Disability Studies Quarterly
Spring 2002, Volume 22, No. 2
pages 101-119 <www.cds.hawaii.edu>

The Effects of Language and Culture Variables to the Rehabilitation of Bilingual and Bicultural Consumers: A Review of Literature Study Focusing on Hispanic Americans and Asian Americans

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Abstract

There has been a sizable growth in the proportion of multicultural populations in the United States from 1980-1999, and an even larger proportion of culturally different populations is projected for the year 2009. Persons with disabilities, in particular, from Hispanic and Asian cultures represent a substantial proportion of the disabled population in the United States. Recent legislation mandates practices relevant to the rehabilitation, independent living, and employment needs of persons with disabilities in multicultural communities. Cultural variables affecting these populations, such as values and believes, rehabilitation expectations, and attitudes towards disabilities, are examined in this article. Language, acculturation and assimilation are also viewed as important contributors during the rehabilitation process of bicultural clients. The need for rehabilitation professionals to become more competent regarding multicultural issues, as mandated by new regulations, is emphasized.

Introduction

The constantly changing of demographic and cultural configuration of the U.S.A. has alerted human and social service professionals of the need to provide specific services to clients from multicultural backgrounds. These specific services should be offered in different ways according to the requirements imposed by cultural characteristics. The American Psychological Association (APA) and the American Counseling Association (ACA) have long been concerned with cultural issues and have developed specific guidelines for multicultural counseling (Casas, 1985).

As human service professionals, we have to recognize that

human and cultural diversity are important factors in counseling, psychotherapy, and rehabilitative services. Since 1972 the APA has maintained that it is unethical for psychological service providers who are not competent in understanding persons of culturally diverse backgrounds to provide such services to members of ethnic minority groups (Korman, 1973).

It has been indicated that, in the future, the motives for working with and knowing about different ethnic groups will not be political liberalism or obligation. Rather, the motives will be enlightened self-interest and the wish and need to perform our work ethically and professionally. The fact is that our society is becoming increasingly multi-ethnic and the self-interest of all will be served by developing skills and competencies in working with cultural diverse populations. For rehabilitation professionals the tasks are to better understand ethnic groups, to form conceptualizations of behavior that are applicable to diverse groups, and to promote the welfare of all human beings through education, teaching and psychological intervention. These tasks are neither simple nor new, but there is a special sense of the importance of addressing them because of population changes and the continuing differences in well-being between groups in our society.

The concept of culture has been defined by social scientists in many different ways. According to Dillard (1983), "Culture" consist of patterns of behaviors transmitted by symbols, values and human products of a society that represents distinctive achievements of human groups. Culture can also be construed as the set of rules, shared belief systems, attitudes and norms that promote stability and harmony within a social group (Gibbs & Huang, 1989; Kiselica, 1998).

Despite the fact that cultural influences are often unrecognized or unappreciated, the importance of culture has been noted by many scholars especially those involved in cross-cultural research. Albert (1988) has examined several factors that can lead to the neglect of cultural variables. They include lack of contact and experience with other cultures, the need to simplify rather than complicate perceptions within a cultural context, fears which lead to stereotyping others because of cultural backgrounds, ethnocentric bias, and equating diversity with elitism. These factors are often at the root of much emotional conflict within and between individuals.

The statistics of rehabilitation services provided to culturally different populations indicate an alarming number of unsuccessful rehabilitation outcomes (Walker, Belgrave, Banner, & Nicholls, 1986). Specifically, there is a high probability that people with disabilities from certain cultural groups will not respond well to, or assimilate to, rehabilitation services. If rehabilitation professionals are not sensitive to their consumers' cultural needs and characteristics, the number of clients who achieve below their potential, drop out of programs, or who fail to become rehabilitated and employable will continue to increase dramatically.

Issues to be Considered When Providing Rehabilitation Services to Bicultural and Bilingual Rehabilitation Consumers

Not everyone comes to counselingwith the same expectations.

Counseling may be viewed as a process of interpersonal interaction and communication. The major goals of counselors and other mental health and rehabilitation professionals have been to assist clients to change their behaviors by positively encouraging personal growth and self-awareness. This has usually been done through the use of counseling techniques based on Anglo middle-class values. Therefore, the goals and expectations of most counselors reflect the values and standards of the majority society. According to Sue (1990) for effective counseling to occur, the counselor and client must be able to "appropriately and accurately send and receive both verbal and nonverbal messages."

While breakdowns in communication often happen between members who share the same culture, the problem becomes exacerbated between people if different racial or ethnic backgrounds exist. The task facing therapists and rehabilitation counselors who try to assist clients from multicultural background is a challenging one. This task is all the more difficult because mainstream theories and techniques of counseling and psychotherapy have traditionally ignored important variables such as culture, language skills and individual differences.

Clients seeking counseling and rehabilitation services are also faced with the stressful task to conform to certain fictional ideas and methods that are not flexible or easy to adapt to their world views. Traditionally, counseling and other human services have been rooted in and reflected the dominant values, beliefs, and biases of the larger society.

According to Sue (1990), the worldview of the culturally different client is ultimately linked to the historical and current experiences of racism and oppression in the United States. A culturally different client is likely to approach counseling with a great deal of suspicion as to the counselor's conscious and unconscious motives in a cross-cultural context.

Most clients have the expectations that a counselor is supposed to "help, cure and fix" their problems. Unfortunately, this is not necessarily true all the time and it does not take place as quickly as the client desires. Furthermore, Sue (1990) stated that clients may also have their own definition of counseling or believe that counseling encompass certain philosophical assumptions such as: a) a concern and respect for the uniqueness of the client; b) an emphasis on the inherent worth and dignity of all people regardless of race, creed, color, sex and disability; c) a high priority placed on helping others attain their own self-determined goals; d) valuing freedom and the opportunity to explore one's own characteristics and potentials; and e) that a future-oriented promise of a better life is not enough to foster trust. While these humanistic ideals may seem highly commendable and appropriate for the counseling profession, they have oftentimes been translated in such a manner as to justify support for the status quo.

Since the mid-1960s advocates for the multicultural approach to human services believe that the counseling profession has failed to fulfill its promises to the culturally different. This belief has been a frequent theme voiced by multicultural

communities. In reviewing cross-cultural literature on counseling, Pine (1972) found the following views and expectations on counseling to be representative of those held by many culturally different individuals:

> ... that counseling is a waste of time; that counselors are deliberately shunting minority clients into dead end nonacademic programs regardless of clients potential, preferences or ambitions; that counselors discourage clients from applying to college; that counselors are insensitive to the needs of clients and their feelings; that counselors do not give the same amount of energy and time in working with a member of a minority group as they do with White-middle-class clients; that counselors do not accept, respect and understand cultural differences; that counselors are arrogant and bias. (p. 5)

Pine's summary of minority clients perception of the counseling profession continues to be valid today and indicates a gap existing between the ideals of counseling and its actual operation with respect to the culturally different. While counseling encourages the concept of freedom, rational thought, tolerance of new ideas, and equality and justice for all, it is believed by some groups that it can be used as an oppressive instrument by those in power to maintain their own status in society.

In this respect, counseling becomes a form of oppression in which there is an unjust and cruel exercise of power to neglect, subjugate or mistreat large groups of people. When counseling techniques are used to restrict rather than enhance the well being and development of the culturally different, it may be necessary to revisit the code of ethics for counselors and other legislation meant to protect consumers.

It would also be beneficial to look into regulations such as the Bill of Clients Rights to find means of protection against prejudice and discrimination. Client's counseling expectations cannot be defined in general terms that will apply to all clients. They are as different as clients are different from one another. That is each client is unique with a unique set of expectations according to the clients own worldviews.

Expectations seem to vary with clients' characteristics.

Statistically speaking, some values and experiences can be identified as characteristics of a particular culture and may thus be useful in helping the counselor gain greater insight into the client's situation. However, the rehabilitation professional must guard against adopting these views unilaterally and take care to regard each client as an individual who may have been influenced by these experiences to a great degree or not at all.

Gender, age and ethnicity, among other characteristics, play an important role in reference to the clients expectation of counseling and rehabilitation services. While the need for services may be the same for men and women, different age groups and ethnic groups, each individual has his or her own set of expectations.

Studies conducted by Dillard (1983) have shown that in

general one of men's characteristics is that they tend to demand tangible results and expect these results in a short time period. It has been reported that, in many instances, men have lower levels of tolerance than most women. For women, a higher level of tolerance has been observed and not as much concern with achieving quick results as expected by men. Clients' expectations may also be influenced by their personal concerns, educational level, social skills and socioeconomic status.

Expectations seem to vary with counselor characteristics.

Counseling and psychotherapy are influenced by the social-cultural framework from which it arises. In the United States, the White western European culture holds certain values that are reflected in the therapeutic process in practice. Therefore, most counselors' expectations also reflect the White western European cultural values that they have learned and experienced. As a result, many of the counselor's values and characteristics seen in both the goals and process of counseling are not shared by culturally different clients. Schofield (1964) has noted that therapists tend to prefer clients who exhibit the "YAVIS" syndrome: young, attractive, verbal, intelligent and successful. This preference tends to discriminate against people from different minority groups or those from lower-socioeconomic classes and culturally different.

Sue and Sue (1972) have identified three major characteristics of counselors that may act as a source of conflict for multicultural groups. First, counselors often expect their counselee to exhibit some degree of openness, psychological-mindedness, or sophistication. Most theories of counseling and rehabilitation guidance place a high premium on verbal, emotional, and behavioral expressiveness and the obtaining of insight. These are either the end goals of counseling and rehabilitation guidance or are the medium by which "cures" are affected. Second, counseling is traditionally a one-to-one activity that encourages clients to talk about or discuss the most intimate aspects of their lives. If this behavior of self-disclosure is not part of a clients cultural values the counselor expectations of the clients may not be fulfilled. Other counselors characteristics such as gender, ethnic background, world views and type of professional training are very important variables intervening in the counselor-client relationship. Adopting an increased sensitivity to and understanding of a client's different worldview will profit the rehabilitation professional not only with minority populations, but in all dealings with clients.

Mutual expectations and attitudes of counselor and client.

Counselor and client expectations and attitudes toward rehabilitation outcomes depend heavily on the counselors' characteristics and the clients' readiness and knowledge of the rehabilitation and counseling process. A major goal of the rehabilitation counselor, and as expected by the counseling and rehabilitation profession, is to provide effective assistance to individuals in need of counseling and rehabilitative services. Clients requesting rehabilitation and counseling services most

likely will have the same goal and expectation of receiving effective assistance. However, due to cultural differences that are likely to exist even in situations where the professional and client are of similar ethnic backgrounds expectations and attitudes may be very different and far apart.

According to Dillard (1983),

> ... a counselor who assumes that he or she can provide effective assistance to individuals across ethnic boundaries without changing his/her one-model approach is either unable or unwilling to recognize his client's cultural and ethnic differences. (p. 14)

Other professionals in the field such as Vontress (1976) and Stewart (1976) suggest that effective assistance to the client will emerge only as the counselor recognizes and respects the commonalities and differences that each client brings to the counseling relationship. Should the counselor consider that all clients are the same and have the same expectations and attitudes, he or she runs the risk of having difficulty communicating and thus of not providing effective assistance. Clients are essentially the same to the extent that they all engage in certain basic cultural behaviors and activities most of their lives. The different approaches to these behaviors and activities are what make clients different and have a unique set of expectations and attitudes. Some of these differences, learning styles, language barriers and speech patterns, frequently hamper the counselor-client communicative process. Thus, awareness of client's diversities and the reasons behind them help the communication and the client-counselor relationship. This awareness closes the gap between their expectations and attitudes toward counseling and rehabilitation services goals.

Major Differences Between Cultures in Relationship to Disability and Rehabilitation

The mere placement of individuals into groups enhances the tendency to exaggerate the difference between the groups and minimize the distinctions of individuals within the group (Smart and Smart, 1992).

Introduction of the cultures to be discussed here

Hispanic culture

According to Smart and Smart (1993), it is of particular importance to respond to the rehabilitation services needs of the Hispanics population because of the pressing nature of their needs. Hispanics with disabilities have been dis-empowered vocationally and have long suffered from both unemployment and underemployment. The growth of the Hispanic population has increased the demand for services as well as the fact that Hispanics experience a proportionally higher rate of mental, physical and emotional disabilities (Angel, 1985; Bowe, 1981; DeJong & Lifchez, 1983; Dicker & Dicker 1982; U.S. Bureau of Census, 1990).

It is expected that the need for services will continue to grow because the Hispanic population is young. The median age for the Hispanic population is 23.2 compare to other U.S. residents combined with a median age of 30. Even more dramatic is to consider that one third of all Hispanics are under the age of 15. Given its youthfulness, prevailing fertility rates, and strong and continuous immigration from Latin America and the Caribbean, demographers can safely predict that the Hispanic population will continue to increase at an accelerated rate, especially in large metropolitan areas (Casas & Vasquez, 1989).

Considering the size, youthfulness, and incidence rates of disabilities in the Hispanic population, it is reasonable to assume that there is a significant number of potential clients for counseling and other rehabilitative services (Wong-Hernandez, 1996). According to U.S. Bureau of Census (1990) and Bowe (1993) the following information related to Hispanic Americans with disabilities suggests the urgency with which rehabilitation counselors must become attuned and in touch with culturally different populations with disabilities.

Ethnic Disparities: A Comparison of Hispanics with Disabilities and Hispanics not Disabled

The "typical" Hispanic-origin adult with a disability: is 41 years old; is married; lives in a metropolitan area; is a high-school graduate; is severely disabled; does not work either full- or part-time; had or has a blue collar job; and had a mean income from all sources of about $11,000 in 1990.

The "typical" Hispanic-origin adult with no disability: is 31 years old; is married; lives in a metropolitan area; is a high-school graduate; works full-time; has a blue collar job; and had a mean income from all sources of about $14,000 in 1990.

Statistics released from the U.S. Bureau of the Census suggested significant changes in the racial and ethnic composition of the United States from the previous census a decade ago. In 1990 one out four Americans had African, Asian, Hispanic or American Indian ancestry. At the same time, the proportion of Americans identifying themselves as white declined to 80.3%. The 1990 Census data indicates the U.S. population currently includes: 30 million African Americans, an increase of more than 13% since 1980; 22.5 million Hispanic Americans, an increase of 53%; 7.3 million Americans of Asian descent, an increase of 107.8%; and 2.0 million American Indian, an increase of almost 38%. This unprecedented growth and the corresponding change in the racial composition of the United States will most likely continue. Estimates suggest that by the year 2000, 30% of the American population will be of a racial minority or Hispanic. (Dunn, 1991; p. 6).

The Hispanic population is one of the most ethnically diversified populations in the United States. Among the Hispanic culture subgroups there are three dominant regional subgroups: Mexican-Americans, Puerto Ricans and Cuban-Americans. The failure to distinguish among the various subcultures of any ethnic groups is referred to as "racial lumping" (Sue. 1990). Racial lumping ignores significant differences among groups and violates the individual's self-identity. The tendency to view the Hispanic culture as monolithic is probably due to the fact that the

language with its own regional variations unites this population. Due to its large number in population several studies have been conducted of the Mexican-Americans and Puerto Ricans populations in reference to disabilities issues. However, issues concerning persons with disabilities from the Hispanic subgroup of Cuban Americans has not been adequately addressed in research literature.

Cuban as a Hispanic subculture

Data produced by the US Bureau of the Census indicates an overwhelming Cuban-American population of approximately 2.5 million settled in United States and Puerto Rico. While at a national level this figure is not impressive, it is regionally significant in light of the concentrated pattern of Cuban settlement in south Florida. Largely, as a consequence of the Cuban immigration to the greater Miami area, south Florida has emerged as an important and distinctive island of Hispanic culture. The incidence of disabilities among Cuban-Americans has been difficult to track, but according to the Cuban American Policy Center (1989) and O'Brian (1990) there is a substantial indication of mental disabilities, deafness and speech impairments among others disabilities and occupational incurred disabilities.

Asian culture

According to the U.S. Bureau of Census (1990), there is an increase of 107.8% in the population of Americans of Asian descent as compared to just a decade ago. The 1990 Census data indicate that there are approximately 7.3 million Americans of Asian descent residing in the United States.

Americans of Asian descent who came to the United States brought with them many cultural traditions and customs that still are in evidence today (Sue, 1981). In addition, recent studies indicated that many of the Asian Americans borne in this country have difficulties coping with culture-conflict. The culture-conflict is basically defined by their pride and self-esteem on how to acculturate into the American society. Historically, Asian Americans have suffered the most inhuman treatment and have been discriminated in the American society since 1840s. Many Asian Americans come to view their ethnicity as a handicap that may lead to continuous discrimination by our society. Moreover, this feeling may create various forms of racial self-hatred and consequently leads to culture-conflict and identity crisis.
In the area of utilization of social services, studies revealed that there is an underutilization of mental health facilities and services among Asian Americans. However, studies conducted by Sue & Kirk (1973) indicated that Asian Americans are experiencing greater psychological discomfort than their Caucasian counterparts. This may due to the fact that Asian Americans stress the importance of obedience and conformity to the family and the society. Public admission of personal and psychological problems will bring shame to the individual and the family, and therefore is suppressed.

Chinese as an Asian subculture

Chinese Americans represents a large percentage within the Asian Americans community and a fastest growing minority group in the United States. In 1980, immigrants from China, Taiwan, and Hong Kong exceeded 50,000. This figure did not even include the thousands of Southeast Asian refugees entering the country that are ethnic Chinese in origin.

Due to the political policy changes in Mainland China, the returning of Hong Kong to the Chinese government administration in 1997, and the increase of immigration quotas from the U.S. Justice Department for these two localities, there has been significant escalation of Chinese immigrants from China and Hong Kong in the past few years.

In a comprehensive review of the psychology, counseling, psychiatry, and social work literature, Leong (1986) found that Chinese Americans tend to significantly underutilize social services and often have difficulties with American counseling approaches. These problems can be partially attributed to cultural differences and the lack of training and sensitivity, on the part of the social service providers, to cultural differences in the counseling process (Ng, 1999).

It is obvious that rehabilitation counselors working with Asian American rehabilitation clients who are disabled also have the responsibilities to acquire training and become sensitive with respect to cultural issues. Unfortunately, there is little done on areas of rehabilitation research and training for this population. Additionally, there is no data available in rehabilitation services, success, and failure in regard to Asian Americans rehabilitation clients (Chan, Lam, Wong, Leung and Fang, 1988).

Values regarding family, society, religion, and education

According to Pedraza-Bailey's (1985) study of the Cuban immigration in the United States, the popular perception of Cuban immigrants in America seem a "success story" while other immigrants remain a "silent invasion." For years the media celebrated Cubans for their economic success, particularly for making "faster progress in their adopted country than has any other group of immigrants in their adopted country in this century." (p. 1)

The Cuban population has been depicted as resourceful, aggressive and energetic. This population has demonstrated a remarkable assimilation and kept very strong family ties. Traditional families have very strong religious beliefs predominantly of the Catholic faith. Generally, the family has played a different role in the traditional Cuban society than it has in the United States. Boswell and Curtis (1984) stated that the Cuban's self-confidence, sense of security, and identity were established primarily through family relations.

In contrast to the individualism of the United States which values an individual in terms of his or her abilities to compete independently for socioeconomic status, the Hispanic culture of Cuba views life as a network of personal relationships. The Cuban relies and trusts persons; he or she knows that in times of trouble a close friend or relative can be counted upon for needed assistance. A Cuban relies less on impersonal secondary

relationships and generally does not trust or place much faith in large organizations. Such an attitude is not unique to Cubans, but rather is typical of most Latin American Societies.

Education has a high priority place in the Cuban family and in the Cuban society. A sense of intellectual and professional achievement is very important to secure an important role and place within the family and the community.

How do cultural values relate to the counseling relationship?

Ruiz (1990) has indicated that Hispanics are "different" enough to sometimes require culturally relevant methods of counseling. Due to the lack of specific social services available to the community in their native country Cubans are not accustomed to or prefer not to seek advice or help from outside the family, doctors or clergy. Traditionally, the nuclear family has been the only source of support and guidance in many different situations. The idea of needing "professional counseling" has certain negative connotations not very appealing to a traditional Cuban family.

If the need for professional counseling can be avoided, the family will do so to protect the family member in need of counseling assistance from been labeled or misinterpreted by others. It has been suggested by many scholars that the Hispanic culture tradition of a nuclear family and extended family structure active role has a stress resistant quality. The family serves as an emotional support system in reference to the formation of emotional problems and coping with disabilities. This argument is most common as an attempt to explain Hispanic underutilization of mental health and rehabilitative services (Ruiz, 1990; pp. 192-193).

The process of cultural assimilation encountered by Cubans in the United States has gradually changed their perception of seeking and accepting social services including rehabilitation and counseling services. Families are more willing to accept professional assistance. One important cultural factor still continues and that is that the nuclear family member(s) is involved and wishes to be included in the decision making process concerning any future plans and interventions involving the client. The counseling relationship between counselor-client and nuclear family has to be one of complete and clear understanding. Therefore, eliminating any language barriers and cultural misunderstandings is imperative in order to establish an effective counseling relationship.

Perception of disabilities

Good health is an interest of people of all cultures. However, the ways in which various cultures view, react to, and treat disability vary. It may be said that acceptance and perception of disability is culturally determined. Thus attitudes and perceptions of Cuban Americans toward disability are determined to some extent by the Hispanic and Cuban subculture.

Smart (1992) points out that the degree of acceptance of disability may influence an individual and his or her family in their decision to apply for services. This decision may

subsequently enhance or retard the success of the entire rehabilitation process. The following factors have been identified by other scholars to be associated with the perception and coping mechanism of disability among Hispanics including Cubans.

Well-defined gender roles

Many Hispanic men have been culturally taught that it is their responsibility to provide for their families and being strong is considered an important male attribute. Acceptance of disability may therefore be more difficult for a Hispanic male than for clients who perceive their roles less stringently.

Stoic attitude toward life

Perception of disability among Hispanics may be affected by what many researchers identify as a culturally based attitude of resignation and acceptance of life problems. There may be less inclination to question, complain, or strive for change than among people of other cultural backgrounds.

Cohesive, protective, family-oriented society

Researchers agree that Hispanic families play important roles in the rehabilitation process and outcomes. At times this cultural characteristic has been viewed as overprotective and paternalistic, and limiting the clients full and active participation.

Religious views

Religion plays an important role in the definition, response and acceptance of disability for many Hispanic clients. In the Hispanic worldview, disability is often seen as a punishment for one's sins or for the sins of one's parents. It is important for counselors and other rehabilitation professionals to understand that such a "theological etiology" may be ascribed to disability by many Hispanic clients.

Reliance on physical labor

Cubans and other Hispanics are over represented in physically demanding jobs that have a high risk of illness, disability, and fatality. A majority of the adult population also have lower levels of education. For many Hispanics who are disabled, options for employment or training may be very limited. Disability is one of the strongest contributors to limitations to employment (Rehab-Brief, 1993).

Physical and mental disabilities

Physical and mental disabilities have a high prevalence among multicultural individuals. For the Hispanic populations physical disabilities among working age groups occurs very frequently in most cases due to occupational accidents and hazardous contamination. Mental disabilities are associated with the inability to assimilate a new culture and the effects of alcohol and drug dependency.

Canino, Earley and Rogler (1980) have indicated in their research of the mental health status of Hispanics that this population experiences a greater array of potentially stress-

inducing events than do other populations and thus have higher risk to mental health problems. Several aspects of the transition from one society to another apparently constitute a hazardous situations leading to increased risk of psychiatric hospitalizations.

Rehabilitation services expectations

Rehabilitation services expectations depend heavily on the clients' information about the services and the individual's level of acculturation.

The Implications of Cultural Diversity in Rehabilitation Services
Client's attitude toward rehabilitation professionals.

The clients' cultural background and socioeconomic status will contribute greatly to his or her attitude toward rehabilitation professionals. In most cases there is a sense of respect for the counselor or rehabilitation professional. For some culture such as Hispanic and Asian the role of the rehabilitation professional is not very clear. Often culturally different clients are unclear as to the purpose of counseling and may expect a quick solution to their problems and a direct advise as to what to do with the situation at hand (Acosta and Evans 1982).

Willingness to cooperate

Willingness to cooperate is usually misunderstood by counselors who have little experience working with multicultural clients. Smart (1993) discussed the fact that rehabilitation practitioners tend to view acculturation as a predictor of clients cooperation and clients success. If clients retains the language and continues to embrace the cultural characteristics of his or her home country, that client may be viewed by a rehabilitation counselor as being at high risk of not being cooperative and not reaching the set rehabilitation goals. Smart suggest that instead of viewing level of acculturation as a predictor of cooperation and success, rehabilitation professionals should view it as a tool for determining what assessment techniques and interventions might be most appropriate for their consumers.

Client's attitude toward male and female rehabilitation professionals

Client's attitude toward male and female rehabilitation professionals is a variable for the counselor-client relationship. In most cases it is up to the individual how comfortable he or she feels talking to the opposite or the same sex about personal feelings or future plans.

Client's family's attitudes toward rehabilitation services

In most cases families have a positive attitude toward rehabilitation services. Just as the client, family members see the rehabilitation practitioner as an authority figure and they are view with respect. The nuclear family (mother/father) is a very important contributor to the rehabilitation process. Looking at family involvement from another perspective, Jacus (1981) explained that the inclusion of family counseling in

rehabilitation services is often an integral part of the team concept in the rehabilitation profession.

Rehabilitation professionals are beginning to express an interest in re-evaluating the nature of their relationship with families (Spaniol 1984). Family members are also demanding new responses from professionals. New approaches to working with families are emerging and the growing trend is responsiveness to families in the vocational rehabilitation process. This responsiveness should take a form that acknowledges the family's strengths, needs, and complementary roles. It is in the best interests of the client for the rehabilitation professional to seek the family's help and, by working with the family, to improve the effectiveness of the services offered.

Willingness to follow through chosen rehabilitation program

The working relationship and the collaboration between the rehabilitation counselor and the client are critical to the success of rehabilitation service. If the client received the proper rehabilitation guidance and counseling with emphasis on multicultural aspects, he or she will be willing to follow through with the services being provided. In this case the client is expected to benefit greatly from the rehabilitation services.

Rehabilitation counseling should be a collaborative venture. The roles of client and counselor should become nearly equal. Attitude and behavior change will have to occur in both counselor and consumer, but the greater adjustment will have to be made by the counselor.

Rehabilitation Policy

Overview of the historical perspective of rehabilitation policy toward multicultural clients

Traditionally rehabilitation services have been offered in the United States since 1918, right after World War I. It was not until the late 1960s that scholars and consumers began to discuss a future need for rehabilitation practitioners to become more competent in reference to multicultural counseling. During the last five years more emphasis has been placed in becoming culturally sensitive in order to work effectively with the American multicultural population.

Overview of present policies

Rehabilitation Act Amendments of 1992

The Rehabilitation Act Amendments of 1992 was signed by President Bush on October 29, 1992, and became Public Law 102-569. These amendments are much more than a status-quo reauthorization or continuation of Federal and State Rehabilitation Programs. As defined by the Rehabilitation Services Administration, U.S. Department of Education (1993), the Amendments are guided by the presumption of ability: "A person with a disability, regardless of the severity of the disability, can achieve employment and other rehabilitation goals, if the appropriate services and supports are made available."

The primary responsibility of vocational rehabilitation programs is to provide services to all persons with disabilities.

Under the new Amendments the traditionally undeserved population including individuals from multicultural background are protected from further exclusion (Parker & Szymanski, 1998).

Pluralistic approach to rehabilitation training for counselors and clients

Proposed changes

Cultural and racial minorities tend to have disabling conditions at a disproportionately high rate. Inequitable treatment patterns of culturally different clients have been documented in all major junctures of the vocational rehabilitation process. A larger percentage of cases for this population are closed without clients being rehabilitated. As mandated by the new policy recruitment efforts are being made by rehabilitation and counseling agencies to bring a more culturally diversified staff into their agencies. This change will ensure that services will be more effective and the interaction between the client, his or her family and the rehabilitation practitioner will be culturally sensitive.

Many members of ethnic minorities and those who work on their behalf believe that part of the problem has been that of cultural insensitivity. In order to improve the quality of service delivery, rehabilitation professionals need to learn to recognize the cultural values of minority individuals and to adapt service delivery approaches accordingly.

Conclusion

A diversified American society is in need of specifically designed programs to manage society's responsibility toward its citizens. The failure to achieve equal partnership for culturally different clients in the rehabilitation field will have disastrous effects for this society. A vital step in the development of an effective partnership involves moving away from the assumption of the traditional counseling and vocational rehabilitation techniques applied to all individuals. This approach may have a negative impact on culturally different populations. Developing cultural competence is a two-way street. This requires that members of both the minority culturally different population and the majority cultures better understand, appreciate, and become skilled in one another's culture. The enforcement of new regulations and more innovated cultural training for rehabilitation practitioner is just the beginning of the change of American society's attitude toward multicultural issues.

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