



CALIFORNIA CENTER
for Infant-Family and Early Childhood Mental Health
at WestEd Center for Prevention & Early Intervention



*Foundations of Infant-Family and
Early Childhood Mental Health
Training*

Course: Cultural Humility:
Understanding How Culture Shapes
Early Development and How Our
Own Cultural Values and Biases
Impact the Families We Serve

Date: October 14th, 2017

PRESENTER Tala Ghantous, LCSW

EARLY CHILDHOOD MENTAL HEALTH PROGRAM, EARLY
INTERVENTION SERVICES

TRANSDISCIPLINARY MENTAL HEALTH PRACTITIONERS
(TMHP) SERIES

“Ethnic and racial and cultural identities shape so
much of who we are in the world. Ethnic and racial
and cultural identities provide a filter by which we see
and look at the same world around us, *and see it so
very differently.*”

Ken Hardy, Ph.D.



Sociocultural Activity

With a new partner, please share the following...

1. How do you identify from a sociocultural (racial/cultural background) perspective?
2. Share a first memory of yourself being part of a racial/cultural group. Where were you, what was the experience like and what did it bring up?

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Working with young children and families stirs up many complex feelings because of our own experiences of parenting, being a child in a family, and growing up in a particular way.



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Cultural differences are reflected in childrearing practices and we need a place to talk about our **own values** and the **values of the families** we are serving so interventions are effective.



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- The capacity to **reflect** on what is occurring and consider multiple possibilities is an important clinical skill in any kind of relationship-based work. *There are important parallels in childrearing.*



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The Value of Self Awareness

Self awareness can lead to an appreciation and curiosity about differences in clients' beliefs, values and practices



Self awareness can lead us to identify our values and biases and how they may be impacting our relationship with children and their families.

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"How can I address my biases if I don't know that I have them?"



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Let's Define Bias

When our personal values are not examined and understood as a product of our personal circumstances and cultural, we can become less accepting and understanding of others and more wary and rejecting of others.



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What Influences the Development of Biases?

- Families
- Religions
- Culture
- Peers
- Community/Neighbors
- Rules, Regulations, Laws, Government

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How may our biases impact our relationships at work if we are unaware of them?

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Where do Children Learn about Race

- Home
- Media
- Observation
- Social Environment
- Listening to those around them in school and community

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Infants are Not Colorblind

- ❖ Infants are able to nonverbally categorize people by race and gender at six months of age
- ❖ Infants looked significantly longer at a face of a different race
- ❖ “Initial awareness” of race probably begins even earlier.

“Children are Not Colorblind: How Young Children Learn Race.” (Winkler)



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Toddlers are Aware Too

- Toddlers as young as 2 years use racial categories to reason about people’s behaviors.
- 3-5 year olds express bias based on race and begin categorize people by race.
- 3-5 year olds used racial categories to identify themselves and others, to include and exclude others, and to negotiate power in their own play.

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For children under the age of seven, race—or, rather, physical traits like skin color, language, and hair texture—are just signs that someone is in some way different from themselves, similar to gender or weight.



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Children's views only become prejudiced when they start linking these physical traits to *flaws* in character or behavior.

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Children of color as young as 5 years old show evidence *of being aware of, and negatively impacted by*, stereotypes about their racial group.

Not surprisingly, parents of children of color are much more likely to talk to their children about race and racism.

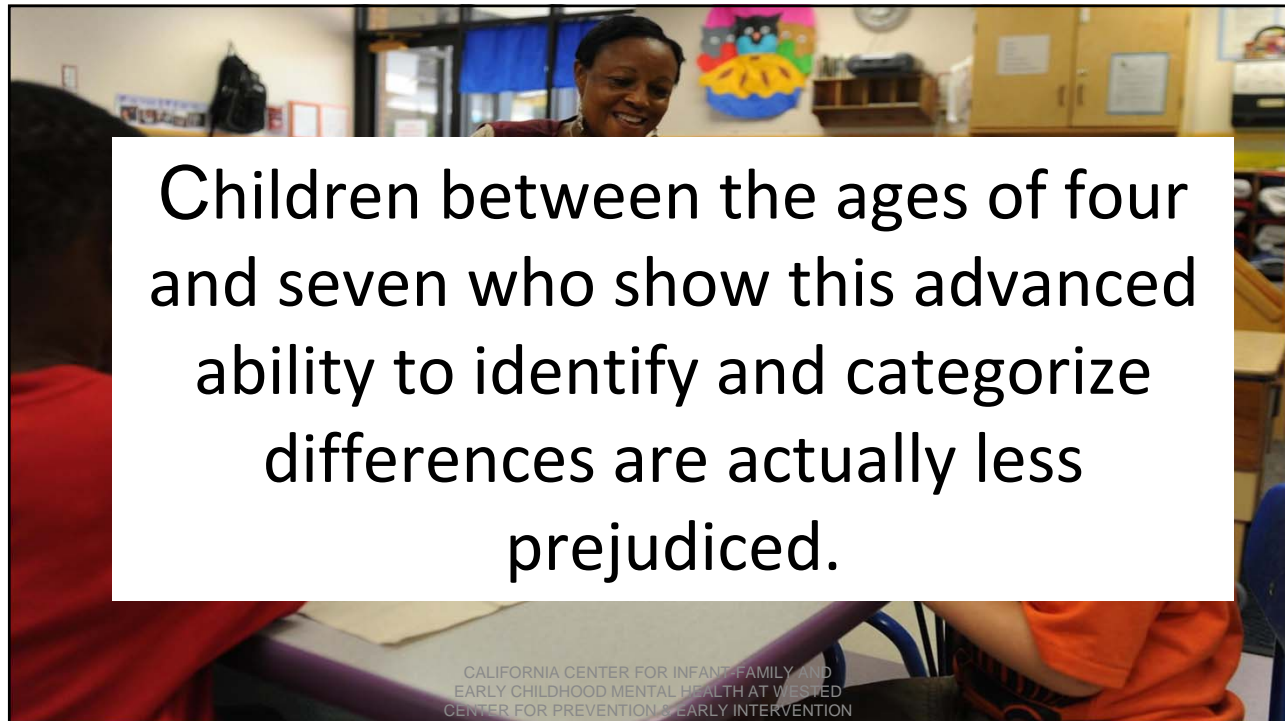
“Children are Not Colorblind: How Young Children Learn Race.”
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When children notice and ask about racial differences, it's a normal and healthy stage of development.

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Why Does This Happen?

- Not necessarily based on their parents' beliefs
- Immature cognitive structures
- Learn that race is a social category of significance
- Motivated to learn and conform to the broader cultural and social norms
- Observing their environment (community, neighborhood, school)

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When we shy away from discussing these issues with our kids, we may confuse them and implicitly send the message that it is bad or wrong to talk about differences.



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“Let’s Think About this Together”

- ❖ The simple act of having these conversations about race can help.
- ❖ Practice talking about these issues with others.
- ❖ Avoid making it a big or intimidating topic that kids believe it’s off limits to talk about.
- ❖ Avoid language that induces fear in kids.
- ❖ Help kids feel pride in their racial or ethnic identity.
- ❖ Teach children to feel culturally proud **and** how to understand the differences around them.
- ❖ Provide coping skills, empathy and support to handle situations of

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Can a Framework Help Us Be More Inclusive?

DIVERSITY-INFORMED INFANT MENTAL HEALTH TENETS

Irving Harris Foundation Professional Development Network

1. **Self-Awareness Leads to Better Services for Families:** Professionals in the field of infant mental health must reflect on their own culture, personal values and beliefs, and on the impact racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on their lives in order to provide diversity-informed, culturally attuned services on behalf of infants, toddlers, and their families.

Stance Toward Infants and Families

2. **Champion Children's Rights Globally:** Infants are citizens of the world. It is the responsibility of the global community to support parents, families, and local communities in welcoming, protecting, and nurturing them.
3. **Work to Acknowledge Privilege and Combat Discrimination:** Discriminatory policies and practices that harm adults harm the infants in their care. Privilege constitutes injustice. Diversity-informed infant mental health professionals work to acknowledge privilege and to combat racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression within themselves, their practices, and their fields.
4. **Recognize and Respect Nondominant Bodies of Knowledge:** Diversity-informed infant mental health practice recognizes nondominant ways of knowing, bodies of knowledge, sources of strength, and routes to healing within diverse families and communities.
5. **Honor Diverse Family Structures:** Families define who they are comprised of and how they are structured; no particular family constellation or organization is inherently optimal compared to any other. Diversity-informed infant mental health practice recognizes and strives to counter the historical bias toward idealizing (and conversely blaming) biological mothers as primary caregivers while overlooking the critical child-rearing contributions of other parents and caregivers including fathers, second mothers, foster parents, kin and felt family, early care and educational providers, and others.

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