



Cultural Considerations in Parent Consultation

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As schools and communities become increasingly diverse, a challenge for consultants is to effectively consult with parents of varying ethnic, cultural, and economic backgrounds (Soo-Hoo, 1998). There is a scarcity of literature that addresses issues confronting consultants who work with parents and families of marginalized and historically oppressed backgrounds. To foster advances in consultation with marginalized groups, this digest provides a review of cultural considerations in parent consultation.

What is Parent Consultation?

Parent consultation has been broadly defined as any consultation between a professional and a parent (Guli, 2005). However, it has also been more narrowly defined as a structured, problem solving collaborative relationship between a consultant (e.g., counselor, psychologist) and one or more parents (i.e., consultees). The most common and recently studied (year 2000 to present) models of parent consultation described in the literature are conjoint behavioral consultation, Adlerian consultation, and values-based consultation. Conjoint behavioral consultation (CBC) is an extension of behavioral consultation that combines the resources of home and school to create change in a child's behavior. It is an indirect model of service delivery in which parents, teachers, and a consultant work together to address the needs of a child (Colton & Sheridan, 1998).

The Adlerian approach to parent consultation posits that everyone wants to belong to a group. According to Adlerian theory, children who believe that they are an accepted member of a classroom or family will contribute to the group's well-being, while children who do not believe they are part of the group often engage in useless behavior or misbehavior. According to Dinkmeyer and Carlson (2006), the basic foundation of Adlerian parent consultation includes the following ideas: a) behavior is goal-directed and purposive, b) effective change occurs when the individual believes he or she is capable of change and can identify this ability as a strength while identifying other strengths, and c) the consultant understands that no parent operates in a vacuum, independent of the others in the system.

In 2000, Nelson, Amio, Prilleltensky, and Nickels proposed a values-based parent consultation approach, which includes partnerships with community members for implementing prevention programs in schools. They argue that consultants should abandon the role of researcher and/or expert and recognize the wealth of knowledge that parents and community members bring to consultation.

Cultural Considerations in Parent Consultation

When consulting with parents from culturally diverse backgrounds, consultants need to consider the impact of culture on not only the client (e.g., child) but also on the participants of the consultation process (Moseley-Howard, 1995). It is

important to note that in many cases, parent consultants view parents' cultural differences as "the problem." However, research has indicated that there is no significant difference in parents' interest in their children's success based on race, ethnicity, socioeconomic class, or cultural background (Henderson, Mapp, Johnson, & Davies, 2007).

The strategies used in parent consultation can be roughly divided into two types: (a) those that focus on the presentation of new information or ideas as the primary change agent and (b) those that focus on the relationship between the parent and the consultant as the source of change. Many consultants influenced by the "information as change agent" view the consultant-parent relationship as important only to the extent that it facilitates the dissemination of knowledge regarding appropriate parenting practices and family functioning. This approach can create several problems if cultural factors are not taken into account. Historically disadvantaged groups, especially African Americans, may resist certain parenting techniques such as aversive conditioning, behavior control, extinction, and stimulus-reward. From a cultural perspective, these techniques focus heavily on controlling or changing behavior, which is reminiscent of many groups' oppressive backgrounds (Wayman, Lynch, & Hanson, 1991).

Consultation based solely on education and imparting information may also fail to consider the importance of psychosocial influences such as family structure, cultural value systems, interactional patterns, and adaptive coping strategies on behavior and functioning in culturally diverse families and instead may focus on factors that play a more important role in middle-income White American families (Boyd-Franklin, 2003). For instance, consultants who use this approach might ignore the fact that Latino/Hispanic and Asian families traditionally involve extended family members (e.g., grandparents) in family decision-making and child rearing practices to a greater extent than many White/European American families (Chin et al., 1993).

In addition to differences in family structure, parent consultation may be influenced by the adaptive coping strategies of many culturally diverse groups. These coping strategies (e.g., suspicion of outsiders, group unity) are often necessary to deal with hostile environments and are often misdiagnosed as pathological if not examined within the appropriate cultural context (Garretson, 1993). For instance, the literature indicates the misclassification of African American and Hispanic/Latino children as having behavioral and/or anger problems (Losen & Orfield, 2002). Parent consultants must not assume that referred Hispanic/Latino and African American children have been accurately classified or labeled. Attempts to change misdiagnosed behaviors may lead to ineffective interventions that do not address the real problem, such as frustration with a

teacher's low expectations, anger associated with family situation, or feelings of inferiority.

Cultural factors may also impinge upon "relationship-focused" parent consultation. Consultants and parents may enter into the consultative relationship with preconceived and inaccurate expectations of each other that are based on both conscious and unconscious perceptions. Asian cultures, for instance, traditionally view relationships to be hierarchical and value deference to authority figures (Chin et al., 1993). Parents adhering to such cultural values may expect the consultant to provide advice and direction rather than adopt an egalitarian, supportive position. Likewise, African Americans have been reported to present passive resistance in therapeutic and helping relationships (Boyd-Franklin, 2003) because of their anticipation of racial prejudice and discrimination by White American therapists.

Cultural Competence of Consultants

The cultural sensitivity (e.g., attitudes, beliefs, actions) of the consultant may also influence the parent consultation process. For example, Kalyanpur and Rao (1991) identified three qualities that were related to low-income African American mothers' negative perceptions of outreach agency consultants. First, consultants' perceived lack of respect for parents and failure to trust them were cited as significant barriers to fostering a collaborative relationship. Second, consultants' focus on children's deficits while ignoring their strengths also undermined the relationship. The third factor leading to impaired relationships involved a lack of appreciation of the mothers' parenting styles, which were often blamed for children's behavior problems at school.

Consultants' lack of cultural knowledge may also interfere with the establishment of an effective consultant-parent relationship. Consultants who lack a general understanding and appreciation of culturally diverse families may be less equipped to assist culturally diverse parents with their problems and concerns. It is imperative, therefore, that parent consultants address and examine their own cultural biases, perceptions, and cultural knowledge before working closely with parents of diverse backgrounds.

Parent Resistance

Resistance in parent consultation with culturally diverse parents has not been addressed extensively in the literature. Many authors (e.g., Boyd-Franklin, 2003; Gonzalez, Nelson, & Gutkin, 2004) have suggested, however, that resistance may be more likely to occur in the case of parents who adhere to values and beliefs where family problems are viewed as issues to be resolved by the family rather than mental health professionals. Consultants may be perceived as outsiders whose involvement is considered a challenge to the family's traditional style of functioning.

Summary

Culturally appropriate parent consultation is becoming a priority among mental health professionals, particularly those who work in schools and community agencies. The considerations listed in this digest can be helpful when initiating

and determining one's approach to parent consultation. Nevertheless, it is imperative that consultants reflect continuously on the role that culture plays in the outcome and process of parent consultation.

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Suggested APA style reference:

Holcomb-McCoy, C. (2009). *Cultural considerations in parent consultation* (ACAPCD-25). Alexandria, VA: American Counseling Association.