Issues of Transition for Youth With Disabilities From Culturally and Linguistically Diverse Backgrounds

presented by:
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MS. JOHNSON: Good afternoon, everyone, and welcome to our teleconference.

I am Donna Johnson, and I’m one of the project coordinators with the National Center on Secondary Education and Transition here at the University of Minnesota. Today we are pleased to have Dr. David Leake, Dr. Soon Kim-Rupnow, and Dr. Paul Leung as our presenters.

Dr. David Leake was a Peace Corps volunteer and an English language newspaper editor in Southeast Asia for about 10 years before coming to Hawaii in 1985 to attend graduate school at the University of Hawaii at Manoa.

He earned a master’s degree in public health and a Ph.D. in anthropology conducting his dissertation research on how different groups of people in a primarily native Hawaiian community view and respond to troubled and troubling youth. He has been with the Center on Disability Studies at the University of Hawaii at Manoa for about 13 years, with a focus on research and evaluation expertise in the areas of transition and child and adolescent mental health.

We also have Dr. Soon Kim-Rupnow, who was born in Korea but did her graduate work at the University of Hawaii. She is currently a member of the faculty at the University of Hawaii Center on Disability Studies and a Project Instructor of the National Technical Assistance Center for Asian and Pacific Islanders with disabilities.

Her professional interests include technology applications for academic behavioral improvement of students who are learning English as a second language, as well as school-related professional training and evaluation.

And then finally, we have Dr. Paul Leung, who is currently a faculty member at the University of North Texas. He has had previous academic appointments at Deakin University in Melbourne, Australia, the University of Illinois at Champaign, the University of North Carolina at Chapel Hill, and the University of Arizona. His research interests are rehabilitation and diverse populations.

The format of today’s teleconference will be about a 45-minute presentation with a question-and-answer period afterwards. We ask that you hold your questions until after each of the presenters is completed. Also, in order to make sure that everyone can hear the conference presentation, we ask that you press your mute buttons on your speakerphones while you’re listening to the presenters.

So, now I’ll turn it over to David Leake and he can start our presentation.

DR. LEAKE: Aloha. I’m speaking from Hawaii, and I’m going to focus on the issue of self-determination, which helps to introduce and crystallize a lot of these issues in transition for culturally and linguistically diverse students with disabilities.

Self-determination is basically control over one’s life and choices. And according to one of the well-known people in the field, Paul Wehman, self-determination is the critical difference separating people with disabilities from those without disabilities. Self-determination has been our focus in transition work for well over a decade now. And it’s also been a big focus in other fields, of course, like
social work and public health, this idea that people should have control over their own lives instead of other people controlling them.

And in order to have self-determination, we could describe two basic components. One would be capacity on the part of the individual in terms of attitudes, skills, and knowledge. So, of course, different cultural groups would have different attitudes about these kinds of issues. The second part would be opportunity. That is, real choices are available and there is not coercion or constraint on the person.

With those two things in mind, if we look at how self-determination is presented, typically it's associated with what we would call individualistic values or personal characteristics. So, a self-determined person would be considered to be autonomous, empowered, independent, self-competent, self-directed, able to self-express, self-regulate, and those kinds of terms.

However, many of our culturally and linguistically diverse populations tend to have what's called a more collectivist or interdependent orientation to life. And that means valuing more contribution to the group and — well, if we look at the idea of self-reliance in our typical American cultural, a self-reliant person can take care of himself or herself and stay true to their own values and beliefs.

Maybe in a collectivist group, self-reliance would be more linked to ideas and actions that advance the goals of the group and less to not being a burden that the individual would place on a group. And another aspect of a collectivist — so-called collectivist orientation is often in a way taking on the family responsibility, that the family should be responsible for a person with a disability. And families might see themselves as long-term protectors and caring for the person with a disability.

And for the ideas of maximizing the independence and self-reliance of the person, these may not be that congruent with their own beliefs. So, for example, a lot of transition planning from the perspective of self-determination is oriented to independent living.

This comes up a lot in our culturally and linguistically diverse groups. Examples can be given, for example here in Hawaii, we typically often have three or four generations living in a household, so independent living isn’t really an issue. Or on an American Indian reservation, there’s a similar situation. One way to also look at this issue is if you look at expectations of what a child is and an adult is, a child will tend to be viewed as immature and an adult will, of course, have to be mature in order to be an adult. Children are known to be self-centered. Adults should be not so self-centered, more oriented to others, takes responsibility for others to some extent. A key point is children are known to be dependent. So, what about an adult? In our Western or American culture, moving from dependence to independence is the ideal. But in the so-called collectivist groups the ideal is moving from being dependent to interdependent, where people are supporting each other.

And these issues are addressed very well in an article I found called “Self-determination from a Pacific Perspective” by a couple of people here at the University of Hawaii, Patricia Ewalt and Noreen Mokuau. And they’re in the School of Social Work. But the issues are the same. So, one point they made is that — I talked before about the capacity and opportunity for self-determination, those two aspects you have to have. However, both of these are not likely to be present in conditions of poverty.

So, the point is that to some extent, self-determination and independence is somewhat of a luxury, which is allowed by an affluent society, whereas interdependence is required for survival in conditions of scarcity or threat. So, of course, culturally and linguistically diverse groups tend to be in the lower socioeconomic strata in our society at the moment. And so, interdependence is, sort of, a survival mechanism to some extent. And we hear this about many of these groups that they have all these family connections and people helping each other.

And if we think back to the barn raising days in the 1800’s of the American West where people get together and help each other do their buildings, but now, of course, we’re richer, affluent. You would go out and hire somebody you probably don’t know to build your house or you buy one that’s already built. One quote from this article that captures a lot of these concerns of what an individual or a person is: “The person is not an individual in our
Western sense of the term,” (speaking of Pacific Islanders). “The person is instead a locus of shared biographies, personal histories of people’s relationships with other people and with other things. The relationship defines the person, not vice-versa.”

So, on this basis many Western professionals don’t understand that contributing to the group’s well being could be integral to self-determination for the person from a collectivist group where contributing to the group’s well being is a major indicator of maturity. So, self-determination may include fulfilling group obligations, not necessarily ridding oneself of them.

And finally, a quote: “As paradoxical as it may seem from an individualistic perspective, self-directedness may require a strengthening rather than a dissolution of the person’s connection with and commitment for the group.”

And so, when we talk about transition, as always this concept of individualization, it is critical. That is working with the family and the person and not assuming that independent living, for example, would be a primary goal for them. So, it’s needed to explore all these different cultural issues that might arise. Individualization is a real key as it’s always been stressed in this field, and exploring these cultural issues would be a critical part of working in an individualized manner.

So, I think I’ll stop at that point and hopefully we can discuss some questions at the end.

**MS. JOHNSON:** OK. We’ll turn it over to Dr. Leung.

**DR. LEUNG:** OK, thank you. Hello. First, let me just thank everyone for letting me have the opportunity of sharing a few of my thoughts. I had indicated earlier to someone – I forgot, who was it – I think it was Megan – that maybe I wasn’t the best to participate. I’m not really involved in a lot of transition work, though I think some of the things that I deal with in rehabilitation may be somewhat similar.

First of all, I think what David has done is truly on target. And I think the same issues arise in terms of understanding that some of the way that we – or some of the language that we use or lexicon that we use in Special Education and in rehabilitation such as dependants determination, choice, and so on may be interpreted a bit differently in some of these different cultures. Specifically, the groups that I want to spend a few minutes on are Asian Americans and Pacific Islanders.

But before I actually get into some of that – and I’ll try to get this through – is that I know that for those who work in this area, it’s never easy. And I think it’s always a difficult thing to try to take into consideration multiple variables when you’re working with an individual with a family and especially with a group that may be somewhat different than yourself.

I think we need to acknowledge that and at the same time understand that we have to be very careful that we don’t take a little knowledge and translate them and move that into further stereotype of individuals and peoples that we understand that there are lots of things that we have to take into account, that there is no easy answer to this whole thing. And I think this is especially true for groups that we have minimal knowledge of sometimes and which we don’t get a lot of exposure to. I live in North Texas, as you probably know, not in Hawaii or California. The whole group of Asian American and Pacific Islanders, I think we need to understand is not a homogeneous group. In some ways, it’s not a group that is a shared language. It certainly doesn’t have a shared culture.

And I think that that’s important to realize and to understand I when we’re working with Asian Pacific Islanders, that we can really be talking about East Asians that cover some of the groups that maybe we’re more familiar with, the Chinese, the Japanese but also South Asians, some Indians, Pakistanis, Southeast Asians, more immigrants who came recently, Cambodia, Vietnamese, Thailand, et cetera. All of these groups don’t have a shared history. They don’t have a shared language. I think each of them have unique kinds of things. And at times, they, in terms of their history, may have been natural enemies rather than friends. I think we need to understand that there isn’t any one group that we can talk about in terms of being Asian American or Pacific Islanders (Pacific Islanders, who as most of you know, are comprised of some 20 different other groups, as well).

We need to keep those kinds of things in mind.
And then the concept that David presented, the idea that many of these groups generally look at things from a collectivistic orientation. And that is in contrast, I think to the more American value of independence and where you determine what you want. This is very important in terms of understanding some of the Asian American Pacific Islanders cultures, that we have to be very much aware of the family and the influences of family in terms of decision making, that we don’t ignore the family and just focus on the individual.

We also have to remember that the perspective on disability varies from group to group. Sometimes I think this is not any different than what maybe occurs in other cultures beyond, I guess, Asian American Pacific Islanders, but for the most part, disability is not seen in a positive way. Though, at the same time, I have to emphasize that that doesn’t mean that families don’t love their child or their person that lives in the family who has a disability. They do.

And very often this shows up in terms of the kinds of care and sometimes maybe overprotection that occurs when someone has a disability in the family. But at the same time, it is seen I think as reflecting negatively on the family.

There is a tendency even now in many families who are of Asian origin to keep their child – to keep the person with disability maybe out of the limelight and not perhaps allow he or she to achieve perhaps to their potential in the same way that maybe the majority of society would deem as being a way to deal with that particular individual. But again, there’s a lot of variation in these perspective. They depend on the ethnicity and involved with that would be issues of religion, issues of culture of the particular society or the country that the individual may have come from, issues of acculturation, how long that the family has been in the United States. There could be several generations in which maybe they have taken on many of the cultural attributes of the majority of society. But it could be also in terms of being a very fairly recent immigrant and trying to bounce between two cultures. It could be in terms of the reasons for immigration. I think that makes a great deal of difference sometimes in terms of how the particular family or individual may see the helping individual, whether it is in transition or whether it is in rehabilitation.

The family that has come from a country recently where government is not something to be trusted would have a hard time sometimes dealing with even school officials, counselors, and others who they perceive perhaps to have, at least in the past, a negative influence on the family. I think that, again, the history of family roles may be another area. Again this relates to some of the religious issues. But I think that even a family that may not necessarily adhere to a particular religion, from Asian, from China, for example, they still may adhere to some of the confusion roles of responsibility.

And I think understanding some of these may assist in the process of helping an individual who has a disability in their family whether it be a child, whether it be a teenage, adolescent or an individual who is trying to be reunited in terms of the community after an accident or an illness.

The other I think I’ll just mention here is again there certainly are many pressures that are put on an individual of Asian background. We often associate Asian Americans and Pacific Islanders, especially Asian Americans, to value education highly. Pressures on an individual who may learn differently is very great. And I think that we need to understand some of those pressures in terms of understanding that individual and the family unit and how we can deal with that if we’re going to have a successful kind of transition between school and work or higher education. Again in spite of all these various kinds of things, I think I still want to come back to the idea that there are individual differences within each one. And while we may pick out examples, we have to be very, very careful in terms of our assessment so that we don’t just assume when we go in with an idea about what’s going on with a particular individual and what’s happening in their life and their family.

A family who lives – in Dallas, Texas, may be quite different from a family who lives in a community such as Monterey Park in Los Angeles, California, where the majority of the people may be of Asian background or a Chinese background where a language from their country of origin is almost always spoken in those communities.
Whereas in Dallas, the families’ time they may have together is a luxury. They may be isolated during the week. They may only come together at certain occasions. So, even though we have families that have immigrated here who live in the United States in different parts, that context is an important context which we need to understand if we are to work in concert and in partnership rather than imposing the kinds of things sometimes we’re so easy to do.

And with that, I think I’ll just go ahead and stop. I know that I’ve gone very quickly through a lot of things. And hopefully, this will give a brief introduction to the idea that Asian American and Pacific Islanders are not homogeneous. They’re very, very much a heterogeneous group. There’s a lot of diversity within that perhaps even exceeds the diversity outside of these groups.

So, I just want to again thank you for the opportunity of sharing a couple of my thoughts.

MS. JOHNSON: Thank you, Dr. Leung. Now, we’ll turn it over to Soon Kim-Rupnow and hear her thoughts.

DR. KIM-RUPNOW: Thank you. It’s a pleasure to be with you all today. And I think also that Paul and Dave set a great tone for me to do my presentation. What I’d like to talk about today is nothing new, but based on what I learned as a culturally and linguistically diverse person myself. I was born in Korea and I got married to a person from Germany and also I live in Hawaii in a multicultural setting.

And I can give you a lot of practical tips on how to provide culturally competent services to those persons who have culturally and linguistically diverse backgrounds. And let me start with the first tip. Because of my accent, you maybe don’t understand me– Please ask me questions, if you don’t understand.

But the tip when you ask questions in a manner sensitive to an English as a second language speaker is, instead of asking directly “What did you say?” or “Can you say that again?”, you could say, “Oh, do you mean by so and so?” You could paraphrase what you just heard so that I can understand the level of your understanding of what I said and elaborate on what you didn’t understand.

The principle recommendation for service providers I’d like to talk about is the acronym LOVEE – Love and then at the end E. So, can you guess what the elements are? I’d like to have my presentation to be interactive. So, can you guess what L stands for?

MS. JOHNSON: I’m going to guess “Listen.”

DR. KIM-RUPNOW: Yes. Listen. Listening is very important, especially empathetic listening. It’s easy to say listen but are you really willing to change your paradigm, the way you view the world as a result of listening? When you listen to someone from different cultural backgrounds, ask yourself if you can you place yourself in your student’s shoes or your customer’s shoes? It really takes an effort on your part and you have to know about your strengths and also your prejudice or stereotyping of different cultures.

So, first you have to evaluate yourself regarding any previous stereotype judgments you may have and then you are ready to listen. Also, be ready to learn from your students or clients about their own unique needs, barriers and attitudes. But, you may still have difficulty when you want to listen if your student speaks a different language. What would you do? Is there anybody can give an answer?

This leads to the next letter of the acronym, the letter “O.” What would you do if you could not speak the language of the student or your client? The letter “O” stands for observe. You observe their facial expressions, body language, the way they interact with other people.

You can also be resourceful in bringing in a cultural broker who is bilingual and bicultural. Some people can speak two languages but a person who doesn’t understand the culture is not a good cultural broker. Anybody can learn the language in the classroom setting, but to be an effective cultural broker, the person has to know your client’s culture and how to communicate appropriately. So, try to bring in a cultural broker who can both translate the language and interpret the culture’s values. And remember to extend your empathetic listening skills to the cultural broker as well.

The next letter in the acronym is “V.” Can you guess what the V stands for? V stands for “verify.” Verify the information you learn from your stu-
And sometimes you also have to check different sources of information, verify what you learn from books and also learn from your neighbors and colleagues. And that will help you to broaden your perspective and keep your mind open to be fair to all.

The next letter is “E.” Can you guess what the E stands for?

**MS. JOHNSON:** Evaluate?

**DR. KIM-RUPNOW:** Evaluate. That’s good! Evaluate or also educate the student. Because your students or your customers, who may have come from a minority or different culture, don’t understand what’s required, for example, because today’s topic is transitioning, what’s required documents during the transitioning process.

For example, they usually don’t know what an IEP requires or who needs to be involved in transition planning, starting at the age of 14. So, you must explain and educate them about what’s required.

And also in America, you will need to be very assertive about what you really want. And so, help them to voice their concerns, wants and needs clearly and go with them to their school and other settings to help them clarify their needs, wants and goals.

Moving on to last letter of the acronym, E, empower your student. Empowering is part of education. Also, one person mentioned E as evaluate -- good! Evaluation is part of the empowering process for a student. It also helps them have ownership on their own plan.

Once you establish rapport and trust with the students, you may need to explain their rights and responsibilities in the special education and vocational rehabilitation system and empower them to be active participants by teaching the values of self-determination and assertiveness. It might not be easy at first to empower and establish a partner relationship with consumers from minority cultures because they might be accustomed to a hierarchical relationship. But, if you keep practicing LOVEE with them, eventually it will work.

Are there any other questions?

**MS. JOHNSON:** I have a question for you, Soon Kim. This is Donna. Do you have any books or articles that you would recommend to the audience to read further on ways to be effective with students from culturally and linguistically diverse backgrounds?

**DR. KIM-RUPNOW:** Yes, that’s a good question. Actually I’m an author of a monograph. There is a monograph series developed by CIRRIE, which stands for Centers for International Rehabilitation Research Information and Exchange – located at the University of New York at Buffalo.

They developed an 11-volume monograph series entitled Rehabilitation Provider’s Guide to Cultures of the Foreign-Born how to provide effective services. Their Web site is http://cirrie.buffalo.edu/monograph. They have a really good cultural monograph series on the top 10 countries of immigrant population in the United States. The monographs are a good starting point for you to learn ways to be effective with those students from diverse cultural backgrounds.

**MS. JOHNSON:** We’ll verify that Web site with you and then post it on the NCSET Web site so the listeners can log on to that.

Does anyone else have a question for any of the panelists? And if you do, before you start asking the question, we ask that you give us your name and the state that you’re calling from. So, are there any questions for the panelists?

**MS. BARKIN:** Hi. This is Patty Barkin from the Western Regional Resource Center, and I have a question for David. When you work with the jurisdictions in the Pacific and there are data questions about minority populations, how do you work with the part that is the majority population in data kinds of questions? You know, what have you done – do you work specifically with the school district?

**DR. LEAKE:** Well, our disability studies have a number of projects that extend into the Pacific and there are data questions about minority populations, how do you work with the part that is the majority population in data kinds of questions? You know, what have you done – do you work specifically with the school district?

**DR. LEAKE:** Personally I don’t. But we have a number of staff members who do, in Guam and Western Samoa and most of the islands here. So, I
do hear a lot from them about these differences and a lot of family issues that come up.

MS. BARKIN: Sure. Yes. It’s just interesting the way the data has to be compiled. And what you were speaking about was what is considered by our reporting systems as minority populations. It wasn’t just about the cultural awareness, but about reporting.

DR. LEAKE: Are you referring to the combination of Asians and Pacific Islanders?

MS. BARKIN: Right, which of course, there’s not a minority population in the Pacific.

DR. LEAKE: Right. Yes, it’s very hard to get the data broken out for the specific Pacific Islanders and they tend to have generally poor outcomes compared to the Asian population. So, when you see the data, you have to take into consideration that these two populations are sort of counterbalancing each other. But the number of Pacific Islanders is, I guess, too small for them to break it out.

MR. CHUNG: Hi. My name is Dave Chung. I’m with the Center for Minority Veterans, Department of Veterans Affairs.

Is any of your data linked to studies with pockets of Asian American Pacific Islanders in the Midwest, South Central states, anything east of California where they have pockets like Iowa, Chicago, Detroit, large metropolitan areas like that where they have Asian American Pacific Islanders that are living there and a lot of them are immigrants?

DR. LEUNG: Are you asking about whether there’s data available or – I mean, in terms of breakdown of groups or...

MR. CHUNG: Right. Other than the Pacific Rim or the West Coast, anything east of California where they do have large pockets of Asian Americans and Pacific Islanders?

DR. LEUNG: It depends on what information you’re looking for. You know, you can obviously locate data on specific areas, both census and some of the other demographic kinds of things. One is the “Face of Asian Pacific American”, which is a publication of “Asian Week” and the UCLA Asian American studies.

It just came out this year and it’s called the “Face of Asian Pacific American: Numbers, diversity, and change in the 21st Century.” It does a pretty good job of breaking down some of the issues related to Asian Pacific Americans’ demography.

It has sections on the various ethnic groups, geography, and then the last section on culture in society, including politics on health and so on. I think that’s an excellent source if you’re interested in some general kinds of information on Asian Pacific Americans. It was published this year, 2003.

MR. CHUNG: Oh, that’s great. It’s pretty well up to date then?

DR. LEUNG: Yes. And I think it does a good job. And I think your point is well taken, but I think if you count six states, about 90 percent of the APA population is located in those states. I think it’s California, Texas, New York, Illinois. I think Hawaii was probably the other one.

DR. KIM-RUPNOW: This is Soon. And I think also I can direct you to our Web site, National Technical Assistance Center or NTAC. It is http://www.ntac.hawaii.edu. We accumulated a lot of resources and publications by our center. So, there is a lot of AAPI with disability information and statistics you can find there.

And also I found the CIRRIE Web site again – CIRRIE is an acronym for Center for International Rehabilitation Research Information and Exchange. The Web site is http://www.cirrie.buffalo.edu.

MS. JOHNSON: And we will post both of those Web sites to the NCSET Web site, as well. Does anyone else have a question for any of the panelists? If there are no further questions, we’d like to thank our presenters for sharing this valuable information today.

Our next teleconference is scheduled for Wednesday, September 24th, at one o’clock Central Time. Our presenters will be Dr. Al Phelps and Dr. Cheryl Hanley-Maxwell from the Research Institute on Secondary Education Reform for Youth with Disabilities at the University of Wisconsin at Madison.

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Additional Resource: