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Family Development in Cultural Context

Implications for Prevention and Early Intervention with Latino Families

Ester R. Shapiro, Ph.D.

An integrative model of family development in cultural context is presented as an organizing conceptual framework for supporting the optimal development of Latino children and families. This social developmental approach locates individual developmental outcomes within nested structures of family, community, and culture, each offering resources as well as potentially presenting stresses. This model also considers social attitudes such as racism or as potential risks or burdens for Latino families and suggests ways to address these social risks at individual, familial, and social levels. The article describes two exemplary prevention and early intervention programs for Latino parents and children; focusing on early infancy and transition to parenthood, they work from a multidimensional, risk-reduction, and resource-enhancement approach. A social developmental conceptual framework that recognizes the conditions of social adversity which characterize the lives of many Latino families highlights the resourcefulness and resilience of Latinos when their cultural and collective strengths are mobilized on behalf of their own development.

Family-based conceptual models have been proposed as the essential foundation for providing prevention and early intervention services to Latino families.¹ Yet it is difficult to make systematic public policy decisions on behalf of Latino families when the fields of prevention and early intervention are plagued by fragmentation and lack of cultural sensitivity in conceptual frameworks, research approaches, and models of service delivery. I offer a family developmental perspective in social and cultural context as the organizing conceptual framework for designing, providing, and evaluating prevention and early intervention services to Latino families.²

A family developmental approach to prevention and early intervention views individual development in family and cultural context and sees family life-cycle transitions as opportunities to enhance developmental outcomes for both children and adults. Such an approach views the adult not just as parent or potential parent, which is characteristic of family support programs, but also as a developing individual with other personal needs whose satisfaction enhances or detracts from his or her ability to parent successfully. The application of this family developmental model for providing more culturally responsive and coherent prevention and intervention services for Latino families is demonstrated through a focus on family support programs that target the transition to

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parenthood and early child development as a family life-cycle transition during which intervention can enhance an ongoing shared developmental process. Early intervention programs that focus on the developmental needs of both children and parents leverage adults' commitment to the needs of their children as agents of adult and family change.

Problem Prevention and Public Health Psychology: Contributions of a Social Developmental Approach

The past several decades have seen the burgeoning of a social developmental literature that explores the continuum between normal and symptomatic child, adult, and family development in ecological or systemic context. These social developmental models provide both a conceptual framework and a basis for intervention that can do justice to the complex factors contributing to Latino child and family development under circumstances of migration and cultural change. Sources in this literature include the work on the ecology of human development of Bronfenbrenner and his colleagues;³ the work on developmental psychopathology of Rutter, Garnezy, Cicchetti, and colleagues, who have studied resilient development under circumstances of adversity;⁴ the work on intergenerational determinants of attachment as they impact on child and adult outcomes of Bowlby and his colleagues;⁵ the work of family systems theorists, clinicians, and researchers who have focused on the family context of development;⁶ and the work of researchers and practitioners in infant mental health and early intervention who seek to enhance developmental outcomes and prevent psychopathology for infants and their caretakers.⁷ These approaches locate both child and adult development in relational and social context, seeing individual growth as evolving in "nested structures" of family and extended family, peer, institutional, community, and cultural relationships and contexts.

From these social developmental perspectives, resilience is viewed as a quality not only of the individual but also of the social environment, and the outcome of development is determined by the child and family's unique, distinctive use of a configuration of resources to manage potential sources of stress. These sources of support or resources and sources of stress or risk, which can come from individual, family, community (neighborhood, school), and cultural domains, can change in their configuration and impact over the course of development.

Seeking to establish the continuity between normal and symptomatic developmental outcomes, these approaches have generated a substantial body of empirical research identifying risk and protective factors that contribute to resilient or pathological development in both normal and at-risk populations of children and adults. This literature has been characterized by strong links between theory, research, and clinical application in prevention programs that seek to maximize resources and minimize stresses in at-risk populations.⁸ Intervention approaches from a social developmental perspective suggest that developmental transitions are powerful opportunities for altering the balance of stresses and supports so as to improve outcomes.⁹ Cicchetti uses organizational and dialectical theories of development to propose that during a developmental transition, when new cognitive, social, and emotional capacities are being introduced, the configuration and organization of new developmental capacities are especially responsive to the introduction of more favorable developmental circumstances.¹⁰ Intervention programs can then be designed that leverage the normally occurring developmental shifts to enhance the use of existing resources in new ways as well as to enhance the emergence of new capacities.

Implications for Latino Families

Although much of the social developmental literature cited has not focused specifically on Latino families, Latino researchers and practitioners working in the areas of prevention and public policy have found ecological, social developmental, and family systems developmental perspectives especially compatible with the characteristics and needs of Latinos. The nested structures of an ecological approach, which views individual development as affected by family, schools, community, and cultural context, have been found useful in work with Latinos that studies, for example, the school, family, and peer configuration which contributes to Latino high school students' successful graduation,¹¹ approaches Latino substance abuse prevention and treatment in family and cultural context,¹² or addresses adolescent delinquency prevention from the perspective of individual, family, and cultural factors.¹³

In expanding the usefulness of a social developmental model for problem prevention approaches with Latino families, it is important to address the cultural limitations of the social developmental approaches. First of all, most of these models take dominant North American assumptions from individual development and broaden them to include social factors but without questioning the assumptions of the basic model. For example, Erikson's model of identity development, which emphasizes the development of a distinctive, autonomous private self, continues to be the base of comparison as a milestone for adolescent outcome, in spite of substantive feminist and cultural critiques. Further, the strong emphasis on outcome measures that celebrate social adaptation assumes that successful development involves a good capacity for conformity to a social environment and bypasses the possibility of a cultural critique. The emphasis on resilient development in the face of adversity implies that the individual rather than an unjust social environment is ultimately responsible for personal failure and success. Finally, the field shows considerable slippage between approaches that emphasize the creative developmental aims of even severe symptomatology and approaches that emphasize a psychopathology perspective. Latino families in the United States are especially vulnerable to prevention approaches that take a North American developmental model as its outcome measure, assuming that deviation from these norms immediately places families at risk for psychopathology and perhaps compulsory intervention.

A social developmental model that does justice to the complexity of Latino families needs to recognize that opportunities for optimal development are not created equal and that many children in Latino families grow up exposed to systematic risks such as poverty, community violence, deficient urban schools, limited access to health and mental health care, and racism. They are also likely to face a great deal of conflict in their attempts to stay loyal to Latino family, community, and culture of origin while growing up in a culture and receiving education in schools that celebrate the limitations of a monolingual English society and diminish the value of bilingual and bicultural competence. Their parents are likely to experience job discrimination, to receive less pay for equal work, and to face teachers and providers who don't understand their culture and language when seeking services for themselves and their children.

Yet an increasing number of writers are arguing that deficit models are themselves potentially racist and destructive in their failure to acknowledge the resourcefulness of Latino children and families as well as other families of color in creatively negotiating the painful cultural conflicts generated by growing up in a racist society.¹⁴ In fact, a conceptual overview and summary of characteristics common to successful ethnically

diverse youth and families features qualities encouraged by Latino families such as a sense of responsibility for others, affectional ties with alternative caregivers, involvement in sibling caregiving and other “required helpfulness” or assignment of family responsibilities, and spiritual or religious faith.¹⁵

The fact that systematic social injustice, rather than a risky configuration of stresses as compared to resources, is part of the ecology of human development for Latino children and families in the United States needs to be acknowledged and systematically addressed in public policy efforts that apply social developmental models to problem prevention for Latinos. Garbarino and his colleagues offer an example of how an ecological perspective, when informed by a critical cultural point of view, can illuminate important areas of intervention that include individuals, families, community institutions, and cultural attitudes.¹⁶ In discussing the public health epidemic of violence in poor urban communities of color, Garbarino notes that cultural attitudes need to be transformed in the same way that public attitudes shifted to recognize the value of car seats in lowering the incidence of child deaths in automobile accidents. Whereas the death of unrestrained children in car accidents was at one time considered an inevitable reality, the public has come to view enforcing the use of car seats for young children as a basic parental and community responsibility.

Substantial social barriers will have to be overcome in shifting public attitudes toward the public health epidemics of poverty and violence among children in urban communities of color. Schorr,¹⁷ in her review of successful programs with poor families, notes that this country’s “war on poverty” has shown strong commitment to eradicating poverty among the elderly while permitting the number of children who grow up in poverty to become ever greater. She observes that programs to assist the aged are politically more successful than programs for children, partly because it is almost impossible to help poor children without helping their families. Yet this public image that public assistance to young families cultivates “dependency” and irresponsibility is not borne out by careful study of existing programs.

Both Garbarino and Schorr assert the importance of action to shift public attitudes toward family policy as a means of mobilizing the wider society’s commitment to protecting the development of millions of children growing up in poverty. McLoyd carefully reviews the literature on the impact of economic hardship on child development and suggests that levels of parental distress are a crucial mediating process by which poverty translates into at-risk child outcomes.¹⁸ Shifts in public recognition of social problems may also help relieve the psychological burden on children and families in poor and ethnically diverse communities who are encouraged to believe that personal failures account for their arduous lives and adverse developmental circumstances. Even in vulnerable communities whose resourcefulness has been degraded by poverty, violence, and substance abuse, where individuals use up a heroic amount of energy surviving adverse circumstances, a shared recognition that these problems are due to unjust social practices rather than individual defect liberates the energy that can be used to address these conditions at both a personal and community level.

Family Development in Social Context: A Critical Cultural Perspective

An integrative family developmental model can help bring together social developmental and critical cultural perspectives in providing a coherent conceptual model that can

inform prevention and early intervention efforts on behalf of Latino families. My model of family development can guide prevention and intervention efforts that enhance resources and minimize risks, permitting children and families to use their considerable capacities toward more positive developmental outcomes of their own design.¹⁹

This model is quite compatible with the world view of many Latino families, beginning with the assumption that human development is a collaboration among individuals, families, communities, and cultures rather than a quality of the isolated individual.

The intergenerational family life cycle in cultural and historical context becomes the most effective means of understanding a process of change that is propelled by simultaneous, interrelated changes owing to the following:

1. The movement of each individual, adult and child, through his or her unique life cycle;
2. The interaction of these individual life cycles at a given moment of the family history;
3. The developmental motion of this interacting family organization over the course of the family life cycle;
4. The interweaving of intergenerational life cycles, since the young parent in a family of procreation is at the same time an offspring in a maturing family of origin;
5. The movement of a family through the course of historical time in its sociocultural location.

Throughout the family life cycle, individuals creatively reorganize experience with new developmental tools under changing life circumstances in collaboration with close others. This shared development requires a negotiated, mutually inclusive balance between self-assertion and harmonious connection among family members so that changes can be integrated into an increasingly complex organization of self with others. However, the management of discontinuity in the growth of a complex, collaborative self requires a supportive balance of continuity and stability. In the absence of realistic supports and social resources, individuals and families respond to change with responses designed to control a conflictual or overwhelming new situation.

The more severe the stresses and discontinuities accompanying a developmental transition, and the more limited the sources of support, the more severe the defensive strategies that restore a sense of stability. Yet these defensive strategies often represent an individual's and family's best attempt at stabilization and adaptation to changing developmental circumstances. Parenting, the crucial relationship that links adult development and child growth, requires enormous sensitivity and flexibility on the part of an adult who is dealing with other life demands while responding to the shifting needs of developing children. At the same time, parenting is highly sensitive to the available stresses and supports in an adult's environment, especially under circumstances of cultural change.

Healthy family relationships are characterized by an authoritative parental stance that combines warmth and support with structure and discipline. Either overly authoritarian and controlling or overly permissive and passive, parenting styles are more likely to lead to child and family symptomatology. Parents are more likely to lose a balanced perspective in relating to their children if they themselves face overwhelming stresses and

lack sufficient supports. Extended family relationships can serve as important resources for children and parents, although these relationships can also be sources of conflict, especially in communities which cannot offer to adults enough support so that they can act generously toward others.

The process of family development takes place within, and is organized by, the socio-cultural context within which family relationships are embedded. In culturally constructing the collaborative self over the course of the family life cycle, every culture creates its own configurations, which take into account age, gender, and social role, in the balance of self-assertion and connection for its members. Culturally determined power asymmetries, such as racism or sexism, give members of a dominant group the power to define the less powerful person's reality so as to regulate and enhance the dominant group's sense of self at the expense of less powerful others. Under conditions of social injustice, a culture accepts the dominant group's negative attributions of the less powerful group. As in family abuses of power, cultural abuses of power interfere with the enhancement of all members through flexible collaboration and mutual adaptation.

Implications for Latino Families

For Latino families in the United States, the process of family development is made more complex and potentially more stressful by the intergenerational dislocations, multiple cultural experiences, and loyalties that characterize the lives of our bicultural and multicultural families. The moment in the intergenerational life cycle when immigration or migration took place, the family's immigration history in its sociopolitical context, and the cultural mix in the community where the family resides are only some of the factors that contribute to a particular family's unique configuration of experiences and meanings which add up to a shared, complex sense of self. Latino families negotiate the ordinary changes of the family life cycle along with many additional stresses of economic hardship, cultural dislocation, and discontinuity. At the same time, the challenge of collaboratively integrating a complex, culturally diverse life experience can lead to creative adaptive strategies featuring a more perspectivistic or complex view of self and others.²⁰ A family developmental approach that emphasizes the social and cultural context of individual development holds a great deal of promise for enhancing the development of Latino families using a multidimensional contextual model that can recognize the resources of these adolescents and their families without minimizing the social strains which growing up in a racist society impose.

In the following section, the usefulness of the family developmental approach for working with Latino families to enhance developmental outcomes is explored by discussing programs that target transition to parenthood and early family development. Prevention programs frequently select early infancy as the crucial opportunity for enhancing a child's developmental foundation. The discussion focuses on selected programs designed for work with Latino children and families that make use of a culturally based family approach, directly addressing issues of cultural diversity, complexity, and social oppression as part of their intervention efforts.

Early Intervention in Family Development: Transition to Parenthood and Early Infant Development

In identifying moments of entry for early intervention services that support the develop-

ment of infants and families, many writers note the importance of the pregnancy and early postpartum phase of infant development as moments when the foundation for neurodevelopmental resources are established.²¹ The high rates of infant mortality among ethnic minority families living in urban poverty, which have been documented as unacceptably high, are frequently referred to as an overall index of a community's general health and well-being.²² Infant mortality figures allude to the large numbers of surviving infants whose lives are saved but whose neurological development may be compromised. Further, the conditions of growing up in poverty add significantly to the risk that a premature or low-birth-weight infant will show developmental delays at one year follow-up.²³

While divided on issues of theoretical orientation and method of service delivery, the early intervention literature consistently asserts that multiple biological, familial, and social factors, including maternal and child physical health, quality of mother-infant relationship, quality of supportive relationships, and other resources available to the mother, interact in complex ways to determine the quality of infant and early childhood developmental outcomes.²⁴ This finding is consistent with the developmental risk and resilience literature, which finds that while many aspects of development are relatively resilient in the face of adversity, the piling on of multiple risks, especially those associated with growing up in poor, single-mother families, make it that much more difficult for children to grow up without adverse developmental consequences.²⁵ Because of the number of Latino infants born under circumstances of developmental risk, marked by high rates of infant mortality in the context of family poverty, many Latino infants would be candidates for early intervention services designed to stimulate infant development and enhance the parent's role in improving the conditions for the infant's development. Yet Latino families also present a challenge to early intervention programs, which need to take into account special cultural and family structural characteristics that profoundly affect the utility of such programs for Latino families. First of all, Latino families hold different beliefs about the qualities of infant development mothers should encourage, and they orient their child-rearing practices toward these goals.²⁶ These goals for child development, in turn, are associated with the culturally valued qualities encouraged among adult members of a cultural community. Ogbu²⁷ further notes that different characteristics and competencies, and corresponding child-rearing techniques, are encouraged and valued among ethnic minority groups in the United States whose lives are profoundly affected by poverty and racism. In a review of research associated with ethnic minority differences in infant development, Garcia Coll found that Latina mothers differed in their stated goals for child rearing and were more likely to emphasize maternal action such as protectiveness and responsiveness, which would foster the value of interdependence.²⁸ She also noted that within Latino families of similar low socioeconomic background, mothers differed in these child-rearing goals and maternal action, so that, for example, Puerto Rican mothers talked less to their infants but played more social games and showed more contingent responsivity to the infant's actions when compared with Cuban mothers, who talked the most to their infants and played more teaching games.²⁹

Although cultural differences in early infant care are substantial, they are perhaps easier to handle than cultural differences in the care of older infants, once issues of parental discipline style and issues related to cognitive and language stimulation and education are also introduced. Culturally competent early intervention services for Latino families need to begin with the realization that cultural values affect basic characteristics of mother-infant interaction and that intervention services must respectfully

include a mother's own perspective on her maternal competencies and goals. As part of a needs assessment for parental support services conducted for the Healthy Boston Jamaica Plain coalition,³⁰ focus groups were conducted with Latina mothers on their needs as mothers in this community. The mothers asserted that although they very much wanted to use the resources of professional health and mental health providers in supporting their parenting, they were highly suspicious of Anglo professionals who wanted to interfere with their own best knowledge of culturally based values and child-rearing practices. They described ideal family support services as taking place in the context of a child and family activities center, which would give priority to shared social and educational activities they were too poor and overworked to seek out and provide for themselves. Within a positive, family-affirming context, they would find it useful to consult with child development or mental health professionals, assuming that they offered their expertise with respect and appreciation of their culturally based capacities as Latina mothers. Although methods of discipline may cause the most difficulties in offering family support services because of the risk of Department of Social Services interference, professional prejudices concerning lack of parental involvement in children's early home-based education and cognitive stimulation, or prejudices against simultaneous Spanish and English language acquisition, are other examples of culturally based failures of communication between Latino families and service providers.

The lack of Latino providers at every level of health care, including basic prenatal care as well as early intervention programming, constitutes a significant barrier to Latino family access to these services. Prenatal care for Latina mothers frequently has to address differences in language, in dietary habits, and in health care beliefs. Many Latina mothers are relatively young or have limited education, and they typically rely on support from an extended family who represent important resources and need to be enlisted in collaboration with health services and early intervention providers. Additionally, substance abuse has become an increasingly important factor among the most at-risk Latina mothers, and the limited available substance abuse services for pregnant women are even less frequently available for Latinas.

In spite of these barriers, Latina mothers and their families show special strengths and culturally based values that make pregnancy and the transition to parenthood an especially accessible developmental opportunity for prevention and early intervention on behalf of enhancing both maternal and infant health. First of all, motherhood is viewed as an important, meaningful, and respected role, more so than in Anglo families in which women receive conflicting messages about the greater value of paid work outside the home as compared with unpaid child care. Although the Latino culture's gender roles may over-emphasize a mother's obligations to placing parenting and family over personal concerns, mothers can easily use the culturally congruent belief in family interdependence to understand that if they don't take care of themselves in basic ways, they are in no position to take care of their children. This high involvement with child care, and culturally based recognition of interdependence, can be used to motivate mothers to promote aspects of their own development that are necessary for the development of their children.

Culturally Based Early Intervention Services for Latina Mothers of Young Children

The Avance (Spanish for "advance" or "move forward") parent education program in San Antonio, Texas, and the Projecto Mama/Moms project at Boston's City Hospital

offer to mothers of young children culturally sensitive support services that mobilize the multiple ecologies of early family development. The Avance Family Support and Education program was started in Dallas in the early 1970s by students of Bronfenbrenner's ecology of human development program, and continued in San Antonio as a community-based parental support organization.³¹ Rodriguez describes her experience as a teacher of Latino children who were failing school in the early grades because of lack of family support and collaboration between schools, the family, and the wider community. In conducting a needs assessment among parents of these children, she realized that the parents overidealized the role of the schoolteacher as the first educator for their children and did not appreciate the importance of their own role as the child's first educator. Noting that all these parents were highly motivated to have their children succeed in school, she began a program that highlighted the role of parents as children's first teachers.

Rodriguez founded Avance as a community-based resource center for families to help parents better understand the important role they played in their children's education prior to age three and to provide them with the supports they needed to become more effective parents. Initially, the program focused on a nine-month comprehensive parenting and family support program that emphasized the parental role in promoting young children's ongoing development. Mothers attend a center-based program that meets once a week for three hours, nine months each year, and they are visited monthly in their homes. Videotapes are made of these visits and are later brought into classes for discussion of the mother's and child's interactions.

The program's intensive education focused on mothers, but then used these initial relationships to involve fathers as well, whenever possible. Day care services were provided as part of the parent education program, and mothers participated in a day care collaborative that also served as a practicum in early child development.

In addition to the structured aspect of the educational programs, Avance functions as a resource identification, parent advocacy, and community resource development agent. Avance helps parents learn to use essential and at times underutilized social, educational, economic, health, mental health, and housing services through referrals and weekly guest speakers from community agencies. To supplement the parallel educational programs for mothers and their children, Avance offers joint group activities, which include field trips for groups of mothers and children and monthly trips to the library. The program is designed to enhance the mother's respect and appreciation for her own role as a mother and to enlist other mothers in the program as sources of support.

Evaluations of the program have shown extremely impressive short-term effects as well as long-term benefits on seventeen-year follow-up, not only in terms of the initial goal of improving child school outcomes, but also in improving the quality of life for the mothers. In 1973, when the program began, 91 percent of the mothers had dropped out of school. In 1991, program evaluation showed that 94 percent of the children who attended Avance had either completed high school, received a general equivalency diploma (GED), or were still attending high school. Forty-three percent of the children who graduated were attending college; 57 percent of mothers who had dropped out returned to complete the GED; and 64 percent of mothers had attended college or a technical program. The program was shown to affect maternal attitudes and behaviors, with an increased sense of personal efficacy, greater positive interactions with their children, and increased use of community resources.

Expansions of the program have included the addition of adult literacy and economic development components and intensive support services for families identified as abusive by the Department of Social Services. Avance, which has achieved substantial national recognition as a model program, currently serves 4,500 individuals in seven community centers and ten schools in San Antonio and Houston, Texas.

Projecto Mama/Moms Project also uses a culturally sensitive, community-based outreach model for early intervention, seeking to involve addicted women in a program designed to reduce drug use during pregnancy and support the process of recovery from addiction so as to improve health and psychological outcomes for both women and their children.³² Projecto Mama appeals to cultural values that highly regard family, motherhood, and the welfare of children as the initial connection to draw into the program women who might not otherwise seek treatment for substance abuse.

The philosophy that underlies the program is one of empowerment and participatory education informed by culturally sensitive feminist approaches to women's development³³ and Freire's concepts of participatory education.³⁴ The program addresses institutional and cultural barriers to substance abuse services for women, including lack of substance abuse treatment appropriate for pregnant women, lack of child care, fragmentation of services, and lack of culturally and linguistically appropriate substance abuse and prenatal care services, and racism or insensitivity on the part of providers. In addition, psychosocial barriers to substance abuse services for this population include marginalization and alienation of substance abusing women, judgmental and shaming attitudes on the part of practitioners, and a substance abusing mother's well-founded fear of losing her children if she admits substance abuse to a provider.

Projecto Mama sees the pregnancy postpartum experience as a crucial "window of opportunity" motivating a substance abusing mother to seek treatment on behalf of her child's health. The integration of a Freirean and a culturally sensitive feminist approach emphasizes respectful, collaborative treatment efforts that recognize the life conditions of poverty, discrimination, and physical or sexual abuse associated with substance abuse among Latinas. Staff were carefully selected to appreciate the cultural and community base of the mothers' experiences, and were, when possible, Latinas from the same community. A combination of staff resources was needed, so that the working team included outreach educators, a nurse, a social worker/counselor, a parenting specialist, a receptionist, an obstetrician/gynecologist, and a program manager.

The program engaged the women by first addressing immediate survival needs as they defined them, which included lack of food and shelter, experiences of abuse and violence, health problems, legal problems, child custody problems, and many others. Addiction and related problems were addressed only after a woman's situation of crisis was stabilized. This collaborative approach to problem definition, which reassured the women that their needs and views would be respected, went a long way in establishing trust in the program and empowering women to face and cope with their substance abuse.

The intervention involves a system of comprehensive and coordinated services comprised of community outreach; case management, referral, and advocacy; health education and recovery support groups; parenting skills enhancement; and other support ser-

vices such as transportation, child care, food, and clothing. All aspects of the program were tailored to the specific needs and characteristics of Latinas. For example, street outreach in the community needed to address the fact that Latinas did not tend to be involved in street drug trade and could be more easily reached through patient participation in neighborhood locales such as businesses and bodegas, which functioned as socializing centers. The absence of formal support services in this community was balanced by the presence of culturally based informal support networks, so that work with local business leaders, local radio stations, and word of mouth became key sources for getting the word out to the community about the program.

Coordinated, integrated services required an intensive intake procedure, which emphasized client self-assessment and self-awareness as well as provider information. Special attention was given to social network assessment tools such as a genogram and an eco-map, which look both at extended family and at wider formal and informal community resource people in a woman's life. These tools were used to assess which relationships were potential sources of help and which were draining or sources of conflict. The intensive intake process helped clarify for both the participant and the staff which of the treatment modalities would best suit her particular combination of needs and resources.

Careful case management and advocacy work is especially important for Latinas, since few of the readily available services are linguistically and culturally appropriate. The women were encouraged to become advocates for themselves, through role-playing and didactic sessions that prepared them for meetings with service providers and to bring their own sense of coherence to fragmented services with multiple providers.

Health education was accomplished through health circles based on the emancipatory pedagogy of Freire,³⁵ which encourages an individual's increased control over his or her own health and health care through identification of social problems and participation in personal and social changes. The women participated in health circles by defining their own problem areas of interest and building their own curriculum, using staff as resources and colearners rather than "experts." Parenting support services addressed effective modes of discipline as alternatives to physical violence and were congruent with cultural values and expectations.

Close attention was also paid to essential support services, such as transportation and child care, which can present barriers to participation. Contrary to substance abuse approaches that consider support services as preventing a substance abusing mother from "hitting bottom" and facing her drug use, this approach recognizes that the vast majority of participants are severely deprived financially and emotionally while trying to care for children. Support services help stabilize a woman's situation and create a safety zone within which she may begin to address her own drug treatment and mental health needs.

Avance and Projecto Mama are successful programs for Latina mothers during the early years of maternal and child development which show the effectiveness of culturally sensitive services designed to enhance developmental outcomes. Avance explicitly used Bronfenbrenner's ecological model to frame its levels of intervention, while Projecto Mama emphasized critical cultural and empowerment approaches that challenged the social status quo more strongly.

Both programs rejected a defect or deficit model and emphasized the personal and

cultural resources of Latinas as mothers while addressing the many social stresses that are part of these women's lives as they struggle to be successful mothers. Both programs agreed that the best means for improving child outcomes first address maternal development, since from a family developmental perspective the enhancement of a woman's own growth enables her to provide the best environment for her child's growth. Both programs recognize that Latina mothers bear primary responsibility for children with limited sources of support and help women to identify resources in their own lives, including fathers or partners, extended family, other mothers in the community and in the programs, and informal helpers as well as formal support providers. Consistent with a family developmental model, these programs assert that women can themselves learn to evaluate and improve the resources available to support their own and their children's development.

In sum, a social developmental approach combined with a critical cultural perspective is offered as an integrative framework for providing prevention and early intervention services to Latino families. This article used the family life cycle stage of transition to parenthood and infant development to illustrate the utility of the social developmental model for services to Latino families. However, this model is also useful in designing programs that promote family development during other stages of the family life cycle for Latino families, including adolescent development and family bereavement.³⁶

Such an approach suggests that public policy approaches addressing the needs of Latino families and improving family developmental outcomes will themselves need to function at multiple levels. Not only will we need to design programs that address the needs of Latino families in culturally sensitive, respectful, and collaborative ways, but we will also need to intervene in social attitudes and institutional practices which contribute to the developmental burdens carried by Latino families. Yet the social developmental programs described here illustrate the enormous resourcefulness of even the most vulnerable Latino families when their own cultural and collective strengths are mobilized on behalf of their own development. ■

Notes

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