Fostering Family Engagement Through Cultural Humility

3/17/2024

>> Good morning, everyone. Welcome to this session, kick-off session. We’re glad everyone is here; it's fostering family engagement through cultural humility. I'm your room monitor today and here to assist you in what you need. I have a sign‑in sheet, so go ahead and initial your name on the back table. I encourage you to use the app. You can use it for comments. You can use it to evaluate the session once it's complete and to find other people. Robin.

>> SANDY BOWEN: Good morning. So one of our presenters is not here yet, but she is going to be here. Hopefully no snow but traffic can be bad, you never know, even on a Sunday morning. I'm Dr. Sandy Bowen, a professor in deaf education at the University of Northern Colorado. Hurry Christie, we're going to start. So I'm going to let my co‑presenters introduce themselves.

>> ROBIN GETZ: Good morning. I'm Robin Getz, the Resource Hearing Coordinator for the Colorado School for the Deaf and Blind.

>> CHRISTIE YOSHINAGA‑ITANO: Sorry, I was searching for parking and found on entrance and a truck blocked me in, I apologize. I'm Christie Yoshinaga‑Itano, a Professor at the University of Colorado, Boulder and a research Professor in the Institute of Cognitive Science at the University of Colorado, Boulder.

>> SANDY BOWEN: So we want to thank you for being here. I'm going to put this back in because of the captioning. Maybe. I'm not used to standing behind a microphone, so this is going to be hard to stand here and talk today, but we have captioning and interpreters. We're going to do at‑group discussions and tables so make sure you have what you need to be able to participate fully. We want to get to you know globally and not individually because that might take too much time. So how many work as an interventionist with families? Perfect, you're the people we're focusing on today. How many work as a coordinator or director? A few of those. How many work for part C? What am I missing? A couple of teachers. Audiologists. Speech path? Perfect. Anything I have not named? Yes?

>> A parent.

>> SANDY BOWEN: So we're going to talk about parents today. That is the focus on how to engage families particularly from diverse cultures from what our own might be. So we'll talk about that later. Anyone else we missed? Yes? Okay. So she said she works for part B and supports part C. Right now, we will not have you come up because of captioning. But when we do group work, we'll have you come up, so everyone has access. Anyone else we missed? So we're going to take we have three hours together this morning. We're going to take a break somewhere in the middle and we're see what that looks like as we go with the discussion today. I know you have had coffee and we're going to take a break somewhere in the midpoint and we have a table discussion toward the end of the day. Any questions before we start? Okay.

Uh‑huh. This worked a little while ago. Remember all of you who were here when the tech guy came? I don't use a PC. So page down is not working. Arrow is not working. Enter is not working. Anyone use a PC? Nobody? You want to see if you can help? Please other duties as assigned. You're going to get my tech person? Thank you. I tried the arrow that did not work. I tried the enter that did not work. All right. While you do that, I'm going to go ahead and talk.

>> There you go.

>> SANDY BOWEN: I use a Mac and last night we got an e‑mail that our presentations that we loaded were not loaded. They were like can you use a jump drive? Mac does not have a jump drive, and I don't use a PC. These are the things that you read in the description, and we have divided the presentation with these three areas, but we want to focus on the term cultural humility and what that means for families. That is watt we're looking at today. So why? Why is this important? So if in a few minutes Robin is going to talk about what is important in the communities and what is important is that culture is if fundamental building block of our identity. So we need to understand what that means to develop relationships so that we understand what it is that families need. So Robin is going to take it from here.

>> ROBIN GETZ: Thank you, Sandy. Please bear with me, I have a cold and my breathing comes and goes. So as sandy was saying I'm going to talk about the U.S. population and what that looks like and how the evolution of population has impacted our work with the early intervention population. As you may have noticed the U.S. population is increasingly diverse over the years where our families speak a language other than English in the home. So this is on overview of the immigration to the United States and roughly over one million immigrants arrive in the United States each year. We have 15% of the total U.S. population here from other countries which is about almost 50 million immigrants and that is mind‑boggling. So about one out of eight U.S. residents is an immigrant from another country.

The top three countries that people immigrate from are Mexico, India and China. Um, I wanted to point out that since Biden took office in 2021, the population has grown by 4.5 million I mean the immigrant population. And it accounts for a total of 18% of the overall population growth. This does not include the number of immigrants that are turn away over the border or sent back to the countries. There has been projections made of what the population growth will look like over the next 100 years basically. So basically, the states with the largest immigrant population are California, Texas and Florida, and those numbers continue to grow.

By 2045, the U.S. is expected to become the majority minority. Meaning the country is not going to be as we know it to be with English and white being the dominant population. By 2050, the U.S. Census Bureau anticipates we can have more Spanish speakers than any other country. In 2025 the Asian population will surpass all other populations and then by 2060, non‑white will make those 260% of the total population. So what I found interesting in my research was that with the younger populations 18 and younger, individuals identifying as Latino or Hispanic already made up 51% of the U.S. population. So I thought that was really interesting.

And here is a graph of the recent Latino Hispanic immigrants into the U.S. And it shows you the percentages of that group in every state. The largest state ‑‑ this is from the 2021 data where Louisiana and Ohio and followed by Kentucky and DC and Minnesota and Massachusetts and South Carolina have a population of Latinos and Hispanics between 20 and 30% of the total population. This graph here ‑‑ well not graph but picture that you see here shows where in the world our immigrants have come between 2021 and 2023. As you can see larger groups of Latin America came from Mexico and the Caribbean and Central and South America. And then let's see ‑‑ then we have India and all of the other countries around the world.

And now Christie will be talking to you.

>> CHRISTIE YOSHINAGA‑ITANO: So Robin talked about the immigrant population ‑‑ okay. These are the height differences of the presenters here. Robin talked about recent immigration, but we have sub‑cultures within the dominant culture and many of the people have been in the United States ‑‑ if you take Hispanics in Colorado, they have been 500 years before we were the U.S. And almost all of these people because they are generational speak English. But speaking English does not mean that you have the same ways of communicating with one another.

So within our U.S. population if you look at African Americans and indigenous and Asian American, Hispanic Latino, there are many cultural norms, cultural ways of being that are important for you also to understand. Not just from people who are coming from all over the world. So the complications of that when you think about how much we have to know about other people in order to be culturally appropriate, when we interact with them are almost mind boggling. And those that are out there in our program in Colorado, some of our service years we have had 20 and 30 different languages, and they are not all Spanish but that is our dominant language.

Culture. What is culture? There are many different definitions of culture. Culture drives activities. But most importantly for you in the room it drives beliefs and expectations. Routines are easier to learn, because you when you go over what happens in a day you get that. But this takes a huge trust relationship between the people working with the families and the families themselves. And maybe they are not willing to share them because they are not sure how you're going to Judge them. There is cultural beliefs on hearing disabilities and differences and they vary widely in and across cultures. So there is not one culture in the United States there is many subcultures.

So just because you speak Spanish if you're Mexican you might be a descendant of the Aztec people and might be a descendant of the Mayan. Just because they live in a Spanish speaking country, does not mean they are the dominant culture of the country. So we have huge surprises and we have to make an expectation about what we need to do when serving these families and we go to dominant culture and we get surprised because they don't fit in the dominant culture. So we have to reshuffle how we're going to interact with the family. Subpopulations could be by religions. In every country of the world, we have multi‑religions even where there is a dominant religion.

And they can influence how people interact with us. Socioeconomics has its only hierarchy of expectations and there is cultural differences between people that are struggling socioeconomically and high that are at the higher levels. And certainly, education is an issue. In many of the countries, 6th grade is the mandatory education and they are done. Whether they read or write or not. We have many people from other countries and especially Spanish speaking countries where they have limited opportunities.

This is the Iceberg Model, and we have the top part, the external or conscious part of the culture. It's what we can see and it includes behaviors and observable practices. The harder part is below the surface. The beliefs, values and concepts that underlie behavior. So it's culturally fun to learn about the top part the music and food and holidays and customs but it's harder to get down to the nature of the friendship and the religious beliefs and what are taboos in body language communication? The norms? The learning styles? The expectations and gender roles and age roles. In some cultures, the decision maker of the culture is not the person that you're dealing with it might be the grandmother or grandfather.

There are attitudes toward social status and notions of self and perceptions and notions of modesty, and how you're supposed to dress. That if you do it incorrectly, you can put yourself on a path of distrust when you had no idea that was a factor of any kind. Views on raising children can be different across countries. And I run into mutual eye gaze. Looking into the eyes of the infant from a stranger is believed to have placed a curse on the child. In our culture that is something that is very common. Touching the head of a baby can be taboo in some cultures.

There are things that can interfere. Turn taking. Those can differ dramatically across cultures. So these things, importance of time. We know that time differs across the world and in the U.S. we set up appointments and get angry if they are not on time or they are half an hour late for their appointments. This is a common thing across the United States and there is ways to deal with that but it's not easy to figure out how to be culturally appropriate with families with these needs. So I want to give you resources and hopefully it goes straight to this. Because of the needs of our population in early intervention, I developed a web site because I kept having the early intervention providers calling I have a family from Congo or Somali.

I'm working on putting more languages, but I have about 25 languages and resources. So if you go over language information for families and parents, those are in different languages and I'll do Arabic to show you. So here are all the resources that if you're talking about early reading and books with children, here are resources that are in Colorado they have done a beautiful job in different languages and a lot of these come from different countries. Canada has a lot of resources.

There are probably 20 pages in the big languages like Arabic and Mandarin and Spanish and there are things that are readable for parents in their own language. We're not really teaching except for auditory skill development. All of the other things that we teach are good for all kids. So these cover a lot of the topics that you're going to deal with. So there is information for providers. Let's see do I have that one right? General health. It might be labelled wrong.

Let me see. Actually ‑‑ oh, I see. Let me go here. So what if you have a family and they speak Tigrinya or something like that, they are from a place in the world you have not heard of the language and have no idea what to do. So there is lots of resources to give you background and you can go on the web site ‑‑ sorry I can't negotiate this very well. So if you go to the UNICEF web site, you can look any country in the world and it gives information about perceptions about disability and practices for different ‑‑ this is not the one. Parenting, there are the ones on parenting. Can I get back? I don't know either I may have really messed up. Let me see, escape. That is what I just did. Is the escape. I don't want to do cookies. I may have really messed this up. We need a technical person.

>> We'll take all of the help we can get.

>> CHRISTIE YOSHINAGA‑ITANO: So there is a bunch of things where you can look up your ‑‑ thank you.

>> If you go down to the bottom, there you go.

>> CHRISTIE YOSHINAGA ITANO: You get extra credit. So basically, go to the web site if you want to look around. And what I tell people to do when they have an unusual country is go to the web site and there is other organizations that have write ups as they immigrate into the United States. And there is information that could be valuable before you go to visit that family how do they do childrearing and what they think about disability. It's helpful because it gets you in the right mindset.

>> SANDY BOWEN: So one thing we forgot to tell you is that all three of us have experience in working with families from diverse cultures. Robin and I both speak Spanish, and Christie some. And Christie ‑‑ obviously, they come from diverse backgrounds, and I lived in Central American countries in Mexico, and we understand we have this much knowledge about bits and pieces of things, and we realize that you have knowledge. When we talked about this, it was not for the great big cultures that we have experience with. Robin is the hearing resource coordinator for children that are deaf and hard of hearing, and she deals with different families all of the time.

I know that Denver public schools has over a hundred different languages, and we don't think about that here. We think about Mexican or Latin X here. So we hope we have information to share where to get more information to learn. How many have seen these terms before, culturally aware? Culturally competent? We have heard these terms come and go and come back again. So it's important to be on the same page of what we have been talking about. Because you will hear these being used interchangeably but these have a specific meaning.

So all of these are good and mean we are becoming more aware. But what is important is looking at one of them. So in order to do that, we want to bring to your attention the idea of cultural humility. So cultural competence assumed that a person could be competent in another culture if they tried to get the families and what we found that unless you live it you are not culturally competent. You can be competent in the language or understanding their child rearing practices but that is knowledge. That does not affect how you feel or believe. So I told you that Robin and I know Spanish and I learned it in Panama and Costa Rica. So I can speak the language but that doesn't mean I know child rearing practices.

I understand Mexico and central Americas views but that does not mean that I understand all of the people. Remember those are generalized statements. You have to get to know the family and the culture in your area because they are assimilating in other cultures so there is no blanket statement. So when EI professionals engage in your beliefs and perceptions, that is where cultural humility begins. So where we're willing to learn and understand. Doesn't mean we have to accept what other people believe but it's okay to be different from our own. So we are able to build a relationship with the families because we are able to honor their beliefs and that is the idea of cultural responsiveness. We take what we know and adapt it to be able to use it with other families. All of the slides are supposed to be available on the app.

So hopefully they are there, so feel free to let us know if you have questions. So this does not happen overnight. So we're going to look at what we believe, and you don't have to share at your table group or with us, but if you go through a self‑examination, this will help us. So in practicing cultural humility that is different from being culturally comp tent and it's important to know their beliefs. So this is ‑‑ I did not do this. This is from a book about cultural humility, but these are the things they say are most important you can remember with the acronym FLEX. F is for focus within.

You have to see what you believe and feel and understand going back to the example that Christie gave about time. If it's important to you it's good to reflect on that and understand why it's important to you. And you can figure out what works for the two of you. So recognizing that your experiences shaped who you are. Even though we live in the United States we don't have the same culture. Right? We have different beliefs from growing up with our families maybe religious beliefs and maybe grandparents and great grandparents passed down something different we bring something different as a man or woman and socioeconomic.

We have culture and we don't think about ourselves having cultures but others having culture. So we have to figure out what we believe about disability and wearing amplification. Because those are part of your culture, and we have something different inside of us. So that is important for us to think about the families that we work with as well. So just because you met one family from Peru you have met one family from Peru. The L is for learning. This helps us to understand what is important to them. The next is engage. Engage in dialogue that is what we're doing today. And what is missing is the perspective of the diverse families and this is where Robin is going to talk about this more in a few minutes. And the x is for expands. We need to brainstorm solutions and be flexible and experiment and evaluate and seek out different perspectives and we're going to about this. Any questions before we move on? This is the basis of what we're going to talk about today.

Culture and family are tied together, you cannot separate one from the other. You learn cultural values from your family. Those bottom parts of the we learn from our families. Family culture influences the way family members think and feel and act on a daily basis. So what is a family? Well, that changes we thought about the 2.5 kids and the dog and mom and dad in a house. So we know that is not the definition of family. There is lots of definitions that you can decide what is a family. I like the first two. This is family, an enduring relationship whether biological or not. Connecting through culture and shared experiences and emotional commitment.

Families include two or more people that regard themselves as family and they carry out the functions. I know people that are not connected by blood or marriage, and they are family. So this helps to move along to help families make decisions because maybe the person that is making decisions is a family friend and there is extended community members and religious leaders that are considered part of the family and they have a say on what happens with the child. So that will help us to work better and develop better relationships with families.

Because we know if we go in and say how is your week going, they might have to talk to other people about what that looks like for their family. There is cultural views about family. Lots of cultures have tribes or kin. And these are the same ideas as family. So just because a family has immigrated or been raised in the U.S. for a time, does not mean their family is with them. They may be somewhere else not in the United States. Where we have to consider how that impacts the decisions that the family makes.

We're going to talk about multigenerational households that are common in the U.S. culture. I was listening to the radio last Sunday and they were talking about the students that were in college that are moving back in with their parents because their careers have been severely impacted so they talked about these kids that have graduated and have no prospects, so this is common in the U.S. culture as well. So what is diversity? We used that word lots of times today. Give me two or three answers. I don't have my glasses on, so I can't really see all of you. Differences. I'll tell you I'm a teacher and I have really good wait time.

>> Language.

>> SANDY BOWEN: Language difference. One more. Values. Thank you. We could have gone on for an hour listing things. We have, in the U.S., an accepted definition. So for example, if you work at a governmental institution, you have your diversity statement. And it includes race, language, gender identity and there is other things that you might consider diverse that does not fit the typical language statement that we have if you work in a governmental agency. So what does that think in your mind? So that means something different than what you are but not good or bad. So it's a difference not a value judgment. Okay. If we judge, then this becomes where we have bias. Right?

So we all have bias. We just need to put that out there. We all have bias. So what we have to do is recognize what our biases are and try to work to not making judgments based on that bias. So it's a way of favoring something else without considering other possibilities. We realized that no matter how much you learned about another culture, that our bias stepped in the way of being able to understand another person's view of what is happening. So it's important that we think about our own bias and maybe try to do something to change them. Everyone has bias but the difference is acting on them. So this is what happens when trouble starts.

Stereotypes, and we get those from TV and movies and magazines and schools and our parents and family members. We have a belief about what someone ‑‑ if we go back to the diversity statement, someone that is a different race or gender or religion and start to stereotype people into a category and our bias comes through where we think our way of looking at that is better than the way someone else looks at it and that is where discrimination happens and we're not productive in moving forward. So what does this have to do with families? So let's say you're assigned to work with a family from Mexico and you had experiences growing up where you had something negative in your life about a person from Mexico.

So your beliefs are there in the back of your mind. One I heard for years was that they won't let their children wear hearing aids. So that was prejudice and bias. So then I heard that there is no sense spending money on this to get their child a hearing aid because they are not going to wear it. That is where discrimination happens. Not once did I hear someone say how they found out that the families would not wear hearing aids. So we have stereotypes come at us every day. And that tells us what we feel about those and the acting on these is discrimination. So if you leave here today knowing that not acting on these is better.

We'll talk in a few minutes about why a family might not wear hearing aids and it's not based on being Mexican. So unless we ask those questions and engage in the dialect, we're not going to know and we're know. That is what we want you to do today as we reflect. The other thing about using stereotypes is that often we get wrong information, so we have misconceptions about what we have believed in the past. That equilibrium is a good thing because the makes you think about what you believe and why. So it's good that things come up and happen that we did not expect because that creates questioning and doubt about something that we believed in the past and we can find out what the truth or real issues might be.

So avoid having stereotypes and begin to engage in dialogue and go to the resources that we shared and find out real information and meet the family before you have misconceptions about what you believe they think. So we're going to talk at your tables and you don’t have to share anything you don't want to. So be introspective and think about your own culture and bias and things that you believe. So talk a little bit about your own maybe ideas in the past as stereotypes and something that you found out does not fit with that. So you can share as much as you want or not because this is personal information. I'll start with an example of my father.

He grew up in a town that came from a rural area and there was men that did seasonal work and they had a reputation of being bad. And they lived in the poorer parts of town. And my dad was poor and grew up with a negative connotation of "those people". And he instilled that when I was growing up when we saw a group of men he said if you're around them, you need to walk away, and I grew up with that. So I moved to Panama and Costa Rica and come back and started dating a man from, actually, from Brazil, and my dad was so angry I thought he was going to disown me. We kept it separate and it go nowhere. Watching how my dad reacted changed my views 06 lots of things. I was seeing how someone else was being treated because my dad had these ideas that were not real.

My dad was a supervisor, and they hired a Mexican man, and he did not like him. Jose was a hard worker and he and my dad, over the next seven years, became very good friends. In fact, when my dad died, Jose was a pallbearer and he continued to help my mom around the house. I saw my dad, in seven years, from being very racist to loving and kind to this family. So spend a couple of minutes I'm talking three or four minutes. If you have situations or things that you have seen or learned, just to get us talking about the idea of engaging in dialogue in cultural humility. Okay. If you need an interpreter, just let them know.

(Table work/conversation).

>> SANDY BOWEN: About 30 seconds. Okay. Ready? 3, 2, 1. Told you I'm a teacher. The interpreters are arguing about who gets to interpret. Thank you for taking that time. We're going to take a break in about 15 or 20 minutes. Or actually, we'll take a break in five minutes. We're not going to share out what you talked about but thank you for sharing and willingness to open up about each other. So if you think about bias and early intervention, the important things are to check your bias first. So when you see something in a home, you are like I don't know how I feel about this. If you say the child is safe, maybe it's if the answer is yes, then you need to think about it's happening for a different reason.

If the child is not safe, you want to think about that first. So we need to think about the families' concerns and that is different sometimes, but it's okay as long as the child is safe. Next, we talk about the why. This is from talking about other people that know the families and going to the web sites and maybe getting into the community where the family visits a church or synagogue because sometimes there is someone that can help you understand what is happening with the family. Someone that is dually part of two cultures. And remember let the family choose. So just because something is what we might consider standard practice in what we do.

It's not standard practice for the family. There is no one right way. There is isn't, there is lots of ways to get to the same things for these families so we need to figure out the strategies that work best for them. Because we're there for an hour a week. All of these other hours of the day, they have to be working with the child in the way that works best for them not us. We're not going to do this activity. Should we do a quick break before you start? Let's do ‑‑ because we're not quite halfway, so let's take a 10‑minute break. And if you get back quicker, we'll start a little bit quicker. Okay.

(Break Taken).

>> ROBIN GETZ: Okay, I think we're ready to get started again. Okay. Um, so we're going to be starting our conversations about responsive processes and family engagement in FCEI, Family Engagement in Early Intervention. Um, so what I would like for you all to do now is within your table, is to take about five minutes and discuss each of these three bullet points, um, within your table. Okay. So I'm going to give you five minutes to go ahead and discuss all of those.

(Table discussion).

>> ROBIN GETZ: We have one minute left. All right. Okay we're ready to begin now. Okay. 3, 2, 1, thank you.

>> SANDY BOWEN: I was her teacher.

>> ROBIN GETZ: That was another lifetime ago. I hope you all had great conversations. I'm going to ask for a couple of volunteers to briefly share some of your discussion that you had just briefly because we don't have a lot of time. I'll come around with the microphone so you can share your highlights of the conversation at your table. Who would like to volunteer some of the highlights? Okay.

>> I'm one of these people that gets very uncomfortable with silence, so I'm the first one to step up. So around our table we really talked about the challenges of ‑‑ we work with many cultures and that you know if we use curiosity that goes a long way to building trust. The challenges we talked about were the different values that families have around you're the expert you tell me what to do and I'll do that. The challenges around families ‑‑ parents don't play with their children. And we come in as early interventionists, and they are like who has time for play. So learning what is important to them and what are their most happy times, their joyful times of the day with their children and what are the most challenging to build into those routines are goals for intervention. Did I miss anything, guys? Okay thank you.

>> ROBIN GETZ: . Thank you, that was great. Anyone else would like to volunteer and share their highlights?

>> I will share, but do I have to get up?

>> No, you just have to use the mic.

>> So I'm in early intervention now ‑‑ sorry. It's been about two years, but I was a teacher of the deaf in Texas in the Dallas, Fort Worth area. And I learned so much about other cultures. But the main things about my students I had a lot from India and the Middle East, and they came in for cochlear implants, and they were okay with that, but they wanted them hidden. The Hispanics were not concerned about language, but they were concerned about we want this ear covered or fixed. A lot of parents would say you tell us what we need to do if they need to be moved to math. I'm not the expert of your child I have a degree but that has nothing to do with your child. I had a lot from the Congo and Ethiopia and the eye contact thing was really big. I felt compassion for a lot of them because they acted like they didn't know anything about what was going on. So a lot of parent advocacy and pushing. But the biggest increase were the families from India, and they told me if you don't have the money, you don't move.

They enriched my classroom, and we had a huge map of the world, and I was the minority. I moved to Alabama and things were different. I miss it I miss, that difference in how they view education and parenting. So ‑‑

>> ROBIN GETZ: Thank you. All right. Um, let me come back up here. Thank you everyone for sharing your perspective. And conversations. So before we get into our ‑‑ the next session which is family engagement, I want to quickly ask you when you hear the term family engagement, what comes to mind? We need the mic. Being involved in shared activities. Listening to the family.

>> Learning from families.

>> ROBIN GETZ: Learning from families.

>> It's like a two‑way street, learning from the family and early interventions.

>> ROBIN GETZ: Learning from families and learning from the interventionist. Growth in family's confidence. So helping families be involved.

>> Connecting.

>> ROBIN GETZ: Family leadership and taking responsibility and advocate. Okay. Awesome. Great. Um, one more? Okay. Family sharing experiences through videos, that is awesome. You're on the right track, so awesome. So family engagement, as you may have heard the term, family engagement or family centered or family participation. But as you have implied it's basically building that foundation with our family and building that trust. So that you can have genuine interaction and meaningful exchanges with the family. So that they feel more engaged and more motivated to work with you as an interventionist in supporting their child.

It's really important that you understand where that family is coming from. Culturally, their beliefs, their values, their heritage, their language, and their views about child rearing, discipline, their priorities, their concerns, and who are the family members living with them? Who is involved with them? Who is the primary caregiver and the primary decision maker? What are their beliefs about discipline and so on. It also allows for open and unbiassed information, sharing and collaboration with the families. Involving all family members that are living with the child and helping the families become empowered in the process in supporting their child on their journey.

With all of this, it really helps to increase family involvement and follow through which leads to more positive and successful outcomes because it's not likely to be successful and minimal progress may have been made and/or diminishes services. Any questions about that?

>> I often share with families that kids are awake and interacting 100 hours a day. And I will be with their family maybe one hour a week, so finding ways to understand what they spend their hours doing and how they can advance the goals during those 99 hours is what my job is.

>> ROBIN GETZ: That's a great perspective. Thank you. Thank you. One of my colleagues shared that we have so many hours with the family until they age out the day before they turn three. I don't remember what that number is ‑‑ excuse me (clearing throat). It's mind‑blowing when you put it in that perspective because there is not that much time that we have with the parents, so it puts it on the parents to really ‑‑ you know. Okay. Thank you. Okay. So family engagement in family intervention. So through the FCEI, there is 10 principles within the deaf and hard of hearing realm, and we're going to focus on principle two, which is the family and early intervention provider relationship.

So you can see from the slide here the goal of the FCEI is the development of balance partnership between the family and the professionals supporting. They are characterized by reciprocity and mutual trust, respect, honesty and shared tasks and often communication. So this is the point that we discussed and shared here. And then what is really important for this partnership with our diverse families is that we the providers, must recognize the diversity within the different cultural groups. Religious beliefs, child rearing and how they feel about receiving support and help. And family structure and so on. It's really important for the provider to recognize that their own cultural experience differs from that of the families. And also, in early intervention it's ideal if we can have early intervention providers from the same background as the families is impossible unfortunately.

So we have to look at this throughout the presentation this morning but to develop a positive relationship with the family feels supported the provider must understand where the family is coming from. It's encouraged that the EI provider does their research before meeting with the family to learn as much as they can about that culture. And be ready to go in and find out as much as they can about that family before working with them. So they are ready to be able to meet the families where they are at. And that involves finding out information through interviewing the family about the family structure and their function and who is the decision maker in the family? Who is going to be involved in the sessions and who is the disciplinary. What cultural groups do they identify with? My voice is dying.

What about child‑rearing beliefs? I'm sorry, we're having technical difficulty. Child‑rearing processes differ from culture to culture. Some believe in carrying their child around, so their child does not have an opportunity to play and develop those motor skills and even those play skills and cognitive skills. Or some other cultures like ‑‑ one of you was saying earlier that you know the families say we don't play with our children on the floor. And so there is situations like that where their culture differs from what we are used to and what we expect from our families.

And then it's really important that we understand where they are coming from as far as their beliefs in area of hearing differences and hearing technology, even video and language. And how they perceive medical intervention because a lot of the families come from third‑world countries, and they don't have experience with medical professionals, and they are used to dealing with spiritual healers. Individuals like that. So having an understanding of all of that before meeting with the family and in the early stages of working with the family, this is really beneficial in developing a relationship with your family and developing that trust as well. Now, here is a really nice resource that has 25 questions that EI providers should ask their families in the early stages in working with them. I'm going to try to click the link here and see if it comes up.

Okay. Perfect. Let me put this down. So this resource has a list of 25 different questions that you can ask your families. So they have different categories like family composition. Where you can ask, what are the members in the home and who is the disciplinary and their ethnicity and culture? And like Sandy and Christie were talking about before, a lot of the Spanish speaking families come from Mexico, central and south America but a lot of them may not speak Spanish. They are different dialects.

Indigenous dialects that they may be using instead so we want to make sure we can support them in their heritage language in the home as well. And then there is family customs and preferences. So some cultures do not feel comfortable about having providers in the home, so we need to get creative and figure out how to support this family and how can we do that? How do we greet the families? Who do we greet first? Is physical contact okay? Is eye contact okay? So these are the things that we need to be thinking about. And child‑rearing processing some cultures don't play with their children on the ground or in general.

Feeding, some cultures believe strongly in doing all of the feeding for their child. So I have one family from Vietnam where the child is almost 3 and we were having an IFSP meeting and the meeting was virtual because it was during COVID but the mother and child were sitting at the table and the mother was spoon feeding the child, and he's almost three. In the beginning, I was like wait a minute, but I had to remind myself this is their culture and their beliefs, not mine. So what may not be typical for us, is very normal for them. Um, and then there is questions about healthcare and education and seeking help. So a lot of cultures feel that if they ask for help or seek help, that it makes them feel or makes them appear weak and incapable of supporting their child.

Their perspectives about child development may differ about what we believe is typical. So these some of the ideas that this checklist has to offer that you can use when you meet with your families in the early stages. I also have a physical copy that I can pass around but be sure to give it back in the end.

>> One thing that I have learned.

>> Let's give you the microphone for the captioning.

>> One thing that what I learned is that many of the screening tools that we use that some of those cultural practices around mealtime and the fine motor skills what a family's belief really impacts their child's access to this activity. Like in Alaska babies spend a lot of time strapped to mom in a carrier, so they don't have a lot of hands in the midline because it's cold, so they are strapped in through many of the years. So those screening tools and language also is impacted. We have a lot of false ‑‑ I get this ‑‑ false negatives or positives.

>> False delays.

>> That is a great way of putting it. So we say that they failed and I don't think our screening tools do a great job of capturing these cultural differences between families.

>> Hi. So one of the things that I noticed in working with families of children that are deaf or hard of hearing is the perception of the professional as a teacher or interventionist because cultures revere teachers. I know any kinds of professional that works with a child so my families from India I was treated so well. I was treated better by that culture than my own because they revered teachers. They have a higher regard for teachers. And now I have had that opposite happen where you come in and they think that you're judging them and 2, they think you think you know more than me. There is a really hard ‑‑ it's hard to breach that.

So my question is have you had any cultures that don’t value you as a professional and made you unwelcome in the home? To the fact where they will not look at you and they question and it's always I have an interpreter that is helping me with this. But it's hard to breach that. Have you had anything like that?

>> So if you will hold that question for like two minutes, we're going to talk about that.

>> One thing that is not on the list that I ask is that the name of the referral is not on there. And we say should we call him this and they are like no it's fine. So what do you call them I want to call them what you call them is that okay? Does the child turn to his name? So that is something that simple that can be a little thorny.

>> ROBIN GETZ: Yes, definitely. This is great feedback. And yeah, I wanted to add that I agree with you about the screening. I really struggle with my local early intervention programs. When we do the developmental evaluation before we get going, a lot of them are not designed to support our ethnic families from other countries and cultures. And what we perceive as a delay here in the United States, is not a delay in their country or culture. And they go ahead and document it as a delay, because it's by the United States standard and it's not sensitive and friendly and does not feel good because these families walk away feeling defeated.

You know, unsupported and we're not getting off to a good start even though I would have developed that good rapport with the family. Prior to that evaluation, but we have that evaluation, and the family is like devastated and so I have to go in and do some damage control. And earn their trust again before we can move forward. Okay.

>> I think I'm going to try it this way instead. So we're getting to the question that you brought up. And I'm curious from this group how many have used a cultural broker? That is good because I'm not sure, this is something that we have used a lot in the state of Colorado we have trained our screeners and it's decades and continuous because it's new populations we need to train people on. So cultural brokers are newer in the state of Colorado and there is several agencies that provide. It's somebody from within the culture of the family that you're providing service that knows the culture and has been acculturated into American culture. So they speak English most of the time. They have lived in the United States, or they are generational or lived here long enough to understand the difference. And they are trained to work with families to explain this is how it is in America, and this is why you need to learn how to ask questions because we don't do that in our culture, it's the expectation of the culture that you're now living.

So when it comes from a person within the culture itself, it makes a huge difference because there is a trust relationship because they share the same culture. So it's really important with the subcultures within the United States to have a group of cultural brokers that you can go to ask these questions that you have. Now when a family speaks a language other than English, it's not just culture but it's a language. So we have a family in Denver. Maybe Robin had this family, but we could find one speaker in the entire Denver area that spoke the same language of this family, it happened to be an Uber driver.

So scheduling the appointments of when he was doing the Uber driving and teaching him what we were going to converse about, they had to train the cultural broker and interpreter about watt we were doing so that the information conveyed to the family was the same. Let me give you an example of a subculture. I have been doing this since the 70s and we came here around the hippy era and a group of people lived in a commune and we identified a deaf child, and we took a long time to figure out the biological parents because there was always a different caregiver, so we changed everything we did so we trained the entire commune.

When we went to the reservation, we would have done it differently today, but we were not training from within communities. Today we ask for the person that you would like to be trained. In those days, in the 70s, we had a trained person that went in the reservation and it went to the tribal council and we explained what was going to happen and they had this communication and negotiation and they decided this was in the domain of the healer and they went within the family intervention till they decided that the early interventionist was not breaking the customs within the tribe, and that they had a trust relationship they would ask what is appropriate and what is not and they stopped coming.

But it's like these kinds of things and sometimes it's a church you're talking to a rabbi or imam. Because the decisions of the family are so tied to their religious organization that sandy was talking that unless that person is on your side in south America the family had a deaf child and the healer thought is was going to be damaging with his status in the tribe and it took work to get the healer to think I'm going to have the most successful deaf child in the tribe but it took these discussions to get there. So it's not simply language, but the culture. So not all of you have a culture broker, it's a go between to reduce conflict. You are saying we don't have any, so what do we do.

I'm going to come back to the interpreter and I'm going to ‑‑ did we? I'll do interpreter first and do this other thing. So we use interpreters when Spanish speaking we had 80% of the families going from the early interventions to Spanish. That has been reduced sadly because the best way is direct intervention because if you don't know the language, you don't know what they are saying. We have done a lot of work in Mexico, and they give us interpreters, so I have enough understanding of Spanish. So when I would say something, and they would say something, it was not what I said. Like we told the parents that in some cases we could not get a response and we could not fit the hearing aid and the interpreter told the family that ‑‑ they said no today but come back tomorrow so we might be able to get you a hearing aid.

That was not what we said so it helps to understand the language of the person but in most cases we don't. We're dealing with a language that we have no idea so that is where the cultural broker makes a difference if you can have an interpreter and cultural broker you have to train the broker because they don't know what you're going to be doing and don't have the technical terms that you're using. I'm going to go back to ‑‑ no maybe I did do this. We have a primary institute in Denver that provides interpreters. For years now, we have been training those interpreters on our early intervention curriculum and teaching them about the words that we use.

If you're lucky, on that web site, all of the audiologist terms are in the language of ‑‑ there is at least seven or eight of them on that web site. I have used that to train interpreters. So when I have gone to China and used interpreters I have them read the Mandarin document because they don't know about deafness and hearing loss. So if they don't know what you're conveying to the parent, all kinds of confusions come up. And they use words that are very derogatory, and they are not the kinds of words like deaf and dumb are the translations that they use and they take that into the most commonly used term it is. We have to do a lot of education to explain we don't do that and prefer they don't use those terms because it generalizes into expectations for the child from their own culture.

But training interpreters on how to explain information is really helpful. Have the same interpreter makes a huge difference and we have that agreement with the Spring institute. I would say having worked with many interpreters the biggest mistake is saying too much before letting the interpreters say something. Don't do that. One or two sentences, stop, let them interpret. If you do a whole paragraph, you have no idea what they are going to say to that family. Your first experience should not be the first session with that family. You should sit in a triangle, and speak directly to the parents and not to the interpreters. One error is talking to the interpreter, and they are not our family. Yes? Where is the microphone?

>> Um, since our favorite COVID, we really have shifted to telephone interpreters. Which is really, really challenging. So like how do you have any ‑‑ we don't know what interpreter we're going to get over the phone. And what you said is like I have a family in anchorage Alaska so do you have wisdom to share about using in a pinch using telephone interpreters.

>> What I do when I'm confused is I ask a family to tell me back what they understand. Because often times when that happens, you realize it's not what I said. So you go back and correct it. I don't have a really good solution for those online interpreting services. I know they are being used a lot and that is very unfortunate because communication is everything. And online interpreting just doesn't do it. So I try to find information in the language of the family if anything is available to give them those kinds of things where I know exactly what the information is for that family. You talked about things ‑‑ I'm getting into the culture broker part but the word play. That does not translate in other languages very well.

They do actually play, and there is games in their culture and songs and ways to teach children how to do things and they are what we call play. So the terminology gets in the way of understanding what a family is actually doing in their home.

>> Thank you. So when I work with part C, and we're talking about inviting families to a transition conference and part C is responsible for the interpreters and they will say they don't need one when they need one. So it's degrading for a family if you say do you need an interpreter so rephrasing that like I want to make sure that we are giving you all that information because that puts them to question that person and another thing when families decline an interpreter because of the community and it's small so a lot of families know other interpreters or know that person and they don't want to share their business. And they know that in some cultures they talk a lot. They don't want a interpreter because of that. So there is different reasons, and it's problematic.

>> Particularly when it's a small community, and that is why certified interpreters are different from community interpreters. If there is a possibility that you get someone trained, that is better. We're required by law to assure access, and in most places we cannot accept a family member that is not a certified member. They reluctantly accept it but those things are tricky. And no matter how many tools you have, say something, there is no absolute perfect way to get agreement. But the things that you're doing sound really appropriate for the situations that you're running into. We have families that don’t want family members because they don't feel free to say things in front of family members. But the family insists on being there so there is these kinds of things that make ‑‑ put us in difficult positions and we can try the best to make it accessible to them.

Also, practicing saying things that are not so technical that they have to be translated. You have to find ways of using simpler jargon. We get into a routine, and we don't have another way of expressing it but practicing saying things in a common language rather than using professional jargon is really important because the interpreter might not get it. The cultural broker is the person that advocates. It's used very much in the healthcare system as well as mental healthcare systems. There is lots of trained brokers in hospitals that you can find. Say you can't find a trained cultural broker, what is the criteria. You want a cultural guide who is a mediator, and they are a catalyst for change in the family.

They have probably gone through this before and maybe not related to deafness but how to do things in this new culture that is so different from my culture. So you want someone that has knowledge of the values, beliefs and health and mental health practices. You want healing networks and you have to respect and invite those people in the decision making. And experience navigating mental health and healthcare delivery support systems. So you can find it anywhere. They might be a speech language provider, a social worker. You might find them as nurses or physicians. Maybe they are a family member that has been here longer and used as a guide for the family. So some of you brought up the parents don't have time to do play or communication interaction so you have to delve in the family and say is there someone else that spends more time?

Maybe it's an older sibling or aunt or uncle? But you have to bring them in the training because they do the interaction with the child. So it's with these conversations that you get the idea of where are the people that support the work that I do. On the web site that I showed you, I should have gone to the part to every culture and if you go down on the provider information, you will see lots of other information. But there is another section on the web site that are for deaf and hard of hearing leaders because it's a subculture within the American culture and there is African American and indigenous and Hispanic Latino deaf. So that web site gives you the context of the family of the deaf associated with the perspectives on the U.S. So sometimes it's youth but if it's from their culture, it makes all the difference in the world because whatever stereotype they have about who deaf people are in the culture.

When you bring someone like Robin as a primary context, they walk away from that interaction thinking this deaf woman is the professional that I go to and she speaks English and Spanish and she's sign language fluent. She might not bring up all of these things, but I can assure you that that interaction with the family can change the world for them. Because they have a stereotype of what it's like to be deaf in their country.

They can't imagine their deaf college can go to college or be a professional in what you're doing it could be a deaf person in America. They don't have a concept of that. And that interaction, the more deaf people that that family comes into contact with, the better it's going to be for the family because they see the things that deaf adults do in our society and the success that they have. So don't forget the cultural brokers from the deaf community. They are powerful communicators to this family. They can come from churches, synagogues, hospitals, government offices, community based ethnic organizations you can find one to talk to you and they are happy to go to an early intervention session with you. So the benefits of using trained interpreters and trained cultural brokers is that you increase their positive experiences.

If you have children who have grown up from within the culture of the family you're working with, that is a huge thing for the families. We had a family that were here for a post‑doc, and they were from Germany and their baby was identified deaf. And they thought, we need to go home. We can't stay here. We have to go home because our family is at home. We had another family that was German speaking with two deaf children, and they got connected with the family and met the two children that were bilingual in German and English and that brought the stress level down. Then the early interventionist said we'll look to find what resources are available in Germany, and you're going home at Christmas so let's get through the stuff here and get you ready to go home and we'll find places you can go to in your hometown.

They got hearing aids on and said we can continue while you're visiting your home in Germany by teletherapy, so you don't have to worry while you're away. There was no early intervention services in Germany. What they got in America was something that did not exist there. They said we're not going home, and we know our child can be bilingually fluent because we met these two deaf children and they never lived in Germany. They went back and they are trying to create what they got here in Germany. The families from India want to go back because that is their culture so what we counsel them is we understand you might go back but lets us finish getting the hearing aids and the counseling and we can do teletherapy while you're home and get you set up so that once your home, we can provide the services for child. That makes a difference.

Teletherapy has changed the world for us. A lot of the families are fluent in English but prefer their home language. So if you have materials in their home language they are more comfortable with that. So by showing them it's possible they have a different way of thinking about those. I'm going to let you go with these slides because they are all available. So the ‑‑ okay the charts here are just ‑‑ the roles of a cultural broker, understanding disability. So say you're training to be a cultural broker these are preparing them to be able to work with families. How they should communicate with families and what they should do about ageism. In Mexico the reason the interpreter could not tell them what I said because I'm going to make this woman cry.

I'm a younger man, and she's an elder so we'll fix that, and we'll get an interpreter that is the age and gender of the person and convey this information. Time and timing and cultural backgrounds. Stigma is a huge thing. Bureaucracy. And what their knowledge of that is. Networks. There are things that you should and should not talk about politics are one of them. When I take people to China for mission trips, I say don't engage in politics because you're going to get them in trouble because they can't speak freely. Even in the United States, there is that fear if they get into a political discussion it's going to get back and get reported in their home country, so you have to be very careful.

>> When they asked how many hours we wanted, we are like we can get through this in three, and now we're skipping slides, and we have about a half hour. But feel free to stand up and stretch as we go through the last bit. So one thing we failed to mention is that the families it depends why they are here in the U.S. as to why they are receptive to services. We have families that are seeking political asylum, and they might be fearful of organizations so developing that trust and relationships is hard. So it's no wonder that we don't know what to do, and what it takes to get there. So we want to talk about real things. I like to call them Monday morning takeaways.

So when you go back and start to work with your families, what are the things that you're going to do? So increased positive communication and increased family engagement are the goals. So if we think about the things that we want to do, how are we going to increase that family engage so when we're not in the room and home that all of the good things continue. So I was going to do this as a table group but let's have one or two people answer these. So as we think about cultural appropriateness how do you decide if the lesson or activity is appropriate? So what are the things that you thing about in the elements of a good intervention and you're thinking about the activity. Yes? Sorry, I thought you had your hand raised, you're the interpreter.

>> Is it something that the family already does, using daily routines and activities?

>> I love that. So let's say the next thing you're going to work on is feeding. So what is something that you can try or help you know? Yes?

>> I usually ask families, what would you normally do now, or can you show me what you do? So just asking to show me.

>> We can extend that to the future, because I don't know how many do visits at different times of the day or have a set schedule. So if I can vary the time of the session, I can see different things. So maybe I want to plan to be there at the time the baby wakes up so being able to change that question when I'm not here at dinner time, what does that look like. Let's go to the second question, how do you decide if something is cultural or not? Up here in the front.

>> Um, simply asking the family. So if I'm teaching vocabulary, and we have flash cards for certain animals, but like a snake or certain things that go against the culture to be describing or discussing these photos. I ask the families if there is things they don't want in their home through flash cards or whatever.

>> Excellent. So getting the information from the family first or if they are not willing to share we have lots of resources online that are things that you should not talk about. What about this idea that somebody brought up here about not playing or being culture. How do you know the that is cultural or if the child has a delay. I think the person in the back ‑‑ were you pointing?

>> When I try to decide if something is cultural or a preference, I ask parents to share what it was like when they were growing up. Is this something that you did as a child in your home with your family. My family's culture even though I'm white and grew up in Denver it's different from the person that lives next to me. So what did you do around meal time and those values.

>> I do a similar thing about cousins. Tell me about a cousin that is the same age. What things do you see from them, or do you have a chance at church to see other 2‑year olds and what are they doing? So let's go to the third one, how do get your parents ‑‑ sorry, go ahead.

>> I wanted to add a quick point that sometimes that might be a cultural norm for them to carry their child longer and look at the home environment and think what is happening that might put the child at risk if it's culturally appropriate. So we got a referral for a little one who has delays in gross motors skills and the EI asked how do I view that because there is a cultural piece to that. But the child spends a lot of time in a container. So another example is a family where the child is spending a lot of time on screen time. But thinking are they adopting things that are American that put their child at risk. So they might be at risk because they thing other things they are doing are good because they see it in the culture that are not helpful.

>> So we go back and the norms that we have for child development the developmental norms that we have in our American culture, don't work for all cultures and it's not wrong or bad but we have to understand what the family's goal is. So we need to figure out how to talk about that together because if it's a priority for us and we the family does not identify it it's not going to happen. So we need to understand the why behind that. Let's go to the third one. How do you get them to participate when participation means something different.

>> I like to ask families to show me things like show me what a mealtime looks like. And show me and explain to them that I would like to learn about how their family does different things. And be very ‑‑ try to have an era of curiosity and respectfulness and have a comment about a positive or affirming comment like that is a wonderful custom, or that really helps me understand something about your family that I didn't know before.

>> Thank you, that is a great idea. And someone in the back.

>> For me, before the parent is going to participate, I have to develop that relationship with them. We have team meetings in Alaska and team members are like we didn't get anything accomplished. And her response and my response is that is important because we need the parents to feel comfortable so relationship building is huge for me personally.

>> 100%, and we don't go in on the first visit and do the coaching. There was a family in our area that was from Somalia, and we had a cultural broker work with us, and it took a long time to get a trusting relationship. They would only talk to the interpreter and that was hard because it took a long time for me to realize my role to work better with them. The father did not come to the sessions and till he approved of me the mom would not work with me in the home. So sometimes it's figuring out why the parents don't want to engage. Maybe they see you as a therapist so helping the parents understand the coaching modeling system that can take a lot of time for development. How do you set up boundaries and develop trust when you don't speak the language and you're not from the culture?

>> It's me again, sorry.

>> We're passing the mic around.

>> I really try to make sure that communication is trans parent and I do a lot of thinking out loud with families and checking and saying what I think I heard you say so was ‑‑ help me understand, is that right? And kind of also trying to just be very trans parent about like what is coaching mean and what does it mean that I come here every week? And that giving them permission to say that is not something that I care that much about and letting them know they are not going to hurt my feelings if they say those things, but they don't want to appear disrespectful to us but to give them that permission to tell me when I'm off base.

>> The resource ‑‑ hold your thought one second. The resource that Robin shared and of course you're not going to go in the home and start asking those questions. Maybe you have to share things about yourself that may or may not be comfortable for us.

>> So I have a slightly different role as a parent guide working with families. Like your comment thinking out loud, so I don't want to come in and saying this is what you do. So if I'm demonstrating about my thought process, like this is a good question or let's think about that that gives them the idea of thought sharing.

>> Did someone have a comment?

>> I work with language, so if a child is using Spanish words, but I don't know those words, in my records I write child said look in Spanish. I will ask the parent how to spell that and the parent has fun teaching me those words and I try to use them in the session and make sure I'm documenting what the child said.

>> If I look a little silly and say I don't know what this is, a little baby from Somali, and I don't know what they are talking about so that is helpful for the parents to see we are human as well. Hopefully your organizations are giving you materials too. So one think I wanted to cover is this. Remember that EI practices are not the same as child‑rearing beliefs so because we know something is supposed to happen, does not mean that that is what the parents want to focus on. So if you look at the things on the far side, literacy, communication, disability and feeding those are cultural things that can happen. But we have an understanding and many of the screenings and data focus on what the child can do in those areas?

Those should sound familiar. What does your morning or afternoon or playtime look like? That is culturally independent. We don't have to focus on the culturally dependent part, we focus on the routines. So whatever that is, that is where we respond our time and focus for the child. Doesn't have to be what we think is important for feeding, the example that Robin gave you. Most families don't keep feeding their children till they are three or four, they turn out to be successful self‑feeders. So if you focus on what you think should happen, it doesn't fit into the daily routines. So we were going to do this but we're not. So till that child is feeding themselves this is considered an area of need and you know other families that the child eats with a spoon and with mom and dad's help so what we consider success differs from culture to culture.

So when they ask the parent, how satisfied are you with the routine? That question is important to me. How satisfied are you with this? Because if the parent is satisfied with that, we need to be satisfied. So remember it goes back to is there harm to child and is there a safety issue? Let me keep going here. Multigenerational homes. This is what we talked about earlier and I'm going to go through this quickly. My next slide talks about reasons families don't want to sign and it might or might not have to do with cultural beliefs but maybe it's their religious beliefs so what is important is to find out the why. If you know why something is happening, it's not going to be an easy question.

Maybe it's rooted in beliefs about the hearing difference than really about the hearing aid or sign language. There is reasons what they believe about why the child has a hearing loss. It could be a curse or demons or the opposite sometimes they believe that it's a gift from God and they were chosen to be able to take care of this little one. So if you think it's a curse I'm going to act very differently than if I think it's a gift. Families have different amounts of guilt depending on what they believe, and they feel like they have to work with lots of healers including western medicine. When I worked in Arizona, it was not uncommon to go across the border and see a healer and they came here to see the audiologists.

So most of the time they see older people wearing hearing aids. Then wrongdoing from your ancestors, so that is going to affect your day-to-day interactions with the child. So you might shelter and protect. There might be embarrassments and maybe they think other children can catch the hearing difference. Maybe they think the child is not capable of learning. So your attitudes about a disability impact the treatment and intervention that you get. So it's the person's personal thoughts about what the other people believe about the child. We have five minutes. So going back to cultural humility, what we hope that you learned today is recognized the meaning of this parent family centered family is very culturally centered. We need to accept they have varying degrees of acculturation. So there is differing levels of how acculturated you. We need to understand who in the family helps to make decisions.

We need to accept and respect that female and male roles and power making decisions make a difference. So there is key cultural elements for a successful visit that you can look at home. Here is your Monday morning takeaways. So when you go back next week, what are you including and what do you want to include? What barriers persist and we didn't have time to talk about this a lot today. And what resources do you need so you can go back to your agencies. Somebody said that your interpreters need to help you and they think it's adult to adult interaction no they need to know what the child is saying too and sometimes they forget that too. I make the interprets be part of the play on the floor. So we have two minutes, does anyone have a question? That was so fast. Yes, please, go ahead.

>> I'm fairly new to working with children who have hearing differences, but I had a family whose belief was that it was like a ‑‑ not a curse but not a good thing from God. How do you respond to that as a professional?

>> We need another hour. That is a really good question, and I'll see if anyone else has a great idea. Okay. Christie, do you want to? I can too.

>> CHRISTIE YOSHINAGA‑ITANO: There is a belief that in Africa that it's a curse and they leave their babies to die sometimes. I will say that having a deaf and hard of hearing leader interact with them changes everything for them. Because it's not a ‑‑ they don't see it as a disability but as a difference so there is no other way I can show them that.

>> ROBIN GETZ: I agree with Christie, but I wanted to share an example recently that a colleague shared with me. She had a family move to Honduras and the child is 2 and had ‑‑ microtia and the mother shared with my colleague that the medical professional back in Honduras told the mother it was her fault that the child was born with this condition. That is a common belief back in a lot of countries and this mother was devastated so a lot of time was spent counseling this mother in understanding it was absolutely not her fault at all. It's still a work in progress. Yeah.

>> That is what I was going to add is that these issues go beyond our training, so it's important to find a member of a mental health team to work on how to address these issues or a person that can work with a family. Mental health providers get paid to work with kids not adults, so finding someone to help you help the mom is really critical. Our time is done, and we'll still be here so you're welcome to chat with us. Thank you to the presenters. And remember to go to the app and fill out the feedback forms for the presenters. Thank you.

>> We're here if you want to come ask questions.