

Counseling Asian American Adults With Speech, Language, and Swallowing Disorders

James Y. Kuo
Xiaolu Hu

San Jose State University, CA

The United States is a country with an extremely rich cultural diversity. According to Graeco and Cassidy (2001), the United States consists of 75.1% of Caucasians, followed by African Americans (12.3%), Asian Americans (3.6%), American Indians (0.9%), Pacific Islanders (0.1%), some other race (5.5%), and two or more races (2.5%). The population of Asian Americans has increased significantly during the past two decades (Graeco & Cassidy, 2001; U.S. Bureau of the Census, 1993). It increased from 3.5 million in 1980 to 10.2 million in 2000—an average increase of 3.4 million each decade. Day (1996) estimated that the number of

Asian Americans will increase from 15 million in 2010 to 34 million in 2050, when they will constitute 8.7% of the total population of the United States.

The increase of Asian Americans during the past two decades greatly impacts the field of speech-language pathology. Today, speech-language pathologists are much more likely than 20 years ago to encounter Asian individuals with speech, language, or swallowing deficits in their work settings. Because of the differences in language and cultural backgrounds, the diagnostic and therapeutic techniques used with this ethnic group, as well as the counseling strategies, may differ from those used with other ethnic populations. The American Speech-Language-Hearing Association (ASHA) has recognized the importance of this issue by establishing a special division, which emphasizes “the need to provide and appropriately accommodate diagnostic and treatment services to individuals from diverse cultural backgrounds and adjust treatment and assessment services accordingly” (2001b).

It is very encouraging to see that 53 tests have been designed for various Asian groups for the purpose of speech and language assessment. ASHA (2001a) listed information regarding these 53 tests in detail. The validity and reliability of some of these tests are questionable, and further research is needed in order to explore this area. On the other hand, no information in the area of counseling Asian individuals with speech, language, and/or swallowing deficits is currently available. The purpose of this article is to describe characteristics of Asian populations living in the United States and to address how culture and culture values need to be considered in the counseling process for individuals with speech, language, and swallowing disorders.

ABSTRACT: The population of Asian Americans has increased dramatically during the past two decades. Today, speech-language pathologists are much more likely than 20 years ago to encounter Asian adults with speech, language, or swallowing deficits. Due to the limited number of Asian speech-language pathologists in this country, treatment is usually provided by non-Asian speech-language pathologists. Therefore, all speech-language pathologists should know the characteristics of Asian individuals. The purpose of this article is to discuss the prevalence of speech, language, and swallowing disorders among Asian American adults and show how speech-language pathologists can collaborate with Asian communities and better understand the Asian culture in order to facilitate the process of counseling during interventions.

KEY WORDS: Asian, Asian American, Asian cultural values, counseling

ASIAN POPULATIONS IN THE UNITED STATES

Current Asian American Population

A total of 10.2 million Asian Americans are currently living in the United States (Graeco & Cassidy, 2001). Table 1 shows the Asian American population categorized by ethnic group in the 1990 census (U.S. Bureau of the Census, 1993). The same type of data by ethnic group for Census 2000 is not yet available. According to the Census Bureau (1993), Chinese Americans are the largest Asian group, consisting of 23.8% of all Asian Americans. This is followed by Filipinos (20.4%), Japanese (12.3%), Asian Indians (11.8%), Koreans (11.6%), and Vietnamese (8.9%). Ten other Asian groups include Laotian, Cambodian, Thai, Hmong, Pakistani, Indonesian, Malayan, Bangladeshi, Sri Lankan, and Burmese. Each of these Asian groups makes up 2% or less of the Asian American population. It is important to emphasize that the Census Bureau (1993) indicated that "all Asian groups, regardless of size, are important and make continuing contributions to the diversity of the United States."

Table 2 lists the numbers of Asians living in the various states for census year 2000 (U.S. Bureau of the Census, 2001). Sixty-six percent of Asian Americans live in six states—California, New York, Texas, Hawaii, New Jersey, and Illinois. Almost half (46%) of the Asian Americans reside in the Pacific Coast Region, consisting of California, Oregon, Washington, Hawaii, and Alaska.

A great majority of the Asian Americans (an average of 66%) is foreign born, as shown in Table 1 (U.S. Bureau of the Census, 1993). These Asian Americans were exposed to one or several Asian cultures and languages for a period of time before they immigrated to the United States. Consequently, their English proficiency is highly variable. Battle

Table 1. Distribution of Asian population (in thousands) in the United States by Asian ethnic group for census year 1990 (U.S. Bureau of the Census, 1993).

<i>Ethnic group</i>	<i>Population (in thousand)</i>	<i>% of Asian population</i>	<i>% of foreign born</i>
Chinese	1,645	23.8	69.3
Filipino	1,407	20.4	64.4
Japanese	848	12.3	32.4
Asian Indian	815	11.8	75.4
Korean	799	11.6	72.7
Vietnamese	615	8.9	79.9
Laotian	152	2.2	79.4
Cambodian	145	2.1	79.1
Thai	90	1.3	75.5
Hmong	90	1.3	65.2
Pakistani	83	1.2	58.2
Indonesian	28	0.4	
Malayan	14	0.2	
Bangladeshi	14	0.2	
Sri Lankan	14	0.2	
Burmese	7	0.1	

Table 2. Distribution of Asian Americans (in thousands) by state and the percentage of Asian Americans within each state for census year 2000 (U.S. Bureau of the Census, 2001).

<i>State</i>	<i>Asian population</i>	<i>Percentage</i>
California	3,692	10.9
New York	1,043	5.5
Texas	563	2.7
Hawaii	504	41.6
New Jersey	480	5.7
Illinois	422	3.4
Washington	324	5.5
Florida	272	1.7
Virginia	262	3.7
Massachusetts	241	3.8
Pennsylvania	221	1.8
Maryland	212	4.0
Michigan	179	1.8
Georgia	172	2.1
Minnesota	143	2.9
Ohio	136	1.2
North Carolina	113	1.4
Oregon	103	3.0
Colorado	95	2.2
Arizona	92	1.8
Wisconsin	91	1.7
Nevada	90	4.5
Connecticut	82	2.4
Missouri	62	1.1
Indiana	61	1.0
Tennessee	57	1.0
Louisiana	54	1.2
Oklahoma	48	1.4
Kansas	46	1.7
Iowa	38	1.3
Utah	38	1.7
South Carolina	36	0.9
Alabama	31	0.7
Kentucky	28	0.7
Alaska	25	4.0
Rhode Island	24	2.3
Nebraska	22	1.3
Arkansas	21	0.8
New Mexico	20	1.1
Mississippi	20	0.7
Delaware	16	2.1
New Hampshire	16	1.3
District of Columbia	15	2.7
Idaho	12	0.9
West Virginia	9	0.5
Maine	9	0.7
Vermont	5	0.9
South Dakota	5	0.6
Montana	5	0.5
North Dakota	4	0.6
Wyoming	3	0.6

(1998) reported that the percentage of Asian Americans who speak English "less than very well" increases with age. These percentages consist of 44.2% for individuals between 5–17 years old, 54.7% for individuals between 18–64 years old, and 72% for individuals older than 65. It is reasonable to assume that this group of Asian Americans who do not speak English "very well" might be those who were born in foreign countries.

The Impact on Speech-Language Pathology

The impact of the increase of Asian Americans on the field of speech-language pathology is that the speech-language pathologists in the future are much more likely than now to encounter Asian individuals with speech, language, and/or swallowing deficits. Because of the differences in language and cultural backgrounds, the management techniques and counseling strategies used for Asian Americans must be different from those used for other ethnic populations. Ideally, Asian speech-language pathologists who know the characteristics of Asian Americans should treat these clients. However, this may be very difficult and even impossible because of the extremely limited number of Asian speech-language pathologists in the United States. Thus, it is important for all speech-language pathologists to know more about the characteristics of Asian Americans in order to enhance the quality of services to these clients.

Counseling is a major component of speech, language, and swallowing diagnoses and interventions. Because of its importance, ASHA has listed counseling as part of the scope of practice in speech-language pathology, as follows:

The practice of speech-language pathology involves 1. Providing prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, *counseling*, [italics added] and follow-up services for disorders of speech ... 8. Educating and *counseling* [italics added] individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adoption, and decision making about communication, swallowing, or other upper aerodigestive concerns. (ASHA, 2001b)

In order to counsel this unique population in the appropriate way during therapy, speech-language pathologists should know the characteristics of this population in addition to general information regarding counseling.

COUNSELING ASIAN AMERICAN ADULTS WITH SPEECH, LANGUAGE, AND/OR SWALLOWING DISORDERS

General Counseling Aspects

Counseling can be defined as the process of helping clients intrinsically to understand and modify their inner thoughts in order to cope extrinsically with their lives and the world after the onset of a disorder. Intrinsic adjustments may include understanding and modifying self-esteem and expectation toward the “new person” and motivation to adopt the new communication and/or swallowing strategies. Extrinsic adjustments can include decision making regarding changes in social and occupational aspects of their lives.

Counseling strategies are important skills that speech-language pathologists should use during their interventions. Counseling is the interaction between a client and a speech-language pathologist in order to help the client understand and adjust him- or herself so that he or she can learn how to cope with the world. To help clients to understand their physical limitations and how to deal with their psychological reactions, specific counseling strategies should be used.

(Readers who want to know more about specific counseling strategies should consult Shames [2000].)

A considerable number of authors have devoted their time to counseling individuals or clients with speech, language, and/or swallowing disorders (Holland, 1999; Luterman, 1996; Rao, 1996; Rollin, 2000; Shames, 2000; Webster, 1977). Among these researchers and clinicians, Holland focused mainly on counseling adults with neurogenic communication disorders and provided straightforward and practical information regarding these issues. She identified the characteristics of successful counseling for speech-language pathologists in terms of professional knowledge of the disorders. They can be summarized as four main areas.

- The speech-language pathologist should know the nature of the disorder, the pattern of recovery or deterioration, and the intervention related to the speech disorder.
- The speech-language pathologist should know the possible psychological problems that include the emotional reactions related to the speech disorder.
- The speech-language pathologist needs to have certain connections and collaborate with other medical staff and resources in the community in order to provide appropriate services.
- The speech-language pathologist needs to have knowledge about the cultural issues related to various ethnic groups.

The application of Holland’s model on counseling Asian American adults with speech, language, and/or swallowing deficits can be divided into three important aspects.

- The speech-language pathologist should know the prevalence and recovery patterns of certain medical problems and speech, language, and swallowing disorders among the Asian population.
- The speech-language pathologist needs to have knowledge regarding collaboration with various Asian communities. Resources including Asian staff from medical centers, adult day care centers, and multi-cultural service centers would enhance the process of counseling with Asian American adult clients.
- The speech-language pathologist needs to understand Asian cultures and the influences of these cultures on clients’ emotions and behaviors.

Asian American Adults With Speech, Language, and/or Swallowing Deficits

Certain types of medical problems are prevalent among the Asian population. Some of these medical problems may result in speech, language, and/or swallowing deficits. Therefore, it is important for speech-language pathologists to know these issues in order to facilitate assessment, therapy, and counseling among these clients. Wallace (1997) studied the distribution of major medical risk factors related to neurological deficits among four minority groups (African American, Hispanic, Asian/Pacific Islander, and

American Indian). Results of her study via survey indicated that stroke (63% of the cases) was the primary etiology of neurological deficits. This was followed by traumatic head injury (25%), degenerative disease (6%), dementia (4%), and other (2%). Wallace further analyzed the percentage of different types of communication deficits and dysphagia resulting from the neurological impairments. Results suggested that aphasia (45%) was the most prevalent disorder among these cases. This was followed by cognitive communication deficit (18%), dysarthria (10%), right hemisphere impairment (9%), combination impairment (8%), dysphagia (6%), apraxia (3%), and dementia (1%). The author did not report analysis of these data for each of the minority groups.

The incidence of voice-related pathologies among different ethnic groups in the United States has been reported. According to the National Cancer Institute (1996), for the male population, African Americans showed the highest annual rate of carcinoma (560) per 100,000 people. This was followed by non-Hispanic white (481), white (469), Alaska native (372), Hawaiian (340), Hispanic white (336), Vietnamese (326), Japanese (322), Hispanic nonwhite (319), Chinese (282), Filipino (274), and Korean (266). For the female population, blacks (319) had the highest annual rate. This was followed by Hawaiian (239), Alaska native (225), non-Hispanic white (217), white (213), Chinese (139), Hispanic white (134), Japanese (133), Hispanic nonwhite (129), and Filipino (105). Data for Korean and Vietnamese females were not available. Further information regarding the incidence of different types of cancers among ethnic groups can be found on the web site of the National Cancer Institute (www.nci.nih.gov).

National data regarding statistics for Asian American

adults with speech, language, and swallowing deficits is not currently available. However, a study regarding voice among multicultural populations with small sample size does exist (Andrianopoulos, Darrow, & Chen, 2001). These authors analyzed the first formant (F1), second formant (F2), and third formant (F3) frequencies during the production of sustained /a/, /i/, and /u/ for 10 Caucasian, 10 African American, 10 Indian, and 10 Chinese participants. Some of their results indicated that the difference between F1 and F2 was significantly lower for Chinese male participants than that for each of the other ethnic groups. This suggested that Chinese male participants tend to place the tongue at a more posterior position in the oral cavity. Because these data were collected from a small sample size, further study is needed in order to explore the physiological and pathological aspects of Asian American adults with speech, language, and swallowing deficits at the national level.

To know the distribution of speech, language, and swallowing deficits among Asian Americans, data were collected from a hospital in Monterey Park, California. Table 3 shows that a total of 195 patients was treated in the Department of Rehabilitation at Garfield Medical Center from June 2000 to May 2001. Among these patients, 112 (57.4%) were Asians. These patients were categorized according to three disordered areas. Seventy-four out of 112 (66.1%) demonstrated dysphagia, 77/112 (68.8%) showed language deficits, and 101/112 (90.2%) displayed cognitive disorders. Each patient might have more than one type of deficit. Because these data only represented one hospital for a short period of time, further study is needed in order to explore accurate statistics on Asian American adults with speech, language, and swallowing deficits at the national level.

Table 3. The distribution of Asian Americans according to race and types of deficits in the Department of Rehabilitation at Garfield Medical Center, California.

<i>Month/year</i>	<i>Total number of patients in the Dept. of Rehab.</i>	<i>Number of Asian patients in the Dept. of Rehab.</i>	<i>Number of Asian patients with</i>		
			<i>Dysphagia</i>	<i>Language disorders</i>	<i>Cognitive disorders</i>
June 2000	33	17	12	10	18
July 2000	12	7	7	7	3
August 2000	22	11	12	11	13
September 2000	15	8	3	8	8
October 2000	23	14	10	8	9
November 2000	16	8	7	7	7
December 2000	20	15	7	8	13
January 2001	*	*	*	*	*
February 2001	*	*	*	*	*
March 2001	16	11	5	8	11
April 2001	22	13	6	4	12
May 2001	16	8	5	6	7
Total	195	112	74	77	101
Percentage		57.4% (112/195)	66.1% (74/112)	68.8% (77/112)	90.2% (101/112)

*Data not available.

Collaboration With Asian Communities

Resources from Asian communities may enhance the process of counseling Asian American adults with speech, language, and swallowing disorders. Although speech-language pathologists may learn something about the characteristics of Asian population via any possible resource, the information might be limited due to the fact that Asia has distinct countries with a diversity of languages, significant regional subcultures, and different political government systems and social economic classes. In the United States, many large cities with high Asian populations have city offices or private organizations that provide services to the Asian population. Information regarding this aspect may be obtained from regular phone books, the Chinese Yellow Pages, and various web sites (i.e., www.ACMHS.org for Oakland, California). A list of organizations that provide services to the Asian population can be found in Chinese newspapers (Chang, 2001). One such newspaper provided the names and phone numbers of 27 organizations from the states of New York, California, Colorado, Connecticut, Illinois, Massachusetts, Michigan, Minnesota, New Jersey, Ohio, and Pennsylvania.

Understanding Asian Cultures

To provide better services to this dramatically increasing population, it is important for speech-language pathologists to understand Asian cultures. Although culture is becoming a more and more complex social phenomenon, and anthropologists have managed to collect more than a million cultural elements that scientists can study (Laudin, 1973), it becomes debatable as to what is needed to learn about a culture. It has been overwhelming for practitioners to feel competent in understanding different cultures and knowing how to work with a client or family when the client or family is from a culture different from the speech-language pathologist's. To foster the speech-language pathologist's multicultural competence, this section of the article attempts to address the basic concept of culture and traditional Asian culture values and their applications. Also, many Asian countries have experienced culture value transformation during the second half of the 20th century secondary to industrialization, modernization, and globalization. The influences of these culture value changes on the counseling of Asian American adults with speech, language, and/or swallowing deficits will be discussed.

Traditional Asian Culture Values

Among all cultural factors, culture value is one of the most important elements that consciously and unconsciously control and influence a person's behaviors (Hu & Chen, 1999). It is clear that usually an overseas-born Asian behaves differently from an American-born Asian because he or she has learned different sets of culture values from surrounding cultures when growing up. The second generation of the same overseas-born Asian might show certain behaviors similar to Asians and some close to Americans.

Asia is a continent of significant and distinct countries with a diversity of languages, multiple religions, regional subcultures, and different political government systems and social economic classes. However, Asian cultural heritage may still lead them to share significant similarities in values. Just like Wenhao, Salomon, and Chay (1999) stated, Asians hold a unique cultural value system. Several typical cultural values proposed by several researchers (Anderson & Fenichel, 1989; Chan, 1992; Cheng, 1987, 1994; Hu & Chen, 1999; Irujo, 1988; Wenhao et al., 1999; Yagi & Oh, 1995) are discussed here in order to help speech-language pathologists to understand how these values may affect their clients' behaviors.

Family values. Family is the most important social unit in any Asian culture. It is the center of an individual's life and provides guidance, help, and support in any aspect of life (i.e., spiritual, emotional, physical, and financial). To maintain a close family relationship, all members of an Asian family work hard together to support each other. If anyone in the family needs help, others sacrifice themselves to support that individual. In general, children are expected to take care of their parents. The elder son has more responsibility to the family than other siblings. Moving too far away to prevent him from taking care of his elder parents usually results in guilt. It is not uncommon to see the elder son give up a new lifestyle in the United States in order to go back to the old country to take care of sick parents.

The concepts discussed in the preceding paragraph can be applied to the process of counseling Asian Americans with speech, language, and swallowing deficits as follows:

Mr. Wu is an 80-year-old Chinese man who immigrated to the United States from Taiwan 5 years ago. He was hospitalized 2 months ago due to a stroke. After 1 month of extensive rehabilitative therapy, Mr. Wu still showed severe hemiplegia. The hospital social worker recommended that Mr. Wu be discharged to a skilled nursing home due to severe hemiplegia because the his wife was unable to take care of him at home. However, Mr. Wu was upset about the suggestion. When the social worker talked with the daughter, she simply said, "I have to talk with my oldest brother about this. He is the only one who can make the decision. I don't think anybody from the family will agree with this recommendation."

If the speech-language pathologist understands Chinese culture values, he would understand Mr. Wu's reaction. To many Chinese parents, going to a nursing home may imply that their children are not willing to take care of them. The feeling of being abandoned may well explain why Mr. Wu was upset about the recommendation of going to a nursing home. Also, if the speech-language pathologist was familiar with Chinese culture, he or she would understand the daughter's response regarding the only person who can make the decision in this matter.

Harmony and modesty. The Chinese philosophy "yin and yang" and the central notion of Confusion ideology, "Ren" or benevolence, have greatly influenced Chinese and other Asian cultures. These concepts have served as a basic principle to maintain peace, harmony, and social order of the society that is regulated by a strict hierarchical authority. This system requires obedience from everyone in the hierarchy. Being modest, respecting authorities and parents,

and sacrificing personal needs for the benefit of the family are important characteristics of Asian society.

In order to be polite and respectful, it is common to see some Asians nod their heads and smile in order to be polite to the speaker when they actually do not understand what the speaker just said (Anderson & Fenichel, 1989; Chan, 1992). It should be emphasized that these Asians have no intention to cheat at all; this is just their custom to show their politeness. Therefore, during counseling with Asian clients, it is important to make sure that they actually understand whatever you try to convey to them. One way to do this is to observe their behaviors, such as observing swallowing strategies during the meal.

Education. Asian Americans are known for their value of education (Hu & Chen, 1999). According to Yagi and Oh (1995), "Educational achievement is paramount for people and academic success is related to family honor. Because of this, young people often have great academic expectations imposed on them by their parents." Members of a family (i.e., the children) have the responsibility to honor the family. Any failure or mistake at school is considered shame, embarrassment, and "losing face" to the family. Because of this, it would be difficult for your client to talk about his or her children's failures and mistakes at school or even at work during the process of counseling. These so-called "failures" may be expressed as, "My son did not get straight As this semester," or "My son got laid off last week." During the process of counseling Asian clients, it is important to realize that the client might feel shameful and embarrassed when talking about these issues. A speech-language pathologist needs to use counseling strategies carefully in order to facilitate the interaction with Asian clients.

Industry. Although the Asian culture values education, only a limited number of people can afford it. For most people, all family members need to work to maintain or improve the family's socioeconomic status. The choice of a career is often based on income status or salary instead of on personal interests. Many Asian parents work extremely hard and long hours to support their children's education. With these factors in mind, when a speech-language pathologist discusses with his or her client the choice of career that the client made 20–30 years ago, it would not be unusual for the Asian client to say that being a physician was not really his personal interest or decision.

Caveat. It is important to understand that the preceding discussions are generalizations regarding Asian culture values. It should be noted that variations among different Asian groups also exist. For example, there are obvious differences in the culture value systems among Chinese from the mainland, Taiwan, and Hong Kong. Recent immigrants from the mainland grew up under Communist rule with little freedom in terms of religion and traditional lifestyles. Their interpersonal communication and thinking styles, concepts regarding marriage, and ways of treating children are different from the Taiwanese, who grew up under a different society. For example, individuals from the mainland tend to be more defensive than those from Taiwan. This phenomenon might be related to the fact that people from the mainland have struggled through difficult

events (i.e., culture revolution). Defensive behaviors may have helped them survive during this time. Therefore, in order to increase the effectiveness of counseling, the use of counseling strategies must be tailored according to the client's background.

Expression of emotion. Traditionally, members of an Asian family are seldom seen expressing appreciation or love to one another verbally or physically in public or even in private homes. For Asians, commitments to family are internalized. Many Asian children, as stated by Yagi and Oh (1995), "grow up never hearing the actual words *I love you* from their parents." Love and appreciation are mainly expressed in a nonverbal way and in various actions. For example, Asian parents may give up a good lifestyle and work long hours to ensure a good education, a healthy living environment, and a promising future for their children (Yagi & Oh, 1995). To these Asian parents, this is a deeper level of love. Asian clients may refuse extensive rehabilitation processes to reduce the burden for their families.

The application of these preceding concepts to counseling Asian Americans with speech, language, and swallowing disorders is important. First, it is quite normal for the speech-language pathologist to observe no verbal or physical expression of appreciation and love during the interaction of an elderly Asian client and his or her family members. Second, the speech-language pathologist should not make the assumption that there is something abnormal in the interaction pattern of this family.

Communication style. It is well known that the communication style of Asian Americans is not straightforward (Chan, 1992; Wenhao et al., 1999). During verbal communication, one might learn that Asians do not tell the listener the intention or purpose of the conversation at the beginning of the interaction. Initially, Asian speakers tend to chat about something that has nothing to do with the main topic of the conversation. Toward the end, the main purpose of the conversation gradually appears, and the listener might finally "realize" the intention of the Asian speaker by the very end of the conversation. For example, an Asian employee made an appointment to talk with the manager. The Asian employee might initiate the conversation by asking the manager about his family members ("How are your wife and children?"). Then, the content of the conversation might switch to talking about how great the manager was in terms of helping the Asian employee when he first came to the company. The employee continues the conversation without telling the manager the main purpose of the appointment. Finally, the Asian employee tries to end the conversation by standing up and verbalizing the main purpose of the appointment by asking, "By the way, my wife is not feeling well these last few days. Can I take a couple days off?"

The application of the preceding concept to Asian Americans after strokes is important. Western communication style tends to be much more straightforward than Asian communication style. American speech-language pathologists who do not understand this type of Asian communication style might categorize this communication style as decreased pragmatics after a stroke.

Another important Asian communication style is eye contact (Shelley, 1993; Wenhao et al., 1999). For traditional Japanese culture, when you communicate with someone in authority, it is not polite to look at that person's eyes. American speech-language pathologists who do not understand this concept might categorize these Japanese clients' traditional communication style as having poor eye contact or pragmatic difficulties.

Cultural Value Transformation

It is important to emphasize that, during the second half of the 20th century, many Asian countries underwent significant social changes secondary to industrialization and globalization. Traditional Asian culture values have changed and some western culture values have been adopted. Therefore, most elderly Asian Americans (overseas-born Asians) who grew up during the first half of the 20th century in Asia may still be influenced by the concepts of the traditional Asian culture. On the other hand, younger Asian Americans (American-born Asians) who grew up in this country may have experienced the social transformation and may have become more "democratic."

This transformation of Asian culture values can apply to all parameters of traditional Asian culture values discussed previously. For example, an American-born Asian who is the elder son may assume equal responsibility as other siblings to the family. He may decide to move far away from his elder parents because of a great job opportunity even if his parents strongly disagree with him.

It is important for speech-language pathologists who see adult Asian Americans for assessment and treatment to be aware of the differences between the two Asian adult groups in the concept of social values. During the process of counseling Asian American adults with speech, language, and/or swallowing deficits, the speech-language pathologist might face an elderly Asian American influenced by the traditional Asian culture values and children affected by the combination of some traditional Asian culture values and some western culture values. Knowing the differences in culture values among Asian American adults would facilitate the application of counseling strategies on Asian American adults with speech, language, and/or swallowing deficits.

SUMMARY

This article emphasized the increasing Asian population in the United States and addressed the importance of understanding culture values while working with Asian clients. To illustrate how Asian culture values compare to mainstream American culture, Hu and Chen (1999) listed the differences between American and Asian culture values as shown in the Appendix. Understanding these culture differences may assist the non-Asian speech-language pathologist to understand the behaviors of certain Asian clients. As Isaacson and Brown (1993) stated, understanding cultural differences, especially the factor of values, and adjusting one's approach appropriately, may be the secret to successful counseling with multicultural clients.

REFERENCES

- American Speech-Language-Hearing Association.** (2001a). *Guide to speech-language pathology assessment tools for multicultural and bilingual populations*. Rockville, MD: Author.
- American Speech-Language-Hearing Association.** (2001b). *Scope of practice in speech-language pathology*. Rockville, MD: Author.
- Anderson, P. P., & Fenichel, E. S.** (1989). *Serving culturally diverse families of infants and toddlers with disabilities*. Washington, DC: National Center for Clinical Infant Programs.
- Andrianopoulos, M. V., Darrow, K., & Chen, J.** (2001). Multimodal standardization of voice among four multicultural populations formant structures. *Journal of Voice, 15*, 61–77.
- Battle, D. E.** (1998). Communication disorders in a multicultural society. In D. E. Battle (Ed.), *Communication disorders in multicultural populations*. Boston, MA: Butterworth-Heinemann.
- Chan, S.** (1992). Families with Filipino roots. In E. W. Lynch & M. J. Hanson (Eds.), *Developing cross-cultural competence: A guide to working with young children and their families*. Baltimore, MD: Paul H. Brookes.
- Chang, H. U.** (2001). To know treatment for mental health problems. *World Journal, 918*, 14–17.
- Cheng, L. L.** (1987). Cross-cultural and linguistic considerations in working with Asian populations. *Asha, 29*(6), 33–37.
- Cheng, L. L.** (1994). Asian/Pacific students and the learning of English. In J. Bernthal & N. Bankson (Eds.), *Child phonology: Characteristics, assessment, and intervention with special populations*. New York: Thieme Medical.
- Day, J. C.** (1996). Population projections of the United States by age, sex, race, and Hispanic origin: 1995 to 2050. *U.S. Bureau of the Census, Current Population Reports*, 25–1130, Washington DC: Government Printing Office.
- Graeco, E. M., & Cassidy, R. C.** (2001). Overview of race and Hispanic origin: 2000. *U.S. Bureau of the Census, Census 2000 Brief*, Washington DC: Government Printing Office.
- Holland, A. L.** (1999). *Counseling adults with neurogenic communication disorders*. Rockville, MD: American Speech-Language-Hearing Association.
- Hu, X., & Chen, G.** (1999). Understanding cultural values in counseling Asian families. In K. S. Ng (Ed.), *Counseling Asian families from a systems perspective*. Alexandria, VA: American Counseling Association.
- Irujo, S.** (1988). An introduction to intercultural differences and similarities in nonverbal communication. In J. S. Wurzel (Ed.), *Toward multiculturalism*. Yarmouth: Intercultural Press.
- Isaacson, L. E., & Brown, D.** (1993). *Career information, career counseling, & career development*. Boston, MA: Allyn & Bacon.
- Laudin, H.** (1973). *Victims of culture*. Columbus, OH: Charles E. Merrill.
- Luterman, D.** (1996). *Counseling persons with communication disorders and their families* (3rd ed.). Austin, TX: Pro-Ed.
- Rao, P.** (1996). Counseling aspects in adult neurogenic communication disorders. In T. Crower (Ed.), *Application of counseling in speech language pathology*. Baltimore, MD: Williams & Wilkins.
- Rollin, W. J.** (2000). *Counseling individuals with communication disorders: Psychodynamic and family aspects*. Boston, MA: Butterworth-Heinemann.

- Shames, G. H.** (2000). *Counseling the communicatively disabled and their families: A manual for clinicians*. Boston, MA: Allyn & Bacon.
- Shelley, R.** (1993). *Culture shock: A guide to customs and etiquette of Japan*. Portland, OR: Graphic Arts Center.
- United States Bureau of the Census.** (1993). *We, the Americans: Asians*. Retrieved June 10, 2001 from <http://www.census.gov/aprd/wepeople/we-3.pdf>
- United States Bureau of the Census.** (2001). American Fact Finder. Retrieved June 10, 2001 from <http://factfinder.census.gov/servlet/BasicFactServlet/>
- Wallace, G. L.** (1997). *Multicultural neurogenics: A resource for speech-language pathologists*. San Antonio, TX: Communication Skill Builders.
- Webster, E. J.** (1977). *Counseling with parents of handicapped children: Guidelines for improving communication*. New York: Grune & Stratton.
- Wenhao, J., Salomon, H. B., & Chay, D. M.** (1999). Transcultural counseling and people of Asian origin: A developmental and therapeutic perspective. In J. McFadden (Ed.), *Transcultural counseling* (2nd ed.). Alexandria, VA: American Counseling Association.
- Yagi, D. T., & Oh, M. Y.** (1995). Counseling Asian American students. In C. C. Lee (Ed.), *Counseling for diversity: A guide for school counselors and related professionals*. Boston, MA: Allyn & Bacon.
- Contact author: James Y. Kuo, PhD, CCC-SLP, San Jose State University, One Washington Square, San Jose, CA 95192. E-mail: jkuo1@email.sjsu.edu

APPENDIX. COMMON CULTURE VALUE DIFFERENCES BETWEEN U.S. DOMINANT CULTURE AND TRADITIONAL ASIAN CULTURE

<i>U.S. dominant culture</i>	<i>Traditional Asian culture</i>
Self-fulfillment and self-actualization	Family welfare and well-being
Self-esteem	Respect for elders and ancestors
Love and affection	Internalized love and action to show love
Independence and self-efficiency	Interdependence and filial duty
Assertiveness and confidence	Humility and harmony
Creativity	Hard work and industry
Verbal communication	Action as a higher priority than effective speaking skills
Expression of emotion	Control over emotion
Individual privacy	Family privacy
Community involvement	Deep friendship with a few and willingness to die for friends
Change and fast pace	Patience and tolerance
Happiness	Success
Saving of time, time is money	Frugality, saving of money

Adapted from "Understanding Cultural Values in Counseling Asian Families," by X. Hu and G. Chen, 1999, in *Counseling Asian Families From a Systems Perspective*, by K. S. Ng (Ed.). Copyright 1999 by American Counseling Association. Adapted with permission from the author.