The rehabilitation of Mexicans: A comprehensive guide

Saul Humberto Perches

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THE REHABILITATION OF MEXICANS:
A COMPREHENSIVE GUIDE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Rehabilitation Counseling

by
Saul Humberto Perches
March 1998
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This project is a comprehensive overview of needs of persons who are of Mexican ethnicity and are disabled. The study was developed for counselors who work with this population. Services which will result in proactive counseling services and employment are presented. The provision of rehabilitation services is not keeping pace with the growth of Mexican people to the United States population. This growth is particularly evident in southern California. The U.S. Census Bureau (1990) reports the Mexican population is the second largest population in the nation. In both San Bernardino and Riverside Counties, 26 percent of the inhabitants are of Mexican origin.

In the past, rehabilitation counselors have not understood the Mexican culture or needs of Mexican person in the rehabilitation process. As a result, services are lacking in many agencies and communities. Those services that are provide are often ineffective.

There has been no greater need for cross-cultural counseling and training than currently exists. This project
reviews the literature of Mexican culture and cross-cultural counseling with this population. Strategies to use in successful outcomes with clients such as assessment, counseling, and job placement are presented.
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CHAPTER 1

INTRODUCTION

The need for cross-cultural counseling continues to grow as the number of persons with disabilities who are requesting rehabilitation services, who are of Mexican origin, continues to increase. There are four reasons for the sudden growth in the number of Mexicans applying for rehabilitation services. Mexican students with disabilities, whether high school graduates or not, find themselves out of school with little prospect for employment because they leave school with limited work skills or no skills at all. These young people often look to the California Department of Rehabilitation for vocational training and job placement assistance. Second, as the influx of immigrants from Mexico, Cuba, Puerto Rico, and Central and South America continues to grow, so does the number of the disabled among this group continue to grow whether it's because of the disabilities incurred after their arrival or because of existing disabilities. None the less, these new residents also seek assistance in job placement. Third, in recent months more
and more industrially injured workers have sought assistance from the California Department of Rehabilitation because recent changes in Workers' Compensation regulations have placed a ceiling ($16,000) on the total cost of vocational rehabilitation services. If there is no one to advocate for the Mexican worker with disabilities, they will end up without rehabilitation services because of this new reduction of benefits. Fourth, the California economy has had a negative impact on employment. With the reduction of jobs, workers with disabilities now find themselves unable to find employment. In addition, they find themselves competing for jobs with the able bodied unemployed workers. This is particularly true in the unskilled occupations where the greatest majority of non-English speaking Mexican workers compete for employment. Employers are not likely to hire workers with disabilities and especially those with cultural differences when there are so many unemployed workers without disabilities who can speak, read, and write English. The lack of advocacy for Mexican workers with disabilities appears to be a barrier which can be remedied by cross-cultural training thereby providing a greater
understanding of their needs. This project has been prepared as a Vocational Rehabilitation Guide to use in the rehabilitation of Mexicans with disabilities. This guide will provide counselors with the tools to give this population appropriate services.

This project focuses on the rehabilitation needs of persons with disabilities who are either Mexican Americans or Mexicans living in the United States. The author of this project is a Mexican American who was born in Mexico. He maintains strong cultural ties with Mexico where many of his relatives live. His ethnic and cultural identities are influenced by both the United States and Mexico. The author of this project refers to himself as a Mexican.

Sometimes it is difficult for non-Mexicans to understand the dual ethnic and cultural identity of Mexican Americans. In the article, "Names, Narratives, and the Evolution of Ethnic Identity," Delores V. Tanno suggests the actual ethnic identity as to how a person refers to themselves. Latino, Mexican, Chicano, or Mexican American is a matter of individual value within a particular time and choice. For the purpose of this project the author has
decided to refer to persons with disabilities who are of Mexican descent or Mexican Americans as Mexicans.

There has been no greater need for cross-cultural counseling as there is today. As the Mexican population continues to grow the need for rehabilitation services will continue to grow as well. The Mexican population in the United States is expected to reach 42 million by the end of the first decade of the new century. According to the U.S. Census Bureau Report (1990), the Mexican population is the second largest minority population in the nation and the fifth largest population in the world. The 1990 Census Bureau Report indicated that California has a total population of 31.5 million and that 25.8 percent or over 7.5 million people are of Mexican origin. The same census bureau report indicated that the population of both Riverside and San Bernardino Counties is 2,588,793 and 26 percent or 686,096 of the inhabitants of both counties are Mexican. The District offices for the Department of Rehabilitation for Riverside and San Bernardino Counties report that 10 percent to 15 percent of their clients receiving services are of Mexican origin and of these, 25 percent speak limited
English or none at all. It is apparent that if this segment of the population is to be served by the California Department of Rehabilitation, greater emphasis must be placed on cross-cultural counseling training. According to Suazo (1990), in his paper, "Window of Opportunity: Disabled Mexicans in the Labor Force," he highlighted certain implications that deals with the changing labor market for Mexicans with disabilities who come into the United States labor force.

- The native Mexican Population is now 20.1 million or 8.2 percent of the total U.S. population.
- Over half (53.2 percent) of the Mexican women are currently in the labor force. This proportion is projected to grow to 57 percent by the year 2000, when 5.8 million women of Mexican origin are expected to be in the labor force, bringing with them the problems of child care and elder care. Mexican women are ethnically the fastest growing group of workers in the labor force.
- Mexicans are one of the fastest growing segments of the
country, yet they have a smaller share of jobs, less education and skilled training.

- As the overall birth rate declines and the baby boomers reach middle age, Mexicans are maintaining a higher birth rate than any other group. At this rate, there will be a generation of “Mexican baby boomers” in the years ahead.

- As suburbs grow, Mexicans tend to congregate in urban areas, but Mexicans share the problems of other minorities. Disproportionate numbers are below the poverty line, have lower educational achievement levels, and represent a high level of high school dropouts. As for Mexicans who are disabled, they are in a state of “double jeopardy” - discriminated against because they are Mexicans and because they are disabled.

- There is an under representation of ethnic minority care providers with bilingual skills.

Atkins and Wright (1980) stated, "...the problems accompanying minority status and poverty are increasingly
included among the disabling conditions addressed by rehabilitation." Additionally, "...members of minority groups may be handicapped not only from physical, mental, or emotional impairments, but also from cultural disadvantage." Regarding vocational rehabilitation services, problems faced by Mexicans include fewer of them are accepted for services as compared to white clients. Cases are often closed before successful rehabilitation has taken place, and because of language barriers, less job-related education and training for Mexican clients as compared to whites although education and training is what is needed most. Mexicans are often viewed by rehabilitation counselors as difficult to rehabilitate or place (Atkins and Wright, 1989).

If positive changes are to occur in the delivery of rehabilitation services for Mexican people who are disabled, the providers of these services will need to become more aware of cultural differences of the people they are to service and they need to become sensitized to their needs. This can be accomplished, to a great extent, through cross-cultural training. The training can become a part of existing rehabilitation counselor training programs at state
universities and state agencies.

Rehabilitation counseling for Mexicans with disabilities presents a special problem for the rehabilitation counselor. Cross-cultural counseling creates a challenge to incorporate the necessary skills to help in the rehabilitation of Mexicans with disabilities when the counselor's culture is so different from those they are counseling (Rivera and Cespedes, 1983). Reports from the California Department of Rehabilitation in the Inland Empire indicate that 10 to 15 percent of the clients served in Riverside and San Bernardino Counties are Mexican, and of these over 50 percent speak little English or none at all. In order for these Mexican clients to benefit from rehabilitation services, they will need rehabilitation counselors who are not only fluent in the Spanish language but are also trained in cross-cultural counseling. The counselors will need to be well informed and versed on resources available in the community that can be utilized in the rehabilitation of Mexicans. The rehabilitation counselor needs to know the impact on rehabilitation of the following:

a. Facilities and agencies that perform assessments
in Spanish.

b. Public and private schools that provide remedial training.

c. Vocational schools that train in Spanish.

d. Agencies that provide job seeking skills training and job development in Spanish.

e. Labor markets in the Inland Empire

f. Employers who will hire applicants who are Mexicans with disabilities and who lack the command of the English language.

The purpose of this guide is to discuss needs of Mexicans with disabilities and rehabilitation services which will result in proactive employment. There are many key multicultural aspects which influence the rehabilitation of this population, such as importance of family, languages, geography of the international border between Mexico and the United States, and allegiance to country. Although many clients of Mexican origin will have U.S. citizenship they still retain close ties to their primary culture. Mexican clients are concerned because of limited understanding of which services are available to them, or at least some
knowledge as to how and where to obtain information about services. Also discussed will be the client's understanding of current legislation regarding rehabilitation and the implication on services and the client. Other concerns discussed in this guide range from the client's participation in medical and vocational assessments and the effects of the results, to vocational preparation and employment. Mexican clients are always concerned about where to obtain vocational training in Spanish or at least how and where to obtain remediation so that they can, at a later time, train in English. Clients are also concerned with job search preparation by someone who understands their needs and by someone who speaks their language. Knowledge of employer resources are also important because the counselor will need to be able to identify those employers that are willing to hire Mexicans with disabilities who do not speak English.

The cross-cultural counselor needs to be familiar with assessment instruments and how to use the information to better provide services. It is also important for the counselor to know how the client feels about testing, the
client's concerns about the results of the tests, and the implications to rehabilitation strategies for job search preparation, job development and employment. Also important is the counselor's knowledge of legislation and how to advocate for those client's who have limited knowledge of the rehabilitation process.

Definitions

Chicano - A United States citizen or inhabitant of the United States of Mexican decent.

Cross-cultural - refers to any counseling relationship in which two or more of the participants are culturally different. This definition of cross-cultural counseling includes situations in which both the counselor and the client are minority individuals but represent different racial/ethnic groups.

Culture - the configuration of learned behavior and results of behavior whose components and elements are shared and transmitted by the members of a particular society.

Cultural pluralism - provides for a society of various subgroups, each of which has a equal power in the decision-
making process, and standards or norms which are varied and
diverse enough so as to allow members of various groups
access to their share of resources without forcing them to
assimilate or give up their cultural identity. Cultural
pluralism necessitates both cultural diversity, which allows
for the expression of different values, and some degree of
unity among sub-groups.

Discrimination - the act of treating one party of a
group differently from the other; it usually refers to
treating one worse than the other.

Ethnic group - a group consisting of people of a common
national origin who identify themselves or are identified
with that origin.

Ethnocentrism - a tendency of viewing alien cultures
with disfavor and resulting sense of inherent superiority.

Hidden curriculum - general policies and practices
which make up the process of learning such as teacher
expectations, teacher behavior role modeling, and general
student/staff interaction.

Hispanic - generic title which includes all people of
Spanish origin and descent.
Institutional racism - a group of established principles or fundamental rules which provide a framework for the practice of discrimination on the basis of race.

Institutional sexism - a group of established principles or fundamental rules which provide a framework for the practice of discrimination on the basis of sex.

Mexican - a native or inhabitant of Mexico.

Mexican American - a native or inhabitant of mainly the Southwestern part of the United States, of Mexican heritage.

Minorities - racial and nonracial minority groups.

Minority groups - a group that is distinctive from the majority of inhabitants in the United States on the basis of race, or groups such as the economically poor, the elderly, school-age parents, and the physically disabled in which race or sex is not a prominent factor.

Minority group status - an inferior status similar to that experienced by members of a minority group, even though the total number of group members may comprise a majority.

Multicultural counseling - see cross-cultural counseling.

Nonracial minorities - school-aged parents; physically,
mentally, and emotionally handicapped; elderly; and the economically disadvantaged are groups treated as minorities, without a racial basis for that discrimination.

Prejudice - literally pre-judgement. A feeling and/or attitude of hostility, dislike, contempt, fear, or anxiety against an individual/group or a preference for an individual/group based not on knowledge and familiarity, but on a preconceived notion. Prejudice may exist on several levels: conscious; i.e., accepted but not legislated, originating in custom or convenience. Non-conscious; perpetuated by persons unaware that attitudes, preconceptions and stereotypes are dictating behavior and decisions regarding others.

Overt curriculum - lessons or messages which can be seen in the content of educational materials such as textbooks, films, and tests.

Racial minorities - minorities which have a racial identity in a dominant culture of another race. African Americans, Mexican Americans, Native Americans, an Asian Americans are racial minorities in the United States.

Racism - a set of attitudes and practices based on a
belief that racial differences justify discrimination or segregation of people by race. These practices usually lead to discrimination by larger groups and persecution of the minority group by the dominant group. Any attitude or institutional structure which subordinates a person or group because of color.

Racist - advocate or supporter of racism.

Role-stereotyping - the act of applying unfounded traits to an individual based solely upon that person’s membership in a group.

Segregation - separating one individual or group from another.

Stereotype - an oversimplified generalization about a particular group which usually carries derogatory implications. A standardized mental picture held in common by members of a group representing affective attitudes or uncritical judgement. Stereotypes have a stifling effect upon those on whom they are imposed and are restrictive of their social and personal freedom.
CHAPTER 2
REVIEW OF THE LITERATURE

The review of the literature will be divided into the following sections:

1. Cross-cultural counseling.

2. Lack of Multicultural Emphasis in the Counseling and Rehabilitation Counseling Professions.

3. Rehabilitation of Mexicans.


5. Existing Models and Programs in the Area of Cross-cultural Counseling.

6. Importance of Assessment.

7. Summary of the review of literature.

Cross-cultural Counseling

According to McGinn, Flowers, and Rubin (1994), strong parallels exist between the professional ethical codes that govern rehabilitation counseling and counseling psychology. Although the counseling psychology profession has paid
considerable attention to infusing multicultural issues in their professional code, the rehabilitation counseling profession has not kept pace. Modification in existing Code of Professional Ethics for Rehabilitation Counselors (American Association for Counseling and Development, 1988), is recommended to promote more effective services to persons with disabilities from racial and ethnic minority groups.

Research on cultural awareness and counseling suggests that traditional counseling intervention styles almost solely reflect the value and belief systems of the dominant culture rather than reflecting the mix of values of culturally diverse clientele (Cayleff, 1986; Pederson, 1991; Sue, Arredondo, and McDavis, 1992). These values, which reflect the predominantly white middle-class value system, may cause culturally inexperienced counselors to act in a culturally biased manner by limiting their abilities to recognize world views other than their own (Burn, 1992; Sue, et al., 1992). When counselors from the dominant culture (i.e., the white middle-class) lack a multicultural perspective, they are more likely to act according to their own individual values when dealing with a client from a
different culture. Thus, often times even for the most well intentioned counselor the values of the dominant culture become imposed on the minority client (Pederson and Marsella, 1982). These values stem from narrow definition of culture that favors its special interests over the interests of other cultures in the society (Cayleff, 1986). Implicit counseling intervention strategies based on the rationale that all people are the same and should be treated as such have been documented to be highly destructive to racial and ethnic minority constituents (Sue et al., 1992).

Discussion of this problem in the counseling literature dates back to at least the early 1960's with Wrenn's (1962) warning that counselors should guard against basing their counseling decisions with minority group clients on cultural stereotypes that allow them to operate in a cocoon of "pretend reality." Concern over this cocoon of "pretend reality" has continued to be stimulated by an increasing recognition of the multiracial, multicultural, and multilingual nature of our society (Sue et al., 1992).

The growing attention to multiculturalism in the counseling profession has stemmed from (a) an increased
awareness that demographic trends in the general population indicate that racial and ethnic minority groups are destined to become more significant part of counseling's clientele and (b) an increased sensitivity to justice issues promoted by the civil rights movement (Casas, Ponterotto, and Gutierrez, 1986).

The emerging emphasis on multicultural counseling constitutes one of the most significant influences on the field of counseling in the past 20 years (Midgette and Meggert, 1991; Pederson, 1991). Over that period, psychology, education, and rehabilitation professionals have begun to recognize the importance of cultural awareness and the need to develop a multicultural perspective in the service delivery process (Lewis and Hays, 1991; Midgette and Meggert, 1991; Ponterotto and Casas, 1987; Sue and Sue, 1990; Wright, 1988).

Lack of Multicultural Emphasis in the Counseling and Rehabilitation Counseling Professions

Beginning in the 1970's, literature in the field of counseling began to reflect a recognition of an ethical
necessity to address multicultural counseling issues in
counselor education programs (Pedersen, Draguns, Lonner and
Trimble, 1989; Sue et al., 1992). This literature strongly
concluded that counselor gains in multicultural awareness,
as well as in skills in serving clients from other cultures,
are a professional imperative. For example, the American
Psychological Association (APA) put forth the position that
counselors not trained or competent to function
professionally in a pluralistic society should be regarded
as unethical (Korman, 1974). Since then, the significance of
intercultural counseling competence has been stressed on
numerous occasions in conferences by the APA and the
American Counseling Association (ACA), as well as at
government-sponsored professional meetings (McFadden, Quinn
and Sweeney, 1978; President’s Commission on Mental Health,
1979; Sue, 1990, 1991). Despite these efforts the counseling
psychology profession continues to be criticized for failing
to sufficiently address that competency in the preparation
for, or practice of, the profession (Burn, 1992; Ibrahim,
1991; Midgette and Meggert, 1991; Pedersen, 1989; Sue et
al., 1992). The failure on the part of graduate counseling
programs to make multicultural counseling an integral teaching component has resulted in a shortage of culturally competent counseling psychologist (Sue et al., 1992).

In comparison to the counseling psychology profession, a review of rehabilitation literature indicates that less emphasis had been placed on the issue of multiculturalism as it relates to services to ethnic minorities. Much of what had been written with regard to serving ethnic minorities with disabilities has questioned whether existing rehabilitation programs can efficiently and effectively provide appropriate rehabilitation services to this rapidly growing segment of the population (Atkins, 1986; Atkins and Wright, 1980; Chan Lam, Wong, and Leung, 1988; Cooney, 1988; Danek and Lawrence, 1982; Dziekan and Okacha, 1993; Leung and Sakata, 1998; Lowrey, 1983; Pape, Walker, and Quinn, 1983; Walker, 1991; Wright, 1998). In addition, several authors have discussed the effectiveness of rehabilitation services with clients from specific ethnic minority American cultures such as African American, Mexican American, Asian American and Native American in terms of the rehabilitation process (Atkins and Wright, 1980; Chan, et al., 1988;
Jinkins and Amos, 1983; Lafrombroise, 1988; Leung and Sakata, 1988). The consensus of these authors is that ethnic minorities with disabilities achieve less successful outcomes from services received from rehabilitation professionals than do their Caucasian counterparts. Therefore, it is not surprising that the following statement is found in the Rehabilitation Act Amendment of 1992:

Patterns of inequitable treatment of minorities have been documented in all major junctions of the vocational rehabilitation process. As compared to white Americans, a large percentage of African-American applicants to the vocational rehabilitation system are denied acceptance. Of applicants accepted for service, a large percentage of African-Americans' cases are closed without being rehabilitated. Minorities are provided less training than their white counterparts. Consistently, less money is spent on minorities than on their white counterparts (p. 4364).

This inequitable provision of rehabilitation services to racial ethnic minorities have resulted from most rehabilitation counseling professionals both being bound by their own cultural assumptions and lacking the appropriate knowledge and competencies necessary to deal with a cross-cultural counseling experience (Pape et al., 1983; Walker, 1991; Wright, 1988).

Expanding the explicit multicultural focus in various
Codes of Ethics should influence the behavior of practicing rehabilitation counselors. It should also have a significant influence on rehabilitation education curricula. However, if the limited multicultural focus in rehabilitation literature over the past 20 years reflects an insufficient concern among rehabilitation educators for expanding the cultural diversity emphasis in their programs, then it would follow that necessary curriculum changes will be greatly dependent on attitude changes among rehabilitation educators themselves. Therefore rehabilitation educators must closely examine any of their own biases and values that may impact on interest in teaching from a multicultural perspective.

Rehabilitation of Mexicans

All minorities, including Mexicans, tend to under use rehabilitation services. Clients who are minorities are often treated differently than non-minority clients in terms of goals and rehabilitation plans. They have higher dropout rates and experience lower success rates (Lafitte, 1983; Linskey, Arnold, and Hancock, 1983). It is thought that all minorities, including Mexicans, tend to under use
rehabilitation services, are often treated differently than nonminority clients in terms of their rehabilitation plans and goals, have higher dropout rates, and experience lower success rates (Lafitte, 1983; Linskey, Arnold, and Hancock, 1983; Rehab BRIEF, 1987; Rivera, 1973; Ross and Biggi, 1986; Suazo, 1986). When considering the demographic characteristics of Mexicans, it is apparent that many experience a cluster of problems that can exacerbate the impact of disability when it occurs: low income, lack of education, employment in physically demanding and dangerous work, unemployment, limited English proficiency, poor health, poor health care usage, and lack of insurance coverage (Angel, 1984; Bean, Stephen, and Optiz, 1985; Castillo, 1983; Dicker and Dicker, 1982; McLemore and Romo, 1985; National Center for Health Statistics, 1984; Rivera, 1983; Schreiber and Homiak, 1981). Mexicans have the largest working age group of all other ethnic groups.

Acculturation is generally thought of as the cultural learning and changes in attitudes, norms, values, and behaviors that result when individuals from different cultures come into continuous direct contact. Many
researchers in social sciences have sought to first, accurately measure the acculturation level of individual Mexicans using various acculturation instruments now available and second, to examine the relationship between measured level of acculturation and other important variables such as suicide (Hatcher and Hatcher, 1975), mental health status (Febrega and Wallace, 1968; Golding, Burman, Timbera, Escobar, and Karna, 1985; Griffith, 1983; Ortiz and Arce, 1984; Goglar, Cortez and Malgady, 1991), expectations and attitudes about counseling (Acosta and Sheenan, 1976; Kunkel, 1990; Pomales and Williams, xx; Ponce and Atkinson, 1989; Sanchez and Atkinson, 1983), alcohol and drug use (Raves, 1967; Neff, Hoppe, and Perea, 1987; Padilla, Padilla, Ramirez, Morales and Olmedo, 1979), smoking (Marin, Van Oss-Martin, Otero-Sabogal, and Perez-Stable, 1989), pathological and deviant behavior (Griffith, 1983), familism (Marin, Otero-Sabogal, Marin, and Perez-Stable, 1987), differences in career-related issues (Penley, Gould, de la Vina, and Murphy, 1989), gender role values (Torres-Matrullo, 1980), effectiveness of mental health counseling services (Castro, 1977; Miranda, Andujo, Callero,
Guerrero, and Ramos, 1976), drop-out rate in mental health
counseling (Miranda et al., 1976; Ruiz, Cassas, and Padilla,
1977), and personality characteristics as measured by the
Minnesota Multiphasic Personality Inventory (MMPI;
Montgomery and Orozco, 1984; Padilla, Olmedo, and Loya,
1982).

Only two studies were identified in the rehabilitation
literature reviewed concerning the level of acculturation of
Mexicans. Arnold and Orozco (1987a) found that "families of
bilingual, bicultural Mexicans who encourage expression of
emotions and acting openly in an assertive manner may be
helping their disabled member progress toward his/her
potential" (p. 66). In addition, Arnold and Orozco (1987b)
found that "language-based measures are influenced by
acculturation. Sensory, motor, and memory assessment were
not affected by acculturation" (p. 72).

On the basis of this research, it would seem likely
that many variables in rehabilitation may be related to the
level of acculturation of Mexicans. By first measuring and
quantifying acculturation, relationships with other
pertinent rehabilitation variables (such as acceptance of
disability, client satisfaction, successful closure, and need for an ethnically similar counselor) can be examined. One variable that can be related to the level of acculturation of Mexicans with disabilities is acceptance or adaptation to disability, because it has been suggested that attitudes and perception toward disability are influenced by the Mexican culture (Angel, 1984; Cuellar and Arnold, 1988; Garcia, 1984; Marcos, 1976; Nall and Speilberg, 1967; Ortiz and Arce, 1984; Rivera, 1983; Samora, 1987; Smart and Smart, 1991; Turnbull and Turnbull, 1987; Zayas, 1981; Zola, 1979).

This study does not point to the need for operationalization of an assessment of level of acculturation and bilingualism and reported client satisfaction. Indeed, in light of the cultural uniqueness of Mexicans, their large numbers, and the disadvantaged socioeconomic status many experience, it would be a service to the rehabilitation profession (both service providers and clients) to provide English and Spanish language instruments, with tested validity and reliability using Mexican participants, that would measure acculturation, biculturalism, and level of satisfaction with services.
Provision of psychometrically sound instrument would not only help the rehabilitation counselor provide more culturally relevant services, whatever they may be, but would also provide the tools to promote an integrated research effort.

One important factor in successful rehabilitation outcomes of Mexican clients is the level of acculturation of the individual (Arnold and Orozco, 1987a, 1987b; Cuellar and Arnold, 1988; Rivera, 1983). Although statistically reliable and valid measures of acculturation which offer quantifiable indexes of both behavioral and psychological acculturation are now available (Burnam, Telles, Karno, Hough, and Escobar, 1987; Cuellar, Harris, and Jasso, 1980; Marin, Sabogal, Marin, Otero-Sabogal, and Perez-Stable, 1987; Mendoza and Martinez, 1981; Padilla, 1980; Szapocznik and Kurtines, 1980), levels of acculturation and biculturalism are not often measured in the rehabilitation process.

An acculturation instrument which is psychometrically sound and easy to administer should be routinely used in the evaluation of Mexican clients. Arnold and Orozco (1987a) advocated the inclusion of such a process in the evaluation
of Mexicans. The routine inclusion of such an instrument would in effect, require rehabilitation workers to broaden the evaluation process beyond reliance upon the collection of spoken interview and other clinical data. Information obtained by an acculturation instrument would add another dimension of understanding to the world of the client and would also challenge rehabilitation professionals to be more sensitive about important cultural characteristics of the client. Such objective acculturation data would also guard against subjective biases and preconceived notions.

An acculturation assessment would help match counselors with clients. Kunkel (1990), Ponce and Atkinson (1989), and Sanchez and Atkinson (1983), have reported a differential need and satisfaction level for matching ethnically similar clients and counselors. Their work suggests that it is reasonable to conclude that not all Mexican clients would prefer to work with an ethnically similar counselor. Results of an acculturation assessment would prove helpful in allocating the limited resources of bilingual, bicultural rehabilitation process might be improved by matching the client, who, by virtue of their acculturation scores, would
be in need of a bilingual, bicultural counselor.

The use of acculturation measures could have a significant implication on training procedures. Cuellar et al. (1989) have suggested that such an instrument could be used to teach students and practicing rehabilitation counselors cultural awareness, cultural variability, and individual differences. The more often practitioners would come in contact with acculturation measures, the more often they would, out of necessity, be compelled to interpret and make sense of the score in relation to a wider and wider array of people.

A deeper and more complete understanding of culture and acculturation must be brought into rehabilitation training practice, and research. The stamp of culture leaves and indelible imprint upon each of us. This may be especially true for the Mexican whose language and culture have shown a remarkable persistence through time and across widespread geographic transplantation. We call for a deeper commitment to the understanding go both the differences and the similarities which define relationships between all cultures in the United States.
Needs of the Mexican Client in the Rehabilitation and Counseling Process

Rehabilitation counselors are being challenged to provide appropriate services to a clientele which is becoming increasingly diverse in terms of ethnicity and culture. As a result, rehabilitation counselor education programs are being challenged to implement multicultural counseling in their curricula (Medina, Marshall, and Fried, 1988). In order to provide appropriate rehabilitation services to a wider range of individuals, rehabilitation counselors need to integrate cultural pluralism into their practice. Otherwise, their stereotypes, biases, and culturebound attitudes towards ethnic minorities will make it difficult if not impossible to serve them effectively (Wright, 1980; Wright, 1998).

One of the largest and fastest growing minority groups in the United States today are the Mexicans, and they have identified as being of particular concern to rehabilitation counselors (Leal, Leung, Martin, and Harrison, 1988). Of the 20.8 million Hispanics in the United States, 13.3 million are Mexicans, 2.2 million are Puerto Rican, 1.1 million are
Cuban, 2.8 million are Central and South American, and 1.4 million are other Mexican groups (U.S. Bureau of the Census, 1991). Each Mexican group is unique in important ways that can influence rehabilitation services.

As indicated in the statistics cited above, Mexican Americans comprise the majority of all Mexicans. The other synonyms to Mexican are Chicano and Mexican American (U.S. Census, 1991). Mexicans share a common culture and value system which is unique in a number of ways. They have experienced widespread discrimination, prejudice, and unequal opportunity in education, employment, income, and housing; furthermore, they are considered to be at-risk for the onset of disabilities and for many other significant problems (Fierro and Leal, 1988; Karno and Edgerton, 1970; Romo and Romo, 1985).

The purpose of this guide is to discuss issues to relevant to the provision of rehabilitation counseling and services to Mexicans with disabilities. More specifically, three topics are explored: (a) cultural characteristics of Mexicans, (b) the influence of characteristics identified on the delivery of rehabilitation counseling services, and
(c) recommendations for improving services to Mexicans with disabilities.

Among the characteristics of Mexicans which can influence the provision of rehabilitation services are the sociocultural characteristics of language preference, family traditions, socioeconomic status, and levels of acculturation. The Spanish language is strong communication link among Mexicans. Sue and Sue, 1990, report Spanish to be spoken in over half of the homes of Mexicans. Spanish remains the language of emotion (Leal, 1990) and provides "Chicanos an essential link to their heritage - to the value they place on family, and the value they place on cooperative relationships" (Medina et al., 1988, p. 41).

Mexicans are characterized by varying levels of acculturation. Their customs and values range from "very Mexican" to a "cultural blend" to "very Anglicized." A study by Keefe and Padilla (1987) on cultural awareness and ethnic loyalty revealed five well-defined homogenous clusters in terms of acculturation. The first cluster, Type I (25%), was comprised of primarily first generation Mexicans, mostly immigrants, and clearly unacculturated who identified with
Mexicans and Mexican Culture. The second cluster, Type II (14%), was comprised of individuals who were as unacculturated as those in Type I, but who identified only moderately with Mexicans. The third cluster, Type III (35%), constituted the largest group, with moderate ethnic awareness of and loyalty to both the Mexican and Anglo cultures, which was characterized as a cultural blend. The fourth cluster, Type IV (21%), was comprised of individuals who were acculturated but identified less with others of Mexican decent. The final cluster, Type V (5%), was described as very Anglicized, and knowing little about the Mexican culture. The level of acculturation is significant in influencing both formal and informal interactions and must be considered to be an important cultural factor distinguishing Mexicans.

In describing vocational characteristics of Mexicans, language differences which lead to low levels of education attainment are particularly important (Cummins, 1984; Cummins, 1986; Cummins and Swain, 1986). Limited education, in turn, leads to limited occupational opportunities (Stoddared, 1973).
With a poor educational history and low levels of acculturation, Mexicans often seek jobs requiring physical labor, such as agricultural and factory work. Slesinger and Richards (1981) reported that over 7,000 Mexicans in Wisconsin were employed as migrant agricultural and factory workers. Slesinger and Ofstead (1990) reported that migrant workers have performed that type of work on a seasonal basis for an average of six years; more specifically, 51% of the workers were engaged in field work, 42% in cannery and food processing plants and 7% in both field and factory work. Thus many Mexicans continue to hold occupations that require hard physical labor, long hours, and menial pay with no health insurance or fringe benefits, and many may be candidates for rehabilitation and other related programs in order to facilitate improved vocational attainment.

**Importance of Assessment**

Assessment is a vital step in a successful rehabilitation program. In order to assess client needs, rehabilitation counselors must overcome language barriers and improve their communication with Mexican clients. A
cooperative effort between the client and counselor is needed to develop a rehabilitation service plan, cooperation will not occur if language differences present substantial barriers. For example, in a study on vocational rehabilitation services to Mexicans with visual impairments, Santiago (1988) reported that over 70% of the clients studied lacked proficiency in the English language. Although the ultimate goal would be to have bilingual/bicultural service providers available, it is also possible to utilize professional interpreters with allied health training to assist in obtaining intake information and providing support for ongoing counseling and guidance throughout the rehabilitation process.

Community services need to allow Mexicans to bring their culture into rehabilitation programs and services. Consideration to the levels of acculturation of Mexicans, socioeconomic status, and place of residence is crucial in making services effective. Flexible hours and appointments need to be made available. Further, the buildings where programs are located should be accessible by available transportation and should not appear threatening or
intimidating to barrio residents. For example, buildings where programs are available need not be located necessarily in the barrio but close to the barrio near public transportation. The great majority of Mexicans rely on rides from friends, family, or public transportation. A rehabilitation program near their homes would decrease their apprehension of traveling outside their familiar surroundings and would allow them to slowly become familiar with areas in large business communities outside the barrio. Language is a problem when clients venture outside their barrio, especially when they have to ask directions and if they use public transportation, they may need to ask for information on bus routes and time schedules.

Several studies indicated the importance of making rehabilitation facilities more accessible to all people living in poverty (Burma, 1970; Flakerud, 1986; Wright, 1980). Rehabilitation counselors working with Mexicans need to build working relationships with other rehabilitation professionals who are also providing services to them. Increased accessibility and availability of rehabilitation services and programs to Mexicans are critical in providing
improved vocational rehabilitation services.

In reviewing the literature it is evident that rehabilitation counselor education programs and rehabilitation counselors are challenged with providing services to a growing number of Mexicans, the largest and least educated minority group in the United States (U.S. Census, 1990). Mexicans are heterogenous, with varying cultural beliefs expressed through sociocultural backgrounds, health conditions, and vocational aspirations. These characteristics interface with the rehabilitation service delivery system. The challenge of providing appropriate education and training programs, service delivery, information dissemination, and research to address the rehabilitation needs of Mexicans should receive high priority. Mexicans represent an economically disadvantaged group, making them more susceptible to sustaining disabilities. Thus, many will need rehabilitation services in order to live full productive lives, and their unique needs must be considered if services are to be effective.

Many rehabilitation counselors view ethnicity as a greater handicap than the client's disability. Therefore,
rehabilitation counseling for disabled Mexicans may present special problems. Cross-cultural rehabilitation counseling offers a challenge for rehabilitation counselors to gain knowledge and the necessary skills that will assist in the rehabilitation of disabled persons who are culturally different. It has implications for international rehabilitation and since certain disability groups develop their own culture, it can apply to them as well.

Every person has a culture. Culture serves to pass on the collective wisdom of a group of people enabling them to survive in their environment and to give order to their society. Culture is acquired by individuals beginning at birth (possible earlier) in complex subtle ways. It might be said that we learn our culture at our mother's knee. It is internalized and cannot be easily changed. Culture influences the way a person perceives the world, life, health, and disabling conditions. Knowledge of a person's culture will help in the work of the rehabilitation counselor.

Mexicans are defined as a protected minority whose place in this society is often described by sociologists as
one of Internal Colonialism (Blauner, 1969; 1972). As a result of this condition, they are disenfranchised, powerless, and experience external administration and racism. They not only lack self-determination, but they are underrepresented in the institutions of society. They are often not in the network of referral sources that enjoy linkage rehabilitation (Zamora, 1982). There is a basis to assume an underutilization of rehabilitation services by disabled Mexicans not unlike that in health, mental health, and other social services (Karno and Edgerton, 1969; Keefe, 1978; Padilla, Ruiz, and Alvarez, 1975). In addition, there seems to be a lack of sensitivity to cultural implications in the rehabilitation of disabled Mexicans. This results in misunderstanding and allegations that Mexicans with disabilities lack motivation or are malingered and dependent and do not apply for or pursue rehabilitation services.

A characteristic attributed to Mexican culture is that of la familia (the family), or what is often described as the extended family. To Mexicans, la familia (the family) is the primary source of support, i.e., an individual goes to the family first before seeking assistance elsewhere.
(Padilla, Carlos, and Keefe, 1967). The concept of *la familia* (the family), as inculcated into Mexicans by their culture, demands a certain loyalty to their family with individual aspiration and interest subsumed to its needs. In some cases this characteristic may seem to rehabilitation counselors as a disinterest in the rehabilitation program by the disabled individual. It may not be a case of disinterest, rather it may be that the individual's problems have a lower priority to the family than a crisis or a situational concern of the family that has to be attended to before the client can feel free to pursue his/her own rehabilitation program. In many cases the rehabilitation counselor may be very helpful in mobilizing resources that may solve these problems, such as paying the rent, having the lights turned on, or finding health care services for the acute medical problems of a child. After these are taken care of, the rehabilitation program of the client can go forward. Some counselors may not feel it to be their job to work with other family members, but it is often a reality that unless these problems are resolved that little or no progress may be made in the rehabilitation program.
Rehabilitation planning, the process of integrating and directing a variety of data about the client toward a rehabilitation goal, is one of the specialized skills of the rehabilitation counselor. The rehabilitation counselor's ability to make correct clinical inferences from these data gives validity to the idea that rehabilitation planning with disabled Mexicans would take into account the cultural implications.

The Mexican traditionally relates to institutions in a personal way. Rehabilitation planning with Mexicans with disabilities, not unlike that effectively done with others, should be participatory. This would include an explanation as to the need for signatures on application forms, verification slips, and information release permits. These requests seem routine to those who experience them frequently in a protective society, but are questioned by those who are oriented to a personal approach and who may be offended by inferences that question their palabra (one's word). The term "la palabra" refers to the importance Mexicans place on their word and verbal agreements being equivalent to a written contract or agreement.
Rehabilitation planning also may require general and specialized medical and vocational examinations. The need for these and their implications for the Mexican client's rehabilitation program also require careful explanation, since many Mexicans do not frequently use these services and may have a certain distrust for them.

Mexicans in the United States range from monolingual Spanish to monolingual English. There are many who are bilingual/bicultural and as such can be assessed to be capable persons and do not present problems of evaluation. For those that are fluent in English, testing and evaluation need not be too different than for the general population. Interestingly though, the same can generally be said about those that are monolingual Spanish; and what is needed is a Spanish-speaking psychologist using the Spanish version of the instrument.

The Mexicans who fall somewhere along the continuum of limited English-/Spanish-speaking ability may need a rehabilitation counselor who is bilingual/bicultural and aware of the various cultural implications, Mexican/non-Mexican, that impact on the testing and evaluation process.
Rehabilitation counseling requires a bold, creative, pragmatic, yet sensitive approach. The rehabilitation counselor needs to be aware of the individual differences of all clients.

Counseling theories can be adapted to meet the idiosyncrasies of the Mexican culture and the needs of a given client. Ruiz, Casas, and Padilla (1978) and Ruiz and Casas (1981) propose a behavioristic approach relevant to Mexicans. This model utilizes cognitive restructuring principles to achieve positive behavioral changes. It emphasizes the identification of overt behaviors which cause difficulties in the client’s life. In addition, the model recommends that the counselor respond to the client in a directive manner and that a limit be set to the number of problems addressed. Furthermore, it advocates for a contractual agreement between client and counselor regarding counseling objectives. Contractual agreements, acuerdos, need to be in writing if the client accepts the binding nature of la palabra (one’s word).

The rehabilitation of individuals with disabilities is enhanced by the counselor’s knowledge and understanding of
the client's culture. Familiarity with the Mexican culture gives the counselor the opportunity to utilize specific Mexican cultural attributes, such as la familia (the family), la palabra (one's word), dignidad (dignity), and the client's traditional role as strengths and support systems in the rehabilitation programs. Furthermore, knowledge of the Mexican culture gives the counselor the ability to provide culturally sensitive rehabilitation services. That is, the counselor is able to accurately interpret the client's feelings and reactions toward the rehabilitation process as well as the client's performance during physical and psychological evaluations, interviews, and counseling sessions.

In addition, knowledge of the Mexican culture assists the counselor in the differentiation of therapeutic problems and maladaptive behaviors from cultural conflicts and unique behaviors in a Mexican client. The accurate identification of the clients' problems is essential to the successful outcome of rehabilitation services. Furthermore, cultural sensitivity is necessary in order to exhibit culturally appropriate behaviors and to avoid inappropriate ones. Thus,
knowledge and understanding of the Mexican culture is essential in order to successfully apply culturally adapted counseling theories and to effectively rehabilitation Mexican clients who are disabled.

Existing Models and Programs in the Area of Cross-cultural Counseling

There are two interesting models of cross-cultural counseling which I will discuss. Model I can be called a Shared Power Model (figure 1). The goal of this model would be to create a society in which currently excluded groups would share power with dominant ethnic groups. They would control a number of social, economic, and political institutions. The methods used to attain the majority ends of this model would be an attempt to build group pride, cohesion, and identity among excluded ethnic groups and to help them develop the ability to make reflective political decisions, to gain and experience political power effectively, and develop a belief in the humanness of their own groups.

The alternative means to open society can be called
Model II, the Enlightening Powerful Groups Model (figure 2). The major goal of this model would be to modify the attitudes and perception of dominant ethnic groups so that they would be willing, as adults, to share power with excluded ethnic groups. They would also be willing to regard victimized ethnic groups as human beings, willing to accept and understand the actions by marginalized ethnic groups to liberate themselves, and willing to take actions to change the social system so it would treat powerless ethnic groups more justly. The major goals within this model focus on helping dominant ethnic groups expand their conception of who is human, develop more positive attitudes towards ethnic minorities, and be willing to share power with excluded ethnic groups. These models are illustrated on pages 49 and 50.

Most individuals who are aware of the extent to which marginalized ethnic groups are powerless in western societies will probably view the Shared Power Model as more realistic than Model II. The Shared Power Model, if successfully implemented, would result in the distribution of power so that the excluded ethnic group in Western
societies could control such institutions such as schools, courts, industries, health facilities, and mass media. They would not necessarily control all institutions within their society, but they would control those in which they participated and that are needed to fulfill their individuals and group needs.

Model II, whose primary goal is to help mainstream students develop more positive attitudes towards marginalized ethnic groups, rests on several assumptions. If anything, current data give us little hope in this model as an effective way to achieve an open society (Allport, 1979). This model assumes that most members of the mainstream experience a moral dilemma that results from the inconsistency between the ideals about equality they hold and the discrimination that ethnic minorities experience in society. Myrdal, in his classic study of race relations in the United States, stated that most White Americans in the United States experience such a dilemma (Myrdal, 1962). It is possible that such a dilemma does not exist for many mainstream individuals in Western nation-states including the United States.
Means

Recognition of ways in which group has been dehumanized by dominant groups

Developing pride in group

Recognition of the need for group cohesion

Developing a belief in one's own humanity

Learning strategies necessary for attaining power

Ends

Belief in humanity of own group
Group pride
POWER SHARING*
Ability to determine criteria for societal participation
Ability to create and control social, economic, and political institutions
Ability to assure survival of own group
Group cohesion
Willingness to undertake action to obtain power

*Major end of model.

Figure 1. Shared Power Model
Figure 2. Enlightening Power Groups Model
Despite the several limitations of Model II as it is currently used in the schools and in teacher education, I believe substantial modifications in the implementation of Model II components can significantly increase this model’s impact on the racial attitude and perception of dominant ethnic group individuals. The ultimate result of an effective implementation of the model may be that children of the dominant ethnic groups, as adults, will be more likely to perceive excluded ethnic groups as human beings and thus more likely to share power with them and allow them to participate more fully in society.

Counselors who are most different from their clients in terms of culture or sex role are likely to have more difficulty communicating empathy, respect, congruence, and general assistance than counselors who share or understand their client’s point of view (Maslin and Davis, 1995; Pedersen, 967). In working with clients from other cultures, there is also a greater danger of mutual mistrust, misunderstanding of the other culture’s unique problems, negative transference toward the counselor, and the danger of confusing a client’s appropriate cultural response with
constructs like neurotic transference (Pedersen, 1976). An article by McDavis & Parker (1977) described a training procedure using simulated cross-cultural interviews in counselor-education programs to train students in cross-cultural sensitivity. Use of simulation role-play techniques has become increasingly popular in counseling-training programs (Gysbers and Moore, 1970; Levy, 1971; Kagen, 1970; Spivack, 1973; Thayer, et al., 1972). The more immediate the feedback by videotape recordings the more powerful the training effect on counselors (Carlson, 1974; Stone, 1974).

The triad model (Pedersen, 1977) has been described in detail in other publications but essentially a simulated cross-cultural interview between a counselor from one culture and a client form a second culture together with a third person from the client's culture who simulates the role of the problem or anticounselor. The client is in the position of having to choose between a culturally different counselor who is trying to help and a culturally similar anticounselor who is seeking to perpetuate and perhaps even magnify the problem in a polarized force field of choices. The three-way interaction among counselors, client, and
anticounselor makes explicit many otherwise undetected effects of cultural differences between counselor and client. The counselor is attempting to establish a coalition with the client in spite of their cultural difference, while the anticounselor is attempting to maintain a coalition between the client and the problem.

Students who participated in the triad training were more empathic, genuine, and understanding of effective communications, and gave more positive regard to simulated clients than they had done before receiving such training. In addition, participating students were more knowledgeable about correct counseling responses on the multiple-choice test than were students who did not have the training. The triad model facilitates the integration of culturally different student from a class into the learning process. In this way, culturally different students can become a special resource in the counseling-education program.

There is a definite need for content cross-cultural counseling courses and practicum experiences in the area of counseling ethnic minorities in rehabilitation counseling counselor education departments across the country. In the
past the preparation that counselor trainees and others received in this important area has been provided through workshops and conferences or one multicultural education course. Existing counseling models are developed around the culture of middle class white America and generally are not effective with ethnic minority clients. This tends to be supported by working rehabilitation counselors who feel their work effectiveness would be vastly improved if they had previous course work or practicum experiences in counseling ethnic minority clients receive ineffective counseling due to the inadequate preparation of counselors.

The first step in the planning of the Awareness Group Experience Course Parker, 1979; McDavis, 1979), was to seek information from various sources to assist in the selection of texts and readings, objectives, requirements, grading procedures, and content for the course. Faculty members at other universities who taught such a course were asked to send copies of their course syllabi. Most of these syllabi proved useful as models in structuring the course. In addition, discussions were held with faculty and students in counselor education departments to determine what they
considered essential elements for the course. Finally, counselors in the field who work with minorities were consulted for their ideas for the course.

Second, a reference list was developed containing more than 100 books and articles dealing with counseling Asian-Americans, African Americans, Cuban-Americans, Mexicans, Native Americans, and Puerto Rican-Americans. Most were published since 1970. Both the theoretical and research literature on counseling ethnic minorities were included in the reference list. These references formed the nucleus of the reading.

The goals of the course are as follows:

1. To help the student become aware of their attitudes toward ethnic minorities and the attitudes of others toward ethnic minorities.
2. To help students learn approaches and techniques to facilitating interracial group experiences.
3. To help students become aware of perceptions and attitudes of ethnic minorities toward counseling and counselors.
4. To help students learn approaches and techniques
to establish rapport with ethnic minority clients.

5. To help students learn approaches and techniques to effectively counsel ethnic minority clients in one-to-one relationships.

The forty-hour course is offered during the fall and spring quarters of each academic year. The course consists of 20 two-hour class sessions and includes the following topics and experiences:

Awareness Group Experience (AGE). The AGE is a four two-hour group experience aimed at helping the students enrolled become aware of their and others’ attitudes toward ethnic minorities.

Facilitating Interracial Groups (FIG). The purpose of FIG is to teach the students how to organize and facilitate an international group experience.

Minority Student Panels. In the 10th session students view a videotape of 10 ethnic minority college students discussing their perception and attitudes toward counseling and counselors and then the students discuss implications for counselors.

Class Projects. As a part of their class requirements,
students conduct a research study on some area of counseling ethnic minorities, develop resource materials that can be used by counselors in their work with same, or write an article on counseling ethnic minorities for publication.

Ethnic Dinner. An ethnic dinner is held at the home of one of the instructors during the 20th and last class session.

The value of a course on counseling ethnic minorities is that it affords counselor trainees the opportunity to expand their knowledge of the cultures and lifestyles of minority group members, as well as the attitudes of the others toward them. They also become aware of the perceptions and attitudes of minorities toward counseling and counselors. Furthermore, students learn approaches and techniques which help them to establish rapport with minority clients, to counsel them in one-to-one relationships, and to facilitate interracial group experiences.

While those involved with the course feel a great sense of success, there is certainly room for improvement. The success of the course in the future will depend on a
continued evaluation process and a sincere attempt to meet student needs. Hopefully, counselor trainees who are enrolled in such a course are better prepared to understand and communicate with ethnic minority clients.

Summary of the Review of the Literature

There have been many articles written over the years about how important it is for rehabilitation counselors to be aware of their attitudes towards ethnic minority clients. This is especially true here in California where Mexicans comprise the second largest minority population. Mexican clients with disabilities present a particular cultural challenge to rehabilitation counselors. Counselors who provide rehabilitation services to Mexican clients with disabilities will need to be aware of differences such as language, culture, interaction with family members, perception on bureaucracy, awareness of community services, and knowledge of the rehabilitation process. Rehabilitation services need to allow Mexican clients to bring their culture into the rehabilitation process. As the need for bilingual/bicultural counselors grows, more demands will be
placed upon colleges and universities to provide appropriate counseling service training for the Mexican population. Developing bilingual/bicultural rehabilitation counseling training programs is an important step in achieving this goal.

Becoming familiar with the Mexican culture gives the counselor the ability to use specific Mexican cultural characteristics, such as the family, trust, and dignity into the rehabilitation process. Furthermore, knowledge of the Mexican culture gives the rehabilitation counselor the ability to provide rehabilitation services which are sensitive to the Mexican culture. That is, the counselor is able to interpret accurately the client's feelings and reactions towards the rehabilitation process as well as the client's performance during physical and psychological evaluations, interviews, and counseling sessions.
CHAPTER III
CULTURAL FACTORS WHICH AFFECT REHABILITATION

The level of acculturation is a factor in determining rehabilitation of Mexicans with disabilities. Family, traditions, socioeconomic status, language preference and the level of acculturation can, and more than likely will, influence how rehabilitation services will be provided and how successful the client’s rehabilitation will be.

The Mexican’s rate of acculturation is closely related to the ratio of Anglos to Mexicans in the community. Olmedo & Padilla (1978) believed that there are factors that have a direct influence on the acculturation process. (1) The development stage of the individual when he is acculturated, (2) the age of the person when the acculturation process started, and (3) the length of exposure to the new culture.

The measure of the culture ranges from Very Mexican (puro Mexicano), to a blending of cultures (Agringado), to very Anglicized (Pocho). A study by Keefe & Padilla in 1987 on cultural awareness indicated five homogeneous clusters of acculturation. The first cluster, Type I (25 percent), was
made up of first generation Mexicans in the United States, mostly immigrants and clearly unacculturated, who identified themselves very closely to Mexicans, Mexico, and its culture. They speak only Spanish and demonstrate no interest in learning English. They dress in the fashion of Mexico, they cross the international border to Mexico on a regular basis for medical and dental treatment, prescriptions, to consult healers (curanderos), and for other services. The second cluster, Type II (14 percent) was made up of persons who were as unacculturated as type I, but who identified little with Mexico. They begin to mimic the idioms, dress, music, and language of the Anglo-American. However, they do keep family traditions and customs. The third cluster, Type III (35 percent), is the largest group, with moderate ethnic awareness and loyalty to Mexico and the Anglo-American culture. They are characterized by a cultural blend of both Mexico and America. They can live comfortably in both Mexico and in the United States, however they prefer to live in the U.S. They enjoy both Mexican and American music, they dress totally in the American fashion, they speak both English and Spanish fluently, and enjoy a blend of both Mexican and
American cooking. This group also maintains family traditions and customs, although diluted by their level of acculturation. The fourth cluster, Type IV (21 percent), was made up of individuals who were more acculturated but identified less with other Mexicans. The final cluster, Type V (5 percent), was described as a very Anglicized person commonly called Pochos by most Mexicans from the other four types. They know very little about Mexico and the Mexican culture, and would rather not be identified as Mexicans. They understand and speak almost no Spanish. They generally consider themselves Spanish or Native American, depending on skin color.

There are several characteristics of the Mexican which may have an influence on how rehabilitation services are provided: language preference, family traditions, socioeconomic status, and the level of acculturation. The Spanish language is an important and influential connection between Mexicans. In fact, Spanish is spoken in over half of the Mexican households according to Sue & Sue (1990). Spanish remains the language of emotion (Leal, 1990), and provides the Mexican "an essential link to their heritage,
to the value they place on the family, and the value they place on cooperative relationships" (Medina et al, 1988).

The Mexican family includes extended relationships. It is not unusual to find three or more generations living in the same household. It is not unusual to find grandparents or great-grandparents providing child care while the younger generation either works, attends school, or takes care of family business. Cooperation, loyalty, and respect are stressed within the family. The elder family members, parents, and males are given the decision making role, and roles of gender are clearly defined. The father takes the main responsibility over the family, while the mother nurtures and sacrifices to care for the husband and the children. If for some unforeseen reason the mother is missing, then the oldest daughter may take over the role of homemaker, caring for the needs of the father and helping with the up-bringing of her siblings. This role may also be taken by the oldest sister of the father or mother. In households with no father, the oldest female takes primary responsibility of the household; however, it is not unusual for the responsibilities to be shared with other females in
the household. Males are generally raised to be autonomous and the females are raised to be dependent; furthermore, neither one is allowed to question their given roles and responsibilities.

Culture and living conditions contribute to many of the serious medical problems. Mexicans show about average rate of tuberculosis, infant mortality, chronic diseases, and a number of other illnesses commonly associated with poverty and lack of medical treatment. Common ailments among migrant agricultural workers include minor to severe orthopedic, gastrointestinal, cardiovascular, and respiratory illnesses. Many of these illnesses are directly related to the type of work the workers perform and under the kind of work conditions they work in. The young people's medical conditions are closely connected to the use of alcohol and/or drugs. High incidents of stress and depression result from unfavorable conditions of poverty and problems that are connected to immigration and acculturation.

There appears to be a relationship between the level of acculturation of the Mexican and the rehabilitation process. Garcia (1984) claims that incidents of disabilities are
related to the level of acculturation, while Bowe (1981, 1984), and DeJong & Lifchez (1983), concluded that the less acculturated the Mexican is, the more likely the person is to be employed in a dangerous, low paying, and physically demanding job. Therefore, the less acculturated the Mexican is the more disabilities they experience.

How the disability is accepted and how the person adapts to the disability is related to the acculturation of the individual. It has been found that a low level of acculturation is associated with poor acceptance of a disability. Cervantes and Castro (1985), stated that cultural variables are well accepted mediators of an ethnic minority person's reaction to perceived symptoms. Cuellars and Arnold (1988), summarized the relationship between the Mexican culture and the rehabilitation of disabilities:

Culture can influence (a) the beliefs about the causation, (b) the conditions that qualify as "sickness", (c) the expectations about what the effected person should do, and (d) the expected action of others in response to the person's condition.

From childhood, the male learns it is his responsibility as father to work and provide for his family. The father is also responsible for the actions of the family
in and out of the home. He knows what is expected by his culture, community, and family. If he meets satisfactorily what is expected of him, he is considered to be successful and a man of respect. He is esteemed highly by his family, friends, and acquaintances. He can however, be devastated if he cannot fulfill his role because he cannot work because of a disability. If this person cannot work because of his disability, his wife may be obligated to leave her role as a homemaker (ama de casa), to work outside of the home. Older children may be expected to work as well and help with the family’s financial situation or may be expected to play a major role in running the household while the mother works. The head of the household may see himself as a failure, and may turn to alcohol to help him cope with the situation or he may decide to leave the home to avoid his feeling of inadequacy.

On the other hand, a woman who is of Mexican origin and disabled may also experience sex role stereotypes from her culture. This group often lives and works in lower socioeconomic conditions. A female worker may be allowed to work full time or do seasonal work where friends or family
can provide her transportation to and from the job because she may not know how to drive, have a driver's license, has no other means of transportation, or because her husband will not allow her to be out on her own working with people that he nor her family knows. Her main reason for working is to supplement her family income. However, she may still be responsible for running the household and caring for the family, particularly when the children are under age. If there is an injury, she finds herself in a system (rehabilitation) that neither she nor her family trusts. Getting to and from appointments becomes a real problem and is difficult if not impossible because of transportation. She may have to depend on driving age children at the cost of missing school. Her husband or other family members may need to take time off of work which may cause problems both at home and with the employers.

As the Mexican population grows, so does the need for rehabilitation services, because Mexicans experience a proportionately higher rate of physical, mental, and emotional disabilities than their Anglo-American counterparts. It is also apparent that Mexicans experience,
to a greater degree than Anglo-Americans, a group of problems including low income, discrimination, lack of education, employment in physically demanding and dangerous jobs, unemployment, poor health, poor health care, and lack of medical insurance coverage. These factors have a negative effect on the rehabilitation process because rehabilitation may take a second place to these preoccupations.

The Mexican who has just migrated to the United States may be without a support group and will have this stress added to the stress of a disability, financial problems, lack of English proficiency, and uncertain future. Mexicans are subject to greater environment stress such as physical and social environments, lack of control over their situation, and may also feel powerless to make the necessary changes to improve their health and employment status.

Many Mexicans who work in farms, ranches, and factories see their jobs as a major part of their everyday life. When they become physically unable to work and can no longer participate in outdoor and physically demanding work or activity, they feel a loss of usefulness, worth, and self-esteem. They feel that they can no longer provide for their
families. It becomes difficult for the Mexican male to become engaged in work-related activities which are considered female-type work, such as assembly, office work, janitorial work, or any type of work that requires little physical effort.

Because of lack of transportation, little or no education, and limited knowledge of the English Language, counselors and service providers see the Mexican client as uncooperative who is not really trying to make use of the rehabilitation services. Counselors fail to note that what they consider free services, the services are in fact costly when the client must pay for transportation because a friend or relative who is working may need to take time off from work to act as an interpreter or provide transportation. They also may have to pay for child care if they have no family members to care for their young children.
Assessment and vocational testing are important components in the rehabilitation process. These components cannot be completed without proper communication. Vocational rehabilitation counselors cannot successfully assess or test Mexican clients until communication and language barriers are overcome and eliminated. There needs to exist a cooperative effort between Mexican clients and the counselor if a proper vocational plan is to be developed. The writing of a proper vocational plan will not occur if there are substantial language barriers. The client’s family can be of great assistance and a great source of information, and their participation in the collection of information will encourage family participation, which in turn will motivate the clients. In order to develop a vocational plan that works, the counselor must learn to respect the cultural differences of the clients and their families.

Psychological and vocational testing will provide additional information during the assessment process. It is
important, however, that the language used in testing is the appropriate one. The counselor should take care not to misinterpret the difference in culture as lack of motivation on the client's part or their lack of interest in returning to employment. These differences should be noted by the counselor as observations which can be linked to cultural factors. The psychological testing of Mexicans with disabilities is of major concern because there is a lack of Spanish speaking evaluators to evaluate monolingual Spanish speaking or limited English speaking clients. The evaluator may not understand the implications of the language, the culture and their complexities. The Mexican male may be offended when he is told that he needs to take a test and he is given the Picture Completion Sub-test (a cartoon format), the Block Design Sub-test or the Picture Arrangement Sub-test on the WAIS. The client may see this as a game for children and little to do with returning to work. This is particularly true if he is frustrated with the testing and he is not really sure why he is being tested in the first place. Mexican clients should be given an orientation to prepare them for vocational testing. The orientation should
be presented in such a way as to ease, if not eliminate, fear, clarify misconceptions, and build motivation. Many Mexican clients have well developed abilities to learn by watching a demonstration without the aid of written or verbal instructions. This ability to learn from demonstration is not always taken advantage of in intellectual testing.

A counselor should make every effort to include in the referral any information regarding important sociocultural and language proficiency information that can assist in the administration and interpretation of testing results. The counselor should refer to agencies that are willing to conduct workshops for professionals who are willing to provide assessment services to Spanish speaking clients. This would also involve verifying that the test administrators demonstrate competence in working with Mexicans with disabilities, who are sensitive to cultural variations, and who have the ability to relate this information to vocational planning.

A study by Mercer (1976), Montgomery & Orozco (1989), indicated that the level of a person's acculturation, and
not their ethnicity, affects the results of psychometric testing. The low scores of Mexicans on intelligence tests appear to measure low acculturation rather than low intelligence. Several researchers have focused on the performance of Mexicans on the Minnesota Multiphasic Personality Inventory (MMPI) and found that certain MMPI items have drawn differences in culture rather than personality. Arnold & Orozco (1987) used the McCarron-Dial Evaluation System and found that language-based measures are influenced by acculturation. Motor and memory assessments did not appear to be effected by acculturation.

An acculturation test which is psychometrically accurate and easy to administer should be used regularly when evaluating Mexican clients. The information obtained by this type of test would add another element in the understanding to the world of Mexican clients. The information would also be helpful in the distribution of the limited resources for vocational rehabilitation. The results of an acculturation test would indicate the degree of validity that can be given to other tests in vocational, psychological, and educational evaluation. Since the
assessment is an important part in the development of an appropriate program, any information on how accurate the others tests are would be very helpful.

In working with Mexicans with disabilities, how goals and objectives are formulated will depend on the accuracy of the assessment of the client’s needs. The assessment and identification of problems needs to include the psychosocial elements of the disability, functional limitations, and how the system will effect the client. This will be based on the norms and values of the culture. Consideration must be given to their uncertainty, reluctance, the fear of the unknown, the feedback from their surroundings which make them feel not worthy, and the reason why the act out. The tools used during the collection of information are important if accurate information is to be collected. The counselor should make every effort to include in the referral for services important information on social and cultural aspects as well as information on language. Counselors should use only agencies that are willing to conduct workshops on a regular basis on how best to provide assessment services to Mexicans with disabilities. The
workshops should include the characteristics of the client and their needs because of cultural differences and the availability of the rehabilitation services that will meet those needs. The purpose, of course, is to ensure that the information is relevant and that the services from work evaluations, physicians, and psychologists are cost effective. Competence of the agency providing assessments should be reviewed. The review should include verification that the agency has demonstrated competence working with Mexicans with disabilities and is sensitive to cultural differences and has the ability to furnish this information for vocational planning.

Mexicans have often had a negative educational and testing experiences. There have also been negative testing experiences where testing was a factor in employment decisions. These persons tend to believe now that testing is part of an assessment which will again identify their limitations and lower their chances of receiving vocational rehabilitation services or even totally eliminate them from eligibility for services. Weldon & McDoniel (1982) stated that for a disadvantaged population, tests tend to create an
atmosphere which can be a barrier to performance. They went on to say that this population tends to score considerably lower than other groups on almost all aptitude scores. Poor test scores are attributed to test anxiety because they lack familiarity with testing. They went on to suggest the administration of the Test Orientation Procedure (TOP) to reduce test anxiety and increase test wisdom. They further indicated that persons that had used the TOP achieved higher scores on the WRAT. They suggest that evaluators who work with Mexicans and other minorities and use standard achievement tests incorporate TOP or other similar tests to lesson the factor that lowers test scores.

The Acculturation Scale of Mexican Americans (ALMA) was also developed to assess acculturation of Mexicans living in the southwestern part of the United States. The scale consists of two parts. The first part consisted of semantic differential items which assess values or psychological acculturation while the sociodemographic section measured behavioral acculturation to the Anglo American culture. The Acculturation Classification System (ACS) allows the Mexican to identify and assess themselves in terms of ethnic loyalty
and ethnic awareness. This instrument assesses the type of acculturation and not the level of acculturation which then demonstrates a categorical measure of biculturalism. The use of both of these instruments indicates the degree of acculturation and the type of acculturation in an attempt to get a true picture of the client. An assessment of the client's attributes is essential in order for the rehabilitation counselor to determine if the client is eligible for services. The counselor must also determine what services are most appropriate for the client as well as what occupation the client will be most productive in and the most satisfied with.
CHAPTER V

IMPLICATIONS IN THE REHABILITATION OF
MEXICANS WITH DISABILITIES

Vocational rehabilitation is a process by which persons with disabilities are given the opportunity to work towards reaching and achieving their maximum potential. This ultimate goal may be learning to live independently, learning a new occupation through formal education or on-the-job training, or obtaining and maintaining employment. Rehabilitation, however, should not focus only on the person with a disability but also involve the community where the person lives or where he/she will work. De La Concela (1985), stated that obstacles (occupational handicaps), to employment were factors which have to be considered in the rehabilitation process. He went on to say that many occupational handicaps were not related to disabilities but were related to limitations or barriers placed by environment where people live and work. There limitation included such things as family, employment opportunities, education (or lack or), and social environment such as
discrimination, lack of employment opportunities, and cultural biases imposed by the main culture. If rehabilitation is to be successful, these barriers need to be eliminated.

There is overwhelming evidence that the Mexican, even without a disability, suffers a higher incident of social barriers such as poverty, under education, discrimination, unemployment, underemployment, poor health and poor health care (Angel, 1985; Angel & Cleary, 1984; Association for Cross-Culture Education and Social Studies, 198; DeJong & Lifchez, 1983). It is also evident that Mexicans bring less resources to the rehabilitation process, compared to others, such as less education, varied and limited work history, and less or no disability benefits. The lower level of education obtained by Mexicans may not be entirely their fault but rather the reasons could be found in the social and educational system here in California. Arbona (1990), suggested that the difference in education obtained by Mexicans and the education obtained by Anglos is related to the socioeconomic status and the differences found in the educational system rather than in Mexican cultural traits.
She also indicated that their aspirations were not connected to their family values or to the identification of their Mexican culture, as some tend to believe. In the past few months, there have been several political and legislative attempts to eliminate health, education and other social services from undocumented workers. Unfortunately it is not only the undocumented workers that suffer the consequences of these political and legislative actions, but also American born citizens, naturalized citizens, and documented residents that by the nature of the color of their skin or because of their Spanish surname, will experience discrimination from social service providers, education and employers. To this add discrimination because of a disability.

Furthermore, Mexicans bring to the rehabilitation process little on no transferable vocational skills, that is to say, skills that can be used in different jobs. These skills are not developed because basic educational skills that are later used to develop these occupational skills are missing. Mexicans are therefore vulnerable to lay-offs and unemployment because they are not able to transfer from one
occupation to a related or similar occupation as readily as those workers that have learned work skills related to other occupations. Because of their limited formal education and lack of skills or transferable skills, Mexicans are willing to accept dangerous, less paying and heavy employment. Shorrie (1992), noted that Mexicans are willing to accept and stand danger, unpleasant working and living conditions because there are no other choices. There is evidence that workers with disabilities will eventually return to their former jobs or one similar to their former job which caused their disability. They return only because they were not about to obtain employment within their functional limitations even though they received vocational training for a job within their physical limitations. These disabled workers will return to factory type jobs where heavy work is performed. For the most part, these jobs are heavy, dangerous, and monotonous work. These are the type of jobs obtained by most Mexican workers.

The majority of the Mexican workers that get hurt on the job, in factories, is due to the fact that they are given jobs operating equipment even though many of these
workers have never worked in factories or operated some of the equipment these jobs require but rather have worked as field workers picking fruits and vegetables. These workers lack the skill and coordination required to operate heavy and repetitive type of equipment. Many workers return to the fields where again they perform heavy and dangerous work, working with dangerous equipment, pesticides and other chemicals.

Another concern is that Mexicans with disabilities realize that by returning to work, they may lose disability benefits and other social services. There is a good possibility that there is a poor work history and a history of low income which gives little or no incentive for a disabled worker to seek or accept employment. Employment which will provide minimum wage, probably less than the sum of their disability benefits especially if he or she receives medical benefits will be a barrier to employment. Under these circumstances, there are greater benefits in receiving disability benefits because to become employed would probably mean the loss of other benefits such as cash payments, food stamps, rent assistance, medical benefits,
educational benefits, and other social service benefits that would be unattainable with a minimum salary job.

The cycle of unemployment or underemployment is maintained because Mexicans are not likely to be hired into better paying jobs or a job with more stability even after vocational training. For this reason, Mexicans with disabilities are hesitant or do not wish additional training or even basic education. Even if they were to complete a training program, Mexicans are not likely to receive any of the financial advances that other non-minority groups receive. If a Mexican male were to complete one additional year of school, his earning power would only increase by 4 to 5% of Anglo male workers.

Failure to cooperate in a rehabilitation program is the single most common reason cases of Mexican clients are closed in vocational rehabilitation. The Mexican client may be less than cooperative because they fully understand the difference in the social and educational system in the United States. There is a misconception that through higher or formal education, everyone can achieve a higher social and economical status. Education alone however, does not
make everything equal because the social and economic gap between Anglos and minorities, created early on in life, never seems to close. Mexicans will always seem to be a few steps behind their Anglo counterpart. This is particularly true in non-professional and non-technical occupations.

The 1992-93 statistics from the U.S. Bureau of Labor indicate that the fastest growing occupation through the year 2005, are in the technological field and in fields related to technology. The statistics further stated that the demand for skills in these jobs would increase by 37% between 1990 and 2005. While the job opportunities grow in the technical and professional fields the number of Mexicans training in these fields are not able to keep up with the demand. However, unskilled, physically demanding, and dangerous jobs continue to diminish thereby providing less opportunities for the unskilled Mexican worker. There has been considerable research to document that employers are less than willing to hire persons with disabilities and it is also well known that Mexicans are discriminated against by employers. Weisgerher in (1991), stated that the disabled faced (1) lower labor force participation rates than those
without disabilities, (2) less annual and weekly earnings, (3) assigned to part-time employment, (4) placed in a secondary labor market, (5) are not as demanded as workers with disabilities, and (6) face unfavorable attitudes by employers. Mexicans often face the same type of discrimination as people with disabilities. They are affected by both discrimination and limited job opportunities.

Today, many persons from the White community still have the belief that Mexicans are lazier than Whites, and are less intelligent. It is therefore easy to see that there is still bias and discrimination against Mexicans in the United States. Even though Mexicans may receive the same education, training and other rehabilitation services they do not receive the same financial rewards as White workers do. Rehabilitation counselors have known for a long time that a person with a disability is placed at the lower level of income. Counselors have also known that when a person with a disability is from an ethnic minority, the effects on the economic status is compounded. The consequences of a disability for the Mexican with a disability is greater than
it is for a non-minority person. To have a disability increases the effect of race and socioeconomic status. The effects of the disability varies with education. Persons that have less education appear to experience more disabilities because they tend to have more dangerous and physically heavier work. DeJong & Lifchez (1983) stated that the causal sequence from poverty to disability is less clear and cannot be easily disentangled from the effects of other factors such as age, race, and education.

As previously mentioned, Mexicans have shown a great loyalty to their language and have not de-acculturated as other ethnic groups in America and in particular the American Southwest. Perhaps the proximity of the U.S.-Mexican border and the continuous movement back and forth of Mexicans across the border has contributed to this phenomena. Unlike people from other ethnic minorities, Mexicans keep and use their native language in their daily lives. As the result, there are a number of Mexicans that have not learned to speak English or function effectively in an English speaking society. This situation has created a problem to service providers who are not bilingual. This
situation has also created a problem for those Mexicans with disabilities that must now retrain for employment outside of their Spanish speaking world.

The exchange of information between the Mexican worker who is disabled and the service provider has always been the cause of concern to the client. In the past, interpreting and translating in the medical and rehabilitation field has been provided on a volunteer basis and it has lacked professional quality. There have been few guidelines for translation and interpreting, therefore the quality has varied from person to person, especially if there are poor language skills in either language and there are a great number of colloquialisms used in the translation or if there is a great number of medical or technical terms used. The monolingual Spanish speaker has no way of monitoring the competence of the interpreter therefore the accuracy was left at the mercy of the interpreter. Historically family members have been used to interpret however this may violate the client's right to privacy. Many times children, family members or friends are used to interpret however they may be unwilling to translate certain topics that are normally not
discussed in public and many times the interpreter will speak for the client. In any case there is a problem with the exchange of accurate information between the client and the service provider.

The lack of command of the English language has become a problem in the training for a new occupation. In recent years, there appears to be less and less vocational schools that teach in Spanish and the Mexican students have complained that the use of classroom interpreters has made instruction more confusing and difficult because of the translating problems earlier stated. The Mexican student seems to be always behind the other students and the quality of instruction is poor because most classroom interpreters lack proper training and may have little if any training in the nomenclature used in the trade being taught. There are some Mexican students that will enroll in ESL classes first to learn English however these are few and far apart. This may be practical for some but not for the disabled student who needs to work in order to support his family and cannot wait for vocational training. The lack of English is also a problem in employment. Unfortunately employers do not find
it acceptable to allow interpreters in the interview. Employers feel that if the job applicant is going to work in their company they are going to have to communicate in English even though the job does not require the use of English and often times there are leadpersons who speak Spanish that can train new employees and act as interpreters while the new employee learns the new job. In the last few years, to speak Spanish in the workplace even among co-workers has been prohibited in both public and private employment. It certainly would appear that we are regressing to a time in the 1930's and 1940's when Mexicans in this country were not allowed to speak Spanish.
APPENDIX A

THE MULTIETHNIC EDUCATION PROGRAM EVALUATION CHECKLIST

The multiethnic education program evaluation checklist*

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<td>* Reprinted from James A. Banks, Carlos E. Cortes, Geneva Gay, Ricardo L. Garcia, and Anna S. Ochoa,</td>
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<td>of the National Council for the Social Studies.</td>
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1.0 Does ethnic pluralism permeate the total school environment?
1.1 Is ethnic content incorporated into all aspects of the curriculum, preschool through grade twelve and beyond?
1.2 Do instructional materials treat ethnic differences and groups honestly, realistically, and sensitively?
1.3 Do school libraries and resource centers have a variety of materials on the histories, experiences, and cultures of many different ethnic groups?
1.4 Do school assemblies, decorations, speakers, holidays, and heroes reflect ethnic group differences?
1.5 Are extracurricular activities multiracial and multiethnic?
2.0 Do school policies and procedures foster positive interactions among the different ethnic group members of the school?
2.1 Do school policies accommodate the behavioral patterns, learning styles, and orientations of those ethnic group members actually in the school?
2.2 Does the school provide a diversity of instruments
and techniques in teaching and counseling students of different ethnic groups?

2.3 Do school policies recognize the holidays and festivities of different ethnic groups?

2.4 Do school policies avoid instructional and guidance practices based on stereotyped and ethnocentric perceptions?

2.5 Do school policies respect the dignity and worth of students as individuals and as members of ethnic groups?

3.0 Are the school staffs (administrative, instructional, counseling, and supportive) multiethnic and multiracial?

3.1 Has the school established and enforced policies for recruiting and maintaining multiethnic, multiracial staffs?

4.0 Does the school have systematic, comprehensive, mandatory, and continuing multiethnic staff development programs?

4.1 Are teachers, librarians, counselors, administrators, and the supportive staff included in the staff development programs?

4.2 Do the staff development programs include a variety of experiences (such as lectures, field experiences, curriculum projects, etc.)?

4.3 Do the staff development programs provide opportunities to gain knowledge and understanding about different ethnic groups?

4.4 Do the staff development programs provide opportunities for participants to explore their attitudes and feelings about their own ethnicity and the ethnicity of others?

4.5 Do the staff development programs examine the verbal and nonverbal patterns of interethnic group interactions?

4.6 Do the staff development programs provide opportunities for learning how to create and select multiethnic instructional materials and how to incorporate ethnic content into curriculum materials?

5.0 Does the curriculum reflect the ethnic learning styles of students within the school?

5.1 Is the curriculum designed to help students learn how to function effectively in different cultural environments and master more than one cognitive style?

5.2 Do the objectives, instructional strategies, and
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<td>Strongly</td>
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Learning materials reflect the cultures and cognitive styles of the different ethnic groups within the school?

6.0 Does the curriculum provide continuous opportunities for students to develop a better sense of self?
6.1 Does the curriculum help students strengthen their self-identities?
6.2 Is the curriculum designed to help students develop greater self-understanding?
6.3 Does the curriculum help students improve their self-concepts?
6.4 Does the curriculum help students better understand themselves in the light of their ethnic heritages?

7.0 Does the curriculum help students to understand the wholeness of the experiences of ethnic groups?
7.1 Does the curriculum include the study of societal problems some ethnic group members experience, such as racism, prejudice, discrimination, and exploitation?
7.2 Does the curriculum include the study of historical experiences, cultural patterns, and social problems of different ethnic groups?
7.3 Does the curriculum include both positive and negative aspects of ethnic group experiences?
7.4 Does the curriculum present ethnic group experiences as dynamic and continuously changing?
7.5 Does the curriculum examine the experiences of each ethnic group’s experience?
7.6 Does the curriculum present ethnic group experiences as dynamic and continuously changing?
7.7 Does the curriculum examine the experiences of ethnic group people instead of focusing exclusively on the “heroes”?

8.0 Does the curriculum help students identify and understand the ever-present conflict between ideals and realities in human societies?
8.1 Does the curriculum help students identify and understand the value conflicts in problematic situations?
8.2 Does the curriculum examine differing views of ideals and realities among ethnic groups?

9.0 Does the curriculum explore and clarify ethnic alternatives and options within American society?
9.1 Does the teacher create a classroom atmosphere
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<td>reflecting an acceptance of and respect for ethnic differences?</td>
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<td>9.2</td>
<td>Does the teacher create a classroom atmosphere allowing realistic consideration of ethnic alternatives and options?</td>
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<td>10.0</td>
<td>Does the curriculum promote values, attitudes, and behaviors which support ethnic pluralism?</td>
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<td>10.1</td>
<td>Does the curriculum help students examine differences within and among ethnic groups?</td>
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<td>10.2</td>
<td>Does the curriculum foster attitudes supportive of cultural democracy and other democratic ideals and values?</td>
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<td>10.3</td>
<td>Does the curriculum reflect ethnic pluralism?</td>
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<td>10.4</td>
<td>Does the curriculum present ethnic pluralism as a vital societal force that encompasses both potential strength and potential conflict?</td>
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<td>11.0</td>
<td>Does the curriculum help students develop decision-making abilities, social participation skills, and a sense of political efficacy needed for effective citizenship?</td>
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<td>11.1</td>
<td>Does the curriculum help students develop the ability to distinguish facts from interpretations and opinions?</td>
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<td>Does the curriculum help students develop skills in finding and processing information?</td>
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<td>11.3</td>
<td>Does the curriculum help students develop sound knowledge, concepts, generalizations, and theories about issues related to ethnicity?</td>
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<td>11.4</td>
<td>Does the curriculum help students develop sound methods of thinking about ethnic issues?</td>
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<td>11.5</td>
<td>Does the curriculum help students develop skills in clarifying and justifying their values and relating them to their understanding of ethnicity?</td>
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<td>11.6</td>
<td>Does the curriculum include opportunities to use knowledge, valuing, and thinking in decision-making on ethnic matters?</td>
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<td>11.7</td>
<td>Does the curriculum provide opportunities for students to take action on social problems affecting ethnic groups?</td>
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<td>11.8</td>
<td>Does the curriculum help students develop a sense of efficacy?</td>
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<td>12.0</td>
<td>Does the curriculum help students develop skills necessary for effective interpersonal and interethnic group interactions?</td>
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<td>12.1</td>
<td>Does the curriculum help students understand ethnic reference points which influence communications?</td>
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<td>12.2 Does the curriculum help students try out cross-ethnic experiences and reflect upon them?</td>
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<td>13.0 Is the multiethnic curriculum comprehensive in scope and sequence, presenting holistic views of ethnic groups as an integral part of the total school curriculum?</td>
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<td>13.1 Does the curriculum introduce students to the experiences of persons of widely varying backgrounds in the study of each ethnic group?</td>
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<td>13.2 Does the curriculum discuss the successes and contributions of members of some group in terms of that group's values?</td>
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<td>13.3 Does the curriculum include the role of ethnicity in the local community as well as in the nation?</td>
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<td>13.4 Does content related to ethnic groups extend beyond special units, courses, occasions, and holidays?</td>
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<td>13.5 Are materials written by and about ethnic groups used in teaching fundamental skills?</td>
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<td>13.6 Does the curriculum provide for the development of progressively more complex concepts, abilities, and values?</td>
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<td>13.7 Is the study of ethnicity incorporated in instructional plans rather than being supplementary or additive?</td>
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<td>14.0 Does the curriculum include the continuous study of the cultures, historical experiences, social realities, and existential conditions of ethnic groups with a variety of racial compositions?</td>
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<td>14.1 Does the curriculum include study of several ethnic groups?</td>
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<td>14.2 Does the curriculum include studies of both white and nonwhite groups?</td>
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<td>14.3 Does the curriculum provide for continuity in the examination of aspects of experience affected by race?</td>
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<td>15.0 Are interdisciplinary and multidisciplinary approaches used in designing and implementing the multiethnic curriculum?</td>
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<td>15.1 Are interdisciplinary and multidisciplinary perspectives used in the study of ethnic groups and related issues?</td>
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<td>15.2 Are approaches used authentic and comprehensive explanations of ethnic issues, events, and problems?</td>
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<td>16.0 Does the curriculum use comparative approaches in the study of ethnic groups and ethnicity?</td>
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16.1 Does the curriculum focus on the similarities and differences among ethnic groups?
16.2 Are matters examined from comparative perspectives with fairness to all?
17.0 Does the curriculum help students to view and interpret events, situations, and conflict from diverse ethnic perspectives and points of view?
17.1 Are the perspectives of different ethnic groups represented in the instructional program?
17.2 Are students taught why different ethnic groups often perceive the same historical event or contemporary situation differently?
17.3 Are the perspectives of each ethnic group presented as valid ways to perceive the past and the present?
18.0 Does the curriculum conceptualize and describe the development of the United States as a multidirectional society?
18.1 Does the curriculum view the territorial and cultural growth of the United States as flowing from several directions?
18.2 Does the curriculum include a parallel study of the various societies which developed in the geocultural United States?
19.0 Does the school provide opportunities for students to participate in the aesthetic experiences of various ethnic groups?
19.1 Are multiethnic literature and art used to promote empathy for people of different ethnic groups?
19.2 Are multiethnic literature and art used to promote self-examination and self-understanding?
19.3 Do students read and hear the poetry, short stories, novels, folklore, plays, essays, and autobiographies of a variety of ethnic groups?
19.4 Do students examine the music, art, architecture, and dance of a variety of ethnic groups?
19.5 Do students have available the artistic, musical, and literary expression of the local ethnic communities?
19.6 Are opportunities provided for students to develop their own artistic, literary, and musical expression?
20.0 Does the school foster the view that ethnic group languages are legitimate communication systems?
20.1 Are students taught about the nature of languages and dialects?
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<td>20.2 Is the student taught in his or her dominant language or dialect when needed?</td>
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<td>20.3 Does the curriculum explore the role of languages and dialects in self-understanding and within and among ethnic groups?</td>
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<td>20.4 Are the language policies and laws within the United States studied from political perspectives?</td>
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<td>21.0 Does the curriculum make maximum use of local community resources?</td>
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<td>21.1 Are students carefully involved in the continuous study of the local community?</td>
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<td>21.2 Are members of the local ethnic communities continually used as classroom resources?</td>
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<td>21.3 Are field trips to the various local ethnic communities provided for students?</td>
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<td>22.0 Do the assessment procedures used with students reflect their ethnic cultures?</td>
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<td></td>
<td>22.1 Do teachers use a variety of assessment procedures which reflect the ethnic diversity of the students?</td>
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<td>22.2 Do teachers' day-to-day assessment techniques take into account the ethnic diversity of the students?</td>
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<td>23.0 Does the school conduct ongoing, systematic evaluations of the goals, methods, and instructional materials used in teaching about ethnicity?</td>
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<tr>
<td></td>
<td>23.1 Do assessment procedures draw on many sources of evidence from many sorts of people?</td>
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<tr>
<td></td>
<td>23.2 Does the evaluation program examine school policies and procedures?</td>
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<td>23.3 Does the evaluation program examine the everyday climate of the school?</td>
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<td>23.4 Does the evaluation program examine the effectiveness of curricular programs, academic and non-academic?</td>
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<tr>
<td></td>
<td>23.5 Are the results of evaluation used to improve the school program?</td>
</tr>
</tbody>
</table>
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