THE SOCIOCULTURAL CONTEX OF INFANT MENTAL HEALTH

in African American Families

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"Children are the reward of life." Proverb from Zaire

Within recent decades, the population of the United States has become increasingly culturally diverse (Fisher, Jackson, & Villaruel, 1999; Hernandez, 1999). Whether they were born here or arrived with immigrant families, infants and toddlers from a wide range of ethnic, linguistic, and cultural backgrounds are living in family contexts that vary greatly with respect to size and structure (e.g., a single mother and her baby; a large, multigenerational, extended family household) and that offer young children different kinds of developmental supports and challenges (e.g., multiple attachment figures; varying degrees of cohesion or conflict among family members). Thus, there is a growing need to provide culturally responsive infant mental health services and programming to families of infants and toddlers of diverse backgrounds (Randolph & Koblinsky, 2000; Surgeon General's Report, 2000).

Culturally responsive programming incorporates "the importance of culture, the assessment of cross cultural relations, vigilance toward the dynamics that result from cultu al differences, the expansion of cultural knowledge, and th adaptation of services to meet culturally unique needs"

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(Cross, 1985, p. 1). Although many scholars support the importance of such programming, they also recognize serious shortcomings in the knowledge base examining how culture affects the developmental pathways of infants and toddlers (Phillips & Cabrera, 1996). Several recent volumes emphasize the need to explore how cultural values and childrearing practices influence infant and child development (Fitzgerald & Osofsky, 2000; Shonkoff & Phillips, 2000; Zeanah, 2000). In their volume Shonkoff and Phillips (2000) further underscore these points by noting that "the extent to which both the capacity and the resolve to learn more about the relationship between culture and early childhood development are strengthened will determine the ability to understand the rich diversity of human cognitive, social, emotional, and moral development beginning in the earliest years of life" (p. 69).

In this article we focus on African American families to illustrate how culture might influence parenting behaviors, attitudes toward mental health, mental health help-seeking behavior, and children's mental health outcomes. African American families now represent 12.7% of the American population (U.S. Bureau of the Census, 1995). African American children may be disproportionately at risk for mental health problems because they are more likely to live in poor families and experience persistent poverty than children in families from other cultures (e.g., Duncan & Rodgers, 1988; U.S. Bureau of the Census, 1995). Yet, there is currently a paucity of research examining how African American families raise young children within a sociocultural context. Educators and researchers also know relatively little about the normative development of African American children, the parenting values and behaviors of their parents, or the characteristics of the neighborhoods in which they live. In particular, there are relatively few studies exploring the strengths and resources of African American families that reduce risks, protect children, and contribute to optimal development (Allen & Majidi-Ahi, 1989). Information is especially needed about parents and children's mental health during the early years, because the influence of the parent's (usually defined as mother's) mental health status on children's outcomes is well documented and recent brain research suggests that child functioning from preschool onward hinges significantly on experiences before age three (Carnegie Task Force, 1994).

Given the limited knowledge base on the mental health of young African American children and other children of color, this article explores the sociocultural context of African American infant/toddler development in an effort to identify factors that contribute to understanding and addressing infant mental health from a sociocultural perspective. The purposes of this article are to increase awareness of how expectations and perceptions of infant mental health might differ by culture, and discuss the importance of understanding how the culture of the family and community can be used as a resource in addressing infant mental health issues. This perspective will have implications for the design of preventative intervention programs, family and community outreach, and early research and policy in early childhood mental health.

This article reviews contemporary theoretical frameworks that guide our analysis of early childhood development and an Africentric model of development that has guided African American psychologists in their mental health research efforts and practice. This article also reviews research that reflects the importance of understanding cultural variations in experiences, beliefs and practices that might influence infant mental health. Lastly, the article presents a framework that can be applied to promote cultural competence in services and programs in order to more appropriately address the mental health needs of infants and families of diverse backgrounds.

Theoretical and Conceptual Frameworks

Traditional and integrative models

One of the most widely used conceptual models of development is the ecological approach. The social ecology model (Bronfenbrenner, 1986), also labeled a contextualist model, views child outcomes as dependent upon characteristics of the child, parent, family, and community, as well as the complex interactions among these variables. Some have argued that traditional ecological models are limited because issues such as social history, social location, majority/minority status, and discrimination are excluded or so external that they make the model irrelevant. Therefore, an expanded conceptual framework—the integrative model of the development of competence in children of color—was developed by Garcia Coll et al. (1996) to account for such variables. This model considers the centrality of cultural form and meaning, and extends the role of family and kin networks beyond that seen in traditional ecological models.

A central premise of the integrative model is that families of color develop adaptive cultures—or systems of goals, values, and behaviors—that set them apart from the dominant culture. These coping mechanisms, which develop in

at a glance

- Early development is shaped by ecological factors – parents' goals, values and behaviors; parental work demands; parental mental health; family organization; family strengths; social support networks; and neighborhood contexts.
- At least 10 dimensions comprise the African worldview – spirituality, communalism, harmony, expressive communication, affect sensitivity, rhythmic movement, verve, stylistic expressiveness, time as a social phenomenon, and positivity.
- As it evolves, the cultural competence framework can be used to develop more responsive mental health services for families and children of color.

response to cultural/social stratification, are a product of both the group's cultural/political history and the demands of the immediate environment. Such demands directly influence family processes and child characteristics, which interact to influence the development of child competence. At the heart of the integrative model is the assumption that children of color cannot be judged by some universal standard, but must be understood in the context of their specific ecological circumstances. Later in this article we will focus on a number of these contexts at the parent, family, and neighborhood levels in an effort to identify how culture may differentially contribute to outcomes among African American infants. Before presenting this review, we discuss an Africentric conceptual framework that has been used for decades by African American psychologists in examining adult mental health issues and which incorporates dimensions of the African worldview. This Africentric model of development is presented to provide an additional framework for better understanding how cultural values may shape parenting behaviors and practices that have implications for African American infants' mental health.

The Africentric model of development

Many researchers have noted the failure of traditional social science approaches to tap the underlying cultural processes that guide the behavior of African American parents and their children (e.g., Baldwin, 1981; Nobles, 1985). In response to this problem, several scholars have developed Africentric models for understanding African American individual, family, and community development (Akbar, 1979; Asante, 1980; Baldwin, 1981; Hilliard, 1997; Myers, 1988; Nobles, 1985). These models recognize that there are strands of ancient African history, culture, and philosophy that manifest themselves in contemporary African American life and communities (Staples & Johnson, 1993). Central to these models is the notion of a "world view, [a] complex, interacting set of values, expectations, and images of oneself and others, which guide and are guided by a person's perceptions and behavior, and which are closely related to...feelings of well being" (Frank, 1977, p.27). This focus on world view is not unique to African Americans but extends to other racial/ethnic groups in that most attempts to describe these other groups also begin with identifying preferences or characteristics linked to the group's region of origin (Frank, 1977; Shonkoff & Phillips, 2000).

The African worldview includes numerous dimensions that reflect ways in which African American people may think, feel, and act. Although some of these dimensions are found in other groups, it is the unique blend that defines the particular culture. It should also be noted that there are variations in the degree to which members of racial/ethnic groups adhere to the dimensions of their group's worldview. At least ten dimensions comprise the African worldview (see Randolph & Banks, 1981 for a review) and may be helpful in interpreting African American parents' goals/behaviors and developmental outcomes among their infants.

1. ***Spirituality***, or belief in a Supreme Being or supreme powers, goes beyond religiosity to focus on the qualities of people rather than material possessions. For example, when asked what they want for their children in the future, some African American mothers may answer "to be happy" (a spiritual goal) rather than to "graduate from college" (a material goal).
2. ***Communalism*** or an interpersonal orientation reflects an emphasis on group over individual goals, an emphasis on cooperation rather than competition, and people-focused versus task-focused activities. Mothers with this orientation may place a high value on young children learning to share their toys or engaging in play activities that involve other children.
3. ***Harmony*** refers to the importance of integrating one's life into a whole, recognizing one's interdependency with the environment, and seeking unity rather than control.
4. ***Expressive communication or orality***, emphasizes transmitting and receiving information orally, through rhythmic communication and call and response.
5. ***Affect sensitivity*** to emotional cues reflects the integration of feelings with cognitions, and a synthesis of the verbal and nonverbal. For example, parents may signal children to alter their behaviors with a simple gesture or look.
6. ***Rhythmic*** movement is expressed in gross motor behavior, and reflects an interest in flexible yet patterned action.
7. ***Multidimensional perception*** or ***verve*** is illustrated in the preference for stimulus variety in learning (e.g., visual, auditory, tactile, motor); both parent and child value experimentation.
8. ***Stylistic expressiveness*** refers to the valuing of the individual's unique style, flair, or spontaneity in expressing oneself (e.g., the way one walks, talks, or wears an article of clothing), but this value is emphasized only when it facilitates group goals.
9. ***Time as a social phenomenon*** reflects the view that time is spiritual, not material or linear. For example, an event begins when the first person arrives and ends when the last person leaves, rather than at fixed

The Africentric model of development provides a framework for understanding how cultural values may shape parenting behaviors and practices.

points on a clock. There is also recognition of the linkages of present time to the past and the future.

10. ***Positivity*** refers to the desire to see good in all situations no matter how bad they seem on the surface. This positive perspective is thought to stop self-defeating behavior and generate positive problem-solving activity.

Proponents of this model acknowledge that there is much work to be done to link dimensions of a worldview based geographically in Africa with cultural dimensions of contemporary African American behavior. Interestingly, Africentric cultural characteristics have already been associated with positive functioning among African American school-age children (Boykin, 1983), adolescents (Roberts, 1997), and adults (Gary & Berry, 1985). Moreover, African American parents who engage in racial and ethnic socialization practices that reflect Africentric values have been found to have more socially and academically competent children than African American parents who have not adopted these practices (Greene, 1992; Spencer, 1983; Stevenson, 1994).

The dimensions of an African worldview may shape African American families' and communities' perceptions of mental health as well as their individual behavior, help-seeking patterns, and parent-child interactions. As noted earlier, not all African American parents may value these dimensions, so it is important to understand within-group differences in parenting beliefs that have implications for infant's mental health. Moreover, some contemporary social conditions that disproportionately affect African American families (poverty, HIV/AIDS, substance abuse, community violence) may make it difficult to practice values that have traditionally been viewed as strengths or protective factors and processes in African American families. We must also be cognizant that the current state of our science limits our ability to systematically capture these Africentric values and socialization practices. A better science of African American children's early development will provide the most promising basis for addressing their mental health needs.

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The Sociocultural Context of African American Infants' Development

Infant and toddler development in African American families, as in other families, is shaped by several ecological factors: parents' goals, values, and behaviors; parental work demands; parental mental health; family organization; family strengths; social support networks; and neighborhood contexts. A brief review of the literature (largely focused on mother as parent) illustrates this point, as well as the need for more research.

Parenting goals, values, and behaviors

African American parents, like parents in any ethnic or cultural group, may share a unique system of values and practices that overlap, but differ in some ways from those of other cultures (Garcia Coll, 1990). With respect to infancy, for example, parents from different cultural groups may differ in their views concerning the fragility of newborns, their perceptions of and responses to crying, and the importance of encouraging specific developmental skills.

Unfortunately, researchers have conducted few comprehensive studies of the developmental goals, values, or caregiving practices of African American parents of infants (Rosser & Randolph, 1989).Researchers have long-claimed that it is inappropriate to use standards of parenting derived from the study of middle-class white families to evaluate the functioning of minority, often low-income, parents and children (e.g., Levine, 1977; Ogbu, 1981). These researchers note that like other parents, minority parents attempt to foster behavioral competencies they feel children need to survive in their environment. For example, in a study of African American parenting in inner-city neighborhoods, Ogbu (1981) found that parents expressed abundant warmth in infancy, followed by an absence of warmth, inconsistent demands for obedience, and the use of physical discipline in the post-infancy period. Ogbu suggests that these strategies promoted traits parents felt essential for child survival, including self-reliance, resourcefulness, mistrust of authority, and ability to fight back. The unconscionably large number of young African American children living in poor, single-parent families (Children's Defense Fund, 1998) and the special childrearing challenges of mothers within the context of welfare reform argue for the urgency of socioculturally specific research.

In order to understand the socialization goals and parenting strategies of African American families, it is critical to consider the sociocultural context in which they occur. Low-income African American mothers may live disproportionately in situations (e.g., poor housing, violent neighborhoods) that present challenges to parenting (Stevenson, 1994). Yet, despite these challenges, some parents succeed in raising healthy, competent children. However, our understanding of whether dimensions of parenting routinely identified in child development literature—such as warmth, nurturance, responsivity, and control—are expressed in culturally specific ways is limited by the fact that these variables are not well tapped by traditional measures.

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Maternal work demands

Today, an increasing number of low-income African American mothers with histories of receiving public assistance are joining the workforce. Government programs such as Temporary Assistance to Needy Families (TANF) now have mandatory work requirements and lifetime limits. Many of the jobs available to low-income parents are stressful, unstable, and demand variable work hours (Center for the Future of Children, 1997). When work and family demands are in conflict, mothers may significantly reduce the time they have available to interact with their children (Howes et al., 1995). Moreover, demanding jobs may create psychological distress and dysfunctional parenting behaviors (McLoyd, 1990). Alternatively, the opportunity to work may provide parents with a sense of self-esteem and emotional reward, enhancing the mother's sense of competency in the childrearing role (Howes et al., 1995). Thus, it is important to understand the impact of new maternal work demands on infant/toddler development because work involvement has the potential to be linked with child outcomes.

Maternal mental health

Another key parental factor that may be related to effective parenting and child outcomes is the parent's mental health. Living in a low-income family and neighborhood may increase the probability of parents' emotional distress or depression because of exposure to negative situations/events (e.g., unpredictable income, neighborhood violence). Preoccupation with basic survival issues may reduce parents' physical energy, undermine their sense of competence, and diminish their sense of self-control (Halpern, 1993). When parents experience emotional distress or depression, they may lose interest in activities previously experienced as rewarding, including caring for their children (Willner, 1985). Several studies have reported a relationship between psychological distress and reduced quality of parenting (e.g., Colletta, 1983; Simons, Beaman, Conger & Chao, 1993).

Previous research has found that low-income African American parents experiencing emotional or physical problems may provide inconsistent care of infants, pushing their children's needs into the background when they feel distressed. In an early study of Washington, D.C. parents in a public housing project, Jeffers (1967) found that parents experienced mood swings that contributed to discontinuity in the day-to-day care of infants. In another early study involving African American inner-city families in St. Louis (Rainwater, 1966), mothers were found to alternatively enjoy and ignore their children, as a function of other events/crises that were demanding their attention. In view of the recognized importance of nurturance, consistency, and maternal validation in optimal development, there is a need to conduct additional research exploring how the parent's mental health influences the developmental trajectories of poor African American infants.

Family organization

Researchers and mental health professionals acknowledge the critical role of families in infant development. However, researchers and practitioners may need to describe families in ways that include the dimensions of culture and ethnicity, relationships, and economic circumstances (See, for example, Phillips & Cabrera, 1996; Randolph, 1995) and also take into account family members' income, education, language, country of origin, degree of acculturation, and other sociocultural dimensions. The family contexts of African American infants and other infants of color may differ from those of the majority population in several ways, and these differences may influence infant development and family interaction with the mental health system. For example, low-income African American families tend to be characterized by younger mothers, a higher percentage of single mothers, and a greater likelihood that households will include family members other than biological parents and their children (kin residence) (Dickerson, 1995; Staples & Miranda, 1980; U. S. Bureau of the Census, 1995). Infants who are cared for by multiple members of a household may benefit from multiple secure attachments or may experience inconsistent parenting practices that jeopardize optimal development. In the context of the unpredictability of life that many poor families experience, the presence of multiple caregivers (kin residence) may protect children from risk – for example, parents' mental health problems that interfere with consistent, responsive caregiving (Halpern, 1993; Ornstein & Ornstein, 1985).

Consideration of the multigenerational configuration of many African American families, with its implications for childrearing responsibilities, may provide valuable guidance

about whom to involve in mental health treatment strategies (Traditional approaches assume that the mother is the principal caregiver) (Administration for Children, Youth and Families, 1996). Specifically, this knowledge may dictate which family members should be included in parent involvement activities and educational/clinical interventions to handle an infant's special needs. Although there have been numerous studies of African American family structure, research concerning the influence of family configuration on child rearing, parent-infant interaction, or developmental processes during childhood is scarce (Garcia Coll & Meyer, 1993; Jackson, 1995; Wilson, 1984). Studies of the sociocultural context of African American infant development need to explore who is parenting the infant and the impact of family configuration on infant mental health.

Family strengths

One way in which African culture manifests itself in contemporary African American life is through family strengths. Hill (1993, 1997) links several positive aspects of African American family functioning and child and adult development to African cultural legacies — the resilience of low-income children, the high achievement orientation of single parent families, the role flexibility of black female-headed families, the low levels of substance abuse among black youth, and the continuing positive influence of black extended families. We need to learn more about how and to what extent African American family strengths serve to promote and protect young children's healthy social and emotional development, possibly by buffering the stress of isolation and other adverse circumstances experienced by low-income mothers with infants and toddlers.

Before developing programs for families or individual plans for infants that rely on informal and formal supports, staff should explore whether the parents' social support networks operate as protective or risk factors for addressing mental health problems.

Social support

Informal social support has traditionally been recognized as critical to the well being of individuals in African American families (Hays & Mindel, 1973; Hill, 1993). Both relative and non-relative ("fictive") kin networks have played an especially important role in providing support for poor urban African American families (Billingsley, 1968; Stack, 1974). African American families are more likely to receive child care assistance from extended kin, to perceive extended kin as significant, and to live in close proximity to extended families or in multi-generational family households than white families (Hofferth, 1984; Jayakody, Chatters, & Taylor, 1993). The ability to form and maintain social networks can be crucial to a low-income mother's psychological well being and parental functioning (McLoyd, 1990).

Some cautions are in order here. Despite some studies showing that social support networks provide parents with child care, assistance with household tasks, and opportunities to pursue educational or employment goals (Hogan, Hao, & Parish, 1990; Letiecq, Anderson, & Koblinsky, 1996), the relationship among social support, parental functioning and African American infant/toddler outcomes remains unclear. Indeed, members of social networks may introduce stress into families rather than protect against it (McAdoo, 1986; Randolph, 1997). For example, non-parental caregivers may be in conflict with parents about discipline or developmental expectations for children at certain ages. Non-parental caregivers may also view seeking mental health treatment as stigmatizing, and discourage parents from seeking help in the mental health service delivery system. Thus, before developing programs for families or individual plans for infants that rely on informal and formal supports, staff should explore whether the parents' social support networks operate as protective or risk factors for addressing mental health problems.

Neighborhood and community contexts

Neighborhoods have been defined as physically bounded areas characterized by some degree of relative homogeneity and/or social cohesion. Communities are often defined by the residents who live in them (as geographically bounded or being comprised of individuals who share some common characteristic). Recently, educators have stressed the importance of investigating neighborhood and community level variables that may affect parenting and child development. Potential variables for examination include the degree of neighborhood organization/disorganization, availability of resources, neighborhood norms and expectations for parenting and child development, and level of community violence. A few previous studies have found relationships between the quality of parenting, the availability of neighborhood resources for childrearing (Garbarino & Sherman, 1980), the perceived danger in the community (Kriesberg, 1970), and the degree of neighborhood transience and the proportion of older adults in the community (Cotterell, 1986). The National Research Council/Institute of Medicine report, *From Neurons to Neighborhoods* (Shonkoff & Phillips, 2000), concluded: "The combination of family poverty and neighborhood poverty poses double risk to a substantial minority of black children and, to a lesser extent, to Hispanic children, who are much more likely than white children to grow up in these circumstances" (pp. 335-6). Many families of color, including those of African American heritage, experience different neighborhood or other residential environments than the majority population because of

their lower socioeconomic status. As a result, these families and their infants may encounter numerous problems associated with socioeconomic disadvantage, including substandard housing, seasonal migration, residential segregation, neighborhood disorganization, and high levels of community violence. Many minority neighborhoods are experiencing a loss or breakdown of the religious, social, and economic institutions that are vital to family life and provide potential routes out of poverty (Halpern, 1993). These neighborhood characteristics may contribute to survival-oriented patterns of parenting and relating to others (the "adaptive culture"), including isolation from family and friends; mistrust of neighbors (with whom parents formerly shared child care responsibilities); and restriction of infants and children from virtually all outdoor neighborhood play. Thus, neighborhood characteristics of low-income African American families may force parents to focus on particular dimensions of caregiving (e.g., physical care, child protection) at the expense of others (e.g., play, empathic responsiveness).

Alternatively, as suggested by the integrative model of development (Garcia Coll et al., 1996) "adaptive cultures" may develop in communities of color in response to the lack of growth-promoting environments for their children. Informal child care arrangements, fictive kinships, augmented family households (Billingsley, 1968), and home-based economies (in-home services, church-based family services) are examples of adaptive cultures. A better understanding of how these adaptive cultures respond to families' and children's needs, including mental health needs, could assist practitioners in developing more culturally anchored mental health services for African American infants/toddlers.

Application of a Framework To Improve Cultural Responsiveness to the Mental Health Needs of Infants of Color

A constantly evolving framework that has been widely used to develop more responsive mental health services for children of color is the cultural competence framework (Cross, Bazron, Dennis, & Isaacs, 1989). Cross and his colleagues define cultural competence as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or professionals to work effectively in cross cultural situations" (Cross et al., 1989, p. 13). In an attempt to operationalize this concept and apply it to developing systems of mental health services for children, Cross et al. (1989) identified five elements that characterize culturally competent organizations:

1. They value diversity (i.e., understand that other cultures may adhere to preferences for certain values, behaviors that differ from the dominant culture);
2. They have a system for cultural self-assessment that allows them to choose policies and practices that reduce barriers to participation for members of various cultural groups;
3. They are aware of the dynamics that occur when persons from different cultures interact (e.g., differences in communication styles, help seeking behavior, or problem solving styles);
4. They institutionalize cultural knowledge (e.g., through provision of culturally appropriate services, cross-cultural training for staff, or establishing networks with community leaders and groups); and
5. They are able to adapt to diversity (e.g., adopt policies and procedures to reduce negative stereotypes and prejudices) (Hernandez, et al., 1998).

Cross et al. (1989) describe a six-point continuum of cultural competence, anchored at the low end by *cultural destructiveness* and at the advanced end by *advanced cultural competency* or *proficiency*.

- ***Cultural destructiveness*** includes attitudes, policies and practices designed to destroy another's culture (e.g., genocide, the holocaust, or in a lesser form, denial of access to natural helpers).
- ***Cultural incapacity*** applies to situations where the intent is not to destroy a culture, but the organization's capacity to be responsive is altogether missing. Practices are discriminatory, unintentionally racist, and manifest subtly through agency personnel's lower expectations for children and families of color.
- ***Cultural blindness*** applies to agencies that use approaches of the dominant culture because they believe that service approaches are universally applicable. These agencies are ethnocentric, lack information on how to provide culturally responsive services, and are not aware of how to obtain the information they need to be more responsive.
- ***Cultural precompetence*** applies to agencies that realize their limitations, and attempt to address them by hiring staff that reflect the community served, reaching out to the community, providing diversity training, and recruiting board members from the community. The danger is a false sense of accomplishment that these types of activities fulfill their commitment to cultural competency (Hernandez, et al., 1998). For example, hiring a person of color may not address the needs of the families; this person, too, may need training in that they have typically been trained in the approaches of the dominant culture.
- ***Cultural competence*** is characterized by the five elements identified above by Cross et al. (1989). These agencies' respect for the cultural integrity of families of color is reflected in service models, continually seeking advice, and the establishment of networks with formal and informal supports from the communities they serve (Hernandez, et al., 1998).
- ***Advanced cultural competence*** or ***cultural proficiency*** is evident when agencies hold families in high esteem, develop new or innovative approaches to

family service delivery through continuous quality improvement, disseminate lessons learned, and advocate effectively for families and children. Advanced competence or proficiency is reflected at every level from the board to the management staff to the "front-line workers"; in research and evaluation activities (e.g., participatory or empowerment models); and in pictures on the wall, magazines in waiting rooms, and policy manuals. Agencies and individual practitioners need to understand where they are along the continuum of cultural competence before attempting to develop or adapt programs to be more culturally responsive to the mental health needs of infants in families of color.

Implications for Practice, Research and Policy

Lessons from the past and limitations in our current knowledge base dictate that we mount a concerted effort to improve the current state of our practices, research and policies. The following suggestions are made to guide efforts directed toward generating culturally responsive programming in infant mental health.

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Practice

Mental health professionals should be familiar with settings in which families of color encounter stressors. In assessing family well being, resources and needs, practitioners gather information from key members of the family who may also serve as "parental figures," family strengths, and the presence of traditional cultural values that may promote optimal child outcomes. Mental health practitioners should form partnerships with early childhood educators and administrators to improve screening and identification of children at risk.

A basic issue in investigating the impact of sociocultural context on development is the definition of developmental or socioemotional skills and problems in infancy (Garcia Coll & Meyer, 1993). Generally the normative standards by which child development specialists identify developmental strengths and problems reflect the dominant Anglo culture. The traditional use of parenting and infant measures normed on white middle-class families has resulted in the interpretation of differences as deficits, masked the strengths of many minority parents and children, and produced misguided intervention approaches (Garcia Coll & Meyer, 1993; Myers, Rana and Harris, 1979). For example, a child care provider or therapist may try to reduce an African American toddler's "overactive, aggressive" behaviors while a parent reinforces those same behaviors because she or he feels they will protect the toddler in the violent neighborhood where they live. Practitioners should also consider the extent to which an infant or toddler's worrisome behavior or a parent's lack of response to suggested mental health treatment may be a reflection of parents' responses to their social situation—racism, discrimination, or other social injustices. Some African American psychologists have suggested using parents' life experiences with racism and racial socialization as tools in psychotherapy with African American children (e.g., Greene, 1992). The extent to which parents are concerned about racism and its influence on infants or the extent to which they begin racial socialization during infancy needs to be explored. Support groups or outreach strategies utilizing members of the community and messages that promote communalism could encourage mothers who are reluctant, due to cultural mistrust or perceived stigma, to seek needed mental health services.

Thus, to better serve African American and other minority families, practitioners must not only seek to understand parents' views of their infants' behaviors and their own parenting needs, but must also address the challenges of the family's living environment. Devoting time to understanding important elements of the infant's sociocultural environment will enable practitioners to incorporate family and community strengths in intervention efforts and honor the cultural diversity of families (Bredekamp & Copple, 1997; Phillips & Crowell, 1994). Partnerships that include the mental health community, early childhood community and family will also broaden the resources available to address the mental health problems of infants of color.

Research

Throughout this article we have emphasized the need for basic and applied research on the structures and processes that facilitate optimal development of infants/toddlers in African American families. These calls for additional research extend to families of other racial/ethnic backgrounds that have been understudied in the literature but who represent a growing segment of the U.S. population. Both the programmatic complexity that will be required to address the needs of these communities and the policy challenges that face policymakers in this arena will require science-based solutions. The basic conceptual approaches on which researchers have traditionally relied need to be expanded to incorporate the world views of the target populations and respect the cultural integrity of the communities to which this research, practice and policy will be directed. This conceptual shift or new ways of knowing will require the application of more integrative models such as

ffered by Garcia Coll et al. (1996), a research agenda s more inclusive both in terms of populations and issues ltural relevancy, and innovative methods for data collec- n and analysis.

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Enhancing the resources of communities where families ith infants and toddlers live must become a public policy riority. Part of this effort should involve strengthening the ontinuum of mental health services to ensure:

- adequate resources for training practitioners, providers, and parents;
- training for undergraduate and graduate students seeking to provide mental health services to families of color;
- enhanced screening and assessment procedures;
- participation of local mental health professionals in the mental health service delivery system for infants and toddlers; and
- cultural competence in community systems of care.

The Surgeon General's Reports on Mental Health and Children's Mental Health (2000, 2001) and the Healthy People 2010 Objectives articulate the need to change our view of the mental health needs of an increasingly diverse population of children and families, and offer goals to strive toward. The Head Start Program Performance Standards for mental health (1996) provide guidelines useful not only to Head Start but to any community efforts serving families with young children. By working together, across disciplines, across settings, and, yes, across cultures, we can use our science-based knowledge and the wisdom of practitioners and families to ensure healthy development for all children.

"Spider webs united can tie up a lion." African proverb

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