



Cultural Humility, Models and Competence

Building and Strengthening Cultural Connections in Ohio GAL/CASA practice
September 30, 2026

Eileen P. Anderson, EdD
Anne Templeton Zimmerman, MD Professor of Bioethics
Director of Education, Bioethics & Medical Humanities
Case Western Reserve University School of Medicine

Executive Director, Cultural Solutions, LLC

Thank you.

Objectives today

1 Culture

Who has it? Why does it matter? What do we do with it?

2 Cultural Models: A Tool

What are they? When do they matter? What do we do with them?

3 Culture and Communication: A Tool

How does culture impact communication? How do we account for it?

4 CARE Model/Tool

How to turn good intentions into actionable reports

5 Ohio's Cultures (at least some of them)

Key points of the major cultural beliefs and practices that end up in our cases

6 Humility, Competence & Resources (You're not alone!)

Reflections, relationships and processes

90 minutes • interactive • bring one case from your own work to mind and keep it there

Where do my perspectives come from?



Who is in the room?



Your role today:
CASA volunteer • CASA staff • GAL
(attorney) • GAL (non-attorney) •
Magistrate • Judge • “Other”

Where in Ohio?

Years of practice?

Culture?

Who is in the room?



Micro exercise:
Introduce yourself to the person next to you

Discuss (2 min): What is a case where you have seen “culture” as important? (From your practice, the media, or elsewhere.) Keep it in mind.

A case to begin: In re G.T.

2025-Ohio-5607 (8th Dist.) — Cuyahoga County permanent custody

- A family arrived in the United States as refugees from the Democratic Republic of Congo, by way of Burundi
- Persistent language and cultural barriers throughout the case
- The GAL did not use an interpreter to interview the mother or the grandmother
- The GAL did not observe the child with biological relatives (including mother and grandmother)
- The GAL did observe the child with foster family
- Important family bonds and biological relationships were not investigated
- The trial court granted permanent custody to the agency



In re G.T.: two readings of the same record

The majority

- Acknowledged imperfect compliance with GAL duties
- Held that the overall record still supported permanent custody - affirmed
- Lesson: cultural failures may be acknowledged and still not produce reversal absent preserved error and demonstrated prejudice

The dissent – Judge Anita Laster Mays

- Failure to use interpreters and to investigate biological relationships deprived the court of evidence essential to the R.C. 2151.414(D) best-interest analysis
- Threatened the child's cultural identity and native language
- Called the separation, in this setting, “**cultural erasure**”

The record the court decides on is the record the CASA/GAL helps build.

The first 30 days: what would you do?



You are appointed. The family speaks Swahili and Kirundi; a grandmother is in the home; the agency file says “uncooperative.” Name two concrete things you would do before your first report.

- Hold onto your answers – we return to this case at the end with the tools in hand

Culture, cultural models and the brain

Everyone has layers of culture

A few examples

1 Scandinavian outdoor napping & Japanese independence



2 Kenyan communal practices



3 Polynesian sibling caregiving & Indian co-sleeping



A couple more from our research in Ohio

1 Amish schooling

Foster, then adoptive family
ends formal schooling at eighth
grade – culture or court?

2 Corporal punishment

Two GALs: Life-altering
differences

3 Health or harm?

Herbal purgatives
Cupping
Coining
Bloodletting

What is culture?

A system of beliefs and behaviors shared by a meaningful social group

- Every family is culturally situated
- *Not* a package of fixed traits attached to race or nationality
- Children live in many cultural worlds at once: household, kin, neighborhood, school, faith, language, peers, digital life, foster care, the court itself, etc.!
- Values underlie cultural beliefs and practices
- Cultures are constantly changing

Institutional cultures: hospitals



University Hospitals of Cleveland



Cleveland Clinic Foundation



MetroHealth System



Louis B. Stokes Veterans Administration
Hospital

Institutional settings develop their own vocabulary, hierarchy, pace and expectations for a “good” patient, client or parent.

Institutional cultures: courthouses



Franklin County Courthouse and
Government Center
Columbus, Franklin County



Williams County Courthouse
Bryan, Williams County



Medina County Courthouse
Medina, Medina County



Monroe County Courthouse
Woodsfield, Monroe County

Institutional settings develop their own vocabulary, hierarchy, pace and expectations for a “good” patient, client or parent.

Everyone is born into layers of culture - and develops many more

- We all carry multiple, nested cultures – family inside neighborhood inside region inside nation inside profession...
- Humans are incredibly adaptable: neuroplasticity means culture is learned, and keeps being learned
- Intercultural variation (between groups) and intracultural variation (within them) are both large
- Ethnocentrism: my way is the best way.. Cultural relativism: every way has a different but equal logic. Neither, alone, protects a child



Identify: One layer of culture that shapes how you see “good” or “bad” parenting

Cultural models: what “good” looks like

- We all have culturally derived ideas of what is “good,” “desirable,” “healthy” and “right”
- The headline agrees: “All mothers want to be good mothers”
- On the ground it can look diametrically opposed

How do we identify these models so we can work with them?

“Parents shouldn’t hit kids. Ever.”

vs.

“Spare the rod, spoil the child.”

One standard, massive variation

We have massive cultural variation in Ohio.

We have to adjudicate with a single standard.

How do we account for the variation in the gray areas?

How do we tell a “difference” from something wrong?



Difference, danger, or a Tuesday?



Corporal punishment

Common in many communities, legal in Ohio within limits; where is the line, and who drew it?

What about yelling?



Cupping

Abuse in 1990; therapy covered by insurance in 2026



Coining (ethnomedical practice)

Looks like abuse in an ER photo; a loving remedy in Southeast Asian homes

1

How do we identify these models so we can work with them?

Anderson Cultural Models Questionnaire Tool (ACM-Q)

Child Development • Caregiving • Adolescent Models

AHCD-Q – What does a healthy, thriving child look like?

Script I am trying to understand your perspective on what a healthy and thriving x-year-old looks like. I am going to ask you 10 questions that you may answer any way you wish. You may also add information I did not ask if you think it is important.

1 What does a healthy, thriving x-year-old look like?

2 What kinds of activities should this child be engaged in?

3 How should they behave at school? At home?

4 What makes them a “good” baby / child / adolescent?

5 What is “bad” or undesirable behavior from a child this age?

6 What are the most important factors in this child’s physical well-being?

7 ... in this child’s emotional well-being?

8 ... in this child’s social well-being?

9 Who are important people for this child to have in their life? Why?

10 What do you hope for most for this child’s future?

AHC-Q — What does a “good parent / caregiver” look like?

Script *Now I am trying to understand your perspective on what good parenting/caregiving looks like. No parenting is perfect, but we all have goals and ideals we try to uphold. Ten questions; answer any way you wish.*

- 1 What makes a parent/caregiver a “good parent/caregiver”? Why?
- 2 What is most important to do as a parent/caregiver?
- 3 What should a parent/caregiver never do?
- 4 What makes for a “bad parent/caregiver”? Why?
- 5 What challenges do you have right now to meeting your parenting ideals?
- 6 How do you discipline/correct a child your child’s age?
- 7 What should be the relationship between home and school for your child?
- 8 What should be the relationship between home and health care professionals?
- 9 Who else is important in this child’s life? Why?
- 10 How do you understand the role of the GAL/CASA, and what are your expectations for me?

AACM-Q – Adolescent: your goals and supports

Script *I'm going to ask you some questions about your values and goals for yourself and your experiences of achieving them. These questions are designed for me to help you. You may answer how you like, ask more questions, not answer, or add other information.*

- 1 What do you hope for in the next stage of your life, when you are 18?
- 2 How will you know you are a successful young adult? What are signs of someone your age struggling?
- 3 What are the most important factors in your well-being (physical, emotional, academic, social)?
- 4 Who are the most important people in your life? Why?
- 5 What are the most important goals in your life in the next year?
- 6 How can your parents/caregivers best support you through this next phase?
- 7 What in your relationship with them hurts or limits you in achieving this next phase?
- 8 How will you use what you have learned during adolescence to help others?
- 9 What do you understand about my role? How do you see my role as helping you (or not)?
- 10 What else should I know to help you do well and be well?

Implementing the ACM-Q

1 Interview yourself first

AHCD-Q and AHC-Q. What do you believe a thriving child and a good caregiver look like? Where did that come from?

2 Interview each caregiver

Ten open questions each, in their own words. Fill in the child's age. "Can you give me an example?"

3 Interview the adolescent

AACM-Q, ages ~12–17. Goals, supports, what hurts. "What do you understand about my role?"

4 Summarize side by side

Dominant style, exceptions under stress, red flags, resources, consults. Where do caregivers agree? Where will conflict arise?

5 Separate difference from danger

Differences are often just differences; predictability matters most. Bruises, welts, unsafe unsupervised risk → report and consult.

ACM-Q Summary Sheet

Consider	Caregiver 1	Caregiver 2	Adolescent
Parenting / caregiving model*			
Exceptions to model?			
Red flags?			
Additional resources to offer?			
Additional consults needed?			
Similarities — caregivers 1 and 2			
Differences — caregivers 1 and 2			
Potential red-flag problems in differences			
Child strengths with each caregiver			
Child triggers / red flags with each caregiver			

* e.g., authoritative, authoritarian, permissive, uninvolved, or the family's own words

Three ways use has already changed cases

Caregiving styles

- Parent A and Parent B (domestic relations): improved transitions and communication
- Family of origin vs. foster family (juvenile, probate): helped child adapt; improved relationships via understanding
- Conflict reduction

Abuse/neglect vs. ethnomedical practice

- Infant left alone
- Female education
- Sibling caregiving
- Purgatives and herbal remedies (Appalachian, African American, Amish, Southeast Asian, Latinx)

Court professionals

- “I had no idea how many assumptions I was making.”
- “The ACM-Q helped me focus on my *families* not my own taken-for-granted ideals.”
- Communication improves when the model is on the table
- Cultural humility becomes concrete

Psychology is an ethnopsychology

What psychology gives us

- Excellent, experimentally based data
- Foundational neuroscientific underpinnings
- Clear developmental milestones

What to remember

- A singular model of “healthy” development, usually devoid of context
- Data come from WEIRD samples – Western, educated, industrialized, rich, democratic
- Within the U.S., privileged groups are over-represented in research
- So: use it, and hold it lightly

A note on the brain

“Like us” / “not like us” is fast and unconscious

- The amygdala and HPA axis sort people into in-group and out-group before the prefrontal cortex is consulted
- Much of what the brain does is automatic – breathing, digestion, and first impressions
- Schemas and heuristics both save time and create bias

Are we all biased? YES. It can be a surprise where. Also we can modify our bias.



Some bias experiments

-  **Law firm partners** The same memo, attributed to a Black vs. white associate: more than twice the errors “found”
-  **Courtrooms** Women attorneys mistaken for paralegals, called “honey,” critiqued for their voices
-  **Résumés** Identical résumés, different names, different callbacks
-  **Medicine** Pain reported by Black patients rated lower and treated less
-  **Orchestras** Blind auditions changed who got hired

All professions have bias — because they are made of people.

Cultural competence → cultural humility

Cultural competence

- Knowledge of the beliefs and practices of the groups you serve
- Skills: interpreters, appropriate interviewing, community resources
- Necessary – you cannot ask good questions about what you have never heard of
- Risk: checklist thinking; treating nationality as culture; stereotyping

Cultural humility (Tervalon & Murray-García, 1998)

- Begins with self: you also have a culture that shapes your judgments
- A lifelong stance, not a certificate: learn from this family rather than presume expertise about “their culture”
- Names the power imbalance between advocate and family
- Willing to revise an interpretation when new evidence arrives

Both/and: know the terrain (competence) - and know yourself, ask, and revise (humility).

2

Communications Hierarchy of Needs

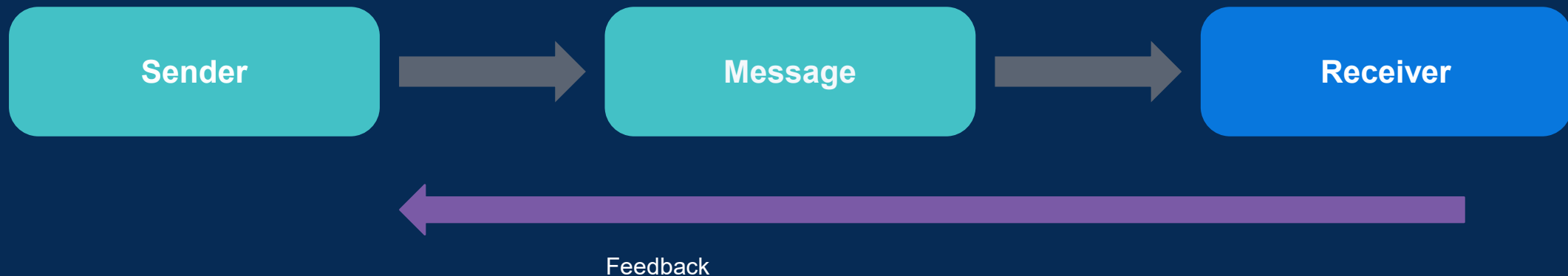
And checklist tool

What is communication?

The intentional (and sometimes unintentional) exchange of information, ideas and experiences – through verbal, non-verbal, visual and written means.

Deeply cultural, down to prenatal neurobiology.

NOISE • channel • culture • stress • power

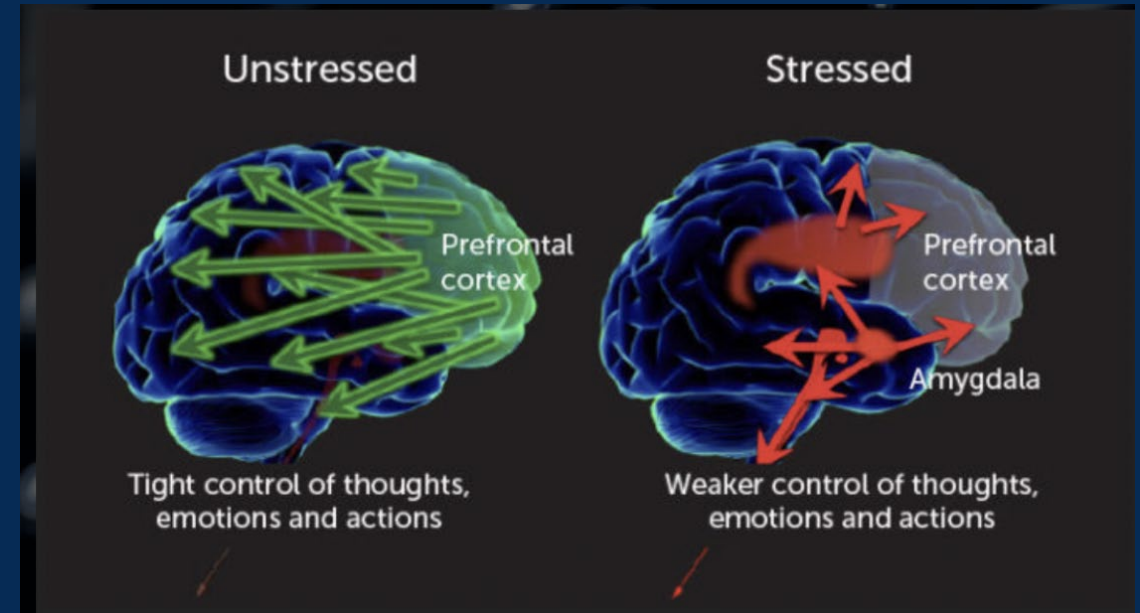


Working with the brain on stress

Trauma changes how people take in and give information

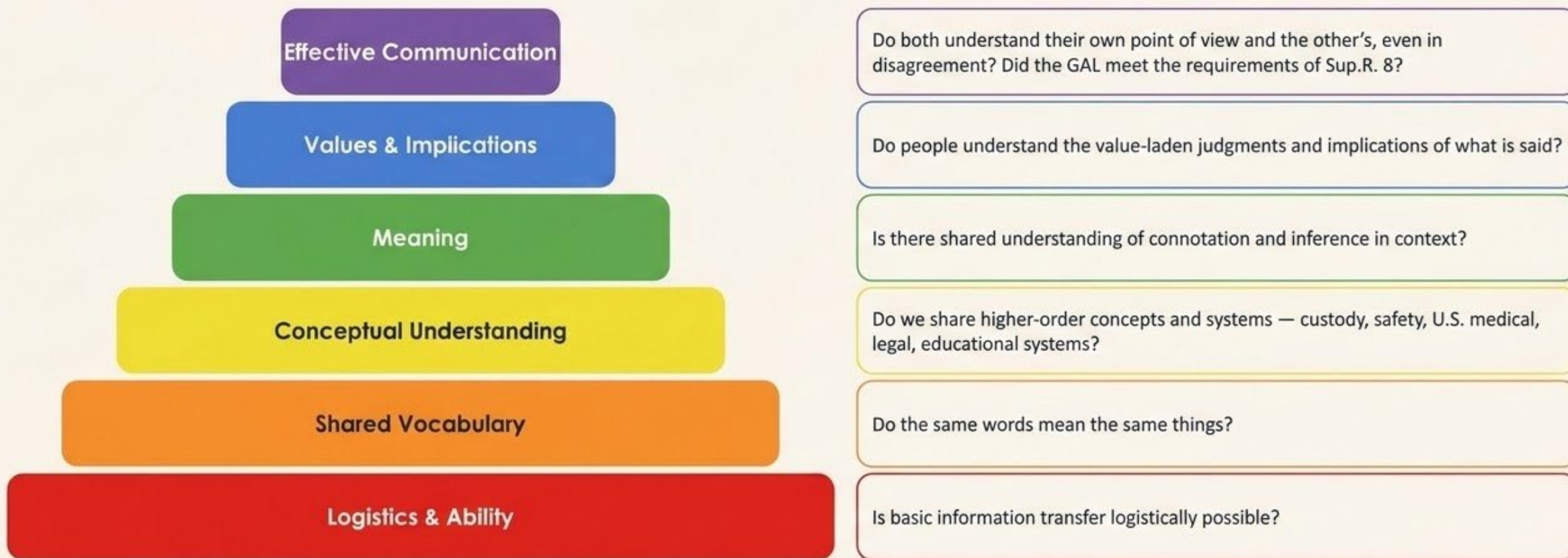
- Dissociate or “zone out” during questions
- Respond with aggression, silence or contradictory statements
- Misinterpret tone or intentions as threatening
- **The survival brain can override the ability to reason or speak clearly – for children and for parents**

So: slow down, simplify, shorten, repeat, write it down.



Communications Hierarchy of Needs for the GAL/CASA

© 2025 Anderson & Traywick



GAL/CASA Communication Checklist (© 2025 Anderson & Traywick)

Logistics & Ability

Individual's Abilities

- ☐ Wants to (or understands they need to) communicate with GAL
- ☐ Is willing and able to schedule with the GAL
- ☐ Is physically able to hear
- ☐ Is physically able to speak
- ☐ Speaks/understands English
- ☐ Is alert and oriented
- ☐ Has the cognitive capacity for a conversation
- ☐ Can use a cell phone
- ☐ Knows how to access the Internet

Electronic Communications

- ☐ Working phone
- ☐ Phone charger
- ☐ Phone service
- ☐ Access to Wi-Fi
- ☐ Access to Internet

Environment

- ☐ Quiet
- ☐ Privacy to discuss confidential issues
- ☐ No distractions (electronic devices turned off or on silent)
- ☐ Place individual feels safe
- ☐ Place GAL feels safe
- ☐ Online conference/Zoom capacity (if relevant)

Shared Vocabulary

- ☐ Does the individual speak and understand English fluently
- ☐ Is the individual developmentally able to converse about the topic
- ☐ Does the individual have adequate/typical cognitive functioning
- ☐ Does the individual have culturally different understanding of words
- ☐ Does the individual have generationally different understanding of words

Conceptual Understanding

- ☐ Understands legal system roles (judge, magistrate, attorney, GAL)
- ☐ Understands custody/visit types (Legal, Temporary, ITC, PPLA, PC, Shared Parenting, Standard Visitation)
- ☐ Understands abuse, neglect, and dependency as defined by law
- ☐ Understands the medical system (insurance, primary doctor, specialists, dentist, optometrist)
- ☐ Understands educational systems (attendance, K-12 grades, standardized testing, school enrollment, teacher contact, homeschool platforms)
- ☐ Understands children's developmental needs
- ☐ Understands safety for themselves and their children (home alone age, cooking, sibling caregiving, DV impact, caregiver trust, fire safety, stranger danger)

Meaning

- ☐ Understands the role of the GAL
- ☐ Understands the role of the child's attorney
- ☐ Understands the role of the parent's attorney
- ☐ Understands the difference between privilege and confidentiality
- ☐ Understands the role of the case worker and CSD
- ☐ Understands their responsibilities in the situation
- ☐ Cultural context understood regarding milestones and discipline

Values and Implications

- ☐ Understands implications of words/actions within the system
- ☐ Understands GAL's position, even if different from their own
- ☐ GAL understands individual's position, even if different from theirs
- ☐ Understands GAL's concerns in a situation
- ☐ Understands GAL's safety concerns in a situation
- ☐ GAL understands individual's safety concerns or lack thereof/different values ☐ GAL has communicated their interpretation of observable facts (e.g. mess, safety concerns, medical/educational neglect)

Effective Communication

- ☐ Individual knows what to expect from GAL at hearing/trial
- ☐ Difficult issues discussed prior to court date, reducing in-court tension
- ☐ Individual understands what actions are necessary to achieve outcomes
- ☐ Individual follows through with necessary actions

Addressing common communication barriers

Barrier	Resources, tools & tips
Language	Qualified interpreter for every substantive interview – never a child, sibling, partner or bilingual caseworker; document dialect and comprehension checks; Supreme Court of Ohio Language Services
Technology / location	Meet in person (shelter, library, outdoors); find relatives; DV organizations provide phones
Cognitive / developmental	Simplify – do not talk louder; alternate modalities; consult Help Me Grow, county DD board
Trauma / mental health	Trauma-informed communication; shorter, repeated sessions; MRSS; expert capacity assessment
Cultural differences	Cultural Models Tools; consultation (USCRI, resettlement agencies, Catholic Charities, FQHCs, hospital clinical ethics); active listening
Assumptions / bias	Self-interview; bias training; community of practice; write transparently about what you did not know

How culture shows up in Ohio GAL/CASA practice

Real situations from Ohio trainings and cases – difference, danger, or both?

- A German mother who leaves an infant sleeping alone while she steps out to a quick errand – neglect, or ordinary practice at home?
- Purgatives in Southeast Asian, Latin American and Appalachian families
- An older sibling caring for younger ones after school in a Somali or Guatemalan household
- Silence and downcast eyes before a magistrate: contempt, or respect for authority?
- Silence to CASA/GAL questions: “uncooperative,” showing respect, or does not understand?
- A Muslim family’s mosque routine and holiday calendar in a shared-parenting plan (Najmi v. Najmi, 2008-Ohio-4405)
- A Ponca child and an ICWA-qualified expert on keeping cultural ties and siblings together (In re A.G., 2019-Ohio-1782)

CARE - (how to remember all that!)

C**Check cultural assumptions**

Yours first. Then ask what this behavior means to this family, at home and here. Use cultural models tools to the extent they're helpful.

A**Active communication**

Interpreter. Open questions. Reflect back. Check comprehension, not fluency. Explain your role. CHECK your assumptions/child-adol wishes. Use communications hierarchy checklist before, during and after case.

R**Recognize implicit bias**

Everyone has it; the surprise is usually where. Audit your own report for asymmetry in contacts, visits and adjectives. Play Devil's advocate - is there another way to interpret this action? Separate observation and interpretation. Reach out for consultation.

E**Ensure ethics & dignity**

Safety without making a child culturally estranged. Preserve language, kin and identity wherever safety allows. Most people in the situation are doing their best. Resisting dehumanization ("what happened to you?"). Be curious. "Epistemic" justice.

You are not alone: some resources

State programs • clinical ethics • cultural and refugee organizations

Ohio state and clinical resources

Development & disability

- Help Me Grow Ohio – home visiting and Early Intervention (birth–3); any GAL/CASA can refer
- County Boards of Developmental Disabilities
- Ohio Developmental Disabilities Council – cultural competence resources

Crisis & mental health

Mobile Response and Stabilization Services (MRSS) – statewide, for youth in crisis

County ADAMH boards; 988

Trauma-informed care networks; Ohio Children's Alliance

Clinical ethics & ongoing education

Hospital clinical ethics consultation – Cleveland Clinic, UH, MetroHealth, Nationwide, Cincinnati, Dayton and Akron Children's for medical-cultural conflicts

Kids' Health and the Courts @ CWRU - epa5@case.edu

Cultural Solutions, LLC

Supreme Court of Ohio Judicial College

GAL courses and CLEs

Cultural, refugee and community organizations

Refugee & immigrant

- USCRI Cleveland (U.S. Committee for Refugees and Immigrants) — refugees.org/uscri-cleveland
- Community Refugee & Immigration Services (CRIS), Columbus; US Together (Columbus, Cleveland, Toledo)
- International Institute of Akron; Catholic Charities Migration & Refugee Services (Cleveland, Cincinnati, Toledo)
- Federally Qualified Health Centers with language-concordant staff
- Supreme Court of Ohio Language Services – interpreter certification and bench cards

Cultural & identity communities

- Ohio Diversity Council; NAACP branches; Urban League affiliates
- Equality Ohio and Kaleidoscope Youth Center (LGBTQ+ youth)
- Faith communities the family itself identifies – chosen with the family
- Tribal ICWA offices; Native American Indian Center of Central Ohio; North American Indian Cultural Center (Akron)
- Amish community liaisons through county JFS and Holmes/Geauga/Wayne health systems

Consultation is not a sign of weakness in a report; it is evidence of a thorough investigation.

Cultures of Ohio: key points

Tendencies, not rules. Nationality is not culture. Always ask the family.

Ohio at a glance

2024 population estimates; ACS 2023; Pew 2023–24; HPIO 2026 – see workbook for sources and cautions

24%

of Ohioans are people of color (non-Hispanic white: 76%)

5.5%

foreign-born – about 655,000 residents

43%

minority in Cuyahoga and Franklin; under 6% in Adams, Holmes and Geauga

29%

religiously unaffiliated; 26% evangelical; 16% Catholic; ~1% each Muslim, Jewish, Hindu, Buddhist

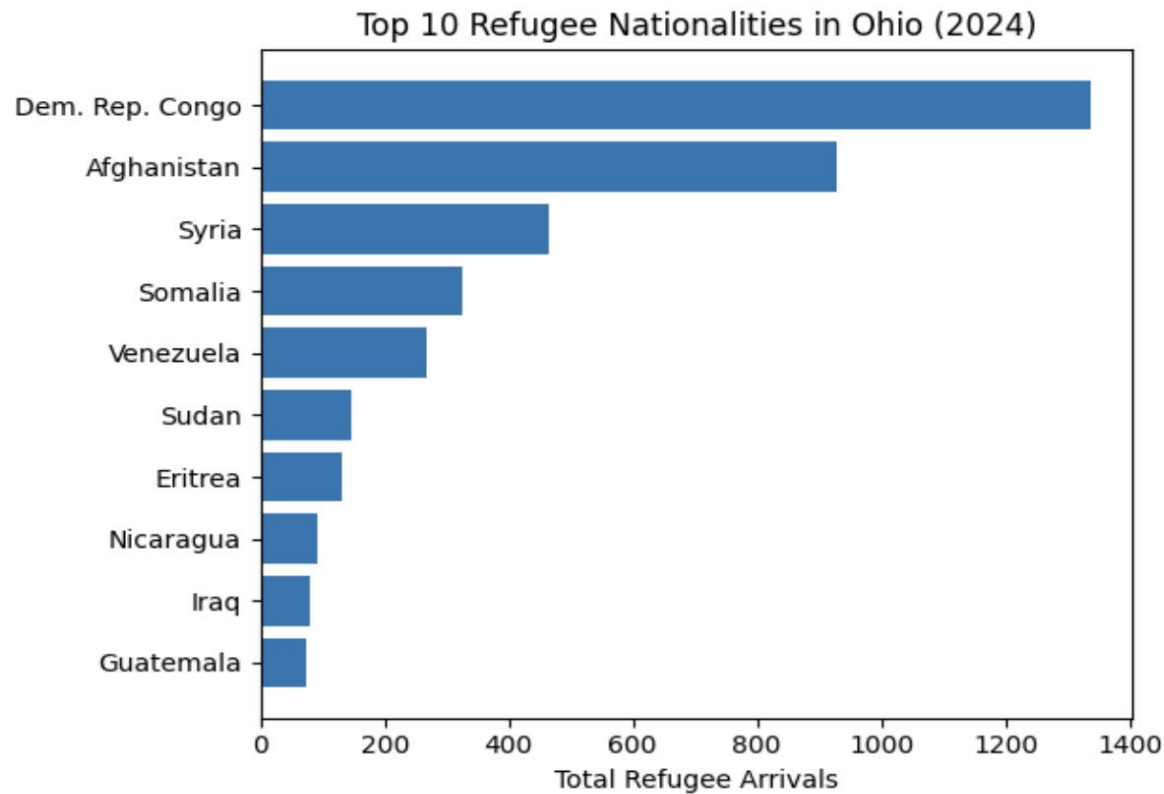
4.7% – 21%

county poverty rates, from Delaware to Athens and Adams

14% → 25%

Black youth share of Ohio population vs. share of DYS admissions (2024)

Refugee cultures in Ohio



- Top arrivals 2024: DR Congo, Afghanistan, Syria, Somalia, Venezuela, Sudan, Eritrea, Nicaragua, Iraq, Guatemala
- Each “nationality” holds many languages, faiths and histories
- The G.T. family sits at the top of this chart

Where Ohio's immigrant and refugee families live

County / area	Prominent communities
Franklin — Columbus	India, Somalia (largest outside Minnesota), Mexico, China, Bhutan/Nepal, Ethiopia, Eritrea, Ghana
Cuyahoga — Cleveland, Parma	India, Ukraine, China, Mexico, Philippines, Middle Eastern and Eastern European communities
Hamilton / Butler / Warren — Cincinnati	India, Mexico, Guatemala, China, Philippines, West African and Middle Eastern communities
Summit — Akron (North Hill)	Bhutan/Nepal, Myanmar/Karen, Congolese and other African communities
Montgomery — Dayton	Mexico, China, India, Vietnam, Guatemala, Rwanda, Ahiska Turkish
Lucas — Toledo	Mexico, Middle Eastern, South Asian, African, Eastern European
Clark — Springfield	Haiti — large, recent, mostly humanitarian-status migrants rather than resettled refugees
Statewide	Puerto Ricans (U.S. citizens, not immigrants) in Lorain, Cleveland, Columbus; Amish in Holmes, Geauga, Wayne

Common refugee experiences (across origins)

Congolese, Somali, Bhutanese-Nepali, Syrian, Afghan, Karen, Ukrainian and others

- Migration trauma and years in camps; loss, violence, family separation; interrupted schooling; distrust rooted in prior state violence
- Resettlement demands: multiple jobs, shift work, no car, housing far from community – “non-compliance” is often logistics
- Role reversal: children interpret and navigate systems for parents – never use them as interpreters for the case
- Extended, transnational kin networks: “family” may include aunts, elders, clan or church members who share caregiving
- Physical discipline, sibling caregiving and unsupervised play may have been ordinary, safe and preferred at home – ask/understand before you judge
- Health: explanatory models of illness, stigma around mental health, faith healers and traditional remedies alongside clinics



ASK What did “safety” look like in the place this family came from?

Congolese and other Central African families

Cleveland, Akron, Columbus, Dayton – also Rwandan, Burundian, Eritrean and Ethiopian communities

- Languages: Swahili, Lingala, Kinyarwanda, Kirundi, French – assign the interpreter by language and dialect, not by country (Google translate canNOT interpret these situations reliably - relationships matter)
- Many families passed through camps in Burundi, Tanzania or Uganda for a decade or more; children may have been born there
- Christian faith (Catholic, Pentecostal) is central; church is often the first source of help and the first place a child's absence is noticed
- Collective parenting: grandmothers, aunts and “big sisters” are legitimate caregivers – investigate those bonds symmetrically with foster bonds
- Physical discipline is common and often considered loving; distinguishing style from injury requires observation, consultation
- Loss of language and kin is felt as loss of identity – the “cultural erasure” named in the G.T. dissent



ASK Which relationships in this case have you actually observed, and which have you only read about?

Somali families (Columbus and Central Ohio)

One of the largest Somali communities in the U.S.; many families now second generation

- Sunni Muslim faith organizes daily life: prayer, halal food, Ramadan, modest dress; mosque and dugsi (Qur'anic school) are central to childhood
- Clan and extended family are the safety net; elders and religious leaders often mediate family conflict
- Strong preference for kinship care within the community; placement with non-Muslim families may be experienced as spiritual harm
- Gender: mothers often lead the household; fathers may be absent through migration or work; women's community groups are powerful allies
- Youth navigate American, Somali and Muslim identities; intergenerational conflict over dating, dress and school is common and not itself danger
- History: civil war, camps in Kenya and profiling in the U.S. shape distrust of government interviews



ASK Who in this family's community could help you understand what you are seeing?

Bhutanese-Nepali families

Columbus, Reynoldsburg, Akron • ethnic Nepalis expelled from Bhutan; up to two decades in camps before resettlement

- Hindu majority with Buddhist, Kirat and growing Christian minorities; caste and village ties still shape marriage and community
- Multigenerational households; grandparents are primary daytime caregivers and may not speak English
- Very high rates of depression and suicide documented in the community – stigma is strong; ask gently and use community health workers
- Education highly valued; parents may defer completely to teachers and appear “uninvolved” when they are being respectful
- Arranged and early marriage in older generations; adolescents’ autonomy is an emerging negotiation, not a settled norm
- Nepali-language interpreters are needed even for families who have been here for years



ASK Is this parent's deference to the school a lack of engagement, or a cultural model of respect?

Haitian families (Springfield and beyond)

~15,000–20,000 in Clark County (local estimates); mostly humanitarian parole or TPS, not refugee status

- Haitian Creole and French; many adults have limited literacy in either – use oral communication and check comprehension
- Catholic and Protestant faith woven with Vodou traditions for some families; do not pathologize spiritual practices
- Status precarity: fear of removal, changing federal policy and public hostility in 2024–25 make cooperation with any official frightening
- Work: long shifts in manufacturing and warehousing; extended kin and church members fill childcare gaps
- Children may have witnessed severe violence in Haiti; Springfield schools are the front line for trauma symptoms
- Strong respect for authority and education; parents may agree with everything you say without understanding – ask them to tell it back



ASK What is this family most afraid the court will misunderstand?

Mexican, Guatemalan and Puerto Rican families

Mexico is Ohio's second-largest origin country; Guatemalans in Cincinnati and Dayton; Puerto Ricans in Lorain and Cleveland

- Not one culture: Mexican, Guatemalan (often Indigenous Maya - K'iche', Q'anjob'al, Mam - not Spanish-first), Puerto Rican (U.S. citizens), Central American
- Familismo: obligations to extended family, respeto for elders, older siblings as caregivers – assess supervision, not the practice itself
- Mixed-status households: a citizen child may live with undocumented parents who avoid courts, clinics and schools out of fear
- Faith: Catholic and evangelical communities; quinceañera and baptismal godparents (compadrazgo) are real kin
- Health: curanderismo, herbal remedies, susto/nervios as explanatory models – ask what the family calls the problem
- Rural Ohio: agricultural and meatpacking work in Fulton, Henry, Defiance, Darke – isolation, few interpreters, long distances



ASK Have you confirmed the family's first language before booking a Spanish interpreter?

Ukrainian and Eastern European families

Parma and Greater Cleveland; Columbus, Akron, Cincinnati – long-established communities plus 2022–25 arrivals

- Orthodox and Greek Catholic parishes anchor community life; church schools and Saturday schools keep language alive
- Recent arrivals: fathers often remain in Ukraine; mothers parenting alone with acute war trauma, uncertain status (U4U parole) and interrupted careers
- High value on education, discipline and respect for professionals; parents may be reluctant to disclose mental health needs
- Older communities (Ukrainian, Polish, Russian, Slovak) have their own norms about privacy and outside intervention – “we handle it in the family”
- Alcohol and domestic violence are present, as in every community, but should not be presumed from ethnicity
- Children may interpret for parents at school; the court must not



ASK Whose absence in this household is a choice, and whose is a war?

Muslim families across origins

Somali, Arab, South Asian, Bosnian, Turkish, Afghan and African American Muslim communities – ~1% of Ohioans, increasing

- Islam is a religion, not an ethnicity: practices vary widely by origin, generation and observance
- Prayer times, Ramadan fasting (not required of young children), halal food, modest dress and gender norms in interviewing – plan for them
- *Najmi v. Najmi* (2008-Ohio-4405): courts may consider practical effects of religious practice on a child's welfare, never the merits of doctrine – ask about mosque routines, holidays, logistics
- Kin and community leaders (imam, elders) can be resources; women's groups are often the most effective entry; also, community clinics
- Youth may face bullying and surveillance; identity conflict with parents is normal adolescence, not radicalization
- Like-faith placement (R.C. 2151.32) and dietary needs matter in foster care



ASK Have you asked what the child's own religious practice and attachments are, not only the parent's affiliation?

Amish and Old Order communities

Holmes (45% of the county), Geauga, Wayne, Ashland, Knox – the largest Amish population in the world

- Church district (Gmay), bishop and Ordnung govern daily life; decisions are communal; outside authority is respected but not sought
- Formal schooling ends at eighth grade (Wisconsin v. Yoder); children work early in farm and shop settings – assess hazards, not the practice
- Health: home birth, herbal and chiropractic care, selective vaccination, reluctance about hospitals and insurance; genetic conditions are common and Holmes County clinics are expert; UH Geauga & Cleveland; specialty as needed e.g. substance abuse @ Glenbeigh
- No phones in homes, no cars, limited photographs – logistics of contact are the first communication barrier
- Discipline is expected to be firm; abuse exists and has been prosecuted, but family and church may handle first – build relationships with the bishop
- Rumspringa and leaving the church: adolescents may lose family and community; kinship options may be outside the church



ASK Who is the right adult to approach first in this district — and who told you that?

1000

- “Culture of place”: land, family and church; multigenerational households and informal kinship care are normal and protective
- Distrust of outside institutions born of extraction, broken promises and being talked down to – earn trust through consistency
- Self-reliance and privacy: asking for help is hard; a “dirty” house can be poverty, disability, no running water or hoarding – investigate which
- Opioid and methamphetamine harms have reshaped who raises children; grandparents are the caregivers of record in many cases
- Herbal and folk remedies, home births, hunting and firearms in the home – safety questions, not culture questions
- Transportation and broadband are real barriers to compliance with case plans



ASK Is this family unwilling, or is the service 60 miles away?

Urban Black families and the child-welfare system

Cleveland, Columbus, Cincinnati, Dayton, Toledo, Akron, Youngstown

- Disproportionality is produced at every decision point – reporting, screening, investigation, removal, reunification – not by one actor (Dettlaff & Boyd 2020; Roberts 2002, 2022)
- Ohio 2024: Black youth are 14% of the population and 25% of DYS admissions; the record you receive is already shaped by surveillance
- Kin, church and neighborhood networks are broad; “othermothers,” godparents and play cousins are real caregivers – map them
- Historical mistrust of courts, CPS and medicine is rational; silence or anger in an interview may be self-protection - patience
- Food, church, music, hair, clothes and neighborhood matter in identity for a child in placement – transracial placements must plan for them
- Poverty-related conditions must not be conflated with “culture” or redescrbed as indifference without checking feasible supports



ASK Are similarly situated families from different backgrounds in your county being judged by the same evidentiary threshold?

Suburban white families, wealthier families and “the system”

Suburban White families are culturally diverse and should not be treated as the neutral or “standard” family type.

Privacy and self-reliance may make families reluctant to disclose problems or accept court-ordered services.

Fear of embarrassment or damage to the family’s reputation may influence what parents and children reveal.

Stable housing, professional employment, and an orderly home do not necessarily mean that a child is emotionally or physically safe.

Domestic violence, substance misuse, mental-health problems, and emotional abuse may be hidden behind a highly functional appearance.

Academic, athletic, behavioral, or social expectations may create significant anxiety, perfectionism, and pressure for children.

GALs and CASAs should recognize possible unconscious identification with families who resemble themselves socially, racially, or professionally.

Recommendations should be based on observed behavior, relationships, follow-through, and the child’s lived experience – not race, income, neighborhood, education, or appearance.

“LISTEN TO ME!”

? ASK yourself: How is my experience as a child, parent or professional like or unlike my clients? What impact might that have?

The cultures of poverty – urban and rural

Not “culture of poverty” in the old, blaming sense: but rather shared adaptations to scarcity, surveillance and unpredictability

- Time and money are scarce: missed appointments reflect shifts, buses, childcare and phones cut off – ask what it took to get here today
- Housing: doubling up, evictions, shelters, motels; “instability” is often the housing market, not the parent
- Food, utilities and medicine are triaged; children may be fed before appointments are kept
- Networks of reciprocity (e.g. neighbors, relatives, boyfriends, etc.) provide childcare and cash; they look chaotic on paper and are often protective
- Chronic stress shapes cognition and communication (the “brain on stress”) – slow down, repeat, write it down. Consider conditions of challenge and resilience, not immediately pathologize the individual
- Reasonable efforts must be real; poverty is not neglect (R.C. 2151.03 exempts lack of means when parents accept help)
- Note that suburban poverty creep and housing insecurity are increasing in suburban Ohio too



ASK What would this case plan cost this family in dollars, hours and bus rides?

Youth cultures and LGBTQ+ young people

Adolescents have cultural models of their own — and generations differ, sometimes in reaction to one another

- Digital life is a culture: group chats, gaming, TikTok, online friends – ask about it as you would ask about school or church
- Peer identity communities (music, sport, faith, gender and sexuality) can be a child's primary source of belonging
- LGBTQ+ youth are over-represented in care and in the Cuyahoga Youth Count of homeless youth; rejection at home is a safety issue; identity itself never is
- Speak privately; do not disclose identity casually; ask chosen name and pronouns; assess placement affirmation, bullying and access to care
- Adolescents can be strikingly reflective when listened to with respect – use the AACM-Q as a starting point
- Trauma-informed, multimodal contact (text, voice memo, short repeated visits) builds the one caring adult relationship that predicts resilience



ASK What does this young person say a successful 18-year-old looks like — and who did they name as important?

Indigenous children and ICWA

Ohio has no federally recognized tribes, but Indigenous families call Ohio home – and ICWA applies wherever the child is

- Determine promptly whether there is reason to know the child may be an Indian child; notice to the tribe is a legal duty, not a courtesy
- Active efforts, qualified expert testimony and placement preferences are protections against the historic destruction of Indigenous families
- In re A.G. (2019-Ohio-1782, 8th Dist.): Ponca Tribe of Oklahoma; the ICWA expert emphasized cultural ties, keeping siblings together and placement with an affiliated aunt
- Culture is carried by extended family, ceremony and language even far from tribal land – ask who keeps it for this child
- Urban Indigenous families may hide identity after generations of removal; ask respectfully and more than once
- Contact the tribe's ICWA office directly; they want to be called



ASK Have you asked every parent and relative about tribal heritage, on the record?

Allowable difference – or indication to intervene?

Ask about the harm, not the strangeness

- What is the concrete harm?
- How probable, how severe, what is the evidence?
- Would a less restrictive, culturally sustaining option reduce the risk?
- Would I call this dangerous in a family that looks like mine?

Ohio law already points here

- R.C. 2151.414(D) and 3109.04(F): relationships, wishes, adjustment, kin – culture is embedded in every factor
- Najmi: effects of practice, never merits of belief
- R.C. 2151.32: like-faith placement when practicable
- Sup.R. 8.03: independent investigation is the channel for cultural evidence

Culture never excuses abuse/neglect

- Bruises, welts, burns; sexual contact; medical neglect with serious risk; leaving young children in real danger
- Report, consult, act – and still use an interpreter, still map the kin, still preserve identity in placement
- Cultural humility changes the quality of the inquiry, not the safety threshold

NOTE: Other states REQUIRE cultural description and evaluation as part of GAL/CASA reporting

Cases from your own work



Think of one case where culture – ethnic, religious, rural/urban, class, youth, professional, or other culture – shaped what you saw or recommended. Tell your neighbor: what would you do differently with the tools from today?

- Use CARE as your structure: what would you Check, how would you communicate Actively, what bias would you Recognize, how would you Ensure dignity and epistemic justice?
- Are any of these tools useful? What else do you need?

Back to G.T.: what the tools would have changed

What happened	What the tools ask for
No interpreter for mother or grandmother	Hierarchy level 1 (Logistics): qualified Swahili/Kirundi interpreter; comprehension checked; documented
Child never observed with biological relatives	Sup.R. 8.03 observation; protocol step 5: observe in more than one setting
Family bonds not investigated	Protocol step 3: map caregivers, kin and transnational ties; investigate symmetrically with the foster home
“Uncooperative” family	ACM-Q caregiver questions 5 and 10: what challenges do you face; what do you understand about my role?
Loss of language and identity not weighed	CARE — Ensure dignity; R.C. 2151.414(D) relationships and wishes; write transparently about cultural continuity
Error not preserved; no reversal	In re Hoffman: cross-examine the GAL; judges’ questions on the handout — “what evidence would change your recommendation?”

The ethical argument

Best-interest advocacy is surrogate moral judgment: you choose which facts count, interpret behavior, compare futures, and recommend which relationships the state preserves or severs

Epistemic humility

Professional familiarity is not truth. The child and family hold knowledge that is not in the file.

Nonmaleficence

Cultural and linguistic loss, family separation and identity disruption are harms — weigh them, while never minimizing safety.

Justice

Do not convert poverty, race, disability, status or geography into evidence of personal failure. Same threshold for every family.

Respect for developing autonomy

Take the child's wishes seriously; explain disagreement; never use "best interest" to erase a voice you found unfamiliar.

A culturally humble recommendation discloses its reasoning — which makes it testable, and less dependent on an advocate's unspoken picture of a "normal" family.

Reasons for hope



- Neuroplasticity: children – and adults – keep changing; trauma can be “wired in,” and it can be healed
- One caring, consistent adult relationship is enough to predict long-term resilience; you can be that adult, find them, or make them more likely to be found
- Cultural humility is learnable in an afternoon and practiced for a lifetime: “I had no idea how many assumptions I was making” is where every Ohio GAL/CASA who has used these tools began
- Ohio has the infrastructure: Sup.R. 8, the Judicial College, CASA programs, resettlement agencies, children’s hospitals – and everyone in this room!
- Every report you write can make a child more intelligible to the court, not less



“The only thing you know for sure is you don’t know everything.”
— Elise Ellick, MetroHealth teen counselor (ret.)
judgmental.” - Ted Lasso

“Be curious, not

Summary

Concepts

- Everyone has layers of culture
- Cultural models: “good child,” “good parent”
- Competence → humility (both/and)
- Bias is universal; the surprise is where

Tools

- Cultural Models Tools (ACM-Q): self, caregivers, adolescent, summary sheet
- Communications Hierarchy of Needs + Checklist
- CARE
 - Cultural assessment
 - Active communication
 - Reflect on bias
 - Enact ethics & dignity

Practice

- Interpreter first, always
- Map the kin; observe in more than one setting
- Separate difference from danger by the harm
- Consult: Help Me Grow, MRSS, clinical ethics, USCRI
- Write transparently (observation; interpretation)

Links

- Kids' Health and the Courts @ CWRU — epa5@case.edu — sites.google.com/case.edu/gal-project
- Help Me Grow Ohio — odh.ohio.gov › Help Me Grow
- Ohio Developmental Disabilities Council — ddc.ohio.gov/Outreach/Cultural-Competence
- Mobile Response and Stabilization Services — mrssohio.org
- Ohio Diversity Council — ohiodiversitycouncil.org • Equality Ohio — equalityohio.org
- USCRI Cleveland — refugees.org/uscricleveland • CRIS — crisohio.org • US Together — ustogether.us
- Supreme Court of Ohio Language Services — supremecourt.ohio.gov › Language Services
- Area hospitals — clinical ethics consultation services (ask the treating team)



KIDS' HEALTH
— AND THE COURTS —

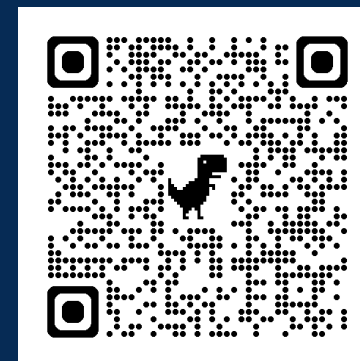
Thank you!

Questions? Comments? Stay in touch!



epa5@case.edu

dr.eileenpanderson@gmail.com
Cultural Solutions, LLC



Selected references

In re G.T., 2025-Ohio-5607 (8th Dist.); Najmi v. Najmi, 2008-Ohio-4405 (9th Dist.); In re A.G., 2019-Ohio-1782 (8th Dist.); In re Hoffman, 97 Ohio St.3d 92, 2002-Ohio-5368

Ohio Sup.R. 8.00–8.07; R.C. 2151.03, 2151.281, 2151.32, 2151.414(D), 2151.4116, 3109.04(F)

Anderson, E.P. (in press). Tools to assess understandings of healthy child development and parenting in the child-involved court: the Anderson Cultural Models Questionnaire. *Juvenile and Family Court Journal*

Anderson, E.P. & Traywick, R. (2025). Communications Hierarchy of Needs for the GAL. Supreme Court of Ohio Judicial College

Anderson-Fye, E.P. & Floersch, J. (2011). Psychological anthropology in research on college student usage of psychiatric medications and mental health services. *Ethos* 39(4)

Tervalon, M. & Murray-García, J. (1998). Cultural humility versus cultural competence. *J. Health Care for the Poor and Underserved* 9(2); Ortega, R. & Faller, K. (2011); Danso, R. (2018)

Kleinman, A. (1988). The Illness Narratives; LeVine, R. & LeVine, S. (2016). Do Parents Matter?; Holland, D. & Quinn, N. (1987). Cultural Models in Language and Thought; Campana, K.L. et al. (2008)

Dettlaff, A.J. & Boyd, R. (2020). *Child & Adolescent Social Work J.* 37; Roberts, D. (2022). *Torn Apart*; Fong, K. (2023). *Investigating Families*; Merritt, D. (2020)

Osborne, C. et al. (2020). The effect of CASA on child welfare permanency outcomes. *Child Maltreatment* 25(3); Lawson, J. & Berrick, J.D. (2013)

Health Policy Institute of Ohio (2026). Youth mental health and juvenile justice; PCSAO, Disproportionality, Safety and Belonging; Matarese, M. et al. (2024). The Cuyahoga Youth Count