Facilitating the Meaningful Participation of Culturally and Linguistically Diverse Families in the IFSP and IEP Process

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This article briefly reviews literature regarding the involvement and participation of culturally and linguistically diverse (CLD) families in the special education process. Barriers to family participation and strategies for facilitating family participation are summarized. Furthermore, we highlight important issues regarding raising the awareness of professionals when they develop Individualized Family Service Plans (IFSPs) or Individualized Education Programs (IEPs) with families from CLD backgrounds. We discuss implications for families, professionals, and programs to highlight the importance of developing collaborative and effective IFSPs and IEPs with all families.

Anumber of challenges have been confronting special education service providers and programs in the process of providing quality services and supports to culturally and linguistically diverse (CLD) children with disabilities and their families who are from African American, Hispanic, Asian and Pacific Islander, and Native American backgrounds. First, the demographics of the U.S. population are rapidly changing. About one third of the young children born in the United States are from CLD backgrounds (Hanson, 1998). Second, families are also becoming more diverse in terms of language, SES, education, religion, ethnicity, family structure, occupation, geographical location, belief systems, and values (Hanson, Lynch, & Wayman, 1990; Lynch & Hanson, 1998). Third, many service providers who were primarily trained to provide child-focused services lack formal training in working with families (Bailey, Buysse, & Palsha, 1990). Furthermore, bilingual and bicultural early interven-

tion and special education professionals are in great shortage (Christensen, 1992).

Children with disabilities and their families eligible for special education services need to develop Individualized Family Service Plans (IFSPs) and Individualized Education Programs (IEPs). An IFSP is a process and a written document developed by a multidisciplinary and interagency team consisting of parents and other family members, a service coordinator, and other professionals involved in the provision of early intervention services to infants and toddlers. The components of the IFSP document include the following:

1. the child's current level of development in five domains;
2. the family's priorities, concerns, and resources;
3. the major outcomes expected to be achieved;
4. the specific early intervention services to be provided in the natural environments;

5. the projected dates for the initiation and duration of the services to be provided;
6. the name of the service coordinator who will be coordinating the services; and
7. the steps for supporting the transition to special education services (Yell, 1998).

The IFSP must also "include a justification of the extent, if any, to which early intervention services will not be provided in a natural environment" ("Special Focus Issue," 1999, p. 15).

An IEP is a process in which a team develops an appropriate program and a written document delineating the special education and related services to be provided to an eligible student from ages 3 to 21 years (Yell, 1998). An IEP must include the student's present level of performance and disability classification, the recommended program placement, related services to be provided, a timeline for the projected goals to be accomplished, annual goals and short-term instructional objectives, and evaluation methods (Mervis & Leininger, 1992). The IEP must provide a justification of "the extent to which the child will not participate with children without disabilities in the general education class" ("Special Focus Issue," 1999, p. 9).

Laws concerning special education (e.g., the Education for All Handicapped

Children Act of 1975, the Education of the Handicapped Act Amendments of 1986, the Individuals with Disabilities Education Act of 1990) recognize family involvement and family–professional collaboration as essential to developing IFSPs and IEPs. These two documents ensure the provision of early intervention and special education services to children with disabilities and their families. They are at the heart of the intervention process, promoting collaboration between family and service providers.

Numerous studies show that families from CLD backgrounds underuse early intervention services (Arcia & Gallagher, 1993; Sontag & Schacht, 1993, 1994). Arcia, Keyes, Gallagher, and Herrick (1993) reported that the three most important determinants for underuse of services for young children less than 5 years of age are having a diverse ethnic or cultural background, having a very low family income, and having a mother who is unemployed. A child who is poor, living in a rural area, disabled, and a member of a diverse cultural and linguistic group may have a much greater risk for under- or nonuse of early intervention services. On the other hand, school-age children from CLD backgrounds are overrepresented with mild disabilities (e.g., learning disabilities, emotional disturbance) in special education (Harry, 1992b). The phenomena of underrepresentation and overrepresentation are closely related to the ways services are conceptualized and delivered in early intervention and special education.

Little research has been conducted on the representation of children from CLD backgrounds in moderate and severe disabilities (Harry, Grenot-Scheyer, et al., 1995), and no research is available on working with CLD families of children with autism. This article briefly reviews literature on the participation of CLD families in the special education process. We explain barriers to family participation and strategies for facilitating family participation. Furthermore, we raise important issues for professionals to consider when they develop the IFSPs and IEPs with CLD families, including those of children with autism. Implications for families, professionals, and programs are discussed to highlight the importance of working collaboratively to develop effective IFSPs and IEPs with all families.

Barriers to Family Participation

Several studies have reported that CLD families exhibit lower levels of participation than European American families in the special education process (Harry, 1992a, 1992b; Lynch & Stein, 1987). Many researchers have discussed barriers to the participation of CLD families (Blanche, 1996; Chan, 1990; Hanson et al., 1990; Harry, 1992a; Sontag & Schacht, 1993, 1994; see Table 1). Knowledge of these barriers will help professionals constructively develop strategies to facilitate family understanding and participation.

Barriers such as the language and cultural differences of the family, a lack of understanding of linguistic and cultural diversity by professionals, and a lack of support from the systems are key influences on the family's level of participation (Bennett, Zhang, & Hojnar, 1998). McCubbin, Thompson, Thompson, McCubbin, and Kaston (1993) stated that the ease with which professionals integrate cultural factors into the intervention planning is determined by the following factors:

1. the cultural background of the professional;
2. the sensitivity and competence of the professional in dealing with cultural factors;
3. the congruence between families' and professionals' beliefs about intervention and services;

TABLE 1
Barriers to Family Participation

Barrier	References
Families	
Limited English proficiency	Boone et al., 1999;
Differences in language and dialects	Greene & Nefsky,
Interpersonal communication style differences	1999; Harry, 1992b;
Acculturation level	Lynch & Stein, 1987;
Attitudes toward disability	
Family knowledge and comfort with the school infrastructure	
A sense of alienation from school	
Work, time conflicts, transportation problems, and childcare needs	
Logistic barriers related to income, material resources, transportation, time	
Professionals	
Special education professional knowledge and sensitivity to cultural diversity	Boone et al., 1999;
Insensitivity to religious beliefs and family traditions	Greene & Nefsky, 1999; Harry, 1992b
Professional attitudes that stereotype or blame the parent and deny parental expertise and knowledge about the child	
Professionals' withholding of information	
Use of jargon	
Programs	
Lack of language-appropriate information materials concerning resources, rights, and responsibilities for non-English-speaking individuals	Chan, 1990; Lynch & Stein, 1987
Shortage of trained bilingual and bicultural personnel	
Inflexible scheduling of conferences	
Lack of culturally responsive service models that systematically address relevant cultural orientations and behaviors that affect service use	

4. the influence of racism, poverty, and political powerlessness on the family's perception of the service-delivery system; and

5. the language and cultural identities of the family.

Factors affecting the family's level of participation are complex and intertwined and vary with each situation (e.g., view of disability, knowledge about disability, accessibility of services). Thus, it is important for professionals to individualize and provide services depending on each family's education, acculturation, socioeconomic status, geographical location, beliefs about special education, and view about the child's disability and the intactness of the family support systems (Bennett et al., 1998; Harry et al., 1995; Shu-Minutoli, 1995).

Preparation for the IFSP and IEP Process

Initial Contacts with Families

When a child is suspected of having a disability or referred to an agency for a disability, an emotional period begins for the family (Collins & Collins, 2001). This period may be intensified because the family's reactions have been brought into the spotlight and exposed to a stranger. It is very important for professionals to understand family's emotional reactions to disability. These reactions differ with each family. For some families, this may mean that their worst fear has been confirmed. For others, it may mean that family shame has become public. However, to still others it may mean that they can get help and support from professionals. It is essential at this stage to approach families with sensitivity and to determine their readiness for information and support. Bombarding families with too much information may alienate them from professionals and agencies and make future contacts more challenging.

Taking time to understand the reactions, concerns, needs, priorities, and preferences of the family and developing a trusting relationship with them can per-

sonalize the process, which will facilitate the family's access to special education and ease the process. Lynch and Lewis (1982) described the special education system about two decades ago:

Not only is the special education system new to many families, it is also highly complex and requires the same kind of record-keeping, efficiency, and monitoring that is required in the business world. Each step in the identification, assessment, and placement of a student into a special education program or service is now a bureaucratic procedure leaving professionals less time and less flexibility for recognizing and attending to families' needs. Often the process itself is in direct conflict with the family's cultural values and beliefs. (p. 98)

Special education remains a complex system. Rushing to complete the IFSP or IEP process within 30 to 60 days only to meet the mandates of the law may not be in the best interests of the child and family. Establishing rapport (e.g., having conversations, interpreting, sharing, accepting) with families and taking the time to introduce them to the special education system and process is a recommended strategy (Bennett et al., 1998; Chan, 1990, 1998; Harry, 1992b; Kalyanpur & Rao, 1991; Lynch & Hanson, 1998).

Initial contact is a critical period of time for professionals to get to know the child and family. In this critical period of time, professionals can explain the terminology, explain the diagnosis and the intricacy of special education and related services, share their expectations of each other, and understand the family's hopes and aspirations. See Table 2 for strategies to facilitate the family's participation in special education.

Preparing Families

An IFSP or IEP meeting is a mandated procedure that must occur before special education services are provided to children and families. Many families have reported that professionals do not spend time explaining parent rights or giving the needed information before the IFSP

or IEP meeting and that they felt their presence at the IFSP or IEP meeting was only for show (Kalyanpur & Rao, 1991). As Lynch and Stein (1987) pointed out, "For newly arrived Hispanics, Central Americans, and Asians, the entire educational system is different from that in their own countries, and the special education programs, services, and legislation have no parallel" (p. 106).

Family characteristics (e.g., education, acculturation, employment status, language, family resources) need to be considered when planning the IFSP and IEP meetings. Some special efforts may be needed if families are unfamiliar with the special education process. Training sessions may be necessary in order for families to participate in a meaningful way (Chan, 1990). Cloud (1992) suggested that families role-play a meeting, sit in on another meeting, or watch a videotape of a meeting so that they can gain a better understanding of an IFSP or IEP meeting. These efforts may lengthen the process; however, they will make it more meaningful, which will eventually pay off for everyone. Many other strategies for preparing families for the IFSP or IEP process are included in Table 2.

Communication

Professionals experience a range of languages and communication styles when interacting with families from CLD backgrounds. Communication is the key to mutual understanding, trust, and collaboration (Bennett et al., 1998). When communication breaks down in an interaction, misunderstanding can occur. Hanson et al. (1990) pointed out that "families with limited English proficiency (or interventionists with limited other-language proficiency) are seriously disadvantaged" (p. 124). They also noted that successful intervention takes time and that when there is no or limited communication to collaboratively share, plan, and implement services, some of the goals of special education will be lost.

Communication is embedded with many nuances. This is especially true for cross-cultural communication. Professional jargon, body language, timing of

TABLE 2
Strategies for Facilitating Family Participation in Special Education Process

Strategy	References
Families	
Promote increased knowledge and understanding with school policy, practices, and procedures among families.	Greene & Nefsky, 1999
Develop new roles for families.	
Professionals	
Involve other influential family members or qualified community members.	Florian, 1987; Greene & Nefsky, 1999; Lynch & Stein, 1987; Nelson, Smith, & Dodd, 1992
Develop increased knowledge and sensitivity about multiple dimensions of cultural diversity.	
Hold bilingual meetings and select convenient times for parents.	
Conduct a home visit a few days prior to IEP meeting to discuss with parents such issues as child care, transportation, and the importance of parent attendance.	
Use family-centered approaches and collaborative techniques when interacting with families/youth with disabilities.	
Understand culturally bound, nonverbal aspects of communication, such as body language and eye contact.	
Reduce the volume of written information.	
Provide families with information that is not only factual, but also open-ended and reciprocal to allow parents to express their cultural views on disability, preferences, and opinions about placement, teaching methods, and the extent and meaning of their rights under the special education law.	
Provide an overview of what will take place throughout each phase of the IEP process.	
Orient parents to location of the IEP meeting and introduce them to other members of the team.	
Encourage parents to have a family member or family advocate accompany them.	
Familiarize yourself with emotional reactions and attitudes to a child with a disability.	
Define goals which are consistent with the life experiences, religious beliefs, and cultural values of the families served.	
Use native language information and materials (e.g., reading materials, radio, television, video, Web site).	
Maintain ongoing communication regarding status of assessment and service delivery procedures.	
Programs	
Provide transportation, advance notice of meetings, and childcare.	Rhodes, 1996
Hire persons who are familiar with the culture of the family in order to promote accurate and unbiased interpretation.	
Maintain the same interpreter throughout the process to avoid disruption of parent/interpreter relationship.	
Disseminate information and gain access to parents through traditional community supports such as churches or ethnic organizations, as opposed to impersonal efforts.	

silence, pacing of speech, and pitch and tone influence the communication and interpretation process. Misunderstandings between professionals and families have been documented in many examples (e.g., Blanche, 1996). For example, professionals label children as "mentally retarded," "emotionally disturbed," or "learning disabled," whereas families may call their children "stubborn," "lazy," and "slow." In many languages there are no equivalent terms to describe various types of disabling conditions, such as autism, mental retardation, and learning disabilities (Chan, 1998; Harry, 1992a; Smith & Ryan, 1987).

Shu-Minutoli (1995) described the difference between two communication styles. *Low-context communication* emphasizes exactly what is said during the interaction. The communication is straightforward, specific, and logical. *High-context communication* is heavily dependent on the subtle messages of the interaction (body language, facial expression, timing of silence). In this context, the verbal message does not really convey the genuine meaning. Professionals unaware of these differences will feel frustrated, puzzled, or confused because of an interaction. If questioning a professional's authority is not valued in a family's culture, they may refrain from asking for clarification or expressing opinions in order to show proper respect (Anderson, 1989; Blanche, 1996). Professionals may misinterpret the family's deferential attitude as lack of interest (Shu-Minutoli, 1995).

Cooper and Rascon (1994) suggested some strategies for enhancing family–professional communication. They include keeping the communication free of specialized diagnostic or educational terminology and professional jargon and establishing a climate of trust. Involving a cultural guide who is bilingual and bicultural will also reduce the degree of misunderstanding and mistrust.

Family's View of Disability

Shu-Minutoli (1995) cautioned that the reaction to a child with a disability is very personal, and cultural beliefs may be only one factor. Factors such as SES, regional differences, religious beliefs, degree of acculturation, English proficiency, educational level, occupation, immigration status, accessibility of services, family's support system, and family stability could all affect a family's view of disability, which in turn affects the family's access to and use of services.

Harry (1992a) stated that disabilities are culturally defined. Every culture has different parameters for typical and atypical development. Some cultures accept a wider range of diversity in behavior and development. For example, in cultures where technology is not highly valued, if

the child can make a living, the child will not be labeled as mentally retarded (Harry & Kalyanpur, 1994). Another example is that if a child has a communication problem and that condition does not prevent him or her from helping in the family household or business, the family may not think of the child as "disabled." A family's view of disability will impact their use of services. Sontag and Schacht (1993) reported that there were significant differences among ethnic groups in the frequency of using medical-related services (e.g., physical and occupational therapy, surgery). Native American children were significantly less likely to receive medical-related services than European American children.

Conflict may occur when families and professionals disagree on the view of disability and treatment. Families may refuse surgery because of cultural taboos against cutting someone open. If a child's condition does not seem problematic to the family, they will not respond favorably to the notion of treatment (McCubbin et al., 1993). The challenge for professionals is to recognize that "the framework of disability and services to disabled students are based on cultural assumptions, rather than universal truths" (Harry & Kalyanpur, 1994, p. 145). Thus, when initially presenting a diagnosis to CLD families, it is imperative that professionals take time to understand the family's reactions to the child's condition. Professionals should not use a label that does not make sense to the family. They can enlist cultural guides to properly explain what that condition is if language and cultural differences exist between the professional and the family (Shu-Minutoli, 1995).

Understanding and Accepting Family Structure

Families from many cultural groups may rely on members of their extended family, with whom they have close emotional ties, to share responsibilities and provide support (Blanche, 1996; Hanson et al., 1990). For example, many CLD families may rely on extended family members for babysitting and may even be reluctant to

use an outsider (Anderson, 1987). Often parents may not be the primary caregivers. Parental consent is a Western value. In order for professionals to meaningfully involve families, they may have to obtain the consent of extended family members who are close to the family (e.g., grandparents, godparents, tribal leaders; Hanson et al., 1990). Thus, the decision-making process needs to include the primary caregiver and any important members of the family in order for interventions to be implemented and followed through (Shu-Minutoli, 1995).

Time Orientation

In many cultures, personal interaction is more important than rushing to get the work done, and thus time efficiency may not be valued by families (Blanche, 1996). The 30- to 60-day deadline for completing an IFSP or IEP meeting may not be understood by many families (Bennett et al., 1998). Some families may not be able to project into the future and come up with goals for their child. In many cultures, taking time to consult elders or community leaders in order to make wise choices for the child is critical. Rushing to complete the IEP or IFSP may prevent the family from meaningfully participating in the process. Moreover, professionals may see themselves as short-term providers who spend a period of time with children. Parents see the care of their child as an ongoing and lifelong commitment (Brotherson & Goldstein, 1992). Professionals need to acknowledge this significant difference in time orientation and realize the importance of preparing families to be advocates so that families can maintain the continuity and quality of care for their children.

Families' Understanding of Family-Centered Philosophy

Many concepts and philosophies of early intervention and special education may be strange to families who are not familiar with the special education process and systems in the United States. The Education of the Handicapped Act Amendments of 1986 and the Individuals with

Disabilities Education Act mandate family involvement and family decision making in the process to protect children with disabilities from inequitable treatment. Concepts advocated in family-centered philosophies, such as families' being decision makers and advocates, may conflict with the views of experts and families. Many families may take what is offered and feel reluctant to question the appropriateness of placement and instruction provided to their children. Thus, the interpretation of family-centered practice needs to be extended and contextualized when working with families from CLD backgrounds. Providing information to familiarize families with the special education process, their legal rights, support systems (such as family advocates), and parent training will prepare them to be more comfortable with and confident at navigating the systems and becoming advocates for their children.

Developing IFSP and IEP Goals

The issues previously discussed affect family–professional interaction and thus are important for professionals to consider in order to develop meaningful IFSP and IEP goals with families. Professionals may find that a family's hopes and goals for their child are greatly influenced by that family's beliefs and other important characteristics (SES, education, religion, acculturation; Blanche, 1996; Hanson et al., 1990; Robinson & Rathbone, 1999). Professionals may emphasize independence, employability, and self-sufficiency as important goals for children. Shu-Minutoli (1995) stated that families may feel confused if professionals develop goals to foster a child's independence at an early age. This is because many parents from CLD backgrounds may feel that they are not good parents if they do not take care of their child (e.g., feeding and dressing their child). Another example is that children and adults with disabilities are treated with protection, nurturing, sympathy, and pity (Harry et al., 1995). These atti-

tudes may be in conflict with service providers' goals of independence and self-sufficiency.

Identifying the Family's Strengths, Needs, and Resources

Correa (1989) suggested a multifaceted ecological model to gather information before goal development. She emphasized that a broad base of assessment areas must be tapped before the professional has an accurate view of the needs of the individual child and family. The assessment should include resources and support systems available to the family; an understanding of the family's structure and the roles within the family; and knowledge of the extended family, each member's responsibilities within the family unit, and the decision-making process.

Involving Bilingual and Bicultural Guides

Misidentification and misplacement of children from CLD backgrounds are often due to a lack of understanding or a miscommunication. Only involving translators or interpreters simplifies the complexities of cross-cultural communication (Barrera, 1994). Barrera suggested the use of a "culture-language mediator," sometimes referred to as cultural guide, or bilingual and bicultural guide, who is proficient in the language families speak but also has the professional knowledge and skills (p. 11). This person can assist the professionals in understanding the values, behaviors, language, and rules held by the family. He or she can also help the family and child become familiar with the values, beliefs, language, and rules and procedures for the assessment and intervention implemented by the professionals. Thus, this person becomes key to mediating the conflicts and bridging the differences of those involved.

Developing Goals to Match the Child's Strengths and Needs

Cloud (1992) stated that an IEP "is a plan that accounts for all elements that make up the teaching and learning context" (p. 149). It should have information about the child's characteristics (e.g., strengths, learning and interaction styles, language proficiency, needs). Cloud (1992) suggested that goals and objectives should be developed in all areas, including language development, academic or vocational skills, social skills, and objectives for inclusion. If the child has a disability and has limited English proficiency, the IEP needs to have a language-use plan that specifies the extent of instruction in academic areas that needs to done in the native language and in English.

Developing Goals That Consider the Family's Language and Culture

Harry, Rueda, and Kalyanpur (1999) indicated that professionals working with families from different backgrounds need to consider the extent to which they influence families' goals. They stated that in order to develop socially valued and acceptable goals, professionals need to consider the context of the child and family (e.g., the language used at home, the community where the child functions daily). Through honest and open dialogue with families, professionals can compare their differing beliefs and develop goals by building on family characteristics, beliefs, and strengths rather than setting goals derived from values that may be strange to the families served.

Implications

Families

A deficit view of families has been detrimental when professionals intend to fix a child's or a family's problem (Harry & Kalyanpur, 1994; Kalyanpur & Rao, 1991). Family-centered support principles emphasize that professionals recognize the unique strengths of each individual family and understand the importance of assisting families in identifying available resources to meet their perceived needs rather than trying to fit families into the rigid existing program models and services. Professionals need to build a partnership with family members based on mutual respect, open communication, shared responsibility, and collaboration (Greene & Nefsky, 1999).

Chan (1990) found that families desired objective information about their child's specific disabling condition, particularly with respect to etiology, associated characteristics, the corresponding needs, and information about available services. Parents were interested in learning skills to promote their child's development. Parents also expressed the needs to get emotional support for coping with a child with a disability and to reduce family stress (Collins & Collins, 2001). Families need understandable information regarding the eligibility, assessment, services, and educational programming for their children with disabilities. As primary advocates of their children, they need information regarding their rights in the decision-making process (Chan, 1990; Greene & Nefsky, 1999).

Families need to be encouraged to become active participants in the service-delivery process. Families should be included and respected as equal team members. Support groups such as parent advisory committees and advocacy groups can play a critical role in bridging the gap between special education personnel and families from CLD backgrounds. These support groups may not be familiar to many cultural groups; however, families can be exposed to these experiences so that they can choose the variety of roles they are comfortable with. These support groups can also help families understand the legal aspects of the special education process, teach them how to be effective advocates for their children, and offer cultural and linguistic diversity training to professionals working with their children (Greene & Nefsky, 1999).

Professionals

Harry (1992b) mentioned that "many minority parents tend to place their trust in the school and do not expect to play an influential role" (p. 102). For this reason, parents sometimes maintain a passive stance in dealing with issues related

to their children. Further, the nature of special education and related services provided to school-age children with disabilities is mainly determined by professionals (Harry, 1992b). Professionals, thus, face the responsibility for making legitimate decisions in the best interests of children and families.

When working with families whose backgrounds differ, professionals' cultural values are often unrecognized until they are challenged by exposure to different values. Professionals and families may expect reactions that "range from suspicion to surprise, from disbelief to delight, and from acceptance to appreciation" (Hanson et al., 1990, p. 117). Harry et al. (1995) cautioned professionals against developing a false sense of cultural competence based on a general, superficial body of information (e.g., foods, holidays, heroes) about particular cultural groups.

Shu-Minutoli (1995) indicated that professionals' expectations for family participation must be realistic, sensible, and sensitive to the families' needs and priorities. Professionals also need to be aware of their own beliefs that may have an impact on the delivery of services to families of children with disabilities. Becoming culturally competent requires that professionals identify, clarify, and reflect on their own values, assumptions, and practices. By gathering and analyzing information regarding the cultural context families are in, professionals can determine the degree of family acculturation and examine each family's beliefs related to childrearing practices and goals for their child (Hanson et al., 1990). It is critical that professionals be prepared to deliver services in a nontraditional and flexible manner and in a fashion that is most comfortable for families (Shu-Minutoli, 1995).

Professionals need to adapt their roles when they work with families in planning and implementing interventions. Hanson et al. (1990) stated that professionals need to

> [acknowledge] different cultural perspectives and [learn] how to work effectively within the boundaries that are comfortable

for the family, while sharing the views of the larger culture to increase the family's understanding and improve their ability to negotiate the new culture. (p. 117)

Self-reflection, flexibility, the ability to understand the relativity of their own and the family's perspectives, and observational and interaction skills will enable service professionals to gather, in a respectful manner, the necessary information regarding developing realistic and socially acceptable goals (Harry et al., 1999). Both professionals and families need to acknowledge the importance of an individualized, ongoing, and flexible IFSP or IEP process. This ongoing process will allow professionals to respond appropriately to the family's changing needs. It will help professionals monitor the degree to which suggested interventions fit into the family's schedule and routines. Professionals must acknowledge that the IFSP or IEP is not merely a document but a continuous intervention process for preparing families to be advocates of their children (Harry et al., 1999).

Thus, as Harry et al. (1999) stated, the challenge is

> not for professionals to give up their own beliefs, but to cultivate a habit of learning to understand and respect others. . . . If service providers can learn to respect the value systems of others regardless of whether they agree with them, a process of cultural reciprocal negotiation can begin. (p. 133)

Kalyanpur and Rao (1991) suggested that empowerment is not the mere provision of services to underserved population. Empowerment "signifies changing the role of a service provider from that of an expert to that of an ally or friend who enables families to articulate what they need" (Kalyanpur & Rao, 1991, p. 531).

Programs

Harry (1992b) pointed out that schools tend to focus on compliance with mandates rather than on developing effective communication and interaction with parents. Providing culturally sensitive and

appropriate services requires overcoming significant barriers (Hanson et al., 1990). A fundamental barrier is the simple fact that most early intervention and special education programs and their policies, as well as professionals, may represent only European American values. The effectiveness of programs often depends on the development of policies that are sensitive to and respectful of cultural diversity, cultural competence, and behavioral changes of the professionals (Hanson et al., 1990). The effectiveness of the programs that serve CLD populations "rests heavily upon the sensitivity, understanding, and respect paid to the specific cultural, familial, and individual diversity involved" (Anderson & Schrag Fenichel, 1989, p. 18).

Harry et al. (1995) recommended that personnel preparation on cultural diversity issues should be intensive and explicit, with an emphasis that "inculcates the understanding that cultures are fluid and are greatly influenced by acculturation, generational status, gender, social class, education, occupational status, and numerous other variables" (p. 106). A more important objective of cultural diversity training for professionals is to teach them how to use family-centered approaches that enable special educators to gain an understanding of and respect for a family's perspective on their child with disabilities and hopes and plans for the child's future (Greene & Nefsky, 1999).

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