

BEST PRACTICES FOR ETHNIC,
CULTURAL, AND LANGUAGE DIVERSITY
IN INTERVENTION SETTINGS

PRESENTER

LINETTE M. NIXON

optimum35@hotmail.com

757-722-5161

PROMOTING, CULTURAL COMPETENCY
SELF-ASSESSMENT FOR SERVICE COORDINATORS AND
OTHER EARLY INTERVENTION PERSONNEL

Excerpted from: Tawara D. Goode,
**Georgetown University Center for Child and Human Development University Center for
Excellence in Developmental Disabilities Education, Research & Service**

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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.

Directions: Select A, B, or C for each numbered item listed.

A = Things I do frequently

B = Things I do occasionally

C = Things I do rarely or never

VALUES & ATTITUDES

1. I avoid imposing values that may conflict or be inconsistent with those of cultures or ethnic groups other than my own.

2. I intervene in an appropriate manner when I observe other staff or parents within my agency or council engaging in behaviors that show cultural insensitivity, bias or prejudice.

3. I understand and accept that family is defined differently by different cultures (e.g. extended family members, fictive kin, godparents).

4. I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant culture.

5. I accept and respect that male-female roles in families may vary significantly among different cultures (e.g. who makes major decisions for the family, play and social interactions expected of male and female children).

6. I understand that age and life cycle factors must be considered in interactions with individuals and families (e.g. high value placed on the decisions of elders or the role of the eldest male in families).

7. Even though my professional or moral viewpoints may differ, I accept the family/parents as the ultimate decision makers for services and supports for their children.

8. I recognize that the meaning or value of medical treatment and health education may vary greatly among cultures.

9. I recognize and understand that beliefs and concepts of emotional well-being vary significantly from culture to culture.

10. I understand that beliefs about mental illness and emotional disability are culturally-based. I accept that responses to these conditions and related treatment/ interventions are heavily influenced by culture.

11. I accept that religion and other beliefs may influence how families respond to illnesses, disease, disability and death.

12. I recognize and accept that folk and religious beliefs may influence a family's reaction and approach to a child born with a disability or later diagnosed with a physical/emotional disability or special health care needs.

13. I understand that traditional approaches to disciplining children are influenced by culture.

14. I understand that families from different cultures will have different expectations of their children for acquiring toileting, dressing, feeding, and other self-help skills.

15. I accept and respect that customs and beliefs about food, its value, preparation, and use are different from culture to culture.

16. Before visiting or providing services in the home setting, I seek information on acceptable behaviors, courtesies, customs and expectations that are unique to families of specific cultures and ethnic groups served by my program or agency.

17. I seek information from family members or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse children and families served by my program or agency.

18. I advocate for the review of my agency's or LICC's mission statement, goals, policies, and procedures to insure that they incorporate principles and practices that promote cultural diversity and cultural competence.

COMMUNICATION STYLES

19. For children who speak languages or dialects other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment and intervention.

20. I attempt to determine any familial colloquialisms used by children and families that may impact on assessment and intervention.

21. I use visual aids, gestures, *and* physical prompts in my interactions with children who have limited English proficiency.

22. I use bilingual staff or trained/certified interpreters for assessment and intervention with children who have limited English Proficiency.

23. I use bilingual staff or trained/certified interpreters during assessments, direct services, and for or other events for families who would require this level of assistance.

24. When interacting with parents who have limited English proficiency I always keep in mind that:

limitations in English proficiency is in no way a reflection of their level of intellectual functioning

their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin.

they may or may not be literate in their language of origin or English.

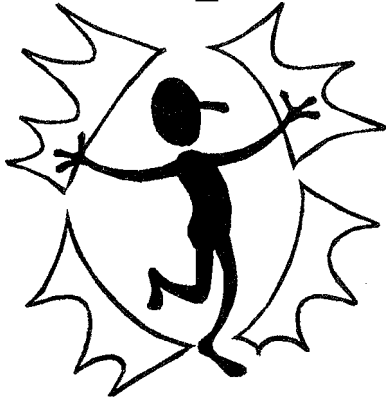
25. When possible, I insure that all notices and communiques to parents are written in their language of origin.

26. I understand that it may be necessary to use alternatives to written communications for some families, as word of mouth may be a preferred method of receiving information.

Key:

There is no answer key with correct responses. However, if you frequently responded "C" you may not necessarily demonstrate values and engage in practices that promote a culturally diverse and culturally competent service delivery system for children with disabilities or special health care needs and their families.

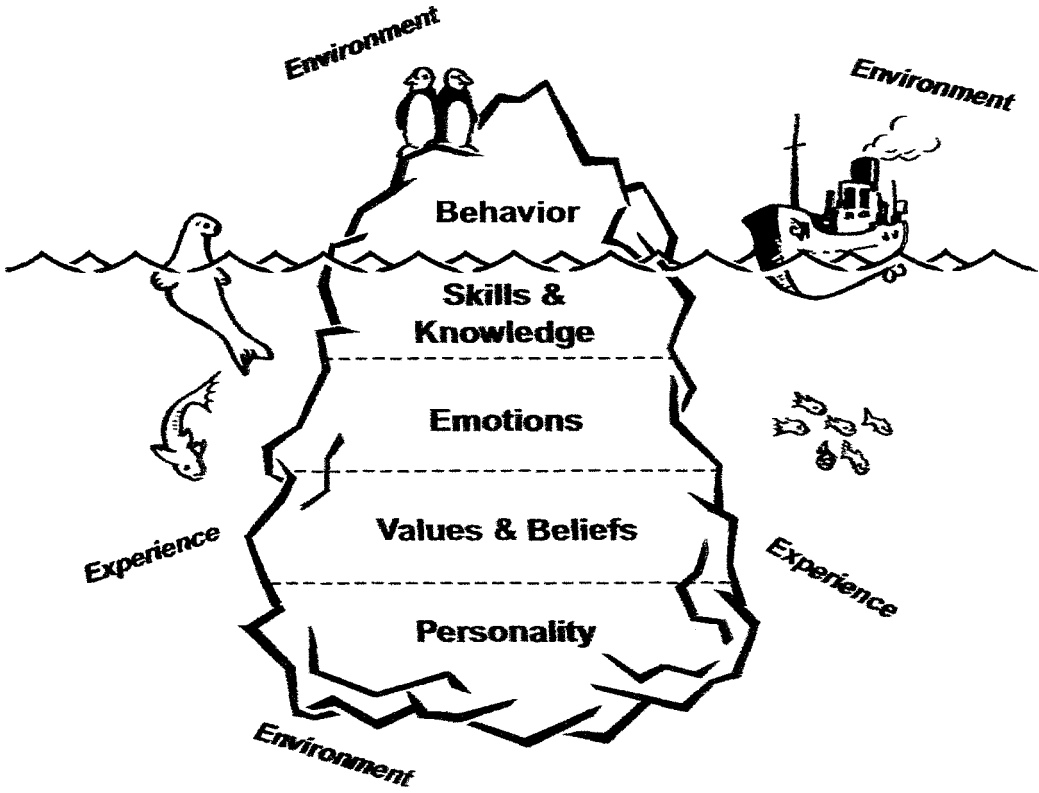
What is culture competency'?



"The term `culturally competent' used with respect to services, supports, or other assistance, means services, supports, or other assistance that is conducted or provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language, and behaviors of individuals who are receiving the services, supports, or other assistance, and in a manner that has the greatest likelihood of ensuring their maximum participation in the program involved. "

As defined in the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Sec. 102(7).

How we behave in any situation depends upon our personal “icebergs”



For respectful Interactions with Families - ask these questions?

What is your primary language?

How would you like to be addressed?

Who needs to be involved in the
decision-making process with your
family?

Where would you like to meet?

Would you like to contact other
professionals working with your family?

Would you like more information?

Do you have any questions or
concerns before I begin?

DEVELOPING CROSS-CULTURAL COMPETENCE

Table 3.2. **Guidelines for the home visitor**

Part I-Family structure and child-rearing practices

Family structure

Family composition

- Who are the members of the family system?
- Who are the key decision makers?
- Is decision making related to specific situations?
- Is decision making individual or group oriented?
- Do family members all live in the same household?
- What is the relationship of friends to the family system?
- What is the hierarchy within the family? Is status related to gender or age?

Primary caregiver(s)

- Who is the primary caregiver?
- Who else participates in the caregiving?
- What is the amount of care given by mother versus others?
- How much time does the infant spend away from the primary caregiver?
- Is there conflict between caregivers regarding appropriate practices?
- What ecological/environmental issues impinge upon general caregiving (i.e., housing, jobs, etc.)?

Child-rearing practices

Family feeding practices

- What are the family feeding practices?
- What are the mealtime rules?
- What types of foods are eaten?
- What are the beliefs regarding breastfeeding and weaning?
- What are the beliefs regarding bottle feeding?
- What are the family practices regarding transitioning to solid food?
- Which family members prepare food?
- Is food purchased or homemade?
- Are there any taboos related to food preparation or handling?
- Which family members feed the child?
- What is the configuration of the family mealtime?
- What are the family's views on independent feeding?
- Is there a discrepancy among family members regarding the beliefs and practices related to feeding an infant/toddler?

Family sleeping patterns

- Does the infant sleep in the same room/bed as the parents?
- At what age is the infant moved away from close proximity to the mother?
- Is there an established bedtime?
- What is the family response to an infant when he or she awakes at night?
- What practices surround daytime napping?

(continued)

Table 3.2. (continued)

Family's response to disobedience and aggression

- What are the parameters of acceptable child behavior?
- What form does the discipline take?
- Who metes out the disciplinary action?

Family's response to a crying infant

- Temporal qualities-How long before the caregiver picks up a crying infant?
- How does the caregiver calm an upset infant?

Part II-Family perceptions and attitudes

Family perception of child's disability

- Are there cultural or religious factors that would shape family perceptions?
- To what/where/whom does the family assign responsibility for their child's disability?
- How does the family view the role of fate in their lives?
- How does the family view their role in intervening with their child? Do they feel they can make a difference or do they consider it hopeless?

Family's perception of health and healing

- What is the family's approach to medical needs?
 - Do they rely solely on Western medical services?
 - Do they rely solely on holistic approaches?
 - Do they utilize a combination of these approaches?
- Who is the primary medical provider or conveyer of medical information?
 - Family members? Elders? Friends? Folk healers? Family doctor? Medical specialists?
- Do all members of the family agree on approaches to medical needs?

Family's perception of help-seeking and intervention

- From whom does the family seek help-family members or outside agencies/individuals?
- Does the family seek help directly or indirectly?
- What are the general feelings of the family when seeking assistance ashamed, angry, demand as a right, view as unnecessary?
- With which community systems does the family interact (educational/medical/social)?
- How are these interactions completed (face-to-face, telephone, letter)?
- Which family member interacts with other systems?
- Does that family member feel comfortable when interacting with other systems?

Part III-Language and communication styles

Language

- To what degree:
 - Is the home visitor proficient in the family's native language?
 - Is the family proficient in English?
- if an interpreter is used:
 - With which culture is the interpreter primarily affiliated?
 - Is the interpreter familiar with the colloquialisms of the family members' country or region of origin?
 - Is the family member comfortable with the interpreter? Would the family member feel more comfortable with an interpreter of the same sex?
- If written materials are used, are they in the family's native language?

Interaction styles

- Does the family communicate with each other in a direct or indirect style?
- Does the family tend to interact in a quiet manner or a loud manner?
- Do family members share feelings when discussing emotional issues?
- Does the family ask you direct questions?
- Does the family value a lengthy social time at each home visit unrelated to the early childhood services program goals?
- Is it important for the family to know about the home visitor's extended family? Is the home visitor comfortable sharing that information?

From Wayman, K.I., Lynch, E.W., & Hanson, M.J. (1990). Home-based early childhood services: Cultural sensitivity in a family systems approach. Topics in *Early Childhood Special Education*, 10, 65-66, reprinted by permission.

Strategies for Anchoring Understanding of Diversity

Qualities that characterize
Skilled Dialogue

Related strategies for developing
Anchored Understanding of Diversity

1. **Respect:** Acknowledge the range and validity of diverse perspectives.

Strategy 1. 1: Listen mindfully to others' comments/responses.

1. How much time am I allowing between perceiving and interpreting the content of others' messages?

Strategy 1.2: Get information about others perspectives.

1. Could you tell me more about X?
2. Could you describe for me what X means to you?
3. How would you describe what you want at this point? Could you give me a specific example?

Strategy 1.3: Examine your own perspective.

1. What do I believe about persons who act in this fashion?
2. What meaning(s) am I attaching to the behavior(s)?
3. How are my assumptions affecting this interaction/communication?

2. **Reciprocity:** Establish interactions that allow equal voice for all perspectives (i.e., avoid privileging one perspective over another).

Strategy 2.1: Allow yourself to believe that others' contributions are of equal value to yours.

Strategy 2.2: Clarify others' understanding of your perspective.

1. How do you see my actions?
2. What do you hear me saying/asking?
3. What are your thoughts when you see me do/say X?
4. What does responding to my request mean to you?

(continued)

Strategy 2-3: Recognize the value of others' contributions.

1. What resources is X bringing to the interaction?
2. What can I learn from X?
- 3- What is positive about X's behavior?

3. Responsiveness. Communicate respect and understanding of others' perspectives.

Strategy 3. 1: Remain mindful of and open to mystery (i.e., not knowing).

1. Am I overly focused on my goals, interpretations, and judgments?
2. What important information or alternative interpretations could I be missing?
3. To what degree am I willing to "trust the process" without knowing exactly what will happen?

Strategy 3-2: Keep paying attention.

1. Listen and ask questions until you can credibly communicate respect and understanding.
2. Observe how other is responding to your words and behavior

Strategy 3.3: Reflect understanding of others' perspectives.

1. Let me see if I understand what you mean- Are you saying that...?
2. Can I use an analogy to see if I really understand what you're saying?
3. Is this what you're talking about?

Strategies for Creating 3rd Space Options

Qualities that characterize
Skilled Dialogue

Related strategies for
creating 3rd Space options

1. Respect: Stay with the tension of differing perspectives.

Strategy 1.1: Release the natural inclination to focus on solutions/resolutions.

1. To what degree is my tendency to focus on solutions/resolutions interfering with my ability to express respect for perspectives or behavior diverse from my own?

Strategy 1.2: Listen/observe without judgment.

1. Share verbal indicators of interest and curiosity (e.g., "I see," "That's interesting")

2. Share nonverbal indicators of interest or curiosity.

Strategy 1.3: Identify specific tension points.

1. How are we seeing this situation differently?

2. What aspects of others' behavior/perspective am I finding the most difficult or least agreeable? Why? What would happen if I did not contradict, oppose, or try to change that behavior/perspective? Listen to the answers.

2. Reciprocity: Develop opportunities for equalizing power across interactions

Strategy 2.1: Recognize that there is no need to make one perspective wrong to justify another as right.

Strategy 2.2: Shift the conversation's focus to "equalize" participation.

1. Share vulnerable statements such as "I'm not sure of where to go next."

2. Use an analogy/metaphor that is familiar to the other person or unfamiliar to both of you.

Strategy 2.3: Explore how contradictory behaviors/perspectives could be complementary.

1. How is one behavior/perspective balanced by the other?
2. What if both are "right" and there is no need to choose between them?

3. Responsiveness: Create a response that integrates and provides access to the strengths of diverse perspectives.

Strategy 3.1: Trust the possibility of options that honor diversity.

Strategy 3.2: Explore responses that integrate contradictions.

1. Use analogies (e.g., "half-full/half empty" glass, musical chords.)
2. Reframe the "problem": tell different stories; use different lenses.
3. Brainstorm 3rd (and 4th and 5th) choices other than those that are immediately obvious.
4. Continue until finding a response that is agreeable to all concerned.

ADDITIONAL RESOURCES

BOOKS

DEVELOPING CROSS-CULTURAL COMPETENCE: A guide for working with children and their families, Second Edition (Lynch and Hanson)

SKILLED DIALOGUE: Strategies for responding to cultural diversity in Early Childhood (Barrera and Corso)

MULTICULTURAL MANNERS: New rules of Etiquette for a changing society (Norine Dresser)

WORKING TOGETHER: How to become more effective in a multicultural organization (George Simmons)

PLAYS

OVERTIME (A.R. GUERNEY)

VOIRE DIRE (JOE SUTTON)

WEBSITES FOR ONLINE TRANSLATIONS

www.ultralingua.net

www.translation2.paralink.com

www.systransoft.com/index

www.freetranslation.com

www.google.com/language_tools

CULTURAL COURTESIES AND CUSTOMS

ANGLO-EUROPEAN

The following practices represent some major characteristics of interactions.

The notion that all people are more or less equal.

It is customary to treat females and males with equal respect and to treat people providing daily services courteously (e.g., cab drivers, waitresses, secretaries, sales clerks).

People freely express their opinions.

Freedom of speech is a major characteristic of American life. Some topics are typically not openly discussed, however, particularly with strangers. These include topics related to sex, politics, religion, and personal characteristics such as body odors.

People are greeted openly, directly, and warmly.

Not a lot of rituals are found in greetings. Typically, persons greet one another openly and directly and get to the point of the interaction. Often persons will shake hands with strangers (particularly males). Eye contact is maintained throughout the interaction, and it is considered impolite not to look at the persons to whom you are speaking.

A social distance of about an arm's length is typically maintained in interactions.

Most social interactions are conducted about an arm's length from the other person. People (males, in particular) do not expect to be touched except for greetings such as shaking hands. When people walk down the street together they typically do not hold hands or put their arms around one another unless they are involved in a more intimate relationship.

Punctuality and responsibility in keeping appointments are valued.

Time is valued and most people expect punctuality. It is also considered rude to accept an invitation to someone's home and not show up or make an appointment with someone and not keep it.

See also Lanier (1996) and Stewart and Bennett (1991) for a more comprehensive discussion of customs and courtesies.

CULTURAL COURTESIES AND CUSTOMS

NATIVE AMERICAN

As previously mentioned, cultural diversity influences the variation of interaction customs. The following examples highlight some of the variation and the differing courtesies and customs interventionists may encounter among some Native American groups.

It is acceptable to compliment a family on their baby, but it is deemed inappropriate by some families to give a lot of compliments and thereby draw attention to the child. The child's family may believe that this behavior might bring harm to the child.

Cradle boards or swings are used by many Indian families. It is important for you to discuss with the family their wishes with respect to removing a child from the cradle board or other child tending device for intervention activities.

Certain animals, dolls, and so forth may be considered bad luck or evil in certain Indian tribes. When the intervention therapy for a child requires toys or pictures, you should consult the family to see if the toys or images selected are appropriate. For example, one Indian family came from the reservation to keep a medical appointment, but when the interventionist suggested they eat lunch nearby at the "Owl Cafe," the family became very upset. In this family's culture, owls are considered the sign of a bad omen or evil force.

Sometimes when a child is in the process of or has completed a healing ceremony, there may be markings or objects (considered sacred) placed on the child's body to protect and/or ensure healing. If it is necessary to remove any of these objects, you should do this in consultation with the family. The family should be given the option to remove the objects, and when objects are removed they should be returned to the family. In addition, it may be necessary to wash or cleanse an area on the child for certain procedures. If the child has markings, the family again should be asked and their wishes respected.

Because of distance and socioeconomic hardship, many Indian families living in remote rural areas do not have telephones, so some of the home visits made by service providers may not be expected. In these situations, it is customary to drive up and honk the car horn to announce yourself. Because you were not expected, it is also customary that you wait until someone comes out to inquire about the purpose of the visit and with whom the visit is to be made.

It is always respectful to ask if it is convenient to visit and not assume that because an appointment was made for the home visit that the timing was good. Sometimes no one may answer door knocks even though someone appears to be home. This usually means the family is either busy or is not ready to receive a visitor. Sometimes, ceremonial activities may be taking place and it would be inappropriate for the family to leave the house or be interrupted.

During home visits, especially the first one, ask the family where they would like you to sit. Do not assume a certain location is best. The family will feel more comfortable if you ask them.

It is not uncommon during home visits to have family members or other relatives coming and going; they may be participating in the discussion. If confidential matters need to be discussed, may be better to ask the family to come to the agency,

When conducting a home visit or carrying out therapeutic activities in the home, it is customary to address all those who are present.

Often during home visits you may be offered food or coffee. If you have just eaten, you may explain this and ask if you can take a little bit of the food with you or if you can have water instead of coffee. To refuse without explanation is considered rude.

Although it is not expected, it is also permissible to reciprocate and bring cookies or a small treat for the child or children if you wish to do so.

CULTURAL COURTESIES AND CUSTOMS

AFRICAN AMERICAN

In an African American home, it is not appropriate to:

Address the individual by his or her first name unless given permission. It is not seen as friendly but instead implies disrespect.

Tell the family that they are "too touchy" about race.

Make assumptions about the individual from knowledge of a particular demographic profile (e.g., single female, head of household, unwed mother). This has very little meaning in the absence of a direct professional assessment.

Tell ethnic jokes about any group-not even your own. African Americans feel that were they not in the room, the joke would have been about them.

Converse with co-workers about personal matters, such as husbands, vacations, boyfriends, new cars, and so on, while providing care to African American clients. African Americans interpret this behavior as showing distrust in them and their needs, as blatant disrespect, or that they are being put into the position of an "outsider."

Assume that poverty equates with dysfunction.

CULTURAL COURTESIES AN CUSTOMS

LATINO

It is inappropriate for the interventionist to:

Speak to the wife before the husband when both are present

Not ask whether the father is in agreement with the recommendations or plans, even if he is not at the session or meeting

Decline a beverage or food offering

Begin on work or tasks immediately, before any informal and relaxed exchange with the client has taken place

Use a tone of voice that is harsh and authoritarian

Show impatience or present him- or herself in a very hurried manner

Sit in a slouched or extremely relaxed manner

Use teasing to break the ice

Laugh at a cultural artifact or ritual or dismiss its importance to the family

CULTURAL COURTESIES AND CUSTOMS

ASIAN AMERICAN

The following behaviors and expectations should be considered when interacting with selected Asian American populations. Failure to recognize and respect culturally appropriate customs, gestures, and so forth and/or acting in a contrary manner may risk offending clients and families who adhere to traditional social practices.

Greetings

Greet family members in order of age, beginning with the oldest and typically the male members first.

Use Mr., Mrs., Miss, or other appropriate title with the family name (surname) for Chinese and Koreans and with the individual's first (given) name for Cambodians, Laotians, and Vietnamese.

Nationalities	Example	Formal
Chinese	Tien (surname) Chang-Lin (given)	Greeting Dr, Tien
Korean	Kim (surname) Bok-Lim (given)	Mrs. Kim
Cambodian	Pok (surname) Than (given)	Mr, Than
Laotian	Luangpraseut (surname) Kamchong	Mr. Kamchong
Vietnamese	Nguyen (surname) Van Hai (given)	Mr, Hai

After marriage, Chinese, Korean, and Vietnamese women typically keep their own family name and do not combine it with their husbands' family name (e.g., if a Miss Lee marries a Mr. Chen, she may be referred to as Mrs. Lee).

Women typically do not shake hands with men. Younger people do not shake hands with an elder or significantly older person. Although a handshake between men is often acceptable, an initial slight bow before shaking hands or waiting for the other man to extend his hand first may be more appropriate. To show respect when shaking hands with Korean men, support your right forearm with your left hand. The traditional Lao greeting or wai consists of bowing one's head-the higher the hands; are placed, the more respect is shown; however, the tips of the fingers should never be above eye level.

Kissing, hugging, slapping a person on the back, or putting one's arm around another's shoulders is considered inappropriate. In general, direct physical contact (particularly between men and women) should be avoided.

Nonverbal Communication

Avoid prolonged gazing or expecting direct/sustained eye-to-eye contact with individuals who are relative strangers and in formal interactions.

Touching the head (including a child's) is often considered threatening or offensive by Cambodians, Lao, and elected Buddhists because of the spiritual belief that it is the most sacred part of the body.

Waving arms to elicit attention and pointing or beckoning with an index finger are considered to be signs of contempt. Instead, point with an open hand and indicate "come here" by waving the fingers of one hand closed together with the palm down, facing inward.

Winking or batting one's eyes at another is impolite.

When sitting, if one's legs are crossed, the soles and toes of the feet should point downward or away from the other person. In very formal situations, keep both feet on the floor and place hands in the lap or keep them visible.

ASIAN AMERICAN CONT. 350

Emotional restraint, formality, reserve, tact, and politeness are essential. Avoid engaging in demonstrative behavior and talking or laughing loudly.

Conversation

In an initial encounter or first meeting, refrain from asking personal questions of the other party too quickly, but be prepared for people to ask personal questions of you (e.g., "Where are you from?", "How old are you?", "Are you married?", "How many children do you have?").

Avoid talking about what people think of the government and current foreign policy issues or internal political events/ affairs pertaining to their native country.

Private Homes

Removing one's shoes before entering a house is considered appropriate for many Asian groups.

Expect to be offered food or drinks, and partake of such hospitality.

If a guest comments or offers compliments about a particular household object, the host may feel compelled to give it to him or her as a gift.

Gift Giving

Gifts are offered and received with both hands (as is the case with politely handing something to another person or receiving other objects).

Gifts are typically not opened in the presence of the giver(s).

CULTURAL COURTESIES AND CUSTOMS

Pilipino

The following behaviors and expectations are representative of customs in the Philippines. Although Pilipino Americans constitute a highly diverse population characterized by many levels of acculturation, there remains a need to demonstrate sensitivity to the families and clients who value traditional social practices. (Much of the information provided in this section was obtained from Bosrock [1994], Devine and Braganti [1986], and Roces and Roces [1985].)

Greetings

English greetings are customary. On first and subsequent meetings, the appropriate greeting is a handshake between both same-sex adults and between men and women. "Foreign" men should wait for Pilipino women to extend their hands. The handshake should be friendly and informal, but limp. Pilipinos may also greet each other by making eye contact, then quickly raising their eyebrows to signify recognition.

Special terms such as *lolo* and *lola* are used (particularly among relatives) when greeting older persons. Even greater honor is shown by placing their hand on your forehead—a time-honored gesture of respect.

Show respect for elders by greeting (and saying goodbye) to the oldest person first.

When visiting a family's home, expect children to leave shortly after they greet you. They do not remain when a guest is visiting.

Nonverbal Behavior And Communication

Beckoning someone with an index finger is a sign of contempt. Instead, extend your arm and hand, palm down, and make scratching motion with your fingers.

Men or boys (as well as women or girls) may hold hands in public; this gesture has no sexual implications; however, physical contact with members of the opposite sex is to be avoided in public.

Never show anger or criticize someone in public.. People are expected to control their emotions and must avoid direct confrontation.

Pilipinos often smile or laugh when upset or embarrassed.

Pilipinos may laugh at a crucial point in a meeting as an indication that they are giving their most important message(s).

Pilipinos may open their mouths if they do not understand question.

"Yes" is signified by a jerk of the head upward. "No" is signified by a jerk of the head down. (However, because Pilipinos rarely(say "no," the sign for "no" is sometimes accompanied by a verbal "yes, which **still** should be understood as "no.")

Avoid prolonged eye contact or staring.

Touch someone's elbow lightly to attract his or her attention. Do not tap the person on the shoulder.

Pilipinos do not point at an object or a person. Instead, they slant their eyes toward the person or purse their lips and point with their mouth,

In social situations, Pilipinos extend their hands and stoop while passing in front of people.

Conversation

In an initial encounter, be prepared for people to ask person questions of you (e.g., whether you are married, if you have children, your profession and how much money you make, the price of clothing you are wearing). Such questions are typically tended to be an expression of interest in the person and a way showing concern or pleasure at seeing a person or of sharing the other's condition or good fortune (as opposed to simply nosy or intrusive). In fact, the question "Where are you going?" is a direct translation of a common Pilipino greeting, meaning in effect no more than "Hi." A typical response that is given might be, "Just there" or "Just walking." The importance of the interaction is the exchange of friendly responses rather than the exchange of content and information per se (Gochenour, 1 X90).

Avoid discussing the political and religious situation in they Philippines and religion.

Do not immediately assume that Pilipino immigrants who appear to be fluent in English have extensive English language comprehension. You may need to speak somewhat more slowly and carefully to avoid misunderstandings. However, you should also be wary of offending truly English-proficient Pilipinos who speak with an "accent" by speaking to them in an overly simplistic manner. You should, further refrain from correcting certain word pronunciations, grammar, and so forth, and/or fixating on selected English words or phrases that may be initially difficult to understand. As noted earlier, there is typically a high degree, of self-consciousness among English-speaking Pilipino immigrants as to their relative English language proficiency. The importance of preserving their "face" should outweigh the need to comprehend literally all of their speech during an initial encounter.

In conversations or meetings with a family, questions are typically first directed to the father. If elders are participating, it is very important not to disagree publicly with them.



Apart from food and other personal gifts that serve as small tokens of appreciation, Pilipinos may also select material gifts of significant value. The Philippines is a very stratified society, and people are thus very oriented to status symbols such as designer clothes, belts, handbags, watches, and so forth. Such gifts impose significant dilemmas for interventionists employed agencies that enforce policies prohibiting the acceptance of gifts of this nature.

Gifts, when appropriate to accept, are not opened in the presence of the giver(s).

Private Homes

Removing your shoes before entering a house is considered appropriate for some Pilipinos, particularly those from rural areas.

Expect to be offered food or drinks, and partake of such hospitality.

If served a meal, you will typically be given a fork and spoon, but not a knife. The spoon is to be held in your right hand and the fork in your left. Push food onto the spoon with the fork, and eat from the spoon.

CULTURAL COURTESIES AND CUSTOMS

The following courtesies and customs represent some major characteristics of interactions in Native Hawaiian and Samoan homes.

Native Hawaiian

It is inappropriate to touch a child on the top of the head because this area is considered sacred.

It is taboo to name one's child after people who are specifically blessed with their own names unless permission given.

Samoan

It is inappropriate to walk past an elder or person with status (e.g., pastor) without a show of physical deferment such as bowing the head and body and downcasting eyes.

It is inappropriate for a child or adult to stretch his or her legs toward others when sitting in a fale (traditional Samoan home).

It is inappropriate to eat or drink while standing or walking.

CULTURAL COURTESIES AND CUSTOMS

Middle Eastern

In a Middle Eastern house, it is not appropriate to:

Walk into the home with shoes, unless family members do the same

Sit with your back to an adult who is present

Sit with your feet up or legs crossed in front of elders

Continue to sit when new guests, particularly elders, arrive

Reject the food, unless there is a good health or religious reason