

# **Cultural Humility: Fostering Family Engagement in Early Intervention**

EHDI Pre Conference Session

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# Learning Objectives

1. Participants will define cultural humility and responsiveness and begin an exploration of their own cultural views.
2. Participants will describe common cultural beliefs on hearing differences, identify typical stumbling blocks, and examine tips on how to optimize their work with interpreters and cultural brokers, which will lead to increased positive communication and increased family engagement.
3. Participants will review recommendations and resources on developing and implementing culturally responsive practices in family-centered early intervention practices.

# Importance of Cultural Humility in EI

US population has become increasingly diverse, with more families speaking languages other than English in the home

- Unique cultural norms, beliefs, traditions, languages, and rituals

Culture is believed to be the fundamental building block of identity

- Instills a strong sense of community, beliefs, understanding and trust
- Drives activities, beliefs/values, expectations, language and routines
- Influences views on disabilities
- Can impact/differ from US developmental norms



Robin

United States population has become increasingly diverse where families speak a language other than English at home.



# Immigration to the United States Overview

The United States welcomed approximately 10 million immigrants between 2011-2020

49.5 million immigrants lived in the United States in 2023, which is roughly 15% of the US population

Over 1 million immigrants arrive in the US each year

In 2023 the top 3 countries immigrating to the US originated from:

1 in 8 US residents is an immigrant

1 in 8 is a native-born US citizen with at least 1 immigrant parent

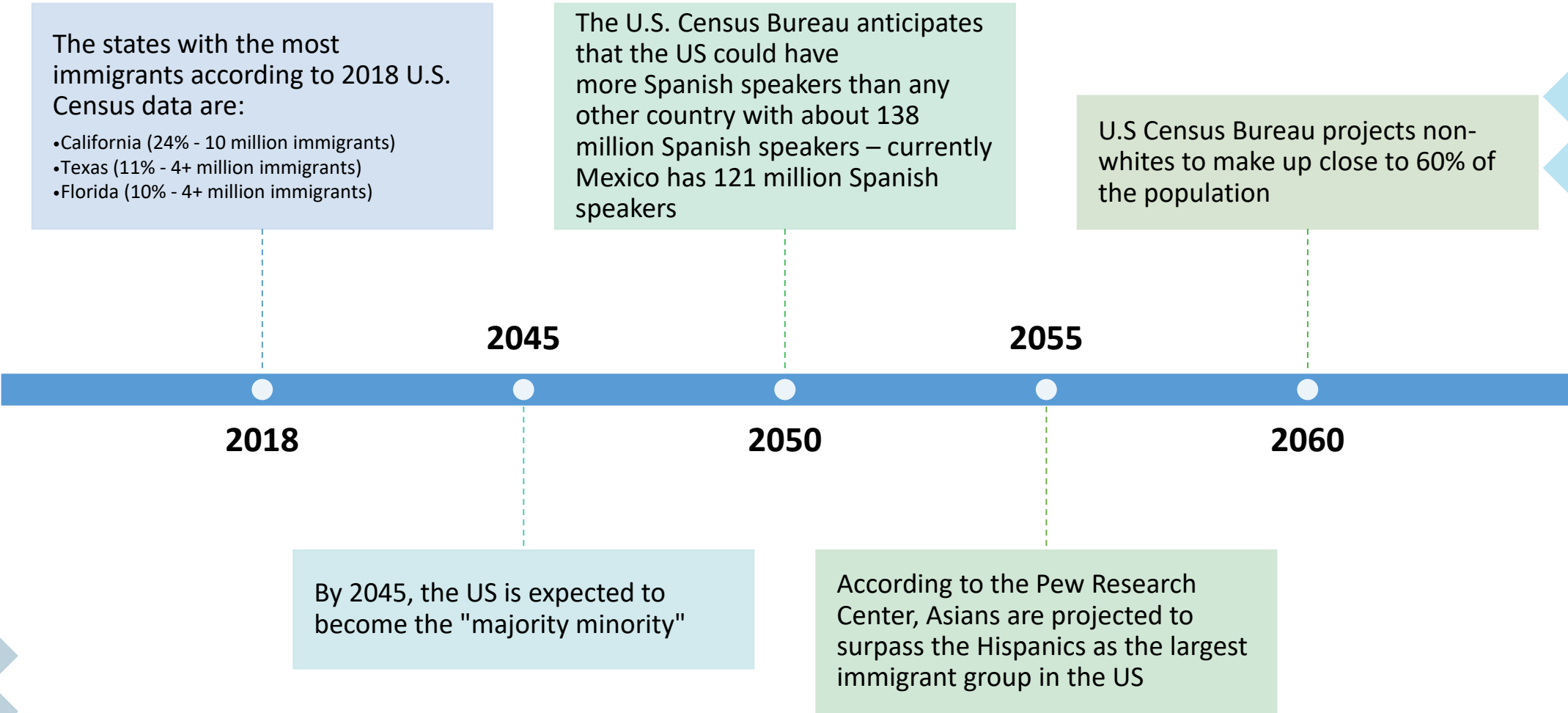
61 million Hispanics/Latinos made for about 19% of the total US population

Mexico (24%)

India (6%)

China (5%)

# Immigrant Projections



# Recent arrivals of Latino/Hispanic Immigrants in the US

**In Louisiana and Ohio, recent arrivals account for more than a quarter of all Hispanic immigrants**

*% of Hispanic immigrants who are recent arrivals by state, 2021*

≤9.9%
  10.0%-14.9%
  15.0%-19.9%
  20.0%-24.9%
  ≥25.0%



Note: "Hispanic immigrants who are recent arrivals" refers to foreign-born Hispanics who have been in the U.S. for 5 years or less. Shares shown only for states with an unweighted sample size of 200 or more Hispanic immigrants.

Source: Pew Research Center tabulations of the 2021 American Community Survey (1% IPUMS).

**PEW RESEARCH CENTER**

Immigration  
Population  
Growth in the US  
by  
Country/Region  
2021 to 2023

Table 1. Immigrant Population in the United States  
by Country and Region, January 2021 to October 2023  
(in thousands)

Region	January 2021	October 2023	Numerical Increase	Percent Increase	Share of Growth Accounted for by Region
Latin America	23,628	26,497	2,869	12%	63%
Mexico	11,966	12,054	87	1%	2%
Caribbean	4,485	5,395	910	20%	20%
Central America	3,831	4,780	949	25%	21%
South America	3,346	4,269	922	28%	20%
Sub-Saharan Africa	2,285	2,767	482	21%	11%
Indian Subcontinent	3,972	4,308	335	8%	7%
Europe	4,355	4,484	129	3%	3%
East Asia	7,801	8,236	436	6%	10%
Canada	682	743	61	9%	1%
Middle East	1,921	2,180	259	14%	6%
Oceania/Elsewhere	367	321	(46)	-13%	-1%
<b>Total</b>	<b>45,010</b>	<b>49,535</b>	<b>4,525</b>	<b>10%</b>	<b>100%</b>

Source: January 2021 and October 2023 public-use files of the Current Population Survey. Regions defined in end note 9.

(Center for Immigration Studies, October 2023)

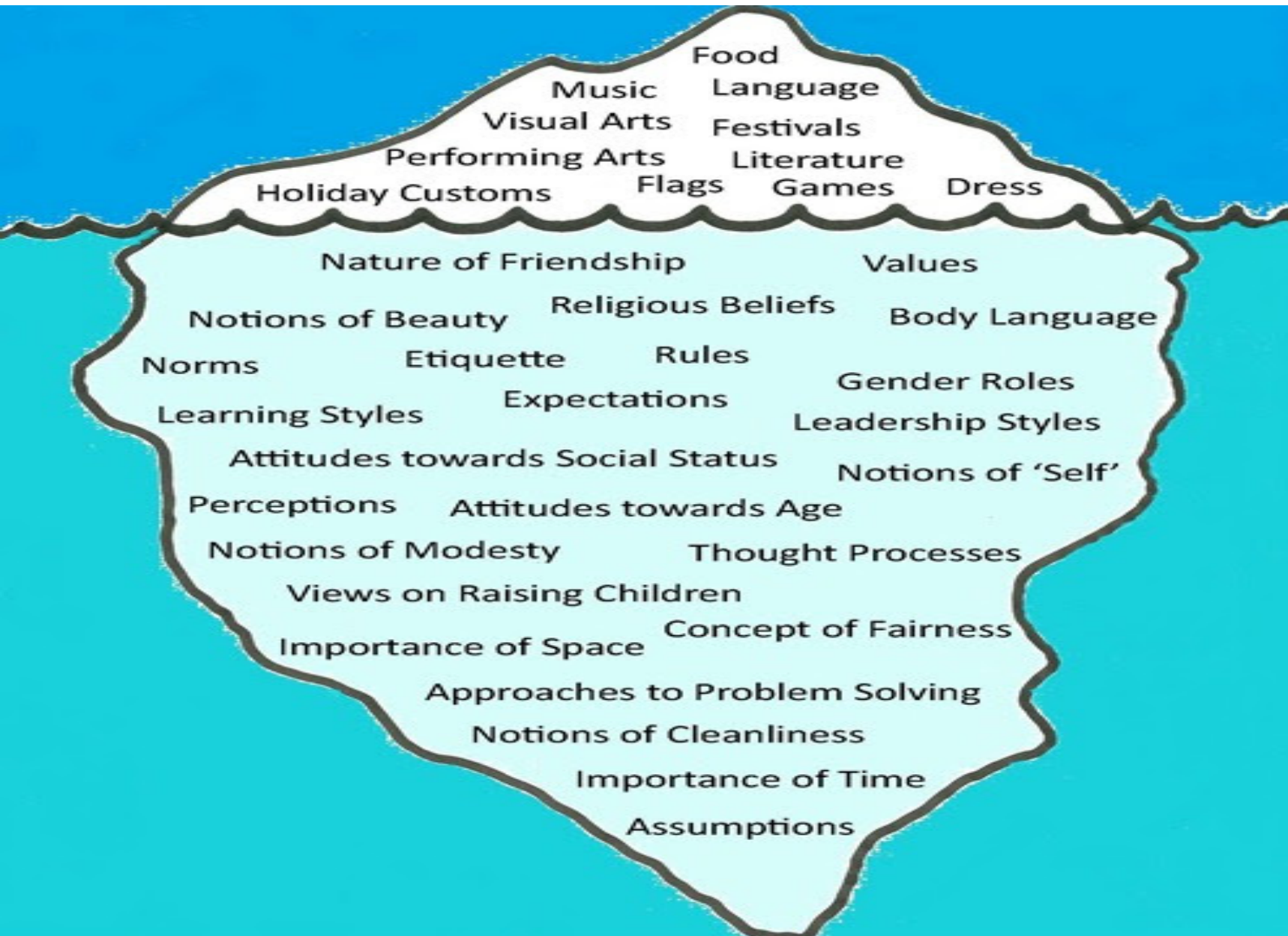


# What is Culture? (Christie)

Culture drives the activities, beliefs, expectations, and routines of families with children who have hearing differences.


Common cultural beliefs on hearing differences and disability vary widely both across cultures and within cultures (sub-populations by religions, socio-economics, education etc.)

# Culture is often compared to an iceberg.



The external, or conscious, part of culture is what we can see--the tip of the iceberg--and includes behaviors and observable practices.

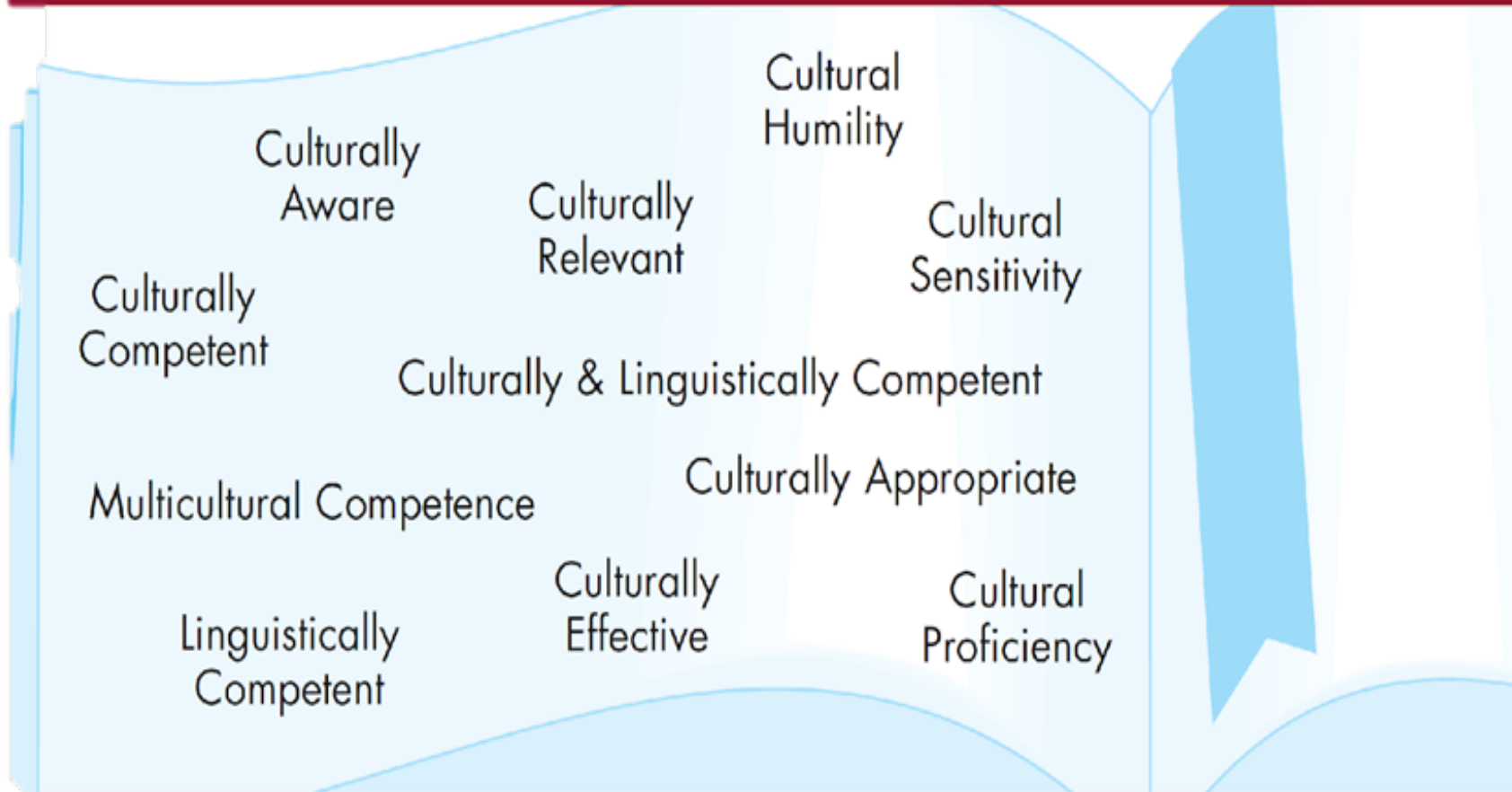
The internal, unobservable, part of culture is below the surface and includes beliefs, values and concepts that underlie behavior.



# Marion Downs Research Center Research (MDRC) Resources

- <https://www.mdcresearch.net>
  - <https://mdcresearch.net/index.php/multicultural-resources/>
  - <https://mdcresearch.net/index.php/deaf-and-hard-of-hearing-leaders/>
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**FIGURE 3: Are We on the Same Page?**



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When EI professionals engage in self-reflection and self-examination of their own culture (Cultural humility) they are then able to enter into a relationship with the family with the intention of honoring their beliefs, customs and values (Cultural responsiveness).





# Cultural Humility

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**Cultural humility** is a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities (Tervalon & Murray-Garcia, 1998)

In practicing cultural humility, rather than learning to identify and respond to a set of culturally specific traits, the culturally competent provider develops and practices self awareness and reflection.



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### Focus Within:

- Tune into your emotions
- Recognize how your experience has shaped your perspective
- Stick to facts, and don't make assumptions.
- Turn frustration into curiosity.

### Learn about others

- Recognize how their experiences have shaped their perspective
- Consider how they might see the situation and what is important to them
- Think about how your actions may have impacted them

### Engage in dialogue

- Ask open-ended questions
- Listen to understand, not to debate
- Offer your views without defensiveness or combativeness
- Disentangle impact from intent
- Avoid blame, think contribution

### "eXpand" the options

- Brainstorm possible solutions
- Be flexible about different ways to reach a common goal
- Experiment and evaluate
- Seek out diverse perspectives

# Culture and Family are inextricably tied together

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You learn first through your family **cultural values, self-identification, social roles, gender expectations, and communication.**

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**Family culture** influences the way each family member thinks, feels, and acts on a daily basis. Your family culture influences things like your moral compass, beliefs, values, and traditions.



# Definition of Family

- Family is an enduring relationship, whether biological or non-biological, chosen or circumstantial, connecting a child/youth and parent/caregiver through culture, tradition, shared experiences, emotional commitment and mutual support (United Advocates for Children, 2005)
- Families include two or more people who regard themselves as a family and who carry out the functions that families typically perform. These people may or may not be related by blood or marriage and may or may not usually live together. (Poston et al 2003).

# Every family is unique

- Families are diverse with a broad range of characteristics or dimensions on which families vary, along with a recognition that there are a multitude of different family types.



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# Cultural views of “family” “kin” or “tribe”

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Individuality vs.  
Interdependence

Nuclear vs.  
extended

Multigenerational  
households

Role flexibility  
and kinship

Family dynamics  
and acculturation

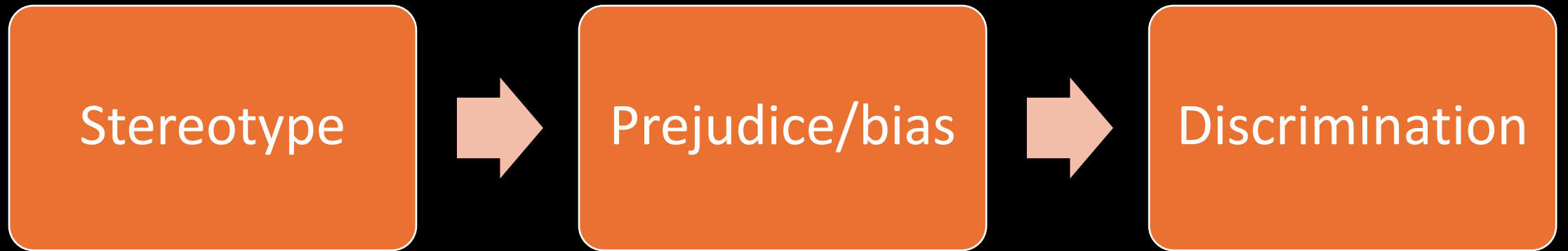
# What is diversity

- **Diversity** is the range of human differences, including but not limited to race, language, ethnicity, gender, gender identity, sexual orientation, age, education, occupations, background, social class, physical ability or attributes, religious or ethical values system, national origin, political beliefs, and life experiences.

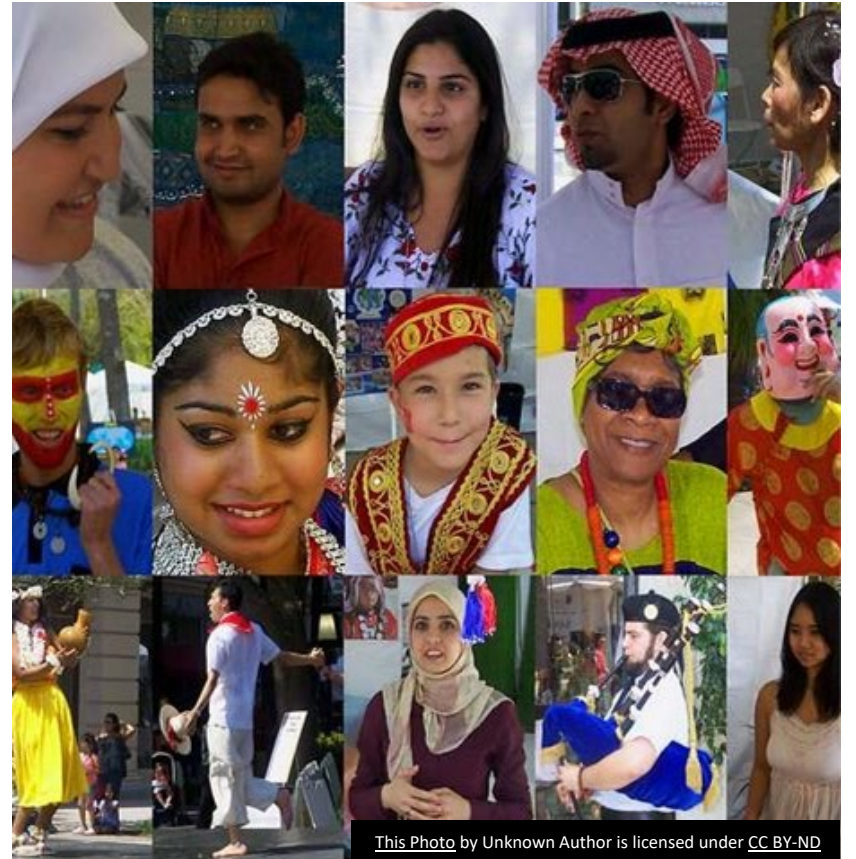
## Definition of bias

- An attitude that always favors one way of feeling or acting especially without considering any other possibilities (Webster)





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- We often assume a lot about a family based on their appearance, race, country of origin, or native language.
  - Cultural misconceptions stem from what we've seen as commonalities across groups of people, so naturally when we meet someone, our brain attempts to group that person based on those commonalities.
  - Avoid using stereotypes to classify families- begin a relationship so you can begin to understand their culture.



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# Personal Bias

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## 1. **Acknowledge and recognize your own**

- We acquire these through socialization, our upbringing, media, education...
- Harvard University's [Implicit Association Test](#)

## 2. **Leave your comfort zone and educate yourself**

## 3. **Practice mindfulness to counter stereotypes**

- Pay attention to the thoughts and associations you have

## 4. **Have conversations**

- Who is at the table? Who is missing? Chances are you've skipped some valuable perspectives. There's your unconscious bias.



# Bias in EI

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- **Check Your Biases.** Is this a safety issue? If the answer is no, consider your biases. We hold our professional beliefs as a foundation! However, truly family centered practices build on family strengths and priorities.
- **Understand The Why.** Talking with families about what motivates their decision making provides us with insight into why others do what they do. Safety, culture, experience? Why does the family choose ..... Is \_\_\_\_ a standard practices in the family's culture? Listen first! Then support.
- **There is no one right way.** Truly family centered practices trust families to be the expert on their own needs which simultaneously requires professionals to follow families' leads and problem solve together, to find strategies that work for the family.

# Pair activity

How do we make ourselves available for the beliefs, values and culture of the family, particularly when they are contrary to our own?

How do we approach a disconnect from what we value as “best practices” among diverse differences?

# Culturally Responsive Practices and Family Engagement in FCEI (Robin)

- What is your comfort level in working with families of other cultures?
- Which cultures have you worked with?
- What challenges have you faced with these families/cultures?



# What is Family Engagement?

- Genuine, trusting, and respectful partnerships with families which fosters family investment and effective outcomes
  - Understand family perspective, culture, beliefs, and values
  - View as the experts on their child
  - Include the whole family so the priorities, concerns and needs of the child are placed in the context of the family and their routines
  - Allow for open, objective, and unbiased information sharing and partnership/collaboration between providers and family members
  - Helps educate, empower and support family members on their journeys so they can advocate and make informed decisions
  - Increases level of involvement and follow through
- Leads to better outcomes for children and their families



# Family Engagement in Early Intervention

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Principle Two “A goal of FCEI is the development of balanced partnerships between families and the professionals supporting them. Family–provider partnerships are characterized by reciprocity, mutual trust, respect, honesty, shared tasks, and open communication” (p. 432).

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Paramount to this partnership is that service providers, “recognize the diversity within cultural groups (i.e., spiritually, views on health and disability, child rearing, help seeking, and family structure)” (p. 432) and seek support when their own cultural background differs from the cultural background of the family. (International Consensus Statement Moeller, et al., 2013),

To develop a relationship that is supportive of family, the EI Provider must understand the family's values, beliefs and practices.

- Family structure and function
- Cultural identification
- Child-rearing practices
- Perceptions, attitudes and beliefs of disability, hearing loss, intervention and medical options





# Resource 25 Questions EI Professionals should ask.

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- Group 1-Family Composition
  - Group 2- Family Culture, Ethnicity and Language
  - Group 3-Family Customs and Preferences
  - Group 4- Child-Rearing Practices
  - Group 5- Education, Health Care and help seeking
- 
- 25 Questions Early Childhood Professionals Should Ask Families  
[Click Link here](#)

# How to optimize your work with interpreters and cultural brokers- Christie

When a family speaks a language other than English, parents' abilities to interact with the interventionist may be noticeably limited by language barriers as well as restricted in more obscure ways by cultural differences" (Wieber & Quiñonez-Sumner, 2016, p. 78).

It is not simply using the same language but understanding the cultural differences in views of disability, child-rearing practices, playtime behaviors, and cultural resources that may impede the relationship (Bowen, 2016; Wieber & Quiñonez-Sumner, 2016).



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Professionals who are not culturally attuned may overlook language learning opportunities in and outside the home.

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In order to optimize parent engagement and child outcomes, intervention must be provided within the framework of the family's specific culture.

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This includes using culturally appropriate songs, games, books, and activities within the family's daily routines and understanding and respecting the family's beliefs, values, and traditions (Wieber & Quiñonez-Sumner, 2016).

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The best approach to meet the needs of diverse families is to employ CLD providers (Bowen, 2016; Yoshinaga-Itano, 2014).

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However, in the absence of qualified professionals, it is important to have skilled oral language interpreters and cultural brokers involved in the early intervention process (Bowen, 2016; Wieber & Quiñonez-Sumner, 2016).

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A cultural broker is defined as a 'go-between' or one who advocates on behalf of another individual to reduce conflict or produce change (Georgis, Gokiart, Ford & Ali, 2014; Jezewski & Sotnik, 2001).

# Working with an Interpreter in the Home

How do you effectively use an interpreter in family-centered intervention?

What is your role in this process?

What is the interpreter's role in this process?

How do you develop trust with the family?



# COLORADO HOME INTERVENTION PROGRAM

- Spring Institute provides interpreters
- Trained on curriculum and vocabulary
- As much as possible the same interpreter stays with the family for the time they are in EI services
- Rare languages may present challenges in finding an interpreter – may require flexibility – e.g. the only person speaking the language is an Uber driver and must work around this schedule – will need to be trained about the expectations of the role of an interpreter

# Guidelines for Using Interpreters

- **Meet or speak with the Interpreter separately** if you need to outline the aim of the interview and/or to provide necessary background information about the individual. This is also a good opportunity to ask culturally specific questions. For example, cultural attitudes to death, and illness etc.
- **Seat the people involved in a triangle** to encourage face to face communication.

Allow a brief time for a formal introduction between the interpreter and the client and for the interpreter to build a level of rapport with the older person. **Explain that it is very important that all conversation that takes place during the interview needs to be interpreted into English.**

Allow for the option by the client to respond to the interview in English with the provision that **if either the client or the health professional is not certain that the message is understood the unclear material then needs to be resolved with the assistance of the Interpreter.**
- **Talk to the person, not the interpreter.** Maintain eye contact with the older person where appropriate, not the interpreter. **Speak to the person in first person**, rather than third person (e.g. *would you like a drink?* rather than, *Ask her if she would like a drink*).

## Tips on Working with Interpreters

- Determine language/dialect
- Review key terminology
- Ensure all translation happens
- ALWAYS look at the individual you are speaking to
- Rephrase what you said/signed if need be
- Try to use some of the words/phrases/signs in the family's language!





# What is a Cultural Broker?

- ▶ The act of bridging, linking or mediating between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change (Jezewski, 1990).
  - ▶ Source: *Bridging the Cultural Divide: Health Care Settings: The Essential Role of Cultural Broker Programs*, NCCC, 2004
    - a go-between,
    - one who advocates on behalf of another individual or group (Jezewski & Sotnik, 2001).
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# Rationale for Cultural Brokering in Health Care & Mental Health Care Systems

- emergent & projected demographic trends
- diverse beliefs systems related to health, mental health, healing, & well-being
- cultural influences on help-seeking behaviors
- attitudes toward health & mental health care providers
- use of indigenous & traditional health and mental health practices
- evidence supports effectiveness of cultural brokers



# Who is the cultural broker?

- liaison
- cultural guide
- mediator
- catalyst for change



# Characteristics & Attributes of a Cultural Broker

trust & respect of the community

knowledge of values, beliefs & health and mental health practices of cultural groups

understanding of traditional & indigenous wellness and healing networks in diverse communities

experience navigating health and mental health care delivery & support systems



## Cultural brokers may be any of the following:

- ▶ program support personnel
- ▶ social worker
- ▶ board member
- ▶ nurse, physician, physical therapist, or other
- ▶ health or mental health care provider
- ▶ youth or family member
- ▶ outreach & lay health worker
- ▶ peer mentor
- ▶ advocate
- ▶ community member
- ▶ administrator

Who can  
fulfill the role  
of cultural  
broker?

# Cultural Brokers may work in a variety of settings...

health and mental health clinics and practices

community-based and ethnic specific organizations

family/youth and advocacy organizations

schools

government offices

Universities

hospitals

churches, synagogues,

mosques, temples, kivas,

plazas, & other places of

worship



Benefits

## Patients, Clients & their Families

*Potential to improve or  
increase ...*

positive experiences

satisfaction with services  
access

mutual trust and respect  
effective communication  
community acceptance

## Provider

*Potential to improve or  
increase ...*

accurate assessment,  
diagnosis & treatment  
effective communication  
knowledge & connection  
with communities  
personal satisfaction

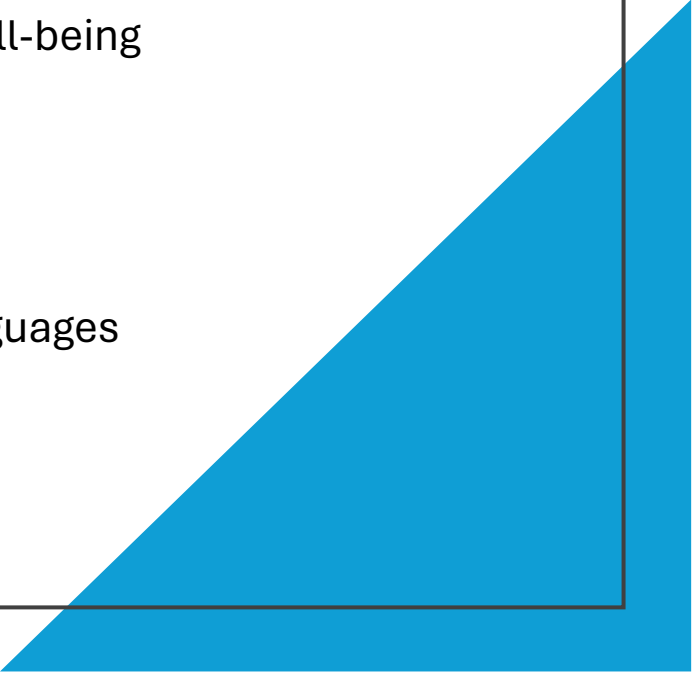
# Guiding Principles for Cultural Broker Programs:

## *Cultural brokering ...*

- honors & respects cultural differences within communities
- is community-driven
- is provided in a safe, non-judgmental and confidential manner
- involves service delivery that is accessible & tailored to communities served
- acknowledges reciprocity & transfer of assets between community and health and mental health care settings



# Knowledge, Skills & Areas of Awareness for Cultural Brokers

- **AWARENESS**
    - own cultural identify
    - cultural identify of members of diverse communities
    - social political & economic factors affecting diverse communities
  - **KNOWLEDGE**
    - values, beliefs & practices related to illness, health, mental health& well-being of cultural groups
    - traditional or indigenous health and mental health care networks within diverse communities
    - medical, health care and mental health care systems
  - **SKILLS**
    - communicate in cross-cultural context communicate in 2 or more languages
    - interpret and/or translate information
    - advocate with & on behalf of patients, clients, & their families
    - negotiate health, mental health & other service delivery systems
    - mediate & manage conflict
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# Implementing & Sustaining Cultural Brokering Programs

Create	Create a vision and ensure the commitment of leadership
Get	Get buy in and acceptance among stakeholders & constituency groups.
Develop	Develop a logic model or framework for the program
Identify and allocate	Identify and allocate resources

# Cultural Brokering

<p><b>Understanding of Disability</b> Type of disability and its cause</p>	<p>Consumers' understanding (or lack of) of the cause and nature of the disability sometimes creates breakdowns in facilitating service.</p> <p>Diagnoses may be explained in ways consumers and families do not understand</p>	<p>What impact does the consumer's disability have on access or maintenance of rehabilitation services?</p> <p>Do consumers, providers and family understand the disability in the same way?</p> <p>Is the understanding of the disability creating a barrier to open communication?</p>	<p>Disability can become an economic liability.</p> <p>Rehabilitation for some disabilities may be very expensive and institutions may limit rehabilitation based on the economic liability to consumers who do not have a means to pay for it.</p> <p>In some instances, consumers may be given fewer rehabilitation options if their insurance does not cover the options.</p>
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# Communication

<p>Interpersonal Communication (verbal and nonverbal) that takes place Between consumers, families, and Service providers.</p>	<p>When rehabilitation service providers act as brokers of information, consumers and families are better informed and better able to understand what is communicated.</p> <p>The broker of information uses language in a way that is sensitive to the consumer or family's level of comprehension.</p> <p>Extra time and care needs to be taken when consumers or families do not speak English.</p> <p>Communication breakdowns are sometimes just as severe when consumers and families do not speak the "language" of rehabilitation</p>	<p>Is there open communication between all participants?</p> <p>What factors may be hindering open communication?</p> <p>What does the service provider have to do to encourage communication if there is a deficit?</p> <p>Do consumers and family members speak the same language as the providers?</p> <p>Do consumers and family members understand the language of rehabilitation?</p> <p>What is the language of rehabilitation?</p>	<p>Rehabilitation service providers need to act as information brokers between consumers and the rehabilitation system.</p> <p>This includes interpreting the language of rehabilitation to the consumer as well as interpreting and clarifying explanations communicated to consumers.</p> <p>The role of the culture broker becomes one of advocate and innovator when consumers and families do not speak the same language as the providers.</p>
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# Age

<p><b>Age</b> Ageism. Age impacts on quality of life issues and rehabilitation options made available to the consumer.</p>	<p>When there are limited resources in rehabilitation service settings, preference is sometimes given to particular populations.</p> <p>Value judgments may be made regarding the consumer's age and rehabilitation services.</p>	<p>How does the consumer's age affect the service he/she receives?</p> <p>What are the values and beliefs of rehabilitation service providers toward the consumer, related to the consumer's age?</p> <p>Does ageism affect the way the consumer's care is facilitated?</p> <p>Is the consumer labeled negatively (stigmatized) because of age?</p>	<p>Age is a subtle intervening condition in the brokering process.</p> <p>Ageism can be a potential form of stigmatization that can negatively impact on rehabilitation services.</p> <p>It can also be a positive influence on the brokering process.</p> <p>If providers positively value the age of the consumer, it may be easier for the consumer to obtain optimal service.</p>
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# Cultural sensitivity

Awareness by one person of the differences in values, beliefs and behaviors of another and the awareness that these are an integral part of the person's worldview. The ability to function competently is an important component

The values and beliefs about disability may be very different for providers and consumers.

Culture sensitivity does not have to do solely with ethnicity.

It has to do with the similarities and differences in the values, beliefs and behaviors between the cultural systems of the consumers and the rehabilitation service providers.

Do the providers know the consumer's views of disability?

What are the consumer's explanatory models of disability?

Are the service expectations of the consumer similar to or different from the providers?

Is culture sensitivity present in providers who are interacting with the consumer?

The rehabilitation service system is a cultural and social system with a set of values, beliefs and behaviors particular to that system.

Culture sensitivity is a positive force in the brokering process.

Culture insensitivity has a negative impact on the stages of brokering and leads to cultural incompetence.

Culture sensitivity also increases awareness of stigmatizing behavior.



# Time/Timing

The time orientation (past, present and/or future) of consumers and providers.

The time it takes to broker.

In some cases, there are right and wrong times to initiate certain rehabilitation service interactions.

Brokering strategies are affected when the time orientation of the consumer differs from the provider's; especially when the provider is future-oriented, emphasizing preventive, goal oriented behaviors; and the consumer is present-oriented, emphasizing, "survival is living life one day at a time."

Brokering takes time and can't be rushed.

The power of the broker evolves over time, especially the establishment of complex service provider networks.

What is the time orientation of the consumer and the providers? Do they differ?

Are differences in time orientations between provider and consumer creating breakdowns in the rehabilitation service interaction?

Is it creating conflict between consumer and provider in their perception of appropriate service?

Does the service provider see the value of taking time to broker for the consumer?

How does a service provider make time to broker?

Awareness of differing concepts of time/timing informs the assessment of conflict and the strategies to resolve conflict, especially sensitizing others to the presence of this Intervening Condition.

Rehabilitation service providers may need to increase their own sensitivity to the concept of time orientation.

There is a need to consider the timing of discussions with consumers in situations that require complex decisions.

# Cultural Background

<p>Similar to cultural sensitivity, but narrower in scope.</p> <p>This Intervening Condition implies that the cultures of the consumer and provider are imbedded in their ethnicity and in turn ethnicity influences values, beliefs and behaviors.</p>	<p>Differences in cultural background influence interactions.</p> <p>Cultural backgrounds affect communication patterns, time orientation, and beliefs about disability.</p> <p>Differences in cultural background impact negatively on the brokering process if providers are not sensitive to the influence of culture.</p>	<p>What are the cultural backgrounds of the provider and consumer?</p> <p>Are they different? In what ways are they different?</p> <p>Do provider and consumer cultures impact positively or negatively on the rehabilitation service interactions?</p> <p>Is the potential for conflict increased as a result of cultural differences?</p> <p>How do consumer/provider cultural backgrounds affect the other Intervening Conditions?</p>	<p>Cultural background impacts on most of the other Intervening Conditions.</p> <p>Culture is the framework by which the meanings of the other Intervening Conditions are formed and interpreted by the consumer and provider.</p> <p>The broker needs knowledge of the meaning of culture.</p>
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# Stigma

<p>Refers to the negative beliefs and values one person has for another based solely on a label ascribed to the person. The values and beliefs about the label are usually determined by the dominant culture.</p> <p>The stigmatizing label provides a discrediting attribute, which is likely to bring about social exclusion.</p>	<p>Stigma has a negative impact on access and utilization.</p> <p>The label "migrant farm worker" and "homeless" may stigmatize because of the perceived differences and stereotyping on the part of providers. One type of stigma is linked to age.</p> <p>Elderly consumers are sometimes circumvented in favor of their family members' decisions. This occurs even though the elderly consumer is competent to make decisions.</p>	<p>Is the consumer labeled in a stigmatizing way that results in a negative view of the consumer or family member?</p> <p>What is the source of the stigma?</p> <p>What information or educational processes are necessary to reduce the stigma associated with a particular derogatory label?</p>	<p>Powerlessness is often present when lack of health insurance is a factor in access or use of rehabilitation service.</p> <p>In some conflict situations providers withhold information from competent consumers under the guise that it is in the best interests of the consumer, despite the fact that consumers and/or family members want the information.</p> <p>Additionally, policy and protocols are influenced by those with the most power.</p>
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# Bureaucracy

<p>An administrative system in which there is the need to follow complex procedures based in policy and/or legislation.</p> <p>Bureaucracy can impede the provision of rehabilitation services.</p> <p>Bureaucracy entrenches policy in a system</p>	<p>Bureaucracy is the paper chase and "red tape" that can impede the brokering process.</p> <p>Bureaucracy in the form of complex protocols impedes brokering in interactions and mandates the need for an intermediary.</p> <p>In rehabilitation service settings there is the red tape of social service programs.</p> <p>The regulations of Medicaid create barriers rather than facilitate coverage for groups who economically are eligible for this rehabilitation service coverage but who may not meet all the regulations for eligibility.</p>	<p>Does the administrative paperwork impact on the consumer's autonomy?</p> <p>Are there forms that consumers must fill out/sign?</p> <p>Does the consumer understand what he/she is signing and why?</p> <p>Are the forms necessary?</p> <p>Are there committees that periodically review forms and policies that consumers must deal with directly?</p> <p>What aspects of providing rehabilitation service and resolving conflict are entrenched in the bureaucracy?</p> <p>How do bureaucratic mandates affect service?</p>	<p>Consumers have difficulty understanding the jargon present in the bureaucratic paperwork and protocols.</p> <p>Differences in cultural values may make it difficult for some consumers to understand the forms they must sign or the necessity of signing such forms.</p> <p>Consumers may not have knowledge of the politics of regulations imposed by local, state or federal governmental agencies on rehabilitation service agencies.</p> <p>Rehabilitation service providers act as intermediaries between the bureaucracy and the consumer.</p>
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# Politics

<p>Defined in the context of culture brokering as conducting and engaging in activities that are designed to influence and determine decisions that affect rehabilitation service delivery</p>	<p>Politics is, "what is possible," more dynamic and changing than the bureaucracy. Policy development through politics impacts on the bureaucracy.</p> <p>Rehabilitation service providers may not be involved in the politics of their institutions. Politics in the institutions control, to some extent, who will and will not receive service</p>	<p>Is there a role for the service provider in changing policy to prevent conflict in particular situations in rehabilitation service interactions?</p> <p>Does the service provider have the ability to change protocols to reduce the possibility of conflict in rehabilitation service interactions?</p> <p>Do rehabilitation service providers sit on committees that are active in changing policy?</p>	<p>It is difficult to prevent political decisions from becoming immutable bureaucracy.</p> <p>Rehabilitation service providers who are active in policy decisions have more power to prevent or resolve conflict in rehabilitation service encounters.</p> <p>Politics affect economic conditions. Politics and legislation affect insurance coverage under the Medicaid program.</p>
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# Networks

<p>Networks are established links between the culture broker (service provider) and others in rehabilitation services. "Others" may have the power and know-how to assist the broker. The broker needs to know who the "others" are to facilitate brokering</p>	<p>Networks facilitate the power of the broker to effect conflict resolution. Networks are either formal (administrative, contractual) or informal (personal, social).</p> <p>Referrals can be an important part of brokering rehabilitation services.</p> <p>Referrals are facilitated by networks. Referrals may be made to outside agencies for follow-up.</p> <p>Referrals may also be made within agencies</p>	<p>Rehabilitation service providers can ask themselves: "Whom do I know and what do they know that can help me facilitate service for consumers?"</p> <p>Are there formal networks in place to facilitate consumer services?</p> <p>What are the informal networks in place?</p> <p>Are there potential access problems for the consumers within agencies?</p>	<p>Networks provide power for the rehabilitation service providers practicing in a variety of settings within the community</p>
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Increased positive communication and increased family engagement (Sandy)





# Culture appropriateness



# El practices vs. child rearing beliefs, experiences, and perceptions

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- Literacy and book sharing
  - Play
  - Child behavior
  - Child independence
  - Communication
  - Disability
  - Feeding
  - Dressing
- ➔ Daily routines



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# IFSP assessment and routines

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- Family Concerns
  - Family Priorities
  - Family Resources
- 
- IFSP teams need to understand the child's development in terms of the cultural expectations and opportunities.



# Provide examples for how culture impacts:

- \_\_\_ Dressing
- \_\_\_ Discipline
- \_\_\_ Toileting
- \_\_\_ Feeding
- \_\_\_ Self-help skills
- \_\_\_ Expectations for the future
- \_\_\_ Communication



# Developmental Milestones and Culture

Sequence  
seems to be  
the same

Timing and  
expectations  
may differ.

Competence  
may vary



# Motor and Emotion Developmental Milestones and Culture

Cross-cultural research has shown that early moving opportunities and a stimulating environment contribute to motor development. Different child-rearing practices may change a baby's moving opportunities and environment and therefore affect gross and fine motor

Cultural scripts dictate how positive and negative emotions should be experienced and displayed; they may also guide how people choose to regulate their emotions, ultimately influencing an individual's emotional experience and development

# Language Development and Culture

- Universal sequence
- Timing and milestones vary
- Communication competence varies
  - With whom the child communicates
  - Interaction styles
  - Topics of conversation
  - Teaching language
  - Structured language



Unconscious but guide interactions



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**Before visiting or providing services in the home setting, seek information on acceptable behaviors, courtesies, customs and expectations.**



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During visiting or providing services in the home setting, observe the environment and **seek information from the parents/caregiver on acceptable** behaviors, courtesies, customs and expectations which are unique to their family.



# ***Families living in multi-generational homes***

Try to identify the decision-makers in the family – who has to be convinced?

Who decides which members of the family will be present during the early intervention sessions?

Who is given the primary responsibility for care-giving, for the developmental outcomes of the child?

*Families whose cultures do not accept diagnosis for the children – do not want to have child in EI or have hearing aids*

Denial of the diagnosis

Important to open discussions with the family about what frightens them or what upsets them about a diagnosis of deafness or hearing difference

What does this mean in their culture? (next slide)

Can you identify any other family from their culture who has become involved in EI and has a success story?

Have you tried a cultural broker?

Have you tried an EI provider from their native country?



# Common Cultural Beliefs on Hearing Differences

Punishment/Curse from God

Spiritual causes- Gods, daemons, or spirits

Gift from God

Stigma/embarrassment

Guilt

Work with cultural/faith healers, medicine man

Cleanse the home

Hearing aids make the hearing worse

Wrong doing from their ancestors

Unavoidable but unfortunante event

# Attitudes about a disability vary depending on the perceived cause of the disability

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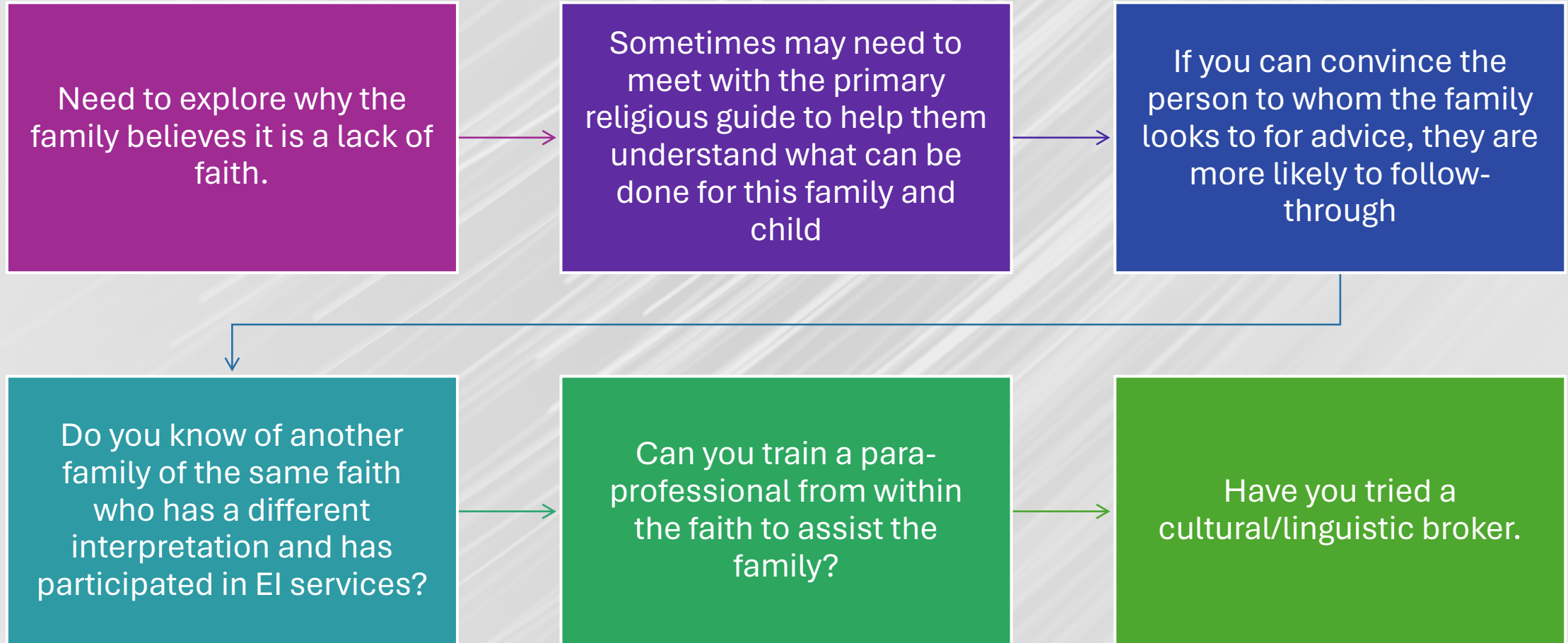
- Shelter and protect child and family
- Ostracizing of child, mother, and/or family
- Personal embarrassment to the parents and/or extended family
- Treated as though the individual has a contractable illness/disease
- Child is incapable of learning (much)
- Attitudes about the disability impact the intervention and treatment



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# *Religions who reject services as it would indicate a lack of faith*





# ***Muslim Faith and other cultures where the father must be present for home visits or to take phone calls – mother not able to connect with other families due to cultural differences***

- Is this a family that is the only one of their faith within the program.
- Some programs have established parent groups of other mothers of the same ethnicity and faith- more acceptable for husbands to grant permission for their wives to participate.
- Home visits would probably have to be with a female provider – unlikely that a male EI provider would be allowed into the home without the father present.
- Connect families with other families Hands & Voices of the same culture and faith.
- If these are not available in your program it is possible that there are families across the US who would be happy to communicate via phone or email about their experiences with EI.
- If there is a critical mass of families with a specific background, having the assistance of cultural and linguistic brokers, as well as parent-to-parent support of individuals from their culture and religion and connecting with professionals from across the US with the same culture and religion could be extremely helpful.

# *Not wanting to make the loss visible through sign language*

- Often discuss the use of sign language as a bridge to spoken language development.
- Can use sign language in the home and not outside the home (not preferable, but may be the only way to begin language learning)



# I consider families' cultural preferences when planning:

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- \_\_\_ Appointments
- \_\_\_ Community outings
- \_\_\_ Holiday celebrations
- \_\_\_ Meals, snacks
- \_\_\_ Services in the home
- \_\_\_ Homework/recommendations for caregivers



# General Overview of Cultural Do's on a Home Visit

- Shoes
- Appropriate greetings/farewell
- Food/drink/gift offerings
- Use basic words in their language
  - Check to see which words are preferred
- Songs, music, fingerplays
- Literacy/story time
- Holidays
- Reminders





# General Overview of Cultural Considerations on a Home Visit

- Eye gaze/eye contact
- Physical contact/handshakes
- Asking questions
- Discipline
- Male interventionists
- Seating etiquette
- Dress
- Bringing objects/toys



# **Cultural Humility: Fostering Family Engagement in Early Intervention**

- Recognize that the meaning or value of parent/family-centered early intervention may vary greatly among cultures.
- Accept and respect that customs and beliefs about food, its value, preparation, and use are different from culture to culture.
- Recognize and accept that individuals from culturally diverse backgrounds may have acquired varying degrees of acculturation into the dominant culture.
- Engage extended family members whenever needed

# **Cultural Humility: Fostering Family Engagement in Early Intervention**

- Understand and accept that family is defined differently by different cultures.
- Understand that families from different cultures will have different expectations for the care for people in regard to disability, sign language, child rearing, independence
- Accept and respect that male-female roles in families may vary significantly among different cultures, as well as decision-making power in families.
- Accept that religion and other beliefs may influence how families respond to illnesses, disease, and death.



Understand/honor/respect the culture, language, traditions, and child rearing practices

Value and celebrate child's different abilities

Willing to explore strengths, needs, desires of families you work with and their differences

Understand how to communicate respectfully within their culture and know what's acceptable

Locate an interpreter that speaks the family's dialect

Learn about family's views on hearing differences, disabilities, hearing tech

Implement culturally relevant routines –  
**POWERFUL!**

Incorporate songs/music, games and books they use

Provide appropriate materials/resources in their native language when possible

Connect families from similar cultures/background to one another

Spirituality/religion/holidays

Trauma Informed Care

## Key cultural elements for a successful home visit.



# Monday Morning Take Aways

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Which components of family engagement are included in your professional practice? Which are missing or could be enhanced?

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Which components of cultural competence and cultural humility are included in your professional practice? Which are missing or could be enhanced?

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What barriers seem to be most persistent for diverse families to be engaged in the early intervention experience?

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What resources do you need to support the diverse families on your caseload?

# RESOURCES

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- Multicultural Resources – Marion Downs  
Center Research: <https://mdcresearch.net/index.php/multicultural-resources/>
- [Multicultural Understanding - Families Questions](#)
- ASHA Multicultural Affairs and Resources: <https://www.asha.org/practice/multicultural/>
- Cultural Competence Check-In: Culturally Responsive Practice: <https://www.asha.org/siteassets/uploadedfiles/multicultural/culturally-responsive-practice-checklist.pdf>
- Cultural Competence Check-In  
Self Reflection: <https://www.asha.org/siteassets/uploadedfiles/multicultural/self-reflection-checklist.pdf>
- Phonemic Inventory and Cultural and Linguistic Information across Languages: <https://www.asha.org/practice/multicultural/phono/>
- <https://www.mdcresearch.net>
- <https://mdcresearch.net/index.php/multicultural-resources/>
- <https://mdcresearch.net/index.php/deaf-and-hard-of-hearing-leaders/>

# Thank you!

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