

Culturally Sensitive Collaboration within Person-Centered Planning

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Kimberly J. Callicott.

Person-centered planning (PCP) is a method of support for both individuals and systems. Through this process, individuals, families, and communities are strengthened by a focus on respective strengths and needs. Open-mindedness and attention to successful communication are some of the hallmarks of the procedures. These procedures are conducive to creating bridges and eliminating barriers for individuals and families who differ in some way from the normative culture. The same skillful facilitation that supports an individual who has a disability will also support an individual with a disability and cultural or language differences. This article provides background and a description of PCP based on process, components, and outcomes and examines each in relationship to working with individuals and families of other cultures and languages. Vignettes are used to provide support and examples of how professionals can be sensitive to differences in culture and language within the process.

You got to look at things with the eye in your heart, not with the eye in your head.--Lame Deer, Medicine Man of the Oglala people, as cited in Purves, 1993, p. 108

Working with families requires objectivity. Working with families who are culturally diverse requires not only objectivity but also a willingness to examine myths and stereotypes. Parents of culturally diverse backgrounds may not share similar expectations about teaching, learning, or parenting (Manning & Lee, 2001). For example, the Indochinese do not take active roles in schools (Manning & Lee, 2001), and Brazilians are accepting of homework only when the school day is shortened (De Carvalho, 2001).

The literature is replete with admonitions for increasing parental involvement, citing it as a predictor of student achievement (Vassallo, 2000) and a way to value participants (Friedlaender, 1999). However, many of our public school efforts at initiating child- and family-centered services or increasing participation have resulted in conflict (Friedlaender, 1999), distrust, confusion (Manning & Lee, 2001), and resentment (De Carvalho, 2001). The devaluing of cultural capital, the transmission of White middle-class culture and the scientific, expert definitions of "good parenting" skills create barriers to providing services to students.

Students with disabilities and language or cultural differences are at particular disadvantage and risk for unequal representation in traditional service-provision meetings. Great expectations and cultural diversity (Turnbull & Turnbull, 2001) cannot be realized if families do not participate in the dialogue of future planning. Person-centered planning is one way to facilitate participation without articulating a single agenda for schools, families, and individuals. There is room in the common culture of public schools for individuals to provide opportunities of equal partnership regardless of what partnership looks like.

Person-centered planning (PCP) emerged relatively recently as a process for facilitating the

involvement of individuals with disabilities in charting their own future. Originating in the early 1980s (Holburn, Jacobson, Vietze, Schwartz, & Sersen, 2000), PCP has taken on a bevy of names over the past 20 years: Individual Service Design (Yates, 1980), Personal Futures Planning (Mount, 1992, 1994; Mount & Zwernick, 1988), Lifestyle Planning (J. O'Brien, 1987; J. O'Brien & Lovett, 1992; Wilcox & Bellamy, 1987), The McGill Action Planning System (Vandercook, York, & Forest, 1989), Essential Lifestyle Planning (Smull & Harrison, 1992), Outcome-Based Planning (Steere, Wood, Pancsofar, & Butterworth, 1990), and Planning Alternative Tomorrows with Hope (PATH; Pearpoint, O'Brien, & Forest, 1993). Regardless of the terminology, the basic tenet of PCP is to involve the individual who has a disability in a meaningful level of planning for his or her future. Characterized frequently by multicolored markers, large sheets of paper on the walls, and symbolic representation (e.g., the use of stick figures to represent various family members), person-centered planning is an effective way to increase individual and family participation in the selection and design of social and educational services. The process involves a skilled facilitator addressing issues of vocation, independent or semi-independent living, recreational or leisure choices, and participation in the community. O'Brien (1987) named the essential outcomes resulting from this process as community presence, community participation, positive relationships, respect, and competence.

PCP, which is legally required by some states and endorsed by others (L. O'Brien, O'Brien, & Mount, 1997), is a common tool for most teachers and service providers. As such, it has evolved from its early inception as a response to deinstitutionalization into a process whereby families, service providers, community members, and the focus individual work together to identify barriers to successful community membership. PCP is a tool for both assisting the focus individual in the accomplishment of goals and supporting the persons closest to that individual. PCP can facilitate reform and restructuring of systems that are not easily accessible, flexible, or responsive to the needs of individuals who have significant disabilities. In this way, PCP can also be a process that is sensitive to the cultural and language differences either between the dominant community and the consumer or between the consumer and the primary professionals involved with him or her.

Essential Processes in PCP

Mindset

PCP focuses on creative or original thinking. The traditional mindset of service provision has been characterized by diagnosis and prescription or the identification of needs and subsequent delivery of services within the currently available support systems. PCP examines ways to integrate the often divergent voices of Individualized Education Program (IEP) team participants (including the consumer and family/advocates) within the context of a different kind of meeting. This different kind of meeting has a focus on looking beyond what is available to what might be possible. This theoretical approach of imagining possibilities is essential to the process. Having an open mind to all aspirations or desires of the focus individual and family is a fundamental requirement, regardless of how trivial or unlikely those desires may appear to professionals who choose to become invested in this process. Cultural sensitivity in this context allows for more passive participation, cultural resistance to school norms, and the understanding that some parents may be unable to participate (De Carvalho, 2001).

Teaming

One difference between PCP and traditional IEP meetings is the makeup of the planning team. The focus person determines who will and will not be part of this planning group. Some groups may be quite large and others quite small. The team may or may not include a parent, teacher(s), or school administrator, depending on the desires of the focus individual (Pearpoint, Falvey, Frost, & Mount, 1989). The team is present because of their interest in the focus individual. As described by O'Brien, O'Brien, and Mount (1997), "They met in response to an invitation, not because attendance was mandatory" (p. 481).

The very nature of the meeting has rich contextual meaning. Rather than a required event that sometimes appears to impose on busy people's schedules, there is an agenda of altruism and hopefulness. The meeting is to plan for a future rather than to complete paperwork. The absence of "adversarial" roles found at times in the traditional IEP meeting (as evidenced by the presence of advocacy organizations, the historical perspectives of blaming parents, and the training of teachers to fill authoritarian roles [O'Shea, O'Shea, Algozzine, & Hammitte, 2001; Turnbull & Turnbull, 2001]) serves to communicate the positive, forward-looking purpose of people from a variety of backgrounds meeting to work toward the accomplishment of goals created with the focus individual. At the request of the focus person, PCP brings to the table the individuals who are most involved with him or her. As identified aptly by O'Brien and colleagues (1997), "Personal commitment and knowledge are the basis of involvement and authority rather than professional role or administrative responsibility" (p. 481).

Roles that are determined by institutions rather than relationships may not characterize the service provision experiences of families of individuals from different cultures and as such may affect teaming. The idea of self-determinism may also be a foreign concept. For example, Southeast Asians rely on family more than self (Scarcella, 1990). If this belief is not understood and valued, the interactions of the team will be skewed by the more dominant members.

Facilitation

A skilled facilitator is critical to ensuring successful facilitation and inclusion of the many participants at the table. Individuals with disabilities and their families have historically been excluded from full membership in the community and school participation and may not have experience voicing their desires (U.S. Department of Education, as cited in O'Shea, O'Shea, Algozzine, & Hammitte, 2001; Turnbull & Turnbull, 1997). Skilled facilitators need good interpersonal communication skills, such as in nonverbal communication, verbal communication, influencing, group communication, and using communication skills in difficult situations (Turnbull & Turnbull, 2001). Inherent in PCP is the ability of the facilitator to develop a sense of trust and respect for all members of the group. This may best be achieved through "the creation of participation structures that: ensure inclusion" (Harry, 1992, p. 475). The facilitation of such was demonstrated in a study of low-income African American mothers by the establishment of rapport and responding to needs (Kalyanpur & Rao, 1991). Conversely, Kalyanpur and Rao (1991) found that being disrespectful, focusing on deficits, and discounting differences resulted in the inhibition of partnerships being developed. Working well with families by listening, developing rapport, and encouraging participation is critical for the facilitator and the facilitation process. Cultural differences should not be overlooked in communication style. Puerto Ricans are often more sensitive to jokes that can be perceived as personal insult and do not enjoy making jokes in which people are foolish (Scarcella, 1990). The Filipino, who traditionally believes that emotions

should not be expressed freely (Cheng, 1987), may communicate in ways that are misunderstood if the facilitator is not adequate in skills or knowledge.

Assumptions

PCP, as originally envisioned by Mount and Zwernick (1988), was intended to assist young adults who had severe disabilities in becoming more independent and involved in planning their futures. The emphasis was on using existing social supports similar to those used by people who do not have disabilities to achieve life goals (such as independent living) while avoiding life fears (being alone in the world), rather than to provide "services" within systems that were created specifically to serve individuals who have disabilities.

In this context, a person's truest challenges are not clear until after having made known the desires for a future across all domains, living arrangements, recreational activities, community activities, and vocations. O'Brien (1987) identified five essential outcomes of the PCP process:

- * Presence in the community
- * Participation in the community
- * Positive relationships
- * Respect
- * Competence

The essential outcomes are based on the assumption that regardless of how the procedural process of PCP is implemented, the only measure of its success is the success of the individual across those outcomes. Cultural differences can affect the communication of successful outcomes. For example, the Vietnamese, "whose honor lies in not giving or receiving embarrassment or shame" (Hoskins, 1971, p. 1), may be less willing to critically challenge, assert desire, or report lack of success.

Essential Components of PCP

The components necessary for PCP to be conducted smoothly involve organizing the logistics for the meeting, developing a personal profile for the individual, constructing a future vision, developing action sets, providing support, and evaluating ongoing implementation (Butterworth, Hagner, Heikkinen, DeMello, & McDonough, 1993; Hagner, Helm, & Butterworth, 1996). Within each of these steps, there is an opportunity for the inclusion of values not characterized by the dominant culture. Typical sets of activities (creating a circle of supports, MAP, and PATH [see Table 1] are conducted with the expressed purpose of envisioning a future that is based on the desires of the focus individual.

Regardless of the steps or tools used, the essential components of PCP offer open communication

for all participants involved in the focus person's life. This may include parents, teachers, ministers, Boy Scout leaders, coaches, and school/ community service providers, but each participant must be invited by the consumer to participate. This multitude of potential participants can represent individuals from a variety of cultures, language backgrounds, and viewpoints. In all components of the process, differences in culture, language, religion, gender, sexual orientation, and ability are considered so that the experience and outcomes can be as individualized and as sensitive as possible in representing the reality of the consumer. All participants should be encouraged to contribute to the planning process.

Meetings

The PCP process begins with a meeting between the focus person and a facilitator who is knowledgeable about PCP. At this beginning stage, the facilitator and the focus person must take time to learn about each other and to establish a level of trust and ease that will allow the entire process to be successful. During this initial stage of planning, the facilitator and focus person will discuss who should attend the planning meeting.

Team members are selected by the focus person with the input of the facilitator, and invitations are then extended by the focus person with whatever support is needed. The team is typically composed of individuals who serve a supportive and positive role in the focus person's life. The initial team may be very small (2-3 people) or quite large (10-12), depending on the focus person's desires, goals, and personality characteristics (e.g., openness, distractibility, comfort level sharing personal information with others).

When organizing a PCP meeting, it may be appropriate to schedule the event around a meal or in the participant's home. This may help create a common ground that encourages everyone to participate equally. For example, in one series of school-related meetings, Sharonda's parents attended by riding a bicycle, husband peddling with his wife on the handlebars. Both parents attended each session faithfully, but their participation was always minimal. It was later discovered that neither parent had functional literacy levels and had been preoccupied with both understanding the words on the paper and the possibility of writing publicly after speaking. In this scenario, meeting somewhere closer to the home or in the home of the focus individual may have created a more comfortable environment for the family. If the expectations for participation had been clarified, a better comfort level for communication could have been established. The parents may have been more willing to talk if they had known that writing on the paper was not a requirement and may have felt more confident in their participation if someone they trusted had been present. Sensitivity to transportation issues may have also increased participation. For example, if the team had realized this was an issue and scheduled a meeting in the home, they may have been able to communicate their sincerity to the parents and thus contribute to the building of a relationship.

Written language is not just an issue for families who are nonreaders; it may also be a problem for nonnative English speakers who have spoken fluency but not written competency. In the United States, many professionals typically think of Spanish speakers in these scenarios, but school districts actually face multiple native languages. One district in California reported 64 identified first languages and dialects (San Diego Schools Fact Sheet, 2002). The Hmong, 60,000 of whom reside in the United States, have little or no experience with written forms of their own language. A written version

of their language has existed for only the past 30 years. However, the Hmong have a rich oral language of legend and folk stories (Bliatout, Downing, Lewis, & Yang, 1988). Awareness of these unique traits of cultures can provide background when planning meetings.

Developing a Personal Profile

When developing a personal profile for the individual and constructing a future vision, consider that "some minority parents are anxious ... during initial encounters [with the schools]" (Simpson, 1990, p. 72). Sensitivity is paramount to the role of a facilitator of good communication. In addition, it is important to value the information that is shared to support the student's cultural experiences. For example, if a student and family share a history of extended absences from school for purposes of traveling to be with relatives in other countries for important events such as a quinceanera (coming-of-age party), consider the values of commitment to family, the skills generated through travel, and the experience of participating in and preparing for celebrations. Attempting to work creatively within the families' values may be more effective than focusing on the number of days missed during the school year.

One part of the process is establishing (or strengthening) goals. Goals may include social relationships with peers, the pursuit of a career path, or independent living. Meetings range in length from 2 hours to 2 days. The meetings should not be concluded, however, without a written plan delineating the long-term goals and the small steps that can be taken to make progress toward these goals. It is important at this point that the facilitator and the participants listen to and accept the focus person's desires, fears, and aspirations (which may include a culturally specific vision) without judgment. As an example, one young girl wanted to pursue higher education in the United States in order to return to her home country and raise an army with the purpose of returning native lands to native peoples. In this scenario, the professional team of service providers could extract an acceptable goal (pursuit of higher education) without discounting the desires of the individual that seemed unusual or unlikely (raising an army).

Constructing a Future Vision

A vision for the future is critical to the development of a sense of purpose and mission in the world. Individuals without such direction may have social adjustment problems, such as anxiety and depression. The focus individual has the opportunity to express desire for membership in school and community, as do parents or caregivers. A focus individual's goals may at first seem improbable to some participants. However, a skillful facilitator will be artful in separating the goal and the stated desire. This process allows the focus to be on a student's strengths (Ryan, Kay, Fitzgerald, Paquette, & Smith, 2001).

For example, Jamal, a teenager who lived in a rural community and had severe mental retardation, wanted to become a "rock and roll star." His parents listened to their child's dream with anxious and doubtful expressions on their faces. Jamal's church minister seemed amused as Jamal spoke about his desire. However, after great discussion and patient listening it became clear that what Jamal wanted most was a sense of independence and an outlet for his musical interests. Weekly guitar lessons were arranged for Jamal, and he was allowed to join his church music group to perform each

Sunday. A member of the church music group would carpool with Jamal, allowing him greater independence and the pursuit of his long-term goals in attainable steps.

It wasn't necessary for the team to "refocus" Jamal's intentions or to support him in booking a concert tour. A healthy and caring respect for his values and self-determined goals allowed the group to plan with Jamal for a future direction--one determined on his own that would provide him with a natural sense of opportunity and support.

Development, Support, and Evaluation

During the development of action sets and the evaluation of ongoing implementation, it is appropriate to again consider culture and language differences. The concept of purposefully planning, taking charge, and evaluating results may be a Westernized construction dissimilar to other non-Western belief systems. Similarly, the role of myth, religion, faith, and superstition can have value in many contexts, and professionals must come to terms with the notion that it is acceptable for families to hold these beliefs. These belief systems do not necessarily have to impede the process of planning but could instead be incorporated into the process and thus strengthen family-school partnerships.

However, be aware of stereotyping. A study of Latin American families receiving early intervention services found that more families attributed their child's disability to medical causes than to causes related to their belief systems (Bailey, Skinner, Rodriguez, Gut, & Correa, 1999). Therefore, it is paramount that families are viewed in light of their individual characteristics rather than cultural stereotypes. Knowing a family and respecting their belief systems can be accomplished only through dialogue, compassion, and patient listening (O'Shea et al., 2001; Turnbull & Turnbull, 2001).

Developing a vision for the future is hard work that requires considerable planning and the ability to think abstractly (Miner & Bates, 1997a). For those reasons, it is imperative that plans and directions receive appropriate follow-through. Many PCP programs request that assigned responsibilities be shared in such a way that actions are taken and reported within the first week or month after the meeting. This part of the process is essential to the focus person. It is wonderful that caring and supportive people gather to help the focus person plan for his or her future, but it is problematic when the plans involve yearlong strategies that often fail to come to fruition.

When the initial planning meeting has been concluded, there should be a plan to meet again (at least with the key people who have immediate assignments) within a week. The team will determine what has happened as a result of their actions and what, if any, revisions will be made to the plan based on the first actions explored. When someone's plan requires in-depth linkages to be established with other social or therapeutic programs, lengthy wait lists and difficult enrollment procedures may become a problem. When this is the case, immediate actions must include strategies to make incremental progress toward the focus person's goals in the interim (e.g., it is anticipated that the next step will take 9 months to accomplish, but here is what we can do tomorrow and next week and next month to work toward that: goal while we are waiting).

Jorge was a 21-year-old Latino who had mild cerebral palsy and mental retardation. When Jorge completed school, he planned to work on his parents' farm. Jorge's parents owned a cattle ranch in

New Mexico. The ranch was family owned and operated. Jorge expressed an interest in attending an agricultural school in the area to take agricultural classes. Jorge viewed school as an opportunity to meet peers and to socialize with people outside of his family. The agricultural program required that participants have prior coursework in the subject, which Jorge did not. The team was able to devise a plan for Jorge to receive the needed prerequisite skills and to enroll in the agricultural classes the following fall.

It was a difficult meeting; Jorge's family needed his assistance on the farm and was reluctant to consent to his plan. The facilitator spent considerable time during their initial meeting talking with the parents about their fears, hopes, and dreams for their son. Listening to Jorge's needs for social interaction with peers and the desires to learn new information that could be used on the family ranch helped the parents understand Jorge's goals. Although it took nearly a full year for his family to consent to the plan, patient planning in small increments of daily and weekly goals provided the family time to adjust their perceptions and to see the commitment Jorge had to school-based learning.

In another situation, in a rural southern school, Bobby (who was 7 years old) attended a public school special education class. His exposure to the world included his school, the walk to school, and his fenced front yard. The general education teachers on the PCP team volunteered to take Bobby to church each Sunday because this was an expressed need and value of the family that contributed to Bobby's moral and behavioral development. Regardless of one's personal stance on attending church services or Bobby's spiritual development, the outcome was that a weekly community integration activity was initiated. This afforded Bobby access to non-disabled peers, community adults, and relationships with general education teachers.

Remember that in each step of person-center planning, the focus individual, the family, and the community set the stage. It is about the person's needs being identified so that environments and supports can be changed to fit the individual and not the other way around. This process is about changing environments, not changing people, and as such it is a powerful way to build alliances.

Essential Outcomes of PCP

Research has documented the effectiveness of PCP by both validating the process (Miner & Bates, 1997a; Holburn et al., 2000; Whitney-Thomas, Shaw, Honey, & Butterworth, 1998) and evaluating outcomes (Flannery et al., 2000; Miner & Bates, 1997b; Salembier & Shepherd-Furney, 1994). Additional research has found that PCP can be an effective component of positive behavioral support by reducing problem behavior (Artesani & Mallar, 1998; Bambara, Mitchell-Kvacky, & Iacobelli, 1994). Further, techniques exist to measure the degree or level of adoption regarding innovative practices within systems (Roberts, Becker, & Penny, 1997).

Presence and Participation in Community

Although individual participation in the community varies widely, it is a useful benchmark for evaluating the appropriateness of the plans. The team should consider asking the focus individual at what level he or she is currently involved in the community. For two brothers with Down syndrome, a

third grader and a fourth grader, community team soccer and Sunday school were the extent of their community involvement. This did not seem altogether atypical for boys of this age, but the family and the boys wanted more substantial participation. Their mother thought that both these activities were too superficial to develop real friendships. Knowing this, the PCP team was able to look for avenues of deeper participation, rather than additional "shallow" activities. The team evaluated boys' activities that were built on small-group interaction and partnerships and helped the boys initiate participation in scouting. In addition, their current participation in soccer was enhanced by extending personal invitations to college soccer games to some of the boys from their teams. These things resulted in the boys' having more presence in the community and being more satisfied with the presence they already had.

Culture and economic background can influence the level and type of community involvement. Families may feel disenfranchised and disinterested in the kind of participation that the normative culture of public schools considers appropriate (De Carvalho, 2001). A family may also choose more passive participation (Manning & Lee, 2001). Parents may also resent the expectation that attending and participating in more community activities will improve them as a family. Take great care to be sensitive and encourage levels of participation that are comfortable and desired by the individual based on his or her culture, gender, or socioeconomic status.

Positive Relationships

Person-centered planning is intended only as a tool to help individuals achieve their goals and desires and avoid their fears (Forest & Pearpoint, 1992). As with all tools, there is ample room for problems that were not anticipated. For example, it is critical to recognize that establishing relationships with others is not always congruent with having positive relationships. One student, Amy, and her father, Bill, both talked about her relationship with the cab driver that took her to and from work and school. After listing the people Amy had relationships with in the community, we went on to discuss what she particularly enjoyed about the various relationships. It became apparent that the relationship with the cab driver had become inappropriately personal and sexual in nature. Through this process we were able to talk about the characteristics of safe relationships and the differences between casual and intimate relationships. We also established connections to a local social organization for adult individuals with cognitive and developmental delays called Networks. This allowed Amy to become involved in safe community-based relationships with which her family felt more comfortable.

Billy, a 17-year-old who attended a comprehensive high school, identified his lack of social relationships during a PCP meeting. His sole source of friendship and companionship was his grandparents. Because Billy was a friendly individual, this had gone unnoticed by school personnel. The team used PCP to identify Billy's strengths and interests. Building on these, Billy joined the high school track team as an athlete. Billy began riding the bus to games with the team and eventually identified two individuals on the team as friends.

In these examples, the focus individual and the family define and determine concepts of friendship and positive relationships. Only in these ways can we demonstrate sensitivity to the family and promote their choices. Family choices may be different from the normative culture in the value placed on time, family, and socioeconomic status. As De Carvalho (2001) noted, "The race for school

credentials as a means for social mobility constitutes a unique U.S. phenomenon]" (p. 41).

Respect

Respect for self, family, community, and culture are critical components for all individuals in a democratic society. These values translate into both the development of self-efficacy and self-esteem.

However, these concepts could be unfamiliar or uncomfortable to the focus individual with cultural differences. For example, self-efficacy or self-determination may be not only an unusual concept to another culture but one that is in opposition to putting family first or the belief that life's course is predetermined. Learning respect for self and others can be fostered through person-centered planning by identifying the belief systems held by the focus individual, the family, and the community. When the community normative culture differs from the culture of the focus individual and his or her family, PCP provides an opportunity to talk about expectations. It is through such dialogue that prejudice and misunderstanding may be overcome. The following principles can be used to teach language minority students, students who are from other cultures, or students who have disabilities:

1. Know your focus individual. All participants need to understand who the focus individual is and the types of educational and vocational opportunities that appeal to him or her.
2. Encourage interaction. Participants who serve in support roles need to offer multiple opportunities for students to explore and practice skills.
3. Provide effective feedback. All participants need to use culturally responsive methods of communication.
4. Encourage parent participation. The parent is an integral part of the student's learning and will be the only participant with a lifelong vested interest. Never undervalue this role.
5. Appreciate and incorporate cultural diversity. Facilitators need to understand the focus individual's culture and include as many aspects as possible during PCP and the subsequent supports or system changes.
6. Reduce prejudice. Participants with support roles need to implement policies, procedures, and activities that are explicitly designed to reduce prejudice.

An example of the complexity of respect as an outcome can be illuminated by examining the Western values of critical thinking and challenging authority. Some classroom settings may employ techniques designed to get students to respectfully challenge the viewpoint expressed by the teacher or the text. In many cultures (e.g., Korean, Japanese, Chinese), following the teacher's viewpoint without ever challenging it would be a way to earn self-respect and bring honor to the family. The divergence of these two appropriate ways to interact with authority might be addressed in a PCP meeting when vocational ambitions and the requisite coursework or job experience are planned. The subsequent

identification of specific social skills and self-advocacy skills may be identified and differences, strengths, or weaknesses addressed.

Competence

Competence in specific skills, as well as larger domains of skill sets, is a desired outcome of the person-centered planning process. Care should be taken in the assessment of competence and in the communication of expectations for performance. Competence can be evaluated in many ways, and due consideration should be given to the many forms of demonstrating mastery. Remember that persons of some cultures are less likely to answer direct questions or provide an accurate self-report. Some cultures would consider humility a more critical value than assertive response, and others may misunderstand the semantics of English. Saudi Arabian students may offer a rote response rather than an opinion. This would reflect training rather than absence of original thought (Levine, 1982). Further, "children who are not taught in their homes to value spoken interaction in public situations often have difficulty communicating in middle-American public schools" (Scarcella, 1990, p. 93). Punjabi students and Korean students, for example, are sometimes trained not to give their own opinion in class discussion but to defer to authority (Ogbu & Matute-Bianchi, 1986). The ways in which the team discusses performance and its implications must be sensitive to cultural considerations, or the termination of "competency" will be meaningless because of its inaccuracies.

Discussion

In both process and outcomes, cultural sensitivity should be defined as openness to the family and focus individual's desires. The examples used in this article are not in any way meant to construe stereotypes of cultures or to essentialize the experiences of one generation of immigrants to another. Assuming that differences exist because of an individual's surname or choice of native clothing is just as much of a disservice to families as being blind to differences. For example, Bianca's family was notified by telephone and letter that their high school-age daughter was unable to read Spanish. Bianca, however, was a third-generation native English speaker who was assessed in Spanish only because of her Hispanic last name. The chaos that resulted in the home and later in school offices could have been avoided.

Conclusions

Culture is easily defined on paper but not so easily identified in the flesh. As such, it must be considered for the kaleidoscope that it is. It may be fluid rather than static and is even more individually defined and applied than the educational diagnosis we give the students we work with in schools. One Hispanic student's experience and values do not define all students from Spanish-speaking countries or with Spanish-sounding surnames. Differences related to regions, generations, religions, family structures or sizes, and economic classes exist within every culture.

The participation in assisting someone (the focus individual) in planning a life's course is a purposeful and important process. It requires a skilled facilitator; a team of willing participants; and culturally sensitive individuals who are able to ask questions, forestall judgment, and support the wishes of the individual.

During an age in which schools and families typically struggle to form partnerships that are equitable and meaningful, person-centered planning can be a sensitive solution for understanding a child or family's values (Lohrmann-O'Rourke & Gomez, 2001). It is an important tool for providing culturally nonbiased service delivery because it lets an individual and his or her family develop a plan based on their priorities and perceptions rather than those of the public schools or agencies.

TABLE 1
Essential Components of Person-Centered Planning

Component	Description
Circle of support	<p>Elaborates the types of relationships focus individual has for developing support systems:</p> <ul style="list-style-type: none"> ● Involves listing the network of available persons in concentric circles from closest to the individual outward ● Typically a team would use 4 circles. ● The first circle would be intimate friends, family. ● The second circle would be good friends. ● The third circle would be people, organizations, or teams with which the focus person participates. ● The fourth circle would be paid service providers.
Making Action Plans (MAPS; Alper & Ryndak, 1992; Forest & Pearpoint 1992)	<p>Designed to graphically depict future visioning and plan accordingly:</p> <ul style="list-style-type: none"> ● Involves answering eight questions and depicting the process on large sheets of paper, typically with representational graphics or drawings ● What is a MAP? ● What is this person's history or story? ● What are the person's dreams? What are the person's nightmares? ● Who is the person? ● What are the person's strengths, gifts and talents? ● What does the person need? ● What does the ideal day look like or what is the plan of action?
Planning Alternative Tomorrows with Hope (PATH; Pearpoint, O'Brien, & Forest, 1993)	<p>Extends MAP to address capacity building:</p> <ul style="list-style-type: none"> ● Step 1: Identify "the dream." ● Step 2: Create short-term goals ● Step 3: Describe current status. ● Step 4: Enroll supportive people to assist ● Step 5: Recognize the "cost" of participation and gather commitment. ● Step 6: Visualize the progress that will have happened in 3 months. ● Step 7: Visualize the progress 1 month from now. ● Step 8: Identify the first thing to be done.

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Kimberly J. Callicott, PhD, is an assistant clinical professor at Texas A & M University. She has 12 years of teaching and teacher training experience in public schools. Her research interests lie in effective practices for teaching students with disabilities and working with their families. Address: Kimberly J. Callicott, Department of Educational Psychology, 704 Harrington Tower, TAMU 4225, College Station, TX 77845; e-mail: kcallicott@coe.tamu.edu



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