Intergenerational Dynamics Related to Aging and Eldercare in Asian American Families: Promoting Access to Services

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Abstract As the number of older Asian Americans continues to grow so do the number of issues they face related to aging. As older adults age, many may face issues related to aging such as daily care, physical health, mental health, and access to services. These issues are complicated by differences between Eastern and Western cultures within Asian American families and the different acculturation levels between the generations within the family. This chapter uses the intergenerational ambivalence paradigm (Luescher and Pillemer 1998) to guide the discussion of intergenerational dynamics related to aging and eldercare in Asian American families. The chapter begins with a brief description and comparison between Eastern and Western cultures and an exploration of the differences in cultural values that affect familial caregiving. Caregiving among Asian American families is then put into the contexts of structural and individual ambivalences. Caregiving options from an Asian American perspective are presented next. The chapter concludes with interventions and suggestions for community service providers.

As the number of older Asian Americans continues to grow so do the number of issues they face related to aging. As older adults age, many may face issues related to aging such as daily care, physical health, mental health, and access to services. In American families, these issues are complicated by differences between Eastern and Western cultures, and the different acculturation levels between the generations within the family. Culture shapes how individuals view their environment and make sense of the world, and thus influences what are deemed as acceptable caregiving options for aging parents. Donovan and colleagues (2011) state that "cultural factors are highly relevant to the caregiving experience, given that

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they shape not only household structures and individual and group identity but norms, beliefs and traditions around illness/health, caregiving, dying, death and bereavement" (p. 339).

The cultural dissonance that can arise from the differences between Western and Eastern cultures can create friction in the family between the generations and may force Asian American families to no longer assume that parents will be cared for by their adult children. The situation is further complicated when economic issues contribute to caregiver burden, and these issues in particular may be difficult to resolve. The result is that the family is forced to explore different caregiving options for their aging parents, including options that may be stigmatized by Eastern cultures. As family members try to balance the need to care for older adults while simultaneously maneuvering the various caregiving options available in light of their culture, it may result in adverse mental health outcomes for all family members due to their different philosophies about elder care. The situation within Asian American families is further exacerbated by the lack of culturally appropriate resources and professionals to assist this population.

When compared to other race groups, the Asian American population had the highest percentage of growth between 2000 and 2010. Asian Americans currently make up about 5.6 % of the total U.S. population and are projected to grow representing 9.2 % by 2050 (U.S. Census Bureau 2010). In 2010, about 3.5 % of the U.S. older population was Asian American which is projected to make up about 7.8 % of the older population by 2050. Older Asian Americans are more likely to be foreign born (i.e., 70 % compared with 9 % for non-older Asian Americans) and more likely to speak a language other than English at home (i.e., 80 % compared with 12 % for non-Asian Americans) (Capezuti et al. 2007, p. 61). This means that the majority of older Asian Americans is first generation and may not be English proficient. Among the Asian American population, it is important to recognize that it encompasses 43 distinct subgroups who use 100 different languages (U.S. Department of Health and Human Services [USHHS] 2001). Further, each subgroup has its own socio-cultural background and history that may affect how they view caregiving and help-seeking (Braun et al. 1995).

When discussing caregiving and eldercare (used interchangeably in this chapter), it is important to define what it involves. In the literature, caregiving activities are often grouped into two categories: activities of daily living (ADL) and instrumental activities of daily living (IADL). ADL are "tasks that involve the care of one's own body to maintain health and well-being" (Capezuti et al. 2007, p. 8). These can involve bathing, eating, dressing, and getting out of the bed (Bonnel et al. 2011). IADL involve tasks related to the individuals' social environment. These activities include transportation, shopping, preparing food, and managing the household (Bonnel et al. 2011).

The intergenerational ambivalence paradigm (Luescher and Pillemer 1998) is used to guide the discussion of intergenerational dynamics related to aging and eldercare in Asian American families. The theory is useful to describe and explain the complexities of the parent–child relationships as it relates to caregiving. The theory delineates two types of ambivalence: (1) structural ambivalence based on an

individual's place in a social structure and (2) individual ambivalence related to feelings experienced by individuals when dealing with structural ambivalence. Luescher and Pillemer (1998) define ambivalence as "…contradictions in relationships between parents and adult offspring that cannot be reconciled" (p. 416).

The chapter begins with a brief description and comparison between Eastern and Western cultures and how the differences in cultural values affect familial caregiving. Caregiving among Asian American families is then put into the contexts of structural and individual ambivalences. Caregiving options from an Asian American perspective will be addressed, concluding with a focus on interventions and recommendations for community service providers. The authors are keenly aware that the discussion on Asian Americans imposes an artificial homogeneity on an extremely heterogeneous population; therefore, these generalizations should be taken as a starting point that needs to be modified in accordance to the specific population and individual in order to avoid stereotyping.

Eastern and Western Influences

First generation older Asian Americans are more likely to have spent the majority of their lives living in their native countries. The possibility that they may lack English proficiency may also mean that they are more influenced by their Eastern cultures. At the same time, their children may have been raised in the U.S. and are more likely to be influenced by Western cultures. To better understand cultural values of Asian Americans, and how both Asian and American cultures may have conflicting values and influences, a comparison of Eastern and Western cultural values is provided.

Traditionally, Eastern cultures have promoted close family ties in which the values reflect familial collectivism, where the individual views him/herself as part of the whole family, rather than a separate entity. These values are influenced by Confucian ideals where "traditional beliefs center around the unity and survival of the family" with an emphasis on "interpersonal relationships and interdependence" (Braun and Browne 1998). This group orientation is historically reinforced by the practice of extended families living together or near each other (Braun et al. 1996). Additionally, individual behaviors are heavily influenced by the social pressure to conform to the family expectations (Triandis 1995). The collectivistic identity socializes family members to be concerned about the appearance of the family and to uphold the family name (Weng and Nguyen 2011). Therefore, personal mistakes are viewed as a negative reflection on the entire family which causes shame and loss of face (Braun and Browne 1998). Individuals are socialized to not disclose private family matters to outsiders. Problems such as mental illness and poverty are considered shameful and a loss of face for the family (Sue 1994). Traditional ways of coping with problems included endurance in living with the problem, ignoring the problem, and/or looking the other way as if the problem does not exist (Huang 1991).

In general, Western cultural values are centered on individualism in which members are seen as individuals who are not necessarily responsible for the overall well-being of the family unit. From a young age, children in Western cultures are raised to be self-sufficient and achieve personal goals (Lee 1997). Being independent from parents is "…encouraged and expected once children reach adulthood. They are expected to create their own lives and support themselves" (Weng and Nguyen 2011, p. 330). Western cultures emphasize self-worth and competitiveness (Kalavar and Van Willigen 2005). This emphasis fragments the individual from the family unit as a separate entity, not always working in harmony.

Differences in Caregiving

From an Eastern cultural perspective, older people are highly respected in the family and old age is seen as a blessing (Braun et al. 1996). Scholars believe the Confucian belief of filial piety, devotion to and respect for parents, may be a major influence on Asians not seeking help from outside the family (Braun and Browne 1998), which has translated into a cultural norm for many Asian societies. In fact, Singapore and China laws require adults to care for their parents (Lum 2012). This notion translates to caring for parents into old age and reciprocating the care from their parents (Asai and Kameoka 2005).

The value of individualism has a direct effect on caretaking for older adults in Western cultures. The cultural values of independence continue as the individual enters into the latter phases of their lives and older adults continue to strive to be independent for as long as they can (Lai 2007). It is often expected that once an individual retires, they will make plans to spend their late life in retirement homes that continue to value independence. Additionally, in Western cultures, older adults strive to live alone and remain active as long as they can, which creates less dependence on their children (Weng and Nguyen 2011). Asian American adult children may feel increased burden because of the ambiguity between Eastern values that expect them to care for their parents, and Western values emphasizing that it is not their responsibility.

Factors that Contribute to Caregiving Choices

Filial obligations may influence children's decision to care for their aging parents but factors in today's global society may make the obligation difficult to uphold. Factors that challenge the assumption that eldercare can be provided by the extended family is categorized in this section as structural and individual ambivalence according to Luescher and Pillemer (1998). Structural ambivalence explains the ambiguity of one's place in a social structure. Within the context of Asian American families and caregiving, these structures can include family

dynamics, housing, and workforce participation issues. Likewise, individual ambivalence explains the ambiguity of one's feelings or sentiments when dealing with structural ambivalence which may include isolation, health status of older adults, mental health, and caregiver burden. These structural and individual ambivalences indicate the need to avoid assumptions about and expectations of familial caregiving due to filial obligations. In other words, simply having values about family-based care does not guarantee that the family will actually provide the care because of the various factors related to structural and individual ambivalences (Finch and Mason 1993).

Structural Ambivalence

Relationships within families are not completely static (Klein and White 1996), but consisting of harmony, conflict, and ambiguity. The marked differences between Eastern and Western cultural values can create ambiguity and conflict for Asian Americans who are trying to acculturate themselves in a culture that has very different values. Cordero and Kurz (2006) define acculturation as a social process by which immigrants keep their native culture while at the same time, adopt the values, beliefs, practices, attitudes, and norms of the new culture. Younger generations are found to acculturate faster than older generations (Osako and Liu 1986). Different levels of acculturation within the family can be a source of stress. With caregiving for example, the younger generation may adopt a more Western view of aging, with parents caring for themselves, while the aging parents may hold onto their Eastern view of expecting their children to uphold their filial obligations. Differences among generations in terms of language proficiency may also be a barrier to communication within the family and may also cause inter-generational ambiguity or conflict (Hwang and Wood 2009).

Housing has long-term implications for family dynamics (Clark et al. 2000). Burr and Mutchler (2012) found many differences in housing characteristics among older Asian American subgroups. Housing characteristics are an indication of well-being that has been consistently linked to better health, longevity, and life satisfaction (Rohe et al. 2001). Housing can also provide the physical structure in which social support may be provided. Residential density, the number of persons per room in the home, has recently increased in Asian American families due to immigration. However, there is evidence of decreased residential density with more time in the U.S. (Myers and Liu 2005). Residential density limits privacy and may contribute to physical and mental health problems (Evans et al. 2002). For immigrant families, it may take some time to acquire the necessary resources to attain living spaces adequate for all members and/or to purchase homes (Clark et al. 2000). Burr and Mutchler (2012) found older Asian Americans to report lower homeownership rates and more residential crowding compared to older European Americans. Homeownership may also provide status within the community and wealth accumulation that can be a potential source of income.

Household and older adults' personal finances allow for economic mobility and increased options for eldercare. When immigrants arrive in the host country later in life and do not engage in paid employment, they do not have the opportunity to accumulate savings and assets, nor are they entitled to social security or other retirement pensions. If older adults are employed, they may be underemployed due to their language skills or the undervaluation of their previous education and experience. These disadvantages result in greater dependence on the family or other entities for support (Patel 1993). Caregivers, for example, often assist with the expenses of care recipients, the most common being food, transportation, and medications (USHHS 2003).

Many adults in Asian American families may need to work, including women who may be less part of the labor market in some Asian countries. Having to care for aging parents may mean adult children taking time off work or going from full-time to part-time employment. These actions may have consequences for adult children's careers and incomes. Occupational migration within the U.S. may also mean adult children may no longer live near their parents thus removing the option of caring for them. If the decision is made to have the parents live with the adult children, it would require uprooting the parent from an environment in which they are familiar as well as their existing support system. If family members are scattered throughout the world, this may result in fewer family members being available to share caregiving responsibilities.

Individual Ambivalence

Older adults are particularly vulnerable to isolation due to structural ambivalence related to their role in the family, ageism, and community infrastructure. Individual ambivalence may also be a factor for isolation in reference to older adults' economic stability, mental health, and physical health. Many Asian Americans, especially those who settle in ethnic enclaves, areas where people of similar nationality live near each other, may be further isolated from mainstream society and its available services. Older adults may be left alone at home as other members of the family go to work or school, which can decrease feelings of self-worth and sense of belonging to community and society (Rumbaut 1995), as well as cause mental health problems and exacerbate physical health issues (Gardner et al. 2005).

The physical health of older adults may create circumstances in which it may be more difficult for adult children to care for their parents in the home. The adult children may not be adequately equipped or possess the knowledge to effectively perform caregiving tasks. As the aging Asian American population in the U.S. continues to grow, so does the percentage of individuals who report having a disability (which includes both physical and mental disabilities). Of Asian Americans ages 65 and older, 31.9 % reported having a disability. For individuals who are 75 and older, there is a marked increase in reports of disability, with 49.6 % of the population having one (Cornell University 2010).

When one considers socio-economic factors such as knowing the need for or cost of accommodations like hearing devices or walkers, this can further complicate issues because not having these accommodations can negatively affect one's quality of life. Older adults' social health may be impacted due to a decrease in health if they are not able to participate in social activities, thus leading to social exclusion and isolation. Emotional and mental health can be impacted and potentially lead to depression because of the stigmas surrounding disability. It is important to note that the impact of many health problems can be reduced by increasing environmental responsiveness that includes the availability of appropriate accommodations such as absence of stairs to prevent falls.

Mental illness is stigmatized in some Asian cultures and viewed as retribution for sins, imbalance of yin and yang, and possession by evil spirits (Elliot et al. 1996). Therefore help-seeking for stigmatized issues may be delayed and formal services may be used as a last resort. Older adults who develop physical problems may experience mental distress which has implications for older adults and their ability to make caregiving decisions.

Among the adult children, Hwang and Wood's (2009) study suggest cultural expectations of caring for aging parents may be an added source of stress among Asian Americans. Pitsenberger (2006) reports a third of caregivers experience emotional stress with the degree of stress linked to whether the individual chose the role. According to Lai (2007), a significant source of stress and guilt may be what the care entails and the inability to meet filial expectations (Lai 2007). Feeling trapped in a caregiving situation, experiencing shame, fearing criticism, or losing face were found to be significantly related to depression among caregivers (Martin et al. 2006). Among Korean Americans, research has shown that caregiving leads to poor physical health (Kim and Knight 2008), depression, and anxiety (Chun et al. 2007); whereas another study found that Chinese family caregivers experienced poor physical and psychological health (Ngan and Cheng 1992).

There are social and economic factors that have been found to be potential predictors of burden. Pinquart and Sorensen (2003) found the number of caregiving tasks and level of physical impairment of the older adult is associated with caregiver burden. In studies with Korean Americans, gender and spousal caregivers (Casado and Sacco 2012) and care recipients' functional dependency (Pinquart and Sorensen 2003) were found to be related to caregiving burden. Chan and Chui (2011) also established that being a female caregiver and having stronger family values were correlated with a higher level of caregiver burden. Likewise, Casado and Sacco (2012) concluded that having a large family support network alleviates caregiving burden because of greater availability of support.

Caregiving Options

The cultural dissonance between the generations as well as structural and individual ambivalence factors discussed thus far may force older adults and their children to no longer assume that parents will be cared for by their children, but to

explore different caregiving options. The different types of caregiving options are organized into two categories: (1) family care in the home which includes family members providing care and reliance on community supports to provide care for aging parents at home, and (2) community-based care in which older adults are living outside of the home in residential type facilities and care is provided by non-family members. It is important to note that economic factors affect the type of caregiving option that is chosen, as some caregiving options are more expensive than others (Lum 2012).

Care in the Home

Due to the influence of Eastern culture and filial obligation of caring for one's family, Asian American adult children may choose to provide caregiving for their aging parents. This section highlights some of the caregiving options for older adults that are provided in the home, allowing older adults to spend the rest of their life in a familiar environment.

The first caregiving option is one in which the older adult lives in their home and their family cares for them. At times, when both aging parents are alive and at least one parent is in good health, one spouse may provide assistance for the other with the help of their adult children. Other times if one of the spouses passed away, the older adult may move into one of their adult children's homes. Lum (2012) found this caregiving option, living in the adult children's home, to be common among aging adults in Asia. Similarly, Asian Americans may choose to care for their aging parents due to filial expectations. This caregiving option is most at risk of inducing caregiver burden (Pinquart and Sorensen 2003).

A similar caregiving option is caregiving by neighbors or friends. Among Asian Americans, this is more likely to occur in ethnic enclaves. This is sometimes used in combination with family caregiving or as the sole caregiving if adult children have moved away from the aging parent. The importance of neighborhood support should not be underestimated because it can reduce the risk of social exclusion by increasing feelings of connection to others and environmental safety (Yuan and Ngai 2012).

One of the options for outside help while still allowing aging adults to remain in their homes is respite or short term care. A caregiver comes to the home and provides the older adult with services ranging from personal assistance to medical care. Respite care is used to relieve the familial caregivers from caregiving tasks that they normally perform for the elder. Respite care has been found to "promote the life quality of both caregiver and care receiver" and has been shown to "prevent the early institutionalization of older people" (Huang et al. 2009, p. 192). Despite evidence proving their effectiveness, this type of care is not frequently used by family caregivers (Huang et al. 2009). In cities with a large Asian American population, respite caregivers who are of similar ethnicity as the older adults are available which allow the older adult to be more comfortable in interacting with someone who understands his/her culture.

Another option that provides respite care while still allowing older Asian Americans to remain in their homes are senior care centers. They provide support for older adults outside of the home for part of the day thus providing relief for the family caretakers. The services range from speech and physical therapy to recreational activities allowing adults the opportunity to get out of the home and socialize with their peers (Capezuti et al. 2007). In cities where there is a large Asian American population, senior centers specifically for older Asian Americans are available. These centers are preferred by Asian Americans because they eliminate the language barrier and the food, activities, and other services are more culturally appropriate. Because the senior centers offer a variety of services, the use of some stigmatizing services such as counseling could be minimized and hidden because the older adult is already at the center for non-stigmatizing activities.

Home health agencies can also provide care by professionals like nurses and physical therapists. These services are frequently provided through Medicare with a focus on helping older adults remain in their homes with limited assistance (Capezuti et al. 2007). In general, physical health services are less stigmatizing for Asian Americans, particularly at the recommendation of physicians. Therefore, physical health services are likely welcomed in the care of aging adults in Asian American homes.

Lastly, when the aging parent requires extensive care and the family can no longer care for the older adult on their own, some Asian American families may choose to hire domestic caregivers to live in their home and provide caregiving tasks for the older adult. Lum (2012) found this caregiving option to be common among families in Asia who have the economic means. For Asian American families who have the financial ability and who want the aging parent to remain in the home, this may be an option.

Community-Based Care

The structural and individual ambivalences in Asian American families may influence decisions to seek care outside the home. Choosing not to be the caregiver or discontinuing the role of caregiver for some Asian Americans may be seen as going against family values and expected roles. Therefore, this decision will not be made lightly. This section highlights some of the more frequently used community-based care options that are available to aging adults that Asian American families may consider.

Some older adults who need minimal care can live relatively well on their own in an independent living community. These are housing communities where individuals who are 55 (the minimum age can vary) and older can live but they do not provide specific caregiving to the resident. These communities provide a variety of services for their members such as recreational activities, transportation, and homes that are designed for aging adults. This caregiving option may be good for Asian American

families who are not residing in the same city and believe that uprooting the aging parent would result in a loss of their support network. The ideal independent living community would be close to the older adult's previous residence where they are already familiar with the environment. In addition, the independent living community would have friends who currently live there, or people who are similar in cultural background to the older adult.

Another similar option for older adults is adult foster care homes, which are residences where older adults live together and unrelated caregivers provide assistance for them. The limit on the number of adults who can live in one home varies by state regulations that range from three to five individuals (Capezuti et al. 2007). Adults who live in this type of setting will typically share common areas and have their own room.

For aging adults who need more involved caregiving services, there are a variety of options available. Assisted living facilities combine various aspects of the different caregiving options and allow the individual to be more independent and live in a community where help is close by. The type of care the individual receives depends on their individual needs, as well as the type of assisted living facility one resides in. Assisted living provides personal caregiving services, recreational and health services, and around the clock supervision. Individuals who live in assisted living cannot live alone, but do not need around the clock medical supervision. Assisted living communities provide more services and are more involved in the lives of older adults than independent living communities.

Similar to assisted living facilities, nursing homes provide care for older adults, yet these older adults are in need of around the clock monitoring. This caregiving option is for individuals who need more intensive and specialized care than they would receive in assisted living facility. This option should be considered by Asian American families if they are no longer able to care for their aging parents in the home. Because mental health is stigmatized in many Asian cultures, Asian American older adults with advanced stages of dementia may enter the nursing homes. Similar to utilization of mainstream services related to other areas, the families are likely to do whatever they could, using the nursing home as a last resort.

For the foster care home, assisted living, and nursing home options, they may be best for Asian American older adults if there are other Asian Americans in the facility with whom they feel comfortable. Another consideration that may be important for Asian American families is that the food, language, and activities provided in the facility are culturally appropriate. The caregivers and staff in the facilities need to be able to communicate with older Asian Americans. Activities older adults regularly participate in prior to entering the home must be incorporated. For Western activities, they should not require language or cultural fluency so that Asian American older adults can also participate. Finally, for older adults who practice a religion, the facility must allow for and accommodate for their specific religious practices.

When it comes time for Asian American families to make caregiving decisions as the older adult is nearing the end of life, they have a few options. Palliative care

"strives to relieve suffering and support the best possible quality of life for patients with advanced chronic or life-threatening illnesses" (Bonnel et al. 2011, p. 3). Palliative care involves health care services that are designed to make the individual as comfortable as possible near the end of his/her life. Another option is hospice care, designed to provide services for terminally ill individuals. It is like palliative care in that it is focused on providing care for the individual when he/she is close to death. However hospice care normally occurs when the individual has less than 6 months of life left to live (Bonnel et al. 2011). The services that individuals can receive are designed to address the "social, emotional, and spiritual needs of terminally ill individuals and their families" (Capezuti et al. 2007, p. 28). For Asian American families, end of life care is an option if physicians strongly recommend it. In general, Asian Americans tend to respect authority and if physicians make a good case for this option, it will be a strong factor in the decision making process.

Interventions and Recommendations

Systems of care in the U.S. are set up with presumptions that the consumer is European American, literate, and fluent in English, resulting in exclusion of other groups "…from the array of welfare rights while providing a legitimation for this exclusion" (Ahmad and Walker 1997, p. 143). A study examined participation of Asian Americans in mainstream programs for aging adults and found that Asian Americans felt they were "uninformed about, ignored by, and at times unwelcome" (Bonnel et al. 2011, p. 61).

Underutilization of formal services is well-documented for the Asian American population. Adverse effects of caregiving may be greater among Asian American than European American caregivers due to the multiple barriers to utilizing formal services for Asian Americans (Han et al. 2008). The use of formal services may be culturally-specific, whereby those with stronger traditions towards family care may avoid external help (Lai 2007). This may be a result of stigma and shame for being unable to cope with familial responsibilities, belief that services will not be culturally appropriate, or due to other barriers such as language (Donovan and colleagues 2011). The low service use is compounded by health and human services entities not being prepared to serve individuals who do not speak fluent English, a category which many older Asian Americans fall under. The onus should not be on the client to provide translators because those translators are most likely family members, including children who may be too young to learn about the situation. Instead, service providers should work with the local Asian American community to develop a list of volunteer translators who can be on call (Weng 2013).

Helping professionals should make services more culturally appropriate for Asian Americans. Culturally appropriate services mean practitioners are knowledgeable about the cultural values and perceptions of the population and therefore

adjust their understanding in accordance to what they learn and observe with the individuals they directly work with. Practitioners should also be empathic toward the clients' circumstances and thought processes. Practitioners must be sensitive in their behaviors and communication skills to facilitate help-seeking. Finally, appropriate language should be used regarding the problem, appropriate criteria for determining problem resolution, and indigenous helping resources that are within the group's definition of the program as well as ideas about appropriate interventions should be incorporated (Mokuau and Shimizu 1991).

Helping professionals should also partner with the Asian American community to provide more culturally appropriate services. One option is to recruit cultural brokers, someone who is bicultural in terms of the dominant culture and the culture of the client's native country in service planning and delivery (Egli 1987). The cultural broker's role would be to explain to service providers and clients how things work and where the other is coming from. In order to be an effective facilitator, the cultural broker must be trained to remain objective throughout the process and not take sides.

Cultural brokers can also help to build awareness and decrease intergenerational ambivalence among the Asian American community and educate them about the differences between Eastern and Western cultures. Weng and Nguyen (2011) recommend educating older adults about U.S. systems and values to help them better understand their adult children's perspective. At the same time, the adult children should learn where their elder parents are coming from.

Education should include awareness of the different caregiving options and work to decrease the stigma of utilizing those options for the benefit of all family members involved. In a study in Taiwan, Huang and colleagues (2009) found 65 % of caregivers did not know about respite care. Because parts of the Asian American elder population may not be literate in or speak English, educational delivery methods should be appropriate. Videos can be recorded by community members in the appropriate languages and shown at community gatherings. Group discussions and community forums can be held not only to educate but also to address concerns and questions. Literature should be translated to the languages of the target populations. Asian American community members should be involved from the beginning of the process in order to provide guidance.

In contrast to Western ideals, Asian cultures favor a family centered approach to care. With involvement of the family, Lai (2007) suggests members may filter information as a way of protecting individuals from bad news or losing hope. This conflicts with many service professionals' code of ethics in providing full disclosure, individual autonomy, and self-determination. Cultural brokers should be brought in for consultation if service professionals suspect family members are keeping information from others.

While considering the aging adults' best interests, it is also important to be sensitive to the needs of the entire family and caregiving system to reduce caregiving burden. Empirical evidence has shown that burden can be lessened with caregiver resources that include perceived health, relationship to care receiver, coping strategies, and social support (Kramer 1997). Because a large family

support network has been found to alleviate caregiving burden (Casado and Sacco 2012), interventions can include approaches designed to build family support and decrease family conflict.

Finally, in the area of policy, Ube and Sue (1991) recommended three approaches to increasing service use for Asian Americans. The first is ethnic specific services in which parallel services are developed specifically for the target group. This method is the most expensive but for some groups, also most effective (Braun and Browne 1998). The second approach is to add bilingual workers to programs that are facilitated by university admission policies and financial aid programs that support ethnic minorities to pursue advanced degrees in health and social welfare. The third approach is for mainstream society to include cross-cultural awareness and sensitivity training as part of the education curriculum that is then carried on in health and social service agencies.

In sum, this chapter explored the dilemmas within Asian American families regarding elder caregiving options influenced by cultural, structural, and individual factors in hopes of increasing the cultural humility of helping professionals working with this population. Helping professionals are urged to engage the Asian American community in this endeavor of developing and delivering culturally relevant service options that would benefit older Asian Americans in the 21st century.

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