

East Meets West: Analysis of Person-Centered Planning in the Context of Asian American Values

Yvonne Nguyen Bui
University of San Francisco

Ann Turnbull
University of Kansas

Abstract: This paper synthesizes literature on person-centered planning and Asian American families who have children with disabilities. The purpose of the paper is to evaluate the extent to which core values of person-centered planning are consistent with those held by Asian American subgroups. Based on existing research studies, values of person-centered planning do not seem to be explicitly consistent with Asian American cultural values. However, given specific modifications, person-centered planning may be implemented and effective for some Asian American families. Guidelines and suggestions for implementation are presented.

This literature review describes issues of cultural responsiveness of person-centered planning as it relates to Asian American values and Asian American families who have children with disabilities. Although there is a tremendous variability between and within Asian American groups, there are common values and behaviors that cut across most groups in regards to parenting, education and disability issues (Asian American Heritage, 1995). In order to evaluate whether or not person-centered planning is appropriate to use with Asian American families, professionals need to have a general understanding of thematic values of these families and general trends reported in the literature of what they want for their children with disabilities. The first section will provide a general overview of Asian Americans, their cultural values and familial values, and perspectives on disability issues. The second section of the paper provides a brief overview of person-centered planning. The third section of the paper analyzes person-centered planning in the context of common Asian American values and typical behaviors. The final section provides some recommendations for educational professionals who want to use person-centered planning with Asian American families who have children with disabilities.

Asian Americans

Overview

Asian is a term that is used to refer to a broad group of people from different countries in Asia: China, Japan, Korean, Vietnam, Cambodia, Thailand, the Philippines, Malaysia, Indonesia, Taiwan, the Pacific Islands and the countries of the Indian subcontinent. The term Asian American refers to those people from Asian countries that have immigrated to the United States and adopted a bicultural identity of Asian and American (Asian American Heritage, 1995). This overview will provide some general facts regarding history of Asian Americans in the United States and their present living conditions.

Asian American history. Asian settlement in the United States started in the mid-19th century when laborers emigrated from China to work in the mining and railroad construction in California (Asian American Heritage, 1995). The Chinese Exclusion Act in 1882 ended the flow of immigrants from China. In time, more restrictive measures were taken against Asian immigrants from Japan, the Philippines and India. As a result, the Asian American population in the United States did not increase significantly until the

Correspondence concerning this article should be addressed to Yvonne Nguyen Bui, University of San Francisco, 2130 Fulton Street, San Francisco, CA 94117.

Immigration Act of 1965 (Asian American, Heritage). This Act opened the door of emigration from Asian countries because it abolished discrimination based on national origin and outlawed all of the existing exclusionary laws aimed at Asians.

According to census, the percentage growth of Asian and Pacific Islanders in the United States increased by 108% between 1980 and 1990 (Sileo & Prater, 1998). Based on recent Census Bureau estimates, Asians and Pacific Islander populations across America grew by 45.9% from 7.4 million in 1990 to 10.8 million in 1999. The major growth in the Asian population continues in part due to immigration of high-tech workers, births to young immigrants, and arrival of spouses and children of new citizens in the United States (Schevitz, 2000).

Present condition of Asian Americans in the United States. Due to the dramatic increase in population growth in the last decade, Asian Americans account for 27% of the 26.4 million foreign-born Americans (9.7% of the nation's population; Rodriguez, 2000). Some Asian American families seem to be doing well in terms of median family income when compared to European Americans. However, Vietnamese, Korean, and Chinese show higher proportions of families at the poverty level than European Americans. According to the 1999 census's Current Population Reports, among foreign-born residents, 12% of Asians live in poverty (Rodriguez, 2000). In addition, refugees and immigrants from Southeast Asia such as Vietnam, Cambodia, Laos, Thailand and mainland China are far behind other Asian groups in terms of socioeconomic status levels (Asian American Heritage, 1995).

According to the 1990 Census, 55.7% of Asian Americans live on the West Coast and 18.4% in the Northeast. In California alone, the Asian and Pacific Islander population grew by 37% from close to 3 million in 1990 to over 4 million in 1999 (Schewitz, 2000). This group constitutes about 12% of California's residents, and approximately 40% of all Asian and Pacific Islander Americans live there (Schevitz, Olszewski, & Wildermuth, 2000).

Asian American children with disabilities. Asian American children are generally underrepresented in special education services across all age groups. Reported in the 22nd Annual Report to Congress on the Implementation of the Individuals with Disabilities

Education Act (IDEA), Asian American children constituted 4.4% of the infants and toddlers nationwide but only 3.6%, of those children receiving special education services under Part C of (USDE, 2000). Similarly, Asian American children constitute 4.2% of the general population of preschoolers but only 2% receiving special education services in this age group. Finally, Asian American children are also underrepresented in the 6-21 age group across disability categories. They constitute 3.8% of the general education population but only 1.7% of children with disabilities receiving special education services under Part B of the IDEA. However, the proportion of Asian American children in the severe disability categories (e.g., hearing impairment, autism, and deaf-blindness) is greater than their representation in the general population (USDE).

Cultural Values

Although the Asian American groups are extremely diverse both between and within groups, there is a common set of shared values that tie all of the groups together. Among these are group orientation, strong family ties, emphasis on education, and respect for authority and the elderly (Asian American Heritage, 1995). The Chinese, Korean, and Japanese have cultural similarities that stem from Confucianism (Cummings, 1996). In addition, China and Japan have strong cultural influences over the Asian countries that they colonized. Other countries such as Vietnam, India, Pakistan, and especially the Philippines are also influenced by the culture of their western colonizers France, Britain, and the United States (Asian American Heritage). Given that there are many different cultural values within the Asian American population, this paper will only discuss the major cultural values that these subgroups share.

Philosophical/religious perspectives of Asian Americans. Traditional cultural values of Asian Americans are grounded in the philosophical/religious perspectives of Buddhism, Confucianism, and Taoism (Rodriguez, 1995). Traditional values encouraged by Buddhism are self-negation, self-sacrifice, modesty, compassion, and humility (Dung, 1984). Confucianism emphasizes respect for elders, high regard for education, and loyalty to one's family, and Taoism encourages charity, simplicity, patience, avoiding confrontations, and having an

indirect approach to problems (Dung). Additionally, Rodriguez (1995) identified maintenance of harmony in relationships; prevalence of the group over individual interests; precedence of duties over rights; fulfillment of obligations particularly to family members; discipline; conformity; reserve; reticence; deference; humility; withholding of feelings; and respect for authority, elders, and teachers as commonly shared Asian American values.

Typical cultural beliefs and behaviors of Asian Americans. There is a typical behavioral style among Asian Americans that distinguish them from other culturally and linguistically diverse people (Shon & Ja, 1982). These typical behaviors are apparent in very young Asian American children and also in adults. Many Asian American children and youth are taught to be modest and humble about their achievements and thus have difficulty accepting praise and compliments (Sileo & Prater, 1998). As a result, Asian American children may state that they do not deserve recognition. Another outcome of humility is that Asian American children may display less than they actually know and may volunteer or demonstrate knowledge only when they are asked (Sileo & Prater).

Another important cultural behavior that is valued among Asian Americans is politeness (Sileo & Prater, 1998). According to these authors, Asian American people may smile even if they do not agree with or understand the situation. The ability to be polite and exert self-control in all adverse situations stems from the Asian value of inner strength and discipline (Asian American Heritage, 1995).

Family Values

Family loyalty and solidarity is an outcome of the high value placed on respect for authority and the elderly (Shen, 1993). Additionally, family values are also guided by a philosophical orientation where harmony is at the heart of existence (Chan, 1986). In order to live in peace, individuals must strive to achieve intrapsychic harmony, interpersonal harmony, and harmony with nature and time (Chan). In Asian

American families, the goal of interpersonal harmony and the maintenance of that harmony dictate familial and social behaviors through obligation, shame, and loss of face (Chan).

The family unit, whether nuclear or extended, is extremely important for most Asian Americans. Asian American parents tend to be extremely nurturing towards their children; and as a result, the child generally develops a deep sense of moral obligation and loyalty to the family (Yalung, 1992). For most Asian Americans, their life choices are guided by the values and attitudes of their family members and clannishness is a general outcome of this close family system (Yalung). We will discuss two key family values: (a) the importance of the extended family system, and (b) the influence of hierarchical relationships on decision-making, child-rearing and parenting styles. Although some of the information is specific to certain Asian groups, we believe that these ideas can be generalized to other Asian groups as well.

Asian American extended family systems. Traditionally, the extended family system has been the norm in Asian countries, and relatives from both the mother's and father's sides form the extended family system (Rodriguez, 1995). An extended family system is viewed as a valuable resource for solving problems, and the unit "depends on each individual to maintain the well-being of the whole" (Bennett, Zhang; & Hojnar, 1998). The Asian culture emphasizes kinship from birth to death, and the family is perceived as a major source in providing stability, a sense of self-esteem and satisfaction (Sue & Morishima, 1982). For example, a typical Vietnamese family consists of the parents, children and their in-laws, grandparents, great-grandparents, aunts, and uncles. Although the extended family may or may not live in the same household, they tend to cluster together around a small area. Interestingly, the Vietnamese tend to develop feelings of isolation or loneliness if they are not surrounded by friends and relatives, and more so if they are living in new communities (Asian American Heritage). For the Filipinos, their emotional security is deeply rooted in the family system, and the family is at the center of their lives (Yalung, 1992). The Chinese

culture stresses that social bonds with parents, siblings, and other close relatives should be continuous where the individual's future is tied to the family (Chan, 1986).

Although the extended family system is traditionally found in Korea, China, Japan, and India, many aspects of the extended family have changed in these countries due to legal policies, urbanization and immigration to the United States (Asian American Heritage, 1995). As a result of societal changes, the extended family system is in danger of being replaced by the nuclear family system in Asian countries and in the United States. The decline of the extended family system has significant implications for Asian American families with children with disabilities because of the potential reduction in emotional support and economic resources.

Influence of hierarchical relationships on decision-making. In order to maintain harmony, family behaviors are governed by hierarchical roles and the virtue of filial piety (Chan, 1986). Many Asian American families are patriarchal, and the most powerful person in the family is generally the oldest male (Asian American Heritage, 1995). After the oldest male (usually the father), the authority figure is the mother and then the oldest child (Asian American Heritage). The Asian culture emphasizes obedience to and respect for the authority figures in the family (Chan). Keeping in mind the hierarchical structure in Asian families, in general, the *family* and not individual members make the decisions for important matters (Yalung, 1992). In Asian families, the father is the primary disciplinarian, and he is responsible for providing food, clothing, and shelter for the family (Shon & Ja, 1982). The mother is the emotionally devoted parental figure who feeds the children and cares for them when they are sick (Shon & Ja). In Filipino families, the grandparents' advice is usually sought for all decision-making activities and children are expected to simply observe and listen (Yalung).

Asian American child-rearing practices and parenting styles. Asian American families share similar values in regards to child-rearing and parenting style. Typically, Asian American families hold high expectations for their children's behavior. Many Asian parents believe that their primary parental duty is

to teach and train their children in the principles of filial piety and social courtesy (Yalung, 1992). Some of the expected behaviors include family harmony, filial responsibility for the extended family, respect for elders and the social order, and family loyalty (Sileo & Prater, 1998). In addition, Asian American children generally defer to their parents' wishes, avoid questioning authority figures, and act embarrassed when given excess attention (Cheng, 1991). In some Japanese families, a child who displays assertiveness is characterized as *amisbehaved child* (Yalung).

However, Asian parents are also tolerant and permissive of their very young children, and young children are generally perceived as being relatively helpless (Chan, 1986). Thus, young children are usually not held responsible for their actions. In many Asian American families, mother-infant interactions are characterized with close physical contact rather than active vocal stimulation (Freedman, 1981). According to Freedman, Asian parents do not set any rigid schedules for their young children and immediately gratify their infants' early dependency needs.

Disability Issues

Asian American families have their own distinct beliefs about their children with disabilities and explanations for why children are born with disabilities (Chan, 1986). These beliefs stem from different cultural, spiritual and/or religious beliefs and affect the family's child-rearing practices and utilization of intervention services. In most Asian countries, there is a tendency to treat all members of society as equal and not single out any group for special treatment (Cummings, 1996). Thus, most Asian countries do not acknowledge individuals with disabilities as a group who need special considerations in their social policy (Cummings). According to Cummings, most Asian American families have not encountered special education services in their country of origin. In order to get a better understanding of how Asian Americans regard disabilities, this section will discuss how the family perceives disability, how pride and shame affect utilization of intervention services, and the family's expectations for the

child with a disability.

Perceptions of disability vary in Asian American families. In contrast to the Euro-American scientific view of disability, some traditional Asian American families believe that a child is born with a disability because of the family's past negative behaviors or because of bad spirits (Chan, 1986; Fadiman, 1997; Rodriguez, 1995; Yalung, 1992). Although more Asian American families are accepting the western and medical explanations for their children's disabilities, there are still those who believe in karma where the present life is pre-determined by good or bad deeds committed in a previous life (Rodriguez). This belief in bad karma is especially true for Southeast Asians. Filipino families who believe in fatalism also perceive disability as something that is predestined and a part of their fate in life (Yalung).

In many Asian cultures, if a child has a disability that does not manifest itself physically in some way, the child is not perceived to have a disability (Cheng, 1987). Instead, Asian children who display developmentally inappropriate behaviors are considered a direct reflection on the parent's inability to provide proper guidance and adequate parenting (Yano, 1986). In regard to mild disabilities, Asian parents may attribute school-related problems to laziness and oppositional behavior to the child's personality (Chan, 1986). Thus, the denial of a child's learning problems and resistance to special education services are very common in Asian American families (Yee, 1988). McGrath (1983) reports that in Japanese families, if the child is not doing well in school, parents feel that the reason is because the child is not trying hard enough. As a result, Asian American children tend to be underrepresented in special education classes for children with high-incidence disabilities such as learning disabilities and/or emotional disorders (Chan & Kitano, 1986). Asian American children are .54 times as likely than white children to be identified as having mental retardation, .29 times as likely to be identified as having an emotional disorder and .30 times as likely to be identified as having a learning disability (Fearn, 2001).

Person-Centered Planning

In recent years, person-centered planning has been utilized as an alternative method to traditional planning processes for individuals with disabilities and their families. There are a handful of research studies that document effectiveness of person-centered planning. In addition, many positive qualities about this type of planning are acknowledged in special education publications (e.g., Everson & Zhang, 2000). However, there has been very little research conducted on person-centered planning with culturally and linguistically diverse individuals (Blue-Banning, Turnbull, & Pereira, 2000), and none reported in the literature specifically with Asian American families. In one study, person-centered planning was positively correlated with increases in community involvement, social relationships, and functional skills for four individuals with severe mental retardation (Malette et al., 1992). Mount (1992) studied individual program planning for six individuals with disabilities and also concluded that person-centered planning led to positive changes for both individuals with disabilities and staff at the organization. However, both of these studies were conducted with European-American individuals with disabilities and their families. This section will provide a general overview of person-centered planning, core values, defining features, and desired outcomes.

Overview

Person-centered planning is a family of approaches that can be used to organize and guide life changes for a person with a disability towards community inclusion by utilizing friends, family members, and community resources. Person-centered planning challenges the culture of most traditional service agencies because it attempts to transform the power relationship between a helper who is dominant and a person with a disability who is usually in a subservient role (Marrone, Hoff, & Helm, 1997). In contrast to traditional service plans, the goals in person-centered planning reflect the individual's

preferences and not the availability of resources (Butterworth, Steere, & Whitney-Thomas, 1993). In addition, community resources are emphasized more than agency resources. Specific approaches used in person-centered planning include:

- Individual Service Design (Forest & Pearpoint, 1992)
- Personal Futures Planning (Mount & Zwerneck, 1988; O'Brien, 1987)
- Essential Lifestyle Planning (Smull & Harrison, 1992)
- Whole Life Planning (Butterworth, Hagner et al., 1993)
- McGill Action Planning System (Forest & Pearpoint, 1992; Vandercook, York, & Forest, 1989)
- PATH (Forest & Pearpoint, 1992; Pearpoint & Forest, 1998)
- Group Action Planning (Blue-Banning et al., 2000; Turnbull & Turnbull, 1996)

All of the person-centered planning approaches require creativity, collaboration, and hard work from a diverse group of caring people. In fact, the strengths of person-centered planning lie in the group's multiple experiences and the ability to develop and support non-traditional strategies.

Core Values

Although person-centered planning consists of several different approaches, they all share a common foundation of two predominant core values. Person-centered planning values the (a) desires and preferences of the person with a disability and (b) collaboration between all individuals who truly care about the person (Abery & McBride, 1998). The person with a disability is at the center of the planning, and those who love the person are the primary authorities on the direction of the person's life (O'Brien & Lovett, 1992). Thus, the focus person's desires and dreams drive and shape the planning, strategies, and implementation of the approach that is chosen. In essence, person-centered planning is a plan that serves the focus person's hopes, dreams, and visions (Forest, Pearpoint, & O'Brien, 1997).

Defining Features

The core values of focusing on the individual

with a disability and collaboration are manifested across the different approaches in broadly defined features. These include: (a) a circle of support with primary direction from the individual with a disability in shaping the planning process; (b) involvement of family members and friends and a reliance on personal relationships as the primary source of support to the individual; (c) focus on capacities and assets of the individual rather than on limitations and deficiencies; (d) emphasis on the settings, services, supports, and routines available in the community at large rather than those designed for people with disabilities; (e) planning that tolerates uncertainty, setbacks, false starts, and disagreement; and (f) shared action through creative problem-solving in which technical information (e.g., assessments) are subordinated to the personal knowledge of the person's history and desired future (Hagner, Helm, & Butterworth, 1996; O'Brien & Lovett, 1992).

Desired Outcomes

Two desired outcomes of person-centered planning are (a) self-determination and (b) the development of a shared positive view of the focus person with the disability. The outcome of self-determination is accomplished by transferring control of the planning process to the individuals with disabilities and their families (Butterworth, Steere et al., 1993). Self-determination through person-centered planning can also positively impact the quality of life for individuals with disabilities (Van Reusen & Bos, 1994).

The second desired outcome of person-centered planning is the development of a shared positive view of the focus person with the disability (Butterworth, Steere et al., 1993). According to these researchers, family members, friends, and community allies discuss common visions and goals for the focus person in a positive and supportive manner. One of the golden rules of person-centered planning is that the discussion during the profile development cannot include negative information, barriers and/or problems about the person with the disability (Butterworth, Steere et al., 1993). In addition to respecting and appreciating the focus person, person-centered planning strives to celebrate the person's uniqueness (O'Brien & Lovett, 1992).

East Meets West

Given the lack of empirical studies regarding the implementation of person-centered planning with Asian American families with children with disabilities, the literature is unclear as to whether or not this type of planning is appropriate for this population. One way to analyze whether or not person-centered planning is appropriate and beneficial for this population is to compare the predominant core values and defining features of person-centered planning with Asian American cultural/familial values and typical behaviors. This section will first discuss Asian American values and typical behaviors that are consistent with the core values and defining features of person-centered planning. Next, Asian American values and typical behaviors that conflict with the core values and defining features of person-centered planning will be discussed.

Consistent Values and Features

There are several cultural values and behaviors shared by Asian American families that are consistent with the core values and/or defining features within person-centered planning. They include (a) family harmony and extended family system, (b) interdependence and family obligations, and (c) respect for elders and authority figures.

The Asian American values of family harmony and the extended family system are very consistent with the core value of collaboration in person-centered planning. Since many Asian Americans live within extended family systems that consist of the nuclear family plus aunts, uncles, and grandparents (Rodriguez, 1995), collaboration and cooperation are common behaviors because family members rely heavily on one another for support and resources (Bennett et al., 1998).

The Asian American value of interdependence and the fulfillment of obligations towards family members are consistent with the defining feature of shared action within person-centered planning. In many Asian families, members resolve problems by working together towards a common goal that will benefit the family unit as a whole (Rodriguez, 1995). In contrast to mainstream American ideals of the self-sufficient and self-reliant

individual, many Asian Americans believe that individuals are the products of efforts of many things in nature and many people (i.e., interdependence; Shon & Ja, 1982).

The Asian American values of respecting elders and authority figures are consistent with the defining feature of utilizing and emphasizing services and supports available in the community within person-centered planning. Person-centered planning recognizes that experiential knowledge and community resources are extremely valuable. In addition, the existing service system is viewed as a support rather than as a barrier for desired outcomes. The high regard for community resources is also found within the Asian American culture. For example, there is a high value placed on the wisdom of elders and community healers such as herbalists, acupuncturists, and shamans (Fadiman, 1997).

Conflicting Values and Behaviors

Although there are some consistencies between person-centered planning and Asian Americans, conflicting values and behaviors are more apparent. These conflicts are due to the Asian Americans values of (a) pride, (b) less rigid expectations for their children with disabilities, (c) hierarchical family systems, (d) family cohesion, and (e) deference to professional knowledge.

Effects of pride on the utilization of intervention services. The Asian American family's sense of pride may conflict with the person-centered planning approach that utilizes an outside facilitator. If the family believes that their child was born with a disability in order to punish the family for past sins, this may bring considerable embarrassment and stigma to the family. Unfortunately, the family's shame and embarrassment may affect the family's help-seeking behavior and acceptance of intervention services for their child with a disability (Bennett et al., 1998). Although the child may need the intervention services, many families will be reluctant to ask for help for several reasons. In most cases, Asian American families will not seek outside intervention as a way to avoid shame (Yalung, 1992). The act of publicly disclosing family problems to outsiders brings shame to the family and is considered losing face in the Asian culture (Bennett et al., 1998);

Yalung). In the Filipino culture, the family may not seek outside help because of their *amor proprio* or self-pride (Yalung). In the Chinese culture, *tiu lien* (i.e., loss of face), embodies the social concept of shame (Shon & Ja, 1982). As a result, many Asian American families with children who have disabilities suffer in silence rather than seek or accept help from outsiders (Seligman & Darling, 1989).

The family's expectations for the child with the disability. The Asian American families' less rigid expectations for their children with disabilities may conflict with the expected outcomes of self-determination and community inclusion for the individual with the disability within person-centered planning. Asian Americans' developmental expectations for their children with disabilities depend on the nature and severity of the disability and the family's belief system. Many Asian American families feel powerless against the realities of having a child with a severe disability because of the fatalistic nature of their belief system (Sue & Sue, 1990). As a result, some Asian American families have low expectations for their children with disabilities in terms of productivity, independence, and inclusion (Yalung, 1992). Asian American parents also generally have later age expectations with respect to early developmental processes such as weaning and self-feeding (Freedman, 1981). In some Hmong and Filipino families, a severe disability is regarded as a good luck sign and thus the family will not try to change the situation (Harry 1992).

Asian hierarchical family systems. In person-centered planning, members of the group are considered as equal partners and participate on an equal playing field (Snow, 1998; Abery & McBride, 1998). However, this contradicts the patriarchal systems that exist and are maintained in many Asian American families. The core value of filial piety in the Asian culture maintains inequality and a hierarchy in Asian American families, especially in decision-making activities (Fong, 1994). The eldest males are generally the major decision-makers while the females are responsible for child rearing and housekeeping (Shen, 1993). Thus, the implementation of person-centered planning may be problematic for Asian American families because the expectation

for equal membership and participation contradicts Asian values regarding gender roles and hierarchy within parent-child relationships (Bennett et al., 1998).

Family cohesion. Person-centered planning values focus on the preferences and desires of the individual with the disability while the group is merely the vehicle in which the individual's desires can be fulfilled (O'Brien & Lovett, 1992). In contrast to this value, Asian Americans value family cohesion and often place the needs of the group before those of the individual. Each family member must think of the family first and learn to subjugate individual personal desires for those that maintain and enhance the family name (Morrow, 1987). In the Filipino culture, the trend is for the family and not the individual members to decide on the resolution of important matters (Yalung, 1992). Additionally, family cohesion is expressed when individual members make sacrifices for the family as a whole (Yalung).

Person-centered planning expects that the expressed desires and preferences of the individual with the disability will drive the planning process. However, in the context of Asian American families, assertiveness is not always considered a positive or desired characteristic of behavior (Yalung, 1992). In fact, the control over the individual's behavior helps to build the strong family unit (Asian American Heritage, 1995). In many Southeast Asian families, children are taught at a young age to control their emotions and respect their elder's wishes (Morrow, 1987). In other Asian American families, individual needs are frequently subordinated and children conform to the needs and desires of their parents and elders (Sue & Morishima, 1982).

Deference to professional knowledge. Person-centered planning values the knowledge of non-professionals and family members in order to create a holistic portrait of the individual with a disability in order to access community resources (O'Brien & Lovett, 1992). Family members and friends are encouraged to share their knowledge about the individual with the disability and share what they feel would be beneficial for the person. However, Asian American families defer to professional knowledge and tend to view professionals as experts and as the source of unquestiona-

ble knowledge (Harry, 1992). As a result, these families may hold back from asking questions, automatically agree with the professional's ideas, or avoid making their needs known (Bennett et al., 1998). Asian Americans tend to be status conscious in terms of those who hold high educational degrees and have great respect for persons with expertise (Yalung, 1992). Many Vietnamese parents often believe that educational matters should be dealt with by teachers and administrators (Chuong, 1988). Thus, person-centered planning may be problematic for Asian American families because they are more familiar with formal and structurally defined meetings with professionals in authoritarian roles rather than an open discussion.

Recommendations for Educational Professionals

Although some of the values of person-centered planning do not coincide with those typically held by Asian Americans, not offering person-centered planning to Asian American families as an alternative planning method for their children with disabilities would be a disservice to this community. However, given the possible conflicts between Asian American cultural values and person-centered planning as it is typically practiced, it may not be appropriate or beneficial for all Asian American families. Studies have shown that Asian American parents who are more acculturated, educated, and have a higher socioeconomic status tend to be more involved in setting goals for their children with disabilities and accepting of intervention services (e.g., Mink & Scott, 1995). These families would probably be more willing to adopt person-centered planning approaches for their children with disabilities. However, we believe that the appropriateness and successful implementation of person-centered planning for Asian American families would be further enhanced given specific modifications (see Table 1). These modifications can be grouped into three broad categories: establishing a relationship, meeting logistics, and communicating during the meeting. These recommendations are considered modifications because, although the

process and techniques are slightly altered, the core values of person-centered planning remain intact.

Establishing a Relationship

Depending on the acculturation level, socioeconomic status, and family structure, some Asian American families may prefer more traditional service plans for their children with disabilities (Bennett et al., 1998). Thus, we recommend that educational professionals offer families a choice between traditional service plans and person-centered planning and enable them to choose the type of plan with which they are more comfortable. If the family shows a preference for the traditional service plan, the authors recommend that the family's wishes are respected and person-centered planning not be implemented at that time. However, if the family chooses person-centered planning, we recommend that educational professionals be knowledgeable of the family's level of acculturation, the impact of the socioeconomic status on the family's resources, and the parents' educational expectations and future goals for their children with disabilities before person-centered planning is implemented.

Working effectively with Asian families requires establishing credibility and rapport with them, and this involves being knowledgeable and respectful of their family situation and cultural priorities. A lack of sensitivity to the Asian culture may produce professional error and a breakdown in communication and trust. For many Asian Americans, family problems are regarded as private, and parents may feel ashamed to bring in outsiders for fear of losing face (Seligman & Darling, 1989). For example, in many Vietnamese families, parents prefer to resolve their problems through family members and reserve outside intervention as the last resource to be utilized (Leung & Boehnlein, 1996). Other possible reasons why parents may be hesitant to welcome outside intervention are their fears of jeopardizing their immigrant status or fears of risking deportation if they become too dependent on public services (Chan, 1986). Thus, the best way to identify the status and the position of the professional is through the use of a formal introduction by a respected third party such as a community or spiritual leader (Matsuda, 1989; Park & Turnbull,

TABLE 1**Modifications of Person-Centered Planning for Asian American Families**

<i>Don't</i>	<i>Do</i>
Establishing a relationship	
Assume that all Asian American families think and act the same.	Find out about the family's level of acculturation, date of immigration, socioeconomic status, and resources.
Assume that all Asian American groups are the same between and within Asian subgroups.	Familiarize yourself with some of the family's cultural values and behaviors.
Show up at the family's home unexpected.	Try to get a formal introduction to the main authority figure in the family by a respected third party.
Meeting logistics	
Expect the family to meet during work hours or too often.	Meet at times that are convenient for the family (once per month).
Meet at a location that is far away from the family's home.	Arrange for transportation and babysitting if necessary.
Assume that the family can comprehend or speak English.	Bring an interpreter if the family has limited English proficiency.
Communicating during the meeting	
Insist on equal participation immediately.	Address questions and answers to the main authority figure.
Expect families to disagree with you openly.	Pay attention to your verbal cues and the family's non-verbal cues.
Push the families to tell their stories before they trust you.	Give family members sufficient time to become comfortable with you before they tell their stories.
Share any information with outsiders.	Ensure that all discussions are confidential and private.
Rush the family into making quick decisions.	Give the family members time to make decisions in private.

2001). A third-party introduction will both enhance the clinician's initial credibility and inform the parents how to talk and interpret information during the meeting (Ishisaka, Nguyen, & Okimoto, 1985).

Meeting Logistics

Depending on the family's economic resources, frequent meetings with educational professionals may be more of a burden than a benefit. Many recent Asian immigrant parents of children with disabilities may attend English classes during the evening or work at inflexible jobs that do not allow for time off for

meetings. For example, in some Vietnamese recent immigrant families, the father attends English or job training classes while the mother works outside of the home, and the money that she earns is the primary source of income for the family's budget (Bui, 1997). Other families may have only one car that is shared by many family members. Thus, educational professionals need to be sensitive to the family's financial and employment situation by arranging meeting times that are convenient and feasible for the family as well as provide transportation or childcare if necessary.

The parents' limited English proficiency may be the most significant barrier to successfully

implementing person-centered planning with Asian American families (Chan, 1986). In Smith and Ryan's study (1987) with 59 Chinese American families with children with disabilities, the parents' confusion and lack of understanding English made them feel frustrated, guilty, angry, and powerless and were significant barriers to accessing public services. Similar frustrations with language barriers were also noted for Korean parents of children with disabilities (Park & Turnbull, 2001). Thus, if the family's oral skills in English are limited, educational professionals should provide an interpreter for all of the interactions if possible.

Communicating During the Meeting

The hierarchical or patriarchal family system in the Asian American culture is a very important factor when considering the implementation of person-centered planning with Asian American families. Educational professionals should enable the person with the most authority in the family to speak first (or speak for the entire family) and initially address all questions towards this person. By showing respect for the authority figure, the educational professional will not offend the family members or produce conflict within the family system (Chan, 1986).

In addition to limited English proficiency, the tendency of Asian Americans to rely on situational cues (e.g., perceived unequal power structure) may add to their passive communication style during meetings (Hall, 1976). Furthermore, the Asian American values of politeness and deference to authority figures (Kim, 1996) may cause parents to nod in agreement with educational professionals as a method to avoid being rude or cause a confrontation. Asian American parents may want to avoid direct confrontations (especially if they disagree with the professional's ideas, Park & Turnbull, 2001; Sileo & Prater, 1998) and stay silent and/or avoid direct eye contact. Thus, educational professionals should pay careful attention to non-verbal cues (e.g., facial expression, tone of voice) and recognize when family members are uncomfortable with talking or resistant to change. The silence can be interpreted as the parents showing respect for the professional or the parents needing time to think before making any decisions (Bennett et

al., 1998). These behaviors should not be misunderstood and interpreted as the family's lack of concern for their children with disabilities or stoicism.

The indirect approach of sharing life stories is a potentially effective method to encourage the use of person-centered planning with Asian American families. However, educational professionals should not expect families to immediately tell their life stories at the first meeting. Instead, during the first meeting, educational professionals should ask family members to answer unobtrusive and factual questions. Once there is a sense of rapport, more personal questions may be asked, and educational professionals should give family members the time and space they need to feel more comfortable. When telling life stories, educational professionals should enable family members to discuss events that they feel are important even if they seem irrelevant to the individual with the disability.

Asian American families may be more inclined to participate if there is a high level of trust and guaranteed confidentiality. Thus, educational professionals should emphasize at the beginning of every meeting that privacy and confidentiality are ensured, and the information provided at the meeting will not affect the family's immigration status or public assistance benefits. Additionally, educational professionals should give parents opportunities to discuss issues with other family members in their native language and make their decisions in private (Yalung, 1992).

Given an understanding and respect for Asian American cultural values, beliefs, and behaviors, person-centered planning may be an effective planning method for some Asian American families. However, we believe that certain modifications need to be in place before person-centered planning can be successfully implemented. Educational professionals need to be aware of Asian American values related to family structure and communication styles and be cognizant of the family's financial situation (e.g., access to a car; availability of child care) in order to modify the person-centered planning approach appropriately. However, person-centered planning has unique aspects that should be respected and the implementation process should be done in such a

way that reflects its core values. On the other hand, the cultural values that many Asian American families have are also unique and deserve to be valued by educational professionals. The difficulty lies in finding the balance where the modifications are not so drastic that they alter the core values and defining features of person-centered planning. However, without specific modifications, we believe that many Asian American families will feel that their cultural values are not being met, and as a result, they will continue to receive services within the traditional service agency system or reject outside help altogether. Furthermore, if Asian American families perceive that a modified person-centered planning is still inappropriate or ineffective for their children with disabilities, their cultural autonomy (i. e., beliefs, values, and traditions) should be respected and other alternatives should be explored.

Areas of Future Research

This paper revealed a gap within the literature for person-centered planning—a lack of studies conducted with Asian American families with children with disabilities. Future research in this area should empirically validate whether or not this type of planning for individuals with disabilities is appropriate and effective within the larger context of Asian American cultural and familial values. However, given that the core values and procedures within person-centered planning are not entirely consistent with Asian American cultural and familial values, research studies that incorporate the suggested modifications may provide more insight for the appropriateness of this *type* of planning with this community. If empirical studies do not support a modified version of person-centered planning with Asian American families with children with disabilities, alternative approaches should be explored.

References

Abery, B., & McBride, M. (1998). Look and under stand before you leap. *Impact*, 11(2), 2-26.

Asian American Heritage (1995). *A resource guide for teachers, grades K-12*. New York: New York City Board of Education, Brooklyn, Office of Multicultural Education.

Bennett, T., Zhang, C., & Hojnar, L. (1998). Facilitating the full participation of culturally diverse families in the IFSP/IEP process. *Infant-Toddler Intervention*, 8, 227-249.

Blue-Banning, M., Tumbull, A., & Pereira, L. (2000). Group action planning as a support strategy for Hispanic families: Parent and professional perspectives. *Mental Retardation*, 38, 262-275.

Bui, Y. N. (1997). *Children, disabilities, and education: Vietnamese and Vietnamese-American perspectives*. Unpublished master's thesis, San Francisco State University.

Butterworth, J., Steere, D., & Whitney-Thomas, J. (1993). Using person-centered planning to address personal quality of life. In R. L. Schalock & G. N. Siperstein (Eds.), *Quality of Life Volume II* (pp. 5-22). Washington, DC: American Association on Mental Retardation.

Butterworth, J., Hagner, D., Heikkinen, B., DeMello, S., & McDonough, K. (1993). *Whole life planning: A guide for organizers and facilitators*. Boston: Children's Hospital, Institute for Community Inclusion.

Chan, K S., & Kitano, M. K (1986). Demographic characteristics of exceptional Asian students. In M. K Kitano & P. C. Chinn (Eds.), *Exceptional Asian children and youth* (pp. 1-11). Reston, VA: Council for Exceptional Children.

Chan, S. (1986). Parents of exceptional Asian children. In M. K. Kitano & P. C. Chinn (Eds.), *Exceptional Asian children and youth* (pp. 36-53). Washington: ERIC Exceptional Child Education Report.

Cheng, L. L. (1987). *Assessing Asian language performance: Guidelines for evaluating limited English proficient students*. Rockville, MD: Aspen.

Cheng, L. L. (1991). *Assessing Asian language performance: Guidelines for evaluating limited English proficient students*. Oceanside, CA: Academic Communication Associates.

Chuong, H. C. (1988). *Working with Vietnamese high school students*. University of California at Berkeley, CA: New Faces of Liberty.

Cummings, W. (1996). Asian values, education and development. *Compare*, 26, 287-303.

Dung, T. (1984). Understanding Asian families: A Vietnamese perspective. *Children Today*, 13, 1012.

Everson, J. M., & Zhang, D. (2000). Person-centered planning: Characteristics, inhibitors, and supports. *Education and Training in Mental Retardation and Developmental Disabilities*, 35, 36-43.

Feam, K. (2001). New study verifies the disproportionate number of students from diverse backgrounds in special education. *CEC Today*, 7(8), 7.

Fadiman, A. (1997). *The spirit catches you and you fall down*. New York: The Noonday Press.

Fong, R. (1994). Family preservation: Making it work for Asians. *Child Welfare*, 73, 331-340.

- Forest, M., & Pearpoint, J. (1992). Commonsense tools: MAPS and circles. In J. Pearson, M. Forest, & J. Snow (Eds.), *The inclusion papers: Strategies to make inclusion work* (pp. 52-57). Toronto: Inclusion Press.
- Forest, M., Pearpoint, J., & O'Brien, J. (1997). What is person centered planning? In M. A. Falvey, M. Forest, J. Pearpoint, & R. Rosenberg (Eds.), *All my life's a circle* (pp. 68). Toronto, Ontario: Inclusion Press.
- Freedman, D. G. (1981). Ethnic differences in babies. In E. M. Hetherington & R. D. Parkes (Eds.), *Contemporary readings in child psychology* (2nd ed., pp. 6-12). New York: McGraw Hill.
- Hagner, D., Helm, D., & Butterworth, J. (1996). This is your meeting: A qualitative study of person-centered planning. *Mental Retardation*, 34, 159-171.
- Hall, E. (1976). *Beyond culture*. Garden City, NY: Anchor.
- Harry, B. (1992). *Cultural diversity, families, and the special education system*. New York: Teachers College Press.
- Ishisaka, H. A., Nguyen, Q. T., & Okimoto, J. T. (1985). The role of culture in the mental health treatment of Indochinese refugees. In T. C. Owan (Ed.), *Southeast Asian mental health: Treatment, prevention, services, training, and research*. Washington, DC: US Department of Health and Human Services, National Institute of Mental Health.
- Kim, B. L. C. (1996). Korean families. In M. McGoldrick, J. Giordano, & J. K. Pearce (Eds.), *Ethnicity and family therapy*, (2nd ed., pp. 227-248). New York: Guilford Press.
- Leung, P., & Boehnlein, J. (1996). Vietnamese families. In M. McGoldrick, J. Giordano, & J. K. Pearce (Eds.), *Ethnicity and family therapy*, (2nd ed., pp. 295-306). New York: Guilford Press.
- Malette, P., Miranda, P., Kandborg, T., Jones, P., Bunz, P., & Rogow, S. (1992). Application of a lifestyle developmental process for persons with severe intellectual disabilities: A case study report. *Journal of the Association for Persons with Severe Handicaps*, 17, 179-191.
- Marrone, J., Hoff, D., & Helm, D. (1997). Person-centered planning for the millennium. We're old enough to remember when PCP was just a drug. *Journal of Vocational Rehabilitation*, 8, 285-297.
- Matsuda, M. (1989). Working with Asian parents: Some community strategies. *Topics of Language Disorders*, 9, 45-53.
- McGrath, E. (1983). Schooling for the common good. *Time*, August, 1, 66-67.
- Mink, K. M., & Scott, M. M. (1995). Parent-professional relationships in early intervention: A qualitative investigation. *Topics in Early Childhood Special Education*, 15, 335-352.
- Morrow, R. D. (1987). Cultural differences—be aware! *Academic Therapy*, 23, 143-149.
- Mount, B. (1992). *Personal futures planning: Promises and precautions*. New York: Graphic Futures.
- Mount, B., & Zwernick, K. (1988). *Its never too early. It's never too late. A booklet about personal futures planning for persons with developmental disabilities, their families and friends, case managers, service providers and advocates*. St. Paul: Metropolitan Council.
- O'Brien, J. (1987). A guide to life style planning: Using the activities catalog to integrate services and natural support systems. In B. Wilcox & G. T. Bellamy (Eds.), *A comprehensive guide to the activities catalog* (pp. 175-189). Baltimore: Brookes.
- O'Brien, J., & Lovett, H. (1992). *Finding a way toward everyday lives: The contribution of person-centered planning*. Harrisburg, PA: Pennsylvania Office of Mental Retardation.
- Park, J., & Turnbull, A. P. (2001). Cross-cultural competency and special education: Perceptions and experiences of Korean parents of children with special needs. *Education and Training in Mental Retardation and Developmental Disabilities*, 36, 133-147.
- Pearpoint, J., & Forest, M. (1998). Person-centered planning: MAPS and PATH. *Impact*, 11(2), 4-5.
- Rodriguez, C. (2000, September 12). Record 10% of US are foreign born. *San Francisco Chronicle*, pp. 1.
- Rodriguez, J. (1995). *Southeast Asians' conceptions of disabilities and special education intervention in American schools*. Education of Individuals with Disabilities Research Project. Lowell College of Education, Massachusetts University.
- Schevitz, T. (2000, August 30). California minorities become majority. *San Francisco Chronicle*, pp. 1, 15.
- Schevitz, T., Olszewski, L., & Wildermuth, J. (2000, August 30). New demographics changing everything. *San Francisco Chronicle*, pp., 1, 15.
- Seligman, M., & Darling, R. B. (1989). *Ordinary families, special children*. New York: Guilford Press.
- Shen, D. (1993). Special education in cross-cultural perspective: People's Republic of China. In S. Peters (Ed.), *Education and disability in cross-cultural perspective* (pp. 237-258). New York: Garland.
- Shon, S. P., & Ja, D. Y. (1982). Asian families. In M. McGoldrick, J. K. Pearce, & J. Giordano (Eds.), *Ethnicity and family therapy* (pp. 208-228). New York: Guilford Press.

- Sileo, T., & Prater, M. A. (1998). Creating classroom environments that address the linguistic and cultural backgrounds of students with disabilities. *Remedial and Special Education, 19*, 323-337.
- Smith, M. J., & Ryan, A. G. (1987). Chinese-American families of children with developmental disabilities: An exploratory study of reactions to service providers. *Mental Retardation, 25*, 345-350.
- Smull, M. W., & Harrison, S. (1992). Supporting people with severe reputations in the community. Alexandria, VA: National Association of State Mental Retardation Program Directors.
- Snow, J. A. (1998). Centering on people: A quiet revolution. *Impact, 11*(2), 1, 26.
- Sue, S., & Morishima, J. (1982). *Mental Health of Asian Americans*. San Francisco: Jossey-Bass.
- Sue, D. W., & Sue, D. (1990). *Counseling the culturally different: Theory and practice*. New York: John Wiley & Sons.
- Turnbull, A. P., & Turnbull, H. R. (1996). Group action planning as a strategy for providing comprehensive family support. In L. K. Koegel, R. L. Koegel, & G. Dunlap (Eds.), *Positive behavior support: Including people with difficult behavior in the community* (pp. 99-114). Baltimore: Brookes.
- US Department of Education. (2000). *Twenty-Second Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act*. Washington DC: Author.
- Vandercook, T., York, J., & Forest, M. (1989). The McGill Action Planning System (MAPS): A strategy for building the vision. *Journal of the Association for Persons with Severe Handicaps, 14*, 205-215.
- Van-Reusen, A. K., & Bos, C. S. (1994). Facilitating student participation in Individualized Education Programs through motivation strategy instruction. *Exceptional Children, 60*, 466-475.
- Yalung, F. (1992). A cross cultural counseling framework for Asian parents of children with special needs based on the dynamics of the Filipino family. Unpublished master's thesis, San Jose State University, California.
- Yano, C. (1986). Asian families. In C. Moore (Ed.), *Reaching Out: Proceedings from a special education symposium on cultural differences and parent programs* (pp. 39-48). Phoenix, AZ: Western Regional Resource Center.
- Yee, L. Y. (1988). Asian children. *Teaching Exceptional Children, 20*(4), 49-50.

Received: 28 February 2002
 Initial Acceptance: 22 April 2002
 Final Acceptance: 18 July 2002