

The Decision Tree

Child Indicator Seeds for Success



Why Culture Matters: Child Rearing Beliefs to Consider for Arab Americans

Disclaimer: The following information is based on research of possible cultural beliefs. As with all cultures, there will be variance in values and practices.

Last month we reviewed the challenges immigrants from the Middle East face when coming to the United States. In addition to recognizing what resources families may need, we need to be aware of the child rearing beliefs and practices Middle Easterners value. Arab immigrant parents tend to hold true to their culturally rooted child rearing values and traditions, while trying to adapt to the mainstream values of a new culture. They typically come from countries where an authoritarian parenting approach is viewed as the norm, where their children must respect and obey these values and where family honor is often most important.

Here are possible child rearing beliefs you may encounter when working with families from Arab descent:

- Boy children may be valued more than girls. Because of Muslim inheritance laws, a family without a male heir can lose a significant portion of their assets outside the nuclear family to other relatives (parents, other male relatives related to the father).
- Arab mothers may practice demand feeding. Girls may be weaned well before the development of significant language and once weaned; her needs may get relatively little attention. The boy, on the other hand, may continue to nurse until long after the establishment of language. He should be able to verbalize his desires and be instantly gratified when he desires to be breastfed.
- Weaning may occur over a few days. Techniques may include diversion, cajoling, and placing hot spices and dyes on the nipples. A weaned child may be expected to participate in adult routines for eating and sleeping. Since these adult routines include late bedtime, late dinners, tough, chewy foods, and much consumption of tea and sugar, a child's behavior may regress. They may use whining to gain attention.
- Middle Eastern parents may be very protective not only with respect to behavior, but also how the child thinks. A young child may become accustomed to suppressing his or her inquisitive and exploratory tendencies and sense of initiative. Children may become more passive about expressing their attitudes and have more limited decision making skills than other children.
- Toilet training may take place very early, often towards the end of the first year.
- Punishment may include spanking or teasing in front of peers or other family members.

Do you remember the "Step on a crack, break your mother's back" chant from childhood? While it seems like a silly superstition, many cultures hold true to cultural folklore. Some Middle Eastern generations have believed in and may continue to practice the following folklores:

- Some may believe the child's personality is shaped by the mother's behavior during pregnancy. The welfare of the unborn child rests on the mother; however, she is expected to continue her usual activities, including heavy routine work. There is no special dietary attention and bodily changes that come with pregnancy must be accepted.
- At birth, there may be a naming ceremony.
- Some may believe feeding baby sugar water soothes and protects the baby from hostile forces.
- There may be a belief that diseases, delays and misfortune are caused by the "evil eye". Some mothers may keep baby hidden under the mother's veil or wrapped in blankets to ward off cold, heat and the evil eye. Some mothers may believe compliments about their child's beauty may cause the evil eye and may prefer not to bathe the baby often. There may be a ceremony for the first bath occurring at day 40. Moving forward the baby may be bathed with mother.
- Arab boys are typically breast fed for 2 to 3 years while girls are weaned after only 1 year. There are complicated reasons for this including the folklores that support pampering the nursing infant and the belief that the mother will become pregnant (with a boy) more easily after the girl infant is weaned.

For more information on the multifaceted beliefs and values of different cultures, please reference [Childrearing and Infant Care Issues: A Cross-cultural Perspective](#) by Pranee Liamputtong.

Test Your Inter-rater Reliability

Our state's focus on child indicator ratings has led many to wonder
"Are we all rating children similarly?"



As part of our efforts to improve results for children, we are focusing each month on increasing our statewide inter-rater reliability. We are using examples of narratives from around the state that ideally will include observations of functional behaviors, parent/caregiver input, results from assessment tools and informed clinical opinion. Below is an example of a narrative from a recent Assessment for Service Planning. Using the limited information provided in the narrative and the process outlined in the child Indicator Booklet talk thru the scenario with your colleagues to determine a rating. The ratings given by the assessment team can be found at the end.

Disclaimer: This activity is for learning purposes only and is not intended to be an endorsement of any particular narrative. It is intended to help you reflect on the questions that follow.

Questions to Consider:

1. Was there enough information provided to determine a rating? What additional information did you need?
2. Was there input into the narrative from all members of the assessment team including the family? Was the family's cultural differences considered?
3. Was the child's functioning across settings in each indicator clear?
4. Were functional skills listed under the correct indicator?
5. How close were your ratings compared to the ratings given by the assessment team? One or two off, in the same color family or way off? Did you agree with the ratings given by the team? Why or Why not?

Aaryan's Age: 30 months

Adjusted Age: NA

Referral Information, Medical History, Health Status: Aaryan was born full term at an area medical center by scheduled c-section due to complications with mother. Mother was hesitant to share what those complications were. Aaryan, which according to father means "Of Utmost Strength", weighed 8 lbs 12oz, had no complications and passed his newborn hearing screen. Mother quietly shared that approximately one year ago, Aaryan was hospitalized for an ear infection with a high fever that was slow to respond to antibiotics. She said that a 2nd trip to the hospital revealed "the infection went to his brain" and caused a delay in learning how to walk and talk. The hospital treated him by giving him nutrition thru a g-tube. A review of medical records from the hospital indicates Aaryan has been diagnosed with acute encephalopathy, mitochondrial disease and hypoxemia. After being in the hospital the second time, mother reported Aaryan became crossed eyed. He needs to wear a patch on both eyes for two hours each as well as wear eye glasses. Mother reports Aaryan will not wear the eye patch or glasses. This summer, the family went home to Iran for three months; when they came home the doctors said that Aaryan is no longer hearing. He will need surgery to remove his tonsils and adenoids. Mother shared she is fearful about doing the surgery since bad things keep happening to Aaryan. They do not have a pediatrician and depend on the local hospital for Aaryan's care. Aaryan does receive private OT and PT.

Daily Activities and Routines: Aaryan lives with his parents and two older siblings. He likes toys with sounds and lights. He enjoys swinging at the play ground. Mother reports Aaryan has become fearful of the water and cries during his bath. She reports he struggled with breast feeding due to being in the hospital this last time. She was no longer able to produce milk so Aaryan has begun eating vegetables, rice, pasta, bread and meat. The family eats dinner around 8:00 or 9:00 once father gets home from work. Aaryan often cries during dinner and refuses to eat. He takes one nap during the day and sleeps from 10pm to 9am often waking up several times during the night.

Family Concerns: Mother expressed concern that she may be responsible for Aaryan's problems. She wants to do what is best for him but doesn't know how to without making things worse. Her other two children who were born in Iran had no problems. They are concerned that he lost skills due to his "disease".

Family Priorities: Aaryan's family's priority is for him to relearn the motor skills he lost including walking, running and going up the stairs without falling. They would like for him to develop appropriate communication skills so he can be able to communicate his needs and wants during his daily routines and community outings with words instead of using gestures including opening and closing his fist when reaching for an object.

Family Resources: Aaryan's father has an extended cousin that lives in the house to help pay rent. The older brothers help if asked. Father attends mosque while mother stays home to watch Aaryan as he is too active to sit quietly.

Developmental Levels: Cognitive- 14-18 months Gross Motor- 21-24 months
Fine Motor- 14-16 months with scatter to 18 months Receptive Language- 15 months atypical
Expressive Language- 16 months atypical Social/Emotional- 15 months Adaptive/Self Help- 18 months

Social/Emotional Skills including Positive Social Relationships: Aaryan is an active, sweet 30 month old boy who was seen at the Center today with his parents for an evaluation. He noticed the evaluators in the room and initially stayed close to parents. Once he was comfortable, Aaryan allowed the evaluator to present play activities to him. Per report, Aaryan loves to play with his two older brothers. He will try to climb into the middle of his brothers wrestling or rough house playing. He enjoys tickle games from father. Today Aaryan enjoyed praise and smiled when he was clapped for. Parents feel like he knows the differences between family members and strangers and he will stay close to his family out in the community. Aaryan has a number of favorite activities including playing with trains, cars, trucks, balls, musical toys with lights and books. Parents report they choose which toy Aaryan should play with. He has a few social gestures including waving hi/bye, giving "high 5" and giving kisses. When he wants something out of reach he will reach up with his arm and move his fingers in and out gesturing "give me". He used this in and out gesture of his hand frequently during the evaluation without clear intent.

Of concern: Aaryan's social skill development appears to be impacted by his significant medical history. His vision and hearing concerns are limiting his ability to fully take in information from his environment.

Child's Development in Relation to Other Children the Same Age:

Acquiring and Using Knowledge and Skills, including early language/communication: Aaryan is actively working to regain the skills he lost during his illness. Today he showed curiosity as he worked to open and close a box with a horse in it. He labeled it "beep beep" and moved it around the table briefly. He played with a car in the same manner calling it "beep beep". Aaryan did not have his glasses with him today. Even with his visual impairment, he worked to imitate block stacking and placing them in a cup and turning pages of a book. He appeared to look towards pictures but did not point when asked "show me doggy". He engaged in throwing the ball labeling it "buh". His favorite activity was coloring with crayons. He tried to imitate the "choo choo" line by moving his crayon horizontally. He colored with a fistful grasp pushing very hard on the paper often breaking the crayon. He has a few words (mama, dada, ball and bye). He does not have a name for his brothers instead gestures towards them opening and closing a fistful hand. He follows a couple of routine directions such as give me "kiss" or "high five".

Of concern: Aaryan is recovering from a severe brain infection that may have impacted his hearing and vision. He had had to relearn skills he lost during his illness. He is scheduled for doctors to address his middle ear dysfunction. Both vision and hearing have an important impact on a child's ability to develop expressive communication skills and to learn about his world.

Child's Development in Relation to Other Children the Same Age:

Use of Appropriate Behaviors to Meet Needs: Aaryan is described as a strong, happy boy. He is using his motor skills to explore his environment including walking, a wide stance run, climbing on and off of furniture, going up the stairs with hand held and playing on some playground equipment such as the slide with support. He can walk backwards a few steps while pulling his stroller. He squats when playing with his trucks. Father reported that Aaryan will stand on the bed and try to bounce up and down. He is using his hands to participate in play and some self-care activities. Today he was redirected to point to a desired object instead of flapping his hands. He was able to pick up a string with a pincer grasp and balanced a few blocks on top of one another after several demonstrations. Aaryan easily turned the pages of a book and held a crayon to scribble vigorously. Mother reports he has made progress with his feeding skills following therapy and is now eating a variety of table foods. He feeds himself with his fingers and is beginning to practice using a spoon. He has difficulty scooping foods up and getting the spoon into his mouth. Mother says he often misses his mouth. Aaryan does better at breakfast and lunch. Dinner time is often difficult and fussy. Aaryan can drink from a cup including an open cup, sippy cup and straw. He is dependent on his mother to dress him but will try to help if prompted to take off his socks and hat. Aaryan does not sleep thru the night. He shares the bed with his mother and father and wakes up several times during the night. Mother gives him his sippy cup with sugar water and he falls back to sleep. He does take a nap each day. Aaryan is making his needs known by reaching toward an item he wants and crying and sometime trying to get it himself. Aaryan enjoys being in the kitchen with his mother but his father feels like he does not understand safety or when something is hot.

Of concern is Aaryan's medical history and hearing and vision issues impacting his motor skills and self care skills. He falls frequently and his motor quality and overall hand skills are not at the level we would expect for a child this age.

Child's Development in Relation to Other Children the Same Age:

Assessment Team Ratings:

Social/Emotional Skills including Positive Social Relationships: Rating 3: Aaryan uses many important skills that are necessary for the development of more advanced skills; he is not yet showing skills used by other children his age in this area.

Acquiring and Using Knowledge and Skills, including early language/communication: Rating 3: Aaryan uses many important skills that are necessary for the development of more advanced skills; he is not yet showing skills used by other children his age in this area.

Use of Appropriate Behaviors to Meet Needs: Rating 3: Aaryan uses many important skills that are necessary for the development of more advanced skills; he is not yet showing skills used by other children his age in this area.



Determining the outcome ratings requires teams to synthesize an enormous amount of information about a child's functioning from multiple sources and across different settings to identify an overall sense of the child's functioning at a given point in time in three outcome areas.

- Clearly, Aaryan has a significant medical history and is not functioning at age expected levels compared to his same age peers. In addition to his medical history, there may be some cultural child rearing practices impacting Aaryan's development. Here are just a few things to consider when determining ratings and coaching the family in a meaningful way:
 - What are the family's cultural expectations for a boy's level of independence especially as it relates to self-care, making choices and acting on ones desires?
 - The parents have identified bath time, dinner time and sleeping through the night as challenging times of the day. How can you balance the family's cultural practices when developing strategies to support Aaryan during these family activities?
 - Aaryan's mother has expressed concern over being responsible for Aaryan's challenges. Recognizing this feeling may be deeply rooted in folklore and cultural expectations, how would you engage her during the assessment and intervention sessions?