

Native American Caregivers’ Developmental Priorities for Young Children Implications for Intervention

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Native American tribes and families are highly pluralistic in their ideologies, beliefs, traditions, and values. Very little research has described the parenting and child-rearing beliefs of Native American caregivers. The purpose of this study was to gain an understanding of Native American caregivers’ developmental priorities and preferences regarding their young children’s development. Participants included 21 Native American caregivers from a reservation in the Mountain West region of the United States. Ethnographic interviewing techniques described by C. E. Westby (1990) were used to collect caregiver perspectives. Through the use of a naturalistic inquiry paradigm, the process of template analysis was used to organize concepts and identify central themes and subthemes regarding caregivers’ priorities and preferences for their children’s development. The following 4 themes were identified: (a) supporting Native culture and language preservation, (b) teaching preacademic skills, (c) acquiring social and emotional competence, and (d) teaching self-care and independence. Clinical implications based on these themes and subthemes are discussed in the context of intervention with young Native American children and their families. **Key words:** *culturally responsive, developmental priorities, ethnographic interviewing, intervention, Native American*

I fought to keep our land, our water, and our hunting grounds—today, education is the weapon my people will need to protect them.

Chief Washakie (McGary, 2005)

HEALTH, DEVELOPMENTAL, AND EDUCATIONAL DISPARITIES

Native Americans have a unique history as the first inhabitants of the Americas and, unfortunately, it is one filled with trauma that has translated across generations (Westby & Inglebret, 2012). Many Native American children were removed from their families and forced to attend government-run boarding schools whose primary goal was to *assimilate* Native American children by eradicating their culture and language (National Museum of the American Indian, n.d.). This trauma often is described as *historical trauma* (i.e., the multigenerational nature of distress in communities) and is thought to impact contemporary familial physical health, mental health, and personal and communal identity (Evans-Campbell, 2008). This historical trauma, along with continued adversities, may be a factor in the health, educational, and developmental disparities that Native

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The authors Kyliab Petrita Ferris, MS, CF-SLP and Mark Guiberson, PhD, CCC-SLP received funding for which the research was based from the University of Wyoming Social Justice Research Center and University of Wyoming Health Sciences Research Committee. Author, Erin Bush, PhD, CCC-SLP, is an assistant professor in the Communication Disorders Division at the University of Wyoming.

Author disclosures can be found at <http://links.lww.com/TLD/A74>.

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DOI: 10.1097/TLD.0000000000000247

American children and families experience. High rates of health conditions (e.g., cleft lip and palate, fetal alcohol syndrome, bacterial meningitis) associated with increased prevalence of communication disorders and low graduation rates have been described in Native American children (Cerecer, 2013; Roseberry-McKibbin, 2014). Consequently, early intervention and early education for Native American children and their families are critically important to address these disparities.

FAMILY-CENTERED AND CULTURALLY RESPONSIVE INTERVENTION

Early intervention services should be family-centered, culturally and linguistically responsive, and based upon effective evidence-based approaches (American Speech-Language Hearing Association [ASHA], 2019). Family-centered approaches emphasize implementation of services in a natural environment (e.g., the child's home) with the collaboration of the child's caregivers and/or family members. When planning interventions, clinicians should consider cultural differences and the developmental expectations of the family's culture in relation to commonly used early language intervention approaches and strategies based upon European American ideologies (Guiberson & Ferris, 2018). A *cultural mismatch* between intervention strategies and a family's cultural values, beliefs, and ideologies may result in ineffective implementation of intervention strategies and a breakdown in trust between the clinician and the family. Instead, culturally responsive intervention strategies can facilitate academic and social development while increasing a sense of positive social identity (Gorman et al., 2011; Guiberson & Ferris, 2018, 2019; Inglebrecht et al., 2008). To develop culturally responsive interventions, it is important to understand the differences in expected social and linguistic skills between the home and school environment of Native American children (August et al., 2006). Often within Native

American families, children are expected to learn through listening and observing, whereas in early education environments, they may be encouraged to demonstrate their academic skills through oral expression, which may be unfamiliar or unnatural (August et al., 2006). Given this mismatch, it is important for clinicians to not only understand the family's routines, priorities, and preferences but also provide intervention strategies that are culturally appropriate and family-centered in order to maximize the effectiveness of early intervention services. Many qualitative research studies have utilized various interviewing techniques to understand families' and caregivers' perspectives in early education environments (e.g., Applequist & Bailey, 2000; Brotherson, 1994; McWilliam et al., 1995).

ETHNOGRAPHIC INTERVIEWING

Ethnographic interviewing allows clinicians to better understand the culture of the family, including their values and beliefs (for a review, see the study by Westby, 1990). The roles of the interviewer and the interviewee are reciprocal and each party has the opportunity to ask and answer questions during the interview, allowing the interviewee to select and share the information he or she deems most important. The interviewer should be responsive to interviewee beliefs, which can be shaped by the individual's gender, age, race, or ethnicity. When conducting ethnographic interviews, clinicians should focus on *developing rapport* and using *descriptive questions and/or prompts* and *appropriate wording of questions* (e.g., utilizing open-ended questions, prefatory statements, and presupposition questions). According to Westby (1990), these techniques improve the interviewer's ability to assess the family's and child's "strengths and needs in an ecological framework and from the family's perspective" (p. 105). The clinician also should explain the purpose of the interview, restate what the interviewee says, and avoid asking "why" and "what do you mean" questions, as these

sometimes convey judgment. Westby (1990) reported that the use of descriptive prompts (e.g., "Tell me about a typical day with your child") encourages families to talk about their daily lives, from which the clinician can learn the family's values and beliefs.

Ethnographic interviewing may be useful in learning about the parenting behaviors of Native American caregivers, including developmental values that are manifested through behavioral priorities and preferences and that can potentially inform culturally responsive early language strategies and interventions for this population. Values, and thus priorities and preferences, are shaped by cultural dimensions (for a review, see the study by Hofstede, 2011). For the purposes of this study, priorities, in relation to development, are behaviors or characteristics that caregivers view as important, whereas preferences are a set of specific favored places, activities, or things. It is important to note that it would be impractical and impossible to develop a single intervention package to meet the needs of *all* Native American families and children. This work primarily serves as a starting point to enhance understanding of culturally responsive practices in Native American communities. The research questions we addressed in our study were as follows:

1. What are the values (priorities and preferences) of Native American caregivers regarding their child's development and school readiness?
2. What are promising and culturally consistent supports and strategies for Native American caregivers of young children in early language intervention?

METHOD

Participants

Families who identified as Native American were recruited from the Wind River Reservation located in the Mountain West region of the United States. The Wind River Reservation is the only reservation located

in Wyoming and is the home of the Northern Arapaho and Eastern Shoshone tribes. Although the Northern Arapaho and Eastern Shoshone are considered Plains Indian tribes, each has its own unique history, traditions, values, and languages. Although Northern Arapaho and Eastern Shoshone tribal members largely contribute to the Native American population on the Wind River Reservation, this population also may be characterized by individuals who are enrolled with varying regional tribes (e.g., Oglala-Sioux, Cheyenne, and Lakota). Participants were eligible to participate if they identified as Native American and had a child between 12 months and 48 months of age. Caregiver participants ($N = 21$) included 18 mothers, two fathers, and one aunt. The caregivers' mean age was 31 years ($SD = 7.45$; range = 17-48 years). On average, caregiver participants completed 13.6 years of education ($SD = 2.37$; range = 9 [completed middle school]-18 [completed a bachelor's degree] years), and most had completed high school. Approximately 95% ($n = 20$) of caregivers reported that they were enrolled in a federally recognized tribe including Northern Arapaho ($n = 11$), Eastern Shoshone ($n = 6$), Oglala Lakota ($n = 1$), Osage ($n = 1$), and Standing Rock Sioux ($n = 1$). Eighty-one percent of caregivers ($n = 17$) reported that they had no concerns about their child's speech and/or language development. Four caregivers reported that they had some concern regarding their child's communication skills; however, only one of the caregivers reported that his or her child received individualized family service plan services. The child participants included 11 females and 10 males, with a mean age of 27 months ($SD = 10.35$; range = 14-46 months). Approximately 71% ($n = 15$) of the child participants had exposure to one language other than English (i.e., tribal language), whereas four child participants (19%) had exposure to more than one tribal language other than English. Most caregivers who reported exposure to a tribal language reported that they taught their child select words and did not report

speaking in the tribal language for extended periods of time.

Researcher position

The first author is an enrolled Northern Arapaho tribal member and primarily conducted data collection visits; therefore, families who participated in this study may have been familiar with the primary researcher and/or her family. The second author is a speech-language pathologist (SLP) and professor who has worked with and studied young culturally and linguistically diverse children for the last 22 years. His role in the study was that of mentor to the first author. The third author has been a certified and licensed speech-language pathologist for 17 years. She is a university professor who has used diverse methodologies for the last 9 years, including mixed-methods, quantitative, and particularly qualitative studies. Her involvement in the project was predominantly as a qualitative researcher/methodologist.

Research design and incorporating indigenous methodologies

A qualitative descriptive approach was applied to analyze caregiver interview transcripts to identify the priorities and preferences related to their child's development and school readiness. For a review of qualitative descriptive approaches, see the study by Sandelowski (2000). A descriptive approach within a naturalistic paradigm was chosen because of its flexibility in accommodating multiple types of data collection and analysis methods. This type of nonprescriptive approach allowed the researchers to incorporate aspects of indigenous methodologies. A thorough epistemological discussion of the culture on the Wind River Reservation or in the larger context of indigenous methodologies is not possible here. However, a brief discussion of how indigenous theory principles (Kovach, 2018) were incorporated into the research is critical. The authors acknowledge that indigenous methodologies are rooted in worldviews widely different than Western, Euro-centric worldviews (Little

Bear, 2000; Walker, 2004), which are dominant in the United States. The following are values and beliefs specific to the people of the Wind River Reservation that served as guiding principles throughout the research:

- Respect for culture, community, individuals, and elders
- Reciprocity and responsibility to people/culture
- Collectivism and family
- Cultural preservation
- Community growth and education
- Knowledge that is gained will be used meaningfully

Of course, this is not an exhaustive list, nor could an exhaustive list give an adequate explanation of the complexities of this culture. These are only *aspects* of a community and are within the specific context of education. The authors do not attempt to speak for individuals on the Wind River Reservation regarding these values and beliefs but rather seek to describe aspects of the collective community to better understand the people and how this research may apply.

Qualitative description is recommended as perhaps the most appropriate approach when working with indigenous groups (Burnette et al., 2014). It involves the research staying data-near (Sandelowski, 2000). Thus, results can be translated into implications for practice (Sandelowski, 2000; Sullivan-Bolyai et al., 2005) in a culturally respectful and relevant way. Kovach (2018) explained that indigenous methodologies must consider the research questions, the purpose of the research, the consideration of the indigenous context, and the desire and capacity of the research team when making methodological choices. These aspects were given careful consideration when developing the research strategies.

The research questions as well as the purpose of the research are in accordance with the cultural value and community priority of education, specifically, education of the very young and the principle of continued growth. This research was conducted with, about, and for the people of the Wind River Reservation.

The researchers' goal was not to impose themselves onto the families but rather to observe and learn from natural language-rich interactions. Recruitment in the form of community fliers, media advertisements, and word of mouth allowed individuals to self-identify as interested in participation. Finally, the desire and capacity of the team were considered and would not have been possible without insider knowledge from the first author, a cultural personal and/or familial connection to the participants, and the support of the tribal business council community leaders.

Given the limited research describing Native American caregivers' preferences and priorities for their children's development and school readiness, this approach was deemed most appropriate as it allowed for members of this community to provide insight into the topic, in their own words, without researcher interpretation. The naturalistic inquiry paradigm allowed for thematic analysis of the qualitative data. Data analysis was conducted using written transcripts from recorded ethnographic interviews with Native American caregivers. Analysis was completed to derive central themes and subthemes.

Ethical considerations

This study was completed with approval from the University of Wyoming High Plains American Indian Research Institute and the University of Wyoming Institutional Review Board (IRB) for the protection of human subjects. Prior to study visits, approval also was obtained from the Northern Arapaho and Eastern Shoshone business councils. It was important to the researchers to gain tribal approval and to allow members who represent the Native American community to voice any comments, questions, and/or concerns. This was done through sharing details and goals of the study with business council members via letters and in-person meetings. A strong message regarding the value and expectation of reciprocity was voiced by the business council. The authors acknowl-

edge that a large amount of past research conducted with indigenous populations has come from a colonial perspective that did not attempt to understand or respect non-Westernized cultures (Kovach, 2018). Rather than conduct more extractive research with this community, the goal of this study is to learn about the people of the Wind River Reservation. A culturally informed perspective can lead to more effective services and increased trust of service providers, enhancing services for those with communication disorders.

Procedure

This study was conducted in collaboration with three educational programs (i.e., an early intervention program, a Head Start program, and an elementary school) for young children and their families located in Ethete, WY, and Fort Washakie, WY. Participants were recruited through distribution of flyers, online/radio advertisements, and social media postings. Caregivers who showed interest and met the inclusion criteria were presented with an informed consent form that was approved by the University of Wyoming IRB stating that their participation was voluntary and that they could discontinue their participation at any time during the study visit. Each caregiver received a \$20 gift card for his or her participation.

Ethnographic interviews

To establish caregivers' priorities and preferences related to their child's development, the first author conducted ethnographic interviews with caregivers. Interviews were completed either at a cooperating local elementary school or an early intervention program based on the preference of the caregiver. During study visits, interviews were recorded with permission from each caregiver. Caregivers were given the opportunity to review and/or delete the video-recorded interviews. The length of the interview questions took, on average, 10 min; however, the lead researcher spent approximately 1 hr with the caregiver-child dyads at the

participating early childhood centers. During the interview, three types of descriptive questions or prompts were used: grand-tour (i.e., broad experiences), mini-tour (i.e., describe a specific activity or event), and open-ended (i.e., example, experience, and native-language questions; Westby, 1990).

Interview prompts and questions were developed collaboratively between the first author, the second author, and an undergraduate research assistant who is a Native American parent of a child with a disability. For a review of caregiver interview questions, see Appendix A. Grand-tour prompts were established to gain information about the caregiver and child's general play interactions (e.g., "Talk about your child and how he/she plays"; "Tell us about your favorite game or things to play with your child"). Mini-tour questions were established to elicit more specific information regarding the child's play behaviors/interactions and the caregiver's perspective on their child's learning (e.g., "What does your child like to do?"; "What do you think is important for your child to learn from you?"). The established grand-tour and mini-tour prompts and questions served as a starting point for the interview; however, other open-ended questions were asked to encourage caregivers to expand upon their responses (e.g., "Could you talk more about what she likes to do?"; "Is there anything else you would like to add?"). Two of the 11 interview prompts and questions were selected for analysis due to their relevance to this study's specific research questions. The selected questions/prompts were as follows: (1) "Tell us what is important for your child to learn from you" and (2) "What things are you and your family doing to help your child be ready for preschool and kindergarten?" Any information related to these topics that emerged throughout the interview was included in the analysis.

Analysis

A naturalistic inquiry paradigm was applied and a descriptive qualitative approach was

utilized to conduct a thematic analysis. Specifically, a template analysis process was used to derive, organize, and refine the themes that emerged from the data (King, 2004). Template analysis provided a flexible, systematic process for deriving, organizing, and analyzing the data through the use of *templates* (i.e., a list of themes; for a review, see the study by King, 2004). Figure 1 illustrates the process of the template analysis completed for this study. Throughout the template analysis process, multiple revisions of the template were completed to clarify and refine identified themes and subthemes while maintaining an accurate representation of the caregiver's responses.

The template analysis process began with an initial search for key responses and subsequently the preliminary stage of coding via immersion into the data corpus (i.e., reviewing and analyzing written transcriptions of interviews) to identify initial themes. The video-recorded interviews were transcribed verbatim by two trained communication sciences and disorders program students. We found five broad themes each for the prompt ("Tell us what you think is important for your child to learn from you") and the question ("What things are you and your family doing to help your child be ready for preschool and kindergarten?"). We observed similarities between the two sets of themes and therefore they were condensed. Only one broad theme, of the nine derived, was not conceptually related to any other theme. Thus, Native Culture and Language was not condensed with another theme, although the remaining eight were. There appeared to be three overarching concepts remaining: education, social and emotional competence, and independence/life skills, which we translated into themes. Consequently, there were four total condensed themes after combining similar concepts that emerged from the interviews: (1) Native Culture and Language, (2) Pre-Academic Skills, (3) Social and Emotional Competence, and (4) Hygiene/Independence/Self-Care.

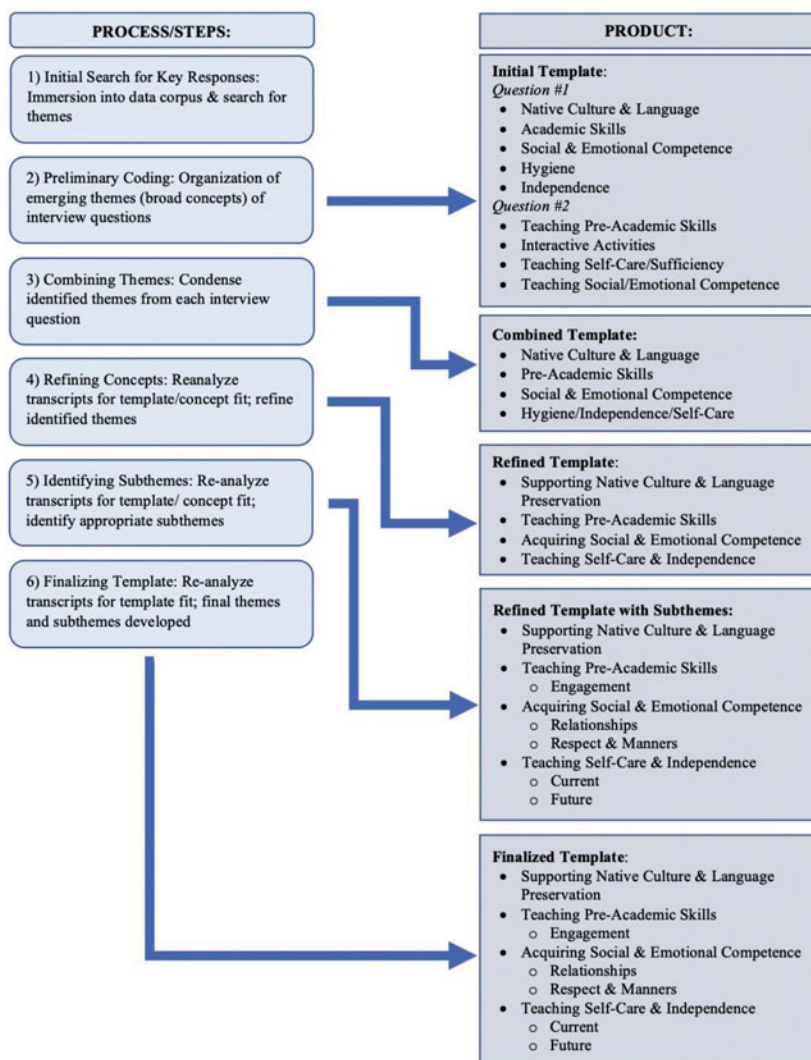


Figure 1. Template analysis process. This figure is available in color online (www.topicsinlanguage disorders.com).

We further refined these concepts to ensure that representativeness of the caregivers' responses was maintained by further identifying how each theme was supported. Subsequently, the themes were then defined by *how* the caregiver engaged in the theme: Supporting Native Culture and Language Preservation, Teaching Pre-Academic Skills, Acquiring Social and Emotional Competence, and Teaching Self-Care and Independence. Given the breadth of each theme, we reanalyzed our template and identified subthemes

to better illustrate caregivers' responses. Subthemes were identified for all themes except for Supporting Native Culture and Language Preservation. Finally, we immersed ourselves into the data corpus by reviewing the written transcriptions once again to finalize our template and to ensure that the identified themes and subthemes were representative of the caregivers' responses. The final template is discussed later. Discussions between researchers, continual self-reflection to limit researcher interpretation bias, and frequent

return to the data (i.e., written transcripts) to ensure representativeness were completed throughout the entire template analysis process. The credibility of the qualitative analysis procedures was ensured by continual discussion with an expert qualitative researcher (third author) on the analysis approach and process.

RESULTS

We sought to uncover and explain the priorities and preferences of Native American caregivers regarding their child's early education and development. From that, we hoped to identify culturally consistent intervention practices to recommend to clinicians when working with Native American families. The analysis of our first research question (*What are the values [priorities and preferences] of Native American caregivers regarding their child's development and school readiness?*) did in fact reveal concerns, preferred practices, and thus the values of Native American caregivers through nine emergent themes and subthemes. In what follows, the themes and subthemes are explored in further detail through descriptions and illustrative quotes. Addressing our second research question (*What are promising and culturally consistent supports and strategies for Native American caregivers of young children in early language intervention?*) was dependent on the analysis and results of the first research question. Thus, our consideration and recommendations of culturally consistent intervention approaches and strategies appear in the "Discussion" section.

Supporting native culture and language preservation

A notable concept that arose from the ethnographic interviews included supporting the children's knowledge of and participation in their Native culture. One caregiver stated:

Cultural wise I want to get him more involved in his culture I would like to integrate [it] into him while he is in preschool so that he can start learning his culture and his language. And that is

definitely going to be with him the rest of his life and who he is and where he comes from so I want him to learn early on.

Other caregivers stated the importance of attending and participating in cultural traditions. For example, one caregiver said, "I'm trying to make sure that I take them to as many powwows as I can," and another stated, "We go to sweats, peyote meetings . . . Sun Dance, and we all do it together." Along with supporting their child's cultural understanding, caregivers also stated the importance of teaching their child words and numbers in their Native tribal language (e.g., "We teach him how to count in Shoshone and English.").

Teaching preacademic skills

Many caregivers discussed a variety of preacademic skills that they felt were important to teach their child before entering preschool or kindergarten. Frequently mentioned skills included learning how to talk and move; how to identify and name colors, shapes, letters, and numbers; and how to use new vocabulary words. Many caregivers also reported that their children were involved in day care services and/or child development services (e.g., Early Head Start or Head Start). It appears that these types of services were utilized to teach the preacademic skills noted earlier, while also preparing their child for school. For example, one caregiver stated, "I got her into Early Head Start . . . She's learned [to] walk, crawl, roll over, all that there. And basically they have the school setting for her." Although these services often were discussed by caregivers, other means of caregiver-child engagement (i.e., interactive activities) were mentioned when teaching preacademic skills. Consequently, these key responses were organized into the subtheme, *Engagement*.

Engagement

The interactive activities discussed included reading and/or showing their child books, drawing, writing, and singing. For example, a caregiver stated, "Showing him books, letting him draw, writing" when asked how they are helping their child be ready

for school. Other caregiver responses included the following: "We sing a lot, too. We will sing different songs," and "Coloring, singing the ABCs, his sister likes reading to him." Although many means of engagement were mentioned, reading and/or showing their child books was the most frequently reported interactive activity. Nine caregivers mentioned reading or using books with their child at least once. One caregiver said, "Reading is a big thing and has always been really important to us. I have been reading to her since she was born pretty much." From these statements, it is clear that teaching pre-academic skills via enrolling their child in developmental services and/or using specific means of engagement is preferred for this sample of Native American caregivers.

Acquiring social and emotional competence

Caregiver responses also included many statements identifying the importance of their child acquiring social and emotional competencies. Many caregivers expressed their desire for their child to demonstrate prosocial interactions such as "being nice," "having manners," "learning how to be respectful," and "sharing." Within these key responses, two distinct subthemes emerged regarding the specific social and emotional competencies sought.

Relationships

Competencies that support social interaction with peers and the development of relationships are described within this subtheme. Many caregiver responses emphasized the value in their child showing love and kindness and getting along with and interacting with their peers. When asked what they wanted to teach their child, responses from caregivers included: "Love ... like being nice," "Just to get along and be nice to others," and "To interact with other kids." Along with these statements, one caregiver stated the importance of social interaction to be prepared for school. This caregiver stated, "[I'm] just trying to get her social with other

kids, that way when she will get into the classroom this fall she'll be ready for school." These statements emphasize the significance Native American caregivers place on supporting the development of relationships with peers and the community.

Respect and manners

Compared with the previous subtheme, this subtheme described the importance of demonstrating social and emotional competencies associated with respect, manners, and obedience. One caregiver stated that they wanted their child to learn "how to be respectful and ... obedient when we are at gatherings instead of running around." Other caregiver statements included, "Having good manners," and "We just want him to be well behaved and very respectful to others," when asked what they wanted their child to learn from them. Similar to responses described in the subtheme *Relationships*, caregivers stated the importance of social interaction with peers to learn respect and manners.

Teaching self-care and independence

Finally, responses also highlighted the priority for Native American caregivers to teach their children self-care and independence. Caregivers' responses that signified these skills ranged from teaching basic hygiene routines/skills (e.g., "potty training") to encouraging traits that support their child's independence into adulthood (e.g., "work ethic"). These key responses were organized into two subthemes: *Current* and *Future*.

Current

This subtheme aimed to describe concepts related to self-care discussed by caregivers that focused on the skills that they are currently teaching their children. These concepts include teaching their child basic hygiene skills including toileting and brushing their teeth. When asked how they are preparing their child for school, one caregiver responded, "We do a lot of handwashing and brushing our teeth and brushing our hair,"

whereas another responded, “Right now we are in potty training.”

Future

Unlike the previous subtheme, this subtheme focused on key responses that discussed the importance of their child learning how to be independent in adulthood. These concepts included discussion of their child learning responsibility, having a strong work ethic, and taking care of their family. When asked what they wanted their child to learn from them, one caregiver said, “Work ethic, going to school, going to work, getting an education, being productive, and making sure that they are taking care of themselves and eventually their families one day.” Another caregiver responded, “I would say the most important thing would be how to survive in the world.”

DISCUSSION

The researchers and the business council discussed various ways to share these results with the Wind River community. A community presentation, a presentation for educators, and sharing of the results with individual families were all discussed. The researchers also planned to attend a parent night at an elementary school, but none of these events have transpired yet due to the COVID-19 pandemic. It is still the researchers’ plan, when it is safe and permissible, to do so.

Several themes and subthemes were identified to represent this sample of Native American caregivers’ reported priorities and preferences regarding their children’s development and school readiness. With this information, the researchers began to better understand the developmental priorities and preferences of this sample of Native American caregivers and developed what they believe are a set of culturally responsive clinical implications or strategies (see Table 1).

Supporting Native Culture and Language Preservation was frequently discussed by caregivers, specifically, the importance of in-

cluding their children in cultural traditions. Unlike other identified themes, statements made concerning Native culture and language preservation emphasized the importance of *who* their child is rather than *how* their child acts. It appears that this is not only a developmental priority in childhood but also a significant factor in who the child is and/or becomes in adulthood (i.e., a preference). Identity development of Native American children may be especially important due to the historical trauma and attempted cultural genocide experienced by this community (Evans-Campbell, 2008). The implications of these statements for early intervention services indicate the importance and need to consider the families’ cultural background. According to Inglebret et al. (2008), rapport increases between Native American families and service providers when understanding of and respect for Native culture are demonstrated. Clinicians should consider incorporating culturally reflective and appropriate intervention materials (e.g., books, pictures, objects, and thematic units) that represent the cultural background of the family and the child. Clinicians also may encourage exposure to and/or use of the Native language in intervention, especially given the cognitive advantage (e.g., improved metalinguistic awareness, attention, and memory) that may exist when learning more than one language (Marian & Shook, 2012). It is important to note that the decision to involve the Native culture and tribal language in intervention services is ultimately up to the family. For some Native American families, cultural traditions are sacred and not discussed with individuals outside of the community. Discussion and collaboration between the caregiver, the family, and the professional are always necessary to ensure that appropriate decisions are made when providing early intervention and education services to Native American children.

Teaching Pre-Academic Skills also was identified as a priority for this sample of Native American caregivers. Specifically, caregivers reported a preference of utilizing shared reading activities and books for teaching their

Table 1. Themes, clinical implications, and applied examples

Themes	Clinical Implications	Example
Supporting Native Culture and Language Preservation	Use of culturally relevant supportive practices and intervention materials	Encourage caregivers to teach Native language words and phrases. Use culturally reflective books (e.g., <i>Hungry Johnny</i> , <i>Baby Rattlesnake</i> , <i>Baby Learns About Seasons</i>). Encourage families to teach children important cultural events (e.g., Sun Dance, Pow Wows, Drumming); non-Native clinicians should respect privacy around these events.
Teaching Pre-Academic Skills	Embed activities around literacy-based interactions and/or preacademic teaching. Advocate for access to early intervention services and early education.	Support caregivers' interactions during shared book reading and/or literacy activities with their children. Discuss resources available within the community (e.g., Early Head Start, Head Start, early intervention programs, public library resources, K-12 readiness resources).
Acquiring Social and Emotional Competence	Include family and/or peers in service delivery and show interest in the family's value in relationships and behaviors.	Allow families to identify <i>who</i> will be involved in intervention. This may vary and may include aunts, cousins, or other individuals. Support caregivers in teaching concepts such as <i>respect</i> and the importance of relationships, community, and tribe.
Teaching Self-Care and Independence	Incorporation of family routines and/or daily activities and chores.	Observe interactions, discuss caregiver's priorities, and model language stimulation strategies to caregivers and family during activities that are important and part of established daily routines (e.g., preparing food, dressing, and grooming).

children's preacademic skills (e.g., identifying and naming letters, colors, shapes, and numbers), indicating that literacy-based interventions may be culturally natural for this sample of Native American families. Specifically, shared book-reading interventions may be a beneficial approach when working with Native American families. Shared book-reading interventions often focus on the dialogue between the caregiver and the child and are guided by picture books with themes that are interesting to the child (Tsybina & Eriks-Brophy, 2010). Interventions focused on shared reading and literacy have been shown to be effective with European American families, Native American children, and other minority cultures (e.g., Latino/a and Kenyan), and SLPs have the knowledge and resources to effectively implement this type of intervention while also considering the cultural backgrounds of the families they are serving (August et al., 2006; Fayden, 1997; Heidlage et al., 2018; Knauer et al., 2019). Shared book-reading interventions can allow for consideration of the family's culture by utilizing culturally reflective and appropriate books for Native children and families (Inglebret et al., 2008).

The tradition of oral storytelling also must be considered. For some Native American families, storytelling through books may conflict with oral storytelling traditions and can result in unnatural interactions between the caregiver and the child. Many Native American caregivers within this study reported use of books when interacting with and teaching their child, which may indicate that oral storytelling traditions (if present) did not conflict with storytelling via books. Regardless, more research is necessary to fully understand Native American caregivers' perspectives regarding traditional oral storytelling versus storytelling via books. If a conflict exists between oral storytelling and storytelling via books, interventionists should identify culturally congruent practices that will build upon what is familiar and natural to the family when implementing shared book reading (Wing et al., 2007). In this case, the use of

culturally sensitive and reflective books may serve to *lessen* the unnatural and unfamiliar interaction by acknowledging and valuing the families' cultural background (Inglebret et al., 2008).

In addition, when teaching preacademic skills, caregivers frequently stated that they enrolled their children in day care and/or in child developmental services (e.g., Early Head Start or Head Start). In the 2016–2017 academic year, 13% of American Indian and Alaska Native children living in poverty were enrolled in Early Head Start, whereas 79% of these children living in poverty were enrolled in Head Start (Child Trends Databank, 2018). Despite this, only 5% of eligible children younger than 3 years had access to Early Head Start and only 34% of eligible children between 3 and 5 years of age had access to Head Start (National Head Start Association, 2016). Native American families often have difficulty accessing these services in the United States due to living in remote areas and/or being unaware of the supports and services for which they are eligible (Bird, 2011; Roseberry-McKibbin, 2014). It is promising that many caregivers in this study reported utilizing these services because they can assist in decreasing disparities that may exist for Native American children by improving academic, health, and social outcomes. Studies evaluating the short- and long-term outcomes of Head Start found that children with varying cultural backgrounds who attended Head Start benefited in the areas of receptive vocabulary, phonemic awareness, health and safety habits (e.g., increase in immunizations), high school graduation, and college attendance (Abbott-Shim et al., 2003; Barnett & Hustedt, 2005). The roles of SLPs and other related professionals are to advocate for Native American families and their children, including their access to early intervention services and early education.

Within the theme Acquiring Social and Emotional Competencies, caregivers often talked about the importance of teaching their child *how* to interact with peers and other individuals. Caregivers highlighted the

importance of teaching their child skills (e.g., manners and respect) and/or characteristics (e.g., love and kindness) that support positive social interactions with their peers and help establish relationships. Native American communities often emphasize interconnectedness, harmony, and community (Limb et al., 2008). These underlying values may differ from other cultural groups; for example, one study showed that European American, Black, Hispanic, and Asian caregivers placed a greater importance on academic tasks (e.g., reading, writing, working with numbers) than making friends (Galper et al., 1997). This is an important difference in developmental goals and priorities that should be considered for early intervention. For Native American families, it may be beneficial to incorporate peers or other family members in service delivery to support the values of interconnectedness, relationships, and community.

The only theme that approached the topic of the child's distant future was Teaching Self-Care and Independence. Caregivers expressed the priority to prepare their child for adulthood by fostering dispositions such as a strong work ethic, taking responsibility, and caring for their family. The priorities of teaching work ethic and responsibility reflect similar underlying priorities discussed previously. Once again, these caregivers appeared to emphasize the importance of supporting *how* their child acts and *who* their child becomes in adulthood. This theme also recognized the importance of teaching general self-care routines in childhood. Many caregivers reported teaching their children independent toileting, to brush their teeth, and other basic hygiene skills in order to better prepare them for preschool and/or kindergarten. These daily family routines, along with other daily caregiver-child interactions, may allow for an optimal opportunity for language-enriched environments. For at-risk children, routines-based intervention has been shown to be an effective early intervention approach resulting in desired functional outcomes (e.g., self-care capabil-

ity, social functioning; Hwang et al., 2013). Routines-based early intervention permits opportunities for learning in naturalistic contexts through systematic coaching, setting functional goals, and implementing services with the family (Hwang et al., 2013). This family-centered approach may be a beneficial intervention strategy when working with Native American families, given its flexibility in the selection of daily routines and establishment of functional goals that may align with the priorities and preferences of Native American caregivers. However, more research is warranted to evaluate the effectiveness of routines-based early intervention on the language growth of Native American children.

Limitations

A number of limitations exist in this study. First, the families who participated in this study were primarily recruited through flyers in early education environments and word of mouth from other participants and educational staff on the reservation. Consequently, the results of this study may exemplify the behaviors and reported priorities and preferences of families who are highly engaged in the education and development of their children and who have the resources and time to invest in such a project; these traits may not be shared by all Native American families within this community. Second, given the familiarity of the primary researcher, some participants may have experienced an unintentional lack of anonymity or pressure to participate. Finally, the nature of this qualitative work necessitated a small sample of Native American children and caregivers from a reservation located in the Mountain West region of North America. Given this, generalizing the results of these findings to other Native American families, tribes, and communities that are not located in the Mountain West region may be inappropriate due to the heterogeneity that exists among Native American cultures, behaviors, and beliefs.

CONCLUSION

The findings of this study provide clinicians with a better understanding of the priorities and preferences of Native American caregivers on the Wind River Reservation regarding their child's development and school readiness. Implications for early intervention based upon these findings indicate that the use of culturally appropriate and responsive intervention materials and approaches can allow for rapport building between the Native family and the professional, while lessening the unfamiliarity that may exist when implementing new and/or unnatural intervention strategies. Also, providing shared book-reading interventions, including family and peers, and incorporating family routines and daily chores may be effective strate-

gies to provide more culturally responsive services to Native American children and families. Even with the heterogeneity that exists among Native Americans, clinicians may find that they are most effective when collaborating with the family to identify and implement early language intervention goals and strategies that are important to the caregiver, fit culturally, and build upon natural routines and activities. By tailoring interventions to be culturally responsive to Native American families, clinicians have the capacity to provide culturally consistent and meaningful services. Future studies should include children with more significant developmental and/or communication concerns to gain insight into caregivers' priorities for children who are emerging communicators or who have speech and/or language impairments.

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APPENDIX A

Daily routines and activities ethnographic interview

I am going to ask you a few questions about (child's name) to learn more about what is important to you, your family, and your child. These questions will be about how your child plays and learns and how you and your family play with and teach your child. If you have any questions, feel free to ask.

1. Talk about your child and how he or she plays.
2. What does your child like to do?
3. What is your child's favorite thing to play or do?
4. Who does your child play with most?
5. Who spends the most time with your child?
6. Tell us about your favorite game or things to play with your child.

Now that we have talked about play, I am now going to ask questions about how (child's name) learns and how you and your family teach (child's name).

7. Who likes to teach your child the most?
8. Tell us about your favorite thing to do when you teach your child.
9. Tell us what is important for your child to learn from you.
10. What has your child done recently that shows you he or she is learning?
11. What things are you and your family doing to help your child be ready for preschool and kindergarten? Pause, if no response:
These can be like learning stories, looking at books, and/or teaching colors/letters/numbers.