Certain animals, dolls, and so forth may be considered bad luck or evil in certain Native American tribes. When the intervention for a child requires toys or pictures, you should consult the family to see if the toys or images selected are appropriate.
- Sometimes when a child is in the process of or has completed a healing ceremony, there may be markings or objects (considered sacred) placed on the child's body to protect and/or ensure healing. If it is necessary to remove any of these objects, you should do this in consultation with the

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Cultural Courtesies and Customs (continued):

family. The family should be given the option to remove the objects, and when objects are removed they should be returned to the family. In addition, it may be necessary to wash or cleanse an area on the child for certain procedures. If the child has markings, the family should be asked and their wishes respected.

- Because of distance and socioeconomic hardship, many Native American families living in remote rural areas do not have telephones, so some of the home visits made by service providers may not be expected. In these situations, it is customary to drive up and honk the car horn to announce yourself. Because you were not expected, it is also customary that you wait until someone comes out to inquire about the purpose of the visit and with whom the visit is to be made.
- It is always respectful to ask if it is convenient to visit and not assume that because an appointment was made for the home visit that the timing was good. Sometimes no one may answer door knocks even though someone appears to be home. This usually means the family is either busy or is not ready to receive a visitor. Sometimes, ceremonial activities may be taking place and it would be inappropriate for the family to leave the house or be interrupted.
- During home visits, especially the first one, ask the family where they would like you to sit. Do not assume a certain location is best. The family will feel more comfortable if you ask them.
- It is not uncommon during home visits to have family members or other relatives coming and going; they may be participating in the discussion. If confidential matters need to be discussed, it may be better to ask the family to come to the agency.
- When conducting a home visit or carrying out therapeutic activities in the home, it is customary to address all those who are present.
- Often during home visits you may be offered food or coffee. If you have just eaten, you may explain this and ask if you can take a little bit of the food with you or if you can have water instead of coffee. To refuse without

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Cultural Courtesies and Customs (continued):

explanation is considered rude.

- Although it is not expected, it is also permissible to reciprocate and bring cookies or a small treat for the child or children if you wish to do so.
- Some families may follow the traditional tribal child-rearing practices, and, therefore, grandparents, not parents, may have the primary parental role. Other family members may serve as disciplinarians. In some homes, children with special needs may not be disciplined because it is felt that they have suffered so much already. These issues need to be discussed with the family so that the roles of the family and the provider are clear,
- Sometimes rapport with a family happens immediately, but if it does not, it is important to be patient and to continue to be available and follow through on plans made with the family. Once trust has developed, in most instances the service provider often becomes included in the family network.

Recommendations for Service Providers

- Ask parents whom they want to include in meetings. Do not assume that all Native American parents want to include extended family members or that those family members will want to attend all the meetings. Some families may want to include extended family in meetings. Other families will meet with the professionals, and later the family will have their own meeting to discuss the information with other family members. During home visits, family members may actively participate, whereas in other homes they may watch or listen from another room.
- When extended family members participate in a meeting, communication should be directed to the entire group, not just to the parents, interpreter, or spokesperson for the family. This shows respect for the entire family.
- Always show respect and provide emotional support to the family. This is done by listening to the family's ideas, acknowledging their concerns and feelings, and including interested family members. This approach allows the family to be an integral part of the intervention plans.
- Take time to learn about the communication style of the Native American

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Cultural Courtesies and Customs (continued):

families in the communities in which you are providing services. Identify a contact person who is from the community and who can advise you and answer your questions. Be sensitive to the communication interaction styles. For example, a professional who describes herself as a talkative and bubbly person found that in one Native American community she needed to be more reserved and quiet until the families felt more comfortable with her in their homes. She allowed periods of silence to occur and made an effort to talk more slowly.

- When first establishing contact with a family, the service provider must proceed at a pace that is comfortable for the family. Take some time at the beginning of each visit for small talk. Ask how they are, comment on the weather, talk about the roads, share an appropriate personal experience, or find things you have in common. This time provides an opportunity for the family to get to know you as a person, and it forms a foundation for developing rapport with the family.
- Ask each family if they want assistance in explaining complicated information to other family members. Explore with the family various options for doing this, such as meeting with the other family members or together identifying an interpreter with whom they are comfortable and who can explain the technical information in their native language.
- If the family members speak English as a second language, no matter how good their English language skills are, always offer the service of an interpreter. Most people for whom English is a second language prefer to hear new, technical, or sensitive information in both their native language and English. Even if a family is comfortable speaking in English during regular visits, then offer the services of an interpreter when an evaluation is done or a new procedure is explained.
- Always first discuss the choice of interpreter with each family. You may think you have a great interpreter who speaks the language and comes from the same community; however, because the family knows the interpreter, they may be concerned about confidentiality and may talk less and be uncomfortable in his or her presence. In some situations, you may need the expertise of a particular interpreter who can translate specific technical

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Cultural Courtesies and Customs (continued):

terms or information. Explain to the family the reason you want to use that

interpreter and review the information later after the interpreter is gone.

- When you need to ask a lot of questions, first explain to the family that you will be asking them questions, tell them about the types of questions, and inform them as to how the information will help you to serve their child. Tell the family that it is okay for them to ask you questions at any time if they do not understand a question or do not understand why you are asking it. Let them know that it is okay if they need to discuss a question with other family members before they answer. Ask them to tell you if they want to think about a question or discuss it with other family members before they answer.
- Do not assume a Native American family is or is not practicing their tribal religion and/or consulting tribal healers. You should ask the family to tell you if there are any scheduled evaluations or other interventions that might interfere with other activities the family has planned. Let them know that you wish to be respectful of their wishes or plans.
- Unless the family volunteers, do not ask a lot of questions about tribal ceremonies. If you need to notify other providers about healing ceremonies that have been planned, ask the family's permission and how best to explain it. Some families may consider this information confidential.
- If a child is wearing amulets or has certain markings on his or her body, do not remove them without discussing it first with the family. These things may have been given to the child to protect him or her from harm. If they must be removed, then explain the reason why and allow the family members to decide who should remove them. If amulets are removed, give them to the family for safekeeping.
- Do not be embarrassed to admit that you know little or nothing about the family's culture. Let the family know that you respect their culture and ask them to let you know if you do or say something wrong. Sincere efforts to learn the culture are appreciated in most instances.
- When making a home visit, always ask the family if it is a good time to

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Cultural Courtesies and Customs (continued):

visit before you step in the door. If the family says "no," do not ask why. They may be attending to some religious ceremonies. Respect their privacy and arrange for a revisit.

- Explain all time lines and time limitations to families. Tell them the reasons why and the options. Families should know if they need to make a decision by a certain date because of potential medical complications or financial arrangements. Discuss the options and consequences of each choice.
- Explain medical and other procedures in detail and allow the family to discuss their concerns regarding these procedures. Some may have strong taboos about certain interventions, such as transplants, amputations, and/or transfusions. When explaining procedures that involve internal organs, ask if models, diagrams, or pictures would be helpful to the family.
- When using visual or intervention aids such as dolls or pictures, discuss with the family any cultural beliefs regarding these that might make them feel uncomfortable.
- Whenever possible, the family should have the option to select a service coordinator whom they know and trust to assist them in accessing services for their child. When changes in staff occur, allow time for transition. Because relationships with individuals are so important, families often feel uncomfortable when they are assigned a new worker or service coordinator with no time for transition.
- Families with children with special needs should be given opportunities to talk to other parents with special needs. This suggestion should be offered more than once.

If there is one recommendation that stands out above all others, it is the need to demonstrate that the provider respects the family. When providers show respect, all other shortcomings, such as not knowing the culture or language of the family, becomes secondary.

Sources: *Developing Cross-Cultural Competence* by Eleanor W. Lynch and Marci J. Hanson, 1998; and *Parenting in Contemporary Society* by Tommie J. Hamner and Pauline H. Turner, 2001.