Mexican-American and Anglo-American Mothers' Beliefs and Values About Child Rearing, Education, and Language Impairment

Barbara L. Rodriguez
University of New Mexico, Albuquerque

Lesley B. Olswang
University of Washington, Seattle

This study investigated the cross-cultural and intracultural diversity of mothers' beliefs and values regarding child rearing, education, and the causes of language impairment. Thirty Mexican-American and 30 Anglo-American mothers of children with language impairments completed 2 questionnaires, and 10 randomly selected mothers from each group participated in an interview. In addition, the Mexican-American mothers completed an acculturation rating scale. Results indicated that Mexican-American mothers held more strongly traditional, authoritarian, and conforming educational and child rearing beliefs and values than Anglo-American mothers. Mexican-American mothers cited extrinsic attributes as the cause of their children's language impairment, whereas Anglo-American mothers cited intrinsic attributes. Mexican-American mothers exhibited differences in their beliefs that were related to their level of acculturation to the mainstream culture.

Key Words: acculturation, children, Hispanics, language disorders, mothers, multicultural issues

The nation's Hispanic population grew much faster than the population as a whole, increasing from 35.3 million in 2000 to 38.8 million in 2002 (U.S. Census Bureau, 2003). The official population estimates now indicate that the Hispanic community is the nation's largest minority community. Hispanics represent a heterogeneous group including individuals of Mexican, Central and South American, Puerto Rican, and Cuban origin. Among the Hispanic population, approximately 66% are of Mexican origin. This segment of the population is expected to experience sustained growth because of higher birth rates and continued immigration from Mexico (Suárez-Orozco & Páez, 2002).

These demographic shifts are reflected in the cultural and linguistic diversity of the individuals who are served by speech-language pathologists (SLPs). Results from a recent American Speech-Language-Hearing Association (ASHA) survey (ASHA, 2000) indicated that almost 35% of SLPs' caseloads across employment settings are made up of individuals from culturally and linguistically diverse backgrounds. However, approximately 96% of ASHA members are individuals from Northern European American cultures and 22% of SLP respondents indicated that they have not received training in issues related to working with culturally and linguistically diverse populations (ASHA, 2002).

SLPs need to learn about the culture of the individuals they serve, so that cultural barriers can be lessened (Delgado-Gaitan, 1991) and the effectiveness of therapy services is maximized. Clinicians need to be aware of the cultural differences between themselves and their Hispanic clients and the differences within the Hispanic population, so that practitioners can provide valid screening, assessment, intervention, consultation, and family advocacy (Commins, 1992; Kayser, 1998; Lieberman, 1989; Lynch & Hanson, 1998). Similarly, families need professionals to learn about their culture so that family members can comfortably advocate for children from their own cultural framework (Valdes, 1996). Clinicians must strive to create an environment characterized by a mutual understanding of the beliefs and values of families of children with a disability who are from culturally diverse backgrounds.

Examining parents' beliefs and values will provide clinicians with a broader framework within which to understand aspects of the learning environment that directly affect a child who receives assessment and therapy services (Booth, 1997). For example, parents' beliefs about how children learn relate to how parents interact with young children and the types of activities and opportunities parents are willing to provide for learning. Moreover, parents' values about what is important for children to learn directly relate to the goals parents have for children and correspond to the identification of culturally meaningful intervention goals.

Parental beliefs and values have been examined from a number of perspectives (Bacon & Ashmore, 1986; McGillicuddy-DeLisi, 1985; Sigel, 1985). Beliefs are constructions of reality that incorporate one's knowledge and do not require evidence for their truthfulness (Sigel, 1985). Parental beliefs are construed as cognitive constructs that have been linked to developmental outcomes in children (Murphey, 1992). For example, traditional educational beliefs (e.g., "I believe children learn through observation") were negatively correlated with child achievement in reading (Campbell, Goldstein, Schaefer, & Ramey, 1991). On the other hand, values are those elements to which individuals attach a high worth (Banks, 1997; Kohn, 1969). Parents' child rearing values include desirable characteristics they want to instill in their children. Luster, Rhoades, and Haas (1989) found that the degree to which mothers valued conformity (e.g., "I believe children should obey parents and teachers") in their children was negatively related to scores on a measure of the home environment.

Societies differ, between and within cultures, in their conceptions of the desired traits in children and, therefore, parental beliefs and values might reasonably differ as parents seek to develop culturally defined desirable traits in their children (Goodnow & Collins, 1991; Hoffman, 1988). Investigations of parents' beliefs and values have revealed differences among cultures in what behaviors are emphasized during child development (Cashmore & Goodnow, 1986; Okagaki & Sternberg, 1993; Quirk et al., 1986), the parameters of typical development (Harry, 1992; Mendez Perez, 2000), and expectations for future change (Fatimilehin & Nadirshaw, 1994).

Knowledge of parental beliefs and values informs SLPs about a particular culture and, more specifically, a client's culture. Although there is no standard definition of culture, most alternatives incorporate the notion of a system of shared beliefs and values that the members of society use to cope with their world and with one another, and that are transmitted from generation to generation through learning (Bullivant, 1993). Culturally specific beliefs and values characterize individuals, families, and institutions.

In the United States, the dominant culture is the Anglo-European culture, whose beliefs and values are reflected in the educational system of the country's public schools (van Keulen, Toliver Weddington, & Debose, 1998). The schools' beliefs and values are markedly different from the beliefs and values held by many families from diverse cultural backgrounds (Brice, 2002; Marshall, Mitchell, & Wirt, 1989). As a result, families and professionals often operate from separate cultural perspectives that impede collaboration and negatively influence the effectiveness of educational programs. The cultural assumptions that underlie special education and its legal mandates are based on values that are often incompatible with those held by families of diverse backgrounds (Warger, 2001).

The Individuals With Disabilities Education Act (IDEA) guarantees all children (ages 3 through 21 years) access to a free and appropriate education. Recent amendments to IDEA sought to increase parental participation in the education of their children (IDEA, 1997). The principle of parent participation is based on the premise that equity, individual rights, and freedom of choice are valued (Kalyanpur, Harry, & Skrtic, 2000). These ideals complement those valued in the dominant Anglo-European culture, thus meeting the needs of the vast majority of families who subscribe to these values and simultaneously creating dissonance for culturally diverse families who possess contrasting values.

Children and families from diverse populations encounter profound differences between the culture common to educational settings and the culture of their homes and communities (Battle, 2002; Goldstein, 2000; Johnston & Wong, 2002; Tomoeda & Bayles, 2002; van Kleeck, 1994). For example, traditional Hispanic, Native American, and Asian families value hierarchical relationships rather than equity, view the well-being of the group as more important than that of the individual, and may not recognize that they have freedom to choose from a variety of programmatic options (Lynch & Hanson, 1998). The assumptions embedded in IDEA policy create a context that is foreign to many families and inhibits their participation in the educational decision-making and planning process.

Professionals working in multicultural contexts are reported to have little contact with parents of diverse populations (Harry, 1992). The degree of parental participation among culturally diverse groups, including Hispanics, has been relatively low (De Leon, Ortiz, Sena, & Medina, 1996; Gonzales, 1986; Harry, 1992; Lynch & Stein, 1987; Moreno, 1999; Reynoso & Tidwell, 1996). Limited parental participation reflects ineffective collaborative relationships that emerge because of the disparity between the beliefs and values of the educational system, professionals, and families. The gap between home and school widens, as clinicians' expectations of families' roles are unfulfilled.

To improve collaborative relationships, parental participation, and ultimately service delivery to children with disabilities, clinicians need to learn about the beliefs and values of diverse families. Historically, the beliefs and values of the dominant, Anglo-European middle class culture have been considered the norm; however, the broader environment includes the resources found in other communities. Mexican-American parents' beliefs and values represent features of their unique communities and their "funds of knowledge" (Moll & Ruiz, 2002). Funds of knowledge include families' cultural resources that may have great potential for utility in instruction. In addition,

learning about Mexican-American families' beliefs and values serves as a "guidepost" for clinicians who strive for cultural sensitivity and cross-cultural competence.

Cross-cultural competence has emerged as an essential skill for SLPs. One of the first steps in becoming cross-culturally competent is to learn about culture-specific beliefs and values (Lynch & Hanson, 1998). Beliefs and values are reflected in parent–child interactions (van Kleeck, 1994), thoughts about illness and disability (Salas-Provance, Erickson, & Reed, 2002), long-term socialization goals, and the roles and expectations of family members and professionals. For example, traditional Mexican-American families often teach their children to be highly respectful of adults and generally quiet in their presence (Valdes, 1996). They also teach their children to be attentive to the lessons taught and aware of their role boundaries. A distinction is often made between a disability and the normal child within. Therefore, children with disabilities are considered healthy and normal (Mardiros, 1989). Children are socialized to fulfill role obligations within the family rather than to maximize the self (Kayser, 1998). Mothers often regard themselves as primarily nurturing caregivers, not teachers, and believe that academics are the responsibility of the professional (Zea, Quezada, & Belgrave, 1994; Zuniga, 1998). Culturally relevant clinical practice rests on respecting parental beliefs and values and not imposing the beliefs and values held by the dominant cultural group.

Many Mexican-Americans share similar values and beliefs; however, clinicians must always be aware that there can be remarkable differences within the Mexican-American population and avoid drawing incorrect assumptions or stereotypes. Individual differences among Mexican-American families are likely to exist and these differences are a function of a number of variables, including acculturation (Gutierrez, Sameroff, & Karrer, 1988). Variability in beliefs and values exists within ethnic groups as a result of differing degrees of identification with native and mainstream cultures, often referred to as acculturation (Laosa, 1999; Rodriguez & Olswang, 2002). Acculturation is a key variable in understanding minority families (Garza & Gallegos, 1985; Negy & Woods, 1992; Olmedo, 1979) because it underscores the heterogeneity within culturally diverse groups and emphasizes how individuals are influenced by their surrounding cultures. The degree of acculturation for an individual is dependent on the extent to which the values, beliefs, customs, and traditions of another culture are embraced. Families that share a common culture often differ from one another in substantive ways. Consequently, there can be significant variations among families that are assumed to share cultural elements.

The study of parental beliefs and values is crucial in developing standards of best practice for an increasingly diverse clinical population. This article reports the findings from an investigation of the beliefs and values of Mexican-American and Anglo-American mothers who have a child with a language impairment. Mothers' beliefs and values about child rearing, education, and language impairment are examined and the implications from these findings are considered with respect to service delivery to Hispanic individuals and families.

The following research questions were asked:

1. Are there significant differences between low-socioeconomic status (SES) Mexican-American and low-SES Anglo-American mothers' beliefs and values about child rearing and education?

2. Are there significant differences in the beliefs and values concerning child rearing and education among low-SES Mexican-American mothers with varying levels of acculturation?

3. Are there differences in low-SES Mexican-American and low-SES Anglo-American mothers' beliefs regarding the cause(s) of language impairment?

Method

The present study incorporated a bilingual, bicultural data gatherer who used questionnaires printed in both English and Spanish. The first author served as the primary data gatherer; she is an ASHA-certified bilingual (English/Spanish) SLP with extensive clinical experience working with children and families from Hispanic backgrounds.

To identify and recruit participants, the first author contacted principals from five elementary schools in an urban school district and obtained their approval to work with their staff and families. The school SLPs subsequently contacted potential participants who met the selection criteria, described the project, and obtained their approval to receive letters of invitation. After receiving the letters of invitation, potential participants contacted the first author to express their interest in participating. The first author met with the participants to describe the procedures and obtain their informed consent to participate. The University of Washington and the school system from where the participants were recruited approved these procedures.

Participants

Thirty Mexican-American and 30 Anglo-American mothers participated in this study. They were between 25 and 45 years of age (M = 35.7), resided in a metropolitan area in the southwestern region of the United States, indicated membership in an organized Christian religious group, identified themselves as either Mexican-American or Anglo-American, qualified for the public school's free lunch program, and lived in the community for at least 2 years. Participants of Mexican-American background were either born in Mexico or were first-generation Mexican-Americans. The Mexican-American participants completed an average of 9.93 years (range = 8–12 years) of formal education, and Anglo-American participants completed an average of 10.83 years (range = 9–12 years). Twelve Mexican-American participants were monolingual Spanish-speakers and 18 were bilingual (English/Spanish) speakers.

The children (30 boys and 30 girls) were between 7;0 and 8;0 [years;months], attended public elementary schools, and participated in second grade special education

classrooms approximately 50% to 75% of each school day. Sixteen were only children, 13 were first-born children, and 31 of the children had older siblings. Twenty-one children lived in single-parent homes and 39 lived in two-parent homes. Certified SLPs diagnosed the children as having specific language impairment (SLI) and the children received speech-language pathology services in their classrooms or in small group pull-out sessions.

Questionnaires

Two questionnaires were used to examine maternal beliefs and values regarding child rearing and education. First, the Parental Modernity Scale (Schaefer & Edgerton, 1985) was used to investigate mothers' traditional and progressive beliefs. Mothers' values were examined using Schaefer and Edgerton's (1985) revision of M. L. Kohn's (1977) Rank Order of Parental Values. These questionnaires were translated into Spanish using a double translation or back translation procedure (Marin & Marin, 1991). This procedure involved two bilingual individuals who participated independently in the translation process. The English versions were translated into Spanish and then the Spanish versions were translated back into English. This process was repeated until the measures were deemed easily understandable in Spanish.

The Parental Modernity Scale (Schaefer & Edgerton, 1985) was designed to examine mothers' beliefs regarding child rearing and education. The scale is a 30-item, Likert-type questionnaire that yields two subscores: Progressive, Democratic and Traditional, Authoritarian. The Progressive, Democratic subscale, consisting of 8 items, reflects beliefs that children learn actively, should be treated as individuals, and should be encouraged to express their own ideas (e.g., "It's all right for my child to disagree with me"). The Traditional, Authoritarian subscale, consisting of 22 items, reflects authoritarian views toward the rearing and education of children (e.g., "The most important thing to teach children is absolute obedience to parents"). Authoritarian beliefs favor attitudes that children should follow adult directives rather than be self-directed.

Mothers expressed agreement or disagreement with items on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The subscale scores are the sum of raw scores assigned to all items composing each subscale. The Traditional, Authoritarian subscale yields a total raw score ranging from 22 to 110 and the Progressive, Democratic subscale yields a total raw score ranging from 8 to 40. Split-half reliability was .90 and test–retest reliability was .84 for the Parental Modernity Scale (Schaefer & Edgerton, 1985).

Schaefer and Edgerton's (1985) revision of Kohn's (1977) Rank Order of Parental Values involves rank ordering of self-directing, conforming, and social values in children. For example, self-directing values would include "to think for him/herself," "to be curious about many things," and "to show interest in how and why things happen." Conforming values include "to be polite to adults," "to obey parents and teachers," and "to have good manners." Social items include "to be kind to other

children" and "to be kind and considerate." There are 15 total items: 6 describing self-directing behaviors, 6 describing conforming behaviors, and 3 describing positive social behaviors. These are presented in three sets of 5 items each—2 conforming, 2 self-directing, and 1 social item. The respondent ranks each set of items from 1 to 5, with a rank of 1 indicating most valued.

Conforming, self-directing, and social scores are derived from this measure. The scoring procedure involved assigning a score to the participant's rank of each item. For example, an item ranked first received a score of 5 and an item ranked last received a score of 1. The sum of scores for the items that comprise the conforming, self-directing, and social scales constituted the raw score for each value scale. The conforming and self-directing scales yield raw scores ranging from 9 to 27; the social scale yields a raw score from 3 to 15.

The Acculturation Rating Scale for Mexican-Americans-II (ARSMA-II; Cuellar, Arnold, & Maldonado, 1995) was used to measure acculturation and examine intracultural diversity within the sample of Mexican-American mothers. The ARSMA-II uses a bilingual (English and Spanish) format and consists of 48 items that examine the following four factors: (a) language use and preference, (b) ethnic identity and classification, (c) cultural heritage and ethnic behaviors, and (d) ethnic interaction. Each item is scored on a 5-point Likert-type scale. Strong construct validity of ARSMA-II was demonstrated in a sample of 379 individuals representing Generations 1–5 (Cuellar et al., 1995). As the construct predicts, there was a proportional increase in ARSMA-II scores with acculturation towards the Anglo-American culture across generations.

An acculturation level for each Mexican-American participant ($n = 30$) was obtained using her ARSMA-II score. The Mexican-American sample was organized into three subgroups according to acculturation level, representing an individual's cultural orientation along a continuum from very Mexican oriented to very Anglo oriented.

Procedures

All participants completed the Parental Modernity Scale and the Rank Order of Parental Values. The Mexican-American participants completed a third questionnaire, the ARSMA-II. Administration of the questionnaires by the first author occurred in either the participants' homes or the children's schools, based on the participants' preference. Instructions for completing the questionnaires were presented orally, in the mothers' preferred language (English or Spanish). Standard procedures for administering the questionnaires were followed, except that participants were given the option of having the items read aloud to them and responding orally rather than in writing. The majority of participants completed the questionnaires during a single 1-hr session, with the exception of 5 mothers who required a follow-up session that was scheduled within 2 weeks of the initial meeting. The order of presentation of the two parental beliefs and values questionnaires was counterbalanced across all participants.

A randomly selected subset of Mexican-American ($n =$

10) and Anglo-American ($n = 10$) mothers participated in a semistructured interview that was conducted in their homes or the children's schools and lasted approximately 30 min. Following qualitative research methodology, a small sample size allowed the investigators to gather "thick descriptions" (Miles & Huberman, 1994) about mothers' causal attributions of language impairment.

Five open-ended questions were posed to guide the interview. The questions explored the mothers' descriptions about her child, descriptions about her child's difficulties in school, thoughts about what caused the child's difficulties in school, accounts of how the child's difficulties were explained, and notions about what caused the child's language difficulties. The interview questions did not include the label of "language-impaired" but did refer to the child's "language difficulties" to avoid presenting terminology that could have been unfamiliar to some participants. Referring to the child's "language difficulties" in the questions stimulated conversation on that particular topic. The interviews were audio-recorded and transcribed by the first author for data analysis.

The analysis of the interview data followed qualitative data analysis procedures in that it was an ongoing, inductive, and cyclical process in which categories and patterns emerged from the data (Miles & Huberman, 1994). The participants' responses were defined as a series of utterances that related to a specific topic. The data were reviewed to determine categories and relationships between categories, with a constant search for negative instances, which served to refine emerging constructs (LeCompte & Preissle, 1993). This method of analysis consisted of the following steps: (a) scanning of data collected to identify categories and attributes, (b) additional scanning of the data for other examples of categories, (c) creating typologies for categories, (d) determining the relationships that existed between categories, (e) creating hypotheses from the relationships discovered, (f) seeking examples that contradicted the hypotheses, and (g) continually refining hypotheses until all examples were accounted for and explained. This iterative process was used to create and confirm categories describing participants' beliefs about the causes of their children's language impairment.

Reliability

The first author trained a graduate student, who was unfamiliar with the research questions, on the scoring procedures for each of the three questionnaires. Following training the graduate student rescored a randomly selected sample of 10% of the measures. Interrater agreement was 100% for the Parental Modernity Scale ($n = 6$), 98% for the Rank Order of Parental Values ($n = 6$), and 100% for the ARSMA-II ($n = 3$).

Results

Cross-Cultural Diversity

The data obtained from the Parental Modernity Scale and the Rank Order of Parental Values questionnaires were analyzed to examine the cross-cultural diversity between

TABLE 1. Results from the multivariate analysis of variance examining the cross-cultural diversity in Mexican-American and Anglo-American mothers' scores on the Parental Modernity Scale and the Rank Order of Parental Values.

| | Participants | | | | |
Questionnaire	Mexican-American ($n = 30$)	Anglo-American ($n = 30$)	$F(1, 58)$	p	η^2
Parental Modernity Scale					
Traditional, Authoritarian					
M	95.133	59.467	171.615	<.0001*	.747
SD	10.654	10.434			
Progressive, Democratic					
M	33.333	33.367	0.001	.975	.000
SD	4.381	3.718			
Rank Order of Parental Values					
Conformity					
M	19.30	13.70	43.821	<.0001*	.430
SD	3.495	3.041			
Self-Directing					
M	17.43	21.70	17.802	<.0001*	.235
SD	4.199	3.611			
Social					
M	8.433	9.533	4.767	.033*	.076
SD	2.358	1.432			

*Significant at $p < .05$.

the Mexican-American and Anglo-American mothers' child rearing and educational beliefs. A multivariate analysis of variance (MANOVA) was conducted to determine whether the two groups of mothers differed significantly in their responses to these measures. The effect size statistic (η^2) was calculated to determine the percentage of the total variance that could be attributed to group membership (Cohen, 1988).

Parental Modernity Scale. Table 1 presents the means and standard deviations of the scores obtained from the Mexican-American and Anglo-American mothers' responses to the two subscales of the Parental Modernity Scale. The results revealed a significant difference between the Mexican-American and Anglo-American mothers' responses to the Traditional, Authoritarian subscale, $F(1, 58) = 171.615$, $p < .0001$, $\eta^2 = .747$. The Mexican-American mothers' average scores on this subscale were significantly higher than Anglo-American mothers' scores. The effect size statistic was large ($\eta^2 = .747$), which means that cultural group membership is estimated to account for 74% of the overall variance in the Traditional, Authoritarian subscale. There were no differences between the two groups on the Progressive, Democratic subscale, with both Mexican-American and Anglo-American mothers scoring high on this particular subscale, $F(1, 58) = .001$, $p = .975$.

Rank Order of Parental Values. Table 1 shows the means and standard deviations for the Anglo-American and Mexican-American mothers' scores on the Conformity, Self-Directing, and Social subscales of the Rank Order of Parental Values. The results of the multivariate analysis revealed significant differences between the two groups for each of the three scales. Mexican-American mothers scored significantly higher than Anglo-American mothers on the Conformity scale, $F(1, 58) = 43.821$, $p < .0001$, $\eta^2 = .430$. Anglo-American mothers scored significantly higher than Mexican-American mothers on the Self-Directing subscale, $F(1, 58) = 17.802$, $p < .0001$, $\eta^2 = .235$, and on the Social subscale, $F(1, 58) = 4.767$, $p = .033$, $\eta^2 = .076$. The effect size statistics estimated that group membership accounted for 43%, 23%, and 7% of the overall variance in the Rank Order of Parental Values.

Intracultural Diversity

The data were analyzed to examine intracultural diversity in Mexican-American mothers' beliefs and values according to level of acculturation. Using the recommended cut-off scores for determining the corresponding acculturation level (Cuellar et al., 1995), the Mexican-American participants were categorized into three acculturation subgroups. Table 2 shows the ARSMA-II cut-off scores used to form the acculturation subgroups and describes the levels of acculturation. The numbers of participants in each of the acculturation subgroups were as follows: (a) Level I = 19, (b) Level II = 5, and (c) Level III = 6.

A second MANOVA was performed to examine whether the acculturation subgroups of Mexican-American mothers differed significantly on their responses to the Parental Modernity Scale and the Rank Order of Parental Values. Effect size statistics were also calculated.

TABLE 2. ARSMA-II cut-off scores used in determining acculturation level for the Mexican-American participants.

Acculturation Level	Description	ARSMA-II Cut-Off Scores
Level I	Very Mexican oriented	< −1.33
Level II	Mexican oriented to balanced bicultural	≥ −1.33 and ≤ −0.07
Level III	Slightly Anglo-American to oriented bicultural	> −0.07 and < 1.19

Note. ARSMA = Acculturation Rating Scale for Mexican Americans-II.

Parental Modernity Scale. MANOVA results revealed that the subgroups of Mexican-American mothers differed significantly on the Traditional, Authoritarian subscale, $F(2, 27) = 4.329$, $p = .023$. Post hoc Bonferroni comparisons revealed that Mexican-American mothers with Level I acculturation scored significantly higher on the Traditional, Authoritarian subscale than did mothers with Level III acculturation ($p = .018$), with a large effect size ($\eta^2 = .55$). These results suggest that less acculturated Mexican-American mothers were more likely to hold Traditional, Authoritarian beliefs than were more acculturated Mexican-American mothers. There were no differences among the subgroups on the Progressive, Democratic subscale, $F(2, 27) = 1.620$, $p = .217$. Table 3 provides the means and standard deviations obtained for the acculturation subgroups of Mexican-American mothers.

Rank Order of Parental Values. MANOVA results revealed that the subgroups of Mexican-American mothers did not differ significantly on the Conformity subscale, $F(2, 27) = 3.208$, $p = .056$; the Self-Directing subscale, $F(2, 27) = 1.333$, $p = .281$; or the Social subscale, $F(2, 27) = 2.872$, $p = .074$. Although the MANOVA revealed that the subscale means were not significantly different, the effect size for acculturation subgroup membership ranged from large ($\eta^2 = .465$) to small ($\eta^2 = .007$). For instance, acculturation subgroup membership accounted for approximately 46% of the total variance when comparing Level I and Level II on the Conformity subscale.

Semistructured Interview. Mothers' beliefs about what caused their children's language impairment were categorized into seven response types: (a) family history/heredity, (b) medical concerns, (c) bilingualism, (d) child's personality, (e) home environment, (f) God's will/spirituality, and (g) home-school mismatches. Two specific themes emerged from these response types. One theme appeared to reflect intrinsic factors related to the cause of language impairment, whereas the second theme appeared to reflect extrinsic factors. Intrinsic factors included characteristics originating within the child or the child's family, such as family history/heredity, medical conditions, bilingualism, and the child's personality. Extrinsic factors included characteristics external to the child or child's family, such as the home environment, God's will/spirituality, and home-school mismatches (see the Appendix). Eight of the 10 Mexican-American mothers attributed the cause of

TABLE 3. Results from the multivariate analysis of variance examining intracultural diversity of three acculturation subgroups within the sample of Mexican-American mothers.

| | Acculturation Level | | | | |
Questionnaire	I (n = 19)	II (n = 5)	III (n = 6)	F(2, 27)	p
Parental Modernity Scale					
Traditional, Authoritarian					
M	98.00	96.60	84.83	4.329	.023*
SD	8.64	11.80	10.81		
Progressive, Democratic					
M	33.73	35.00	30.66	1.620	.217
SD	4.55	4.35	3.07		
Rank Order of Parental Values					
Conformity					
M	20.42	16.80	17.83	3.208	.056
SD	3.32	3.56	2.71		
Self-Directing					
M	16.89	20.20	16.83	1.333	.281
SD	4.29	3.89	3.81		
Social					
M	7.84	8.40	10.33	2.872	.074
SD	2.33	1.67	2.16		

*Significant at p < .05.

language impairment to extrinsic factors. Conversely, 6 of the 10 Anglo-American mothers attributed the cause of language impairment to intrinsic factors.

Discussion

Culture is inextricably linked to patterns of adult–child interaction, thoughts about the causes of illness, long-term socialization goals, and the definition of roles and expectations for family members. Parental beliefs and values are also deeply rooted in one's cultural background. Consequently, best practice guidelines for assessment and intervention should incorporate the diversity of parental beliefs and values concerning child rearing, education, and language impairment. Linguistic differences are the most obvious barriers to providing effective intervention services, but cultural differences may be the most significant barriers (Fadiman, 1997). Cultural differences can result in misunderstandings between parents of children with disabilities and professionals providing services to their children, and result in poor intervention outcomes.

This study investigated the cross-cultural and intracultural diversity of mothers' beliefs and values regarding child rearing, education, and the causes of language impairment. Three specific findings substantiated clinically meaningful differences between the Mexican-American mothers and Anglo-American mothers, and provide specific information for non-Hispanic SLPs. First, cross-cultural diversity in Mexican-American and Anglo-American mothers' beliefs and values concerning child rearing and education was revealed. Second, intracultural diversity within the sample of Mexican-American mothers was identified. Third, cross-cultural differences in mothers'

views concerning the cause of their child's language impairment were documented. These findings and their implications to service delivery are discussed.

The first finding revealed that Mexican-American mothers' educational beliefs were more strongly traditional and authoritarian than those of Anglo-American mothers. These beliefs include the notions that the school has the main responsibility for educating children, that parents should not question the teacher's educational methods, and that obedience is important to teach children. This result suggests that Mexican-American mothers in this sample tended to possess educational beliefs that are different from the assumptions that support the principle of parental participation. These mothers did not believe that they should have an active role in their children's education. Instead, they believed that the school held the primary responsibility for educating their children.

Mexican-American and Anglo-American mothers possessed similar progressive and democratic educational beliefs. These beliefs include the notions that what parents teach their children at home is important to their school success, that parents engage in their children's pretend play, and that children like to teach other children new skills. These results suggest that some Mexican-American mothers may agree with apparently conflicting ideologies (Schaefer & Edgerton, 1985).

In general, parents of children with disabilities encounter an educational context that encourages parents to assume an active and structured role in intervention regardless of their beliefs. Families whose educational beliefs are in contrast with the beliefs and values that underlie the principle of parent participation often limit their involvement in the educational process and risk

being viewed as noncompliant (Kalyanpur et al., 2000) by professionals who are unaware of the contrasting cultural contexts of the family and school. Parental participation must be viewed as a broad construct encompassing different forms and levels of involvement (Epstein, 1990).

Families who hold traditional, authoritarian educational beliefs are more likely to participate in their children's education by preparing children for school through discipline and supervision, rather than engaging in academic learning activities. Families who hold progressive, democratic educational beliefs are more likely to engage in academic learning activities, participate in activities outside the home, and exchange ideas with professionals to facilitate their children's progress. SLPs need to view parent participation from a broader perspective, recognizing that parent involvement will look different for each family, and understanding that educational beliefs influence how parents will become involved.

Mexican-American mothers placed higher value on characteristics of conformity rather than self-direction and social traits. They placed a high value on teaching their children to be polite to adults, to obey parents and teachers, and to be a good student. Conversely, Anglo-American mothers placed higher value on self-direction and social traits, including teaching their children to think for themselves, express curiosity about many things, display kindness to other children, and get along with people. This finding suggests that Mexican-American and Anglo-American mothers in this sample differ on the characteristics that they believe are the most important for their children to learn, and it has significant implications for clinicians and families who are engaged in the process of identifying intervention goals.

Clinicians can build positive and effective parent–professional collaborative relationships by incorporating Mexican-American parents' values in the intervention planning process. SLPs can tailor their intervention programs according to a family's values by identifying mutually agreed upon goals for child development. This process of negotiation is a search for common ground between the clinician and family that results in the identification of culturally relevant intervention goals. For example, if a Mexican-American family places a high value on conformity, a culturally relevant intervention goal might include an emphasis on appropriate turn-taking skills during conversation with familiar adults rather than initiating a conversation. Working from the Mexican-American family's perspective creates common ground between clinicians and families while improving the parent–professional partnership and increasing the benefits of the service provided (Hammer, 1998; Harry, Rueda, & Kalyanpur, 1999).

The second finding identified intracultural diversity within the sample of Mexican-American mothers. Differences in Mexican-American mothers' beliefs and values varied across the three acculturation subgroups. Mothers with the lowest levels of acculturation were more likely to hold traditional, authoritarian educational beliefs. This finding is interpreted to suggest that mothers' beliefs vary based on the degree of acculturation. The extent to which a family incorporates features of mainstream culture results in differences in their child rearing and educational beliefs. Acknowledging within-group differences reduces the likelihood of creating stereotypical characterizations of Mexican-Americans, highlights the importance of individual differences, and underscores the significance of each family's beliefs and values in developing culturally relevant intervention programs.

The third finding revealed cross-cultural differences in mothers' views concerning the cause of their child's language impairment. Eight of the 10 Mexican-American mothers attributed the cause of their children's language problems to extrinsic factors, including God's will or spirituality, home–school mismatches, and the lack of a stimulating home environment. Six of the 10 Anglo-American mothers attributed the cause of their children's language problems to intrinsic factors, including a medical condition, family history, and the child's personality.

Mothers' beliefs about the cause(s) of language impairment can affect their attitudes regarding the extent to which their child's developmental course can be modified as a result of intervention, or about the type of intervention most likely to be effective. Mothers' attributions about the cause of their children's language learning difficulties can have an impact on their beliefs about how active or inactive they should be in attempting to change their child and facilitate their progress. Mothers who attribute the cause to external factors may be less likely to take an active role in their child's intervention than mothers who attribute the cause to internal factors. Therefore, parent-implemented intervention programs may be inappropriate and ineffective service delivery options for families who attribute the cause to factors outside of their control.

Efforts to support families and children are enhanced by understanding the cross-cultural and intracultural diversity of mothers' beliefs. Parental beliefs and values are rooted in cultural value systems (Harkness & Super, 1995) and are fundamental to the cultural differences that create barriers in serving diverse populations. Cultivating cultural competence includes developing awareness, knowledge, and skills to work effectively with individuals from culturally and linguistically diverse backgrounds. One of the first steps in achieving cultural competence is the awareness that parental beliefs and values differ and that these differences may have profound influences on service delivery. The diversity of cultural beliefs and values should be viewed as a strength on which SLPs can draw to design culturally relevant assessment and intervention services and to maximize the benefits to families and children. Mothers' beliefs and values can shape the nature of their involvement in the assessment and intervention process, influence the selection of intervention goals and objectives, and have an effect on the selection of effective service delivery models.

Acknowledgments

References

American Speech-Language-Hearing Association. (2000). *Omnibus Survey: Caseloads for speech-language pathologists*. Rockville, MD: Author.

American Speech-Language-Hearing Association. (2002). *Omnibus Survey caseload report: SLP*. Rockville, MD: Author.

Bacon, M. K., & Ashmore, R. D. (1986). A consideration of the cognitive activities of parents and their role in the socialization process. In R. D. Ashmore & D. M. Brodzinsky (Eds.), *Thinking about the family: Views of parents and children* (pp. 3–33). Hillsdale, NJ: Erlbaum.

Banks, J. A. (1997). *Teaching strategies for ethnic studies* (6th ed.). Boston: Allyn and Bacon.

Battle, D. E. (2002). *Communication disorders in multicultural populations*. Boston: Butterworth Heinemann.

Booth, C. L. (1997). Are parents' beliefs about their children with special needs a framework for individualizing intervention or a focus of change? In M. J. Guralnick (Ed.), *The effectiveness of early intervention* (pp. 625–639). Baltimore: Paul H. Brookes.

Brice, A. E. (2002). *The Hispanic child: Speech, language, culture and education*. Boston: Allyn and Bacon.

Bullivant, B. M. (1993). Culture: Its nature and meaning for education. In J. A. Banks & C. A. M. Banks (Eds.), *Multicultural education: Issues and perspectives* (pp. 29–47). Boston: Allyn and Bacon.

Campbell, F. A., Goldstein, S., Schaefer, E. S., & Ramey, C. T. (1991). Parental beliefs and values related to family risk, educational intervention, and child academic competence. *Early Childhood Research Quarterly, 6*, 167–182.

Cashmore, J. A., & Goodnow, J. J. (1986). Influences on Australian parents' values. *Journal of Cross-Cultural Psychology, 17*, 441–454.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

Commins, N. L. (1992). Parents and public schools: The experiences of four Mexican immigrant families. *Equity and Choice, 8*, 40–45.

Cuellar, I., Arnold, B., & Maldonado, R. (1995). Acculturation Rating Scale for Mexican Americans-II: A revision of the original ARSMA scale. *Hispanic Journal of Behavioral Sciences, 17*, 275–304.

De Leon, J., Ortiz, R., Sena, G., & Medina, C. (1996). Hispanic parent involvement and perspectives in the education of their preschool child with developmental disabilities. *Journal of Educational Issues of Language Minority Students, 16*, 1–10.

Delgado-Gaitan, C. (1991). Involving parents in the schools: A process of empowerment. *American Journal of Education, 100*, 20–46.

Epstein, J. L. (1990). School and family connections: Theory, research, and implications for integrating sociologies of education and family. *Marriage and Family Review, 15*, 99–126.

Fadiman, A. (1997). *The spirit catches you and you fall down*. New York: Farrar, Straus & Giroux.

Fatimilehin, I. A., & Nadirshaw, Z. (1994). A cross-cultural study of parental attitudes and beliefs about learning disability (mental handicap). *Mental Handicap Research, 7*, 202–227.

Garza, R. T., & Gallegos, P. I. (1985). Environmental influences and personal choice: A humanistic perspective on acculturation. *Hispanic Journal of Behavioral Sciences, 7*, 365–379.

Goldstein, B. (2000). *Cultural and linguistic diversity resource guide for speech language pathologists*. San Diego, CA: Singular.

Gonzales, B. (1986, Fall). School and the language minority parents: An optimum solution. *Catalyst*, 14–17.

Goodnow, J. J., & Collins, A. W. (1991). *Development according to parents: The nature, sources, and consequences of parents' ideas*. Hillsdale, NJ: Erlbaum.

Gutierrez, J., Sameroff, A. J., & Karrer, B. M. (1988). Acculturation and SES effects on Mexican-American parents' concepts of development. *Child Development, 59*, 250–255.

Hammer, C. S. (1998). Toward a "thick description" of families: Using ethnography to overcome the obstacles to providing family-centered, early intervention services. *American Journal of Speech-Language Pathology, 7*(1), 5–22.

Harkness, S., & Super, C. H. (1995). *Parents' cultural beliefs systems: Their origins, expressions, and consequences*. New York: Guilford Press.

Harry, B. (1992). Making sense of disability: Low-income, Puerto Rican parents' theories of the problem. *Exceptional Children, 59*, 27–40.

Harry, B., Rueda, R., & Kalyanpur, M. (1999). Cultural reciprocity in sociocultural perspective: Adapting the normalization principle for family collaboration. *Exceptional Children, 66*, 123–136.

Hoffman, L. W. (1988). Cross-cultural differences in child rearing goals. In W. Damon (Series Ed.) & R. A. LeVine, P. M. Miller, & M. M. West (Vol. Eds.), *New directions for child development: Parental behavior in diverse societies* (No. 44, Summer, pp. 99–122). San Francisco: Jossey-Bass.

Individuals With Disabilities Education Act Amendments of 1997. (1997). Retrieved September 15, 2002, from http://www.ideapractices.org/law/law/index.php

Johnston, J. R., & Wong, M.-Y. A. (2002). Cultural differences in beliefs and practices concerning talk to children. *Journal of Speech, Language, and Hearing Research, 45*, 916–926.

Kalyanpur, M., Harry, B., & Skrtic, T. (2000). Equity and advocacy expectations of culturally diverse families' participation in special education. *International Journal of Disability, Development and Education, 47*, 119–136.

Kayser, H. (1998). *Assessment and intervention resource for Hispanic children*. San Diego, CA: Singular.

Kohn, M. L. (1969). *Class and conformity: A study in values*. Homewood, IL: Dorsey Press.

Kohn, M. L. (1977). *Class and conformity: A study in values* (2nd ed.). Chicago: University of Chicago Press.

Laosa, L. M. (1999). Intercultural transitions in human development and education. *Journal of Applied Developmental Psychology, 20*, 355–406.

LeCompte, M., & Preissle, J. (1993). *Ethnography and qualitative design in educational research* (2nd ed.). San Diego, CA: Academic Press.

Lieberman, A. F. (1989). What is culturally sensitive intervention? *Early Child Development and Care, 50*, 197–204.

Luster, T., Rhoades, K., & Haas, B. (1989). The relation between parental values and parenting behavior. A test of the Kohn hypothesis. *Journal of Marriage and the Family, 51*, 139–147.

Lynch, E. W., & Hanson, M. J. (1998). *Developing cross-cultural competence* (2nd ed.). Baltimore: Paul H. Brookes.

Lynch, I., & Stein, R. (1987). Parent participation by ethnicity: A comparison of Hispanic, Black, and Anglo-American families. *Exceptional Children, 54*, 105–111.

Mardiros, M. (1989). Conception of childhood disability among Mexican-American parents. *Medical Anthropology, 12*, 55–68.

Marin, G., & Marin, B. V. (1991). *Research with Hispanic populations*. Newbury Park, CA: Sage.

Marshall, C., Mitchell, D., & Wirt, F. (1989). *Culture and education policy in the American states*. New York: Falmer Press.

McGillicuddy-deLisi, A. V. (1985). The relationship between parental beliefs and children's cognitive level. In I. E. Sigel (Ed.), *Parental belief systems* (pp. 7–24). Hillsdale, NJ: Erlbaum.

Mendez Perez, A. (2000). Mexican American mothers' perceptions and beliefs about language acquisition in infants and toddlers with disabilities. *Bilingual Research Journal, 24*, 277–294.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis*. Thousand Oaks, CA: Sage.

Moll, L. C., & Ruiz, R. (2002). The schooling of Latino children. In M. M. Suárez-Orozco & M. M. Páez (Eds.), *Latinos: Remaking America* (pp. 362–374). Berkeley: University of California Press.

Moreno, R. P. (1999). Latina mothers' involvement in their children's schooling: The role of maternal education and acculturation. *JSRI Working Paper, 44*, The Julian Samora Research Institute, Michigan State University, East Lansing.

Murphey, D. A. (1992). Constructing the child: Relations between the parents' beliefs and child outcomes. *Developmental Review, 12*, 199–232.

Negy, C., & Woods, D. J. (1992). The importance of acculturation in understanding research with Hispanic-Americans. *Hispanic Journal of Behavioral Sciences, 14*, 224–247.

Okagaki, L., & Sternberg, R. J. (1993). Parental beliefs and children's school performance. *Child Development, 64*, 36–56.

Olmedo, E. L. (1979). Acculturation: A psychometric perspective. *American Psychologist, 34*, 1061–1070.

Quirk, M., Ciottone, R., Minami, H., Wapner, S., Yamamoto, T., Ishii, S., Lucca-Irizarry, N., & Pacheco, A. (1986). Values mothers hold for handicapped and nonhandicapped preschool children in Japan, Puerto Rico, and the United States mainland. *International Journal of Psychology, 21*, 463–485.

Reynoso, M., & Tidwell, R. (1996). Hispanic parents' attitudes and participation: Regular and special education. *School Psychology International, 17*, 205–221.

Rodriguez, B., & Olswang, L. B. (2002). Cultural diversity is more than group differences: An example from the Mexican-American community. *Contemporary Issues in Communication Science and Disorders, 29*, 154–164.

Salas-Provance, M. B., Erickson, J. G., & Reed, J. (2002). Disabilities as viewed by four generations of one Hispanic family. *American Journal of Speech-Language Pathology, 11*, 151–162.

Schaefer, E. S., & Edgerton, M. (1985). Parent and child correlates of parental modernity. In I. E. Sigel (Ed.), *Parental belief systems* (pp. 287–318). Hillsdale, NJ: Erlbaum.

Sigel, I. E. (1985). A conceptual analysis of beliefs. In I. E. Sigel (Ed.), *Parental belief systems* (pp. 347–371). Hillsdale, NJ: Erlbaum.

Suárez-Orozco, M. M., & Páez, M. M. (2002). *Latinos: Remaking America*. Berkeley: University of California Press.

Tomoeda, C. K., & Bayles, K. A. (2002, April). Cultivating cultural competence in the workplace, classroom, and clinic. *ASHA Leader, 7*, 4–5, 17.

U.S. Census Bureau. (2003). *Annual supplement to the March 2002 Current Population Survey*. Washington, DC: Author.

Valdes, G. (1996). *Con respeto: Bridging the differences between culturally diverse families and schools*. New York: Teachers College Press.

van Keulen, J. E., Toliver Weddington, G., & Debose, C. E. (1998). *Speech, language, learning and the African American child*. Boston: Allyn & Bacon.

van Kleeck, A. (1994). Potential cultural bias in training parents as conversational partners with their children who have delays in language development. *American Journal of Speech-Language Pathology, 3*, 67–78.

Warger, C. (2001). Cultural reciprocity aids collaboration with families. *ERIC/OSEP Digest No. E614* (ERIC Document Reproduction Service No. ED 457 633).

Zea, M. C., Quezada, T., & Belgrave, F. Z. (1994). Latino cultural values: Their role in adjustment to disability. *Journal of Social Behavior and Personality*, *9*, 185–200.

Zuniga, M. E. (1998). Families with Latino roots. In E. W. Lynch & M. J. Hanson (Eds.), *Developing cross-cultural competence* (2nd ed., pp. 209–250). Baltimore: Paul H. Brookes.

Contact author: Barbara L. Rodriguez, PhD, Department of Speech and Hearing Sciences, University of New Mexico, 1712 Lomas NE, Albuquerque, NM 87131. E-mail: brodrig@unm.edu

Appendix

Excerpts From the Interview Data Exploring Mexican-American and Anglo-American
Mothers' Beliefs About the Cause of Their Children's Language Impairment

Topics	Mothers' Responses
Intrinsic Attributes	
Family history/hereditary	"To be honest, I think about my brother. Maybe this kinda thing runs in the family. Can it? Kinda like hereditary. It just reminds me of him."
Medical concerns	"Sometimes I wonder if the difficult, long labor I had had something to do with it. Other than that I can't think of anything else that could have caused his problems."
Bilingualism	"I guess I think about the languages. You know the Spanish and then the English. I know that's confusing for me sometimes. I think that's causing the problems."
Child's personality	"I think her shyness. If she wasn't so shy maybe she would ask for help and things like that."
Extrinsic Attributes	
Home environment	"He has trouble because of his environment. When I get home I'm tired and have tons of things to do. I'm not able to do things with him."
God's will/spirituality	"Things like this only God knows."
Home–school mismatches	"The school is the problem. It's very difficult to learn in English when you speak mostly Spanish. Couldn't that be the problem?"
Neither	"I don't know. I really haven't thought about that. That is really hard to say."