Cultural Reciprocity Leaning Forward, Not Bending Over Backwards

Transcript

[music]

0:00:07.8 Kim Igwe: Welcome, welcome, welcome. We are thrilled to have you here today for Cultural reciprocity: Leaning forward, not bending over backward. As we wait for our LinkedIn livestream to begin, please share in the chat your name and where you are joining from. We are thrilled to have all of you here with us today. So, make sure you're sharing your name and where you're joining from in the chat. We are thrilled to have everyone here today with us. And with that, I think our LinkedIn livestream has started. So, we will get started. Hi, Patty. It's great to see you from Florida. North Carolina. Marissa, it's great to see you here today. I'm also in North Carolina. I hope you're enjoying our fall weather. Tabitha from Mississippi, I'm not sure what the weather looks like there, but I hope it's nice and feeling crisp and cool. Angelina, great to see you. It's great to see everyone coming and joining with us today. I'm gonna get us started. So, we have a lot to learn today.

0:01:16.2 Kim Igwe: So, with that, I'm gonna share a little bit. My name is Kim Igwe. As I mentioned before, I'm the professional learning manager here at Branch Alliance for Educator Diversity, or BranchED, as we like to call ourselves. I wanna share a little bit about BranchED before we get started, 'cause I'm seeing some new names in the chat. BranchED's commitment is to achieve sustainable programmatic transformation leading to improved outcomes for diverse educators, who by extension, benefit all students by preparing them to thrive in our heterogeneous society. We believe that every student deserves access to caring, adaptive, and well-prepared teachers, that every teacher deserves preparation that fuses quality with diversity, and that every person benefits when we create a higher standard of education together. Thank you for joining us today. We'd love to know a little bit more about who's with us today, so please respond to the poll you'll see in the chat.

[pause]

0:02:29.6 Kim Igwe: And thank you for being here. We're excited to see the variety of folks

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joining us today to learn with us. So, this is the third of BranchED's 2023/2024 Nuts and Bolts webinar series. The series will focus on the educational ecosystem. At BranchED, we believe transforming education happens within an educational ecosystem in which there is a strong connection and collaboration between and among stakeholders to ensure all children have the support they need to thrive. This ecosystem includes, but is not limited to children, families, caregivers, community, community organizations, healthcare systems, local education agencies, post-secondary education providers, industry, business partners, and government agencies. These stakeholders have unique and complimentary roles that converge and diverge to benefit all children by preparing them to thrive in our heterogeneous society. Today's webinar will focus on cultural reciprocity, which is an approach that goes beyond the concept of cultural competence.

0:03:42.6 Kim Igwe: Service providers take the first step in cultural reciprocity when they recognize the cultural assumptions and biases that underlie their own practice and acknowledge that they cannot be competent in the cultures of all the families they serve. By seeking to learn about the beliefs of family members and reciprocally explaining professional assumption and beliefs, mutual respect can be established. This process results in genuine collaboration with families in establishing and pursuing realistic goals for the children they serve.

0:04:18.8 Kim Igwe: Before we get started, I wanna share a couple of housekeeping items. A couple of notes. After, at the end of the presentation, we'll share the recording on our resource portal. So, make sure you visit us there if you wanna come back to this webinar. In addition, we'll have time at the end for questions, so please use the Q&A or chat feature to share any questions with our presenter.

0:04:51.0 Kim Igwe: And now I'd love to in introduce our presenter, Dr. Beth Harry is a native of Jamaica, who received her bachelor's and master's degree at the University of Toronto, and her PhD at Syracuse University. Go Orange. I am an alumni. [chuckle] Currently a professor emerita of special education at the University of Miami. Her research and teaching have focused on the intersections of family, culture, and disability. In addition to publishing 10 books and many journal articles on these topics, Beth has received notable honors, including serving on the National Academy of Science Panel on Racial and Ethnic Disproportionality and Special Education in 2002, receiving a Fulbright Award to study Moroccan children's schooling in Spain in 2003, and being awarded an honorary doctorate at Leslie University in Boston in 2019. Her research and teaching had been inspired primarily by her experience as the mother of Melanie, who was born in Trinidad and who had cerebral palsy. In response to Melanie's needs, Beth founded a small private school, which continues in Trinidad to this day. Beth's recent books include a history of that school, entitled Childhood Disability Advocacy and Inclusion in the Caribbean, a Trinidad and Tobago Case Study from 2019, and two books on family advocacy in collaboration with Dr. Lydia Ocasio-Stoutenburg.

0:06:24.9 Kim Igwe: We are thrilled to have Dr. Harry with us today. And before we begin learning from her, we would love to know what brought you to this webinar today. In the chat, please share what you're hoping to get out of today's webinar. Thank you so much for being here, Dr. Harry, I'm gonna hand it over to you.

0:06:50.5 Dr. Elizabeth Harry: Thank you so much, Kim. Can you hear me okay? I'm not a very techy person. I never have any faith in the technology, but thank you so much for inviting me, for having me here. I just have to begin by noting an error and we all make mistakes. I just noted that in my introductory screen, I'm listed as Professor Emerita of Texas State University, but I actually,

I've never even been to Texas, to tell you the truth. I'm at the University of Miami in Florida.

0:07:19.6 Kim Igwe: Apologies for that. Thank you.

0:07:21.7 Dr. Elizabeth Harry: It's okay. These things happen and I didn't notice it before. Okay. Thank you so much. So today I'm gonna talk about cultural reciprocity and thank you Kim for giving a very nice introduction to the concept. So, I don't have to say too much here. However, I do wanna let you know that the presentation is gonna be based on research by myself and some colleagues. So, I really want to give a shout out to them, particularly Dr. Maya Kalyanpur, Dr. Lydia Ocasio-Stoutenburg and Dr. Davinia Lea. I'll be citing them as I go along in the presentation. One more word of warning. The presentation is based on narrative research, narrative qualitative ethnographic research. So you're not gonna get a lot of facts. You're not gonna get any statistics, you're not gonna get any figures that you have to interpret or not interpret. You're going to just get stories that I hope will illustrate the concept of cultural reciprocity. So let's see if I can get my screen going. Just one moment. Okay, thank you. And there's my title page. I just want to get to my I'm so sorry that should not have come up there. I'm sorry, you know, I'm trying to. Okay, got it. I've got it. Thank you.

0:09:00.3 Dr. Elizabeth Harry: Alright, so there's the first page. And I'm gonna begin by asking you to do something that if we were in person, you'd probably be groaning and saying, "Oh no, she's gonna ask us to do something." So, you may or may not do something, but if you can, and if you feel like it, I want you to stand up and I'm gonna ask you to try bending over backwards. And we're gonna just talk a bit about how that feels. So, it's gonna look something like this. Whether or not you're a yogi or yogini, I think you can appreciate that it's not actually a normal posture to be in. Now let's straighten up and see what happens. And, oh, I hope it's not this. I hope everyone's okay.

0:09:45.8 Dr. Elizabeth Harry: Let's try the opposite now. Let's try leaning forward and just, if you seated or better if you're standing, just try leaning forward and just get a sense of the comparison on the physical level of what that feels like. It might look like this, but I hope it's not gonna look like this. 'Cause leaning forward is not supposed to be intimidating. It's supposed to be the best form of communication. So, let's move on and see how we can get the right posture. Let's start with my list on the right, which is the bending over backwards. And just talk a little bit about how that feels. It hurts, it doesn't feel natural. It's not natural. We're looking in the wrong direction. We're talking in the wrong direction. So, it results in mistrust, misunderstanding, and resentment.

0:10:35.2 Dr. Elizabeth Harry: Look at my column on the left and let's talk a moment about leaning forward. How does that feel? It feels natural. We can see each other, we can agree, we can disagree, we can agree to disagree. We can figure out what we have in common. That's the best part, and we can begin to collaborate. So, what is it that's underlying some of the issues that interfere with our interactions? And I wanna suggest that culture is not the only one, but it's very much a centerpiece of our work. And I put here three versions of culture. The big one in caps is the one that we usually talk about. People talk about culture, they tend to be thinking of nationality, national groups, ethnic groups, large, large sea culture. We might also think of it in terms of the culture of a smaller group, unofficial group, such as in a school for example, or in your office or in a medical setting, in a hospital, what's the culture like?

0:11:39.3 Dr. Elizabeth Harry: And at the most individual level, we have individual cultures which people figure out for themselves. Maybe just with one person, just with their spouse, with a

sibling, with a friend. But culture is what? It includes everything from implicit and explicit norms, laws, policies. It's everything from how we talk, walk, dancing, sing, worship, how we organize our daily lives, how we explain the meaning of life, how we relate to each other and to those in authority, how we raise our children. That's a big one. How we explain differences among people. How we value and treat those differences. And most important for this presentation, how we communicate with family members who are not insiders to the field of education or to the field of special education. That is going to be the focus of the cultural implications that I'm gonna be talking about today.

0:12:40.8 Dr. Elizabeth Harry: So, I wanna give you an example of a parent who experiences what I think people would call cultural competence when she's in a medical setting. And this was from my research with, Lydia Ocasio-Stoutenburg. And we called this Mother Anna, and she said, "I work with doctors every day, you know, Like I know how to speak to them, I know the right questions to ask. I prepare myself. I write my questions down so I don't miss anything. I'm inquisitive by nature. So even if I write it down and they say something that leads to another question, I'll ask it, you know? I know how to conduct an interview and it's also my profession, it's what I do." So, this mother, Anna, is very comfortable in a professional setting and she might be the kind of...

0:13:31.7 Dr. Elizabeth Harry: Parent that many professionals feel most comfortable with because they can speak with them on a relatively equal level. Of course, sometimes the professional parent like her can be also threatening to us. But, we're gonna talk more today about those families who are not really insiders to the education, especially to the education, special education system. So let's talk for a moment about what cultural competence means. And it's the common concept, which I know you've all been introduced to and worked on. And I wanna ask you, what does competence mean to me? And I'm going to ask you to pause for a moment on the next bullet. And how many cultures do I feel competent? One, two, three. Getting there, huh? Four. I think we're stuck. Very few of us can probably go beyond feeling bicultural, truly truly competent and comfortable. So what would it take to develop competence in unfamiliar cultures or settings?

0:14:39.0 Dr. Elizabeth Harry: Do I sometimes feel incompetent when communicating with families from different cultures, ethnic or social groups? And I emphasize social groups because that's sometimes the biggest stumbling block. Sometimes the socioeconomic status and maybe educational level of a family is more of a stumbling block to our cultural interactions than even the obvious things like how people dress or what language they speak. So, if I don't feel competent, what can I do? We propose cultural reciprocity. This concept was developed by Maya Kalyanpur and myself many years ago. We've had a couple of books published on it, and we've described it this way as a two-way sharing of values and views, respecting and learning about other ways of being while sharing information about mainstream American school culture. So the first thing to notice is it's two way, it's reciprocal. It's not one way. It's also not assuming that we know very much about the cultural group of the parent we're talking to. We may know nothing and we can acknowledge that. We start by saying, you know what? We don't know. I'm not competent. How do I begin? And one of the things that we begin with is the second bullet, which is being aware of the cultural biases that are embedded in our beliefs. We'll be talking a lot more about that as we go along. How do we do this?

0:16:06.8 Dr. Elizabeth Harry: Well, Maya and I have laid out the cultural reciprocity process in four steps. And of course it is not four steps. When you interact with people, you don't count steps,

things flow, things happen. You move forward, you move backwards, you move to the side. But if you analyze the overall process, we think it could look something like this. And the first step, the most important thing is asking how you feel about the parent you're working with. What is it that's making me feel that way? Why? What is it that I'm recommending for them or for their child? And why?

0:16:40.8 Dr. Elizabeth Harry: Having really come to terms and really faced my feeling, you know? And you know that feeling sometimes you meet someone and there's a little dampness in your palms. There's a little, little, little beginning of a little knot in your tummy, and it just means that you're not comfortable. You have some judgments, you have things that you think are going to be barriers. So, it's a really good idea to start thinking about those before you even meet the parent. In step two, we invite the parent to share their perspectives. And we ask questions and we listen to parents perspectives. And that's the opposite of what is often done. Very often we start off with a family member by telling them what we think, giving them the school's perspective. We're saying let's do the opposite. And then in the third step, move towards explaining our professional perspectives. Because we don't assume that the parents should understand everything about special ED. They may not understand even the categories we're using, the language we're using, the reasons that we think independence is so important, for example, whatever. So we then are willing to do the reciprocal thing, which is to share the school's perspective. Finally, we hope that this process can lead us to identify common ground and to develop collaborative goals.

0:18:07.4 Dr. Elizabeth Harry: I'm gonna move on now to start with our examples. And, there are three stereotypes about parents that you hear a lot. And if you're a teacher, if you even work in a school, if you work in any kind of therapeutic setting, especially with parents of kids with disabilities, these are things you've heard all the time. You've probably said it yourself. All these parents, they're in denial. They don't face what's going on with their kids. They don't even know. Secondly, they don't have parenting skills. We really have to teach them. And third, they won't come to the meetings. They don't show up.

0:18:44.0 Dr. Elizabeth Harry: Okay, I'm gonna talk about each one of these in turn. So we'll start with their in denial, parents knowledge about their children's needs. And here I'm going to be working from, one of the case studies in a collection by Lydia Ocasio-Stoutenburg and myself, which we published in 2021. It was a small study, which taught us a lot about parents. It was with a group of very diverse parents of children with a range of disabilities at once more was a qualitative study in which was based on interviews and observations. So I'm going to be working from both of those sources.

0:19:20.9 Dr. Elizabeth Harry: Introduce to you, Althea of course, her name was not Althea. This is a pseudonym. This is not a picture of Althea either. This is a stock picture from the internet, which any picture in this presentation obviously is not the real individual. But I thought it might give you just an idea of the sort of person that Althea was. She introduced herself this way. She said, "I'm 53 years old. David's father, that's her son, is 63 years old. David is 10. My older kids are 25 and 26. So David was an Easter bunny surprise for me. I had a car accident when my daughter was two years old and they told me I couldn't have any more babies, but then up popped David when my daughter was already 15. But my baby's a gift from God. I always say that I'm blessed to have him. I thank God for choosing me and my family to be a part of David's world because he adds so much extra to what we are. He has changed us."

0:20:28.1 Dr. Elizabeth Harry: So, with Althea's story, I'm gonna turn the idea of denial on its head. Usually when people are saying, or the parents are denial, well, here I wanna give you some examples of when professionals are in denial of parents knowledge. When they believe that the parents everyday knowledge is way inferior to our scientific knowledge, or maybe it's not even knowledge at all. So, she told us a very shocking story of the diagnosis of her son who had Down Syndrome.

0:20:58.5 Dr. Elizabeth Harry: As you know Down Syndrome is identifiable and usually diagnosed even at birth. She says in the beginning when I had him, if they would've told me that he had Down syndrome, he would've gotten all the help he needed. But I didn't know the doctors said when he was born, they said they never diagnosed him as having any issues. They put down that he was a healthy, normal bouncing baby. I was lost and blinded. He kept noticing that he was not moving around, not that much, not crawling, not rolling over the doctor said, "oh, there's something weird, but he'll grow out of it."

0:21:41.7 Dr. Elizabeth Harry: Finally, then I went to the pediatrician. David was almost a year old by this time, and he was like, well, let me see his hands. And he goes, maybe, maybe. So he took the blood test. David was born in January and we found out the diagnosis for him for the Down syndrome on December the 20th, 2010. The blood test came back. Trisomy, that's Trisomy 21. So he lost a whole year of help because I was ignorant to the fact of what was going on.

0:22:15.2 Dr. Elizabeth Harry: I want to point out that the doctor was the one who should not have been ignorant and was introduce you briefly to David. A picture of a little fellow with Down syndrome and what, when Lydia and I looked for this for a picture, we wanted to find a picture of a boy with natural knotted locks, grown in locks in his hair, but we didn't find one.

0:22:39.6 Dr. Elizabeth Harry: So we put this little fellow, but David had natural locks. So these are from Lydia's notes. She says, while we waited for the doctor to come in, Althea and I had a chance to chat. David was very busy on his iPad with earphones in. I didn't think he was paying attention to us, to our talking until Althea, wanted to share something personal about him.

0:23:01.6 Dr. Elizabeth Harry: And she lowered her voice, right then she looked up, took out one of his earphones and said, mom, Althea immediately answered, yes, David. They stared at each other one for a moment, his mother holding the same expression as him. He didn't say a word, but he rolled his eyes and went back to his iPad. Mr. David, 10 years old with Down Syndrome was hearing everything that was going on, knew when he was being talked about and did not like it one little bit.

0:23:33.5 Dr. Elizabeth Harry: But his mother says that they're judged both he and her because of his hair. She says they do. They judge you on a normal standard. David does not like you to bother him about his hair. So his hair is a certain way. He's a big boy. I don't wanna see my baby cry, so I leave his hair a certain way. He gets judged for that. They look at me a certain way. I get judged for that. And I might invite you at this moment to stop and think about how you might feel about a kid, whose hair isn't the way that you think it should be, or the way that you would send your kid to school with his hair. Okay?

0:24:12.3 Dr. Elizabeth Harry: After he had problems getting speech support for David also, although individual speech therapy was on David's IEP for 3 times a week, plus an assistive

technology device was speaking, neither of these was ever provided. Althea, took her complaint to the school district within a week of calling the district. A specialist from the district did not call her, but emailed her. She emailed Althea, with some picture icons for her to download just little photos and to download and print for David to communicate words such as eat, sleep, or play. Althea, explained how offended she was.

0:24:56.1 Dr. Elizabeth Harry: "This does not help him at all," she said, and most important, it was not what his IEP had promised. Clearly the assumptions around David's potential were based on a whole lot more, than what he actually could do. I would suspect they were based on assumptions, some of the assumptions that Althea, appointed to about him and her family, she had another very bad experience.

0:25:22.3 Dr. Elizabeth Harry: Also based on those kinds of assumptions that David kept getting sick. He would get bronchitis, but she says because of that, and she kept him home from school. And because of that, at one point David get kept getting sick and sicker and I kept him home and she, that's the teacher got DCF. Now, DCF is the Department of Children and Families. So the teacher got the top department of children and families involved. And this was like a whole ensalada because he was at home.

0:25:51.3 Dr. Elizabeth Harry: Well, we know that when the weather changes, David starts breathing weird. We don't need to come to the doctor. We just need to make sure the machine is running properly, the nebulizer, we know what to do. We're pros at it. My daughters are pro at it. 'Cause both of the kids have bronchitis. So we know what to do. So if I know my child is sick, I'm not gonna send my child to school to infect other kids when he's got this. So she says, : Yes, the family does get judged too," from an assumption.

0:26:23.2 Dr. Elizabeth Harry: You getting a check for him, so you should do X, Y, and Z. She's referring to getting a disability check because of his diagnosis, which very often you do get. I've heard this over and over in research from parents where the school people think that the parent is using the disability to get the check.

0:26:45.1 Dr. Elizabeth Harry: So she has this experience where people are saying, you're getting a check for him so you should do this and that. But I don't know where they get that assumption from. But I love my son. If I was getting zero, which is perfectly fine, that's fine. That's my baby. I fight for him. I'd fight so much for him that I think the school district is done with me now. I call them now and they ignore me because I'm fighting so hard for my son.

0:27:13.7 Dr. Elizabeth Harry: I could tell you much more about Althea, but I have to move on. So I'm gonna wrap this up with a comment she made, which seems to me a wonderful conclusion that I hope you can remember. Based on her experiences of both her son and herself being dismissed and ignored. And I would say denied by, so-called specialists. Althea concluded or summarized her main point like this. "You have to have people who specialize in human beings" who wanna invite you to think about that. When you think about being a service provider, do you specialize in human beings or in a category, a disability label?

0:27:50.7 Dr. Elizabeth Harry: I'm gonna move now to our second theme that we hear about parents very often where service providers say they have no parenting skills. For this theme, I'm going to rely on work by Davina Lea, published both in 2006 and 2012 at the end of the

presentation by the way, I do have the resources. You can find all of these sources if you'd like to read them for yourself. And I'm calling this aspect of the presentation, children Having Children. So I invite you to look at these young mothers and their children, again, stuck pictures from the internet. Take one moment just to think about what feeling do these photographs evoke in you. My guess is that you've got very tender feelings. You are touched by seeing these lovely young women with their babies. I would invite you though, particularly to focus on the top right picture of a young woman who looks very young, right? She might be about 16 with a newborn. And I wanna ask you to search your feelings honestly, and see if there are any other feelings you are having besides the feeling that she's very beautiful and so is her baby.

0:29:13.0 Dr. Elizabeth Harry: Okay. So we asked, I should say, Davina asked the service providers in her study to identify their own feelings and assumptions. Remember, this is step one of cultural reciprocity. So how did they feel about these children? And these were some of the comments she got. "She's a child, she doesn't know how to be a mother." This is every parent's fear. My daughter's pregnant and she's ruined her life. If I approve of them as teen mothers, then am I advocating teen pregnancy? Think about that one for a moment. She's thinking of her own self and her how she would feel. And is it safe for her to support these young women? Because is it that she's approving of it? Is it the fear of getting too close? She also feels of becoming maybe in a role of a parent to this young woman. And might she also experience a fear of learning too much about this young person's life.

0:30:11.9 Dr. Elizabeth Harry: And you'll see in my story in the stories where actually that does happen. So, I'm gonna share these stories with you. Two young women, Veronica and Stacey. And the theme that came out of their work that Davina did with them was, they don't know me. And that they was the service providers. They don't know me. Veronica's daughter, just a few years old, was having developmental and language difficulties. Stacey's little girl, three or four years old had cerebral palsy. Let's start with Veronica. So the provider's view in Veronica's case, was like this. She said, "every visit is awkward. Veronica is so into her life and I'm trying to show her ways to help Ariel. And sometimes I just wanna yell at her to get her to wake up out of her self-centered little private world and join me and Ariel."

0:31:10.7 Dr. Elizabeth Harry: But here's what Veronica says. She says, "they don't know me. They don't even know that I got Ariel's private speech therapy neither. 'cause they don't happen her to talk and I'm not sending her back to them." Unknown to the therapist. This young woman found a way to pay for speech therapy for her child and did not trust the therapist enough to tell her. The therapist meanwhile thought that she's like living in another world. I'm not really interested in her child. Veronica went on. Here's another piece of information she did not share. She says, just like they believe Ariel's father is dead. Like I, but like I told you, she's talking to Davina, he just dead to us 'cause he in prison. So she had told the providers, he's dead, meaning, but not explaining. He dead to us.

0:32:06.3 Dr. Elizabeth Harry: And this was my favorite conversation that Davina had with Veronica after she got to know her quite well and she thought she knew her very well, but they still, she still didn't know her. She says to Veronica, based on a previous conversation she had had with Veronica, she said, "you still a waitress?" And Veronica, who I picture here, was a kind of young wonder woman says, "well that wasn't all exactly true. It's more like a club than a restaurant. And well, I serve them a bit more than food. I'm a stripper, but that's it. A girl's gotta do what a girl's gotta do." And in this case, there was no way she was going to share this information with a service

provider. She shared it with Davina, the researcher, ultimately. So I'm gonna wrap up Veronica with a really powerful comment she made. She says, and I'll try not to say any explicits here, so you have to fill them in. She says, she's talking about the service provider. "They don't know me." She says, "she cracks me up. I do to get a reaction out of her sometimes she act all nervous and scared around me. Like if I'm gonna bite her, she's so phony. I know what you think of me. You know, just another young black girl who had a baby and not married. I know she looked down on me, but I just played the game. They don't know me. They don't know nothing about me."

0:33:49.1 Dr. Elizabeth Harry: Now I'm gonna move to Stacey's view, which is very similar, but different because in this case we had the joy. I would say Davina had the joy of seeing a service provider who decided to move forward from her initial step one, cultural reciprocity, negative awareness to actually engaging in a process of cultural reciprocity with Stacey. So I'll try to just highlight the main points of this. So Stacey said rather very much like Veronica, she said, "if they took the time to get to know me, everybody would see I'm not a bad person. They'd see I'm confused and lonely, but not bad. But people see what they want and they don't like to see dirt. You good or you bad. And I guess, 'cause I've done some things that probably was bad and 'cause I don't take care of Melina like they think I should, then that makes me bad."

0:34:50.0 Dr. Elizabeth Harry: Now the service provider in what I would call step one of her cultural reciprocity is very honest. She says, "I just can't help but think of what a disservice is occurring to Melina." That's the baby. "Every time I watch her fight to breathe or move, I get upset with Stacey. I know it's wrong, but Stacey's so young and incapable of being a mother. I tell you, whatever happened to the good old days, you know the plain old Vanilla families." Well, despite that little silly comment at the end, I think we can identify with what the service provider is saying. We can identify with her fear for the child, her worry over whether this child is getting what she needs. However, here's what happened, when she started to engage in cultural reciprocity. She said to the researcher, she said, I'm light years away from where Stacey is.

0:35:48.2 Dr. Elizabeth Harry: Look at the music for instance. I know that Melina loves music, so I bought her a Barney tape next visit. What are they listening to? That noise they call music. It drives me crazy. So what had happened was after the Barney tape, when the provider went back, this is what she found, Stacey had decorated her room to look like a disco. So there was a beautiful big disco ball and all sorts of bright lights in the ceiling. Now it was not a hip hop party. So the second picture is not intended to say that's what she was, but it's just trying... I'm trying to give you an idea of the music that was being played and the feeling that Stacey was trying to evoke in her little home made disco.

0:36:44.7 Dr. Elizabeth Harry: And here's what happened. In reciprocity step two, we see the beginnings of the provider moving forward. Stacey says to her, Stacey's waiting for her when she arrived. She says, "I couldn't wait till y'all came. Come on in, y'all gonna be psyched. Remember you told me since Melina can't see so good, I should help her with her other senses. So me and Melina went to the circus last week and she loved the music and the lights. So I start thinking, how could I do this at home? So what'd you think?" What did she think? Reciprocity step two, acknowledging Stacey's efforts and intentions. The service provider turns to the little girl to Melina and she's talking with her and she says, "Hi, sweet girl, I've missed you. You got some Mama? Yes, you agree. You are telling me I love my Mama. She's really special, and she loves you too."

0:37:46.9 Dr. Elizabeth Harry: And at this point, Melina is cooing and her breathing is less

labored as the provider talks with her. Then the service provider turns to Stacey and she says, "I'm so glad someone listens to me when I visit. I can see that you really want the best for Melina. And you went all out trying to make her happy." And I know in what we're calling reciprocity step three, she finds a way to share her professional knowledge. But look at how she does it. She says, "now I have to apologize, Stacey, because during our last visit I did share that music and lights will be good for Melina, but I should have given you more information. You see, not all lights and music may be good for her. We have to be careful not to overstimulate her. Let's try one light at a time and let's see how she responds. Let's dim the overhead lights and we'll just try the disco ball light and see what happens."

0:38:43.9 Dr. Elizabeth Harry: What happens? Stacey jumps up, turns off the overhead light and turns on the disco ball. Everyone watches Melina for 30 seconds about 30 seconds. Stacey says, yeah, you know, I think she likes it. She seemed like she chilling. She's not all spazzed out like she was before. And the therapist says, "cool. Anyway, where'd you get that disco light? I might wanna use one with some of my other kids. And you know what? We can also think about other places that you can take her where she can have fun with our cousins but not get overstimulated." We call this step, this example as an example of a wonderful step four, which Lydia Ocasio and or myself have called Co-advocacy, where advocating for a child looking for the best interventions for her are developed collaboratively between the provider and the parent based on where the parent is, based on her interest and what she can do and what she wants to do.

0:39:42.9 Dr. Elizabeth Harry: Because if we begin with only where we are, there's no meeting point. I'm moving towards wrapping up at this point, leaving the stories behind. I'm going to wrap up with just a few comments about the last theme, which is they just won't come to meetings.

0:40:08.5 Dr. Elizabeth Harry: Here are some comments from... Sorry from service providers. No matter what I do, those parents don't show up. I'm bending over backwards to meet their schedule, but there's always an excuse. Okay, so they come, but then they don't say anything. Or then they say yes, and they never follow through. I'm sure those of you who are listening have heard, maybe even made these comments yourselves in your work walk with parents. So I wanna suggest that perhaps the first thing you can do is go back to step one, cultural reciprocity.

0:40:44.9 Dr. Elizabeth Harry: What are my assumptions about my role? Very often we're gonna find that the assumptions that we hold are first that my professional expertise is what is most needed. We believe that scientific knowledge is more important than everyday knowledge. We believe that collaboration means sharing my knowledge with the parent and providing services for the child. So trying to get the parent to implement the knowledge that we think is the important knowledge. And as you we can see from the examples I've given, that's not reciprocity. And most of the time does not work. I wanna point also to professional oral communication. For goodness sake guys, when you're in meetings, can you please get rid of some of this language?

0:41:37.9 Dr. Elizabeth Harry: The objectified language such as the service delivery system. I'm gonna tell you real quickly before... Just a little Anecdote when I was living in Trinidad many, many years ago when my daughter was born, my daughter had cerebral palsy. And I had no idea what to do when a friend of mine sent me material published in Canada about services. And I was blown away by the term service delivery system. I honestly read it and I thought, what is that? I realized it evoked for me an image of a milkman going around dropping off bottles of milk at people's door. So objectified, so impersonal, medicalized language about auditory, visual,

perceptual skills, which really could be said so much simpler by common words such as related to listening, watching, looking, understanding, interpreting.

0:42:28.2 Dr. Elizabeth Harry: Words that people use, abstracted language like manipulatives. The kindergarten teacher is talking to parents about the kid using blocks, but has to call them manipulatives. And the parent's thinking, what happens when the parent hears a word she doesn't understand most times, she shuts up. So very often the jargon is incomprehensible. And when there are second language, another language being used, very often there are also translation issues. Briefly, a comment on written communication. Of course, we have to communicate in writing and we have to write reports. But reports have a way of reinforcing whatever is written there. It reinforces the value of professional pronouncements.

0:43:13.1 Dr. Elizabeth Harry: When you see something in writing, somehow it seems to carry a weight that the spoken word may not carry. Written writings tend to reinforce the impressions that is valid, that process of what we call reification, which is where a sense of deficiency, such as our so-called low IQ, becomes seen to be seen as a thing, as if it's a thing that the child holds, which it's not. By the way, an IQ is simply a score that a person made on a particular test, that's all. That's not something that they hold in their head. Parents with low literacy, of course, or less English proficiency, often find official letters very intimidating. So be careful with our written communication and try to back them up with oral participation. And finally, a quick comment about participation structures, how we structure the conferences when we meet parents.

0:44:10.3 Dr. Elizabeth Harry: And studies of parent participation at conferences show a clear hierarchy where there's a big difference between the way parents and professionals are introduced. Parents often are introduced as mom or dad, whereas all the professionals are Mr. Or Mrs. Or Dr. The order, the style, the timing of the reports. When does the parent speak? The parent very often is invited to speak at the end. And at the end, the parent often is so intimidated by all she's listened to, she doesn't dare to open her mouth. We see disrespectful and inattentive interactions on the part of people's professionals sitting in the meeting, and very often no translators where they should be there.

0:44:51.0 Dr. Elizabeth Harry: So, I have to conclude at this point, and I wanna just say that hopefully you can take this away, that it does not matter whether we agree, with unfamiliar parental views or lifestyles. We may not agree, we may not even approve. But what matters is that we recognize that our views are reflections of our own sociocultural preferences and experiences, and that includes professional training. Well, so are the views of the parents. They also reflect where the parents have been and what their skills and orientations are. So, remembering this, we can listen with respect and without negative judgment. And now I'm gonna read you a conclusion by one of the teenage mothers in Davinia's study. Where she said " I don't care if they black, white, old, young, whatever, they just need to respect you and not judge you. Tyquan's" that’s her son "Tyquan's PT Black but that don't mean nothin. Sometimes she be trippin too."

0:45:52.3 Dr. Elizabeth Harry: So, what happens when this happens? Parents very often refuse to respond, often say yes, or very often remain in silence. And so, the final word is, I would say, next time you hear yourself or a colleague utter one of these exclamations, stop. Pause, say to yourself or your parent, is it denial or disagreement? They don't come because they don't care or because they don't feel needed or respected. Say to yourself, so their behavior is cultural, so is mine. Who knows, it could end up like this or this, but never this, no bending over backwards. Thank you very much.

I'm done.

0:46:46.0 Kim Igwe: Dr. Harry, thank you so much for that presentation. We have some questions for you from the chat, and if you have more, please do use the chat to ask any questions. The first one is, what process would you recommend to help teacher candidates to develop the skill of cultural reciprocity? And I would add in teacher candidates, school principals, community members. Does that process look different?

0:47:13.5 Dr. Elizabeth Harry: Good question. Lovely question, because it's easy to talk about stuff, but how do you do it? So, in my years as a teacher trainer, which is what I did for the last 35 years, I found that using case studies is the most effective. It's one thing to talk about theory or to talk, sort of abstractly, but I found that taking a real-life case study, like one of these studies, or we... Heaps of people have done collections of case studies, and have the students read them and have them role-play them. I found that that was the most effective way. Basically, asking them first to just role-play it instinctively, from their gut.

0:47:54.6 Dr. Elizabeth Harry: I would say, forget what you read. Forget what you think you ought to say. Just tell me how you would do it from your gut. And then let's talk about well how that looked. And then, okay, let's try a different way. And then we try it. And we have a whole class collaboratively discussed. Different ways of learning to be, of how to be reciprocal. Understanding that we are none of us is perfect, and that we're all full of biases, and that we operate out of our biases, but that we can learn to work against them or without them.

0:48:27.2 Kim Igwe: And with that, I know you have a book that has some case studies in it. Can you share the name of that book in case folks want to get some more case studies to use with their teacher candidates or school leaders?

0:48:40.1 Dr. Elizabeth Harry: Absolutely. Can I share the screen one more time?

0:48:43.2 Kim Igwe: We would love that.

0:48:44.8 Kim Igwe: Yeah, okay. So, at the very end, the last slide, oh boy, have I... Am I going to mess this up again? Okay, can you see that?

0:48:54.3 Kim Igwe: We can, yes.

0:48:56.6 Dr. Elizabeth Harry: This is the resources that I used today, the book by Kalyanpur and myself is a more theoretical discussion of cultural reciprocity, The next two pieces by Davinia Lea, one is from the Journal of Early Intervention, 2006. This was Davinia's dissertation, and it was called "You Don't Know Me Like That, Patterns of Disconnect Between Adolescent Mothers and Their Early Interventionists."

0:49:22.3 Dr. Elizabeth Harry: But Davinia did another review, another piece about that in 2012 in a book by, actually in the first book in this list by Maya and myself. She included, Davinia wrote a chapter called Cultural Reciprocity as a Transformative Journey, and that's where she explained, that's where she gave all of the stuff I used about how the service provider adjusted her approach. And the last bullet here is a collection of studies by Lydia Ocasio-Stoutenburg and myself published in 2021 called Building Equity Through Family Advocacy in Special Education. And it is a

collection of case studies from our research with families, very diverse families.

0:50:07.3 Dr. Elizabeth Harry: However, this is not the only work that there is. There are lots of case studies online. And I would encourage people to reach out and do a lit search and look for them. I can also, I have another, several other case study books I did previously, one that's still used a lot. It was 2007, and it was Case Studies in Special Education Related to the Overrepresentation of Kids with Disabilities that was by myself so that's Harry, Klingner. It was Harry, Surges and Klingner 2007. Those are more classroom based but they also had examples of working with families. So, lots of resources are out there.

0:50:51.6 Kim Igwe: Yes, thank you for creating them and sharing them. I know the audience is very excited to use them in their classes. Thank you for your time. I know we're about to hit two o'clock, so before Eastern time. Before we do that, I just want to make sure we can close us out. So thank you again for your time, for your research, for your expertise. With that, I just want to share to learn about events like this one, you can connect with us on social media, our website, and our resource portal.

0:51:26.6 Kim Igwe: You can find us at Branch Alliance on social media, and to see our resources, you can visit our resource portal. Our next learning event is coming up. It is, we have a virtual workshop on November 8th, and then we also have more workshops in our series in on which you can see on the screen. We would love to see you there. In addition, our next Nuts and Bolts is going to happen on December 6th. It is around family engagement, so please sign up using the QR code on the screen. And we will also love to see you there. And lastly, we just want to thank you for your time. There is a brief poll that should pop up, and we would love to get your feedback, so we can use that feedback for future learning events. Dr. Harry, thank you so much...

0:52:23.8 Dr. Elizabeth Harry: Thank you. I had fun looking at a couple of the chats, so thank you so much. Bye-bye.

0:52:27.7 Kim Igwe: Thank you so much. Everyone have a great day, and thank you for your feedback bye.