

**Early Childhood Mental Health Best Practices Project**

**Literature Review Workgroup Report**

**CULTURAL COMPETENCY AND EARLY CHILDHOOD  
MENTAL HEALTH**

**Regional Research Institute for Human Services  
Graduate School of Social Work  
Portland State University**

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**Safe Schools/Healthy Students Initiative coordinates grants to local educational agencies for safe and drug-free learning environments in conjunction with Department of Justice, Education, and Health and Human Services. This initiative is a partnership between Portland Public Schools, Multnomah County, and other community agencies.**

# CULTURAL COMPETENCY AND EARLY CHILDHOOD MENTAL HEALTH

## EXECUTIVE SUMMARY

The Literature Review Workgroup, a committee of the Multnomah County Early Childhood Mental Health Best Practices Project, chose cultural competency as its focus for the 2001-2002 year. Literature was identified and reviewed by a workgroup comprised of local mental health and early intervention professionals, parents and interested community members. Literature that is chosen is recommended to the Multnomah County Library, which maintains a collection of early childhood focused materials. This year's work was facilitated by staff at the Regional Research Institute for Human Services, a unit of the Graduate School of Social Work at Portland State University.

The Literature Review Workgroup met three times during the spring and summer of 2002. Twenty-one individuals were involved in one or more of the meetings. Members worked in small groups of three or four to review 49 documents, and recommended 39 articles for inclusion in the library collection. Margie McLeod, MSW, from Morrison Center facilitated the workgroup meetings, which lasted for three hours with time scheduled for small group discussion and for large group debriefing of each article. The substance of the discussions was recorded and synthesized into a list of best practices identified by the group.

The best practices identified fall into five categories: Understanding Culture from Multiple Perspectives, Collaborating with Community Members, Partnering with Families in a Culturally Respectful Way, Interaction with Children, and Program Strategies that Promote Cultural Competency. ***Understanding Culture from Multiple Perspectives*** includes practices related to worker self-awareness, developing knowledge of other cultures and understanding how to individualize services to each family. Best practices within the theme of ***Collaborating with Community Members*** include involving members of the family's cultural community and involving members of the general community in services. ***Partnering with Families in a Culturally Respectful Way*** identified best practices related to using appropriate assessment tools, understanding each family's individual situation and encouraging families to take the lead in determining service needs. Best practices associated with ***Interaction with Children*** focuses on reviewing provider and agency practices for acceptability to diverse cultures, increasing sensitivity to linguistic and cultural difference in the classroom and the use of appropriate assessment tools with children. ***Program Strategies that Promote Cultural Competency*** included best practices such as conducting an agency cultural competency assessment, adopting a strength-based approach to services, employing diverse staff and insuring access to services by culturally diverse children and families.

The literature reviewed provided a wide array of ideas related to the best ways to assure culturally competent services to young children with mental health challenges and their families. Although the literature available on this topic is limited, several of the articles reviewed will provide a thought-provoking basis for discussion in a program or classroom staff meeting. In addition to the small number of articles found, another limitation the group discovered was the dearth of articles on childrearing beliefs and practices of specific cultural groups and the beliefs of each group about mental illness and how it should be treated. In general, most of the literature reviewed identified best practices that emerge from practice experience with a small group of articles reflecting ideas based on research.

## **Introduction**

Multnomah County's Early Childhood Mental Health Best Practices Project began 3 years ago as a grassroots and volunteer effort by local mental health and early intervention professionals to expand the knowledge base of the community's early childhood mental health practitioners. Funding was provided by a Safe Schools/Healthy Students grant administered by the Portland Public Schools.

An important part of the Project since it began in 2000 has been the Literature Review Workgroup, a group of local early childhood professionals and interested individuals who review the literature related to a chosen topic. Literature identified by this group as useful and pertinent is then recommended to the Multnomah County Library, which maintains collections of early childhood-focused materials in branches throughout the county. As the Project identifies new materials, the Library will continue to add to these collections, ensuring that this community learning system remains a viable resource for current and useful information.

Following the first literature review (during the Project's second year), three major categories of gaps were identified: foundational work on attachment and other conceptual pillars of the early childhood mental health field; newly published materials on brain research and the science of early childhood development; and culturally competent practice. For this, its third year, the Project chose as its sole focus a review of literature describing research, programs and practices in the area of culturally competent early childhood mental health.

The Regional Research Institute for Human Services agreed to serve as host and convener for the Project's Literature Review Workgroup. The Institute's role in promoting family involvement in children's mental health and its commitment to cultural competency made it the ideal lead organization for a literature review process that is inclusive of all early childhood-related professional disciplines and of parents.

As this year's literature review group began to form, it became clear rather quickly that the group would be faced with various limitations, including a relative dearth of literature focusing specifically on culturally competent early childhood mental health practice. Within the literature that the group did deem useful and important to include in the library's collection, there are still gaps, especially in literature concerning certain specific cultural groups. The best practices gleaned from the articles that were recommended, however, are generally relevant to work with young children and their families from any non-dominant cultural group.

**'Best Practices' in Early Childhood Mental Health identifies the perspectives and strategies which promote emotional, social and behavioral well-being of young children and their families.**

This monograph is organized into four parts. The first section presents the best practices identified in five categories. Provided in each category is a brief synthesis of the best practices and suggested literature for further information and examples of that practice. This synthesis should help providers and parents identify which pieces of literature will be useful to them for a specific issue. Program managers and supervisors will also find this synthesis a helpful starting point for identifying resources to use as discussion points for work teams or supervisory groups. The second section lists each of the documents recommended to the library. The third section discusses the literature reviewed and not recommended to the library. For the most part, items were not recommended if they were oriented toward a more academic, less practice focused audience. The last section describes the methods used to identify the literature for review and the process by which the work group functioned.

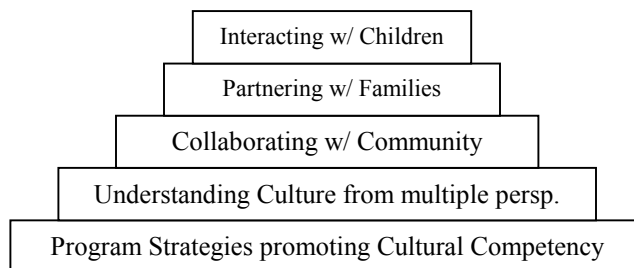
## Synthesis of Best Practices found in the Literature

Five major themes prevailed throughout the best practices identified by the Literature Review Committee:

- 1) Understanding Culture from Multiple Perspectives
- 2) Collaborating with Community Members
- 3) Partnering with Families in a Culturally Respectful Way
- 4) Interactions with Children
- 5) Program Strategies that Promote Cultural Competency

It is ultimately the responsibility of the program or agency providing services to create a structure (through its policies, mission, values and vision), and thereby an atmosphere, that welcomes and supports families from a wide range of cultural, linguistic and social backgrounds. From there it is up to individual practitioners to employ the best practices described in each of the five categories as they interact with families, children and the community.

The following diagram represents our conception of how these categories relate to each other:



### 1. Understanding Culture from Multiple Perspectives

One commonly noted best practice focused on the need for practitioners to obtain a broad understanding of the concept of culture and the way culture of both the practitioner and the family affects the practice situation. Three aspects of this theme were found; 1) self awareness (the worker's understanding of her own cultural history, values and influences), 2) knowledge of other cultures, including an understanding of how the worker might explore a new culture, and 3) understanding of how to individualize services to a family within its own cultural context.

The first aspect in understanding culture, cultural self-awareness, refers to the need for child care staff and other providers to take into account their own cultural values and the part these values play in their interactions with children and families. Although self-awareness is noted in a number of the articles, a good source of information about how to approach this process is found in article 20, *A Model of Multicultural Understanding*. This article contains a list of questions that staff might ask themselves to help develop a sense of their cultural self-awareness, as well as a discussion of cultural assumptions often made by persons from the dominant "white" majority. A second useful article in a similar vein is article 33, *Culturally Sensitive Psychological Assessment*. This author addresses the importance of the clinician's cultural self-awareness during the assessment process and provides short vignettes to illustrate her points.

Another aspect in the process of understanding culture is the gaining of knowledge of specific cultures. Employing staff from diverse cultural backgrounds (also discussed under Program Strategies) is an important best practice with which to begin. Article 7, *The Critical Importance of Cultural and Linguistic Continuity for Infants and Toddlers* recommends employing caregivers of the children's cultural background and drawing upon their expertise to make a childcare program more culturally sensitive. Another best practice in gaining necessary knowledge is the process of seeking out information specific to the cultural group a program or provider is working with. Although academic journals may not be the best place to look for this type of information, we found a few articles that focused on early childhood topics. Articles 9, *Understanding African American Discipline Styles: Suggestions for Effective Social Work Intervention*; 25, *Understanding the Early Experience of Black Children in High Risk Environments*; 21, *The Sociocultural Context of Infant Mental Health in African American Families*; and 36, *The Nguzo Saba: African-Centered Values as Tools for Family Assessment, Support and Empowerment*, all focus on aspects of child rearing and family life and their meaning within the African American community. Article 21, *Latino Families in the Perinatal Period* focuses on the meaning of pregnancy and childbirth practices for Latina women. Article 19, *Native Americans*, provides a more general overview of the Native American culture and includes discussion of child rearing and family structure and dynamics. Both of these articles emphasize the importance of acculturation and immigration as a dynamic that providers need to understand. There are few articles that explore topics relevant to early childhood within a specific cultural context. Although one might wish for more of this type of writing, it is also important to remain aware of the potential for stereotyping that arises when one tries to generalize about the practices and beliefs of any particular cultural group.

Finally, in order to truly understand the needs of families from diverse backgrounds, agencies and practitioners must recognize the necessity of individualization within a cultural context. The skills needed to first understand a culture different than one's own, and then to individualize services to a family within that context, are complex. Although many articles mention this best practice, few provide an in depth discussion of how individualization is achieved. Article 13, *Cultural Differences as Sources of Developmental Vulnerabilities and Resources*, examines several critical variables in the assessment of developmental delay in children of color. Among these is a discussion of the mismatch between assessor and child, as well as minority status of the child, as sources of risk. This article provides a thorough discussion of many of the areas where the failure to individualize can lead to an erroneous assessment of developmental status. Article 18, *What is Culturally Sensitive Intervention*, describes a series of situations in which the provider was required to individualize within the cultural context of the family. Another way of approaching this topic is to look at cross-cultural studies in which assumptions about child rearing practices are studied across several cultures. Article 26, *Cross-Cultural Studies of Child Development*, provides one interesting variant of this approach by studying three risk behaviors in three different societies. Article 23, *Ratings of Parent-Infant Interaction: Raising Questions of Cultural Validity*, examines the interactions between caregivers and infants in several cultures and questions current methods for measuring interaction. Article 3, *Awareness, Use and Satisfaction with Services for Latino parents of Young Children with Disabilities*, describes research findings in which Latino parents did not pursue alternative treatments for their child, despite the conventional belief that Latino families would be likely to do so. Each of these articles draws attention to the need to individualize services using information from diverse perspectives.

## **2. Collaborating with Community Members**

Several articles in the collection discuss the best practice of involving community when working with families from diverse cultures. Agencies and practitioners have a responsibility to consider each individual family served within their larger community context. By doing this, the provider can gain a greater understanding of that family's individual and cultural history, values & traditions, its socio-economic status, each family member's level of acculturation, and work to include natural supports that are available in service delivery. Two aspects of involving community were recognized as best practices: 1) Involving members of the family's cultural community, and 2) Involving members of the general community in which services are being offered.

The first aspect emphasizes that while working with a family, practitioners should involve members of the family's own cultural community. This may include extended family members, "fictive," or unrelated, "kin," and/or people considered leaders and healers. There is an inherent requirement, when committing to work with families from diverse backgrounds, to make a conscious effort to involve this wider circle of important people in the service delivery team. Article 4, *Assessment Perspectives for Culturally Diverse Young Children*, suggests involving "indigenous community people within the subculture" as consultants who may be helpful in determining cultural barriers and ways in which families can work around them. Article 8, *Understanding Family Resiliency from a Relational World View*, talks about "natural helpers and healers" – people in a family or child's life who act as supports and guides. These people are important members of the family's community, and need to be included in services in every way possible. Further mentions of this type of community involvement can be found in articles 19, *Native Americans*; 22, *It Takes a Whole Village to Raise a Child*; and 31, *The Sociocultural Context of Infant Mental Health in African American Families*.

In addition to involving members of the family's own cultural community, individuals and groups from the community providing services should be participants in collaborative teams working to help the family. These teams may include practitioners, community resources, doctors, teachers, and the family to provide a truly holistic system of care. Article 27, *Serving the Newest Arrivals: A Model of Early Intervention for Central American Babies and Their Families*, describes a program which successfully connects immigrant families to health, mental health, nutrition, support, and numerous other services, both within and outside the primary agency. In article 28, *Developmental Delay or Cultural Difference?*, one of the suggested "Steps to Developing a Culturally Sensitive Child Find Program" is to involve members of the local community in the program planning and referral process in order to build bridges between services and the families who would benefit from them. Along these lines, article 37, *Starting Small: Teaching Tolerance in Preschool and the Early Grades*, describes several methods for involving members of the community in which a school is located.

## **3. Partnering with Families in a Culturally Respectful Way**

Another theme that emerged from the literature reviewed by the work group is a series of best practices related to working directly with families. Three sub-themes were evident: 1) Knowing about and using appropriate assessment tools, 2) Understanding each family's individual situation and 3) Encouraging families to take the lead.

The first sub-theme, knowing about and using appropriate tools, speaks directly to the need for culturally competent assessment tools as well as skills in engaging and supporting families. Article 29, *Therapeutic Work with African-American Families* is brief and provides several case examples of creative and innovative ways used by the author to engage families. Article 13, *Cultural Differences as*

*Sources of Developmental Vulnerabilities and Resources*, discusses culture as a developmental resource, providing detail about how a provider might view culture as an asset. Two articles address the assessment process. Article 10, *Culturally Specific Assessment*, includes a useful discussion of general areas to address during a family assessment, including issues related to the family's beliefs about family-professional interactions. Article 23, *Ratings of Parent-infant Interaction: Raising Questions of Cultural Validity*, raises the issue of parent-infant interaction scales currently in use and questions their validity in a cross-cultural context.

The second sub-theme in this category encompasses the need to carefully understand each family's situation. The act of individualizing services to each family can take many forms. Article 31, *The Sociocultural Context of Infant Mental Health*, describes ten dimensions that may be helpful in interpreting African American parents' goals and behaviors regarding their infants. Article 27, *Serving the Newest Arrivals: A Model of Early Intervention for Central American Babies and Their Families*, uses a case study format to examine The Family Place, a family resource center in Washington D.C. that serves Central American immigrants and refugees. The approaches used to develop individual service plans for the individuals and families served are discussed. Article 15, *The Culture of Inclusion: Recognizing Diversity at Multiple Levels*, discusses the role of culture within the peer culture, classroom culture, family perspective and larger community context. The section on the family perspective reviews a number of areas in which the family's culture will influence their views about disability and inclusion.

The third sub-theme focuses on the need to empower families and help them take the lead in decision-making about their child. Several articles described ways in which a provider could support families in this process. Article 6, *Culturally Sensitive Transition Plans*, describes four roles that families might take throughout the transition process. These roles include that of guide, information specialist, decision-maker, and ally. Article 22, *It Takes a Whole Village to Raise a Child*, provides case examples of communities that have structured programs that help families take the lead in decision-making in their community and in their own lives. Article 38, *Caregivers' Views on the Cultural Appropriateness of Services for Children with Emotional or Behavioral Disorders*, discusses research suggesting that caregivers from diverse backgrounds are equally likely to express dissatisfaction with services.

#### **4. Interaction with Children**

Working with children of diverse cultural backgrounds in any setting can be challenging, but when a child is also facing mental health issues such as a history of trauma, or a behavioral or emotional disorder that affects her ability to function successfully, practitioners and teachers need to be able to support her on several levels at once. Three sub-themes were noted in the readings focusing on practicing with children: 1) Review of provider and agency practices, 2) Practitioners' sensitivity to linguistic and cultural differences in the classroom, and 3) Use of appropriate assessment tools and processes.

Practitioners who wish to review the way they interact with children from diverse cultures may find the cultural competency self-assessment checklist in article 14, *Promoting Cultural Diversity and Cultural Competency: Self-assessment Checklist for Personnel Providing Services and Supports in Early Intervention and Early Childhood Settings*, particularly helpful. This article provides a 40-item self-assessment checklist intended for use by human service providers and agencies that focus on children. In addition, the *Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and*

*Culturally Diverse Populations* outlined in article 2 can be helpful in recognizing some of the best practices that are important within an agency or program.

In the early childhood classroom, or in childcare or day-treatment settings, children from diverse cultural backgrounds are faced with the challenge of feeling different from their classmates, especially if their family has recently immigrated to this country, or if they haven't been exposed to other children outside their home. Teachers and practitioners need to be particularly sensitive to the cultural and linguistic differences that these children are dealing with, and to keep these differences in mind at all times. According to *The Critical Importance of Cultural and Linguistic Continuity for Infants and Toddlers* (Article 7), it is necessary for providers to consider a child's behavior in terms of his cultural background, and to meet the child at his own level – culturally, linguistically, and developmentally. Article 25, *Understanding the Early Experience of Black Children in High Risk Environments*, also makes this point, specifically for those working with African American children from high-risk environments whose social and comprehension skills may not be the same as their classmates'. Article 37, *Starting Small: Teaching Tolerance in Preschool and the Early Grades*, is another useful resource for classroom staff. The programs featured in the book focus on teaching multiculturalism, celebration of differences, and cooperation to all children.

Another important practice in working with children from culturally and linguistically diverse groups is to insure the use of appropriate assessment tools and processes. Article 33, *Culturally Sensitive Psychological Assessment*, is a helpful guide to culturally competent assessment strategies, especially for practitioners working directly with children. Article 28, *Developmental Delay or Cultural Difference?*, focuses specifically on the cultural implications in using Child Find tools, which assess for a variety of special needs in children. Article 4, *Assessment Perspectives for Culturally Diverse Young Children*, suggests using comprehensive, multi-factored assessment methods, which allow the practitioner to see the child from several different angles, including that of his cultural and familial background.

Other articles in the collection that may be useful for practitioners working directly with children are: Articles 13, *Cultural Differences as Sources of Developmental Vulnerabilities and Resources*; 15, *The Culture of Inclusion: Recognizing Diversity at Multiple Levels*; 22, *It Takes a Whole Village to Raise a Child*; and 39, *Service Approaches for Infants, Toddlers, and Preschoolers: Implications for Systems of Care*.

## **5. Program Strategies that Promote Cultural Competency**

Several articles focus on ways that program policies or practices can be modified to better serve consumers from diverse cultural, ethnic and linguistic backgrounds. Throughout the readings, several sub-themes emerged on this subject. 1) Conducting an agency or program cultural competency assessment, 2) Recognizing the need for a strengths-based approach and embracing methods for implementation, 3) Employing a diverse staff and providing regular cultural competency/awareness trainings, and 4) Insuring accessibility of services.

As we stated in the previous section, conducting a general assessment of an agency or program is an important first step in understanding its level of cultural competency and where improvements might be made. There are two articles in the collection that can be used as tools, listing specific methods and suggestions for self-assessment. They are: Article 14, *Promoting Cultural Diversity and Cultural Competency: Self-assessment Checklist for Personnel Providing Services and Supports in Early Intervention and Early Childhood Settings*; and article 2, *Guidelines for Providers of Psychological*

*Services to Ethnic, Linguistic, and Culturally Diverse Populations*. Both of these are useful tools for agencies and service providers, especially when used in conjunction with cultural competency training.

Another step in this process, recognizing the need for a strengths-based approach, and embracing methods for implementation, involves work on several levels. As noted in the section on practicing with families, one of the most frequently recommended best practices is for programs and practitioners to encourage families to take the lead in deciding upon the services that will work best for their child. Various descriptions of methods for this practice can be found in the following articles: 5, *Helpers, Mothers, and Preachers: The Multiple Roles and Discourses of Family Child Care Providers in an African-American Community*; 6, *Culturally Sensitive Transition Plans for Young Children and their Families*, 10, *Culturally Sensitive Assessment*; 29, *Therapeutic Work with African American Families: Using Knowledge of the Culture*; 31, *The Sociocultural Context of Infant Mental Health in African American Families*; 35, *Early Interventionists' Perspectives of Multicultural Practices with African-American Families*; 38, *Caregivers' Views on the Cultural Appropriateness of Services for Children with Emotional or Behavioral Disorders*; and 39, *Service Approaches for Infants, Toddlers and Preschoolers: Implications for Systems of Care*. Another important aspect of this sub-theme is the need to allow for adequate time to listen to the families coming in for services. In taking the time to learn about each family's experiences, goals, values, beliefs, and what they hope to get out of the program, practitioners can individualize services to best meet their needs. Article 17, *The Cultural Context of Infant Mental Health: The Developmental Niche of Infant-caregiver Relationships*, stresses the need for service providers to ask assessment questions not only pertaining to a child's immediate family, but also the community and culture in which that child is growing up. Determining a child and his family's level (or different levels) of acculturation to the norms of the dominant culture is also important in forming the helping relationship, and may take time to fully understand. See article 23, *Ratings of Parent-infant Interaction: Raising Questions of Cultural Validity*; article 30, *Psychotherapy in Specific Cultural Contexts: Resources for the Infant Mental Health Clinician*; and article 33, *Culturally Sensitive Psychological Assessment* for further discussion of this topic.

By employing a diverse staff, people who are bi- and multi-cultural and lingual, as well as members of other non-dominant cultural groups (i.e. sexual minorities), an agency provides a welcoming and comfortable atmosphere for clients whose first language is not English, who are at varying levels of acculturation, or who may feel that their issues are typically ignored. Articles 27, *Serving the Newest Arrivals: A Model of Early Intervention for Central American Babies and their Families*, and 28, *Developmental Delay or Cultural Difference?*, discuss the importance of employing diverse staff members. In addition, line staff and other practitioners, support staff and those in management positions all need access to regular and varied cultural competency trainings that will help them to work with and be accessible to clients from diverse cultural backgrounds. Article 35, *Early Interventionists' Perspectives of Multicultural Practices with African-American Families*, provides insight into the feasibility and importance of this practice.

Finally, the importance of insuring accessibility to services is emphasized in various ways throughout several articles. One important aspect of this practice is that non-English-speaking clients and families need access to translators (when their native language is not spoken by staff), non-verbal and culturally appropriate assessment tools, and printed materials in the consumer's own language. For further discussion on this topic, see articles 3, *Awareness, Use, and Satisfaction with Services for Latino Parents of Young Children with Disabilities*; 10, *Culturally Sensitive Assessment*; 33, *Culturally Sensitive Psychological Assessment*; and 39, *Service Approaches for Infants, Toddlers and Preschoolers: Implications for Systems of Care*.

## Articles Recommended for Inclusion in the Library Collection

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**Abstracts and Review Group Comments on Articles Recommended**

1. Almonte, Blanca E. (1994). **Professionalization as culture change: Issues for infant/family community workers and their supervisors.** *Zero to Three*. Vol. 15, no. 2, pp. 18-23, October/November 1994.

**Abstract:**

This article addresses the culture change that takes place for paraprofessionals and their professional supervisors, and the need for cultural sensitivity during the process of working together. The author emphasizes the following themes as tools for professionals and paraprofessionals in a supervisory relationship: 1) the importance of investing in reflective, mutually respectful and trusting supervisory relationships; 2) the aspects of culture and stages of acculturation that paraprofessionals and their supervisors need to explore; 3) techniques supervisors can use for bridging cultural gaps. The article also notes the necessity for supervisors and paraprofessionals to reach a common understanding of key concepts for providing culturally competent health, educational, and/or social services.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪        **Best practices described in the article:**

- Reflective supervision of paraprofessionals points out service goals, boundaries.
- Building paraprofessional strengths and encouraging growth allows them to provide better services to families.
- A good supervisor structure must recognize that paraprofessionals need to move on after awhile.

▪        **General comments about and/or weaknesses of the article:**

- Stressed importance of communication, sensitivity in supervisor-paraprofessional relationships.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input type="checkbox"/> Building partnerships in the community <input type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

2. American Psychological Association. (1993). **Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations.** *American Psychologist*, vol. 48, no.1, pp. 45-48. American Psychological Assn., Inc.

**Abstract:**

Presents guidelines formulated by the American Psychological Association to provide psychological service providers with the requisite skills for multicultural assessment and intervention and to assist them in understanding the role that culture and ethnicity/race play in the socio-psychological and economic development of culturally diverse populations. The guidelines are intended to enlighten all areas of service delivery, not simply clinical or counseling endeavors.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪            **Best practices described in the article:**

- Psychological service providers need to have the ability to:
  - recognize cultural diversity;
  - understand role of culture/ethnicity/race play in development of ethnic and culturally diverse populations;
  - understand that socioeconomic and political factors impact the development of ethnic and culturally diverse groups;
  - help clients to understand/maintain/resolve their own sociocultural identification; and
  - understand the interaction of culture, gender, and sexual orientation on behavior and needs.

▪            **General comments about and/or weaknesses of the article:**

- Read this article carefully, as there is much detail offered regarding assessments and interventions.
- Points about acculturation are valid and helpful.
- Several important guidelines for best practices are described in detail.
- Weakness: article did not acknowledge funding restraints in service areas (other than psychology) for use of translators.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values	<input checked="" type="checkbox"/> Strengthening of competencies
<input checked="" type="checkbox"/> Individualization	<input checked="" type="checkbox"/> Access to clinical, consultative and supervision services	<input checked="" type="checkbox"/> Building partnerships in the community
<input checked="" type="checkbox"/> Respect for developmental processes	<input checked="" type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Supportive of all caregivers
<input type="checkbox"/> Services are delivered in natural settings		<input checked="" type="checkbox"/> Strengths-based

3. Bailey, Donald B., Skinner, Debra, Rodriguez, Patricia, Gut, Dianne, & Correa, Vivian. (1999). **Awareness, use, and satisfaction with services for Latino parents of young children with disabilities.** *Exceptional Children*, vol. 65, no. 3, pp. 367-381. Council for Exceptional Children.

**Abstract:**

In this study, 200 Latino parents of young children with disabilities were interviewed to determine awareness, use, and satisfaction with educational, therapeutic, and specialized health care services. Researchers also examined the use of alternative treatments and the relationship between child and family variables and awareness, use, and satisfaction. A high degree of awareness was noted, but only a moderate degree of satisfaction was found. Mothers were more aware of and perceived use of more services than fathers. With few exceptions, family and child variables bore little relationship to awareness, use, or satisfaction. No families pursued alternative treatments as their primary source of help, although several used them in a minor way. Program variables may be more likely determinants of service use and satisfaction than family factors alone.

**Focus Area(s):**            Multi-system Integration    Prevention    Identification  
    Assessment    Intervention

▪ **Best practices described in the article:**

- Service providers need to have a general understanding of the cultures of families they're working with, but at the same time must be careful not to assume or make generalizations about individual families based on their cultural background.
- Assess/develop a coordinated system of services and supports for young children and their families; reduce barriers to service access, use and satisfaction by, e.g., offering translated materials and interpretation to non-English speaking families.
- Implement guiding principles for professionals who are working cross-culturally.

▪ **General comments about and/or weaknesses of the article:**

- Article provides concrete evidence to the idea that services need to be culturally competent and accessible to linguistically and culturally diverse (specifically Spanish-speaking) families.
- It is important to note how thoroughly the researchers considered and handled the use of interpreters in their procedures of interviewing Latino families.
- The study is brief and easy to read. It offers information specific to working with Mexican and Puerto Rican families.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input checked="" type="checkbox"/> Access to clinical, consultative and supervision services <input checked="" type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

4. Bergen, Doris & Mosley-Howard, Susan. (1994). **Assessment perspectives for culturally diverse young children (Ch. 8)**. In Doris Bergen. *Assessment methods for infants and toddlers*. (pp. 190-215). New York: Teachers College Press.

**Abstract:**

This text is on transdisciplinary team assessment of infants and toddlers at developmental risk and emphasizes both the dynamics (interpersonal strategies) and the mechanics (team assessment strategies) of teamwork. Emphasis is on assessment for the development of Individualized Family Service Plans. Chapter 8 discusses the socialization process of young children and how the development of cognitive, language and social-emotional competencies varies from culture to culture. It emphasizes the importance of taking relevant cultural differences into account when conducting assessment and intervention, addresses underlying assumptions and provides examples of methods and models. Appendices include examples of clinical, interview, and observation instruments, and an overview of selected assessment instruments.

**Focus Area(s):**            Multi-system Integration   Prevention   Identification  
    Assessment   Intervention

▪            **Best practices described in the article:**

- Teams should be trans-disciplinary, use coordinated services, & support in assessment.
- Families take the lead.
- Assist families to become empowered.
- Be sensitive to/aware of many cultural differences during assessment.
- A multi-factored assessment should include:
  1. Prenatal and neonatal history.
  2. Socio-demographic context.
  3. Linguistic context.
  4. Family socialization.
  5. Cultural commitment.

▪            **General comments about and/or weaknesses of the article:**

- Page 201 lists some helpful assessment tools.
- The article includes a good case study that is helpful in putting the best practices into context.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input type="checkbox"/> Supportive of all caregivers <input type="checkbox"/> Strengths-based

5. Bromer, Juliet. (2001). **Helpers, mothers, and preachers: the multiple roles and discourses of family child care providers in an African-American community.** *Early Childhood Research Quarterly*, vol. 16, pp. 313-327. Elsevier Science Inc.

**Abstract:**

Examines communication and discourse styles of African American family child care providers serving low-income families, particularly the advice and help offered to parents. Caregiver interviews reveal ways providers combine both mainstream professional ideas and more indigenous conceptions of communication strategies and help-giving to provide appropriate support for families. Suggests use of this combination of support strategies for training programs.

**Focus Area(s):**            Multi-system Integration    Prevention    Identification  
Assessment    Intervention

▪            **Best practices described in the article:**

- Training for providers need to take into consideration diverse styles of helping and advising.
- A coordinated system of services and support for young children and their families can reduce barriers to service access.
- Recognize the resiliency and strengths of family systems.
- Translate trainings into accessible, culturally appropriate language for providers and parents.
- A family-centered early childhood mental health service system must be sensitive to culture, community and ethnicity of the families it serves.

▪            **General comments about and/or weaknesses of the article:**

- The differences between how African American childcare providers spoke with the parents they worked with and the language they were taught to use during their Euro American-centered trainings were striking.
- The researchers in the article recognized the strengths of African American providers’ communication and interaction styles – emphasized the need for trainings to be geared toward more natural modes of communication, esp. with African American families.
- The article did not take into account cross-cultural interactions, however, and could also have provided more information about how culturally appropriate training programs might work.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

6. Bruns, Deborah A. & Fowler, Susan A. (1999). *Culturally sensitive transition plans for young children and their families*. Teaching Exceptional Children. Vol. 31, no. 5, pp. 26-30.

**Abstract:**

Written for early childhood educators, this article discusses the importance of cultural sensitivity when working with families on transitioning children with all types of disabilities from one service delivery system to another.

**Focus Area(s):**            Multi-system Integration    Prevention    Identification  
    Assessment    Intervention

▪            **Best practices described in the article:**

- Team members must see family as guide, decision maker and ally (this may not work for all cultures, so practitioners will need to be highly flexible).
- Bring in friends and extended family to join the team when appropriate and possible.
- Understand cultural and linguistic differences.
- Help parents become comfortable with all team members.
- Adapt the transition process to meet beliefs, values & traditions of family.
- Emphasize continuity, community, collaboration, and family concerns.

▪            **General comments about and/or weaknesses of the article:**

- The role of preschool teacher is not explored, clarified.
- This article is not research based. Instead it focuses on theory and practice.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input type="checkbox"/> Building partnerships in the community <input type="checkbox"/> Supportive of all caregivers <input type="checkbox"/> Strengths-based

7. Chang, Hedy Nai-Lin & Pulido, Dora. (1994). **The critical importance of cultural and linguistic continuity for infants and toddlers.** *Zero to Three*. Vol. 15, no. 2, pp. 13-17, October/November 1994.

**Abstract:**

This article explores various strategies for ensuring that care giving for infants and toddlers is culturally and linguistically appropriate. It also identifies issues which merit further investigation and research. Strategies discussed include: employing caregivers of the children’s cultural background, drawing upon the cultural expertise of staff, developing cultural sensitivity, and rethinking the language of care.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪            **Best practices described in the article:**

- Providers need to expand their competency around cultural difference with the children & families that they serve.
- Take a strengths-based approach to individualization of service delivery.
- Look at cultural background of care provider in relation to families.
- Importance of accepting behaviors - putting them in cultural context through use of all senses.
- Look at child's home language first; incorporate it into each stage of development; this will make learning English easier; increase self-esteem.

▪            **General comments about and/or weaknesses of the article:**

- Article discussed importance of a service system’s ability to provide child, from infancy through earliest stages of development, with skills needed to successfully deal or bargain with joy & strength in our multicultural society.
- Emphasized continuity between in-home and out of home childcare.
- Recommends using staff’s cultural differences and unique experiences to train each other – not always possible, but a good idea.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

8. Cross, Terry L. (1998). **Understanding family resiliency from a relational world view**. In Hamilton I. McCubbin, *et al* (Eds.), *Resiliency in Native American & Immigrant Families* (pp. 141-157). Thousand Oaks, Ca.: Sage Publications.

**Abstract:**

This book is the first in a two-volume collection devoted to issues facing racial and ethnic minority families. These chapters grew out of a conference at the University of Wisconsin, Madison, which focused on the strengths and resources of minority families. They represent an effort to share knowledge that can be used for the design of ethnically and culturally sensitive family services. Part II, "Native Americans," focuses on resiliency issues faced by Native Hawaiians and Native American Indians in seven chapters. In each case, the relationships of cultural, political, and situational factors and the resilient adaptation of families are explored in the context of the group's cultural heritage.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪            **Best practices described in the article:**

- Focus services for Native Americans on restoration of balance.
- Include community resources (natural helpers and healers) in service plans.
- Temper consultation to fit goal of restoring/maintaining harmony – use kindness and patience.
- In order to form a relationship with someone a practitioner must become part of his or her context before change is possible.

▪            **General comments about and/or weaknesses of the article:**

- Article presents a relational worldview model for health and healing.
- Author emphasizes the importance of including Native American natural helpers and healers in services; valuable teachers do not need degrees to command respect in this culture.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input type="checkbox"/> Strengthening of competencies <input type="checkbox"/> Building partnerships in the community <input type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

9. Denby, Ramona & Alford, Keith. (1996). **Understanding African American discipline styles: Suggestions for effective social work intervention.** *Journal of Multicultural Social Work*, vol. 4, no. 3, pp. 81-98. Haworth Press.

**Abstract:**

A study examining discipline styles among five Midwestern African American families from various socioeconomic backgrounds revealed the interpersonal, social, and cultural aspects of discipline in African American families. Offers social work intervention strategies that reinforce alternative discipline styles and recognize parents' need to teach children to function in both their own and the racist dominant culture.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
 Assessment     Intervention

▪            **Best practices described in the article:**

- Understanding parenting and discipline styles of African Americans is critical to providing good services.
- Service providers must understand cultural history of African Americans in US history (racism, oppression).
- Emphasize community organizations, especially church, as socializing forces for children.
- Access to consultants and staff of different ethnic backgrounds is necessary to service agencies for understanding clients of those ethnic backgrounds.

▪            **General comments about and/or weaknesses of the article:**

- Small sample was used (5 families) – not really enough to fully explore a wide range of parenting styles.
- References used were not particularly up-to-date. A thorough study of more recent research is necessary to supplement this article.
- The article focused on the need to recognize differences within communities, but this need did not come through in the study it describes.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input checked="" type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

10. Edwards, Carolyn Pope & Kumru, Asiye. (1999). *Culturally sensitive assessment*. Child & adolescent psychiatric clinics of North America. Vol. 8, No. 2, pp. 409-424.

**Abstract:**

Discusses the importance of mental health professionals working with young children and their families gaining general experience and specific skills, such as cultural self-awareness, culture-specific knowledge and understanding (about child-rearing practices, parental belief systems, health, illness, and disability, and expectations for family-professional interaction). In addition, professionals need to learn and practice culturally sensitive forms of communication, assessment, and interpretation, always as part of a collaborative team. Attitudes of goodwill and tolerance are not enough; rather they are a starting point for a journey requiring constant acquisitions of knowledge, self-reflection, openness to new ideas and values, and commitment to working with colleagues and clients in more equal and flexible ways than was usual in the past.

**Focus Area(s):**             Multi-system Integration    Prevention    Identification  
     Assessment    Intervention

▪            **Best practices described in the article:**

- Use culturally sensitive communication and assessment methods; understand child rearing in a cultural context.
- Need positive relationships in order to foster healthy development and change.
- Expand familial and non-familial caregivers’ competencies; families need to take the lead.
- Develop a coordinated system for translation and interpretation.
- Implement guiding principles in ECMH assessments and services.

▪            **General comments about and/or weaknesses of the article:**

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input type="checkbox"/> Individualization <input type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input type="checkbox"/> Strengthening of competencies <input type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input type="checkbox"/> Strengths-based

11. ERIC Clearinghouse on Disabilities and Gifted Education. (1991). **Communicating with culturally diverse parents of exceptional children.** *ERIC Digest #E497*. ED333619

**Abstract:**

Teachers and other professionals providing education-related services to exceptional children from different cultural backgrounds need to be aware of unique perspectives or communication styles common to those cultures, and need to be sensitive to the different values, experiences, and beliefs about special education that may be held by members of various cultural and ethnic groups. Educators are encouraged to: (1) use language parents can understand; (2) use sensitivity in sharing space, touching, eye contact, and time ordering of interactions; (3) provide parents with information; (4) support parents as they learn how to participate in the system; and (5) encourage parental participation with their school-aged children.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪            **Best practices described in the article:**

- Teachers/professionals need to be aware of unique communication styles of cultures.
- Important for teachers to observe different cultural styles.
- Send messages home in parents’ native languages.
- Support parents as they learn how to participate in the system.
- Treat each parent as unique, as they will be at different levels of acculturation/assimilation to mainstream culture.
- Assist parents in understanding basic laws.
- Understand that communication can be verbal AND non-verbal.

▪            **General comments about and/or weaknesses of the article:**

- Provides helpful guidelines for working with families with exceptional children.
- Lists ways to promote literacy with non-literate parents.
- In general, good, basic information; accessible; short; good review of communication.
- Doesn’t endorse strengths of culture (weakness)

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

12. Fracasso, Maria P. (1994). **Studying the social and emotional development of Hispanic children in the United States: Addressing research challenges.** *Zero to Three*. Vol. 15, no. 2, pp. 24-30, October/November 1994.

**Abstract:**

This article describes the challenges of conducting two research studies involving Hispanic mother-infant dyads living in economically disadvantaged situations. One study examined attachment patterns of economically disadvantaged Puerto Rican and Dominican mothers and their infants, and the relationship these dyads had with maternal parenting behavior, Hispanic culture, values, and level of acculturation. The other study sought to determine individual differences and normative development of infants born to recent immigrant from Central America. The author describes challenges in recruiting, enhancing, and maintaining participation of subjects for the studies, as well as her use of culturally sensitive techniques for designing research studies and using research instruments with the subjects.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪        **Best practices described in the article:**

- Researchers should use a multi-tiered approach to engage mothers/families for research projects.

▪        **General comments about and/or weaknesses of the article:**

- Easy to read, research was well explained and clearly written.
- There was a mixed reaction among group members, re: use of stereotypes, not enough info in certain cases.
- Focus on mother-child dyad was interesting, but not holistic.
- At times the author seems judgmental of the mothers in the study.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

13. Garcia-Coll & Magnuson, Katherine. (2000). **Cultural differences as sources of developmental vulnerabilities and resources.** In Jack P. Shonkoff & Samuel J. Meisels, *Handbook of Early Childhood Intervention* (pp. 94-114). Cambridge: Cambridge U. Press.

**Abstract:**

The 2nd edition of the Handbook of Early Childhood Intervention is a core text for students and experienced professionals who are interested in the health, development, and well-being of young children and their families. This book will be of interest to professionals in a broad range of disciplines including psychology, child development, early childhood education, social work, pediatrics, nursing, child psychiatry, physical and occupational therapy, speech and language pathology, and social policy. Its main purpose is to provide a comprehensive overview of the knowledge base and critical implementation strategies of early childhood intervention. With 15 new chapters and 13 extensively revised chapters, it is unique in its balance between breadth and depth and its integration of the multiple dimensions of the field.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
 Assessment     Intervention

▪        **Best practices described in the article:**

- Identify individual differences within a culture; understand that some differences are due to unique socio-economic or historical situations; take acculturation level into account.
- Promote understanding of traditional child-rearing attitudes of a particular culture, as well as more recent, individual adaptations of these attitudes.
- Assessment of a child’s developmental abilities should include the family’s cultural perspective.
- Be aware of and sensitive to the family’s perception of relationships with helping professionals.
- Use culture as developmental resource - learn about strengths and abilities of a child according to his or her own cultural group.
- Service providers need to recognize their own cultural constructs regarding child development.

▪        **General comments about and/or weaknesses of the article:**

- Dense, yet interesting.
- Provides basic definitions of important terms (culture, ethnicity, race, acculturation)
- Idea of “cultural mismatch” is especially relevant and practical for service providers.
- Main idea – universal assumptions about a culture don’t serve scientific or clinical purposes; level of acculturation, not number of years in a place, is what must be considered when working with families from non-European backgrounds.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

14. Goode, Tawara D. (2000). **Promoting cultural diversity and cultural competency: Self-assessment checklist for personnel providing services and supports in early intervention and early childhood settings.** *National Center for Cultural Competence*. Retrieved 3/20/02 from <http://gucdc.georgetown.edu/nccc/checklisteiec.html>.

**Abstract:**

This checklist is intended to heighten the awareness and sensitivity of personnel to the importance of cultural diversity and cultural competence in human service settings. It provides concrete examples of the kinds of values and practices that foster such an environment.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪            **Best practices described in the article:**

- Promote children’s healthy, social, emotional and behavioral development.
- Expand competencies to promote emotional, social, behavioral health of young children and their families.
- Provides a checklist of techniques, which includes resources and materials and family social history

▪            **General comments about and/or weaknesses of the article:**

- Easy to understand.
- Good tool for self-assessment for classroom environment.
- Excellent techniques suggested.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input type="checkbox"/> Building partnerships in the community <input type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

15. Hanson, Marci J., Wolfberg, Pamela, et al. (1998). **The culture of inclusion: recognizing diversity at multiple levels.** *Early Childhood Research Quarterly*, vol. 13, no. 1, pp. 185-209. Ablex Publishing.

**Abstract:**

Examines the ways in which preschool programs and community sites acknowledge, adapt, and match the cultural preferences and expectations of participating children with disabilities and their families. Subjects were 112 children (aged 3-5 yrs) and their families, and associated education professionals from 16 programs located throughout the US. Data consisted of field notes of Subject observation (1-5 hrs), open-ended interviews, and documents collected and analyzed within the context of an ecological systems study. Results showed that the role of culture emerged as a central theme, comprising the subthemes of peer culture, classroom culture, family perspectives, and the larger community context. Themes crossing these perspectives were: (1) belonging and membership; (2) social relationships; (3) language and communication issues; and (4) values and beliefs regarding disability and educational practices.

**Focus Area(s):**            Multi-system Integration    Prevention    Identification  
    Assessment    Intervention

▪            **Best practices described in the article:**

- Understanding individual families’ definitions of disability (based on their cultural backgrounds) is important when working with families from non-dominant cultures.
- Service providers need training on the various cultures with which they’ll be working in order to provide successful services.
- Programs which focus on inclusion, both in terms of ability/disability and cultural differences, is important for all children’s growth and acceptance of others.

▪            **General comments about and/or weaknesses of the article:**

- Article focuses on the integration of disabled children into mainstream classrooms, where culture plays an important role.
- The sample used in the study was fairly small.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input checked="" type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

16. Keller, JoDee & McDade, Katherine. (1997). **Cultural diversity and help-seeking behavior: Sources of help and obstacles to support for parents.** *Journal of Multicultural Social Work*, vol.5, no. 1/2, pp. 63-78. The Haworth Press.

**Abstract:**

In this study, 494 parents were surveyed to determine their attitudes about parenting, help-seeking behavior, and obstacles to accessing help with parenting. Comparisons were made with regard to race/ethnicity, gender, and education to determine what attitudinal similarities and differences exist. Most parents identified family members and friends, as well as print and video materials as important sources of help. Parents were less likely to use social service agencies, teachers, doctors and clergy. The likelihood of attending parenting classes was strongly associated with gender and education. High school graduates were more likely than non-graduates to use parenting classes and mothers were more likely than fathers to use parenting classes. African American parents were less likely than other groups to use print and video materials and African American and Hispanic/Latino parents were less likely to seek help from friends.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪            **Best practices described in the article:**

- Important to help parents enhance their own sense of competency as effective parents.
- Develop group awareness of ways social structure affects individuals.
- Reduce self-blame in parents.
- Assist parents in assuming personal responsibility for change, and recognizing their ability to empower themselves through active participation in change.

▪            **General comments about and/or weaknesses of the article:**

- Article identifies some cultural reasons for help-seeking behaviors of parents from different backgrounds.
- The researchers used a large sample size.
- Not directed specifically at parents with young children.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input type="checkbox"/> Strengthening of competencies <input type="checkbox"/> Building partnerships in the community <input type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

17. Lewis, Marva L. (2000). **The cultural context of infant mental health: The developmental niche of infant-caregiver relationships.** In Charles H. Zeanah (Ed.), *Handbook of infant mental health* (pp. 91-107). New York: Guilford Press.

**Abstract:**

This revised edition offers an interdisciplinary analysis of the developmental, clinical, and social aspects of mental health from birth to age three. Chapters are organized into five areas, covering the context of mental health, risk and protective factors, assessment, psychopathology, intervention, and applications of infant mental health.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
 Assessment     Intervention

▪        **Best practices described in the article:**

- Service providers need to have a broad definition of assessment; ask more questions of family, community about culture in which the child is growing up.
- Definitions of risk must be context specific in order to provide appropriate guidelines for practitioners & policy makers.
- Service providers must be aware of their own cultural beliefs and influences.
- Consider and make overt the ethnicity of caregiver during evaluation.
- Race, ethnicity, and culture are not synchronous.
- Assess place in acculturation/assimilation process; be aware of impact of dual cultures (mainstream & native) – don't make assumptions!

▪        **General comments about and/or weaknesses of the article:**

- More research is needed on this topic.
- Clarified differences between culture and ethnicity.
- Encourages practitioners not to use race as an identifier... rather, use cultural and ethnicity, as well as level of acculturation.
- Differences exist within cultures and ethnicities.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input type="checkbox"/> Family centered <input type="checkbox"/> Individualization <input type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input type="checkbox"/> Strengthening of competencies <input type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

18. Lieberman, Alicia F. (1987). *What is culturally sensitive intervention?* Paper presented at the National Center for Clinical Infant Programs Winter Meetings, December 1987.

**Abstract:**

This paper explores Lieberman’s views on and experience with cultural sensitivity in working with members of non-Anglo ethnic groups. The issues highlighted include how to understand people from other cultures; the importance of objectively knowing one’s own culture, cultural values and biases; and a description of some of the overarching differences between individualistic and collectivist cultures. The author describes her research on culturally sensitive intervention with Latino mothers and their infants, discussing the importance of relationship building on a different level than what is traditionally considered appropriate. Culturally relevant language is also emphasized as being important in increasing sensitivity. The controversial issue of corporal punishment is also touched upon, and the author notes the importance of helping non-Anglo families understand that some of their culturally acceptable practices of discipline for children may be considered child abuse in this and other Eurocentric societies.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪            **Best practices described in the article:**

- Be aware of the stress caused by issues of immigration when working with Latino mothers.
- Important to honor the personal values learned by different cultural backgrounds.
- Social workers/service providers need to keep their own feelings in check during assessment.
- Learn as much as possible about general cultural tendencies of the group one works with.
- Understand differences between cultural sensitivity and stereotyping
- Emphasize and strengthen positive relationships (between service provider and client as well as those between parent and child).
- Expand mothers’ understanding of child development in order to support healthy emotional, social, and behavioral growth of young children.

▪            **General comments about and/or weaknesses of the article:**

- Article was interesting, easy to read, and enlightening.
- Addresses cultural difference in conjunction with individual circumstances.
- Author points out differences between mainstream American (individualistic) and Latino (collectivist) cultures, including widely held Latino/Catholic values about family, birth control and abortion.
- Article focused on the need to break out of the “therapeutic relationship” with the Latino mother, i.e., attend family functions, discuss soap operas, accept food, in order to create rapport with the client and to avoid offending her.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input checked="" type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

19. Locke, Don. (1992). **Native Americans**. In Don Locke, *Increasing Multicultural Understanding: A Comprehensive Model* (pp. 46-60). Newbury Park, Ca.: Sage Publications.

**Abstract:**

This book sets forth a process for implementing effective education and counseling strategies for culturally diverse populations. In particular, it helps to identify characteristics of cultures, to make comparisons between the dominant culture and culturally different groups, and to develop strategies or interventions for students or clients.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪            **Best practices described in the article:**

- Learn the family’s ideas about healing.
- Learn about the client/family’s tribe and tribal beliefs.
- Follow the client’s lead regarding nonverbal behavior.
- Practitioners should be active and directive in their problem-solving approach.
- Involve extended family, traditional healers, and spend time in the home if possible.
- When working with Native Americans, keep in mind the importance of extended family, spiritual beliefs, art, communication (both verbal and non-verbal), and respect for the wisdom of elders.

▪            **General comments about and/or weaknesses of the article:**

- This article is interesting and easy to read, but there is not much specifically focusing on young children.
- Interesting that Native American families tend to be more respectful of children as learners.
- Values – being/existing is a major focus for this population; everything is part of a whole.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

20. Locke, Don. (1992). **A model of multicultural understanding.** In Don Locke, *Increasing Multicultural Understanding: A Comprehensive Model* (pp. 1-14). Newbury Park, Ca.: Sage Publications.

**Abstract:**

This book sets forth a process for implementing effective education and counseling strategies for culturally diverse populations. In particular, it helps to identify characteristics of cultures, to make comparisons between the dominant culture and culturally different groups, and to develop strategies or interventions for students or clients. Key to this work is a model presented in the first chapter for understanding the role of culture in the life of the individual and for exploring ethnic differences. This model finds the individual at the center of concentric half circles surrounded first by family, community, culture, and global influences. In this model, self-awareness is fundamental as a first step toward understanding culture's role. The cultural influence circle contains concepts of acculturation, poverty, history of oppression, language and the arts, racism and prejudice, socio-political factors, child rearing practices, religious practices, family structure, and cultural values and attitudes.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪            **Best practices described in the article:**

- Important to acknowledge one's own cultural influences.
- Understand individual perspectives (not stereotypes).
- Consider the ten elements (described in chapter) that affect individuals.
- Develop effective system of services for families of culturally diverse backgrounds.
- Implement guiding principals for professionals working cross-culturally (professional's strong sense of self-awareness, knowledge of global affairs in relation to cultural population being served, understand characteristics of "dominant culture" and its role in community).
- Communicate honestly and directly about perceptions regarding cultural differences; pay close attention to nonverbal communication practices of culturally diverse populations.

▪            **General comments about and/or weaknesses of the article:**

- Article presents a model for understanding key elements of culturally sensitive practice.
- Author suggests considering what is "normal" based on individual subgroups and how the individual is affected by particular cultural standards.
- Emphasizes the importance of the professional's individual understanding of his or her own "culture" and personal biases before beginning to grasp those of another cultural group.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input type="checkbox"/> Strengthening of competencies <input type="checkbox"/> Building partnerships in the community <input type="checkbox"/> Supportive of all caregivers <input type="checkbox"/> Strengths-based

21. Maldonado-Duran, J.M. Martin, Munguia-Wellman, M., Lubin, Sari, & Lartigue, Teresa. (n.d.). *Latino families in the perinatal period. Cultural issues in dealing with the health care system.*

**Abstract:**

This paper, aimed at health care representatives, illustrates some of the difficulties new immigrants from Latin America who are starting families face in dealing with the public health care system in the US. The first section describes several common values and themes important to many Latino families, which inform who they are and how they interact with health care professionals. The second section illustrates some of the most common traditional practices in the care of pregnant women and their babies. The third section addresses culture-bound entities that affect pregnancy and the infant that need to be understood by anyone providing the family with health services.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪        **Best practices described in the article:**

- Cultural sensitivity is very important when working with newly immigrated Latino families dealing with pregnancy and childbirth.
- Service providers need to understand the family’s culture in order for successful service delivery.
- Service providers need to recognize cultural strengths and help the family build on them.

▪        **General comments about and/or weaknesses of the article:**

- Article is not specific to mental health, but provides wonderful information for all service providers working with Latino families.
- Simple, easy to read.
- Helpful description of cultural beliefs that could prove useful in providing early childhood mental health services.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input checked="" type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

22. McAdoo, Harriette Pipes, & Vogel, Christine. (1993). **It takes a whole village to raise a child.** *National Parent Information Network Virtual Library*. Retrieved from: <http://www.npin.org/library/2001/n00597/n00597.html>.

**Abstract:**

This article profiles five programs from around the country that build upon the strengths of African philosophy to offer services to the African American populations they serve. The programs profiled all seek to empower their participants, to build on their strengths, and to strengthen both communities and families, thereby demonstrating the proverb “it takes a whole village to raise a child.”

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
 Assessment     Intervention

▪        **Best practices described in the article:**

- Use local resources.
- Involve community members.
- Implementers can also be recipients.
- Keep African American values in place while providing services.
- Focus on empowerment and providing a better future for youth.
- Take a multi-generational approach.
- Collaborate with families.
- Use small businesses as community resources.
- Focus on the idea of “people helping people.”

▪        **General comments about and/or weaknesses of the article:**

- The success of grassroots efforts to improve local community conditions was inspirational.
- Easy to read; accessible to all practitioners (interventions suggested are valuable for any small community, not just African American communities).

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

23. McCollum, Jeannette A. & McBride, Susan L. (1997). **Ratings of parent-infant interaction: Raising questions of cultural validity.** *Topics in Early Childhood Special Education*, vol. 17, no. 4, pp. 494-519. Pro-Ed, Inc.

**Abstract:**

Examines the assumption that the same characteristics of interactions between infants and caregivers are meaningful and important across cultures, using literature from very different cultures to illustrate relationships among cultural values, views of good parenting, and parents' interactions with their infants. Findings have implications for the validity of parent-infant interaction rating scales.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
 Assessment     Intervention

▪            **Best practices described in the article:**

- Values & goals of each particular family’s culture must be taken in to account when assessing parent-child interactions.
- Level of acculturation must be considered in assessments.
- Remember that there are individual differences within cultures.
- “Collaborate” with parents to define parent-child interaction as a focus for treatment, and to determine goals for intervention.

▪            **General comments about and/or weaknesses of the article:**

- Article recommends using assessment tools with caution when working with different ethnic/cultural populations; questions the use of these rating scales when planning clinical interventions.
- Group members, however, believe that some type of tool/rating system is useful, and, when culture is an issue, tools can be adjusted/culture can be kept in mind while still making use of them for assessment purposes.
- Author states that most cultures value social *interdependence*, rather than *independence*.
- Provides interesting examples of different cultures.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

24. National Center for Children in Poverty. (n.d.). *Lessons from the field: Head start mental health strategies to meet changing needs (executive summary)*. Retrieved 3/20/02 from <http://cpmcnet.columbia.edu/dept/nccp/lessons.html>.

**Abstract:**

Intended to foster program-to-program learning from within the Head Start community about how programs infuse a mental health perspective into Head Start, this report highlights strategies generated by seven Head Start programs to better meet the changing and intensifying mental health needs of Head Start children, families, and staff. The report is designed to stimulate dialogue about difficult issues that are often unaddressed, such as skepticism about traditional mental health strategies, the depth of need among some families, or where to find funding. An additional goal of the report is to spur communication and collaborative partnerships between the mental health, Head Start, and other service communities.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪        **Best practices described in the article:**

- Mental health component of Head Start should be broadened to include:
  - More staff development
  - On-site professionals
  - Consideration of child’s family, situation, background
  - Partnerships between teachers, parents, and professionals

▪        **General comments about and/or weaknesses of the article:**

- Idealistic, lengthy, specific to Head Start, and highly detailed
- The article is geared toward policy makers, head start directors and mental health organizations.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input checked="" type="checkbox"/> Access to clinical, consultative and supervision services <input checked="" type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

25. Norton, Dolores G. (1990). **Understanding the early experience of black children in high risk environments: Culturally and ecologically relevant research as a guide to support for families.** *Zero to Three*. Vol. 10, No. 4, pp. 1-7. April 1990.

**Abstract:**

This paper presents a nonjudgmental approach to understanding cultural and ecological differences in socialization and the use of the approach in the Infant Development Project: Children at Risk (IDP). The paper examines the development of a sense of time as one subtle dimension of differential early socialization, which may have implications for children’s capacities to function in the world external to their family. Finally, it explores the implications of the researchers’ preliminary findings for intervention with black mothers and children in the inner city.

**Focus Area(s):**            Multi-system Integration    Prevention    Identification  
    Assessment    Intervention

▪            **Best practices described in the article:**

- Be sensitive to cultural difference.
- Be sensitive to children’s feelings and reactions in new environment; plan ways to help them cope.
- Be aware of young children's development of sense of time; understand how behavior difficulties may stem from lack of experience with time language.
- Need for sensitivity to children with less experience of schedule, time.
- Help them understand "time language" especially when there is little consistency at home.

▪            **General comments about and/or weaknesses of the article:**

- Article is very research-based.
- Title is too specific and restrictive (techniques don’t just apply to black children).

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

26. Nugent, J. Kevin. (1994). **Cross-cultural studies of child development: Implications for clinicians.** *Zero to Three*. October/November 1994, Vol. 15, No. 2, pp. 1-8.

**Abstract:**

This paper discusses the importance of cross-cultural studies and research, emphasizing the possibilities for better understanding the biological versus the learned aspects of human development. The author suggests various approaches to conducting cross-cultural studies, citing three different studies (in Jamaica, Ireland, and Japan) and describing the purpose, methods and outcomes for each.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪        **Best practices described in the article:**

- Be alert to cultural bias regarding what is normal and abnormal.
- Be aware of the idea that the only valid risk factors arise from cultural differences.

▪        **General comments about and/or weaknesses of the article:**

- Interesting and informative
- Brought up more questions for group
- Described different cultures; made group think about cultural differences

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input type="checkbox"/> Family centered <input type="checkbox"/> Individualization <input type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input type="checkbox"/> Strengthening of competencies <input type="checkbox"/> Building partnerships in the community <input type="checkbox"/> Supportive of all caregivers <input type="checkbox"/> Strengths-based

27. Orrego, Maria Elena & Barnett, Ann B. (1990). **Serving the newest arrivals: A model of early intervention for Central American babies and their families.** *Zero to Three*. Vol. 10, No. 4, pp. 11-16. April 1990.

**Abstract:**

This article describes a program that serves as a model for early intervention with non-Anglo children and families. The Family Place, a bilingual and bicultural family resource center in Washington, D.C., serves about 450 Central American immigrant and refugee families each year.

**Focus Area(s):**            Multi-system Integration    Prevention    Identification  
    Assessment    Intervention

▪            **Best practices described in the article:**

- Wraparound services - prenatal, parent-child, peer support – are important.
- Services should be delivered in a humanized way and at a location that makes them useable and effective.
- Important to have a bilingual or multilingual staff.
- Focus on the unique circumstances of every parent.

▪            **General comments about and/or weaknesses of the article:**

- Great ideas.
- Focus is on the whole family
- Innovative program, uses community members as resources

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values	<input checked="" type="checkbox"/> Strengthening of competencies
<input checked="" type="checkbox"/> Individualization	<input checked="" type="checkbox"/> Access to clinical, consultative and supervision services	<input checked="" type="checkbox"/> Building partnerships in the community
<input checked="" type="checkbox"/> Respect for developmental processes	<input checked="" type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Supportive of all caregivers
<input checked="" type="checkbox"/> Services are delivered in natural settings		<input checked="" type="checkbox"/> Strengths-based

28. Pavri, Shireen. (2001). **Developmental delay or cultural difference? Developing effective child find practices for young children from culturally and linguistically diverse families.** *Young Exceptional Child*. Vol.4, no. 4, pp. 2-9, Summer 2001.

**Abstract:**

This article considers the extent to which Child Find procedures discussed in the literature are responsive to families from culturally and linguistically diverse backgrounds. Discussion of the legal basis for Child Find activities targeting these young children and challenges in early identification of children from diverse backgrounds is followed by seven suggested guidelines and possible resources for developing culturally sensitive Child Find programs.

**Focus Area(s):**            Multi-system Integration    Prevention    Identification  
    Assessment    Intervention

▪            **Best practices described in the article:**

- Child find practices (assessments) must be culturally & linguistically appropriate for diverse families.
- Take family history and culture into account when assessing for developmental delays.
- Enhance public awareness about early intervention services for children with delays.
- Encourage grassroots participation of community members in early intervention.
- Improve communication between providers, who should, whenever possible, be bilingual and bicultural.
- Develop culturally appropriate screening programs.
- Develop culturally appropriate tracking system to monitor child’s development.
- Timing, frequency, duration and intensity of services must be matched to child and family needs.

▪            **General comments about and/or weaknesses of the article:**

- Perceptions of developmental delay may depend on cultural differences between families.
- Article is interesting, sometimes difficult to follow, but generally well organized and helpful.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input checked="" type="checkbox"/> Access to clinical, consultative and supervision services <input checked="" type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

29. Polk, Cheryl. (1994). **Therapeutic work with African-American families: Using knowledge of the culture.** *Zero to Three*. October/November 1994, Vol. 15, No. 2, pp. 9-11.

**Abstract:**

This article describes three examples from the author’s work in providing infant-parent psychotherapy and consultation to daycare staff of different cultural backgrounds from the African-American children with whom they worked. It emphasizes the importance of using the clients’ cultural experiences as starting points for beginning therapeutic work.

**Focus Area(s):**            Multi-system Integration    Prevention    Identification  
    Assessment    Intervention

▪            **Best practices described in the article:**

- Provide services in natural settings – where the conflict is taking place.
- Conduct a thorough assessment within the cultural context, including observation of self-coping mechanisms and of the family’s cultural identity.
- Increase awareness of inter-cultural or cross-cultural discomfort in clients or service provider.
- Build a strong relationship with child’s parent to effect change.
- Avoid pitfalls: exacerbating problems by unwittingly contradicting advice from family & putting client in a loyalty bind.
- Listen without prejudice; offer help that provides enough information to let the client make the ultimate choice.

▪            **General comments about and/or weaknesses of the article:**

- This article should be read in conjunction with the Nguzo Saba article (Sullivan)
- It answered some of the group’s questions about HOW to be culturally sensitive

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input checked="" type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

30. Polk, Cheryl. (1994). **Psychotherapy in specific cultural contexts: Resources for the infant mental health clinician.** *Zero to Three*. October/November 1994, Vol. 15, No. 2, p. 12.

**Abstract:**

A list (with descriptions) of various books and articles recommended by the author that provide a framework for understanding cross-cultural therapeutic interventions.

**Focus Area(s):**            Multi-system Integration    Prevention    Identification  
    Assessment    Intervention

▪        **Best practices described in the article:**

- Be alert to possible problems with credibility.
- Acknowledge the level of acculturation of the child and family.
- Be aware of the conflict between traditionally non-disclosing manner of African Americans and the tenets of psychotherapy.

▪        **General comments about and/or weaknesses of the article:**

- Provides a summary of resources
- Presented sources to help reader become aware of his/her biases

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input checked="" type="checkbox"/> Access to clinical, consultative and supervision services <input checked="" type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

31. Randolph, Suzanne M. & Koblinsky, Sally A. (2001). **The sociocultural context of infant mental health in African American families.** *Zero to Three.* August /September 2001, pp. 29-38

**Abstract:**

This article reviews contemporary theoretical frameworks that guide our analysis of early childhood development and an Africentric model of development that has guided African American psychologists in their mental health research efforts and practice. This article also reviews research that reflects the importance of understanding cultural variations in experiences, beliefs and practices that might influence infant mental health. Lastly, the article presents a framework that can be applied to promote cultural competence in services and programs in order to more appropriately address the mental health needs of infants and families of diverse backgrounds.

**Focus Area(s):**            Multi-system Integration    Prevention    Identification  
    Assessment    Intervention

▪            **Best practices described in the article:**

- Respect what families identify as strengths & networks, for example, “fictive kin” (close friends, not blood related but considered family).
- Include family-identified supports in assessment and interventions.
- Develop coordinated system to reduce barriers.
- Keep in mind that differences are not deficits.
- Mental health practitioners should form partnerships with educators, community members to improve screening, services.

▪            **General comments about and/or weaknesses of the article:**

- Best Practices are addressed but we cannot always provide them; article provides *framework* to improve our cultural competence.
- Cultural competence can be applied to individuals as well as organizations – self-assessments help us recognize where we can improve.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

32. Roberts, Richard N., Rule, Sarah, & Innocenti, Mark S. (1998). *Strengthening the family-professional partnership in services for young children*. (pp. 39-47). Baltimore: Paul H. Brookes Publishing.

**Abstract:**

This book gives practical advice to students and professionals for developing truly collaborative relationships with families. Long-term goals and proposed support models are outlined to help practitioners learn to address families' unique needs. Chapters of case examples highlight service integration problems. Section 1, "A Model for Practice," presents five principles of care that help define what is needed for such partnerships to function, including a community base of services, cultural competence, service coordination, family-centered care, and a seamless system of care. Chapters also discuss in-service and pre-service training models, supervision issues, and service configurations that support the principles. Section 2, "Families, Professionals, and Systems," features a collection of nine stories about families and professionals and their interactions within different human service systems. The stories are presented from the perspective of the family rather than that of the agency or providers. A story review guide is included to highlight key service concepts and problems families faced in the stories. Each story concludes with a discussion of some of the issues in the story, and several focus on issues for general discussion.

**Focus Area(s):**            Multi-system Integration    Prevention    Identification  
    Assessment    Intervention

▪            **Best practices described in the article:**

- Honor the impact of culture without creating false stereotypes.
- Methods are needed to assure cultural competence of service delivery systems; when in place, practice will improve.
- More information is needed regarding cultural variables as predictors in human service utilization.

▪            **General comments about and/or weaknesses of the article:**

- Authors strongly emphasize the accountability of service systems to accommodate for cultural differences.
- Emphasizes need to have multicultural staff; questions came up in group about possibly harmful/divisive approach to building a multicultural staff.
- Provides a good definition of cultural competence.
- Provides helpful tools to help identify cultural competence of self.
- No mention of helping families work with existing systems.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values	<input checked="" type="checkbox"/> Strengthening of competencies
<input checked="" type="checkbox"/> Individualization	<input checked="" type="checkbox"/> Access to clinical, consultative and supervision services	<input checked="" type="checkbox"/> Building partnerships in the community
<input type="checkbox"/> Respect for developmental processes	<input checked="" type="checkbox"/> Access to crisis intervention and support services	<input type="checkbox"/> Supportive of all caregivers
<input type="checkbox"/> Services are delivered in natural settings		<input checked="" type="checkbox"/> Strengths-based

33. Rodriguez, Carmen. (2000). **Culturally sensitive psychological assessment**. In Ian A. Canino & Jeanne Spurlock, *Culturally diverse children and adolescents*. (pp. 84-102). New York: Guilford Press.

**Abstract:**

This book is designed to guide mental health practitioners in conducting culturally competent and effective work with economically disadvantaged youth from African American, Asian American, Latin American, and Native American backgrounds. It outlines the theoretical constructs for understanding how cultural and socioeconomic differences have an impact on assessment, diagnosis, and service delivery. Case studies are used to illustrate situations and serve to help clinicians gain insight into the impact of poverty and discrimination on young people. The cases also provide practitioners with an understanding of family belief systems and the cultural expectations associated with children's behavior. The book offers suggestions on how to conduct interviews with reluctant participants, how to use available diagnosis criteria, and what interventions to use. It includes examples of community programs that focus on culturally competent interventions, and ideas for model programs. It covers school and learning stressors, such as language problems and special education placement/misplacement, as well as issues that lead to successful education for a diverse student population. A major focus of the interventions is how to raise a youth's feeling of self-worth.

**Focus Area(s):**            Multi-system Integration    Prevention    Identification  
    Assessment    Intervention

▪            **Best practices described in the article:**

- The use of non-verbal measures is more effective than interpreters.
- Historical information on child/family is important for assessment; there is a strong need for a "holistic view of the child."
- Service providers must examine their own culture, cultural biases.
- Always be aware of changing demographics, new cultural groups.
- Pay attention to the level of acculturation in both the child and the family; socioeconomic status, as well.
- Alter/adapt psychological instruments to better suit child's culture.
- Scrutinize instruments to ensure cultural appropriateness.

▪            **General comments about and/or weaknesses of the article:**

- Article touches on several levels of assessment.
- Group had questions regarding the author's claim that APA says using interpreters is unethical.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input checked="" type="checkbox"/> Access to clinical, consultative and supervision services <input checked="" type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

34. Santos, Rosa Milagros, & Reese, Debbie. (1999). **Selecting culturally and linguistically appropriate materials: Suggestions for service providers.** *ERIC Clearinghouse on Elementary & Early Childhood Education*. EDO-PS-99-6. Retrieved from <http://ericeece.org/pubs/digests/1999/santos99.html>.

**Abstract:**

The population of the United States is growing more culturally diverse each year, and this diversity is clearly evident among families with young children; however, individuals who work in early childhood programs are not as diverse as those they serve. Moreover, many early childhood professionals have little preparation for working with families from a wide range of cultures and linguistic backgrounds. Even among inter-culturally competent service providers and teachers, choosing materials to distribute to families is sometimes difficult. This Digest focuses on how to identify and select culturally and linguistically appropriate materials for parents and family members. It suggests that service providers get to know their own culture and the culture and people they serve. The Digest also discusses ways to determine the strengths and limitations of specific materials, assess translated materials, and adapt materials.

**Focus Area(s):**            Multi-system Integration    Prevention    Identification  
    Assessment    Intervention

▪            **Best practices described in the article:**

- Barriers to services can be reduced by use of appropriate materials for families.
- Culture begins with self and family.
- "Intercultural" competence and communication is important.
- Knowledge of self is the beginning of process.
- Economic status is an important indicator in family/cultural values.

▪            **General comments about and/or weaknesses of the article:**

- Author brings the subject of culture down to the level of the individual family; points out that not all families from same culture have the same values.
- Points out issues around translation – services mean different things in different cultures.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

35. Sexton, David, Lobman, Marcia, Constans, Theresa, Snyder, Patricia, & Ernest, James. (1997). **Early interventionists' perspectives of multicultural practices with African-American families.** *Exceptional Child*, vol. 63, no. 3, pp. 313-328. Council for Exceptional Children.

**Abstract:**

This study examined the multicultural practice perspectives of 170 early interventionists serving African-American children and families in a southern state of the United States, in relation to the requirements of Part H of the Individuals with Disabilities Education Act (IDEA). Results of the Early Intervention Multicultural Practices Survey indicated that these participants were positive about the multicultural nature of their individual and agency practices. Participants were less favorable, however, in their ratings of systemic support for multicultural practices. Differences were found for multicultural practice perspectives based on reported racial or cultural self-identification. The results support innovative and systematic in-service multicultural training that includes administrators.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪ **Best practices described in the article:**

- Develop comfortable, open and interactive communication between interventionists and clients.
- School-family partnerships are necessary to ensure culturally and linguistically respectful and sensitive collaborations.
- Adjust specific aspects of service delivery to meet the culturally appropriate needs of each family.
- Encourage family members to become involved in child's Individual Family Service Plan.
- Suggest, implement, and validate guiding principles and vigorous training programs for practitioners and especially administrative and supervisory support in expanding knowledge and understanding of multicultural issues in Early Intervention.

▪ **General comments about and/or weaknesses of the article:**

- Discusses aspects of Part H of the Individuals with Disabilities Education Act, with which professionals working in Early Intervention should be familiar.
- Suggests various ways in which to embed training on cultural diversity in other Part H training components, instead of separating cultural sensitivity from general practice.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input checked="" type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input type="checkbox"/> Building partnerships in the community <input type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

36. Sullivan, Maisha. (1993). **The Nguzo Saba: African-centered values as tools for family assessment, support, and empowerment.** *Family Support America. National Parent Information Network Virtual Library.* Retrieved from <http://www.npin.org/library/2001/n00601/n00601.html>.

**Abstract:**

Describes the *Nguzo Saba* (Seven Principles), developed by Dr. Maulana Karenga. Discusses ways to use these principles in working with African American children and families.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
 Assessment     Intervention

▪        **Best practices described in the article:**

- Practitioners need to use culturally specific/sensitive tools to do a thorough assessment.
- Political consciousness is important for African American families and their practitioners to be aware of in terms of mainstream/dominant culture vs. African culture.

▪        **General comments about and/or weaknesses of the article:**

- Lays out terrain re: what African American community has self-determined to be important.
- Political document - like Declaration of Independence to Americans.
- Strong article - may de-center reader.
- An outline.
- Important context for all.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input checked="" type="checkbox"/> Access to clinical, consultative and supervision services <input checked="" type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input type="checkbox"/> Supportive of all caregivers <input type="checkbox"/> Strengths-based

37. Teaching Tolerance Project. (1997). *Starting small: Teaching tolerance in preschool and the early grades*. Montgomery: Southern Poverty Law Center.

**Abstract:**

This book profiles seven early childhood classrooms across the country in which teachers are helping young children build inclusive, equitable, caring communities across cultural, racial, socioeconomic, and physical differences. The book is divided into seven chapters, one focusing on each classroom, with supplemental sidebars addressing themes and aspects of teaching tolerance, and providing practical ideas for incorporating these concepts into classroom activities.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪        **Best practices described in the article:**

- Classrooms should promote healthy emotional, social and behavioral development in young children.
- Include community resources in children’s lives.
- Observe children – teach them based on their own interests.

▪        **General comments about and/or weaknesses of the article:**

- Gives providers/teachers many excellent tools for prevention of violence, intolerance, etc.
- This book can be used as a tool for any educator, early childhood treatment provider.
- It provides a practical method for bringing cultural awareness into every interaction.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input type="checkbox"/> Access to clinical, consultative and supervision services <input type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

38. Walker, Janet S. (2001). **Caregivers' views on the cultural appropriateness of services for children with emotional or behavioral disorders.** *Journal of Child and Family Studies*. Vol. 10, No. 3, September 2001.

**Abstract:**

While there is growing consensus on the need for cultural competence in children's mental health services, research has thus far provided little concrete information about what culturally competent service provision looks like in practice. This study is a secondary analysis of quantitative and qualitative data regarding caregiver perceptions of the cultural appropriateness of services to children with severe emotional and behavioral disorders. The data were gathered from a diverse sample of caregivers for 286 children. Analysis of the qualitative data yielded a set of coding categories that reliably capture the dimensions of caregiver experience contained in descriptions of specific instances of satisfaction or dissatisfaction with services. Caregivers from diverse backgrounds were equally likely to express satisfaction or dissatisfaction with services; however, the distribution of these satisfactions and dissatisfactions across the coding categories was not the same for caregivers of different ethnic or racial communities, or for higher- versus low-income caregivers. For minority caregivers, having experienced dissatisfaction related to respect for community/ethnic cultural values contributed significantly to overall dissatisfaction with services.

**Focus Area(s):**             Multi-system Integration     Prevention     Identification  
     Assessment     Intervention

▪            **Best practices described in the article:**

- Parental beliefs/values need to be taken into account when planning services.
- Remember that homogeneity does not exist within any group.
- Recognize stresses/difficulties associated with poverty.
- Spiritual/religious values need to be recognized and respected.
- Respect caregivers' knowledge of child & ability to serve child within appropriate cultural context.

▪            **General comments about and/or weaknesses of the article:**

- Discussion of use of physical punishment in article is controversial; practitioners need to be sensitive to a wide range of feelings about physical discipline.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input checked="" type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input checked="" type="checkbox"/> Access to clinical, consultative and supervision services <input checked="" type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input checked="" type="checkbox"/> Strengths-based

39. Wright, Harry H. & Leonhardt, Tami V. (1998). **Service approaches for infants, toddlers and preschoolers: Implications for systems of care (Ch. 13)**. In Mario Hernandez & Mareasa R. Isaacs, Eds., *Promoting cultural competence in children's mental health services*. (pp. 229-249). Baltimore: Paul H. Brookes Pub.

**Abstract:**

This volume offers ways to improve children's mental health programs in a multicultural society. It defines cultural competence and outlines strategies for fostering it in a wide variety of mental health programs for children from birth to age 18 and their families. Mental health administrators and service providers will find self-assessment tools, troubleshooting suggestions, planning assistance, methods for recruiting and retaining ethnically diverse staff, and tips on operating in a managed care environment. The book is intended as a reference for social workers, counselors, psychiatrists, school psychologists, public health officials, and health care professionals. *Chapter 13 provides a brief history of early childhood mental health in the US, emphasizes the importance of providing services within a cultural framework, and describes in detail a clinical infant mental health program that emphasizes developmentally and culturally competent services.*

**Focus Area(s):**            Multi-system Integration    Prevention    Identification  
    Assessment    Intervention

▪ **Best practices described in the article:**

- Need to use interpreters that are fluent in the child's/family's language *and* culture.
- Approach each child as a member of unique a culture.
- Conduct assessments across contexts and over time.
- Clinicians need to be trained in cultural & developmental knowledge & practice.
- Family should be involved in providing info, interpreting issues, and making decisions.
- Intervention goals need to be negotiated and coordinated among the different systems of care involved with the family.

▪ **General comments about and/or weaknesses of the article:**

- The chapter provides a good case study.

<b>Guiding Principles for Best Practice touched on in the article:</b>		
<input checked="" type="checkbox"/> Family centered <input checked="" type="checkbox"/> Individualization <input checked="" type="checkbox"/> Respect for developmental processes <input type="checkbox"/> Services are delivered in natural settings	<input checked="" type="checkbox"/> Sensitive to cultural, community and ethnic values <input checked="" type="checkbox"/> Access to clinical, consultative and supervision services <input checked="" type="checkbox"/> Access to crisis intervention and support services	<input checked="" type="checkbox"/> Strengthening of competencies <input checked="" type="checkbox"/> Building partnerships in the community <input checked="" type="checkbox"/> Supportive of all caregivers <input type="checkbox"/> Strengths-based

## Articles Not Recommended

The following articles were reviewed by the workgroup but not recommended for inclusion in the Library's Early Childhood collection. In general, most of the articles in this section were written for a research audience and were more theoretical in orientation. Often an article was not included because it did not focus on pragmatic practice issues.

1. Hanson, Marci J. (2000). Ethnic, cultural, and language diversity in intervention settings. In Lynch, Eleanor, & Hanson, Marci J. *Developing cross-cultural competence: A guide for working with children and their families*, (pp. 5-17). Baltimore: Paul H. Brookes Publishing.

Ideas put forth are not tangible enough to orient practitioners; the article's broad topics (rather than specific suggestions for practice), and lack of emphasis on early childhood issues made it seem inappropriate for this collection.

2. Huang, Gary. (1994). *Beyond culture: communicating with Asian American children and families*. ERIC Digest #94. ED366673.

Group members questioned the practice of assuming the role of an authority figure with Asian and Pacific Islander families put forth as a best practice in the article. Reviewers were also uncomfortable with the suggestion to dismiss families' feelings that psychosocial issues are shameful. Before accepting the recommendations in this article, one might want to check with an expert who works with Asian and Pacific Islander families.

3. Hyun, Eunsook. (2001). *How do we prepare future early childhood teachers for developmentally and culturally appropriate practice (DCAP) among seven different states in U.S.* ERIC Document ED451943, Issue RIESEP2001. (44 pages).

The article is aimed at members of the academic community, not service providers; the language is dense and difficult to read.

4. Lieberman, Alicia F. (1990). Infant-parent intervention with recent immigrants: reflections on a study with Latino families. *Zero to Three*, vol. X, no. 4, pp. 8-11. Arlington: NCCIP.

This article describes research that didn't work in many ways, and while it provides some good advice about how *not* to conduct a study with Latina mothers, it does not give the reader enough information about how to conduct similar studies successfully.

5. McCollum, Jeannette A., Ree, Yon, & Chen, Yu-Jun. (2000). Interpreting parent-infant interactions: Cross cultural lessons. *Infants & Young Children*, vol. 12, no. 4, pp. 22-33. Aspen Publications.

Reviewers felt that this article was lengthy, academic, and potentially inaccessible to practitioners; it seemed aimed specifically at researchers.

6. New, Rebecca S. (1994). Culture, child development and developmentally appropriate practices: Teachers as collaborative researchers. In Bruce L. Mallory & Rebecca S. New, Eds., *Diversity and developmentally appropriate practices: Challenges for early childhood*. (pp. 65-83). New York: Teachers College Press.

The group found the academic language of this article difficult to read and not appropriate for practitioners or parents.

7. Peters, Marie Ferguson. (2002). Racial Socialization of young black children. In Harriette Pipes McAdoo (Ed.), *Black children: Social, educational, and parental environments* (pp. 57-71). Thousand Oaks, Ca.: Sage Publications.

The study described in this chapter is not as recent as other studies participants read; the writer takes a subjective rather than objective tone in explaining her findings, which makes it seem inappropriate for the purposes of this collection.

8. Santos, Rosa Milagros, Fowler, Susan A., Corso, Robert M. & Bruns, Deborah A. (2000). Acceptance, acknowledgement, and adaptability: Selecting culturally and linguistically appropriate early childhood materials. *Teaching Exceptional Children*. Vol. 32, no. 3, pp. 14-22.

This article is not family-focused enough to be helpful to practitioners; the checklist on page 18 is useful, but overall the article seems out of date.

9. Supon, Viola. (1999). *Enhancing intercultural competence: Begin with the family*. ERIC Document ED434080.

The author's definition of culture seemed simplistic and therefore not particularly helpful in explaining the concept for our target audience. The concepts outlined are important, but there are no specific suggestions for practice in the field.

## Methods Used

### *Description of processes:*

For 2002-2003, the Literature Review Workgroup chose as its sole focus the review of literature describing research in the area of culturally competent early childhood mental health practices. The Regional Research Institute for Human Services (RRI) agreed to serve as host and convener for the Workgroup.

**Facilitator:** The RRI contracted with Margie MacLeod of Morrison Center to be facilitator for the literature review work group meetings. Margie had been involved, as a reviewer, in the Project's past literature review work group, and therefore had a clear understanding of what the goals and expectations of the group were. RRI staff met with Margie prior to each work group meeting to plan the structure and format based on the number of articles to be reviewed and feedback from participants from the previous meeting.

**Work Group Participants:** Initially, the RRI contacted a list of individuals who reviewed articles during the 2001-2002 project year. This group was augmented by those who were on the Early Childhood Mental Health Partnership mailing list and those who expressed interest at the fall meeting. The goal was to identify workgroup members who were reflective of the cultural diversity within the community the Project serves and to increase the level of parent participation. To realize this goal, specific individuals from several cultural groups were identified and contacted directly to encourage their participation. Special outreach was made to identify parents who might wish to be a part of this effort. In all, 75 community members were contacted by mail, phone or e-mail. Twenty-one individuals participated in at least one of the three meetings. Some came to all three and a few participated by sending in written reviews. Several persons of color attended each meeting, although we would have liked to have more input from that sector of the community.

Two parents were active on the review groups for all three meetings. To encourage parent participation, they were offered stipends and assistance with the cost of childcare and transportation to the meetings. While it did not become necessary, the Project and RRI were prepared to translate materials into languages parents could access more easily than English. Following is an indication of the perspectives represented on the review group:

#### Participants included:

- Parents of children in early childhood programs
- Multnomah County Library
- Kerr Early Intervention Program
- Metro Child Care Resource and Referral
- Oregon Council for Hispanic Advancement
- Morrison Center/WRAPS program
- Portland Relief Nursery
- Portland Public Schools/Beach Early Childhood Program
- Albertina Kerr
- El Programa Hispano
- DHS/Child Welfare
- NAMI of Multnomah County
- Northwest Early Childhood Institute
- Portland State University

**Literature:** Staff from the RRI began by locating those pieces of literature that had been identified during the prior years' work but not yet reviewed. RRI staff then conducted a search of several electronic databases to identify additional documents that addressed early childhood, mental health and cultural diversity. The number of articles and book chapters that included discussion of all three topics were fairly small, however, we also identified some resources that focused on two of the three topics that we thought might be useful. In addition to searching electronic databases, we also looked at web sites related to early childhood, contacted group members to ask for their recommendations of literature to review, contacted national experts to get their input, and examined the reference lists of all of the articles selected for review. For every item included in the review, the publisher's permission was obtained before making copies. Although there were a few resources that staff identified but were unable to locate and a few for which permission was not given for reprints, on the whole, a thorough search was made of the existing literature.

**Meeting format:** The RRI convened three meetings of the literature review work group, each of which was run by facilitator Margie MacLeod with the support of RRI staff. For each meeting, work group membership was divided into five teams of three to four persons each. Prior to the meeting, each team member was assigned literature to read, with the expectation that they would prepare written comments for discussion at the large group meeting. For the first meeting, participants were asked to review two articles each. At the second and third meetings, participants were asked to review four articles. Eighteen participants attended the first meeting, 14 attended the second and 9 came to the third (which was held in mid July). In all, 49 articles were reviewed, each by a minimum of two participants and most by four work group members. The meeting format allowed time for team discussion followed by a presentation of each team's recommendations to the full work group.

The teams used Dr. Jane Knitzer's Ten Principles for a Service Delivery System in Early Childhood Mental Health<sup>1</sup> (with the addition of an eleventh: "Strengths-based") as guiding principles against which to review the materials. In addition, the definition of "best practices," developed by last year's group, was adopted for this year's work: "'Best Practices' in Early Childhood Mental Health identifies the perspectives and strategies which promote emotional, social and behavioral well-being of young children and their families." The individual review forms and the team summary forms were modified slightly from those used in the prior year (See appendix for copies of forms).

### *Guiding Principles for Best Practice*

- ❖ Family Centered
- ❖ Supportive of all caregivers
- ❖ Services are delivered in natural settings
- ❖ Respect for developmental processes
- ❖ Individualization
- ❖ Sensitive to cultural, community and ethnic values
- ❖ Access to clinical, consultative and supervision services
- ❖ Strengthening of competencies
- ❖ Access to crisis intervention and support services
- ❖ Building partnerships in the community
- ❖ Strengths-based

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<sup>1</sup> Knitzer, Jane. (1998). *Early childhood mental health services: A policy and systems development perspective*. National Center for Children in Poverty.

**Feedback:** At the end of each meeting, participants filled out evaluation forms, which included space for comments on relevancy of the literature reviewed, the organization and facilitation of the meeting, and the format of the meeting. Staff took comments and suggestions from participants very seriously, and made modifications whenever possible.

**Outcome:** In all, the workgroup teams reviewed 49 items and involved 21 parents and professionals representing a variety of different perspectives. The workgroups recommended 39 articles for inclusion in the Early Childhood Mental Health Library. A few of these articles were chapters out of books. In those cases the whole book was recommended for inclusion in the library. The RRI will continue to review articles within its daily work and will contact the Project and the Library for inclusion of appropriate material within the Early Childhood Mental Health Library Collection.

# APPENDIX

1. Orientation packet for workgroup members
2. Forms used by workgroup members