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The Implications of Culture on Developmental Delay. ERIC Digest E589.

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Developmental delay refers to a lag in development rather than to a specific condition

causing that lag. It represents a slower rate of development, in which a child exhibits a functional level below the norm for his or her age. A child may have an across-the-board developmental delay or a delay in specific areas.

When a child's development appears to lag, many service providers prefer to apply the less specific term "developmental delay," rather than a more specific disability diagnosis, since symptoms of specific disabilities may be unclear in young children. It is possible that a child with a developmental delay who receives services will not develop a disability; whereas if the same child did not receive services, the delay would become a disability.

Because it is based on a comparison of the child's functional level with that of other children of the same age, "developmental delay" can be seen as a statistically defined, socially mediated construct that depends on cultural expectations and the definition of what constitutes a delay.

DEVELOPMENTAL DELAY UNDER THE LAW

Prior to 1997, IDEA defined infants and toddlers with disabilities as individuals from birth through age two, inclusive, who need early intervention services because they
* Are experiencing developmental delay as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development, physical development, language and speech development, psychosocial development, or self-help skills, or

* Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

The 1997 reauthorization of IDEA added that "for children 3 through 9, the state and local education agency (LEA) may define 'child with disability' as a child who is experiencing developmental delays and needs special education and related services." Thus, these children do not have to be labeled with a specific category to receive special education services.

Developmental delay is often interpreted as the precursor to the label 'disabled' for children from birth to nine years old. For children of diverse cultural and linguistic backgrounds, professionals must be careful to avoid errors in diagnosis that stem from differences among various cultures and professionals about what constitutes a disability or delay.

ASSESSMENT/DIAGNOSIS

When determining whether a child has a developmental delay, the law requires use of appropriate diagnostic instruments and procedures. Professionals working with young

children have long accepted the shortcomings of standardized tools, since young children with or without delays are in a process of constant growth and change, which makes it difficult to capture the child's development accurately at any one 'measurement' or observation. In addition, young children seldom 'cooperate' according to the expectations of the developers of the assessment tools, thus contributing to a possible misdiagnosis.

Many professionals have chosen to use instruments and procedures referenced to local norms in order to obtain a more reflective picture of the child's development (i.e., they develop a tool that reflects the norms of their community rather than national norms). In determining the appropriateness of norm-referenced instruments for children from diverse backgrounds, it is essential to examine the populations on which the norms were based. The following questions apply:

* Were the norms inclusive of the diversity of families found in the communities across the United States with which the tool will be applied?

* Did these 'diverse' children also represent variations that typify the communities in which the tool will be applied? For example, children within a group may vary in socioeconomic status, languages spoken, immigration status, and diversification within a more global category (e.g., Hispanic [Spanish-, Cuban, Puerto Rican-, Peruvian-, Salvadoran- or Mexican-American]).

In addition, professionals involved in this step of the child's developmental evaluation should ask themselves the following:

* Does the tool or process include provisions to conduct the assessment in the child's dominant language(s)?

* Will specially trained personnel familiar with the family's culture, practices, and beliefs conduct the assessment?

If even one of the answers to any of the four questions was "no," then either the instrument or the process may be inappropriate for use with culturally and linguistically diverse families.

Furthermore, the domains of development (e.g., cognitive, self-help, etc.) and the items subsumed in each area are predominantly reflective of a Western approach to the discussion and examination of early childhood development (Srinivasan & Karlan, 1997; Hehir & Latus, 1992). Although early childhood professionals may recognize the totality of the child, they may still feel comfortable separating aspects of the child's development into these component parts. Not only that, specialists (e.g., speech therapists) may address each component (e.g., speech and language) separately from the other components (e.g., gross motor). This may be in direct contradiction with monitoring the child's development from a more holistic, functional, situational approach common in other cultural groups (Kagitcibasi, 1996).

The age norms assigned to these various developmental domains are also quite arbitrary; they are primarily reflective of white, middle-class child rearing norms (e.g., Lynch & Hanson, 1992; Mangione, 1995). For instance, the entire self-help paradigm is indicative of the value of 'early independence' in these skills promoted by families in this group. Many families feel just as comfortable encouraging their child to independently spoon-feed shortly before the child attends public school at 5 or 6 years of age instead of at 18 months as expected in many developmental checklists. Many families also see no purpose in having their child drink from a cup before 3, 4, or 5 years of age. When there are other family members around to help the child dress, there is no pressure to encourage independent dressing early in the preschool years. These are a few examples of different attainment of developmental milestones influenced directly by different child-rearing values and practices.

Professionals must determine if they are truly measuring all the skills that this child has learned or if they are only measuring those skills they value based on their upbringing and professional training. For example, Garcia Coll (1990) examined developmental skills such as tactile stimulation, verbal interaction, nonverbal interaction, and feeding routines. These skills were studied in multicultural families, including African- American, Chinese-American, Hopi, Mexican-American, and Navajo families. The study found that "minority infants are not only exposed to different patterns of affective and social interactions, but that their learning experiences might result in the acquisition of different modes of communication from those characterizing Anglo infants, different means of exploration of their environment, and the development of alternative cognitive skills." (p.274). Therefore, teachers and other service providers must distinguish between a developmental or maturational lag and behaviors that can be brought about by learning. For example, if a child is unable to spoon-feed, is it because she lacks the needed musculature and fine motor skill? Is it because she is neurologically unable to perform the complex movement? Or is it simply because she has not learned that skill and will easily learn it given the opportunity?

DISABILITY OR DELAY WITHIN A CULTURAL PERSPECTIVE

The discussion has thus led us to accept that disability is a socially and culturally situated construct (Danesco, 1997; Harry, 1992; McDermott & Varenne, 1996). Therefore, families of children of diverse cultures (and languages) may not identify a certain series of behaviors or symptoms as being descriptive of a 'delay' or 'disability'. For instance, in her review of the literature, Danesco (1997) found that many culturally diverse parents explained their child's condition as a combination of biomedical and sociocultural or folk beliefs. Families often saw their child's condition as temporary or something that could be remedied. Therefore, it is not uncommon to see families following a combination of 'professional/medical' prescriptions along with home remedies, folk or alternative practices in order to help their child. It should be noted that

families varied in how much weight they ascribed to professional, educational, or medical interventions as compared to alternative interventions. Because families had different interpretations of what constituted a delay or disability, even having their child labeled led to misunderstandings and mistrust between them and the professionals who were attempting to be helpful. For example, if everybody else in the family had followed similar developmental patterns, what would the label 'developmentally delayed' given to the youngest child say about the rest of the family? If the child functioned well in the life of the home and community and the concern only existed in the clinic, school, or agency, was the child truly delayed?

IMPLICATIONS FOR PRACTICE

The cultural implications of the developmental delay category underscore the importance of having a broad array of tools for assessment and instruction as well as a good understanding of the child's culture. Responsive, family- centered programs and professionals have taken many steps to ensure effective communication between them and the children they serve. These have included making interpreters available, making printed as well as audio/audio-visual materials available in the families' dominant language, and connecting parents to a network of other parents with similar issues. Instruction for children with developmental delay should reflect the goals identified and mutually agreed upon by the interventionist, educators, specialists, and, of course, the family. The learning objectives should include the child's strengths as the foundation. They should be aimed at bridging the gap between what the child is currently able to do in his or her environment and what he or she needs to learn to do in order to be optimally successful in the current or upcoming environments. For instructional strategies and materials, professionals and families are encouraged to implement multicultural practices which honor and respect every child's culture and language.

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