



Introductory packet

Cultural Concerns in Addressing Barriers to Learning

(revised 2015)



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We have all become familiar with certain phrases: cultural competency, biculturalism, and human diversity... [but] What is Culture? ... Culture can be defined as socially shared beliefs, values, norms, expectations, and practices within a group, community, or society at large. Put simply, culture includes the unspoken rules of conduct within a group, such as acceptable social standards.*

**Sonika Ung (2015). Integrating culture into psychological research, Association for Psychological Science' Observer, 28 37-38.*

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Introduction

At every school in America, staff are dedicated to doing their best to see that all students succeed.

In every community, families expect schools to accommodate instruction to the diverse knowledge, skills, and attitudes youngsters bring into the school setting. When there is a good match between what families expect and what schools can do, concerns and conflict do not arise. Unfortunately, many situations exist where the match needs to be better.

This introductory packet is designed to clarify basic concerns that have relevance to addressing barriers to student learning and enhancing healthy development. The material provides perspectives and practices related to such matters as:

1. Why should school staff be concerned about cultural and racial differences?
2. When are such differences a barrier to student learning and when are they a benefit?
3. What are the implications for practice?
4. What are the implications for staff development?

At the core of all this are issues related to the society's interest in accommodating and promoting diversity. Thus, policy, politics, social philosophy, and practice converge in ways that make any exploration of this topic controversial.

In this respect, schools must have

“a clearer understanding of the many external causes of our social problems ... why young people growing up in intergenerational poverty amidst decaying buildings and failing inner-city infrastructures are likely to respond in rage or despair. ... We are beginning to accept that social problems are indeed more often the problems of society than the individual.”

Family Youth Services Bureau, U.S. Department of Health and Human Services

As Nicholas Hobbs stated long ago:

*“To take care of them” can and should be read with two meanings: to give children help and to exclude them from the community.**

*Hobbs, N. (1975). *The future of children: Categories, labels, and their consequences*. San Francisco: Jossey-Bass.

Accounting for Cultural, Racial, and Other Significant Individual and Group Differences

Those who work in schools are a diverse group. So are the students and families who attend. Examples of diversity concerns identified in research include: age, gender, race, ethnicity, national origin, migration and refugee status and experiences, religion, spirituality, sexual orientation, disability, language, socioeconomic status, education, group identity, communication modality, developmental stages, level of acculturation/assimilation, stages of ethnic development, workplace culture, family and lifestyle, and popular culture.

Clearly, the topic of human diversity is fundamental to the processes, content, and outcomes of schooling. And, of course, diversity competence is central to any discussion of mental health in schools. Our concern in this document is with the competence of school personnel to account for human diversity in daily practice in ways that help to address barriers to learning and promote healthy development.

All schools must consider significant individual and group differences. Diversity of stakeholders is a reality at schools. This has benefits and produces problems. With respect to the latter, direct or indirect accusations that "You don't understand" are common and valid. Indeed, they are givens. After all, few of us fully understand complex situations or what others have experienced and are feeling.

However, accusing someone of not understanding creates barriers to working relationships. After all, the intent of such accusations is to make others uncomfortable and put them on the defensive. Avoidance of "You don't understand" accusations is one way to reduce barriers to establishing productive working relationships.

More generally, discussions of diversity and cultural competence provide a foundation for accounting for such differences. For example, a guide for enhancing cultural competence (developed by the Family Youth Services Bureau of the U. S. Department of Health and Human Services) cautions:

Racism, bigotry, sexism, religious discrimination, homophobia, and lack of sensitivity to the needs of special populations continue to affect the lives of each new generation. Powerful leaders and organizations throughout the country continue to promote the exclusion of people who are "different," resulting in the disabling by-products of hatred, fear, and unrealized potential. ... We will not move toward diversity until we promote inclusion ... Programs will not accomplish any of (their) central missions unless ... (their approach reflects) knowledge, sensitivity, and a willingness to learn.

The document outlines baseline assumptions that we broaden to read as follows:

- Those who work with youngsters and their families can better meet the needs of their target population by enhancing their own competence with respect to group and intragroup differences.
- Developing such competence is a dynamic, on-going process, not a goal or outcome. That is, no single activity or event will enhance such competence. In fact, use of a single activity reinforces a false sense that the "problem is solved."
- Diversity training is widely viewed as important, but is not effective in isolation. Programs should avoid the "quick fix" theory of providing training without follow-up or more concrete management and programmatic changes.

- Hiring staff from the same background as the target population does not necessarily ensure the provision of appropriate services, especially when these personnel are not in decision-making positions, or are not themselves appreciative of, or respectful to, group and intragroup differences.
- Establishing a process for enhancing a program's competence with respect to group and intragroup differences is an opportunity for positive organizational and individual growth.

In the end, of course, remember that individual differences are the most fundamental determinant of whether a good intervention fit and working relationship are established.

Why Consider Culture?

Culture provides people with a design for living and for interpreting their environment. Culture has been defined as "the shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people." Culture shapes how people see their world and structure their community and family life. A person's cultural affiliation often determines the person's values and attitudes about health issues, responses to messages, and even the use of alcohol and other drugs. A cultural group consciously or unconsciously shares identifiable values, norms, symbols, and ways of living that are repeated and transmitted from one generation to another. Race and ethnicity are often thought to be dominant elements of culture. But the definition of culture is actually broader than this. People often belong to one or more subgroups that affect the way they think and how they behave. Factors such as geographic location, lifestyle, and age are also important in shaping what people value and hold dear. Organizations that provide information or services to diverse groups must understand the culture of the group that they are serving, and must design and manage culturally competent programs to address those groups.

Culturally Competent Programs

Cultural competence refers to a set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons of and from the community in developing targeted interventions, communications, and other supports. A culturally competent program is one that demonstrates sensitivity to and understanding of cultural differences in program design, implementation, and evaluation. Culturally competent programs:

- acknowledge culture as a predominant force in shaping behaviors, values, and institutions;
- acknowledge and accept that cultural differences exist and have an impact on service delivery;
- believe that diversity within cultures is as important as diversity between cultures;
- respect the unique, culturally defined needs of various client populations;
- recognize that concepts such as "family" and "community" are different for various cultures and even for subgroups within cultures;
- understand that people from different racial and ethnic groups and other cultural subgroups are unique;
- understand that people from different racial and ethnic groups and other cultural subgroups are usually best served by persons who are a part of or in tune with their culture; and
- recognize that taking the best of both worlds enhances the capacity of all.

From: National Center for Cultural Competence website
<http://gucdc.georgetown.edu/nccc/index.html>

An Introductory Outline for Continuing Education

In 2003, the California Board of Psychology decided to take another step in enhancing its focus on diversity competence. They established a volunteer work group of psychologists with relevant expertise. The Center for Mental Health in Schools at UCLA provided support for the process and, in doing so, drew on the expertise of its various networks.

One of the work group's tasks was to clarify a framework outlining the content for a foundational module on human diversity that could guide development of continuing education courses. The aim was "to provide an overview of arenas for developing competence," with the final outline kept at a fairly abstract level. To this end, the group was instructed to think in terms of a course outline that provides a "big picture" introduction. The assumption was that in-depth learning related to any of the main points could be the focus of subsequent continuing education.

An adaptation of the resulting outline is presented on the following pages.

Diversity Competence Relevant to Mental Health in Schools: Eliminating Disparities in School Practices

Intro note: The following outline is meant to provide an overview of general arenas relevant to mental health practitioner competence in understanding and addressing human diversity among school populations. One way to think about the outline is in terms of a broad-focused, introductory course designed to provide a “bigpicture” perspective related to *human diversity* and daily practice for individuals whose previous courses may not have provided a *broad, foundational* introduction. The emphasis is on enhancing general awareness and knowledge and introducing foundational skills through a continuing education experience. Some items will not be relevant for those who are not involved in psychodiagnostic and psychotherapeutic interventions.

In-depth learning related to any of the main points is seen as a focus for *subsequent* continuing education. For example, practitioners working with a specific ethnic or socioeconomic group might pursue continuing education focused specifically on enhancing knowledge, skills, and attitudes/values related to that group.

I. Toward an Informed, Functional Understanding of the Impact of Diversity on Human Behavior and a Respect for Differences – in the Context of Professional Practice

- A. Diversity and Professional Competence: Definitional Considerations, Historical Perspectives, and Contemporary Impact (benefits and costs to individuals, groups, society)
- B. Enhanced Awareness of the Multiple Forms of Human Diversity* (including within group diversity) and How Such Factors Affect Consumer and Practitioner Attitudes, Values, Expectations, Belief Systems, World Views, Actions, and Mental Health
 - *Key examples of relevant forms of diversity identified in research include: age, gender, race, ethnicity, national origin, migration and refugee status and experiences, religion, spirituality, sexual orientation, disability, language, socioeconomic status, education, group identity, communication modality, level of acculturation/assimilation, developmental stages, stages of ethnic development, popular culture, family and lifestyle, workplace culture.
- C. How Consumer-Practitioner Contacts, Relationships, and Interactions are Affected by Diversity Concerns (e.g., stereotypes/biases, such as racism, sexism, gender bias, ethnocentrism, ageism, etc.; similarities and differences; oppression, marginalization, and victimization; blaming the victim)
- D. Mental Health (strengths/assets), Psychosocial Problems, Mental Illness, and School Interventions as Viewed by Diverse Groups
- E. How are Human Diversity and Related Power Differentials Accounted for in Intervention Theory and Research and What are the Prevailing Disciplinary and Field Biases?
- F. The Role Played by Public and Personal Teaching and Health Agenda, Political and Societal Agenda Related to Demographics and Equity, Cultural Beliefs, Religion, and Ethnocentrism

II. Ethical and Legal Considerations

- A. Relevant Professional Guidelines (e.g., specific organization’s ethical guidelines; education code; *APA Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists; Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients*)
- B. Special Informed Consent Concerns
- C. Ensuring Use of Best Practices in Accounting for Diversity (including consideration of culturally meaningful alternatives, one’s limitations, and how to avoid and minimize iatrogenic effects related to diversity considerations)
- D. Reduction of Disparities in Care; Equity of Access
- E. Special Boundary, Transference, and Counter-transference Concerns
- F. Americans with Disabilities Act and Individuals with Disabilities Education Act
- G. Regulatory and Accreditation Issues (e.g., U.S. Dept. of Health and Human Services Recommended Standards for Culturally and Linguistically Appropriate Health Care Services; related state legislation and codes)

(cont.)

III. Enhancing General Competence Related to Diversity Considerations

- A. Strategies to Enhance Understanding/Awareness of and Address Personal and Professional Biases and Provide Appropriate Intervention
- B. Strategies for Creating an Environment Conducive to Addressing Diversity Concerns (including accounting for family and community context)
- C. Adapting Communication Strategies to Address Diversity (including use of interpreters) – see, for example, the U.S. DHHS’s National Standards for Culturally and Linguistically Appropriate Services in Health Care
- D. Identifying Student, Family, and Staff Preferences and Concerns (and Taboos) Related to Diversity
- E. Assessing Student and Family Perceptions of the Intervener and Intervention Approach and Enhancing Credibility
- F. Avoiding Misinterpretation of Behavior that is Normative for a Subgroup
- G. Strategies to Avoid Blaming the Victim and Perpetuating Inequities
- H. Understanding Conflict Stemming from Within Group Diversity and Relevant Strategies to Address Such Conflict
- I. Rebounding from Diversity Breaches

IV. Implications of Diversity for Assessing and Diagnosing Psychosocial Problems and Psychopathology

- A. Understanding of Referral Problems, Symptoms, Culture Bound Syndromes (as in Appendix of DSM-IV), Interaction of Physical and Mental Health Conditions, and Applicability of Prevailing Diagnostic Schemes and Classification Labels in Relation to Specific Groups (including clarification of prevailing biases)
- B. Concerns that Arise Across Groups and General Adaptations
- C. Specific Group and Intra-group Concerns and Specific Adaptations
- D. Importance of Prediagnosis Interventions
- E. Use of Responses to Intervention to Detect False Positives and False Negatives

V. Implications of Diversity for Intervention

- A. Prevention (protective buffers; resiliency; family and community collaboration)
- B. Concerns that Arise Across Groups and General Adaptations
- C. Specific Group and Intra-group Concerns and Specific Adaptations
- D. Negotiating Conflicts in the Practitioner-Consumer Relationship
- E. Referral and Pluralistic Intervention Considerations
- F. Care Monitoring and Management Considerations
- G. Identifying and Addressing Biases
- H. Quality Control and Evaluation of Progress

VI. Implications for Supervision/Mentoring

- A. Concerns that Arise Across Groups and General Adaptations
- B. Specific Group and Intra-group Concerns and Specific Adaptations
- C. Identifying and Addressing Biases and Conflicts in the Supervisor-Supervisee Relationship (and the Supervisee-Student/Family Relationship)
- D. Enhancing the Diversity of the Pool of Supervisors

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Excerpts from:

CULTURAL COMPETENCY: WHAT IT IS AND WHY IT MATTERS

By Laurie Olsen, Jhumpa Bhattacharya and Amy Scharf – California Tomorrow
<http://www.lpfch.org/programs/culturalcompetency.pdf>

... In diverse communities, cultural differences, clashes, and misunderstandings are powerful forces that shape whether people are able to access services. They also determine to a large extent the degree to which programs are able to be successful and reach their goals.

Program effectiveness in a diverse society requires responsiveness to the dynamics of cultural difference and power. But what does that look like? What does it mean for service providers to be culturally responsive? How can a program or agency operate in ways that are inclusive and equitable for the various cultural and language groups they seek to serve? Part of the answer lies in the development of cultural competency.

What is Cultural Competency?

Cultural competency is the ability to work effectively across cultures. For individuals, it is an approach to learning, communicating and working respectfully with people different from themselves. Culture can refer to an individual's race, class, gender, sexual orientation, religion, immigration status and age, among other things. For organizations, cultural competency means creating the practices and policies that will make services more accessible to diverse populations, and that provide for appropriate and effective services in cross-cultural situations.

Sometimes the leadership of an organization may feel it has created a culturally competent agency because the staff includes people representing the various cultures being served. Similarly, an individual may feel that he or she is culturally competent as a result of attending trainings on the customs and traditions of a particular cultural group. Both of these are important. But cultural competency includes more. Culturally competent organizations go beyond hiring and professional development to build mechanisms into the daily life of the organization that foster continual learning, and that help in adapting services on an ongoing basis to be more respectful, effective and appropriate to diverse populations.

Cultural competency is not a destination. The work of bridging cultures and creating responsive services is never "done." Communities continue to change. Service providers continue to interact with new cultural groups. And as individuals, we continue to discover new layers of our own cultural assumptions. Because of this, the development of cultural competency may be best thought of not as arriving at a set of skills and knowledge, but rather as a journey and a way of being.

Why is Cultural Competency Important?

... In the midst of an unprecedented demographic shift, there is no longer any single ethnic, racial or cultural group that constitutes a numerical majority. People from every corner of the globe live in these communities, and within the two counties more than 50 languages are spoken. Disproportionately, immigrants and people of color live in the poorest communities, attend the most overcrowded schools with the least trained teachers, and work the least-paid and least health-sustaining jobs. Marginalized groups are struggling with the effects of discrimination. There is great urgency for service and support organizations to reach these groups – and to be able to serve them effectively. To do so in a place as diverse as the Bay Area, every agency leader, staff member and provider needs to reach out to, learn about and connect with children and families who are different from themselves in some way – who don't share their culture, racial experience, language, class background, religion, gender, nationality, and/or other experiences.

“The development of cultural competency may be best thought of not as arriving at a set of skills and knowledge, but rather as a journey and a way of being.”

What is Culture?

Cultural competency begins with understanding “culture.” Culture encompasses all the learned beliefs, traditions, language, values, customs, rituals, manners of interacting, forms of communication, expectations for behaviors, roles and relationships commonly shared among members of a particular group, and often transmitted from generation to generation. It shapes experiences, large and small – the ways parents discipline their children, the structure of family relationships, expectations of what it means to be a boy or a girl, values about health and approaches to healing, body language, what types of things get said and what types go unspoken. All of these define how things are supposed to be for the members of a given culture. They become, for that group, the “norm,” and feel so natural that they often become unconscious and invisible to people within that culture.

There are five important things to understand about culture:

- *Everyone has a culture.* It is core to their identity, behavior and perspectives on the way the world works and should be. In fact, everyone lives as part of multiple cultural spheres: ethnic, religious, class, gender, race, language, and others. Culture is not just the group a person is born into. It is possible to acquire a new culture by moving to a new country or region, for example, or by a change in economic status, or by becoming disabled. (University of Kansas’ Community Tool Box, <http://ctb.ku.edu> .)
- *There is diversity within cultures.* While two people may both be Latinos with parents from Mexico, for instance, a religious Catholic daughter of professionals who lived in Mexico City will have very different cultural norms and perspectives from the son of an indigenous farmer who spent early years in a very poor rural area.
- *Cultures are not static.* They grow and evolve in response to new circumstances, challenges and opportunities. The ways of being female learned by young girls in South Asian culture, for example, have changed from one generation to another, and as people have moved from place to place.
- *Culture is not determinative.* Different people take on and respond to the same cultural expectations in different ways. Assumptions therefore cannot be made about individuals based on a specific aspect of their cultural experience and identity.
- *Cultural “differences” are complicated by differences in status and power between cultures.* When one cultural group has more power and status, the norms of that culture permeate the institutions of society as the “right” way. Cultures of less status and power become seen as “other,” or even deviant and deficient. In addition to understanding cultural norms and experiences, service providers and professionals in agencies that work with diverse populations need to be aware of these kinds of cultural biases, both as they play out in the lives of communities, and as they affect the practices and policies of organizations.

“Everyone has a culture, and it is core to their identity, behavior, and perspectives on the way the world works and should be.”

... There is no one template or “one size fits all” model of a culturally competent organization. Each agency designs its own approaches, based on what will work best for its community, working within the scope of its resources, and utilizing the particular strengths of its board, leadership and staff.

Nonetheless, there are some common characteristics shared by culturally competent organizations, including:

- **Valuing diversity and equity, and institutionalizing these values in policy.** This may include having a defined set of values, principles, mission statements and/or goals that

articulate the value of responding to diversity and a commitment to equity and access to services. Culturally competent organizations do not assume a single common culture as the “way things are done,” but recognize, seek out and value multiple perspectives. They have policies in place that prohibit prejudiced statements and discriminatory behaviors – with clear consequences for failure to honor these policies. They also often have guidelines and policies that articulate expectations for culturally competent programs, services and events.

- **Being self-reflective.** Culturally competent organizations keep current on the demographics of the communities they serve, and build relationships with community partners so they can get feedback about the cultural appropriateness and respectfulness of their services. They evaluate their work with attention to issues of respect, inclusion and how effectively they are reaching groups or communities. They may also set aside time on a regular basis for self-assessment processes and dialogue about issues of cultural competence.
- **Weaving cultural knowledge throughout the organization’s work.** Culturally competent organizations integrate cultural knowledge into every facet of what they do. They learn about what would constitute a welcoming environment for the diverse communities they serve, and then create such an environment. They take care that staff represent who speak the languages and share the experiences of the communities they serve, and that materials and resources are culturally relevant and provided in participants’ home languages. They offer positive images of diverse communities – through art, music, books and program activities – and welcome family members in culturally appropriate ways. The staff and leadership of culturally competent organizations reflect the make-up of the client populations, and all staff receive professional development and support on appropriate and respectful modes of communication, interaction and service.
- **Supporting staff in expanding their cultural competence.** In a culturally competent organization, time and resources support talking and learning about issues of culture, inclusion and equity. An organization might set aside regular time for staff to bring up dilemmas and concerns related to cultural dynamics, where multiple perspectives can be shared in an atmosphere of learning, honesty, support and common purpose. Sometimes mentors or external resource experts are identified who can be available to help staff adapt their practices to be more culturally appropriate and effective.
- **Commitment to addressing inequities.** The leadership of the organization makes it a point to know which groups in the potential client population are not fully receiving the benefits of its services, and actively seeks to understand and rectify any barriers to participation. The board, administration and staff advocate for community conditions that will rectify inequities and exclusion.
- **Integrating the development of cultural competence into programs.** Helping children and families thrive in a diverse society must include supporting them in developing their own cultural competency. Youth programs, for example, can help young people understand and value their own cultures, languages and communities, and provide opportunities for them to learn about other groups, to discuss intergroup relations and power dynamics, and to build skills for cross cultural collaboration. Programs for parents can include information and support for raising bilingual and bicultural children, and can work to build relationships among parents across different racial and cultural groups in the community.

“Culturally competent organizations integrate cultural knowledge into every facet of what they do.” “Helping children and families thrive in a diverse society must include supporting them in developing their own cultural competency.”

Immigrant Youth: Some Implications for Schools*

Different motives propel migration (e.g., better opportunities for work and education, political asylum; quality of life). At this time, estimates indicate that the immigrant population in the U.S. is about 41 million (13% of the 313.9 million U.S. population). It is estimated that 11.5 million came unauthorized.

Some immigrants are *first* generation and recently arrived; those born in the U.S. of at least one immigrant parent are described as *second* generation. In 2012, 17.4 million children under age 18 lived at home in the U.S. with at least one immigrant parent (25% of the 70.2 million children under age 18 in the U.S.). Second-generation children accounted for 88% (15.2 million) of all children with immigrant parents. Almost 9.6 million have immigrant parents whose family income is below 200 percent of the federal poverty threshold. About 1 to 1.5 million are undocumented.

Examples of the Challenges

Immigrant students bring a wide range of backgrounds and experiences to school; their stories often are both amazing and poignant. They differ in terms of such circumstances as family and peer support structure, documented status, language proficiency, literacy, and cultural identity. Most face a myriad of challenges related to transitioning into school. Some overcome the challenges and do well; some do not. What follows is a snapshot of factors that can make life difficult for immigrant youth.

Family Separation

The reasons for family separation are complex, as are the effects. It is not uncommon for families in some countries to send an unaccompanied minor to the U.S. (e.g., to escape conditions in the home country; to enroll in a good American school). And when undocumented parents are deported, minors born in this country often remain in the U.S. The Longitudinal Immigrant Student Adaptation (LISA) study found that 80% of participating youth had experienced separation from one or both parents for 6 months to over ten years.

Students separated from their family need a variety of supports (e.g., social, emotional, medical, legal, academic). Unfortunately, many tend to be reluctant in seeking assistance.

Undocumented Status

Undocumented status is a highly sensitive topic. Families usually are not comfortable disclosing that status because of fear of deportation, discrimination, and stigmatization. (According to the U.S. Office of Immigration Statistics, most deportees from the U.S. are from Latin American countries, with significant numbers also from Asia, Europe and Africa.)

Support for schooling undocumented students varies by state. On one end of the spectrum, California offers in-state tuition and financial aid for undocumented students; on the other end, Georgia bans undocumented students from the university system.

*The material in this document was culled from the literature by Josefina Flores as part of her work with the national Center for Mental Health in Schools at UCLA.

Learning English

The number of English learners in the United States has increased in the past two decades. Currently, there are over 4 million in U.S. schools, including first and second generation immigrants of varying backgrounds and ages. As reported for the school year 2012-13, California and Texas had more than 313,000 English Learners; 12 other states had between 64,000 and 313,000. For some immigrants, their first exposure to reading and writing in another language is when they enroll in a U.S. school. Given successful acquisition of English (e.g., in and English as a Second Language program), achieving academic proficiency is estimated to take 4 to 7 years.

Students who arrive to the U.S. during their late teenage years usually are placed on a intensive language learning schedule. One disadvantage for them is that by spending major blocks of time learning English, they have less access to college preparation courses.

Adjusting to New Circumstances and a New Culture

Minimally, transitions to a new country can be expected to produce emotional reactions (e.g., fear, anxiety, sadness). Adjusting to a new culture takes time and seldom comes easy. Difficulties arise in relation to migration and transition, separation from family, lack of sufficient family guidance and social and emotional supports, school adjustment, threat of deportation, etc.

It can be anticipated that most immigrant students experience some degree of culture shock as they enter the U.S. and as they enroll at school. Culture shock is defined as the emotional reactions precipitated by anxiety resulting from loss of familiar social intercourse signs and symbols. It varies in duration and severity, of course, due to individual differences and current circumstances (e.g., stress and supports for coping).

Schools that don't address the above challenges often exacerbate stress and contribute to unsuccessful coping.

What Can Schools Do?

While the high profile case of Plyler vs. Doe (1982) ruled that undocumented immigrants should have access to K-12 education without being charged fees, this effort to establish equity of opportunity has not resulted in enhancing success at school for many. Extrapolating from available data (e.g., comparing youth whose primary language is English with language minority students) suggests a high rate of school drop out.

One aim of school improvement policy and practice is to address factors that interfere with equity of opportunity for school success of all students; *all* is meant to include immigrant and English language learners. Addressing interfering factors involves enhancing staff development, improving academic instruction and student and learning supports, and more. With respect to higher education, the need is to address financial barriers and, for undocumented students, changing admission policies at some institutions.

Currently, the various efforts by schools to enhance equity of opportunity are limited in nature and scope and often are controversial. Here are a few major examples specifically related to addressing the needs of immigrant students:

Title III Programs. Title III of the federal education act is designed to increase educational resources that help English language learners develop language proficiency and meet grade-level academic standards. The funds typically are used for language instruction, but they also are used for

alternative bilingual education programs, teacher professional development, and teaching English to parents. Controversies have swirled around the program, including concern about disparities across the country in how the federal dollars are spent. When the U.S. Department of Education assessed the implementation of Title III, it found funding varied by state and by school. The findings indicated that the average funding for an English learner in Alaska was \$86, \$100 in California, and \$457 in Pennsylvania.

Immigrants, Cultural Humility, and Staff Development

Given the variety of cultures found in many urban and poor rural school districts, developing a high level of cultural competence among school staff has not been feasible.* This has led to advocacy for a shift in focus to cultural *humility*. Cultural humility stresses remaining open to others cultural identity and working to appreciate the cultural differences that are most important to them.

Besides addressing cultural differences, other staff development concerns arise in addressing the many needs of immigrant students and their families. Examples include developing language and literacy, social, emotional, legal, economic, and planning for the future.

*Staff development involves not only teachers, but all others who work at a school.

Engaging Parents and Other Caretakers. Home involvement and engagement can play a crucial role in optimizing the educational trajectories of immigrant youth. Research reports confirm that immigrant parents value education for their children. Too often, however, those at home are unfamiliar with what a U.S. school expects of students and families and about what the school offers with respect to student and learning supports.

At the same time, school staff often have too little awareness of the pressures on immigrant families. For instance, besides the general challenges confronting many immigrants (e.g., learning English, adjusting to a new culture, family reunification), poor families must struggle each day just to meet basic survival needs (e.g., housing, food, clothing, child care). In such situations, many students have to take on extra duties at home and frequently have to find ways to earn money. (Note: researchers report that “Hispanic” adolescents who work more than twenty hours a week are more likely to drop out of high school).

To help address challenges confronting immigrants, schools need to engage those at home. In addition, to provide additional help for the students in learning to handle the realities of being a first generation student, some schools have developed mentor and internship programs – matching a student with an English speaker who can provide support, skills, advocacy, and a role model.

Student and Learning Supports. Student and learning supports are essential in addressing the many challenges that can interfere with immigrant students having an equal opportunity to succeed at school and beyond. Personal and familial problems arising from family separation, undocumented status, learning English, adjusting to a new culture, low family income, planning for the future, etc., all add complexity to already over-whelming intervention strategies.

Given the magnitude of students in need of help and the limited number of support staff available, schools cannot continue to react to each student as if the problems were unique to specific individuals. Addressing the concerns effectively requires that schools transform student and learning supports into a unified and comprehensive system of supports. Such a system is crucial for substantially improving current approaches to staff development, support for transitions, support to enable learning, student and family assistance, and school-community-home collaboration.

Special Concerns Related to Minors Seeking Asylum or Refugee Status

With the spurt in Central American youth traveling to the U.S., issues related to immigrant youth are widely being discussed. From 2009-2015, the number of unaccompanied minors from countries such as El Salvador, Honduras and Nicaragua apprehended at the U.S. border has grown exponentially. Of special concern is what happens to these youngsters after they are detained.

Upon being detained, youth are transferred to the Office of Refugee Resettlement. While immigrant youth await their court hearing, they remain in custody or are released to a sponsor. According to the Office of Refugee Resettlement, family members can sponsor unaccompanied youth and can care for them while their case is pending. Youth are to appear before an immigration judge, who will decide their fate and whether or not they will be able to remain. Estimates indicate that 94% of unaccompanied youth that have gone before an immigration judge do so without legal representation.

Due to the backlog and due to the fact that immigration courts are understaffed, many youth wait for months until their hearing date. During this time, they may attend schools.

Beside the pressing legal battle confronting them, many of these youngsters bring to school the effects of the negative conditions they are trying to escape and the hardships endured in coming to the U.S. The mental health concerns, while often not emphasized in news stories, clearly require attention.

The school must decide what role it will play in addressing the various needs of such students and what capacity building (including staff development and reworking of student and learning supports) is essential. All this, of course, involves increased understanding of the new wave of immigrants and enhanced collaboration with community resources (especially legal representation and advocacy for basic quality of living).

Concluding Comments

Recognize yourself in he and she who are not like you and me.

Carlos Fuentes

Immigrant students often find it difficult to succeed in U.S. schools. Schools often find it challenging to meet the needs of immigrant students.

Fundamental to improving this state of affairs is transforming student and learning supports; accomplishing the transformation is facilitated when there is substantive school-community collaboration. Such collaboration allows for weaving resources together to address shared concerns and helps strengthen and fill intervention gaps (e.g., related to providing accessible health, social, and legal service needs and economic opportunities to immigrant families; enhancing guidance and support for student entrance to post secondary education). Moreover, successful collaboration can markedly enhance an atmosphere of trust and psychological sense of community.

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See our Center's Related Online Clearinghouse Quick Finds & Related Resources

- > *Immigrant Students and Mental Health* – <http://smhp.psych.ucla.edu/qf/immigrantkids.htm>
- > *Cultural Competence* – <http://smhp.psych.ucla.edu/qf/culturecomp.htm>
- > *Transition Programs/Grade Articulation/Welcome* – http://smhp.psych.ucla.edu/qf/p2101_01.htm
- > *Transition to College* – <http://smhp.psych.ucla.edu/qf/transitiontocollege.htm>
- > *Systems Change Toolkit* – <http://smhp.psych.ucla.edu/summit2002/resourceaids.htm>

Some Additional Helpful Online Resources

- BRYCS - Bridging Refugee Youth and Children's Services – <http://www.brycs.org/>
- Center for American Progress – <https://www.americanprogress.org/issues/immigration/report/2014/12/05/101366/removing-barriers-to-higher-education-for-undocumented-students/>
- Center for Healthy Families and Cultural Diversity – http://rwjms.umdnj.edu/departments_institutes/family_medicine/chfcd/index.html
- Colorín Colorado – <http://www.colorincolorado.org/>
- Center for Applied Linguistics (CAL) – <http://www.cal.org/>
- Digital Chalkboard – <https://www.mydigitalchalkboard.org/>
- Grantmakers Concerned with Immigrants and Refugees (GCIR) – <https://www.gcir.org/>
- Immigrant and Refugee Children – <http://www.healthinschools.org/Immigrant-and-Refugee-Children.aspx>
- MENTOR: The National Mentoring Partnership – <http://www.mentoring.org/>
- National Center for Cultural Competence – <http://nccc.georgetown.edu/>
- National Clearinghouse for English Language Acquisition & Language Instruction Educational Programs (NCELA) – <http://www.ncela.us/resources>
- National Immigration Forum – <http://immigrationforum.org/>
- National Network for Immigrant and Refugee Rights – <http://www.nnirr.org/drupal/>
- Young Center for Immigrant Children's Rights – <http://theyoungcenter.org/>

Immigrant Children and Youth: Enabling Their Success at School

Abstract

A great deal has been written about immigrant children and youth. This brief focuses on implications for school improvement policy and practice. Discussed are (1) different reasons families migrate, (2) concerns that arise related to immigrant students, (3) prevailing school practices for addressing immigrant concerns, (4) a framework for broadening what schools and communities do, and (5) implications for policy.

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Immigrant Children and Youth: Enabling Their Success at School

In just under three decades, the immigrant population has tripled in the United States.... In 2007 the foreign born population of the US was 13%. (66% of all immigrants lived in six states: CA, NY, TX, FL, IL, and NJ). However, immigrant populations have grown rapidly in NC, GA, AR, SC and TN.

Fortuny, Chaudry, & Jargowsky, 2010

The United States is being transformed by high, continuing levels of immigration. No American institution has felt the effect of these flows more forcefully than the nation's public schools. And no set of American institutions is arguably more crucial to the future success of immigrant integration.

Ruiz-De-Velasco, Fix, & Clewell, 2000

All schools have an influx of newcomers. In some schools, many newcomers are from another country. Newcomers vary in the type and amount of supports they need to enable a successful transition and adjustment to school and neighborhood. Beyond initial supports, schools receiving students from other countries need to develop a full continuum of interventions to address immigrant concerns and a multicultural student body.

A sense of need is reflected in concerns heard at schools across the country, such as:

A large part of our dropout problem is that so many immigrant students leave early to go to work.

Immigrant girls are leaving school because their families have arranged marriages for them as early as 14 years of age.

The refugee organization in our community is bringing in many families whose children have never been in school.

Our schools have families who speak many different languages, and we don't have enough translators to facilitate communication"

On campus, student groups establish their territory and newcomers not only aren't invited in, they are stigmatized (e.g., labeled FOB -- Fresh Off the Boat).

Our ELL students aren't doing well learning English and aren't showing progress on the state achievement tests; this is having a serious negative impact on our average yearly progress.

Many parent are unhappy because we are not helping their children maintain their home language.

Unannounced immigration raids at the packing plants during the school day led to countless numbers of children coming home to find no adult there.

Available data indicate the numbers of immigrant children and youth in U.S. schools are increasing faster than any other group (Fortuny, Hernandez, & Chaudry, 2010). This includes those born in other countries, and those born in the U.S. of immigrant parents. With rates increasing, schools are confronted with growing pressures to address a variety of concerns.

In developing appropriate policies and practices, schools must understand the diverse nature of immigrant subgroups. The heterogeneity arises from a myriad of factors. Families leave their country of origin for different reasons. Youngsters experiences during migration vary considerably. Upon arriving in their new home, they are involved in complex transactions; other challenges arise during the settling in period. As they cope with diverse situations and events, the outcomes are sometimes positive, sometimes negative. Over time, most youngsters assimilate, albeit in a variety of ways; some, however, remain outsiders. (See the theory of segmented assimilation formulated by Portes and Zhou in 1993 and elaborated on by Portes and Rumbaut in 2001.)

Among the most obvious concerns for schools are addressing groups of students with limited English language and cultural differences, both of which may generate behaviors among peers and staff that are associated with prejudice and discrimination. Additional intervention concerns arise when students' families are undocumented, are refugees from war zones, are living in poverty, and so forth (Fazel, Doll, & Stein, 2009; Zigelbaum & Carlson, 2010).

Given how much has been written about immigrant children and youth, this brief only touches upon matters that have implications for school improvement policy and practice. Discussed are (1) different reasons families migrate, (2) concerns about immigrant students, (3) prevailing school practices for addressing immigrant concerns, (4) a framework for broadening what schools and communities do, and (5) implications for policy.

Understanding Why Families Migrate

Three prominent and not mutually exclusive reasons families leave their country of origin are (a) to enhance economic opportunity, (b) to reunify the family, and/or (b) for political considerations. Understanding these matters can help schools anticipate and plan for problems some students may bring with them to school.

Economic Opportunity for Some, Poverty for Many

The long-standing image of the U.S. as a land of milk and honey has drawn immigrants from all over the world. For some, the promise is fulfilled. For many, however, the reality is sobering. Fortuny, Chaudry, and Jargowsky (2010) report that in 2007 “Immigrant children had the highest poverty rate (26%); ... the rate for native-born children of immigrants was lower (19%), but above the rate for children of native born parents.”

Chaudry and Fortuny (2010) note that “Family incomes vary significantly for different countries and regions of origin. In 2008 ... wages were very low for Mexican (\$11) and Central American families (\$13), who earned about half as much hourly as workers in families with origins in the Middle East and South Asia (\$25): Europe, Canada, and Australia (\$24); and East Asia and the Pacific (\$23).”

Low income means insufficient access to common amenities and opportunities available to those with moderate to high incomes. It means food insecurity and crowded housing conditions. It means vulnerability to and difficulty in coping with stressors. For immigrants, poverty is associated with undocumented status, lack of English language facility, poor school performance, and no high school diploma. It is noteworthy that almost half of the estimated 11 million undocumented immigrants in the U.S. lack a high school diploma (Fortuny, Capps & Passel, 2007; Capps & Passel, 2004).

Reunifying Families

In the mid sixties, U.S. policy began stressing family reunification. Under this policy, parents, spouses, and children of U. S. citizens can become legal permanent residents. After five years, the adults are eligible to become naturalized citizens, and when parents become citizens, so do their children (Capps & Passel, 2004).

Studies indicate that the unification policy often means that one family member comes to the U.S. with others following after an interval of time. Psychological costs are attributed both to the family's period of separation and the process of reuniting. Suarez-Orozco, Bang, and Kim (2010) note that "Children separated from their parents were more likely to report symptoms of anxiety and depression in the initial years after migrating than children who had not been separated.... During the reunification stage, children and youth often report ambivalence about leaving behind their beloved extended family, caretakers, and friends and are anxious about meeting members of the biological family who have become strangers over the prolonged separation. "

Various factors related to reunification undoubtedly affect attitudes about self and others that new arrivals bring to school. For instance, degree of choice would affect feelings of self-determination (Deci & Moller, 2005). Degree of success in coping with a new language and a new culture would affect feelings of competence. Degree of connection with those who came before and others in the community and at school would affect feelings of relatedness to significant others. And all this would affect attitudes about bridging cultures (Greenfield, 2006).

Seeking Refuge

Refugees are persons admitted to the U. S. based on a well-founded indication that they have cause to fear persecution in their home country. Up to 70,000 refugees can be admitted in a year. Persons admitted as refugees can subsequently apply for legal permanent residency (Capps & Passel, 2004). In the period from 1975 to 2005, the U.S. has resettled over 2 million refugees, with approximately half having arrived as children (McBrien, 2005).

Fangen (2010) cautions: "There are differences between first-generation immigrants who come as refugees and those coming through family reunion, as well as differences between those coming from war areas

and those who do not have such experiences. This is partly a matter of having had any access to schooling before arriving in the host country, partly a matter of the extent to which one has experienced traumas or having or not having someone to relate to when arriving.”

By definition, refugees suffer from persecution (which often involves physical and emotional trauma), are forced to relocate to another country, and may experience social exclusion and discrimination in the U.S. This is a recipe for psychosocial and educational problems.

However, it must be noted that increasing references to post traumatic stress syndrome (PTSD) have generated a tendency to generalize and medicalize refugee experiences. To counter this tendency, Murray, Davidson, and Schweitzer (2010) note that “clinicians and researchers have begun to shift the emphasis away from experiences of trauma and symptoms of posttraumatic stress toward understanding refugees’ experiences and challenges within the resettlement environment and toward fostering strength, capacity, and resilience among individuals and communities. There is increased recognition of the need to take a holistic approach that acknowledges cultural differences, persons in context, and the inherent strengths and wisdom within the refugee community.... Researchers and practitioners must keep in mind the potential cultural ill fit and iatrogenic effects of cognitive-behavioral, pharmacological, and other Western interventions and the cultural factors which may influence responses to treatment.”

Concerns About Immigrant Students

Whatever the reason for leaving their country of origin, obviously many immigrant families adapt successfully after arriving in the U.S. And researchers have cautioned about tendencies to stereotype students from immigrant families as low performers (Feliciano, 2006). For example, Crosnoe and Turley (2011) highlight that group data on children of Asian and African immigrants indicate higher performance than other groups.

But for some immigrant students the challenges they experience can be overwhelming. Problems can begin with events related to the decisions to migrate and the migration process itself; other concerns are associated with the complexities of the post-migration period (Ko & Perreira, 2010; Sluzki, 1979). As Perreira and Ornelas (2011) underscore, the mobility process of migrating includes matters such as “whether the children walk, drive, fly, or come by ship; whether they travel with a trusted family member or friend or are smuggled into the country; and whether they experience hardships during travel such as detainment in a refugee camp, assault, or hunger. The post-migration stage pertains to the settlement experiences of children; the process of navigating life in a new country; and the realization of changes in family economic situations, dynamics, and social roles. Pre-migration

and migration influences are critical to children of immigrants, whereas post-migration influences are critical to second and later immigrant generations as well.”

The stress of coping with a new language and a new culture, a less than welcoming reception, racism, discrimination, school and community violence all are recipes for learning, behavior, and emotional problems (Qin, 2009; Suarez-Orozco, Rhodes, & Milburn, 2009). In addition, many immigrant students report feeling that their teachers view them in unfavorable ways (Peguero & Bondy, 2010); also analyses of informal social patterns at schools indicate an isolation from their English speaking peers (Daoud, 2003; Peguero, 2009).

Other factors causing stress include intergenerational conflict and psychological reactance to parental guidance appear as a youngster identifies with the peer culture at school and with what is learned from the school curriculum. As Qin (2009) stresses, immigrant children and youth must traverse multiple cultural worlds “and the often conflicted expectations they face in daily life. Many are torn between the attachment to their parents’ culture, the lure of the adolescent peer culture, and aspirations to join the American mainstream culture.”

Relatedly, immigrant parents and other family members bring varying understanding and attitudes about schooling and about how to interact with school staff (Carreon, Drake, & Barton, 2005). Some of this reflects their own experiences with schools, cultural and religious values, and the reasons they left their country of origin. As a result, home involvement and engagement with the new culture and with the school varies markedly. And if the youngsters learn to cope in the new environment faster than their parents, they may find themselves having to assume adult functions in their families (e.g., as language translators, as agents in economic transactions). All this can add to stress and role friction.

Undocumented immigrant families experience additional stressors (Capps, Castaneda, Chaudry, & Santos, 2007). As the Immigration Policy Center states: “Raids and other Immigration and Customs Enforcement actions that separate parents and children pose serious risks to children’s immediate safety, economic security, well-being and long-term development.” According to the center, there are roughly 5.5 million children living in the U.S. with unauthorized immigrant parents. Three-quarters of these are U.S. born citizens. In a recent 10 year period, over 100,000 immigrant parents of U. S. citizen children were deported (<http://www.imigrationpolicy.org/just-facts>).

McBrien (2005) views refugee students as among the most vulnerable for school failure and its consequences. In addition to the stress of migration and adaptation to the new, they may have been victimized in their country of origin and often seem to feel personal and cultural bereavement to a greater extent than non-refugee immigrants.

Immigrant Resilience

While the emphasis in this report is on addressing concerns, it is well to note that there are immigrant students who rise above their negative experiences. Some students display remarkable resilience, and whenever feasible, schools need to understand and promote protective buffers (Hooberman, Rosenfeld, Rasmussen, & Keller, 2010). For example, from a motivational perspective, research suggests that resilience is associated with experiences that enhance feelings of competence, relatedness, and connectedness with others (Deci & Moller, 2005).

Suarez-Orozco and colleagues (2009) note that:

“Successful adaptations among immigrant students appear to be linked to the quality of relationships that they forge in their school settings. ... Social relations provide a variety of protective functions – a sense of belonging, emotional support, tangible assistance and information, cognitive guidance, and positive feedback. ... Relationships with peers, for example, provide emotional sustenance that supports the development of significant psychosocial competencies in youth. ... In addition, connections with teachers, counselors, coaches, and other supportive adults in school are important in the academic and social adaptation of adolescents and appear to be particularly important to immigrant adolescents.”

Prevailing School Practices for Addressing Immigrant Concerns

The mission of schools is to provide all students with a good education. Toward this end, there is consensus that schools should welcome and orient newcomers, enhance English language skills of those with limited English proficiency, and connect families with neighborhood services as much as feasible. In addition, when problems arise related to prejudice and violence involving immigrant students, schools tend to react with various programs designed to address relational concerns (e.g., conflict resolution and mediation, programs designed to enhance supportive relationships). And in low performing schools, dropout data are a red flag indicator, and thus dropout prevention programs may pay special attention to subgroups such as immigrant students (Leos & Saavedra, 2010).

A number of federal education programs are available to support newly arrived students. In addition to Title III's emphasis on ensuring that limited English proficient students master English, schools with high poverty rates can use Title I resources in addressing concerns related to newly arrived students and their families. In addition, 15% of IDEA funds may be used for Coordinated Early Intervening Services. Such services are for students who are not currently identified as requiring special education, but who need additional academic and behavioral support to succeed in a general education environment. (U. S. Department of Education, 2009). The Refugee Children School Impact Grant Program in the Office of Refugee Resettlement also provides for some of the costs of educating refugee children (Morse, 2005).

Beyond the above matters, there is considerable disagreement over what else schools should do to help immigrants and others of concern. This is not surprising given the diversity in and between the subgroups. As Tienda and Haskins (2011) note:

Although Mexicans are the nation's largest immigrant group and the subject of many studies, their experiences cannot be generalized to all recent immigrant groups, even those from Latin America.

Conflicting agenda about immigrant policy are another reason for the many disagreements about practice. The matter is exacerbated further by the lack of an overall intervention framework guiding development of student and learning supports. Moreover, there is relatively little leadership and infrastructure for integrating efforts to enable equity of opportunity for success at school.

Exhibit 1 highlights some examples of prevailing school and neighborhood programs designed for immigrant students. While the emphasis here is on K-12, there are relevant programs related to the full life span.

Exhibit 1

Current School and Neighborhood Programs

Some School based Support:

>Welcome Centers & Newcomer Programs

Many districts have a central location for enrollment of students from other countries. The focus often is on orienting newcomers and assessing the skill level in a student's native language in order to plan the best academic placement. In some cases student support services are available to assess social and emotional needs and provide follow up support to the student and family.

Newcomer programs are short-term programs (usually 6-18 months) for recent immigrant students. The intent is to address limited English proficiency, low literacy, limited schooling, and ease transition. Other services for students may include health care, mental health, career counseling, and tutoring. Programs sometimes serve families as well, providing not only outreach specific to the school, but also adult ESL, orientation to the community, and help with accessing social services, health care, housing and employment. Schools often partner with the community to serve parents and families (Morse, 2005; Short, 2002). Cautions are raised, however, about segregating students and about putting them in situations where there are few English speaking peers (Feinberg (2000). Francis, Rivera, Lesaux, Kieffer, and Rivera (2006) state that "Effective newcomer programs recognize that they provide temporary, short-term supports, in some cases for only part of the school day...." Further they suggest as guidelines for maximizing benefits and minimizing risks that "following their placement in a newcomer programs these students will continue to require additional support to meet high academic standards in mainstream classrooms. Most newcomer programs are characterized as a first step in a long-term process within which the students transition into increasingly integrated settings with decreasing levels of support." They conclude: "For this model to be successful, teachers must coordinate curriculum and instruction across newcomer programs, ESL/bilingual programs, and mainstream classes."

Examples:

- *Student Intake Center* in the Dallas Independent School District is part of a multi-language enrichment program. All immigrant and refugee students new to the district are "enrolled, oriented, and assessed at the Student Intake Center. The center's staff provides support to families and students to begin the path toward academic success."
[Http://www.dallasisd.org/inside_disd/depts/mlep/intake.htm](http://www.dallasisd.org/inside_disd/depts/mlep/intake.htm)
- *ESL Newcomer Academy*, Jefferson County Schools, KY. The stated goal is "to provide a welcoming and respectful environment to meet the needs of sixth through tenth grade English language learners. All students at the academy are beginning English speakers, and many are in their first year of instruction in a U. S. school. Many ... have had limited or interrupted educational experiences in their native countries. The teachers at the ESL Newcomer Academy work together to help student to learn the English language skills, social skills, and cultural awareness they need to succeed in the American school system. ESL Newcomer Academy students go to a different middle or high school with an ESL program after one to three semesters at the Newcomer Academy."
<http://jcps.jefferson.k12.ky.us/eslnewcomeracademy/>

(cont.)

>Family Involvement

“When looking at the growing immigrant population, two-generation strategies often focus on parental involvement in education ... engaging them more fully in the educational process in the home, school and community could bring academic returns for their children. For the most part, these efforts have targeted parental involvement through, for example, programs to help immigrant parents construct home literacy environments or to help teachers better communicate with immigrant parents. Yet, attempts to alter the barriers to involvement behavior through, for example, programs to help parents increase their education or their own English proficiency, have also gained traction” (Crosnoe, 2010).

Example:

As reviewed by Golan and Petersen (2002) the programs of *the Parent Institute for Quality Education* (PIQE) focus on recent immigrant families and aim “to increase parents’ knowledge and skills to support the academic achievement of their children. ... PIQE has developed and widely implemented a model for increasing parent involvement in K-12 schools where parent participation has been difficult to achieve. PIQE uses informal education techniques ... dedicated to promoting social change, such as using dialogue to build community and social capital, situating educational activity in the lived experience of participants, and raising participants’ consciousness about their situations and their own power to take informed action.”

>Language Acquisition and Quality Instruction

- *ESL* – The *What Works Clearinghouse* lists programs that have been effective in enhancing language acquisition and reading for students who are English language learners. The Clearinghouse indicates there is a dearth of effective programs for older students.
<http://ies.ed.gov/ncee/wwc/reports/topicarea.aspx?tid=10>

Calderon, Slavin, and Sanchez (2011) note that “In spite of their striking diversity, English learners in secondary schools have typically been lumped into the same English as a Second Language (ESL) classroom, with one teacher addressing the needs of students with dramatically varied English proficiency, reading, and writing skills. In elementary schools, a common practice is to pull out English learners across grades K–5 for thirty minutes of ESL instruction. For the remainder of the day these English learners attend regular classes in a sink-or-swim instructional situation, usually with teachers who are unprepared to teach them (Ingersoll, 2008).”

- *Instruction in general* – Calderon, Slavin, and Sanchez (2011) stress that “what matters most in educating English learners is the quality of instruction.” For them, such quality is found in comprehensive preschool to twelfth grade reform models which include the following elements: (1) school structures and leadership, (2) language and literacy instruction, (3) integration of language, literacy, and content instruction in secondary schools, (4) cooperative learning, (5) professional development, (6) parent and family support teams, (7) tutoring, and (8) monitoring implementation and outcomes.
- *General principles for developing effective teaching and learning contexts for immigrants adolescents* – Walqui (2000) outlines 10 general principles and profiles a program at Calexico High School in Calexico, California that puts the principles into practice. Calexico is a bilingual/bicultural community on the southern border of the United States; 98% of the students are Latino, and 80% are English language learners.
<http://www.cal.org/resources/digest/0003strategies.html>

(cont.)

>Professional/Staff Development

Everyone stresses the importance of teacher and sometimes other staff development related to enhancing cultural understanding and competence.

- Spaulding, Carolino, and Amen (2004) have developed a compendium of best practices for professional development of teachers of immigrant students for the Council of Chief State School Officers – <http://www.eric.ed.gov/PDFS/ED484705.pdf>
- The Bridging Cultures Project provides a recent example of resources to support teachers use of cultural knowledge to increase student success at school. The project stresses a framework for “understanding and preventing conflicts experienced by many students, which are often invisible to teachers” – <http://www.wested.org/cs/we/view/pj/26>

Some Related Community Supports:

>Family Services and Resources

Most communities with new immigrants pull together resources to assist them. For example, the NY City, Department of Youth and Community Development, Immigrant Family Services website provides immigrant families with the tools and links so they can “take full advantage of the educational, professional, health, and social resources available to them.” http://www.nyc.gov/html/dycd/html/immigrant/immigrant_family_services.shtml

>Mental Health Supports

- Caring Across Communities is an initiative of the Center for Health and Health Care in Schools; it is designed to help meet the mental health needs of immigrant children and youth. Available are tools, resources, and strategies to effectively address the needs as well as lessons learned from demonstration sites. <http://www.healthinschools.org/en/immigrant-and-refugee-children.aspx>
- FACES the International family, adult, and child enhancement services is a community-based comprehensive services model for refugee children in resettlement. It is a program for bilingual and bicultural paraprofessionals to serve as a bridge to existing mental health services for refugees (Birman, Harris, Everson, et al. 2008). This program is noteworthy because “treatment teams include a range of mental health providers and ethnic/culturally diverse mental health workers who were previously refugees themselves. Also, unlike most treatment programs for trauma victims (which typically focus on a single traumatic experience), FACES staff address multiple traumatic events reported by these refugees.” See Data Trends summary – http://datatrends.fmhi.usf.edu/summary_153.pdf

>Refugee Orientation

The Cultural Orientation Resource Center offers cultural orientation to prepare refugees for what they as a group are likely to encounter in the United States. The focus is on helping individual refugees deal with what they are actually experiencing in their new communities. <Http://www.cal.org>

>Immigration Raids Aftermath Support

In communities that have experienced immigration raids, community based organizations, churches, non-profit service providers, lawyers, public human services agencies, and child welfare agencies have provided short-term aid to families affected. <Http://www.imigrationpolicy.org/just-facts>

Broadening What Schools and Communities Do

It often is suggested that lack of proficiency in English is the primary cause for the high dropout rates among language-minority students. For example, Morse (2005) notes:

Immigrant children attend schools that are not just racially and ethnically segregated but also linguistically isolated. In many parts of the United States, persistent neighborhood-level racial and ethnic segregation is reflected in segregated schools. ...over one-half of all LEP students attend schools where more than 30 percent of students are LEP.... LEP children are twice as likely as their English speaking counterparts to drop out of school.

While it is evident that language is a fundamental concern, it is not the only concern. And in addressing that particular concern, care must be taken not to marginalize other factors related to poor transitions and adjustment in a new school, neighborhood, and country and ongoing obstacles to healthy social and emotional development.

Needed: Language and Much More

One facet of the problem of paying adequate attention to the broad range of immigrant student concerns stems from the mandate to teach immigrants English. For schools, this mandate is rooted in past judicial decisions (i.e., *Lau v. Nichols*, U.S. Supreme Court, 1974) and ongoing policy debates and actions. As a result of the many issues related to ensuring English is learned, this has emerged as the prevailing emphasis in school improvement policy with respect to addressing the needs of immigrant students. And the need for a focus on language is certainly evident. K-12 public school enrollment data for 2007-2008 indicate a rapidly growing group of English language learners – 10.6 percent or 5.3 million students (Batalova & McHugh, 2010). And Calderon, Slavin, and Sanchez (2011) stress that this segment of students is highly diverse (e.g., about 20–30 percent are recent immigrants; many others are second generation; some, including children of migrant workers, have had their formal education disrupted; some students are designated as long-term English learners; some are in special education; 79% speak Spanish as their native language).

To ensure a high priority focus on teaching English, the federal government requires that school districts address the needs of limited English proficient students and report the subgroup separately. Ironically, while research indicates that for many students it takes five to seven years to achieve advanced proficiency in a second language, after three years federal accountability criteria call for reading and language arts testing

of these students in English (albeit with accommodations and alternative tests if indicated). For schools with many limited English proficient students, the accountability policy works against their efforts to make the amount of adequate yearly progress required by the law and also works against providing a broader set of student and learning supports for these students (Hall, 2011).

English proficiency is a necessary, if insufficient, condition for eliminating achievement gaps....

Tienda & Haskins

The irony is that, when schools attend too narrowly to the broad range of student concerns highlighted above, a significant number of immigrant students continue to do poorly in learning English at school, and many misbehave, disengage, and eventually dropout.

As the examples in Exhibit 1 indicate, schools have a range of interventions in place. However, critics stress that a broader and more proactive focus is needed, and greater attention must be given to equitable intervention access, availability, and affordability. For example, with respect to refugee children, various advocates call for schools to expand the education mission to encompass restoration of social and emotional health, support for rapid socialization and acculturation, maintenance of language spoken at home and of ethnic culture, and provision of high quality early care, preschool, kindergarten, and after school programs (Karoly & Gonzales, 2011; McBrien, 2005; Tienda & Haskins, 2011).

Toward a Comprehensive System of Student and Learning Supports

Enabling equity of opportunity to succeed at school means moving away from marginalized, fragmented, and piecemeal programs for specific subgroups of students. Necessary is development of a comprehensive system of interventions for addressing barriers to learning and teaching of all students. Such a system is being introduced into pioneering state and local education agencies across the country (Center for Mental Health in School, 2011a). The intervention and operational infrastructure frameworks for the system provide a template both for generally supporting all newcomers to the country and specifically supporting particular needs of diverse subgroups. The prototype intervention framework is illustrated in Exhibit 2.

Development of a comprehensive system of interventions that is fully integrated into school improvement policy and practice enhances a school's focus on addressing barriers to learning and teaching and re-engaging disconnected students (Adelman & Taylor, 2006a, b). Such a system is key to promoting the well-being and intrinsic motivation for school success of all students, their families, and the school staff and is a key element in facilitating emergence of a positive school climate. The intent is to fully embed the concerns about immigrant students into a system of student and learning supports designed for all students.

Exhibit 2

Framework for a Comprehensive System of Student and Learning Supports

Integrated Intervention Continuum

		Subsystem for Promoting Healthy Development & Preventing Problems	Subsystem for Early Intervention	Subsystem of Care
Arenas of Intervention Content	In Classroom			
	Support for Transitions			
	Crisis response/prevention			
	Home involvement			
	Community engagement			
	Student & Family Assistance			

A few examples of activity in each of the six arenas highlighted in Exhibit 1 illustrate a broad focus on enhancing students' positive attitudes toward school by promoting feelings of competence, self-determination, and relationship.

1. *Classroom focused interventions to enable & re-engage students in learning* – By opening the classroom door to bring in available supports (e.g., student support staff, resource teachers, volunteers), teachers are enabled to enhance options, facilitate student choice and decision making, and personalize instruction in ways that increase the intrinsic motivation of all involved.
2. *Crisis assistance and prevention* – School-focused crisis teams can take proactive leadership in developing prevention programs to avoid or mitigate crises by enhancing protective buffers and student intrinsic motivation for preventing interpersonal and human relationship problems.

School systems are not responsible for meeting every need of their students.

But when the need directly affects learning, the school must meet the challenge.

Carnegie Task Force on Education

3. *Support for transitions* – Welcoming and ongoing social support for students, families, and staff new to the school provide both a motivational and a capacity building foundation for developing positive working relationships and a positive school climate.
4. *Home involvement and engagement in schooling* – Expanding the nature and scope of interventions and enhancing communication mechanisms for outreaching in ways that connect with the variety of motivational differences manifested by parents and other student caretakers enables development of intrinsically motivated school-home working relationships.
5. *Community outreach for involvement and support* – Weaving together school and community efforts to enhance the range of options and choices for students, both in school and in the community, can better address barriers to learning, promote child and youth development, and establish a sense of community that supports learning and focuses on hope for the future (higher ed/career choices).
6. *Student and family assistance* – Providing personalized support as soon as a need is recognized and doing so in the least disruptive ways minimizes threats to intrinsic motivation; and when such support is implemented with a shared and mutually respectful problem-solving approach, it can enhance intrinsic motivation and a sense of competence and positive relationship among all involved.

Policy Implications

On the one hand, immigrant students and their families raise special concerns for schools. On the other hand, many of the concerns overlap with those of other students who require student and learning supports to enable them to succeed at school.

Rather than enact so many piecemeal and fragmented policies related to specific subgroups of students and problems, it is time to recognize commonalities in the underlying dynamics causing learning, behavior, and emotional problems. From this perspective, interventions to address concerns associated with many designated subgroups can be embedded into a broad framework for enabling success at school. This does not mean ignoring or marginalizing any subgroup. To the contrary, the point is to directly address common underlying factors interfering with students benefitting from good instruction and to do so in a way that avoids fragmentation, redundancy, and counterproductive competition for sparse resources.

To these ends, policy makers need to move from a two- to a three- component framework for school improvement. The third component, focused on addressing barriers to learning and teaching and re-engaging disconnected students. This component must be fully integrated with efforts to improve instruction and management/governance and pursued as a primary and essential component of school improvement policy and practice. In addition, the accountability framework for schools must be expanded to encompass direct indicators of work carried out related to the third component (Center for Mental Health in School, 2011b, 2011c).

Policy guidelines should specify the intent of developing the third component as a comprehensive system, with dedicated leadership and a connected operational infrastructure at all levels to accomplish the work over a period of several years. Specific guidelines should emphasize that:

- (1) the third component be conceived as a unifying concept for developing a comprehensive, multifaceted, and cohesive system that encompasses all efforts related to providing student and learning supports;
- (2) establishment of the third component should begin with analysis of all current resources used by schools for student and learning supports with a view to realigning and redeploying resources to reduce redundancy and identifying high priority system gaps;
- (3) capacity building related to the third component should include
 - identifying dedicated leadership positions for the component
 - redefining job descriptions of student and learning support personnel
 - connecting relevant resources across families of schools
 - enhancing collaboration with community resources to weave together overlapping functions and related resources into a comprehensive system
 - pursuing relevant professional and other stakeholder development

While the proposed policy shift can be done now at district and state levels, federal accountability demands tend to maintain the ongoing marginalization of student and learning supports. Therefore, the emphasis on a third component for school improvement definitely must be a major focus in reauthorizing the *Elementary and Secondary Education Act*. With this in mind, in previous reports we suggested specific changes in wording (e.g., see Center for Mental Health in Schools, 2007).

The next decade must mark a turning point for how schools and communities address the problems of all children and youth. Needed in particular are initiatives to transform how schools work to prevent and ameliorate the many learning, behavior, and emotional problems experienced by students. The end product must be schools where everyone – staff, students, families, and community stakeholders – feels supported. This will require reshaping the functions of all school personnel who have a role to play in addressing barriers to learning and promoting healthy development. And, it requires fully integrating a third component into school improvement planning.

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Note: For a set of useful resources, go to the
 Cultural Orientation Resource Center, Center for Applied Linguistics
<http://www.cal.org/co/publications/welcome.html>

See especially:

- > *Welcome to the United States: A Guidebook for Refugees*
- > *A New Day: Refugee Families in the United States*
- > *Be Who You Are: Refugee Youth in the United States*

Also, for a wide and growing range of relevant resources see the Center's Online Clearinghouse Quick Finds on:

- > *Cultural Competence* – <http://smhp.psych.ucla.edu/qf/culturecomp.htm>
- > *Immigrant Students and Mental Health* – <http://smhp.psych.ucla.edu/qf/immigrantkids.htm>

Excerpt from....

SAMHSA National Mental Health Information Center

<http://mentalhealth.samhsa.gov/publications/allpubs/SMA00-3457/intro.asp>

Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups

As a nation, the United States continues to grow in diversity; our face, voice, and beliefs are forever changing. Not only are we changing as a Nation, so too is the way health care is being provided, in large part due to the ongoing managed care revolution. Despite the pace at which change in the healthcare marketplace is occurring, in many ways, the Nation's health delivery systems have not kept pace with our growing diversity. A significant disconnect has arisen between health care need and the availability and accessibility of relevant, culturally competent care for people who need it. Perhaps nowhere is the importance of culturally competent care greater than in the delivery of mental health services, where cultural issues and communication between consumer and provider are a critical part of the services themselves.

Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups is designed to provide readers with the tools and knowledge to help guide the provision of culturally competent mental health services within today's managed care environment.

Staff Development & System Change

A. The need for a cultural competence framework

From "The Cultural Competence Model: Implications for Child and Family Mental Health Services." By J. L. Masch, M. P. Benjamin, & S. A. Lewis (1996). In C.A. Heflinger & C.I. Nixon (Eds.) *Families and the Mental Health System for Children and Adolescents*. Sage Publications.

1. A Model

As a result of the ever increasing trends acknowledging diversity, many cross-cultural models are emerging. The CASSP (Children and Adolescent Service System Program) cultural competence model was developed for the field of children's mental health but appears to have the necessary theoretical foundation to lend itself to various service disciplines involving children, families, communities of color, and, at least theoretically, to non-ethnic cultural groups. Its major emphasis is on behavior in as much as it (a) covers attitudes, practices, policies, and structures and (b) has implications for both line staff and administrative personnel. In contrast to earlier models, the principles and elements of the model are more concerned with behavior than awareness and sensitivity. The major values and elements of the model are described below.

Cultural Competence Values

Valuing Diversity. Cultural diversity should be framed as a strength, not only in clientele but also in line staff, administrative personnel, board membership, and volunteers.

Conducting Cultural Self-Assessment. This value is concerned with the degree to which an agency or professional is aware of cultural blind spots.

Understanding the Dynamics of Difference. This principle suggests that one needs to understand what happens when people of different cultural backgrounds interact.

Incorporating Cultural Knowledge. Agencies and professionals need continuing access to cultural information.

Adapting to Diversity. Adapting to diversity entails the actual modifications either to direct service approaches or to agency administration. Perhaps one important aspect of the model is that culturally competent programs must reflect contextual realities of a given catchment area.

2. Elements of the Cultural Competence Model

Four key elements underline the CASSP cultural competence model: attitude, practice, policy, and structure. Each is discussed in detail below.

Attitude. This element reflects earlier cross-cultural models in its concern with worker knowledge and beliefs, or the area of cognition (Lefley & Pederson, 1986). One initial concern involves cultural and color blindness--the concept that practitioners should and can treat everyone the same.

Practice. The practice element considers such issues as the interview process (Green, 1982); diagnostic and assessment approaches (Ho, 1992; Lum, 1992; Pinderhughes, 1989); treatment planning techniques (Gibbs et al, 1989; Ho, 1992; Lum, 1992); and other practice skills that are culturally appropriate. Practice skills may be adapted to accommodate within- and between-group differences.

Policy. This element suggests that much professional behavior is tied to agency policy.

Structure. The concept of structure includes both governing structure and physical structure. The former refers to those who governs the agency leadership roles (e.g., board members, consultants, contractors, and key informants). The second aspect of structure concerns the physical plant itself.

From "Defining Cultural Competence: An Organizing Framework" By, M.A.Orlandi. In M.A. Orlandi, R. Weston, & L. Epstein (Eds.) 1995. *Cultural Competence for Evaluators: A Guide for Alcohol and Other drug Abuse Prevention Practitioners Working with Ethnic/Racial Communities*. Rockville,MD: U.S. Dept. of Health and Human Services.

3. Themes and principles

The authors who addressed the common issues of cultural competence and program evaluation competence for African Americans, Hispanics, American Indians/Alaska Natives, and Asian/ Pacific Island Americans obviously approached their task in very different ways. Nonetheless, a number of common themes and principles can be extracted from this work that, we hope, will contribute to our understanding of the issues that were the focus of this publication.

Principle 1: The Need for Demystification

The entire issue of culture and its relationship to program evaluation needs to be demystified --i.e., to be brought out into the light of day and submitted to the same kind of rigorous problem solving and strategic planning that other areas related to ethnicity and race have received. It needs to be addressed by a collaboration of qualified professionals, those who are members of ethnic/racial groups and those who are not. To imply that this issue is somehow beyond such analysis is, at best, nonproductive.

Principle 2: The Need for Consensus Regarding Terminology

Consensus has not been reached on a number of significant terms that are currently being used in this area. For example, the general population can no longer be accurately dichotomized as "minority" and "non-minority," and some ethnic/racial individuals in fact consider these terms entirely inappropriate, if not offensive. It is important that individuals working and collaborating in this area continue to strive for such consensus so that communication among and between cultural scholars can be optimally productive.

Principle 3: Changing Knowledge and Attitudes Will Be Easier

The process of sharing information, an excellent example of which is this monograph itself, is straightforward and should be aggressively pursued. Similarly, the position argued in this monograph that common ground needs to be found between those holding differing views in this area is well defended and will likely lead to more positive attitudes.

Principle 4: Changing Value Systems and World Views Will Be More Difficult

If the fundamental deductive principles on which program evaluation methodology is based are not valued or are even deemed meaningless by someone from a particular cultural background, the process of finding some common area of agreement in this scientific arena will certainly require creative, if not truly artistic, approaches.

Principle 5: The Ambiguity of Funding Agency's Role

Issues such as community ownership and shared decision making become somewhat clouded when a funding agency's agenda becomes known. Even if the funding agency maintains an officially neutral position on a particular evaluation issue, or on all such issues, the potential for the evaluation process to be influenced by perceptions of the agency's agenda is great. When this happens, the validity of the evaluation planning process, cultural competence notwithstanding, should be brought into question.

Principle 6: The Importance of Getting Ethnic/Racial People Involved

Every aspect of the cross-cultural evaluation process--including planning, implementation, and analysis--would be improved if more ethnic/racial individuals were involved, whether formally trained in evaluation or not. Equipped with appropriate training, however, such individuals would be in a position to make outstanding contributions.

Principle 7: The Need To Distinguish Between Cultural Identification and the Culture of Poverty

It is very important to distinguish between the culture of the underclass in our society (Mincy et. al. 1990) and the culture of ethnic/racial subgroups. The experience of being poor in our society is different, for example, from that of being Hispanic, and these conditions must be further distinguished from the experience of being both poor *and* Hispanic.

Principle 8: The Need To Distinguish Between Important Within-Culture Subgroups

The four broad ethnic/racial categories used to subdivide this monograph, as well as most demographic research carried out in this country, mask important differences between some subgroups that are subsumed under these headings.

Principle 9: The Need To Promote Consumer Skills and Values Within the Community With Respect to Evaluations

If the sort of technology transfer that is envisioned in this monograph is going to take place, it will require that communities accept some of the responsibility for becoming more effective consumers of evaluations. Total reliance on external expertise for any aspect of the evaluation process will hinder the process of empowerment.

Principle 10: The Importance of Going Beyond Cultural Competence

While agreeing that there are specific skills that can be learned through training--either in formal programs or in on-the-job training--the authors of this monograph definitely convey the sense that there is also something more to which program evaluators should aspire.

Staff Development and System Change (cont.)

B. Creating a process for change

*From A Guide to Enhancing the Cultural Competence of Runaway and Homeless Youth Programs (1994). U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families. Families and Youth Services Bureau. Washington, DC.
<http://www.ncfy.com/guide-to-enhancing.htm>

... Moving towards cultural competence most likely will require organizational leaders to reexamine their vision for youth services, expand their linkages with the community, and implement organizational change. Think of the systems that many youth service agencies have relied on in the past, such as Eurocentric thinking, obsolete forms of professional training, evaluation systems that do not promote learning or organizational change, authoritarian white male language, and hierarchical, top-down leadership styles. Most do not promote inclusion, diversity, or change.

Organizational change is most possible when the leadership has flattened out the hierarchy to involve staff in defining the organizational vision and other decisionmaking, and empowered program personnel to direct the resources needed to implement that vision. The change process also requires long-term strategic planning under leadership that is willing to examine outcomes in relation to the desired change and make adjustments accordingly.

The process of enhancing the cultural competence of youth programs requires similar planning strategies. First, organizational leaders and program staff must examine their vision for young people, asking themselves the following questions:

- What do young people, families, and communities want?
- What do we want for young people, families, and communities?
- What are youth service organizations trying to accomplish?
- What is the relationship of youth service organizations to the larger community?
- What is the role of youth service organizations in creating a vision for building communities that are truly harmonious through respect for diversity?

To answer those questions, programs must strive to be "of the community." In other words, the organizational leadership and staff must build relationships with the community, including youth and families, that help guide the design and delivery of programs and services. When the mission of an organization is based on the needs and desires of the community, it promotes cultural competence and understanding. Culture often holds the dream, wish, and vision of the community.

Moreover, moving towards cultural competence most likely will involve encouraging change within the organization. Organizational leaders can begin the process of achieving cultural competence by acknowledging that such change will involve, at a minimum, the following:

- Accepting that cultural competence is a dynamic process that requires hard work and commitment.
- Creating an organizational environment (both management style and facility appearance) that is conducive to providing culturally appropriate programs and services.
- Valuing cultural differences and acknowledging that programs managed and staffed by culturally competent individuals provide more effective services.
- Committing resources, both human and fiscal, toward implementing a process for enhancing the cultural competence of staff and board members.
- Ensuring that the board of directors configuration reflects the cultural composition of the community being served by the program.
- Hiring staff that reflect the cultural composition of the community being served by the program.
- Providing cultural diversity training to current staff and board members.
- Incorporating the value of differences and commonalities into decision making and service implementation.
- Developing the ability to manage opportunities for growth that cultural differences engender in the work place.
- Accepting that staff may be uncomfortable with both the organizational change and personal introspection necessary to enhance the cultural competence of programs and services.
- Collaborating with other youth-serving agencies and the larger community.

6 Steps for Beginning the Change Process

1. Examine your assumptions. We generally operate on assumptions, most of them unwritten, and creating change requires a willingness to look at the basic assumptions that we each carry with us.
2. Explore your own willingness to accept the comments of others, both positive and negative and to implement change as a result of those comments.
3. Plan the change process. Change that occurs randomly is even more frightening to staff and youth participants than routine or on-going change. By setting an agenda for change, you can help staff anticipate and prepare for possible outcomes.
4. Begin to redefine change as positive within the organization. Encourage staff and board members to question the status quo, offer input and raise issues.
5. Look at the pace you set for change. Establish realistic timeframes for accomplishing critical change within the organization.
6. Understand that change can be difficult for some board members, staff, and participants and find ways to keep the process light. Help them have fun while they are learning, and build in time for people to replenish themselves.

Creating a Process for Enhancing the Cultural Competence of Your Program

...Culture is defined in the locale; it is contextual and relational. Each local program, therefore, must not only define cultural competence as it relates to the community in which it is located, but also must create a process for enhancing its cultural competence that will work best within its local setting.

The organizational leadership should be clear, up front, about the implications of implementing a process for enhancing cultural competence, including sharing expectations, the supports (and sanctions, if any) staff can expect to receive, and the potential risks to the organization, staff, and board. They also should acknowledge the long-term nature of the process.

Local organizations can use the following steps to begin creating a process for enhancing the cultural competence of programs and services:

- Consider the community context in which your program operates. Think about the community makeup, the political realities, and the key players.
- Think about the diverse populations that your program serves and assess how you might tailor services for them.
- Research the special needs of different populations, especially those with which you are least familiar. (Appendices B and C provide a list of resource materials and organizations.)
- Develop a strategy for raising the issue of cultural competence within the organization, both to staff and board members.
- Establish a committee to explore organizational options for enhancing the cultural competence of staff and board members.
- Ask people to assess the organization's cultural competence, including staff and board members, volunteers, consumers, consultants, subcontractors, funders, potential funders, policymakers, and staff family members.
- Conduct an assessment of how other local youth service organizations perceive your program's capacity to serve a diverse youth population. (See Chapter III for assessment guidelines.)
- Ask each member of your staff and board what they are willing to sacrifice in order for the organization to provide the best possible services to youth and the community.

Moving toward Cultural Competence

...Culture runs through an organization and enhancing the cultural competence of programs and services requires looking at the organizational goals and mission. The dynamic process of exploring cultural diversity, however, may require some shifts in organizational policies or procedures. Program managers will need to continually balance between the need for organizational boundaries and the need to push to the edge of those established parameters in exploring cultural differences and non-traditional organizational development approaches.

Moreover, exploring diversity is not just an organizational process, it is a personal and political experience for everyone involved. This process is not simply skill acquisition, it can be a conversion experience for your staff and board. Managing this process requires sensitivity to the needs of staff and board, and a recognition that each may need help in different forms at different stages of the process.

Step one of the process may be teaching staff and board how to learn again. The dominant culture focuses on, and rewards, logic not feelings. People will need time to adjust to a process that requires them to explore old presumptions and open themselves up to considering issues in a context different from their personal life experience. Everyone will respond to this process in distinct ways.

You are asking staff and board members to go on a personal journey when you begin focusing on cultural diversity. They may all be willing to join you on the walk, but each will start out at a different place on the path toward cultural competence.

... Leaders can place their organization in a position to become increasingly culturally competent by:

- Establishing the organization as a learning community.
- Valuing diversity.
- Creating a capacity for on-going assessment, both internal and external, of the organization's programs and services.
- Providing opportunities for staff to develop their knowledge about cultural diversity issues.
- Increasing staff understanding of the impact of differing cultures coming together.

... Networking Towards Diversity:

Expanding the circle within which an organization operates is critical to enhancing the cultural competence of programs and services. Networking towards diversity is most effective, however, when program personnel:

- Proactively build networks of youth professionals and community leaders because they value the input of people with diverse perspectives. Don't wait until you need an Asian (or Gay, or African American) board or staff member to reach out to other cultural groups.
- Form a wide range of relationships and don't expect a small number of people from a specific culture to do their networking for them.
- Begin relationships building by attending meetings, participating in local events, and offering rather than asking for help.

... Why Focus on Diversity?

- Organizations with culturally competent staff and board members provide more effective services.
- Diversity widens our horizons and opens new worlds to each of us that we never knew existed.
- Our life experience is broader as a result of having come in contact with, known and loved people from many different backgrounds.
- A desire to create access to services for all young people, no matter what their backgrounds, capacity, or interests.
- Young people from all diversity groups have a right to be treated with respect.

Staff Development and System Change (cont.)

C. Broadening the Concept of Cultural Competence

From "A Guide to Enhancing the Cultural Competence of Runaway and Homeless Youth Programs." (1994).
Washington, DC: U.S. Department of Health and Human Services.
<http://www.ncfy.com/guide-to-enhancing.htm>

The Family and Youth Services Bureau has "...expanded the definition of cultural diversity to encompass this nation's range of differences, including the following:

- **Ethnic/Racial Background:** Of a nation; any of the different varieties or populations of human beings distinguished by physical traits, blood types, genetic code patterns, or inherited characteristics that are unique to an isolated breeding population. People from different racial backgrounds have diverse perspectives, customs, and social upbringing. Because of the historically dominant nature of the majority culture, most people have little exposure to racial cultures different from their own.
- **Gender Culturalization:** The societal influences, messages, or "training" to behave in a certain fashion based on one's gender. The majority culture in most parts of the world is the patriarchy, where male 'qualities' are more valued and men are provided access to greater opportunity. As a result, in very insidious ways, young girls and boys are acculturated differently, which affects their sense of self-worth and foster or inhibit their ability to fulfill their potential.
- **Socioeconomic/Educational Status:** Involving both social and economic factors and/or access to educational opportunities. A person's socioeconomic status can be a major factor in their development as it relates to access to opportunity, social status, the ability to meet primary survival needs (food, clothing, shelter), and the messages they receive about what they can hope to attain. Closely related to socioeconomic status is access to educational opportunities that result in exposure to new ideas, the ability to think critically, and a willingness to consider different points of view.
- **Sexual Orientation:** A person's interest in, or innate desire to, develop emotional and physical relationships that are heterosexual, homosexual, or bisexual. The majority culture sanctions heterosexual behavior as the norm. Homosexuals and bisexuals, therefore, have been forced to keep their sexual orientation private, often out of fear, and those struggling with gender identity issues face similar isolation. Homophobia remains a publicly acceptable form of discrimination in the 1990s.
- **Physical Capacity:** The ability to function or perform tasks based on one's physical capabilities or limitations. The majority culture has until recently created systems and structures primarily suited for those with full physical capacity, and has devalued people without such capacity. Passage of the Americans with Disabilities Act now requires local organizations to modify systems and structures to provide broader access to persons with disabilities.
- **Age/Generational:** The distinct phases of the human development process, both innate and socialized; the beliefs/attitudes/values of persons born during the same period of time. Each generation has its own distinct culture, and values, based on the time they were born, lived as children, and transitioned to adulthood. Further, the division between youth, adults, and the elderly has become more pronounced due to family relocations and breakdowns in intergenerational activities.

- **Personality Type:** The patterns and qualities of personal behavior as expressed by physical, emotional, or intellectual activities or responses to situations and people. People have innate personality types that affect their interaction with others. Extroverts, for example, may be more comfortable in large group settings, while introverts, who can adapt to such settings, may draw strength from their private time. While personality type is affected by age, experience, and circumstance, key personality-related preferences and styles remain with most people throughout their lifetime.
- **Spirituality/Religious Beliefs:** Of the spirit or soul as distinguished from material matters; characterized by the adherence to a religion and its tenets or doctrines. There are numerous religions, both formal and informal, that guide people's lives. Each has its own distinct traditions and belief systems. Further, while some people do not belong to an organized religion, they believe in spiritual feelings and the connectedness between people with certain values.
- **Regional Perspectives:** The words, customs, etc., particular to a specific region of a country or the world. Each corner of the world, and even the regions within a country, has traditions, rites of passage, learning experiences, and customs that are unique. Working with people requires an understanding of the special perspectives/life experiences they acquired growing up in different parts of the world.
- **New Immigrant Socialization:** The adaptation process of those recently relocated to a new environment. Relocating to a new country or region of the world requires adapting to new sights, sounds, and customs. This process is typically different for each generation of a family, with young people often adapting more quickly to the new culture. These differential adaptation patterns can affect the family unit as much as the change in culture itself.

Many people experience the biases and prejudices associated with more than one of the above-mentioned "cultural differences." An African American lesbian, for example, is tied to, and sometimes torn between, communities of color, gender, and sexual orientation, and may have experienced different forms of racist, sexist, and homophobic attitudes in each. Each of the differences listed above therefore, must be considered in the context of each young person's individual experience.

Cultural Competence Issues to Consider

- The standardization of customs, traditions, norms, by the dominant culture.
- Socio-cultural Discontinuity Hypothesis, which asserts that ethnic or cultural groups do better or worse in dealing with social institutions depending on the congruence between their indigenous culture and the institution. This hypothesis raises the issue of separate but equal services versus the need to provide services that are accessible to, and comfortable for, all youth.
- Balancing the need for staff diversity with the need for specialized staff skills.
- Racism, sexism, homophobia, ageism, and other biases that exist in the current, predominantly white, heterosexual, physically-abled, middle-class culture.
- Attitudinal versus behavioral change.
- The predominantly white staffing pattern among runaway and homeless youth service providers.
- The fear of loss of power or control when expanding the diversity of staff and board members.
- Difficulties in serving undocumented youth and their families.
- Lack of community support for dealing with sexism and/or resistance to acknowledging that girls receive differential treatment than boys from most social institutions.
- Community fear of gay and lesbian staff working with young people.
- The special needs of youth who face multiple “isms,” e.g., an African American lesbian youth who must cope with sexism, racism, and homophobia.
- Dealing with staff who experience difficulty with a changing workplace.

*From “A Guide to Enhancing the Cultural Competence of Runaway and Homeless Youth Programs.” (1994). Washington, DC: U.S. Department of Health and Human Services.
<http://www.ncfy.com/guide-to-enhancing.htm>

Excerpt from....

*SAMHSA Substance Abuse and Mental Health Services Administration
Disaster Relief Information*

<http://mentalhealth.samhsa.gov/disasterrelief/publications/allpubs/SMA03-3828/sectiontwo.asp>

Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations

Guiding Principles and Recommendations

Principle 1: Recognize the Importance of Culture and Respect Diversity

Principle 2: Maintain a Current Profile of the Cultural Composition of the Community

Principle 3: Recruit Disaster Workers Who Are Representative of the Community or Service Area

Principle 4: Provide Ongoing Cultural Competence Training to Disaster Mental Health Staff

Principle 5: Ensure That Services Are Accessible, Appropriate, and Equitable

Principle 6: Recognize the Role of Help-Seeking Behaviors, Customs and Traditions, and Natural Support Networks

Principle 7: Involve as “Cultural Brokers” Community Leaders and Organizations Representing Diverse Cultural Groups

Principle 8: Ensure That Services and Information Are Culturally and Linguistically Competent

Principle 9: Assess and Evaluate the Program’s Level of Cultural Competence

Culture is one medium through which people develop the resilience that is needed to overcome adversity. Following a disaster, culture provides validation and influences rehabilitation.

Recognizing the importance of culture and respecting diversity require an institution-wide commitment. To meet this commitment, disaster mental health workers must understand their own cultures and world views; examine their own attitudes, values, and beliefs about culture; acknowledge cultural differences; and work to understand how cultural differences affect the values, attitudes, and beliefs of others.

Disaster mental health programs are most effective when individuals from the community and its various cultural groups are involved in service delivery as well as in program planning, policy, and administration and management.

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Resource Aids

1. Profiles of English Learners (ELs)
2. Cultural Competence in Serving Children and Adolescents with Mental Health Problems
3. Guidelines for Program Development and Evaluation
4. APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and culturally Diverse Populations

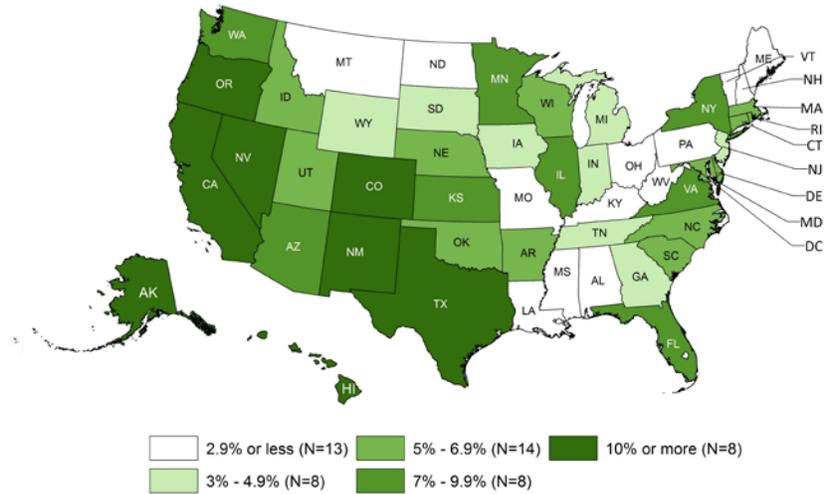


Profiles of English Learners (ELs)

Fact

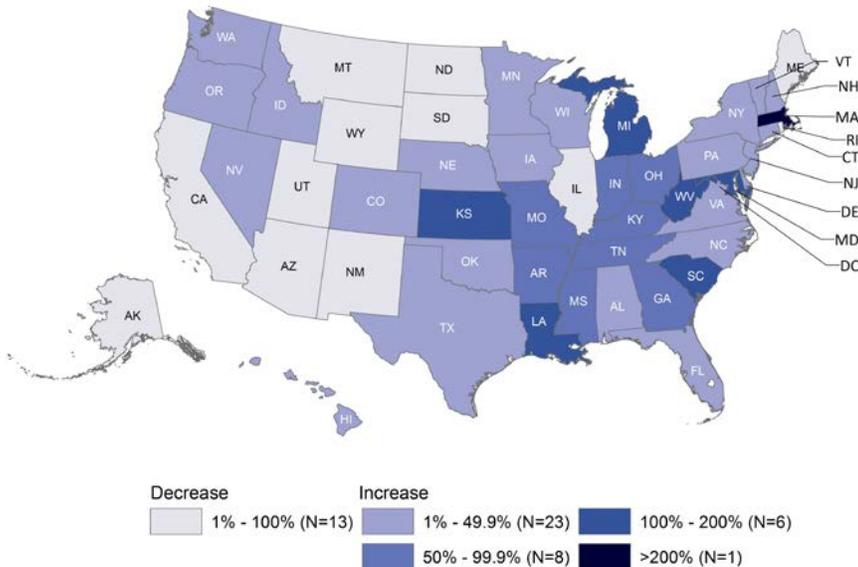
In SY 2011-12, there were 4,472,563 ELs in the United States, comprising 9 percent of all students nationwide (grades pre-K through 12).

Percentage of Total School Population, Grades Pre-K through 12, Represented by ELs, by State, Including DC: SY 2011-12



Source: U.S. Department of Education, National Center for Education Statistics, Common Core of Data, Local Education Agency (School District) Universe Survey, 2011-12 v.1a; State Nonfiscal Public Elementary/Secondary Education Survey, 2011-12 v.1a.

Percentage Change in EL Population, by State, Including DC: SYs 2004-05 to 2011-12



Fact

Between SYs 2004-05 and 2011-12, ELs increased by over 100 percent in Kansas, Louisiana, Massachusetts, Maryland, Michigan, South Carolina, and West Virginia.

Source: ED Facts/Consolidated State Performance Reports, 2004-05 to 2011-12. Retrieved from <http://www2.ed.gov/admins/lead/account/consolidated/index.html>

Top Five Languages Spoken by ELs, as Reported in States' Top Five Lists: SY 2011-12

Fact

States annually report the five most common languages spoken by ELs and the number of ELs who speak each of those languages. Spanish was the most commonly reported language, with the greatest total number of EL speakers, in SY 2011-12.

Language	Reported EL Speakers
Spanish	3,562,860
Chinese	88,798
Vietnamese	79,021
Arabic	64,487
Hmong	40,445

Note: Figures reflect the combined number of speakers of a language in states where that language was one of the state's five most common EL languages. Source: *EDFacts/Consolidated State Performance Report, 2011-12*. Retrieved from <http://www2.ed.gov/admins/lead/account/consolidated/index.html>

Fact

In 2012, 57 percent of EL adolescents were U.S.-born. Of these,

- second-generation non-native English speakers (U.S.-born with at least one foreign-born parent) made up 37 percent; and
- third-generation non-native English speakers (U.S.-born with U.S.-born parents) made up 32 percent.

Source: U.S. Census Bureau, American Community Survey, 2012. Estimates generated by NCELA using Census DataFerrett.

Fact

The numbers and performance of long-term English learners (LTELs)—defined as ELs enrolled in U.S. schools for five or more years without exiting EL status—are reflected in these findings:

- In 2010, 40 California school districts reported that 59 percent of secondary school ELs were LTELs, and that 50 percent of kindergarteners may become LTELs.
- In 2013, 13 percent of all ELs in New York City were LTELs, and, in some schools, the percentage of LTELs in any grade ranged from 25 to 50 percent of all ELs.
- In 2009, Colorado reported that LTELs made up 24 percent of its secondary school ELs.
- In 2009, Hispanic LTELs in Chicago Public Schools demonstrated the lowest performance among any LTELs, and LTELs had the worst course performance (i.e., failed the most classes and had lower GPAs on average) of any EL group (e.g., new ELs, recently exited ELs, or never ELs).

Sources: Olsen, L. (2010). *Reparable Harm: Fulfilling the Unkept Promise of Educational Opportunity for California's Long Term English Learners*. Long Beach, CA: Californians Together. New York City Department of Education's Division of Students with Disabilities and English Language Learners. (2013). *Office of English Language Learners 2013 Demographic Report*. New York, NY Gwynne, J., Pareja, A.S., Ehrlich, S.B., Allensworth, E. (May 2012). *What Matters for Staying On-Track and Graduating in Chicago Public Schools, Chicago, IL: A Focus on English Language Learners*. The University of Chicago Consortium on Chicago School Research.



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LEADERSHIP

Libia Gil
 Assistant Deputy Secretary and Director
 Office of English Language Acquisition



Resource Aid 2

Cultural Competence in Serving Children and Adolescents With Mental Health Problems FACT SHEET*

All cultures practice traditions that support and value their children and prepare them for living in their society. This way, cultures are preserved for future generations.

Culturally competent mental health service providers and the agencies that employ them are specially trained in specific behaviors, attitudes, and policies that recognize, respect, and value the uniqueness of individuals and groups whose cultures are different from those associated with mainstream America. These populations are frequently identified as being made up of people of color--such as Americans of African, Hispanic, Asian, and Native American descent. Nevertheless, cultural competence as a service delivery approach can be applied to systems that serve all persons, because everyone in the society has a culture and is part of several subcultures, including those related to gender, age, income level, geographic region, neighborhood, sexual orientation, religion, and physical disability.

Culturally competent service providers are aware and respectful of the importance of the values, beliefs, traditions, customs, and parenting styles of the people they serve. They are also aware of the impact of their own culture on the therapeutic relationship and take all of these factors into account when planning and delivering services for children and adolescents with mental health problems and their families.

Goals and Principles of Cultural Competence

In a "System of Care," local organizations work in teams--with families as critical partners--to provide a full range of services to children and adolescents with serious emotional disturbances. The team strives to meet the unique needs of each young person and his or her family in or near their home. These services should also address and respect the culture and ethnicity of the people they serve. For more information on systems of care, call 1-800-789-2647.

Culturally competent "systems of care" provide appropriate services to children and families of all cultures. Designed to respect the uniqueness of cultural influences, these systems work best within a family's cultural framework. Nine principles govern the development of culturally competent programs:

1. The family, however defined, is the consumer and usually the focus of treatment and services.
2. Americans with diverse racial/ethnic backgrounds are often bicultural or multicultural. As a result, they may have a unique set of mental health issues that must be recognized and addressed.

*This fact sheet is based on a monograph, *Towards a Culturally Competent System of Care*, authored by Terry L. Cross, Karl W. Dennis, Mareasa R. Isaacs, and Barbara J. Bazron, under the auspices of the National Technical Assistance Center for Children's Mental Health at Georgetown University in Washington, D.C., and funded by the National Institute of Mental Health (1989).

For free information about children's and adolescents' mental health--including publications, references, and referrals to local and national resources and organizations--call 1-800-789-2647; TTY 301-443-9006.

3. Families make choices based on their cultural backgrounds. Service providers must respect and build upon their own cultural knowledge as well as the families' strengths.
4. Cross-cultural relationships between providers and consumers may include major differences in world views. These differences must be acknowledged and addressed.
5. Cultural knowledge and sensitivity must be incorporated into program policymaking, administration, and services.
6. Natural helping networks such as neighborhood organizations, community leaders, and natural healers can be a vital source of support to consumers. These support systems should be respected and, when appropriate, included in the treatment plan.
7. In culturally competent systems of care, the community, as well as the family, determine direction and goals.
8. Programs must do more than offer equal, nondiscriminatory services; they must tailor services to their consumer populations.
9. When boards and programs include staff who share the cultural background of their consumers, the programs tend to be more effective.

Ideally, culturally competent programs include multilingual, multicultural staff and involve community outreach. Types of services should be culturally appropriate; for example, extended family members may be involved in service approaches, when appropriate. Programs may display culturally relevant artwork and magazines to show respect and increase consumer comfort with services. Office hours should not conflict with holidays or work schedules of the consumers.

Developing Cultural Competence

Although some service providers are making progress toward cultural competence, much more needs to be done. Increased opportunities must be provided for ongoing staff development and for employing multicultural staffs. Improved culturally valid assessment tools are needed. More research will be useful in determining the effectiveness of programs that serve children and families from a variety of cultural backgrounds.

For many programs, cultural competence represents a new way of thinking about the philosophy, content, and delivery of mental health services. Becoming culturally competent is a dynamic process that requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice. Even the concept of a mental disorder may reflect a western culture medical model.

At the Policymaking Level

Programs that are culturally competent:

- appoint board members from the community so that voices from all groups of people within the community participate in decisions;
- actively recruit multiethnic and multiracial staff;
- provide ongoing staff training and support developing cultural competence;
- develop, mandate, and promote standards for culturally competent services;
- insist on evidence of cultural competence when contracting for services;
- nurture and support new community-based multicultural programs and engage in or support research on cultural competence;
- support the inclusion of cultural competence on provider licensure and certification examinations; and
- support the development of culturally appropriate assessment instruments, for psychological tests, and interview guides.

At the Administrative Level

Culturally competent administrators:

- include cultural competency requirements in staff job descriptions and discuss the importance of cultural awareness and competency with potential employees;
- ensure that all staff participate in regular, inservice cultural competency training;
- promote programs that respect and incorporate cultural differences; and
- consider whether the facility's location, hours, and staffing are accessible and whether its physical appearance is respectful of different cultural groups.

At the Service Level

Practitioners who are culturally competent:

- learn as much as they can about an individual's or family's culture, while recognizing the influence of their own background on their responses to cultural differences;
- include neighborhood and community outreach efforts and involve community cultural leaders if possible;
- work within each person's family structure, which may include grandparents, other relatives, and friends;
- recognize, accept, and, when appropriate, incorporate the role of natural helpers (such as shamans or curanderos);
- understand the different expectations people may have about the way services are offered (for example, sharing a meal may be an essential feature of home-based mental health services; a period of social conversation may be necessary before each contact with a person; or access to a family may be gained only through an elder);
- know that, for many people, additional tangible services--such as assistance in obtaining housing, clothing, and transportation or resolving a problem with a child's school--are expected, and work with other community agencies to make sure these services are provided;
- adhere to traditions relating to gender and age that may play a part in certain cultures (for example, in many racial and ethnic groups, elders are highly respected). With an awareness of how different groups show respect, providers can properly interpret the various ways people communicate.

Achieving Cultural Competence

To become culturally competent, programs may need to:

- assess their current level of cultural competence;
- develop support for change throughout the organization and community;
- identify the leadership and resources needed to change;
- devise a comprehensive cultural competence plan with specific action steps and deadlines for achievement; and
- commit to an ongoing evaluation of progress and a willingness to respond to change.

Important Messages About Children's and Adolescents' Mental Health:

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.
- Information is available; call 1-800-789-2647.

Resource Aid 3

Guidelines for Program Development and Evaluation

From website <http://www.bphc.hrsa.gov/omwh> (1996). Compiled by The Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC), Office of Minority and Women's Health (OMWH).

In order for intervention programs to be effective, they must acknowledge and incorporate the culture of the service recipients that they are trying to reach. Programs that are applying for funding, or existing projects that are being evaluated must be measured by how appropriately they address culture in their design and implementation. However, it is difficult to evaluate the cultural elements of a program because, unlike other areas of evaluation, there have been few guidelines offered to assess these elements.

The knowledge base on managing and evaluating programs and preparing grant applications continues to expand. Evaluators

generally consider factors such as cost effectiveness, replicability, possibility of linkages with other programs, potential impact, and content quality when assessing a program's efficacy. While these considerations have become standard, the important aspects of culture are often omitted from the assessment process.

To address this need, this bulletin presents seven indicators to assist you in developing or assessing cultural competence programs. These guidelines will be useful to persons who are assessing existing programs or grant applications, and to individuals who are developing programs.

- **Experience or track record of involvement with the target audience.** The sponsoring organization should have a documented history of positive programmatic involvement with the population or community to be served. The organization's staff, its board, and volunteers should have a history of involvement with the target population or community to be addressed that is verifiable by the general cultural group and by the specific community to be served.
- **Training and staffing.** The staff of the organization should have training in cultural sensitivity and in specific cultural patterns of the community proposed for services. Staff should be identified who are prepared to train and translate the community cultural patterns to other staff members. There should be clear, cultural objectives for staff and for staff development. These objectives can be demonstrated by a staff training plan which:
 - increases and/or maintains the cultural competency of staff members.
 - clearly articulates standards for cultural competency, including credibility in hiring practices, and calls for periodic evaluations and demonstration of the cultural and community-specific experience of staff members.

Emphasis should be placed on staffing the initiative with people who are familiar with, or who are themselves members of, the community to be served.

- **Community representation.** The community targeted to receive services should be a planned participant in all phases of program design. There should be an established mechanism to provide members of the target group with opportunities to influence and help shape the program's proposed activities and interventions. A community advisory council or board of directors of the organization (with legitimate and working agreements) with decision-making authority should be established to affect the course and direction of the proposed program. Members of the targeted cultural group should be represented on the advisory council and organizational board of directors. The procedures for making contributions or changes to the policies and procedures of the project should be described and made known to all parties.
- **Language.** If an organization is providing services to a multi-linguistic population, there should be multi-linguistic resources, including use of skilled bilingual and bicultural translators whenever a significant percentage of the target community is more comfortable with a language other than English. There should be printed and audio visual materials sufficient for the proposed program. If translations from standard English to another language are to be used, the translation should be done by individuals who know the nuances of the language as well as the formal structure. All translations should be carefully pretested with the target audience.
- **Materials.** It should be demonstrated that audio-visual materials, PSA's, training guides, print materials, and other materials to be used in the program, are culturally appropriate or will be made culturally consistent with the community to be served. Pretesting with the target audience and gate-keepers should provide feedback from community representatives about the cultural appropriateness of the materials under development.
- **Evaluation.** Program evaluation methods and instruments should be consistent with the cultural norms of the group or groups being served. There should be a rationale for the use of the evaluation instruments that are chosen, including a discussion of the validity of the instruments in terms of the culture of the specific group or groups targeted for interventions. If the instruments have been imported from another project using a different cultural group, there should be adequate evaluation and/or revision of the instruments so that they are now demonstrably culturally specific to the target group(s). The evaluators should be sensitized to the culture and familiar with the culture whenever possible and practical.
- **Implementation.** There should be objective evidence/indicators in the application that the applicant organization understands the cultural aspects of the community that will contribute to the program's success and knows how to recognize and avoid pitfalls.

This list has been designed to raise awareness and to stimulate thinking about the important role that culture plays in successful programs and activities. These guidelines should be expanded and tailored to your specific program or organization.

Often organizations that are engaged in intervention activities must balance money, staff, and time. Guidelines such as these may seem too expensive and time-consuming. These problems may not be easy to solve and may require dedicated and creative solutions. But it is well worth the effort because a culturally competent program and organization will help to create strong and sound intervention efforts.

Resource Aid 4

The following document is a set of guidelines prepared by the *Task Force on the Delivery of Services to Ethnic Minority Populations* established by American Psychological Association's Board of Ethnic Minority Affairs (BEMA) in 1988. Contact: The American Psychological Association (APA), 750 First Street, NE, Washington, DC 20002-4242; 202/336-5500. This document was downloaded from their website:
<http://www.apa.org/pi/multiculturalguidelines.pdf>.

APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations

The Guidelines consist of general principles to help psychologists in their work with ethnic, linguistic, and culturally diverse populations. Approved by the APA Council of Representatives August, 1990.

Introduction

There is increasing motivation among psychologists to understand culture and ethnicity factors in order to provide appropriate psychological services. This increased motivation for improving quality of psychological services to ethnic and culturally diverse populations is attributable, in part, to the growing political and social presence of diverse cultural groups, both within APA and in the larger society. New sets of values, beliefs, and cultural expectations have been introduced into educational, political, business, and health care systems by the physical presence of these groups. The issues of language and culture do impact on the provision of appropriate psychological services.

Psychological service providers need a sociocultural framework to consider diversity of values, interactional styles, and cultural expectations in a systematic fashion. They need knowledge and skills for multicultural assessment and intervention, including abilities to:

1. recognize cultural diversity;
2. understand the role that culture and ethnicity/race play in the sociopsychological and economic development of ethnic and culturally diverse populations;
3. understand that socioeconomic and political factors significantly impact the psychosocial, political and economic development of ethnic and culturally diverse groups;
4. help clients to understand/maintain/resolve their own sociocultural identification; and understand the interaction of culture, gender, and sexual orientation on behavior and needs.

Likewise, there is a need to develop a conceptual framework that would enable psychologists to organize, access, and accurately assess the value and utility of existing and future research involving ethnic and culturally diverse populations.

Research has addressed issues regarding responsiveness of psychological services to the needs of ethnic minority populations. . . . The APA's Board of Ethnic Minority Affairs (BEMA) established a Task Force on the Delivery of Services to Ethnic Minority Populations in 1988 in response to the increased awareness about psychological service needs associated with ethnic and cultural diversity. The populations of concern include, but are not limited to the following groups: American Indians/Alaska Natives, Asian Americans, and Hispanics/Latinos. For example, the populations also include recently arrived refugee and immigrant groups and established U.S. subcultures such as Amish, Hasidic Jewish, and rural Appalachian people.

The Task Force established as its first priority development of the Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations. The guidelines that follow are intended to enlighten all areas of service delivery, not simply clinical or counseling endeavors. The clients referred to may be clients, organizations, government and/or community agencies.

Guidelines

Preamble: The Guidelines represent general principles that are intended to be aspirational in nature and are designed to provide suggestions to psychologists in working with ethnic, linguistic, and culturally diverse populations.

Psychologists educate their clients to the processes of psychological intervention, such as goals and expectations; the scope and, where appropriate, legal limits of confidentiality; and the psychologists' orientations.

- a. Whenever possible, psychologists provide information in writing along with oral explanations.
- b. Whenever possible, the written information is provided in the language understandable to the client.

Psychologists are cognizant of relevant research and practice issues as related to the population being served.

- a. Psychologists acknowledge that ethnicity and culture impacts on behavior and take those factors into account when working with various ethnic/racial groups.
- b. Psychologists seek out educational and training experiences to enhance their understanding to address the needs of these populations more appropriately and effectively. These experiences include cultural, social, psychological, political, economic, and historical material specific to the particular ethnic group being served.
- c. Psychologists recognize the limits of their competencies and expertise. Psychologists who do not possess knowledge and training about an ethnic group seek consultation with, and/or make referrals to, appropriate experts as necessary.
- d. Psychologists consider the validity of a given instrument or procedure and interpret resulting data, keeping in mind the cultural and linguistic characteristics of the person being assessed. Psychologists are aware of the test's reference population and possible limitations of such instruments with other populations.

Psychologists recognize ethnicity and culture as significant parameters in understanding psychological processes.

- a. Psychologists, regardless of ethnic/racial background, are aware of how their own cultural background/experiences, attitudes, values, and biases influence psychological processes. They make efforts to correct any prejudices and biases.
Illustrative Statement: Psychologists might routinely ask themselves, "Is it appropriate for me to view this client or organization any differently than I would if they were from my own ethnic or cultural group?"
- b. Psychologists' practice incorporates an understanding of the client's ethnic and cultural background. This includes the client's familiarity and comfort with the majority culture as well as ways in which the client's culture may add to or improve various aspects of the majority culture and/or of society at large.
Illustrative Statement: The kinds of mainstream social activities in which families participate may offer information about the level and quality of acculturation to American society. It is important to distinguish acculturation from length of stay in the United States, and not to assume that these issues are relevant only for new immigrants and refugees.
- c. Psychologists help clients increase their awareness of their own cultural values and norms, and they facilitate discovery of ways clients can apply this awareness to their own lives and to society at large.
Illustrative Statement: Psychologists may be able to help parents distinguish between generational conflict and culture gaps when problems arise between them and their children. In the process, psychologists could help both parents and children to appreciate their own distinguishing cultural values.

- d. Psychologists seek to help a client determine whether a "problem" stems from racism or bias in others so that the client does not inappropriately personalize problems.

Illustrative Statement: The concept of "healthy paranoia," whereby ethnic minorities may develop defensive behaviors in response to discrimination, illustrates this principle.

- e. Psychologists consider not only differential diagnostic issues but also cultural beliefs and values of the clients and his/her community in providing intervention.

Illustrative Statement: There is a disorder among the traditional Navajo called "Moth Madness." Symptoms include seizure-like behaviors. The disorder is believed by the Navajo to be the supernatural result of incestuous thoughts or behaviors. Both differential diagnosis and intervention should take into consideration the traditional values of Moth Madness.

Psychologists respect the roles of family members and community structures, hierarchies, values, and beliefs within the client's culture.

- a. Psychologists identify resources in the family and the larger community.
- b. Clarification of the role of the psychologist and the expectations of the client precede intervention. Psychologists seek to ensure that both the psychologist and client have a clear understanding of what services and roles are reasonable.

Illustrative Statement: It is not uncommon for an entire American Indian family to come into the clinic to provide support to the person in distress. Many of the healing practices found in American Indian communities are centered in the family and the whole community.

Psychologists respect clients' religious and/or spiritual beliefs and values, including attributions and taboos, since they affect world view, psychosocial functioning, and expressions of distress.

- a. Part of working in minority communities is to become familiar with indigenous beliefs and practices and to respect them. Illustrative Statement: Traditional healers (e.g., shamans, curanderos, espiritistas) have an important place in minority communities.
- b. Effective psychological intervention may be aided by consultation with and/or inclusion of religious/spiritual leaders/practitioners relevant to the client's cultural and belief systems.

Psychologists interact in the language requested by the client and, if this is not feasible, make an appropriate referral.

- a. Problems may arise when the linguistic skills of the psychologist do not match the language of the client. In such a case, psychologists refer the client to a mental health professional who is competent to interact in the language of the client. If this is not possible, psychologists offer the client a translator with cultural knowledge and an appropriate professional background. When no translator is available, then a trained paraprofessional from the client's culture is used as a translator/culture broker.
- b. If translation is necessary, psychologists do not retain the services of translators/paraprofessionals that may have a dual role with the client to avoid jeopardizing the validity of evaluation or the effectiveness of intervention.
- c. Psychologists interpret and relate test data in terms understandable and relevant to the needs of those assessed.

Psychologists consider the impact of adverse social, environmental, and political factors in assessing problems and designing interventions.

- a. Types of intervention strategies to be used match to the client's level of need (e.g., Maslow's hierarchy of needs).

Illustrative Statement: Low income may be associated with such stressors as malnutrition, substandard housing, and poor medical care; and rural residency may mean inaccessibility of services. Clients may resist treatment at government agencies because of previous experience (e.g., refugees' status may be associated with violent treatments by government officials and agencies).

- b. Psychologists work within the cultural setting to improve the welfare of all persons concerned, if there is a conflict between cultural values and human rights.

Psychologists attend to as well as work to eliminate biases, prejudices, and discriminatory practices.

- a. Psychologists acknowledge relevant discriminatory practices at the social and community level that may be affecting the psychological welfare of the population being served.

Illustrative Statement: Depression may be associated with frustrated attempts to climb the corporate ladder in an organization that is dominated by a top echelon of White males.

- b. Psychologists are cognizant of sociopolitical contexts in conducting evaluations and providing interventions; they develop sensitivity to issues of oppression, sexism, elitism, and racism.

Illustrative Statement: An upsurge in the public expression of rancor or even violence between two ethnic or cultural groups may increase anxiety baselines in any member of these groups. This baseline of anxiety would interact with prevailing symptomatology. At the organizational level, the community conflict may interfere with open communication among staff.

Psychologists working with culturally diverse populations should document culturally and sociopolitically relevant factors in the records.

- a. number of generations in the country
- b. number of years in the country
- c. fluency in English
- d. extent of family support (or disintegration of family)
- e. community resources
- f. level of education
- g. change in social status as a result of coming to this country (for immigrant or refugee)
- h. intimate relationship with people of different backgrounds
- I. level of stress related to acculturation

Agencies, Organizations and Advocacy Groups and Internet Resources Related to Cultural Concerns in Addressing Barriers to Learning

American Academy of Child and Adolescent Psychiatry (AACAP): AACAP has translated fact sheets into Spanish. This web site provides a Spanish introduction to the web site and links to each of fact sheets. <http://www.aacap.org/page.www?section=Publication+Store&name=Publication+Store>

American Indian Science & Engineering Society(AISES): AISES Teacher programs impact many elementary and secondary educators of American Indian students nationwide. The teacher programs address four major areas: Community-School alliances; Culturally relevant hands-on inquiry based mathematics and science teaching and learning for American Indian elementary and secondary education; Teacher Resource Role; Technology in teaching and learning. <http://www.aises.org/>

Association of Black Psychologists: ABP provides research publications, assessment techniques, and other products for practical solutions to the day-to-day circumstances of people of African decent. <http://www.abpsi.org/>

The Black Community Crusade for Children (BCCC): The Black Community Crusade for Children is a national organization coordinated by the Children's Defense Fund. Its goals are to strengthen the black community, and to provide opportunities for black children to better their education, sense of community and self-esteem. The website describes the organization, its services, and provides information about programs and upcoming events and news, and publications. Regional offices are listed on the site. http://www.childrensdefense.org/site/PageServer?pagename=Programs_BCCC

California Tomorrow: California Tomorrow is a nonprofit organization committed to racial, cultural and linguistic diversity in California. <http://www.californiatomorrow.org/>

Center for Multicultural Human Services: Assists mental health workers in meeting the needs of clients who have a culture and/or language barrier to treatment. <http://www.cmhsweb.org/>

Center for Indian Education at Arizona State University: An interdisciplinary research and service organization which fosters relations between the University and sovereign tribes, and supports training and technical assistance for community programs. <http://coe.asu.edu/cie/>

Cultural Competence Web Site: Cultural competence information, resources, and links to other sites. <http://cecp.air.org/cultural/default.htm>

Frontier Mental Health Services Resource Network: Collects, analyzes, and synthesizes knowledge regarding mental health services in rural areas. Also offers technical assistance to rural agencies and advocates on mental health/substance abuse topics. <http://wiche.edu/mentalhealth/frontier/index.htm>

Institute for Urban and Minority Education: Approaches the problem of improving the quality of education for urban and minority students in three ways: 1) by conceptualizing fundamental problems and conducting research to discover their solutions, 2) by translating and applying research knowledge in practical situations, and 3) by developing new programs, techniques, instruments, and materials that can be used in a variety of educational settings. <http://iume.tc.columbia.edu/default.asp>

Intercultural Development Research Association (IDRA): An independent non-profit advocacy organization dedicated to improving educational opportunity through research, materials development, training, technical assistance, evaluation, and information dissemination. <http://www.idra.org>

Connecting communities and creating change to improve the health and well **National Alliance for Hispanic Health:** being of Hispanics in the United States. Works with community-based organizations; universities; federal, state, and local governments; foundation; and corporations. Services include: Consumer Education and Outreach; Training Programs; Technical Assistance; Model Community-Based Programs; Policy analysis Development and Dissemination; Research; Data Analysis; Advocacy; Infrastructure Support and Development; Development and Adaptation of Materials. Priority areas include: women's health, environmental health, health system reform, and welfare reform. <http://www.hispanichealth.org/>

National Association of Black Social Workers: Focuses on the accountability of the social welfare system in communities of African ancestry, and the delivery of those services which are reflective of that experience. <http://nabsw.org>

National Center for American Indian and Alaska Native Mental Health Research: This minority mental health research Center is sponsored by the National Institute of Mental Health and is the only program of this type in the country focusing specifically on American Indian and Alaska Native populations. <http://www.ucdenver.edu>

National Center for Research on Cultural Diversity and Second Language Learning: Promotes the intellectual development, literacy, and thoughtful citizenship of language minority students, and appreciation of the multicultural and linguistic diversity of the American people. <http://www.ed.gov/offices/OERI/At-Risk/scruz1.html>

National Center for Cultural Competence: Project to increase the capacity of Title V programs to design, implement and evaluate culturally competent service delivery systems for children with special needs and their families from culturally diverse populations. <http://gucchd.georgetown.edu/nccc/index.html>

National Indian Children's Mental Health Initiative: The Center for Mental Health Services' Child, Adolescent and Families Branch's initiative to improve access for American Indian children's mental health care. <http://www.nicwa.org/services/techassist/mentalhealth/index.asp>

National Latino Children's Institute: NLCI is the only National Latino organization that focuses exclusively on children; serves as the voice for young Latinos. NLCI staff fulfills this mission by promoting and implementing the National Latino Children's Agenda. <http://www.nlci.org/>

NWREL's Equity Center: NWREL's, Center for National Origin, Race & Sex Equity assists public school personnel to embrace the key concepts of equity and help them eliminate bias and discrimination. Their website contains articles for parents and educators, numerous descriptions of NWREL programs (Assessment, Rural Education, Child & Family, and School Improvement programs). Also included are *Equity Infoline* (their information letter), and for those in Northwest region, a *Request for Assistance* area and links to other regional education sites. <http://www.nwrel.org/cnorse/>

The Office of Minority Health Resource Center: Established by the U.S. Department of Health and Human Services Office of Minority Health in 1987, OMH-RC serves as a national resource and referral service on minority health issues; facilitates the exchange of information on minority health issues. Unlike a clearinghouse, OMH-RC offers customized database searches, publications, mailing lists, referrals, and more regarding American Indian and Alaska Native, African American, Asian American and Pacific Islander, and Hispanic populations. <http://www.minorityhealth.hhs.gov/>

Quality Education for Minorities (QEM) Network: Established in 1990 as a non-profit organization in Washington, D.C., dedicated to improving education for minorities throughout the nation. Serves as a national resource and catalyst to help unite and strengthen educational restructuring efforts to the benefit of minority children, youth, and adults, while advancing minority participation and leadership in the national debate on how best to ensure access to a quality education for all citizens. <http://qem.org>

Western Interstate Commission for Higher Education (WICHE), Institute on Ethnic Diversity: A resource directory for American higher education. The goal is to disseminate nationally and internationally information on foundation and corporate funded diversity projects in higher education. Available at this site are price listings of WICHE publications, descriptions of their various programs on ethnic diversity, mental health, doctoral scholars, and educational telecommunications. Provides numerous links to other educational resources. <http://www.wiche.edu/>

Glossary of Key Terms*

Culture: The shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people that are unified by race, ethnicity, language, nationality, or religion.

Cultural Group: A group of people who consciously or unconsciously share identifiable values, norms, symbols, and some ways of living that are repeated and transmitted from one generation to another.

Cultural Diversity: Differences in race, ethnicity, language, nationality, or religion among various groups within a community, organization, or nation. A community is said to be culturally diverse if its residents include members of different groups.

Ethnic: Belonging to a common group -- often linked by race, nationality, and language -- with a common cultural heritage and/or derivation.

Race: A socially defined population that is derived from distinguishable physical characteristics that are genetically transmitted.

Language: the form or pattern of speech -- spoken or written -- used by residents or descendants of a particular nation or geographic area or by any large body of people. Language can be formal or informal and includes dialect, idiomatic speech, and slang.

Multicultural: Designed for or pertaining to two or more distinctive cultures.

Cultural Awareness: Recognition of the nuances of one's own and other cultures.

Cultural Sensitivity: An awareness of the nuances of one's own and other cultures.

Culturally Appropriate: Exhibiting sensitivity to cultural differences and similarities, and demonstrating effectiveness in translating that sensitivity to action through organizational mission statements, communication strategies, and services to diverse cultures.

Cultural Competence: The ability of individuals to use academic, experiential, and interpersonal skills to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. Encompasses individuals' desire, willingness, and ability to improve systems by drawing on diverse values, traditions, and customs and working closely with knowledgeable persons from the community to develop interventions and services that affirm and reflect the value of different cultures.

* From *A Guide to Enhancing the Cultural Competence of Runaway and Homeless Youth Programs* by the U.S. Department of Health and Human Services. Administration for Children and Families. Administration on Children, Youth, and Families. Families and Youth Services Bureau.

Other Related Terms*

The following related terms are defined by *Webster's New World Dictionary of American English, Third Edition*, as follows:

- **Acculturation:** the process of conditioning a child to the patterns or customs of a culture; the process of becoming adapted to a new or different culture with more or less advanced patterns; the mutual influence of different cultures in close contact.
- **Assimilation:** the cultural absorption of a minority group into the main cultural body.
- **Bias:** implies a mental leaning in favor of or against someone or something.
- **Bigotry:** the behavior, attitude, or beliefs of a person who holds blindly and intolerantly to a particular creed, opinion, etc.; intolerance; prejudice.
- **Discrimination:** the act of discriminating or distinguishing differences; the ability to make or perceive distinctions, perception, discernment; a showing of partiality or prejudice in treatment; specific action or policies directed against the welfare of minority groups.
- **Diversity:** a quality, state, fact, or instance of being different or dissimilar; difference; variety.
- **Ethnocentrism:** the emotional attitude that one's own ethnic group, nation, or culture is superior; an excessive or inappropriate concern for racial matters.
- **Homophobia:** irrational hatred or fear of homosexuals or homosexuality.
- **Power:** the ability to control others; authority, sway, influence; a person or thing having great influence, force, or authority.

- **Prejudice:** implies a preconceived and unreasonable judgement or opinion, usually an unfavorable one marked by suspicion, fear, or hatred.
- **Racism:** a doctrine or teaching, without scientific support, that claims to find racial differences in character, intelligence, etc.; that asserts the superiority of one race over another or others, and that seeks to maintain the supposed purity of a race or the races; any program or practice of racial discrimination, segregation, etc. based on such beliefs.
- **Segregation:** the policy or practice of compelling racial groups to live apart from each other, go to separate schools, use separate social facilities, etc.
- **Sexism:** discrimination against people on the basis of sex; specifically discrimination against, and prejudicial stereotyping of, women.
- **Supremacist:** a person who believes in or promotes the supremacy of a particular group, race, etc.

* Excerpted from the National Clearinghouse on Runaway and Homeless Youth, P.O. Box 13505 Silver Spring, MD 20911-3505, (301) 608-8098. January, 1994; Last Updated February, 2004.
www.ncfy.com/guide-to-enhancing.htm or www.ncfy.com/pubs/culguide.htm

MORE RESOURCES

For more, see the Center Online Clearinghouse Quick Finds on:

- >*Cultural Competence and Related Issues*
<http://smhp.psych.ucla.edu/qf/culturecomp.htm>
- >*Immigrant Students and Mental Health*
<http://smhp.psych.ucla.edu/qf/immigrantkids.htm>
- >*Diversity, Disparities, and Promoting Health Equitably*
<http://smhp.psych.ucla.edu/qf/diversity.htm>
- >*Native American Students*
<http://smhp.psych.ucla.edu/qf/nativeamericans.htm>
- >*Gay, Lesbian, Bisexual Issues*
http://smhp.psych.ucla.edu/qf/p3017_02.htm
- >*Mental Health in Schools in Other Countries*
<http://smhp.psych.ucla.edu/qf/mhinternational.html>

These Quick Finds provide links to Center developed documents and to online resources from many other sources.

For example, links are there for such recent Center documents as:

- >*Underrepresented Minorities: Making it to and Staying in Postsecondary Education*
<http://smhp.psych.ucla.edu/pdfdocs/postsecond.pdf>
- >*Native American Students Going to and Staying in Postsecondary Education: An Intervention Perspective**
<http://smhp.psych.ucla.edu/pdfdocs/nativeamericanarticle.pdf>
- >*International Students: Addressing Barriers to Successful Transition*
<http://smhp.psych.ucla.edu/pdfdocs/internat.pdf>
- >*Information Resources on Youth Subcultures: Understanding Subgroups to Better Address Barriers to Learning & Improve Schools*
<http://smhp.psych.ucla.edu/materials/trainingpresentation.htm#fact>
- >*What is the Model Minority Myth and How Should We Deal With It?*
<http://smhp.psych.ucla.edu/pdfdocs/minmyth.pdf>

*Published in a special issue of the *American Indian Culture and Research Journal* on “Reducing Barriers to Native American Student Success in Higher Education: Challenges and Best Practices.”