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This study investigated the perspectives of 23 first-generation Asian American mothers of children with developmental disabilities. The intent was to explore the working relationships between the mothers and professionals in health care and special education in the United States. The participants in this study were from China, Taiwan, Vietnam, Korea, Japan, and India. Data were drawn from semi-structured interviews conducted over 16 months of fieldwork. The study revealed that mothers endured significant hardships because of communication and cultural barriers. Levels of English proficiency and acculturation as well as a variety of cultural factors were found to be the primary determinants of their perceptions of interactions with the professionals. Implications for professional practice and support for Asian American mothers are discussed.

DESCRIPTORS: Asian Americans, immigrant–refugee issues, parent–professional interactions, qualitative research

Interactions between parents of children with disabilities and health care and special education professionals begin from the time parents have concerns about their children’s health and start their search for a diagnosis. If the child is diagnosed with a disability, parents begin interactions with a variety of different professionals, which may span an extended period. The Individuals with Disabilities Education Act (IDEA, 2004) strongly supports parents’ rights to be involved in the education of their children, including service delivery, and thus parent participation and involvement is one of IDEA’s founding principles. Therefore, good working parent–professional relationships are critical to achieve successful outcomes that meet the needs of children.

From the vantage point of the parents, there is literature that discusses parents’ difficulty in working with professionals who regrettably are discriminatory and culturally incompetent and who treat them as less than equal partners. Studies have documented the perceptions of European American parents of their interactions with professionals. A myriad of complaints were reported, including difficulties in receiving professional advice and support (Schall, 2000; Smith, Chung, & Vostanis, 1994), problems in obtaining sufficient information on their children’s disability and in accessing services, and lack of interagency collaboration among providers (Gray, 1993; Hutton & Caron, 2005; Kohler, 1999; Renty & Rogers, 2006). Parents also complained about professionals being dismissive of their opinions and experiences (Hutton & Caron, 2005; Schall, 2000) and having negative views of the children, their needs, and their abilities (Lake & Billingsley, 2000).

Parent–professional interactions are even more fragile when there are cultural differences between the families and the providers, potentially leading to lack of understanding, confidence, and trust and subsequently undermining the goals of the partnership (Harry, 1992; Harry & Kalyanpur, 1994; Kalyanpur & Harry, 1997). Several studies with Latino families (e.g., Bailey, Skinner, Rodriguez, Gut, & Correa, 1999; McHatton & Correa, 2005) provide parents’ views on issues concerning discrimination and misunderstanding because of cross-cultural issues. Professionals’ deficit views of parents and their children, stereotypical assumptions, and disrespect were also reported among studies of Black families (e.g., Lea, 2006; Rao, 2000).

Although there are numerous studies that have addressed the perceptions of parents among African American and Latino families, very little is known about the experiences of Asian American parents’ in interacting with professionals (Harry, 2008). Because Asian immigrants are one of the fastest growing populations in the United States (Camarota, 2000), it has become increasingly important to understand this ethnic group so that their children
receive effective services and that appropriate foundations may be created for professional development, which addresses cultural and linguistic diversity.

Disability and diversity is a double-edged sword for Asian immigrants—many families face social, cultural, and linguistic barriers. They have distinct cultural and religious beliefs about having a child with a disability. Negative beliefs, such as disability is a sign from God that parents were being punished for their sins, are prevalent in the Asian community (Chan, 1986; Gabel, 2004) and may deter parents from being candid with professionals and as a result prevent them from seeking services. Alternative and positive beliefs, such as disability is a gift from God (Jegatheesan, 2005, 2009; Jegatheesan, Miller, & Fowler, 2010), were found to be the reason for parents’ resentment of professionals who had discrepant views of their children with disabilities.

Factors such as communication style, adequacy of information and professional support, commitment to the child, and interpersonal skills such as empathy, respect, and trustworthiness are all useful in promoting healthy parent–professional relationships. The importance of such qualities has been documented in studies in the United States (Jegatheesan, 2005; Jegatheesan et al., 2010; Jegatheesan, Fowler, & Miller, in press; Park & Turnbull, 2001), U.K. (Hatton, Akram, Shah, Robertson, & Emerson, 2004) and Japan (Kasahara & Turnbull, 2005).

The studies conducted in the United States, as mentioned above, have investigated subsets of the Asian population, namely, first-generation Korean Americans and first-generation South Asian Muslims. One notable study of an Asian ethnic group (Chinese in Canada) was done by Lai and Ishiyama (2004). The purposes of this study were to extend prior research and to study the perceptions of first-generation immigrant parents from a broader spectrum of the Asian community. The participants in this study were from China, Taiwan, Vietnam, Korea, Japan, and India. A heterogeneous mix of subcultures from Asia was intentionally chosen to uncover the commonalities in their experiences at the macro level rather than investigating the affects of nuances in their cultures at the micro-level. A cross-cultural investigation in an Asian American context would be beneficial to better understand the overarching issues that influence their perceptions of parent–professional interactions.

**Methods**

A qualitative study was conducted to examine the perspectives of Asian American parents with children with developmental disabilities regarding their interactions with health care and special education professionals. Semistructured interviews with the mothers were the primary data source for this article. Interviews are one of the most compelling ways to understand the participants’ point of view and to uncover the meaning of their experiences, values, and beliefs (Agar, 1980). Purposive sampling (Miles & Huberman, 1984; Patton, 1990) was used to select the participants to learn about the issues that are of central importance in this study.

**Instruments**

A demographic questionnaire was developed to collect descriptive information about the mothers, such as their marital status, age, education level, occupation, number of years in the United States, and proficiency in the English language. In addition, information about their children and the nature of the disability, age at diagnosis, gender, and service utilization was also obtained. A semistructured interview protocol was developed after a review of the existing relevant literature on immigrant families, issues that emerged during the author’s previous ethnographic research with South Asian Muslim families in the Midwest (Jegatheesan, 2005) and from discussions with three Asian mothers who have children with developmental disabilities and who were consultants/parent advocates for many years with the Asian community. (Note: The use of native consultants in developing the interview protocol has been used in other studies; e.g., Denny, Singer, Brenner, Okamoto, & Fredeen, 2001; Park & Turnbull, 2001.) The interview topics centered around mothers’ experiences in interacting with health care and special education professionals and the resulting relationships with them. Mothers were also interviewed on their level of acculturation, a process in which individuals whose primary learning had occurred in one culture and they subsequently acquire features, such as beliefs, values, and behavior of the culture of the society they inhabit (e.g., Asian immigrants living in the United States). They were asked to comment on their patterns of English-language usage, their exposure to the American culture, their adoption of American culture in their daily lives, the extent of their social interactions with American families, and the emphasis on maintaining their native culture.

**Participants**

Twenty-three Asian American mothers from the Northwest region of the United States participated in the study. Table 1 provides a summary of their backgrounds. As illustrated in the table, the mothers were first-generation immigrants who came to the United States from such countries as China, Taiwan, Japan, Korea, India, and Vietnam. The Asian ethnic groups of the mothers were Chinese (n = 11), Vietnamese (n = 6), Japanese (n = 4), Indian (n = 1), and Korean (n = 1). The ages of the mothers ranged from 25 to 55 years, and with an exception of nine, they were all full-time caregivers. Mandarin, Cantonese, Japanese, Tamil, Vietnamese, and Korean were the primary languages for these immigrant mothers. The mothers had varying levels of proficiency with the English language on the basis of their self-reports. Table 2 provides summary information of the children. Disabilities of children included cerebral palsy, Down syndrome, autism, intellectual disability, developmental delay combined with physical disabilities, and health issues such as seizures.
<table>
<thead>
<tr>
<th>Parent</th>
<th>Age (years)</th>
<th>Education</th>
<th>Occupation (spouse)</th>
<th>Occupation</th>
<th>Years in the United States</th>
<th>Language spoken at home</th>
<th>Level of English-language proficiency</th>
<th>Level of acculturation</th>
<th>Socioeconomic status</th>
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<td>Vietnamese</td>
<td>Low</td>
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<td>Housewife</td>
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<td>High</td>
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</tr>
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<td>Deli worker</td>
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<td>Low</td>
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<td>Average</td>
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<td>Moderate</td>
<td>Mandarin</td>
<td>Average</td>
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</table>
The mothers were recruited through the author’s personal acquaintances with members of the Asian community and her professional relationship with two parent organizations that serve Asian immigrant parents of children with disabilities. The criteria for selecting participants included first-generation Asian American with an approximately 2- to 12-year-old child with a developmental disability who was also eligible to receive special education and related services. Despite an open invitation to all parents for participation, the responses were received from mothers only—either by telephone or by e-mail. The author and the two research assistants contacted the mothers to provide a description of the study and the research protocol and procedures. They were informed of their rights, such as freedom to decline answering any question and to withdraw from the study at any time. Their participation was voluntary; a pseudonym was assigned to each to maintain anonymity.

**Procedures**

Semistructured interviews with the mothers were the primary data source for this article. Each participating mother was interviewed once, and these interviews were audorecorded. The interviews were conducted in English with eight mothers and in their respective native languages with the remaining 15. Interviews in native languages were conducted by the author and a research assistant who are both multilingual. (Note: The author is a Singaporean of Indian ancestry and has taught children with severe disabilities in multilingual societies.

<table>
<thead>
<tr>
<th>Child</th>
<th>Parent’s name</th>
<th>Child’s disability</th>
<th>Gender</th>
<th>Age (years)</th>
<th>Languages spoken to child</th>
<th>Related services</th>
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<td>M</td>
<td>5</td>
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<td>Tran</td>
<td>Cerebral palsy</td>
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<td>7</td>
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<td>Physical therapy, interpreter</td>
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<td>Pham</td>
<td>Autism</td>
<td>F</td>
<td>2</td>
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<td>M</td>
<td>4</td>
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<td>Kwek</td>
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<td>Okumura</td>
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<td>M</td>
<td>3</td>
<td>Japanese</td>
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<td>Rajan</td>
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<td>M</td>
<td>7</td>
<td>Tamil</td>
<td>Occupational therapy, speech therapy, behavior therapy</td>
</tr>
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</table>
such as Singapore, India, and Hawaii. She is proficient in Tamil and Japanese, and the research assistant is proficient in Vietnamese, Cantonese, and Mandarin.) Interviews in English spanned approximately 2 hours, whereas interviews in other languages took approximately 4 hours. After the first interview, subsequent contacts were made at a later date with nine mothers for clarification and elaboration of specific issues raised in the first interview. The follow-up contacts were made over the telephone, which typically lasted less than 1 hour. Before each interview, researchers spent approximately 15 to 30 minutes to establish rapport with the mothers by asking them about the well-being of their children. Interviews in English were transcribed in approximately 4 hours per family. Interviews in native languages were transcribed in those languages then translated into English by the author and the multilingual research assistant. Transcription and translation of native language interviews were done in approximately 13 hours per family.

Although mothers were the participants throughout the study, there were two occasions when fathers played a role for brief periods. Fathers in two families were present intermittently during the interviews to help translate for their wives, who, although somewhat proficient in English, lacked confidence in conversing. One mother also requested that the paternal grandfather be present because he was the primary caregiver when both parents were at work. Paraphrasing, a form of informal member check, was used during each interview to ensure accuracy of interpretations (Lincoln & Guba, 1985).

**Data Analysis**

Analysis was an ongoing and multilevel process during the research. The author read and reread the transcripts of the interviews and coded line by line. Multiple readings of the transcripts helped refine the codes. To ensure the accuracy of the coding, one graduate student and a multilingual community consultant, both of whom are experienced in qualitative research, reviewed the transcripts that contained the final codes. The author then developed initial categories of the phenomena, a process known as induction (Glaser & Strauss, 1967) or derived or emergent categories (Miller, Hengst, & Wang, 2003). She organized the categories and identified data relevant to each category. She identified both the common entries across all the mothers as well as those that were unique to specific ones. She discerned relationships among categories and sought evidence for and against emerging patterns and relationships. Insights, through an ongoing process of discussions and analyses, led to improving, altering, replacing, eliminating, and merging one or more categories as warranted by the data. The author then compared previous categories with emerging ones (Glaser & Strauss, 1967; Miles & Huberman, 1984). To ensure the credibility of the analysis, the mothers were contacted to do member checks with them. Seventeen mothers who responded were provided with a summary of the categories and were requested to present their reflections and correct misinterpretations, if any. Peer debriefing was conducted with three external peer reviewers. To triangulate the data, findings were discussed with the three Asian consultants or parent advocates who had also assisted earlier in developing interview protocols. These same consultants had provided assistance at varying levels to 15 participating mothers in this study. They were asked to verify that the interpretations about the focal problems were accurate.

**Results**

Findings are organized as a narrative into the following four themes that emerged from the qualitative data analysis: (a) cross-cultural communication barriers, (b) negative views of children, (c) frustrations and anxiety with service delivery, and (d) factors that facilitate or hinder healthy parent–professional interactions.

**Cross-Cultural Communication Barriers**

Mothers were asked about their experiences in communicating with professionals during their interactions. Issues because of the use of complex language and sociolinguistic factors were evident for all mothers, irrespective of their subculture; however, there was a divergence in the data on hardships that were specific to mothers who had limited or no English-language proficiency—these mothers had to primarily rely on interpreters. In the following section, issues common to all mothers are discussed first, followed by the experiences of those who had difficulty with the English language and needed interpreters.

**Issues common to all mothers**

The use of complex terms during face to face meetings and in handout/supplementary readings was mentioned by the mothers as the cause of substantial difficulty and stress in processing the information pertaining to the child’s disability. Eight mothers, with moderate and high levels of English, some of whom had advanced degrees, reported that the lack of simplicity contributed to breakdowns in communication. At the end of the meetings, particularly the first ones, they left feeling helpless and unsure of the nature of their child’s disability and the kind of things that they needed to do to help their children. Comments such as “Doctors do not explain the long and foreign terminology” and “They should realize that this is all new to us” were commonly stated by parents. One Chinese mother said,

> We are Asians. English is our second language. We couldn’t remember everything the doctors told us. They gave too much information at once and overwhelmed us. We couldn’t absorb everything that they provided us and we forgot some or all of it when we came home. For example, I forgot some medical terms right away after I was told. I couldn’t look up
in the dictionary because I forgot how they were pronounced.

They also talked at great length about the extraordinary amount of time spent in trying to comprehend the handouts/supplementary readings. Mrs. Ying said, “Even though I am fully English speaking, I struggled a lot trying to understand and I was so worried about my child and felt helpless. It’s like if I give them something to read in Mandarin, they will be lost. That’s how I felt.” Another Chinese mother said, “The information provided was not based on the child’s problems and circumstances, too technical, too general and not focused on what was needed to know to understand the child.”

Several mothers with limited or no proficiency in English were also given similar materials in English to take home with them. These mothers, who did not receive translated materials, reported that they had to depend on dictionaries to understand simple English words before moving on to understand technical words. One Vietnamese mother who had basic knowledge of English reported that she was given a book on autism that was in English to read. She talked about how she looked on the bright side of this experience, which was improving her English.

My English was not good enough to finish the book and it will take me a very long time to finish it. But, I have improved my English in trying to read this book because I have to check the Vietnamese dictionary for all the words that I don’t know in English first.

The anxiety of not fully understanding the child’s disability had a ripple effect on extended family members, such as the grandparents, as well. Mothers, those who wanted to include extended family members, were not able to explain to their parents and parents-in-law about their grandchildren’s condition. For example, one mother said, “How can I explain to my parents who live with us and provide care to their grandchild what the problem is when I don’t understand it myself and have little or no idea what to do and where to go next?”

**Issues Unique to Mothers With Limited or no English Proficiency**

Ten mothers who were non-English speaking or had low to moderate proficiency in English used interpreters during communication with health care and special education professionals (three other mothers reported that they were not offered interpretation services). Mothers who used interpretation services reported that they depended on interpreters entirely during communication with the professionals. With the exception of one mother who had fairly good experiences with her interpreter, the remaining nine mothers reported dissatisfaction with interpretation services. They described interpreters to be not qualified to do their job and talked about the need for “quality interpreters.” Common themes in the mothers’ description of a “quality interpreter” were a person who had adequate language skills, background knowledge about the field in which they were providing services, and good interpersonal skills. They described in detail their experiences with interpreters.

Mothers reported that interpreters lacked adequate background information of the field and that many interpreters did not have sufficient knowledge in both English and their native language to help interpret the information conveyed by the professionals. They commented that the interpreters themselves had difficulty understanding the disability/medical terminology and subsequently translating from one language to another. These interpreters skipped much of the information or summarized them briefly. One mother shared her concern about missing information, “The therapist talked for about 5 minutes looking at my son’s papers but the interpreter translated what she said in one minute. I couldn’t understand how it is possible to say all that the therapist said in one minute!” Some mothers reported that the interpreter attempted to translate word for word and, as a result, the information was choppy, distorted, and unclear. A lack of clarity was also evident in translated reading materials that were handed out to some mothers making them difficult to understand. Another issue that mothers raised was the general lack of preparedness of the interpreters. They reported that this was due to the fact that interpreters met the family for the first time during the initial meeting with the professionals. As a result, much of the meeting time was spent in interpreters learning about the family’s situation. All nine mothers reported that the interpreters they worked with did not genuinely feel for the family’s situation. All nine mothers reported that the interpreters themselves had difficulty understanding the therapists’ papers but the interpreter translated them briefly. One mother shared her concern about missing information, “The therapist talked for about 5 minutes looking at my son’s papers but the interpreter translated what she said in one minute. I couldn’t understand how it is possible to say all that the therapist said in one minute!” Some mothers reported that the interpreter attempted to translate word for word and, as a result, the information was choppy, distorted, and unclear. A lack of clarity was also evident in translated reading materials that were handed out to some mothers making them difficult to understand. Another issue that mothers raised was the general lack of preparedness of the interpreters. They reported that this was due to the fact that interpreters met the family for the first time during the initial meeting with the professionals. As a result, much of the meeting time was spent in interpreters learning about the family’s situation. All nine mothers reported that the interpreters they worked with did not genuinely feel for their children or their situation and therefore did not offer to listen more to get the complete picture.

The mothers, who needed interpretation services, perceived that their language needs were not approached seriously by the professionals. They talked about how they were provided with unqualified interpreters. Mrs. Chu shared her story about the school officials not taking her requests for interpreters seriously during two important meetings. She commented that the careless attitude of the professionals was an unforgettable experience. She shared her story,

In 2005 I had an IEP meeting for my son with the school district. I requested to have a Cantonese interpreter for this meeting but was offered a Vietnamese male janitor instead. He did not know what he came for and was confused. After he was explained the duties he told me that he was a janitor and not able to interpret for me. Calling a janitor for an IEP meeting was extremely disrespectful. They had the nerve to do this even with my attorney present. My attorney told me to walk away and reschedule the meeting, and I did. This is not the first time. In 2004, I was offered an interpreter for a mediation meeting with the
school district. This interpreter did not know a lot of basic special education terms like IEP. After 10 minutes of struggling to interpret she said that her English was not good enough to be my interpreter and she left. Before leaving she said that she had informed the school that she did not have adequate knowledge but was nevertheless instructed to say whatever she knows. She told me later that of the 10 things that were said to me she could only translate 2 or 3 things and missed the rest. I was very upset.

Another mother, with limited English skills, was given a Caucasian interpreter during an assessment meeting. The mother said that the interpreter, who had learned Mandarin in Taiwan, did not have sufficient language skills to provide her with assistance. Most importantly, what troubled her was that he did not have an understanding of the Chinese customs. In reference to the question if the interpreter was of help to her, she said, “Quite the opposite, I had to help him by filling him in throughout the meeting.”

Four mothers indicated that they had discontinued the interpretation services because they felt that they could do a better job than them. Mrs. Zhu summed up the common sentiments of these four mothers by saying, “I prefer to learn English instead of using interpreter services. I am confident that if I learn enough English I can do a better job.”

**Cross-Cultural Pragmatics**

Mothers, regardless of their level of acculturation, described communicative issues that were specific to the Asian culture and factors arising from the fact that they are immigrants/refugees in the United States. They believe that it is critical for professionals to be aware of these factors to have a respectful and trusting relationship.

Specific to the Asian culture, some mothers described that they were hesitant at times to be forthcoming with information with professionals because they did not like to “talk about dirty laundry.” These mothers did not feel comfortable sharing their family history, especially in the presence of an interpreter, because of fear that personal issues about their family might leak out to the rest of their community and bring shame to the family. They were hesitant to share pertinent family information that may have assisted the professionals. Deeply ingrained cultural beliefs, many of them negative, about having a child with a disability were apparent in many families. A couple of mothers had lived in isolation and secrecy for a long period and did everything they could to prevent even their own family members (grandparents and siblings) from finding out about their child’s diagnosis. For example, in the case of the Tung parents, their younger son was diagnosed with severe autism when he was around 3 years old. Both the parents kept this information hidden for 3 years from their other family members, including their older son. Mrs. Tung preferred that professionals not call her at home in the event family members hear the conversation. Some other mothers did not return to meet professionals for fear of being identified or not being able to accept their children’s condition. Mrs. Ngo, who has a son with autism, reported that she refused all services in the beginning because utilization of services meant an acceptance of her son’s disability.

In this study, it was found that 16 mothers complied with the professionals’ advice although they had some doubts or were not fully in agreement. Four issues, which have strong cultural underpinnings, were identified as reasons for such unquestioning compliance. These were respect for professional expertise, trust in professionals, fear of offending professionals, and feelings of shame due to lack of understanding. Mrs. Okakura, who was the most acculturated, summed up the sentiments of the first three factors saying,

Medical professionals are highly esteemed and we are not supposed to question. Also, we are trying to be respectful, so we may not even ask them questions because in the Asian culture when we ask questions, often it is considered that we are challenging them. We have that fear, considerations, modesty and that sort of thing. Even coming here and dealing with these American professionals I feel that since doctor is saying that, I should not question or I should not demand any more of his time. That Asians being silent does not mean we are agreeing with you. Often when we Asians are silent, we are really disagreeing with you, but we are too polite to say it. As Asians, we tend to look very docile, neat, and compliant, but that does not mean nothing is going on here (pointing to her head). And we may have a lot of questions, but I think we want to save their face, the face of authority, doctors and therapists. So we tend not to be so outspoken.

Mrs. Okakura then went on to point out the communicative difference between the Asian and the American culture and highlighted how these differences posed as a challenge for an open dialogue between parents and professionals and placed Asian parents at a disadvantage compared with American parents. Like the other well-acculturated mothers, she understood the importance of speaking up for the benefit of her child; however, she continued to find it difficult to do so because of her cultural upbringing. Her thoughts were shared with many other mothers, regardless of their ethnic subculture.

We worry about how disrespectful or pushy we may look, but actually know we are doing this for our children who cannot speak up for themselves. You know, because often American Moms, they can just come up with 10 things in 5 minutes. That’s the culture here, and there is no right or wrong, about what
they are saying. It’s like, do you agree with this and what’s your opinion? If you disagree, speak up! It is amazing to me, coming from Japan. We are not even supposed to question our professor. That’s how we are raised. We will not even question our parents or talk back to them. Now, we are supposed to speak up for our child! It is hard, even someone like me who has lived here so many years. We are afraid because we don’t feel safe. It’s like the professionals will cut us off … because if we make them mad then they won’t see our child anymore.

The fourth issue of fear of embarrassment was also prevalent in 10 mothers who had low to moderate or no English-language proficiency. These mothers reported that they tended to “go along” with whatever was said or handed to them to save face. One Vietnamese mother shared how she had agreed to recommendations from professionals without understanding what she was agreeing to, “After 2 or 3 hours of communication and we still cannot understand so we feel shame and so we say ‘yes’ to whatever they say or ask.” The Korean mother, who declined interpreter services because she felt that she was fairly proficient in English, explained that she was stressed throughout the meeting because she could not “get 100% of the meaning” of what was said to her. Shy and embarrassed, she nonetheless sat through the entire meeting not fully understanding what was discussed and returned home unsure of her child’s condition and plans for therapy. Mothers, particularly the less acculturated, also reported that they were embarrassed and confused when they were asked to state specific goals for their children. They were embarrassed because they did not have adequate knowledge about their children’s disabilities to make decisions about their children’s goals. Mothers were confused because they felt that professionals knew what was best for the child, given their expertise, and therefore wondered why their opinions were sought. For example, Mrs. Tran recalled how she was taken aback when asked what goals she had for her child. She said, “For the IEP meeting, they called us and asked us ‘what’s your goal, what do you expect, what do you want for your son to work on?’ I don’t know. I really didn’t know! I am confused and surprised because how do I know that kind of a thing?”

Issues and emotions specific to being an immigrant or refugee were also common among many mothers. Eleven mothers talked about how they were hesitant to request for anything or ask for help even when they were really in need because they feared embarrassment if professionals perceived them to be “lucky enough to be in the United States, let alone continuing to ask for more.” Most mothers were thankful for whatever they received and therefore never questioned or asked for more because they feared being perceived as “overstepping kindness.” They compared what they received in the United States with what they might have received in their native country.

Mrs. Din said, “U.S. is children’s heaven. It would be hopeless if we were in Vietnam. We are lucky to be here. Children are priority in U.S.”

Communication Breakdown due to Cross-Cultural Dissonance

The professionals’ stereotypical perceptions of Asian values and beliefs and their opinions of alternate medicine were reported by mothers to be reasons that created misunderstandings between mothers and professionals. For many Asian families, alternate medicine was an integral part of the child’s treatment. Several mothers, regardless of their level of education and socioeconomic status, said that they broached alternative medicine as a possibility with professionals only to be dismissed immediately. They reported that they had a strong belief in the benefits of alternate medicine. Six mothers who used alternate treatment for their children said that they preferred not to discuss this with the professionals in the United States. Mrs. Chung spoke of her experience,

Mainstream doctors do not believe in alternate treatment. I asked my doctors about their opinions about Chinese medicine and they said, “No it will not help your child. Those are just stories and don’t have scientific proof.” I cannot convince them. In these cases, it does not help to say anymore. It’s a tense interaction to talk about these things.

Incidents of stereotypical perceptions of Asians, observed by many mothers, were exemplified by Mrs. Okakura’s experience. She reported that doctors were dismissive of her concerns because she was an Asian and was raising her child in a bilingual home. Prediagnosis meetings with three different doctors did not go well. Here is how Mrs. Okakura describes the experience:

I was saying, you know, this child, she is not doing this and that. There are quite a few things I am concerned about. They said that she looks fine and healthy. Then they said that we are a bilingual family and that many children of bilingual families tend to be late talkers. That was pretty much the explanation they gave us. And another thing, this came from three different doctors. They said I am just a typical Asian mom who is overanxious, over involved with my child, who really wants to push my child … they said they have seen so many Asian moms. They push their kids so much. So if you relax then your daughter will start talking… They are impatient, dismissive and pretty condescending. I often thought they dismissed me because I am a minority … I felt terrible. Maybe I am doing a disservice to my child by being a minority.

Mrs. Okakura added that it was a painful experience listening to these remarks and being turned away, despite her careful observations of her child and the detailed notes
she had prepared for the doctors. Mrs. Okakura’s child was later diagnosed to have autism.

**Unhappiness due to Negative Views of the Child**

Repeated negative comments related to the child’s abilities while failing to notice or acknowledge the child’s strengths were also reported as a reason for escalation of tension and discomfort in parent-professional interactions. Yet another cause for an increase in tension during the interactions was the lack of a personal approach while discussing the child’s disability. “Blunt,” “direct,” “expressionless,” and “writing as they are talking these negative things” were some of the observations made by mothers in describing professionals’ demeanor when providing discrepant comments.

Mrs. Kato, a Japanese mother, said, “It’s like all the negative stuff that she cannot do this, everything will be slow, she’s growing slow, her muscle tone is low.” My question was, “Isn’t there something positive about her?” Mothers wanted professionals to be appreciative of the courage their children demonstrated on a daily basis despite their disability. Mrs. Rajan, an Indian mother, reported that she often hears negative comments from the professionals and wanted them to be more understanding. I tell them these kids are going through hell, so definitely be much more cooperative and understanding of what these kids are going through. So keep trying, and just don’t quit. You are an adult who’s grown up, so you can be nice!

The mothers wanted professionals to refrain from looking at their children solely from a medical perspective in that “they have to find something negative and they have to correct it.” In some cases, the mothers found the professionals to be critical enough that they chose to discontinue the services. In others instances, professionals perceived the child’s progress unfavorably and discontinued services. A Vietnamese mother talked about her experience with an occupation therapist,

She constantly told me that my son made slow progress and would not be able to achieve at all. She said all the time that he was slow and refused him. She then terminated the therapy. She should understand his delay and accept him patiently. I felt it was not fair for him to achieve that level of progress within a short time limit. He needs much more time to move on. If they give up on him, he will have no hope to be better. For example, if it takes typical kid to learn a certain skill 10 times, but it will take my son 100 or 150 times to achieve it.

Some mothers talked about the strains of being part of a community where there is a strong emphasis on one’s child being smart and talented. These mothers found that members of their community tended to look down on their child and feel pity for the parents. One mother said, “I know they think our child is not capable of many things and that’s already negative that we are getting from the community. But they are ignorant of these things. Then you go to a professional, who is educated and he is saying similar things. It is frustrating and hurtful.”

**Frustrations With Lack of Support in Accessing Services**

Majority of the mothers stated that they had problems in accessing services at various levels (e.g., inadequate or incorrect information about services, inability to access services). Mothers who had limited or no English proficiency had the most trouble, and many of them were not able to access services for long periods. For example, Mrs. Tran came to greet the research assistant at the top of the street carrying her 7-year-old daughter on her hip. Her daughter had cerebral palsy, was not able to sit or walk, and was in need of a wheelchair and physical therapy. The mother had been told repeatedly that the “paperwork was in progress.” A few mothers said that they had given up and their children did not receive services for their needs.

With regard to seeking information about the services, a few mothers believed that some professionals took the easy way out by directing them to Web sites that were outdated. The mothers who did not have computer skills felt confused. Many mothers were given handouts containing several nonworking or incorrect telephone numbers. Mrs. Tung said, “If they really want to help us they shouldn’t just offer us some phone numbers. How do they expect us to read all this information that is in English and to make phone calls by ourselves or leave messages when we cannot speak any English. And they know that we don’t speak English.” Another mother said, “They don’t call us back. And the professionals who work with us don’t check to see if we got some services. I had a difficult time to access service and I had no choice but to give up after all.”

Mothers were found to be lacking essential information pertaining to the nature of service delivery and their rights as parents of a child with a disability, which would have enhanced their participation in interactions with professionals. Five mothers with limited or no English proficiency did not know what an IEP was at the time of the interview. Such comments as “Heard about it but don’t know what it is” and “Threw away a paper that had something like IEP on it” were stated by these mothers. Several other mothers, although more educated and proficient in English, did not have sufficient knowledge of available services. For example, all 16 mothers whose children were diagnosed between the ages of 0 to 28 months, and many others who were receiving services did not know what an Individualized Family Service Plan was. Of the 17 mothers with children older than 3 years at the time of the interview, 13 of them said they knew what an IEP was; however, only four had detailed knowledge of it. The rest had very limited knowledge; for example, some believed that IEP was simply a meeting at the child’s
school. Majority of the mothers ($n = 19$) did not know about their entitlements and were also lacking in advocacy skills.

**Views on Skills That Facilitate or Hinder Parent-Professional Relationships**

Mothers were asked to reflect on their experiences and then make recommendations that foster positive parent–professional interactions. Their responses overwhelmingly focused on the following three main areas: (a) need for qualified and competent interpreters, (b) professionals should have an understanding of Asian values and customs, and (c) professionals should have interpersonal skills such as compassion, patience, and respect. Mothers highlighted the three areas above through examples, majority of which were negative (issues related to communication, values, and customs were discussed in the previous sections). There were some positive examples of real experiences that were held as hallmarks of desired qualities that facilitate healthy interactions with the parents.

**Have compassion**

A lack of compassion among professionals toward mothers and children was reported by a majority of mothers. They described some professionals as being uncaring of their needs, opinionated, condescending, and meeting hurriedly so that they could get to their next appointment. Mrs. Tran said that she was told “I have only 20 minutes for you.” These professionals were viewed as working for “money,” treating their responsibilities to be “just a job,” and “not having a heart” in a profession that was to help “relieve the suffering” of people. Mothers explained that when professionals understand the Asian culture and are aware of the issues that they face as immigrants and refugees, the less inclined professionals might be to form quick, negative opinions, and judgments, and the more likely they will be caring and sensitive individuals. One mother summed up saying, “We deal with so much because of cultural beliefs and superstitions that are prevalent in our families, despite having lived in the U.S. for numerous years. The more professionals understand us and are sensitive, the better they are able to help us and work with us.” Another mother talked about how “rough” the journey has been for parents from the time they left their native country to America and that a little compassion and encouragement in times of hardship concerning their children uplifted their spirits. “We just want them to reassure us and make us feel safe to ask or answer questions through words of encouragement and allowing us additional time,” she said. Her sentiments were confirmed by many mothers who said that professionals could reassure them by asking such questions as “Are you okay with this?” and “Is it okay to say what you think, we are not going to cut you off.”

The mothers perceived it as a lack of compassion if they felt that the professionals were not committed to the well-being of the child. Mothers pointed out that their children’s needs were disregarded. When mothers requested professionals to work with them to help support their child, some professionals were adamant and refused to cooperate. Mrs. Chu talked about her experience with her son’s special education teacher who refused to warm her son’s lunch of wheat free rice although she had a doctor’s letter to show that warming the rice was important. Mrs. Chu said, “I request to warm for just one minute but she announced that everyone in her class had to eat cold lunch because she didn’t have time to warm their lunch. Reality is that everyone ate the school’s hot lunch except my son.” Mrs. Chu had to take time out of her busy schedule to bring her son’s warm lunch to him every day.

A few mothers had some good experiences, reporting that professionals understood their concerns and anxiety and frequently comforted and encouraged them to keep moving forward. Many mothers expressed a profound desire for such qualities, which they found were “strength giving” through their simple and thoughtful acts. They believed that being compassionate was instrumental in healthy interactions between mothers and professionals because many of them felt alone and helpless. Mrs. Ngo shared her experience stating that, although the professionals she worked with did not know her culture and customs, they shared their concerns and comforted her by telling some successful stories of other families. She said, “Usually we felt shame and kept our child at home if the child was not required to be at the meetings, but they suggested us to bring our son here and there, not keep him home. They comforted us and asked us to consider our son as normal kid, disabled in some ways but still normal in others.”

**Have patience**

Patience was another virtue that all mothers felt were lacking in many professionals. Most mothers reported that professionals lacked patience toward them and their children. Professionals were found to rush mothers into completing their report of their concerns for the child through their body language, such as looking at their watch and tapping on a notepad. One mother said, “As Chinese, we can sense by their attitude and body language. We feel hurt and disrespected by their bad attitudes.” Another mother described her disappointment with her son’s special education teacher whom she felt lacked patience.

Two years ago, my son had a good teacher and his toilet training improved quite a lot. He was able to wear underwear instead of a diaper. Because of the lack of a special education program, he was moved to a different school. For this new teacher’s own convenience, my son had to put back on diapers. It meant that he regressed. I was explained that there wasn’t a bathroom in the classroom like the previous school he attended and the teacher didn’t have time to walk my son to the bathroom. It is on his IEP, but it isn’t implemented. (The mother was unsure
what steps to take next when IEP goals were not implemented.)

A few mothers talked about how some professionals listened to them patiently and once they understood the situation they sought creative ways to help them. For example, Mrs. Hoang talked about how a therapist video recorded the session with their daughter at home. She then gave a copy to the mothers and asked her to use it as a guide to work with their daughter by herself. The mother said that she was very appreciative that the therapist helped her family. Similarly, another mother recalled her experience with one of her doctors, by saying, “He was willing to listen to me. His biggest support was that he was very patient. I asked him a myriad of questions, although my English was limited. Even so, he didn’t mind spending a few hours listening to my concerns.”

Be Respectful

Many mothers mentioned respect as one factor that facilitates trust in relationships. Respect of their culture, parents’ time, and concerns for their child and extended family members were the three issues that were raised by mothers. Respect for their culture meant that their ways of life and their parenting styles and beliefs should not be dismissed but appreciated and that stereotypical views should not influence the interactions. Respect for parents’ time meant that professionals must understand that parents have to take time off from work and, for some, this meant lower earnings. Respect for parents’ concerns for their child meant taking them seriously and not being dismissive. Extended family members such as grandparents were important to a majority of the mothers. In many families, grandparents either lived with them or lived in proximity to their home. Although mothers were divided in their desire to have grandparents informed and involved, those mothers who wanted them to be involved believed that when elders were present, professionals should include them in the discussion and be willing to spend some time listening to their concerns.

Discussion

A number of issues that are common to Asian immigrants, irrespective of their subcultures, have emerged from the data. Cultural and linguistic factors, interpersonal skills, and difficulties accessing services all impacted the nature of interactions between mothers and professionals. The data are consistent with other studies that have investigated Korean (Park & Turnbull, 2001) and Chinese families (Lai & Ishiyama, 2004). Although the participants in this study were a heterogeneous mix of Asian subcultures, the variables that were important for all were the extent of acculturation and proficiency in English. Culturally, there were similarities at the macro level such as issues related to parent involvement, presence of extended family members, community-related embarrassment due to negative views of disability, and the use of alternative medicine. It was found that the subtleties in the variations among subcultures did not influence the main conclusions of the study.

The level of English proficiency was found to be a very important determinant of the nature of the parent–professional interactions. Although the enactment of IDEA has entitled parents to request for interpreters, three mothers did not have interpreters during the meetings and hence were severely disadvantaged in their participation. The findings of this study indicate that even those mothers who used interpretation services, the interpreters did not help mitigate the communication barrier between them and the American professionals. The interpreters did not have sufficient knowledge of either the language or the field and in some cases both. In such a scenario, crucial information is lost in the process, and frustration and anxiety build up in both parties, thereby hindering effective collaboration. Nine of the 10 mothers who used interpreters discussed the need for “quality interpreters.” Dependency on interpreters for the mothers who had limited or no proficiency in English was eminent, and failure in ensuring the quality of interpreters substantially decreased their ability to work with the professionals. In their study of Korean families, Park and Turnbull (2001) have also reported that “quality control of interpreter services are basic needs for families with limited English proficiency.” Lai and Ishiyama (2004) found the need for good interpreters essential among Chinese in Canada and suggested a need for “professional interpretation services” for the families.

The findings indicate that a significant number of mothers (n = 21) believe that American professionals needed to learn about the Asian culture and immigrant/refugee experiences. Personal and participatory approach, appreciation of cultural beliefs, providing reassurances, and assisting them in services were all issues that mothers preferred in professionals, all of which have implications for health care and special education professionals in building relationships with Asian American parents. It enables professionals to alleviate sociocultural misunderstandings (Banks, 2005; Carillo, Green, & Betancourt, 1999; Harry & Kalyanpur, 1994, Park & Turnbull, 2001). For example, mothers resented negative views of their children, a finding that was also echoed in American families (Lake & Billingsley, 2000) as well as South Asian Muslim families (Jegathesesan, 2005, 2009; Jegathesesan et al., 2010). In Lake and Billingsley’s (2000) study, parents were unhappy that professionals failed to consider their children as a whole child, and in Jegathesesan’s (2005) study, parents also objected to professionals focus on the child’s shortcomings and viewed this approach as a rejection of God’s will. In the study of Korean families (Park & Turnbull, 2001), parents appreciated the teachers who did not emphasize what their children could not do but provided encouragement with what they could do.

The level of acculturation was also a significant determinant of parent–professional interactions. Most of the
mothers, regardless of their levels of acculturation, did not have adequate knowledge of their rights, availability of services, and entitlements provided by law, all of which are crucial factors for effective advocacy. This is consistent with findings of other Asian American families in the United States and United Kingdom (Hatton et al., 2004; Jegatheesan, 2005; Jegatheesan et al., 2010; Park & Turnbull, 2001). This lack of knowledge caused substantial delay in accessing and using services and contributed to a lack of collaboration between family and providers of services. In addition, several mothers resigned to not being able to receive services for their children and did not pursue it any further.

To facilitate a trustworthy and cooperative parent–professional relationship, mothers expected professionals to exhibit some level of compassion, patience, and respect during their interactions. Parents face a variety of socio-economic difficulties as immigrants and are under a great deal of stress, which is further compounded because of their child’s disability. Care giving for immigrant mothers of children with disabilities is particularly difficult because of the differences in the support system in Asian countries as compared with the support system that exists in the United States. In many Asian countries, the extensive network of extended family members, neighbors, friends, and sometimes household help may all play a part in caring for the child with a disability, thus providing much needed respite for the mother. Consequently, the mother may be more receptive to professional advice and help and perceive the professional differently. In the United States, these mothers feel more isolated, leading to feelings of helplessness and loss of control over their child, and this could well impact how they perceive the professional. In addition, the professional service system in the United States is more geared to the needs of the child rather than the family, unless the child is very young. Therefore, when the professional is totally focused on the needs of the child, the mother may feel even more isolated and consequently perceive the professional as being uncaring and unsympathetic. A professional’s interpersonal skills and communicative style that reflect understanding, compassion, and patience for both mother and child build trust and better collaboration. The mothers also felt that they appreciated professionals who showed respect for their cultural beliefs.

As a closing remark, being knowledgeable of the families’ culture and being empathetic are vital for professionals to provide humanistic and culturally appropriate services. However, the notion of professionals bearing the sole responsibility of being culturally informed is worrisome, considering that they have to interact with different minority families with varying cultures, religions, and parenting styles. Because the betterment of a child with disability is the primary motivation, a superior partnership is a two-way street with a hope that the “less” acculturated immigrant parents also make strides to understand the American culture and ways of life in the United States. Although not discussed in this article, cultural misunderstandings were evident in cases where the mother had a very low level of acculturation. An example is the case of Mrs. Ngo, who shared her experience of how her own lack of understanding of the American culture made her feel “uncomfortable, despised, and disrespected by a professional’s gesture during our first meeting.” She added that she was thankful to the American professionals who were instrumental in making her see the benefits of services, the ones she had refused at the beginning. She said, “Such misunderstandings will destroy relationships between people.” If parents have few opportunities or do little to understand the American culture and way of life, the burden on the professionals to create a healthy partnership may become disproportionately heavy. The need for parent preparation is just as important as personnel preparation for an effective parent–professional relationship for the betterment of a child with disability.

**Implications for Practice**

This section discusses implications and a few important recommendations for health care and special education professionals who work with Asian immigrant parents. These include the need for (a) simple, supportive, and respectful communication; (b) quality interpreter services; (c) learning the American culture, available services, and entitlements; and (d) knowledge of Asian culture and parents’ immigration experience.

**Simple, Supportive, and Respectful Communication With Parents**

A communication style that is “easy to understand” with parents is essential. Whenever possible, professionals should avoid the use of technical words and use layman’s explanation of the disability—this is especially essential during the first meetings when the parents have little or no knowledge of the disability. The mothers reported an inability to make sense of the technical jargon and were confused and unable to recollect what was said to them regarding the disability. In addition, the professionals may consider asking specific questions that require brief answers from parents instead of queries that are general and require lengthy description. This is important not only for the parents who lack confidence in conversing in English but also for others who are unable to focus on critical issues because of emotional stress and anxiety. For effective communication and healthy relationships with professionals, mothers felt that the professionals could provide reassurances, help them understand critical issues, and maintain a positive and holistic view of their child during communication.

**Providing Quality Interpreter Services**

Quality interpreters, who were knowledgeable of the field, have sufficient knowledge in both English and their native language and have good interpersonal skills were
reported as vital by mothers with limited or no English proficiency. Mothers also suggested that state and local educational and health service agencies connect them with members of their own community who have children with disabilities and who are also more acculturated and/or proficient in English. These members of the community become resources to other families in their communities who share their culture, language, and experiences of raising a child with a disability in the United States. For example, the author was part of an informal Asian American family get together that was organized by a local agency. Families were informed through postal mail and telephone about the meeting. Dinner, transportation, and interpreters were provided to families. During this time, parents and other caregivers shared their experiences and stories during a listening circle. They also listened to the author’s presentations of critical issues in special education (e.g., rights, entitlements, what an IEP is) and took part in a question and answer session with her. Throughout the meeting, family members interacted, shared, compared, and learned from one another. They also exchanged contact information for emotional, respite, informational, and interpretation support in the future. The benefits of parent to parent support have been documented by other scholars (e.g., Ainbinder et al., 1998; Santelli, Turnbull, Marquis, & Lerner, 1995).

Mothers believed that these members of their community will be good interpreters, and because they also have children with disability themselves, they will be culturally sensitive and compassionate. Nevertheless, the fear of embarrassment in the community because of their children’s disability was also prevalent in the families—similar to what was reported in the study of Korean families (Park & Turnbull, 2001). It is recommended that the parents meet the interpreter at least once before meeting the professionals to establish rapport and to exchange background information about their children. The agencies could prepare a list of members willing to provide interpretation services to the families and financially compensate them for their work. Because some parents fear a lack of confidentiality, formal documents may be signed by the interpreters to ensure privacy of information. The need for accurately translated materials on disability and related services was also highly desired.

**Learning the American Culture, Available Services, and Entitlements**

In this study, several mothers were not aware of the “basics” of the American culture, available services, and their entitlements, which could have helped them in interacting with professionals. An effective method to achieve some level of understanding of American culture among first-generation Asian immigrants could be through parent education videos and cultural activities at their local community centers. Informational sessions on disability-related services, entitlements, and basic advocacy skills may be also organized at these community centers. The study found that the mothers were very receptive to these avenues of learning.

**Knowledge of Asian Culture and Parents’ Immigration Experience**

To promote a healthy relationship, there are several important cultural issues that professionals need to be knowledgeable about when working with Asian immigrant parents. An important cultural attribute is how the parents establish a traditional hierarchical relationship with the professionals, which in turn impacts their communication with them. Professionals need to ensure that parents understand that they are equal partners in making decisions regarding the child’s well-being. It is also important that the professionals be aware of the parents’ communication style, such as their unquestioning compliance due to respect of professional expertise and hesitancy to request anything due to embarrassment of being perceived as aggressive. The cultural conception of disability, the importance of including elders (when present during meetings), and the avoidance of stereotypical opinions are also essential. Lastly, it is important for professionals to consider the enormous stress in the lives of many of these parents. As immigrants, they may experience several postmigration difficulties, such as the change in environment, loss of social and familial support, and lack of necessary language skills. These issues, when compounded with having a child with a disability, may lead to increased levels of stress and impact their interactions with the professionals.

**Limitations of the Study**

The findings are limited in two ways. First, the study did not include the perspectives of other important family members (e.g., fathers, grandparents) who may have been involved in interactions with professionals. The study did not include the perspectives of the professionals as well. Second, semistructured interviews were the primary data source for this study. Direct observations of parent–professional interactions would have provided richer information and would have also triangulated findings from the mothers’ interviews.

**Summary**

Cultural competence and positive interpersonal skills are important for facilitating healthy relationships with immigrant parents. As noted by the mothers in this study, removing stereotypical, racist, and deficit views and negative perceptions are vital in fostering such relationships. The study illustrates the need for professionals to understand the complexities of particular cultures (e.g., Asian culture), which necessitate specific knowledge and skills in working with parents and their children with disabilities.
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Received: October 28, 2009
Final Acceptance: June 10, 2010
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