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Richard N. Roberts

Utah State University, richard.roberts@usu.edu

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Early Childhood Services and Supports in the Context of Cultural Community Psychology

Richard N. Roberts, *Utah State University, USA*, richard.roberts@usu.edu

As early childhood programs continue to grow across the globe, they reflect both the cultural and community aspects of the family's and child's experience. Though the effects of each of these variables may be hard to separate, distinct elements of each can be seen in the three examples used to illustrate this point. The common theme of the three case studies demonstrates that neither the community ecology nor cultural archetypes provide sufficiently satisfactory explanations for the everyday behaviors of the family members. Rather, the common denominator involves the context in which community and cultural influences interact to determine the outcome. When the context is one that supports both sets of influences, the families of young children are not in conflict. Rather, the context supports the developmental goals of the family in ways that are beneficial to everyone—child, family, and community.

The general recognition that enriching early experiences have lasting effects on children's developmental trajectories has propelled early childhood educational and health programs into a strong worldwide movement (Consortium for Longitudinal Studies, 1983; Roberts & Magrab, 1991; Roberts, Rule, & Innocenti, 1998). Efforts to increase the health outcomes for children have been tied to more comprehensive early childhood development programs because health and learning are so closely related (Roberts, Behl, & Akers, 2004; World Health Organization, 2002). Each of these areas (early education, child health, early childhood development, parenting, early child care, and schooling) are inevitably best understood when they are tied to "place" as well as cultural patterns and beliefs. Hence, the disciplines of community psychology and cultural psychology inform both the work and the interpretation of findings in each of these areas.

In this chapter, examples from recent large early childhood program development efforts in different "places" are used to make the argument that community and cultural psychology share many basic connections. O'Donnell (2006) argued that cultural psychology and community psychology are inevitably entwined. Though they are not the same discipline, they have many common values and areas of interest. Both disciplines have been used as a frame to understand the forces that shape familial/child behaviors and outcomes. The common ground between these two disciplines may provide a more parsimonious model to understand variables that shape the behaviors of families with young children and thus, appropriate interventions that have both community and cross-cultural relevance.

Both community and cultural psychologies involve principles of analysis in which variations on "context" are unifying predictive and explanatory variables. Yet in the examples to follow, neither explanation completely captures the full story needed to understand the challenges to intervention that must be solved in order to provide "culturally competent treatments in the context of the communities in which the families live" (O'Donnell, Tharp, & Wilson, 1993; Roberts & Magrab, 1999).

A more complete explanation of family-child system interaction can only be understood through a transdisciplinary approach. As the case studies unfold, the reader will find that both cultural and community components are very distinctly present in the eco-cultural contexts described (Weisner, Gallimore, & Jordan, 1993). The case studies represent families from diverse cultural and community contexts and demonstrate the contextualized nature of learning environments of young children. The complexities of disaggregating culture and community, which are so significantly intertwined, are illuminated in the examples. Space does not allow a complete analysis of this disaggregation that can be found in book-length works. Through

references provided in this manuscript, considerably more in-depth descriptions of cultural/community characteristics that bear on the descriptions and conclusions represented in this chapter are available. The intent here is to suggest that it is not as easy as one might first assume in disaggregating the connections between the two disciplines and the epistemological issues that separate them.

In the stories that follow, children receive early intervention services in very different settings. From a public health perspective, “early intervention” is understood to be a form of secondary prevention. That is, risk factors are already in place, but the developmental trajectory has not been irreversibly affected by these risk factors. Early intervention is formalized within the Individuals with Disabilities Education Act (IDEA; P.L. 102-119). It provides assessment of the child and family assets and risk factors; community-based services designed to interrupt, and perhaps, reverse negative developmental consequences of the impact of biological or environmental toxic factors in the environment through support for the child and family within the natural, everyday learning environments of young children (Dunst, Hamby, Trivette, Raab, & Bruder, 2000). As recently documented by Roberts, Behl, Goetze, and Johnson (2005), the *practice* of early intervention tends to be more prescribed by medical and educational paradigms for treatment of condition “X” as opposed to adapting the environment so the child and family can be successful within it (Roberts, Behl, & Akers, 1998).

Cree, Her Family, and the Navajo Early Intervention Program

Each state is mandated to provide services through IDEA for children from birth through 21 who qualify under the definitions of disability prescribed in the legislation. In the case of children residing on the Navajo Reservation, these services are jointly provided through state agencies for Utah, Arizona, and New Mexico as well as through the Department of Education for the Navajo Reservation.

In order for such a program to succeed, it needs to make sense to state and tribal agencies as well as Navajo families who span a wide range of culturally prescribed behaviors in understanding the developmental challenges of their children. The discussion of the Navajo Early Intervention Program (NEIP) will be confined to the creation of service systems in concert with, and respectful of, the cultural norms and practices of the community (see Begay, Matheison, Weisner, & Roberts, 2000; and Roberts, Jump, Gutshall, Morris, & Seanez, 1999 for a more in-depth analysis of the cross-cultural interactions between families and state/tribal providers of services).

Cree lives with her mother and grandparents on the Navajo reservation. Her father has never been involved in her life. She was born prematurely, suffered respiratory distress, and had motor and learning delays as a result. Before Cree was born, the family lived in a remote area, near extended family members where Cree’s grandparents had sheep, a few cattle, a cornfield, and a vegetable garden. They had no electricity or running water. Cree’s respiratory care, however, required these necessities so they moved into an apartment in a Housing and Urban Development (HUD) sponsored project, which had utilities. As Cree’s health improved, she was enrolled for both center-based (three days a week) and home-based services once a week for about an hour. Eventually, Catherine, Cree’s grandmother, became Cree’s legal guardian.

The early intervention staff instructed Catherine in some exercises she was supposed to do with Cree, but she did not like to do the ones that made Cree cry. Catherine had doubts that these exercises would help Cree learn to walk. She believed that Cree would develop and improve naturally. A traditional Navajo healer told Catherine, “It is just slow development in her...it is just that it will be slow getting there.” “She is going to grow out of it,” Catherine said, “so I believe that she will.” After Cree’s grandparents arranged for several traditional Navajo ceremonies for her, they were more at peace and felt she improved. The purpose of the ceremonies was to restore harmony in the family and resolve the spiritual problem believed to

have caused Cree's condition. As a result of the ceremonies performed by the traditional healer or medicine man, the grandmother became more cooperative about Cree's physical therapy.

What does Cree's family story tell us about the interaction of indigenous belief systems and more formal western models of health and well-being? First, the multigenerational family is living together in a very rural –almost frontier– setting with few amenities. Their absence is not an issue until Cree's life is threatened by not having electricity, running water, and access to western medical care. Conflicts between traditional vs. western medicine became an issue almost immediately. Cree was born in an Indian Health Service (IHS) hospital. Her condition was quickly diagnosed differently by two sets of people. Parents and grandparents interpreted the health difficulties and physical anomalies as a sign that the members of the family had violated taboos and were not “in harmony with the Beauty Way” –a Navajo model of living in harmony with the natural and spiritual world. The Navajo cultural solution to this “disharmony” includes ceremonies conducted with the family by a respected healer/medicine man/woman. Culturally, the ceremonies work to right the spiritual disharmony manifested in the child's condition. The community and extended family members are often involved in both the ceremony itself and the activities surrounding it. From a community perspective, the ceremonies allow the child to be accepted in the community without prejudice. It also allows families to acknowledge the differences in their child and other children outside of a medical/genetic or behavioral/psychiatric model. In doing so, the family and the child find additional support from community members and formal nonindigenous structures such as health care, schooling, and so forth. Thus, the benefits of culture and community are combined in the family solution.

Native Hawaiian Traveling Preschool: Hau'ula

In the next example, we move from the temperature extremes and arid landscape of the Red Rock desert to the humid, often wet and breezy North Shore of O'ahu to visit a traveling preschool –one component of a prenatal to 5-year-old experimental program for Native Hawaiian families to provide support, information, and educational experiences in communities on each island. The overall program and the research surrounding its development is described in an edited volume in which researchers and program personnel contributed their insights on the early schooling experiences of Hawaiian families with young children (Roberts, 1993a).

The Kamehameha Schools Bishop Estate (KSBE) in Honolulu is a private school for Native Hawaiian children Kindergarten through grade 12. It is funded through the Trust of Princess Puahi Bishop who was part of the Native Hawaiian Royal family. The Kamehameha Early Education Project (KEEP) program and its sister program Preschool Research Education Project (PREP; birth to 5), conducted active applied research to improve the developmental and educational outcomes for Native Hawaiian children (Roberts, 1993a; Tharp & Gallimore, 1988). The intent of both PREP and KEEP was first to understand the context and the cultural gestalt of Hawaiian children in their families and then to build or modify programs to honor and respect the patterns of behavior and interaction both within and across family ties: *Rousing Minds to Life: Teaching, learning, and schooling in social context* (Tharp & Gallimore, 1988) and *Teaching Transformed: Achieving Excellence, Fairness, Inclusion, and Harmony* (Tharp, Estrada, Dalton, & Yamauchi, 2000). *Coming Home to Preschool: The Socio-Cultural Context of Early Education* (Roberts, 1993a). The titles captured both the neo-Vygotskian framework that drove much of the applied research while at the same time, demonstrating the appropriateness of early childhood education as an extension rather than a replacement of familial, community, and cultural patterns of interaction and child development. The discussion of PREP will be confined to one component –the traveling preschool for families targeted with children below the age of 6. Below is a description of a typical traveling preschool day.

Every Tuesday and Thursday morning at about 9:30 am, a blue van pulls up to the Beach Park in Hau'ula on the North Shore of O'ahu, Hawaii. Seven or eight Hawaiian parents from the neighborhood are sitting on the picnic table or benches while a group of their children from the ages of 2 to 5 are playing on the swings, digging in the sand, or chasing each other around the tables. Some of their older siblings watch them. Across the street, a group of about the same number of Hawaiian mothers is walking down the street toward the park with their children in tow. The group has been growing as they make their way from the valley to the beach. As people arrive, they greet each other, chat a bit (talk story), and begin unloading the van as they set up the traveling preschool activity areas for the day. Some parents sit on the sidelines and supervise as others and the children carry the blue plastic bins filled with toys, lau'hala mats, books, paints, beads, dress up clothes, etc., to the large grassy area. The older children know how to set up the various centers and work with some of the younger children to do this. Several of the parents spread the mats and watch as the children place the baskets and bins on the mats. The parents watch from the picnic tables as children place the materials according to the activity pictures on the sheets handed out by the traveling preschool teacher. The children assist or interrupt each other depending upon their age and disposition. As the set up is completed, the children begin to involve themselves in one activity or another. There is no formal beginning of the session but everyone gets involved in something. The parents watch as the teacher greets the children and supervise indirectly as the school begins to take shape in the park. As the morning routine unfolds, the parents work together to repair some of the lau'hala mats, talking story while they do so. The teacher spends time in each "center" and encourages the parents to mingle with the children to see what they are doing and how they are doing it. Parents may say some things to the older children as the younger ones get rowdy, but expect the children to monitor and direct their own behavior fairly well.

Parents have time with the teacher on whatever the topic of the day may be –from how the children have been behaving at home to helping the parents problem solve an issue. The children know their jobs both as part of the preschool and as protectors and supervisors of each other. The morning progresses through group and individual activities, singing, dancing, playing group games, story time, and so forth. Parents, with no need of encouragement or a requirement, get involved with the activities as they wish and help out where help is needed. Most frequently, if they are helping, it is in activities in support of the program rather than in the direct involvement with the children themselves. They may be repairing mats, putting together material for another day, and so forth.

How is this preschool particularly Hawaiian and how might it differ from a preschool in Minneapolis, Minnesota, or Logan, Utah? There is structure but it is not structured in a formal way. Sibling caretaking is very much in evidence. Parents intervene only when they feel the need to make sure the older children are taking care and helping the younger ones. Language is a mix of Hawaiian Creole with some Japanese, Chinese, and perhaps a bit of Korean interlaced with English. Materials, games, stories, and other activities such as singing and dancing, have a distinct local Hawaiian flavor in content, materials, and language. As the session comes to a close, everyone expects to help with the chores in the reverse order of the setup –folding things up, packing them away, and getting them into the van. Children, teacher, and parents work together to make this happen.

Sam

Sam has been diagnosed at birth with Down syndrome and later with Attention Deficit Hyperactivity Disorder (ADHD). His parents are Caucasian, well educated, and middle class. His mother remains at home and has not sought additional employment. The whole family is very active in their local church. When Sam was born, his family lived in a state where a variety of services were offered. Sam and his parents began early intervention services via home visits

when he was 3 months of age. He later “graduated” to center-based services where he attended a classroom that included some children who had disabilities and others who were developing “typically.” Sam’s parents were encouraged to be very involved with service providers in setting goals and planning strategies to optimize Sam’s growth and development. Open-heart surgery, chronic respiratory infections, and rapidly deteriorating vision created the major challenges for the family during Sam’s early years. When Sam was 4 years old, his family moved to another state in which early childhood special education was not available in integrated classroom settings. Sam’s parents became frustrated with the new system they encountered. The intervention staff did not welcome Sam’s parents’ proactive participation and Sam’s mother found it necessary to fight for the educational goals that she and her husband felt were essential for Sam’s optimal development.

Sam’s parents were concerned about his cognitive development and social skills. His mother’s own research led to an animal alphabet program (Zoo Phonics) in which she taught Sam a letter in conjunction with an animal by saying the sound of the letter and making the shape of the letter by gesturing with her arms. She also introduced video and computer alphabet materials. At the close of most meals, the family played a game in which Sam said a word he wanted to spell and his mother or father wrote them on Wheat Thins (one of Sam’s favorites!) using cheese from a pressurized can. Together, they sounded out the words. Sam’s mother was very proud of Sam’s development, worried about his future, and was exhausted each night. Sam’s mother talked to his grandmother who lived 1,200 miles away at least weekly with respect to Sam’s progress and discussed new concerns regarding Sam as they arose.

How are culture and community woven together in Sam’s family’s experience with a child with Down syndrome? Just as the Navajo cultural markers displayed in Cree’s story or the Hawaiian culturally defined symbols and behaviors supported by the preschool setting, Sam’s family finds their own markers to guide their interactions with family and community supports within their religious heritage as well as with the medical and school community they encounter on an almost daily basis. They see their role as making Sam “whole” by pushing beyond the recommendations of the professional community to include a “therapeutic” or “purposeful learning event” in many of the daily routines of the family. The cracker/cheese wiz example demonstrates both the creativity and commitment of family members to helping Sam have as “normal” a set of skills as possible. In doing so, the everyday activities of the family begin to blend family time with therapy time. The cultural/religious value expressed here is “perfectability” by achieving as much as one can –moving through the stages of developing a skill from rough crude approximations to mastery. The community value is to fit in with other children so that Sam can be an accepted part of the wide range of activities experienced by his peers. Though there are limits on what Sam can eventually reach for, he is involved in everyday community activities of his peers in a very integrated way. Sunday School, sports teams, and family and community outings are all places where the extra effort exhibited by the family results in higher-level skills for Sam. Yet at the same time, the family and extended family stress in keeping these routines going has their own consequences to family harmony that would not have been experienced by Cree’s family.

Discussion

What do these stories tell us about our understanding of formal interventions from service systems related to community support for families in different cultural contexts? How do formal services and supports honor and respect cultural norms and practices within the context of community life? How should research and program development components reflect community, context, and culture? Similar activities take on vastly different meanings in the interactions of service providers with these three families.

Families in each example have distinct views about the purpose of the program in which

they are involved. Their understanding may differ dramatically from that of the service provider based on differences in cultural beliefs and practices as well as the standards of behavior based on the community context in which they live. The activity settings in which the family interacts with a “formal” service provider will reflect this tension because of the different beliefs, expected roles, purposes and motives, and scripts for conduct—all of which are contextually derived based on both the community and cultural frames (Roberts et al., 1998; Tharp & Gallimore, 1988; Weisner et al., 1993).

In the example of teaching a new skill, Sam’s parents are more verbal in describing what they had been doing with Sam all week with respect to differing therapies and what they identified as outcomes. They see the therapist as a source of information, direct assistance, and emotional support. They may expect the interventionist to share their belief that they must weave learning opportunities for Sam into every context possible. For Sam’s parents, the goal for each daily routine is to teach Sam a new skill or to reinforce one that he had already acquired. In doing so, they expect to affect his developmental trajectory. The goals of the interactions may differ as well. Sam’s parents want him to live as close to a “normal life” as he can. For them, this means that he should be able to hold his own in everyday activities for his age peer group—at school, at home, on the ball field, or in church. The service provider may see therapy as a discrete activity outside of the daily routine to teach a skill particular to a specific setting with less concern for community applicability (Roberts et al., 1998).

Cree’s grandparents present quite a different perspective to their service providers. As a result, the activity settings that constitute the family-professional interaction are quite different. Cree’s grandparents expect that it is the responsibility of the therapist to provide formal teaching and care. Activity settings that force the grandparents into active formal teaching roles are not accepted and would not be maintained. Cree’s physical and cognitive differences are the locus of formal intervention by the program with the intention of teaching her skills to help overcome some of the consequences of the medical condition. This makes little sense to the grandparents. Rather, disharmony in the family, as represented by her condition, disrupts the ability of the family to work together. In the Navajo tradition, the physical and cognitive differences displayed by Cree are the physical manifestations of this disharmony. The traditional intervention, therefore, does not involve therapeutic regimens but a ceremony that cleanses the family and allows them to move forward (Begay, Roberts, Weisner, & Matheson, 1996). It is at the point after the ceremony that the grandparents come to peace in cooperating more with the therapeutic routines because the more significant and culturally relevant issue has been addressed. Cree’s family is once again welcomed back into the community.

Native Hawaiian families in Hau’ula have yet another perspective on their roles. Native Hawaiian children have traditionally grown up in group- and extended-family settings. As both parents have been drawn more into the workforce outside the home, this tradition is still maintained to the degree possible through aunts and extended family members. The role of the adult involves a number of child-management strategies. They observe. They watch. They use the naturally occurring hierarchy among the children to make sure that the older ones know their roles in being helpers for the younger ones (D’Amato & Inn, 1993). They do not intervene unless something gets way out of hand and then only with the older children. It is the older children who, over time, must learn the role of sibling caretaking as part of their place in the family ecology. The traveling preschool serves as a context in which parents can interact with their children in the way that follows their cultural scripts. At the same time, it provides new and different experiences for the adults and the children. The context, in this situation, like those in the first two examples, is culturally defined to some degree and ecologically defined as well. How and whether the cultural scripts are displayed is dependent on the context. Thus, children learn how and where to follow one script or another depending on place. The indigenous patterns of support in all three situations are strong and reflect the context in which the behaviors are exhibited. Although all of the families

in the examples share a common goal (the well-being of the child and the family), the ecocultural circumstances, values, and beliefs that lead them to their central definition of well-being vary dramatically. These differences interact and may be in conflict with the values and beliefs that the service providers bring to the interactions. As described above, Native Hawaiian families in Hau'ula have a shared perspective on their roles. They observe, watch, and use the sibling hierarchy as a teaching and management strategy (D'Amato & Inn, 1993).

In the Navajo example, Begay and colleagues (1996, 2000) found that Navajo families are much *less* likely to define a disability within the context of a medical condition. Rather, they view it more in a spiritual sense. It is at the point after the ceremony that the grandparents come to peace in cooperating more with the therapeutic routines because the more significant and culturally relevant issue has been addressed. Cree's family is once again welcomed back into the community. Therefore, the goals of a helpful interaction are not only to assist the child with identified medical or developmental challenges but also to restore the family's sense of balance and harmony. A Navajo parent of a child with Down syndrome explained it this way, "[Be]cause for a while we were just going in all directions, we couldn't get our minds focused, but that [ceremony] helped. We were like going wild trying to figure out why, why, why, and we were trying to find out answers, but [after having ceremony] it doesn't matter now. I pretty much accept it now. I accept her whole to the point that, ya know, she's our child with special needs, she [just needs special things]."

Sam's family has a very strong perception/value that it is their collective responsibility to do everything they can to help Sam reach his full developmental potential and minimize the impact of his disability. *Native Hawaiian parents* and family members see their role as creating intergenerational *independence* and peer group *interdependence* as a culturally held belief. In all three examples, the constructs of "potential, disability, treatment, and outcome" are defined by the context in which Sam, Cree, and native Hawaiian children live. The meaning behind these words contains both cultural and community scripts in how to help Sam, Cree, and the preschool children take on roles and integrate into their larger community. For Cree, Sam, and the native Hawaiian children, the more each can be like the normative child in their cultural and contextual settings, the more likely he or she will be able to participate in the community life of school, church, and family. However, the definition of what that means makes all of the difference. The definition cannot be defined simply through the context of the setting or the culturally held beliefs but requires both components. Families (and individuals within families) respond to situational (place specific) as well as culturally stereotypic scripts depending upon how they read both sets of cues (Roberts et al., 1998).

The cultural and familial values are explicitly played out in Sam's case by a strong emphasis on creating specific opportunities within family activities to enhance Sam's academic achievement in order for him to "fit in." Cree's family emphasizes the cultural- and community-held value that it is most important for Cree to be able to fit into the family's life on the reservation. Yet "fitting in" for Cree is not measured through a developmental gain. It is understood more in the spiritual sense of being in harmony. Though they are not universally expressed, many families interviewed on the Navajo reservation share common beliefs with Cree's grandparents. The benefits of Navajo spiritual services for the families are many; parents feel that the services help their child improve physically and developmentally, they help families to accept and cope with their child's disability, and provide material support by gathering their resources. In addition, the spiritual services interact with formal medical systems in a positive way by helping parents to feel better about complying with medical procedures. Preschool parents are comfortable in the preschool setting with their children because the ecology of the preschool reinforces—rather than challenges—deeply held beliefs about how children and adults should behave.

How best to describe the lessons learned from these three examples of early childhood

learning experiences? Are the lessons a function of the community ecological press or the cultural context of the families described here? Rappaport (1981) allows for both views to be reasonable explanations. Paying attention to two different and apparently opposing thoughts or sets of cues becomes a dialectical problem. This becomes one of the important lessons for intervention with a family independent of the cultural makeup. "...[T]o pay attention to one side...so as to fail to take into account an equally compelling opposite is what I (Rappaport) refer to as being one sided" (p. 124). Families adapt depending on the local ecology and their cultural beliefs/practices that are not community specific. The cultural frames are a function of the patterns of behavior encased in the cultural stereotype that families carry from community to community. Thus, an individual's response to these mixed sets of cues varies with the synchrony of the messages in the context of the setting in which they are presented.

Though it is an interesting intellectual discussion to argue cultural versus ecological variables and their effect on behavior, any one-sided solution provides little in the way of assistance in understanding the behavior that may be subject to intervention as well as the intervention itself. As described earlier in this chapter, both culture and community are constructs that are instantiated in the context of place or setting. Behavior, by its nature, is a function of setting. Since the setting has both psychological and physical attributes, information drawn from cultural patterns of interaction and knowledge of behavioral constraints within community settings themselves must be simultaneously combined to produce appropriate responses in the given context. The actor must be sufficiently familiar with, and have the skills, to read the cues and provide the appropriate response based on cultural and community components (O'Donnell et al., 1993; Roberts, 1993b; Seidman, 1988).

Behavioral or social regularities are the scripts of social interactions and the connections between people and settings. Having sufficient history to be able to provide the appropriate expected social response to the setting cues determines, in part, if behavior will match the expectations. People come to settings with a history that makes it easy to translate the code and be successful or not. Our understanding of setting is a powerful predictor of behavior and can be described using several paradigms independently or interactively (Weinstein et al., 1991).

The lessons taken from these three case studies involve highly explosive and controversial issues in applied psychology, community psychology, cultural psychology, and the helping professions in general. The artificial boundaries set up by disciplines continue to splinter rather than integrate our understanding of behavior in context. As stated eloquently by Yoshikawa and Shinn (2002), "We are only beginning to understand the ways in which culture and context may enhance or constrain the effectiveness of interventions and hence how to tailor strategies for diverse populations" (p. 42).

Movement from "doing to" to "doing with" as a major paradigm shift has captured the field in many ways –yet, is by no means the gold standard for practice. The application of findings from one context to another in applied science should never be a "given" because the community is never the same, the culture is never expressed in a uniform fashion, and the context (setting) in which behavior is expressed is, by definition, a transient phenomenon involving both the physical and psychological planes of activity. In this sense, each intervention (learning activity) is, in fact, a function of joint productive activity defined by the players. To the extent congruence occurs, joint productive activity occurs as well. They are joined at the hip in setting. The full explanation requires cross-disciplinary integration of information –first understand how culture and community interact in child development and learning and then work within this frame to provide experiences that increase school-specific skills while at the same time honoring and respecting community and cultural iconic behavior (Roberts, 1993a; Tharp & Gallimore, 1988).

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