Information Brief

Providing Effective Support Services For Culturally and Linguistically Diverse Persons with Disabilities

National Technical Assistance Center
www.ntac.hawaii.edu
Tel: (808)956-3648
Fax: (808)956-5713
Tty: (808)956-2890

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To increase employment opportunities for Asian Americans and Pacific Islanders with disabilities nationwide.

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Introduction

By the year 2040, people from culturally and linguistically diverse (CLD) backgrounds are expected to comprise nearly 50 percent of the United States population. This trend is of utmost importance to disability researchers, service providers, and postsecondary personnel because racial and ethnic minorities--who often suffer from poverty, high unemployment, lack of health insurance, substance abuse, and poor education--have significantly higher rates of disability than those of the majority Caucasian population.

Disability researchers, practitioners, instructors, and support personnel have not adequately understood the unique issues related to disability in CLD communities in the past and, as a result, have had a difficult time building relationships with CLD persons with disabilities. The purpose of this brief is to examine the barriers to these relationships which fall into three main categories: (a) lack of cultural sensitivity and knowledge regarding CLD persons with disabilities; (b) failure to account for environmental influences that contribute to disability, including natural, social, cultural, and man-made environments; and (c) inadequate research methods and approaches by service systems and postsecondary education regarding CLD populations with disabilities. In addition to examining these barriers, recommendations to better relate to the needs of persons with disabilities in CLD communities are provided.

Need to Identify Diverse Cultural Values

Cultural values are essential parts of an individual's characteristics which can strongly influence the impact of outreach efforts (NIDRR, 2001). Of particular importance is recognizing the heterogeneity of CLD persons, such as Asian Americans and Pacific Islanders (AAPIs). Asian Americans, for example, include Chinese, Japanese, Korean, Vietnamese, Thai, Hmong, Laotian, Filipino, and at least 35 other cultures. The major Asian groups are Chinese (24%), Filipino (18%), Asian Indian (16%), Vietnamese (11%), Korean (10%), Japanese (8%) and other Asian groups (13%) including Burmese, Cambodian,

Hmong, Laotian, Thai, and Tongan.

Pacific Islanders include those with ancestral ties to the peoples of the Hawaiian islands and other U.S.-affiliated Pacific Territories, including American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Territory of Guam, Republic of Palau, and Republic of the Marshall Islands. The major Pacific Islander groups are Native Hawaiian (35%), Samoan (23%), Guamanian or Chamorro (15%), and other Pacific Island groups (27%) (Pi, 2001; U.S. Census Bureau, 2001).

Clearly, AAPI communities contain extremely heterogeneous groups comprised of many different ethnicities (both new immigrants and persons whose families have been in the U.S. for generations), languages, cultures, and persons of all socioeconomic classes. Consequently, the need to identify the cultural values of individual CLD communities is paramount to successfully developing effective working relationships with AAPIs with disabilities and their families.

While many cultures share common characteristics, each subculture possesses its own language, history, and customs (Sanderson, 1995; Hong, 1999). The significance of culture in the understanding of disability and the rehabilitation process cannot be overemphasized. It has been shown to serve as both a barrier to recovery as well as a facilitator for recovery (Cuellar & Arnold, 1988). Where there has been ideological congruence related to the rehabilitation approach, there has been a greater likelihood of adherence and success. Agencies and other bureaucratic organizations generally reflect the culture from which they have evolved. Thus, the bureaucracy of disability research organizations, rehabilitation services, and postsecondary settings, which are extensions of the cultures of industrialized, urban, European-American, English-speaking societies, have often been in conflict with the people of different cultures they serve (Lowrey, 1987). As a result, communication and collaboration between the research, service provision and minority disability communities have been inhibited and services have been ineffective.

In addition, disability researchers, rehabilitation service providers, and postsecondary instructors and support personnel have not been sufficiently cognizant of the cultural variables and environmental determinants that comprise disability across multiple communities to be able to implement effective and rigorous strategies to address them. Greater knowledge of, and respect for, CLD persons with disabilities would facilitate the development of therapeutic alliances, rehabilitative efforts, appropriate and valid research methodology and post-secondary supports. However, supporting this approach rarely goes beyond a few training sessions in cultural competence. Also, CLD persons, with or without disabilities, have not been recruited and retained in adequate numbers at institutions of higher learning, in rehabilitation counselor training programs, or in leadership positions (Douthitt, 1995) where, with appropriate support, they could have significant and meaningful roles in disability rehabilitation research and service provision within CLD communities. This is especially important since over 25 years of research has shown that people prefer being served by others of their own culture.

Need for Cultural Competency

The need for cultural competency and sensitivity are crucial for understanding the unique culture of each CLD group. For instance, professionals who attempt to reach out to AAPI CLD communities cannot underestimate the need to recognize the different values, beliefs, and practices of each culture regarding disability. Knowing this, we need to actively work towards understanding cultural differences and incorporating strengths found within them to effectively work with CLD persons with disabilities. In addition, cultural competency also involves significant training of personnel in rehabilitation, disability research and postsecondary support systems nationwide.

Recommendations

To effectively work with CLD persons with disabilities:

- outreach to CLD communities and build supports; actively recruit CLD persons with disabilities to be involved in research, rehabilitation services, and postsecondary education;
- involve CLD persons with disabilities in the discussion, planning, and implementation of research;
- and learn as much as possible from the community one is working with, and adjust expectations according to what is learned.

Specific training can also prepare personnel to design and implement services that are effective in the following ways:

- understanding diverse cultural backgrounds and preferences of CLD persons with disabilities;
- participating as a team member in service, training, and research settings,
- implementing inclusive practices;
- incorporating person-centered practices that includes relationship-building with CLD persons with disabilities;
- and focusing on successful strategies for the particular CLD groups they serve.

We need not merely to understand but also to document the effectiveness of the new paradigms of disability in which the medical model alone is no longer effective for understanding disabilities. Environmental determinants of disability must be explored, including attitudinal, cultural, environmental, and social barriers in society that contribute to mental and physical disabilities. This new paradigm requires that we do not simply shift the focus from the person to their environment but, instead, that we explore the dynamic interplay between the individual and environment including architectural designs and communication systems that can be enhanced to support the lives of CLD persons with disabilities.

Need for Culturally Appropriate Methods

There is a need for appropriate approaches and methods to be used when addressing disabilities in CLD communities that are both culturally grounded and sensitive to the needs of the group. Involving CLD persons with disabilities in research has been critical to gaining understanding of their unique needs and cultures, but doing so has sometimes created more challenges and been more difficult than expected. Balcazar (2001) outlined a list of general principles and strategies for improving outreach activities to CLD persons with disabilities for their involvement in research. This list included: 1) effectively addressing the real needs of CLD persons with disabilities, 2) recruiting and employing a diverse research team to work with diverse populations, 3) establishing personal relationships with members of the community to gain understanding of their values and culture, 4) becoming part of the local network by having regular contacts from agencies, 5) focusing on and developing the strengths of CLD persons with disabilities, 6) being persistent and not letting CLD persons with disabilities go when they fail to comply, 7) being a good listener to build a reciprocal process of communication, 8) utilizing members of the target community in outreach efforts, 9) meeting people where they live and work instead of having them come to you, 10) using different modes of communication to disseminate information to the community, and 11) volunteering time in the community to show your commitment. In short, Balcazar advised that CLD persons with disabilities want allies who can support them, not researchers who are there only to study them.

In addition, vocational rehabilitation service providers and policy makers have not been adequately

trained to become culturally sensitive and more knowledgeable about CLD populations with disabilities. The vocational rehabilitation system has historically been oriented toward the ethic of the majority culture and has not demonstrated a respect for different cultural values, beliefs, and treatment/healing methods (Douthitt, 1995). Training for vocational rehabilitation counselors at the preservice and inservice level has not included multicultural emphases or provided clinical training experiences involving CLD persons with disabilities.

Recommendations

In light of the barriers faced by CLD persons with disabilities, we recommend that proactive steps be taken towards re-evaluating and changing the approaches and methods for working with CLD communities to better fit specific CLD groups. The challenges of providing services and equitable treatment for CLD persons with disabilities by the disability research field, vocational rehabilitation system and post-secondary settings need continual attention and progress. Only when disability researchers, practitioners, instructors, and support personnel are able to adequately understand the unique issues related to CLD persons with disabilities will they begin to effectively address their needs. This will require strategic plans that involve multiple stakeholders with experience and knowledge in the area of disabilities for CLD populations and an on-going effort in the advancement and improvement of research and services for CLD persons with disabilities.

References

F. E. Balcazar, (2002). Strategies for reaching out to minority individuals with disabilities, The Research Exchange 6 (2), 9-13.

I. Cuellar, and B.R. Arnold, (1988). Cultural considerations and rehabilitation of disabled Mexican Americans, Journal of Rehabilitation 54(3), 35-41.

C. Douthitt, (1995). Problems of providing services to persons with disabilities from minority groups, in [84]: S. Walker, L.A. Turner, M. Haile-Michael, A. Vincent, and M.D. Miles eds., Disability and Diversity: New Leadership for a New Era, PCEPD & HURTC, Washington, DC.

G.K. Hong, (1999). Rehabilitation Counseling for Asian Americans: Psychological and Social Considerations. Retrieved November 24, 2003, from: www.dinf.org/pres_com/pres-dd/hong.htm.

L. Lowrey, (1987). Rehabilitation relevant to culture and disability, Journal of Visual Impairment & Blindness, 69, 162-164.

National Institute on Disability and Rehabilitation Research, (2001). Disability research for all, Southwest Educational Development Laboratory.

Pi, E.H. (2001). Asians and Pacific Islanders with disabilities. White Paper—Pacific regional conference on Asians and Pacific Islanders with disabilities. 1-15. California Governor's Committee for Employment of Disabled Persons.

P.R. Sanderson, (1995). Outreach services for American Indians, in [84]: Disability and Diversity: New Leadership for a New Era (proceedings of the 1993 short term training project), S. Walker, K.A. Turner, M. Haile-Michael, A. Vincent and M. Miles, eds., President's Committee on Employment of People with Disabilities and Harvard University Research and Training Center.

Stodden, R.A, Stodden, N.J., Kim-Rupnow, W.S, Thai, N.D., and Galloway, M. (2002) "Providing effective support services for culturally and linguistically diverse persons with disabilities: Challenges and recommendations". Journal of Vocational Rehabilitation 17 1-13

U.S. Census Bureau. (May, 2001). Profiles of General Demographic Characteristics 2000. Population Estimates Program.