The History of Cross-Cultural School Psychology in the United States

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Multiculturalism has been an integral part of United States (U.S.) history since the pilgrims arrived. The early American settlers came from many different European nations, seeking religious freedom and relief from oppressive governments. Although most early settlers were White, they each had their own language, culture, values, and beliefs. It is fair to say that, from the very beginning, America and subsequently, the U.S., was settled and built by a multicultural group of people. Colonial America has been described as having an acceptance of cultural and linguistic differences among early settlers and establishing various schools to teach the various languages of the time (e.g., French, German, and English) (Gonzalez, Brusca-Vega, & Yawkey, 1997). However, in the late 1800s, as English began to be the dominant language and as many immigrants entered the U.S., attitudes toward bilingualism and diversity changed (Gonzalez et al., 1997; Ochoa, 2005). After the initial settlers arrived in America from Europe, immigration from various parts of the world to America followed. The largest immigration of Europeans to the U.S. occurred during the early 1900s and continued until the outbreak of World War I (Holliday & Holmes, 2003). Around the same time, the Southwest's Mexican American population radically increased by more than one million persons as a result of displacement from the Mexican Revolution and the massive recruitment of Mexicans for agricultural, mining, railroad, and industrial labor (Holliday & Holmes, 2003). In addition, immigration of Japanese and various ethnic and cultural groups continued to increase during the remainder of the twentieth century. However, American society in the mid-1800s and 1900s was focused on the White population; it excluded Native American slaves, and did not address the needs of minority students (Gonzalez et al., 1997; Merrell, Ervin, & Gimpel, 2006).

Immigration has been a part of America's history and continues to be prevalent in today's society. In 2001, the U.S. Census Bureau described the primary ethnic minority groups to be Latinos, African Americans, Asian Americans, American Indians, natives of Alaska, and Pacific Islanders. These various ethnic groups composed nearly 50% of the population in the U.S., of which approximately 57% was 18 years old or younger (U.S. Bureau of the Census, 2001). It is estimated that by 2010 Latinos will be the largest ethnic group, followed by African Americans (Bernal, Trimble, Burlew, & Leong, 2003). One out of every five school-aged children in the U.S. speaks a language other than English (Gonzalez et al., 1997; Kindler, 2002). In addition, there are more than 400 languages represented within the student population with limited English proficiency (LEP), with Spanish (77%) and Vietnamese (2.3%) being the most common (Kindler, 2002).

Issues about diversity have been prevalent in American society and have therefore influenced psychology and education in the U.S. Moreover, various historical events, such as segregation, racism, discrimination, and prejudice, affected institutions and organizations and impeded the integration of multicultural factors into professional practice (Jackson, 1995). The history of diversity (Gonzalez et al., 1997) and the increased number of minority populations in the U.S. within the past century (Ochoa, 2005) have resulted in various social reforms. Several reform movements were related to the emergence of psychology and school psychology (Fagan & Wise, 2000). Although psychology and school psychology have spent a large portion of this century establishing themselves and thus have been preoccupied with structural professional issues, diversity has not been an issue that the profession has addressed effectively (Fagan, 2004; Fagan & Wise, 2000). However, given the changing demographics of the U.S., there is a question of the effectiveness of a psychology that historically has not been inclusive of ethnic and racial groups (Bernal et al., 2003). With the increasing number of minority populations in the U.S., psychology and school psychology will need to include different racial and ethnic groups into all aspects of research and practice if they are to be representative of U.S. demographics (Bernal et al., 2003).

History of Cross-Cultural Psychology

Psychology has developed based on the contributions of many European and White American psychologists. It is sometimes criticized as addressing the dominant

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culture, but failing to account for minority cultures in its theory, practice, and development (Bernal et al., 2003). As a result, the field of cross-cultural psychology emerged in an attempt to: (1) transport present hypotheses and findings to other cultural settings to test their validity and applicability in other groups of humans; (2) explore other cultures to discover cultural and psychological variations that are not present in our own limited cultural experience; and (3) attempt to assemble and integrate, into a broadly based psychology, the results obtained when pursuing the first two goals, and to generate a more universal psychology that will be valid for a broader range of cultures (Berry, Poortinga, Segall, & Dasen, 2002).

Cross-cultural psychology has "a long past, but only a short history," as psychologists have been interested in the impact of culture on individuals for a very long time, but a more consistent study of culture on individuals has only occurred recently (Ho & Wu, 2001). The literature on cross-cultural psychology points out that one of its main challenges in incorporating multicultural and cross-cultural factors into the field of psychology begins with the definition. Firstly, the concept "culture" in cross-cultural psychology remains largely unexamined theoretically. As a result, the theoretical and research usefulness of this construct is questioned (Rohner, 1984). Despite this issue, "multicultural" has been defined as "a confluence of three or more coexisting and unintegrated cultures (e.g., those that differ by age, gender, race, ethnicity, social class, or sexual orientation), each of which displays patterns of human behavior that include thought, language, action, and artifacts that may be somewhat unique to it and are sustained by members' capacity for and interest in learning and transmitting knowledge to succeeding generations" (Oakland, 2005, p. 6). Berry et al. (2002) define cross-cultural psychology as: "the study of similarities and differences in individual psychological functioning in various cultural and ethnocultural groups; of the relationships between psychological variables and socio-cultural, ecological and biological variables; and of ongoing changes in these variables" (p. 3).

Sociology, anthropology, and social psychology were the first disciplines to consider cultural factors (Segall, Dasen, Berry, & Poortinga, 1990). German psychologists J. F. Herbart and Lightner Witmer, who is also the "father of school psychology" (Fagan & Wise, 2000), began to consider how culture affects human behavior (Hogan & Sussner, 2001). However, the exploration of cultural determinants in social psychology textbooks was rare during the first half of the twentieth century (Segall, 1979).

What continued to be prevalent during the late 1800s and early to mid-1900s was what Holliday and Holmes call "scientific racism." Holliday and Holmes (2003) suggest that the field of psychology contributed to the practice of scientific racism during the second half of the nineteenth and early twentieth centuries. They illustrate this point by citing the work of Sir Francis Galton, who indicated that African Americans were on average two grades below the Anglo Saxons, and Stanley Hall, who argued that other "lower" races were at a more "adolescent stage" of their life cycle than Whites. This issue has continued in psychology. In the early 1920s, Spearman observed that tests with a higher g loading, purer measures of intellectual capacity, revealed larger performance differences between groups (Berry et al., 2002). Later, in 1985, Jensen formulated Spearman's hypothesis, which predicted larger performance differences between "racial groups" in the U.S. when using intelligence tests (Berry et al., 2002).

Jensen interpreted his results as evidence for differences in intellectual capacity between African Americans and White Americans. There has been much controversy over Jensen's results. Berry et al. (2002) concluded that there is a relationship between test performance and schooling and that "the relationship between cognitive test performance and schooling may have two bases: (1) performance may actually be enhanced by educational experience, and (2) the relationship may be an artifact of the test content being similar to school materials" (p. 119). The issue of differences in intellectual capacity among diverse groups continued to be present in psychology. During the nineteenth and twentieth centuries, minority populations were primarily discussed in psychology and education research to make comparisons based on racial differences (Holliday & Holmes, 2003). Moreover, psychology's psychometric and experimental procedures were used to investigate problems of "national concern" about ethnic minorities. Statistical analyses compared the performance of White, African American, and Latino students on intelligence tests (Herrnstein & Murray, 1994). Researchers then used the results of their analyses to make comparisons between different groups and Whites, as well as assertions about the innate abilities of different groups and their ability to learn. Since the early part of the twentieth

century, there have been many studies on psychological characteristics (e.g., intelligence and personality) of ethnic minorities. Stated implications of these studies often focused on issues related to the management, socialization, and education of the nation's minority people, and were used to justify racially differential treatment (Holliday & Holmes, 2003). Richards (1997) characterized these studies as "race psychology," which sought to refine, document, and validate assumptions of scientific racism. In addition, these types of study were used to justify segregation and differential treatment of culturally and linguistically diverse students.

During the Great Depression, attempts to include the field of psychology in social issues were best represented by the formation of the Psychologists League in 1934. This was an activist organization committed to ideological critique of issues pertinent to psychological theory, direct political action, and reform of related issues. It was also supportive of the Society for the Psychological Study of Social Issues, which was primarily concerned with the application of psychological theory and methods to the scholarly study of such social issues as war, industrial conflict, and racial prejudice, as well as the testing of hypotheses about social change (Holliday & Holmes, 2003).

In the early 1900s, several individuals from different ethnic minorities became scholars of psychology and began to study the major tenets of scientific racism and to highlight the potential effects of environmental variables on human behavior and racial differences (Holliday & Holmes, 2003). Unfortunately, much of the work of these scholars went relatively unnoticed and ignored in psychology and education. Moreover, differentiation and bias toward culturally and linguistically diverse persons continued to influence social, political, and economic agendas in the U.S.

Interestingly, in the 1920s, many psychologists believed that, for the most part, all humans were alike and that there was no need to identify and study cultural correlates (Bernal et al., 2003). Some psychologists continue to argue that the study of culture should be conducted within the field of anthropology. Many more psychologists currently feel that psychology has ignored the robustness and salience of culture and ethnicity for many years (Bernal et al., 2003).

After World War II, cross-cultural psychology grew in spurts. By the 1970s it came "of age," having 1,125 cross-cultural psychologists registered in the *Directory of cross-cultural research and researchers*, professional organizations, and journals specific to issues in it (Bernal et al., 2003; Ho & Wu, 2001; Segall, 1979). In addition, in 1970, the *Journal of Cross-Cultural Psychology* was launched at Western Washington University (Bernal et al., 2003).

Other disciplines, such as anthropology and branches of psychology, also began to address cultural factors in their publications. The first textbook in social psychology, *Social psychology* by Otto Klinberg in 1940, highlighted the diversity of human behavior, questioned the claim about the universality of psychological concepts, and criticized the concept of biological determinism that had been used to support the belief in the inferiority of "non-Western" peoples (Hogan & Sussner, 2001; Segall et al., 1990). A brief introduction to cross-cultural psychology was written by Serpell in 1976, and an edited volume dealing with research issues in cross-cultural psychology was written by Warren in 1977 (Segall, 1979).

In addition, international conferences began to take place during the 1970s, in Ontario, the Netherlands, and Germany (Segall, 1972). In 1972, a group of psychologists from different countries convened in Hong Kong to examine and discuss culture's influence on the human experience. This led to the founding of the International Association for Cross-Cultural Psychology (IACCP) (Bernal et al., 2003). In addition, the first *Handbook of cross-cultural psychology*, a series of six volumes, was edited by Triandis et al. (1980). Another important book in the subject was *The handbook of cross-cultural human development* by Munroe, Munroe, and Whiting in 1981. This book provides impressive evidence that there are scientific laws governing human development (Segall et al., 1990). Given these important contributions, cross-cultural psychology is now an established field, but cultural diversity is yet to be incorporated systematically in other areas of psychology (Segall et al., 1990; Sue, Arrendondo, & McDavis, 1992).

Considerations of ethnic, cultural, and linguistic factors in psychology have not been well represented in traditional publications (Bernal et al., 2003). Publishing manuscripts on ethnic minority issues in mainstream periodicals has been a problem. For this reason, culture-specific associations and publications were established in the 1970s. Various of these are listed in Table 1.

Information obtained from Bernal et al. (2003) and Berry et al. (2002).

Table 1
Culture-specific associations and publications

Title	Year
Association of Black Psychologists	Early 1970s
Network of Indian Psychologists	Early 1970s
Asian American Psychological Association	Early 1970s
Journal of Black Psychology	1974
White Cloud Journal of American Indian/ Alaska Native Mental Health	1978
Renamed *American Indian and Alaska Native Mental Health Research*	1987
Hispanic Journal of Behavioral Sciences	1979
Journal of the Asian American Psychological Association	1979
National Hispanic Psychological Association	1980
Handbook of Cross-Cultural Psychology	1980
Society for the Psychological Study of Ethnic Minority Issues (Division 45)	1986
Society for the Clinical Psychology of Ethnic Minorities (Section VI of Division 12)	1986
Culture and Psychology	1995
Asian Journal of Social Psychology	1998
Cultural Diversity and Ethnic Minority Psychology	1999

History of School Psychology

School psychology diverted from psychology and clinical psychology in the early 1900s (Fagan & Wise, 2000). The field of education began to develop at the same time. The combination of (1) compulsory education in the U.S., (2) the social conditions after immigration and industrialization, and (3) the emergence of new educational tools and scientific technologies, such as intelligence quotient (IQ) and other mental tests, contributed to the inception of school psychology as a field (Fagan & Wise, 2000; Merrell et al., 2006). Therefore, school psychology has had a foundation in psychology and education.

The development of the IQ, mental ability testing movement, racial segregation, and inequality in schools, which occurred in the first quarter of the twentieth century, had significant implications for the development and definition of school psychology (Merrell et al., 2006). Compulsory attendance laws between 1852 and 1918, the child labor laws, and waves of immigration dramatically changed education and led to the inclusion in schools of increased numbers of children from diverse backgrounds (Fagan & Wise, 2000). As education struggled to meet the needs of such large numbers of children, psychologists were sought for the schools to assist educators in determining which resources students should receive; ultimately, these early psychologists assisted in segregating students into different programs (Fagan, 1990; Fagan & Wise, 2000). Fagan (1990, p. 917) points out that "the early years of the testing movement demonstrated the advantage of ability and achievement tests in segregating individuals for specialized treatments." This led the way for the beginnings of special education and psychological services in schools. By 1910 special education services to address "mental, physical, and moral" issues with students were available in many urban and some rural school systems (Fagan & Wise, 2000). School psychological services existed to a small degree, but it has been stated that the employability of school psychologists in the school system was to reliably sort children into segregated settings (Fagan & Wise, 2000). These initial school psychologists were seen as "gatekeepers" because of their role in identifying students not geared to benefit from regular education. As a result, intelligence testing has been described as a means of promoting, tracking, segregating, and routing students into vocational training to reduce focus on other variables (e.g., curriculum, teacher influence) and assisting in the exclusion of students from obtaining certain types of education (Merrell et al., 2006).

Fagan and Wise (2000) state that school psychology went through a formative state between 1890 and 1920 because it lacked the characteristics of a profession. This formative state involved: practitioner autonomy, professional regulation of training, credentialing, and practice. "Although clinical, counseling, and school psychology were establishing separate identities, there were no criteria for official recognition of psychology specialties" (Fagan, 2005, p. 226). During the 1950s and 1960s, school psychology was preoccupied with establishing itself as a professional organization and with professional issues, such as training and credentialing (Merrell et al., 2006). In 1945 the American Psychological Association (APA) gave school psychologists their first national organizational identity in the form of the Division of School Psychology (Division 16). This gave school psychologists an organizational identity, established a loose network of communication among school psychologists, and drafted guidelines for training and credentialing (Fagan & Wise, 2000).

The National Association of School Psychologists was later established in 1969.

School psychology focused on becoming a profession in the early nineteenth century. Perhaps because of this focus and its role of "gatekeeper," it did not pay attention to issues of multiculturalism or cross-culturalism to the degree that was needed. In 1954, Brown v. Board of Education addressed the many years of inequality in schools. It resulted in the decision that school segregation by race denied the right of equal protection to African American students, and that schools should provide African American students equal access to the same resources as White students (Fagan & Warden, 1996; Gonzalez et al., 1997; Merrell et al., 2006; Reynolds, Elliott, Gutkin, & Witt, 1984). School psychology, however, with other areas in psychology, described minority students as culturally deprived, culturally different, distinct, or culturally neutral (Jackson, 2005). In the 1960s and 1970s, the school-aged population increased once again, thus increasing the special needs population and therefore the need for school psychologists to assist in the placement of children in special classes.

Although the field of school psychology has been characterized by intelligence testing and the need to address diversity in schools, multicultural and cross-cultural issues have been largely ignored. The field of school psychology continued to use systematic practices, such as IQ testing, as sole criteria for placement in special education programs that did not necessarily address multicultural or cross-cultural issues (Gonzalez et al., 1997). It appears that responsiveness to multicultural issues did not occur until the field was forced. Various court cases and legislation began to surface to force education and school psychology to address issues about the education, assessment, and equal opportunities for minority students. Some of these cases include Hobson v. Hansen (1967, 1969), Larry P. v. Riles (1972), Diana v. California State Board of Education (1970), Guadalupe v. Tempe Elementary District (1972), Public Law 94-142, and the Individuals with Disabilities Education Act (IDEA) (1990). These and other court decisions brought into focus the need for more sensitive multicultural assessment, improved technical adequacy of tests, broader conceptualization of assessment (Fagan, 1990), and issues about equal educational opportunities. Yet despite the various laws addressing issues of equal educational opportunity, segregation, bias, and tracking, legislation is not systematically enforced (Gonzalez et al., 1997).

Cross-Cultural School Psychology

Although Tarver-Behring and Ingraham (1998) and Ingraham (2000) have defined multicultural and cross-cultural consultation, there is no current definition for cross-cultural school psychology in the literature. Ingraham's (2000) definition of cross-cultural consultation and Pederson's (2003) definition of cross-cultural counseling will be used to define cross-cultural school psychology. It will be defined as the consideration of differing cultural beliefs and values involving ethnicity, language, socioeconomic status, age, gender, educational attainment, sexual orientation, spirituality, professional role, and level of acculturation from one individual, group, community, institution, or profession to another when assessing, conceptualizing, and implementing and evaluating treatments and interventions in a client's cultural context where those behaviors were learned and displayed. Although this is a long definition, it attempts to capture the complexity of cross-cultural considerations in school psychology. It also attempts to emphasize the need to consider various factors when one is working with an individual who differs in cultural background.

School psychologists have worked and continue to work disproportionately with children from low-income, minority families, and cross-culturally diverse backgrounds (Fagan & Wise, 2000; Oakland, 2005). Historically, most of the literature in school psychology dealing with cross-cultural issues and diversity has focused on assessment and its bias (Reynolds, Lowe, & Saenz, 1999). Owing to the many controversies surrounding intelligence testing with minorities, psychology and school psychology have been forced to consider cross-cultural factors when studying bias in mental testing with minority students. Unfortunately, this is not the case in other areas of school psychology. Table 2 shows some of the events, legislation, and major publications that have led the way to considering a multicultural and cross-cultural focus in school psychology.

One can see from the list that the development of a multicultural and cross-cultural perspective in school psychology has been recent. Although legislation requiring school psychology to address multicultural and cross-cultural issues goes back as early as 1954, school psychology only began to address issues of diversity more comprehensively in the past decade. This is consistent with Frisby's (2005) report that the word "multiculturalism" began to be largely used in the 1990s.

Table 2
Developmental milestones in cross-cultural school psychology

Event	Year
Compulsory education	Between 1852 and 1918
Stanford Binet Scales	1905
Brown v. Board of Education	1954
Hobson v. Hansen	1967, 1969
Diana v. State Board of Education	1970
Guadalupe Organization, Inc. v. Tempe Elementary School District	1972
Public Law 94-142	1975
P.A.S.E. v. Hannon	1980
Larry P. v. Riles	1984
National Association of School Psychologists (NASP) Position Statement on Advocacy for Appropriate Educational Services for All Children	1985, 2002
Children at Risk: Poverty, Minority Status, and Other Issues in Educational Equity (NASP)	1990
Ethical standards for the deliverance of services for ethnically diverse population resulted	1993
Individuals Disability Education Act (IDEA)	1997
NASP task force on cross-cultural school psychology competence "providing psychological services to racially, ethnically, culturally, linguistically diverse populations in the schools: recommendations for practice"	1998
Standards for educational and psychological testing	1999
Cross-cultural consultation volume in the School Psychology Review (volume 29, issue 3)	2000
Paper "Identifying critical cross-cultural school psychology competencies" by Rogers and Lopez	2002
Comprehensive handbook of multicultural school psychology (Frisby & Reynolds)	2005
Handbook of multicultural school psychology: An interdisciplinary perspective	2006

We reviewed the four major school psychology journals (*Psychology in the Schools*, *Journal of School Psychology*, *School Psychology Quarterly*, and *School Psychology Review*) to understand to what degree the literature in school psychology has reflected multicultural, cross-cultural, or diversity issues in the past 10 years (1986–2006). Databases searched were PsycINFO, Educational Resources Information Center (ERIC), Academic Search Elite, *Psychology in the Schools* online (full text available from Wiley Interscience Journals), *Journal of School Psychology* online (full text available from ScienceDirect Journals), *School Psychology Quarterly* online (full text available from EBSCOhost EJS), and *School Psychology Review* online (full text available from Wilson OmniFile) in October 2006. We searched for articles using the following words: "cross- cultural" + "school psychology" + "counseling," "cross-cultural" + "school psychology" + "intervention," and "cross-cultural" + "school psychology" + "consultation." A total of 41 articles were found, of which 19 were directly related to school psychological services. We found a significant difference in the number of articles that reflected multicultural issues published by each journal. Table 3 reflects the number of times the words "multicultural," "diversity," "cross-cultural," "African American," and "Hispanics" where cited in the title of each article in each journal in the past 10 years.

Table 4 shows the proportions of articles from 1996 to 2006 in each journal addressing multicultural, cross-cultural, diversity, African American, and Hispanic issues.

By far, *School Psychology Quarterly* proved to be the journal with the most articles (0.79), whereas *Journal of School Psychology* (0.06) and *School Psychology Review* (0.03) had the fewest articles, reflecting multicultural and cross-cultural issues in the past 10 years.

The two leading group of books in school psychology have been the *Best practices I–IV* (Thomas & Grimes, 1988, 1990, 1995, 2002) and *The handbook of school psychology* (Gutkin & Reynolds, 1990; Reynolds & Gutkin, 1999). We reviewed these two sets of books (with the exception of the *Handbook of school psychology* (1st ed.), which was not accessible) to see

Table 3

Titles addressing multicultural and cross-cultural issues in four school psychology journals, 1996–2006

Words used in title	Psychology in the schools	Journal of school psychology	School psychology quarterly	School psychology review
Multicultural	29	5	16	5
Diversity	71	1	54	5
Cross-cultural	11	3	58	3
African American	29	7	78	4
Hispanics	10	3	22	2
Total	150	19	228	19

Table 4

Proportions of articles addressing multicultural and cross-cultural issues in four school psychology journals

Number of articles/total number	Psychology in the schools	Journal of school psychology	School psychology quarterly	School psychology review
Multicultural	29/538 = 0.05	5/288 = 0.01	16/286 = 0.05	5/543 = 0.01
Diversity	71/538 = 0.13	1/288 = 0	54/286 = 0.18	5/543 = 0.01
Cross-cultural	11/538 = 0.02	3/288 = 0.01	58/286 = 0.2	3/543 = 0.005
African American	29/538 = 0.05	7/288 = 0.02	78/286 = 0.27	4/543 = 0.005
Hispanics	10/538 = 0.01	3/288 = 0.01	22/286 = 0.07	2/543 = 0.003
Total (All articles/total number of articles)	150/538 = 0.27	19/288 = 0.06	228/286 = 0.79	19/543 = 0.03

how many chapters were focused on multicultural or cross-cultural issues. We found that the *Best practices I* had 1 out of 39 chapters focused on bilingual assessment with LEP and bilingual children; *Best practices II* had 2 out of 62 chapters that were on bilingual assessment and another on considering cultural factors; *Best practices III* had 3 out of 96 chapters that focused on cultural differences in families, the role of culture, and working with bilingual children; and *Best practices IV* had 5 out of 101 chapters that focused on working with culturally and linguistically diverse children and families, using school interpreters, bilingual assessment, non-biased assessment, and increasing cross-cultural competence. *The handbook of school psychology* (2nd ed.), focused one of its chapters on multicultural or cross-cultural issues. And *The handbook of school psychology* (3rd ed.) focused one of its chapters on cultural diversity and interventions. This is consistent with what Frisby and Reynolds (2005) found. According to them, "only one of the 43 chapters in the *Handbook of school psychology* (Reynolds & Gutkin, 1999), 5 of the 101 chapters in *Best practices in school psychology IV* (Thomas & Grimes, 2002); and 4 of the 85 chapters in *Children's needs II* (Bear, Minke, & Thomas, 1997) were devoted to multicultural issues" (p. xix).

Henning-Stout and Brown-Cheatham (1999) have also noted that diversity issues in school psychology have focused on the difficulties in practice, and to a much lesser degree on training and research. They also indicate that scholars of school psychology began to give the issue of diversity more attention in the early 1990s, with regard to bilingual assessment, bilingual education, training diverse school psychologists, experiences of people of color and women. Yet, research in school psychology has largely ignored issues of diversity. This is perhaps because of the possibility that school psychology might have to change or adapt to a new way of proceeding with culturally and linguistically diverse (CLD) populations (Henning-Stout & Brown-Cheatham, 1999), given possible differences in assessment, counseling, consultation, and intervention procedures. The literature in school psychology consultation has already begun to lead the way in including theoretical and research considerations of

diversity in school psychology and how this would modify current consultation (Tarver-Behring, Cabello, Kushida, & Murgia, 2000).

Given that "cross-cultural school psychology" is a new term and a fairly recent perspective, school psychology has much to learn from cross-cultural psychology. It is important to use the knowledge derived by many psychologists who have richly contributed to the field of cross-cultural psychology to develop the field of cross-cultural school psychology. Among the information that school psychologists need to understand are the cross-cultural perspectives in child and adolescent development, cultural identity, acculturation, cognition across cultures, culture and emotion, culture and moral development, gender and culture, abnormal psychology and culture, clinical psychology and culture, social psychology across cultures, culture and social cognition, and social justice from a cultural perspective. The reader is referred to Harry Gardiner's (2001) chapter on Child and adolescent development: Cross-cultural perspectives and Yrizarry, Matsumoto, Imai, Kooken, and Takuchi's (2001) Culture and emotion chapter in Adler and Gielen's (2001) book, as well as Gardiner, Mutter, and Kosmitzki's (1998) book *Lives across cultures: Cross-cultural human development*. We refer the reader to Segall et al.'s (1990) book *Human behavior in a global perspective: An introduction to cross-cultural psychology*, and specifically to the Developmental niche, theories of human development, and Cognitive processes chapters to understand human behavior in different cultural contexts. We also refer the reader to David Matsumoto's (2001) *The Handbook of culture and psychology* and Berry et al.'s (2002) *Cross-cultural psychology* (2nd ed.) for further information on major concepts in cross-cultural psychology. In addition, it is important to note that two multicultural handbooks in school psychology, *Comprehensive handbook of multicultural school psychology* (Frisby & Reynolds, 2005) and *Handbook of multicultural school psychology* (Esquivel, Lopez, & Nahari, 2007), have recently been published. This not only increases the literature on cross-cultural school psychology, but also the focus on multicultural and cross-cultural issues in school psychology.

Although school psychology has not always addressed issues of diversity, it is important to note the strides in which school psychology has moved towards a cross-cultural framework. Given that the school psychologist's role primarily involves assessment, consultation, counseling, and interventions, a brief view of the historical events that have contributed to the development of "cross-cultural school psychology" in each area will be discussed. The main area that has historically been targeted as needing to address cultural and linguistic diversity issues is psychoeducational assessment. Unfortunately, this has often been due to issues of malpractice, bias, or discrimination. As a result, there is much history in this area that has contributed to cross-cultural school psychology. The other area that has paved the way for cross-cultural school psychology is consultation. Lopez, Rogers, Ingraham, and Tarver-Behring brought issues of diversity into the forefront in the late 1990s, which served to develop school psychology as it relates to cross-cultural and multicultural issues. In addition, Rogers and Lopez (2002) have begun research on the consensus about what cross-cultural skills are necessary to provide best practices in school psychology. They have also provided a list of important cross-cultural competencies in school psychology. School psychology has focused less on counseling and interventions for diverse students. It will have to borrow from research in cross-cultural and counseling psychology to expand its knowledge in how to provide best practices in counseling and intervention with culturally and linguistically diverse students.

Cross-Cultural Assessment in School Psychology

Because intelligence testing has defined school psychology since its inception, it is no surprise that there is much history in this area. Binet and Simon introduced intelligence testing in 1905 in France, whereas Lewis Terman and his associates published the Stanford-Binet Test, a revision of the Binet-Simon Test, in the U.S. in 1916 (Holliday & Holmes, 2003). This major event led the way for school psychologists to use the Stanford-Binet Test for students in schools by the early 1900s. By 1910 there were various psychology professionals, usually at the non-doctorate level, working in schools. Their main role was to assist in the placement of students in special programs, which was sometimes seen as segregating students. Jacob and Hartshorne (2003) support this fact by indicating that intelligence testing and other mental ability tests have been used to track and segregate ethnic, racial, and linguistic minority students in inferior, dead-end

classes, which denied them access to the college preparatory curriculum. In addition, ethnic, racial, and linguistic minority students have been misclassified as retarded to justify their placement in poorly equipped special education classes, often taught by inadequately trained teachers (Jacob & Hartshorne, 2003). By the mid-1900s, school psychologists were testing CLD students and placing them in special education classes based on their IQs obtained by intelligence testing.

As mentioned earlier, school psychology was forced to consider cross-cultural factors in testing based on lawsuits. One of the first lawsuits filed against school districts because of misclassification of minority students into special education was Diana v. California State Board of Education in 1970. Diana was a class action suit on behalf of nine Spanish-speaking Mexican American children placed in classes for the educable mentally retarded on the basis of IQ assessed by tests, such as the Stanford-Binet or Wechsler Intelligence Scale, given in English. After being retested by a bilingual school psychologist, the Diana students not only scored much higher, but they no longer qualified for special education services. As a result, the consent decree in Diana required children to be assessed in their primary language or with sections of tests that did not depend on knowledge of English (Jacob & Hartshorne, 2003). Guadalupe v. Tempe Elementary District (1972) was also a class action suit on behalf of Yaqui Indian and Mexican American children. The consent decree from this case went further than Diana. It required that if the student's language was not English, intelligence should be assessed by using performance or nonverbal measures and that assessment of adaptive behavior should be done with an interview with the parents (Fagan & Warden, 1996).

The history of testing African American students has been their disproportionate assignation to lower educational tracks, thus raising the debate over the bias of intelligence testing. Hobson v. Hansen (1967, 1969) was the first class-action lawsuit representing African American students in an attempt to stop their disproportionally being assigned to lower tracks based on group-administered aptitude tests (Jacob & Hartshorne, 2003). The judge ruled that this practice segregated African American students into tracks that were educationally inferior based on the equal protection clause and ordered this practice to end. In addition, he added that the group-administered aptitude tests produced misleading results because they were standardized on White middle-class children. Larry P. v. Riles was another class action suit representing African American students. This was a special education class-action suit in California filed on behalf of African American students who had been placed in classes for the educable mentally retarded (EMR) in the San Francisco public school system. According to Fagan and Warden (1996), the central issues in this case were: (1) that standardized individually administered intelligence tests were culturally biased and at fault for the over-representation of African American students in EMR classes; and (2) that these EMR classes were not necessarily beneficial for these students. Judge Peckham found the intelligence tests (Stanford-Binet and Wechsler Intelligence Scales) to be racially and culturally biased, to have discriminatory impact against African American students, and not to be validated for placing African American children in EMR classes (Jacob & Hartshorne, 2003). Moreover, he found no particular benefit of EMR classes for African American children. The P.A.S.E. v. Hannon (1980) case was similar to the Larry P. case. However, the judge ruled that IQ tests, in conjunction with other assessment procedures, would not result in racial or cultural discrimination (Jacob & Hartshorne, 2003).

Although issues of difference in testing among ethnic groups and bias in testing have been present in psychology for a long time, school psychology has been forced to address these issues to some degree based on litigation. Diana and Guadalupe have forced school psychologists to administer intelligence tests to non-English-speaking students in their native language, and to use nonverbal intelligence tests when appropriate. Litigation has also forced school psychology not to use intelligence tests to assess African American students. These court cases have also influenced federal legislature in considering multicultural factors in the assessment and provision of services for CLD students.

One federal legislation delineating multicultural factors in the assessment and provision of services for CLD students was the passage of Public Law 94-192: Education for All Handicapped Children Act (1975). This provided a more specific delineation to the field of school psychology for special education services. It served to give school psychology more status and increased the demand for school psychological services. Public Law 94-142 mandated services for children aged 3–21 who had been identified with a

qualifying disability (i.e., mental retardation, hearing impairment (including deafness), speech and language impairment, visual impairment (including blindness), serious emotional disturbance, other health impairment, specific learning disability, or being multihandicapped based on an assessment conducted by multi-disciplinary team members, such as the school psychologist) (Fagan & Warden, 1996). In addition, public law 94-142 also required child-find activities, service determination by a multidisciplinary team, education in the least restrictive environment, when possible with non-handicapped peers, development of an individualized education plan, and procedural safeguards including due process. This federal law used outcomes of previous case laws, such as Diana v. Board of Education and Larry P. v. Riles, to include its provisions. Public Law 94-142 served to require school psychologists nationally to focus on multicultural issues in assessment by mandating nondiscriminatory testing and evaluation procedures. It was later renamed the Individuals with Disabilities Education Act (IDEA) with Public Law 101-476 in 1990 (Fagan & Warden, 1996).

IDEA mandates services for children aged 6–21 who are categorized as disabled. It continues to delineate previous mandates listed under Public law 94-142, including nondiscriminatory assessment and evaluation procedures. Jacob and Hartshorne (2003) indicate that IDEA-Part B lists the following provisions for the assessment of culturally and linguistically diverse students: (1) tests and other evaluative components be provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so; (2) materials and procedures used to assess a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education, rather than measuring the child's English language skills; and (3) "native language" is defined as the language normally used by the child in the home or learning environment (p. 90).

In addition, IDEA 1990 requires for assessment personnel to: (1) use a variety of assessment tools and strategies; (2) use various tests and procedures to determine whether child has a disability; (3) use technically sound instruments; and (4) determine qualification and placement for special education services by a team.

Professional codes of ethics and standards in school psychology also mandate non-biased assessment of children from culturally and linguistically diverse populations. IDEA 2004 continues to mandate the same as the previous two IDEA legislations, with the modification that a child with LEP should be assessed in the language they are most proficient in, rather than in the native language, as these two may not be the same.

The history of the misuse of IQ and other mental testing has provoked various professional organizations to establish safeguards using professional and ethical standards. According to Merrell et al. (2006), the Standards for Educational and Psychological Testing were jointly published by the American Educational Research Association, the APA, and the National Council on Measurement in Education in 1999. Ethical guidelines have also been used to delineate appropriate professional behavior and service delivery to culturally and linguistically diverse students. Ethical guidelines were also established by the APA in 1953 and revised in 1992. The National Association of School Psychologists (NASP) first adopted a professional code of ethics in 1974 that was revised in 1990 (Fagan & Warden, 1996; Fagan & Wise, 2000). A professional code of ethics delineates procedures on how psychologists and school psychologists should provide services to CLD children, youth, families, and professional and community members. Despite the long history of problems with the assessment of CLD students, there have been few books on the assessment of CLD students. Most of this literature is in individual journal articles. In 2005, Rhodes, Ochoa, and Ortiz wrote a book called *Assessing culturally and linguistically diverse students: A practical guide*, which provides a good foundation of the assessment practice for CLD students within school psychology.

Although the way in which school psychologists use tests and interpret the information derived has improved, there is increasing information from the cross-cultural literature indicating differences in cognitive processing among culturally and linguistically diverse students. For example, cross-cultural research has found differences in groups in information processing and reaction times that may be affected by differences in stimulus familiarity (Berry et al., 2002). Other research into memory has found that although there do not appear to be cultural differences in recall, there are differences in recall ability based on schooling and urbanization (Berry et al., 2002). Cross-cultural research has also shown that ecological and cultural factors do not influence the sequence of

developmental stages, but that they do influence the rate at which they are attained. In addition, there has been work exploring different cognitive styles, such as field-dependent or field-independent cognitive styles found among different groups, which can help understand qualitative aspects of processing information (Berry et al., 2002). These cultural factors in cognitive processing have not yet been incorporated in how school psychologists interpret information derived by standardized tests, which are largely based on monolingual populations. There is still much that the field of cross-cultural psychology does not know about cognitive processing and culturally and linguistically diverse students. However, what little there is about the similarities and differences between groups should be incorporated in interpreting standardized test results with CLD populations.

Counseling in Cross-Cultural School Psychology

In addition to assessment, school psychologists have conducted counseling in schools since the beginning of the profession when early practitioners, who were mostly clinical psychologists, worked in the schools (Fagan & Wise, 2000). Fagan and Wise (2000) indicate that school psychologists have varying degrees of training in individual and group counseling. For those school psychologists, examples of counseling involve working with children of divorce, children having difficulties with anger management, and children dealing with grief (Fagan & Wise, 2000). School psychologists have also led the way in providing crisis counseling in schools beginning in the latter half of the twentieth century (Fagan & Wise, 2000).

Since 1990, IDEA has mandated that students receive counseling services in schools to help them adjust to the school setting (Jacob & Hartshorne, 2003). School psychologists are one of the professionals involved in providing counseling as a related service to students. Although some provide this service, most report that assessment takes the majority of their time (Fagan & Wise, 2000). Not surprisingly, studies involving role perceptions of school psychologists have shown that teachers and administrators have either not considered counseling as a function of a school psychologist's role (Reschly, 1998; as cited in Fagan, 2000) or have wanted school psychologists to be more involved with counseling students (Hughes, 1979; Roberts, 1970). In all three studies, however, school psychologists did not particularly favor counseling students and tended to favor consultation, involvement in curriculum-based measurement, or organizational development.

Much of the information on counseling culturally diverse students in school settings comes from the field of school counseling. Although counseling psychology has provided definitions in cross-cultural counseling competence, the focus is largely on adults (Rogers & Lopez, 2002). In school psychology there is limited literature on counseling, as much of it focuses on assessment, consultation, or interventions. Moreover, literature about particular CLD groups in school psychology often focuses on assessment and general diversity issues working with children and families.

Counseling competencies in school psychology were first addressed by Rogers and Ponterotto (1997). These authors developed the Multicultural School Psychology Counseling Competency Scale to measure the multicultural counseling competencies of school psychologists, based on multicultural and cross-cultural competencies identified by Sue et al. (1982). This work influenced the investigation of Rogers and Lopez (2002) regarding relevant cross-cultural competencies in school psychology. In their investigation, cross-cultural counseling competencies rated important in school psychology included: issues in counseling, culture, working with parents, working with interpreters, theoretical paradigms, professional characteristics, and language (Lopez & Rogers, 2001; Rogers & Lopez, 2002). It is hoped that the delineation of these cross-cultural counseling competencies in school psychology will be followed by more literature and improved practice in the field. For more information on the competencies, please refer to the chapter on cross-cultural school psychology competencies in this volume.

Cross-Cultural Consultation in School Psychology

Issues in cross-cultural and multicultural consultation in school psychology appear to have surfaced in the mid-1980s, with Gibbs (1980) questioning the effectiveness of consultation with African American clients without considering cross-cultural factors. According to Tarver-Behring and Ingraham (1998), the field of consultation has not consistently acknowledged the

importance of culture. Further, the literature does not yet provide adequate conceptual or applied models for guiding research and practice in school-based consultation with CLD populations (Ingraham & Meyers, 2000). Other well-established models of consultation, such as the behavioral consultation model, do not have empirical support that they are effective with diverse students (Sheridan, 2000). As a result, cross-cultural and multicultural consultation in school psychology are relatively new terms and approaches.

Ingraham and Meyers edited the first mini-series on multicultural and cross-cultural consultation in schools in 2000 through the *School Psychology Review*. Tarver-Behring and Ingraham (1998) define "multicultural consultation" as a culturally sensitive indirect approach in which the consultant adjusts the consultation services to address the needs and cultural values of the consultees and/or clients from various cultural groups. The specific aspect of differences in cultural background among the consultation participants is referred to as "cross-cultural consultation" (Tarver-Behring & Ingraham, 1998). Ingraham (2000) lists various researchers who have brought up multicultural or cross-cultural issues in school psychology consultation. The work of these researchers, with the exception of Gibbs (1980), took place in the 1990s. Some of these researchers have studied preferences for race of consultants, ratings of consultants' effectiveness as a function of consultant race and style, the impact of race on ratings of consultants' competence, multicultural sensitivity, and/or intervention acceptability, and content of the consultation session for racial issues (Ingraham, 2000). Other research, such as Tarver-Behring et al. (2000), explored cultural modifications to current school-based consultation approaches with CLD students and consultants. It found that certain modifications to consultation were needed for it to be culturally sensitive to CLD students and parents. Although there are mixed findings about how race has an impact on ratings of consultant competence, multicultural sensitivity, and intervention acceptability, it has been found that consultants' attention and inclusion of race-sensitive content was rated as positive both by African American and White raters.

With research emerging in the field of cross-cultural and multicultural consultation, it is not known whether current theories and practices on consultation are equally effective with culturally different groups (Jackson & Hayes, 1993). Ingraham (2000) presented a comprehensive framework in multicultural and cross-cultural consultation in schools. However, this model has yet to be adopted systematically and needs to be researched. The reader is referred to intervention and prevention efforts in cross-cultural school psychology to learn more about multicultural and cross-cultural consultation practice.

Interventions in Cross-Cultural School Psychology

Henning-Stout and Brown-Cheatham (1999) indicate that school psychology does not yet have the expertise in diversity, especially as this pertains to learning environments and learning success. This is because educational institutions are organized to be consistent with values and goals of the dominant culture, which has been primarily European American. Educational systems, as described earlier in this chapter, have led to segregation, institutionalized discrimination, and bias against CLD students (Gonzalez et al., 1997).

Institutionalized discrimination has been described and documented by various authors (e.g., Henning-Stout & Brown-Cheatham, 1999; Meier & Stewart, 1991) as significantly and negatively affecting CLD students' academic and social development. The primary issue of institutionalized discrimination is that of educational equity and access to curriculum. For CLD students the biggest obstacles to an equal educational experience have been the political aspects surrounding bilingual education, segregation, and their overrepresentation in special education programs. The Civil Rights Act of 1964 addressed some of these obstacles by prohibiting discrimination based on race, color, sex, and national origin by any program receiving federal funding (Gonzalez et al., 1997).

School psychologists are often not aware of legislation concerning educational access for CLD students. Important legislation is the Bilingual Education Act (Title VII), which was passed in 1968 and permitted students with LEP to receive instructional services in their native language (Ochoa, 2005). It is also important to know that the U.S. Department of Health, Education, and Welfare expanded its guidelines in 1970 through the May 25 Memorandum by requiring districts to: (1) rectify the language deficiencies of students from minority groups; (2) refrain from assigning pupils to special education based on criteria that reflect English skills; (3) ensure that ability grouping based on language skills does not result in

permanent tracking; and (4) notify parents of school activities in a language that they understand (Gonzalez et al., 1997, p. 35).

Another law that school psychologists need to be aware of is Lau v. Nichols (1974). This addressed the specific responsibilities of school districts in the education of students with LEP, and ordered the San Francisco school district to provide a meaningful education to students with LEP in a language they could understand (Gonzalez et al., 1997; Ochoa, 2005). Unfortunately, Lau v. Nichols did not legislate what type of service, program, or language instruction should be provided. Other case law has indicated that school districts should implement a language proficiency testing program (Aspira of New York v. Board of Education of the City of New York, 1975) and should provide CLD students with programs that are (1) based on sound educational theory, (2) implemented in an effective manner that includes adequate training and funding, and (3) produce positive results over a reasonable time (Castaneda v. Pickard, 1981; No Child Left Behind, 2001).

Despite legislature addressing equal educational opportunities for CLD students, including students with LEP, there is little follow through in enforcing these laws (Gonzalez et al., 1997). As a result, many school districts have not actively or efficiently supported the learning of CLD students or those with LEP. Moreover, because of political climates characterized by English-only and anti-bilingual education movements, bilingual education programs have been restricted in at least three states (California, Arizona, and Massachusetts) (Ochoa, 2005). For bilingual children, access to bilingual programs or adequate instructional services is paramount to early literacy development and academic achievement (Thomas & Collier, 2002; Willson & Hughes, 2005). For African American youth, institutionalized or racial discrimination may affect academic engagement, academic motivation, and achievement (Eccles, Wong, & Peck, 2006).

Unfortunately, school psychologists have become part of an educational system that often does not have programs that lead to positive outcomes for CLD students. Three main examples are the issues of bilingual education, desegregation, and the over-representation of CLD students in special education. The lack of bilingual education services for students with LEP, despite the continued documentation of success of particular bilingual education programs (i.e., late exit transitional bilingual education and dual immersion bilingual programs) with these students (see Collier, 1992; Gonzalez et al., 1997; Ochoa, 2005), is one of the major impediments in the delivery of best practices in school psychology with this population. Moreover, the absence of an equal educational opportunity based on scientifically based programs for students with LEP has led the fields of education and school psychology to a precarious position in their roles servicing this population.

The lack of appropriate programs has led to inappropriate referrals and placements in special education of students with LEP (Figueroa & Artiles, 1999). It has been reported that many urban schools, which are often composed of poor students and those with LEP, currently reflect the highest levels of segregation since the Brown v. Topeka Board of Education Supreme Court decision in 1954 (Truscott & Truscott, 2005). Segregation of CLD students continues to be a major problem. It is a major obstacle for CLD students to graduate from high school, attend higher education, achieve good employment, and achieve success at higher levels in their professional career (Truscott & Truscott, 2005). Lee's (2001) study indicated that the academic achievement gaps in high school graduation, college graduation, and poverty between White Americans and African Americans decreased between 1970 and 1990, but began to increase again by the mid-1980s. The academic achievement gap between White Americans and Hispanics remained stable. The over-representation of CLD students, including second-language learners and African American students, in special education programs, either because of the lack of services in the regular program or an intolerance in cultural differences (Figueroa & Artiles, 1999; Henning-Stout & Brown-Cheatham, 1999), poses significant challenges to school psychologists, who have ethical and legal responsibilities in their practice with CLD students.

Along with specification of providing meaningful educational experiences to CLD students and those with LEP in regular education, there have also been court cases supporting the specialized instruction of disabled students with LEP in schools in particular states, such as New York, Pennsylvania, and Illinois (Gonzalez et al., 1997). Although IDEA has provided a delineation for the assessment of students with LEP, it has not provided guidelines for the education of disabled students with LEP. As a result, school districts were not held responsible for the education of disabled students with LEP until the Illinois Public Act

87-0995 of 1992, which delineates issues related to "bilingual special education," and the No Child Left Behind Act of 2001, which requires school districts to be accountable for the progress of students with LEP (Gonzalez et al., 1997; Jacob & Hartshorne, 2003). Although the Illinois Public Act is a state law, the No Child Left Behind of 2001 is legislature and affects all states. Still, there is no indication about how students with LEP should be educated (Gonzalez et al., 1997), most likely because of the controversies surrounding bilingual education and thus the possible political repercussion resulting in delineating educational programs for students with LEP. As a result, school psychologists are often part of a system that is unprepared to provide services or programs that are meaningful to CLD students and those with LEP and that result in positive outcomes.

Although there is a growing body of literature establishing the relationship between cross-cultural competence and intervention outcomes (Rogers & Lopez, 2002), very little research in the school psychology literature has explored specific educational interventions with LEP students or those with LEP. Although various researchers began to provide theoretical frameworks in conceptual and linguistic development from the 1970s to the 1990s (e.g., Jim Cummings, Virginia Gonzalez, and Steven Krashen), very few professionals outside bilingual education even know who these researchers are or what they recommend when intervening with students with CLD and LEP.

Some literature (e.g., Carnine, 1994) addresses the different learning styles of CLD students and how this may affect their ability to gain from a curriculum designed for primarily White American students. Yet, other research documents that there are many more similarities in learning styles across cultural groups (Kane & Boan, 2005). Much more research is needed in this and other areas exploring learning strengths and requirements among CLD students for school psychologists to better understand how to incorporate such information into their practice.

For academic interventions, the field of school psychology has largely focused on curriculum-based assessment in the past decade and how this can be applied to better outcomes for students. Yet, school psychology has paid little attention to students with CLD and LEP, how curriculum-based assessment, more specifically curriculum-based measurement, can be applied to them (Henning-Stout & Brown-Cheatham, 1999). School psychology as a field is more keenly aware than ever of reading development and its impact on students' reading proficiency. Yet, despite the significant problems with reading proficiency among CLD students, there is limited knowledge and research on curriculum-based measurement of students with LEP (Laija-Rodriguez, Ochoa, & Parker, 2006).

Multicultural and Cross-Cultural Training in School Psychology

Although the Thayer Conference in 1954 focused on the structural issues pertaining to the specialization of school psychology and its training, it did not address social or cultural issues (Fagan, 2005). Fagan (2005) mentions that the famous Brown v. Board of Education case was neither mentioned at the Thayer Conference nor addressed by APA at that time. The 2002 Multisite Conference was more "socially and culturally 'in touch' especially with regard to developing services for an increasingly diverse student population, and the need for greater minority participation in school psychology" (Fagan, 2005, p. 244). According to Cummings (2005), three of the five priority outcomes of the 2002 Multisite Conference were to: (1) improve academic competence and school success for all children; (2) provide more effective education and instruction for all learners; and (3) enhance family–school partnerships and parental involvement in schools. However, ethnic and cultural factors are not noted in the comments of Cummings (2005) or D'Amato, Sheridan, Phelps, and Lopez' (2004) about the 2002 Multisite Conference.

In 1999, according to Fagan and Wise (2000), 92% of school psychologists were White American, 2.14% were African American, 4.01 were Hispanic (1.46% Other Hispanic, 0.91% were Mexican American, 0.76% Puerto Rican), 0.93 were Asian American/Pacific Islander, and 0.40 were American Indian/Alaskan Native. A shortage of school psychologists from minority groups has been a consistent theme throughout the history of school psychology (Fagan, 2004). Not only is school psychology dominated by White Americans, but the recruitment of minority students into school psychology programs has been a challenge (Benson, 1990). The Multisite Conference in 2002 also emphasized the need to train more school psychologists of diverse ethnic and cultural backgrounds. In 1986, Zins and Halsell reported that only 11.5% of the enrolled students in school psychology training programs were students of color, most

of them coming from 15 programs, and 22% of the programs surveyed having no students of color enrolled. Although the trend of recruiting and retaining minority school psychology students has improved, there is no doubt that there continues to be large need for school psychologists of color in the field (Fagan, 2004).

The recruitment of minority individuals to become school psychologists alone will not solve the problem of addressing the needs of CLD students and their families. The APA and NASP professional code of ethics, and legal mandates such as IDEA, Diana v. Board of Education, and Larry P. v. Riles, delineate practice to some degree in working with CLD children, families, and school personnel. Moreover, NASP has delineated specific standards for training school psychologists to work with CLD populations.

Research in how training programs address multicultural issues appears to have begun in the late twentieth century. Rogers, Conoley, Ponterroto, and Wiese (1992) surveyed multicultural training in school psychology. They revealed that only 6% of the programs required that students take a foreign language, and that all of these programs granted the doctoral degree (Ed.D., Psy.D., Ph.D.); 60% of the programs offered at least one course specifically devoted to multicultural issues, and 63% of the programs offered two to five courses; in most cases (76%), the multicultural course (titled: Multicultural Studies in Education, Multicultural Counseling, Cultural Diversity, and Bilingual and Multicultural Education) was located inside the program's department and was a required course (Rogers et al., 1992). In addition, most program directors (69%) estimated that student exposure to minority clients during practicum and internship experiences occurred less than one-quarter of the time, which suggests that a subgroup of school psychology students have either limited or no direct exposure to culturally diverse clients during field training (Rogers et al., 1992). Ochoa, Rivera, and Ford's (1997) survey on bilingual assessment revealed that 80% of school psychologists reported not having been trained to perform bilingual psychoeducational assessments and 97% indicated that no coursework was available in bilingual assessment in their training program. Even when programs claim to provide multicultural training, there are inconsistencies in the follow through in meeting multicultural guidelines as provided by the APA (Kearns, Ford, & Brown, 2002). The more recent (2002) research of Kearns and colleagues on multicultural training shows that there is still no systematic manner by which multicultural school psychology programs (even the best) provide multicultural or cross-cultural training.

Implications

Cross-cultural issues have been present in the field of school psychology probably since its inception. However, cross-cultural school psychology has a short history. Although multicultural and cross-cultural issues have focused on bias and discrimination in psychoeducational assessment and have been prevalent in school psychology since very early on, multicultural and cross-cultural issues affecting other areas of practice, such as counseling, consultation, and intervention in school psychology, have been evolving slowly. The more recent overwhelming growth of CLD populations in the U.S., however, makes it imperative for the school psychology field to address cross-cultural issues throughout its practice.

Although the 2002 Multisite Conference began a national discussion to address the needs of CLD students in the field of school psychology, more remains to be done regarding how this will occur. It is our belief that school psychology will need to use research from cross-cultural psychology for cross-cultural school psychology to truly evolve. It will not do so until school psychology trainers and mainstream school psychologists address cultural and linguistic factors in work with students, families, school personnel, and other professionals. Unfortunately, school psychologists work in educational systems that have often been part of institutionalized discrimination in various respects (Meier & Stewart, 1991), thus reducing options for CLD students. In addition, there has not been enough emphasis on training school psychologists to effectively work with students with CLD and LEP (Ingraham & Meyers, 2000; Truscott & Truscott, 2005). This places the average school psychologist at a disadvantage in furthering the field of cross-cultural school psychology and providing cross-cultural psychological services to CLD students.

As a field, school psychology will need to embrace multiculturalism and cross-culturalism to provide the best practices delineated by law as well as professional and ethical codes. Although it will be challenging, given that school psychologists often practice within a system and in settings characterized by

institutionalized discrimination, school psychologists will need to be trained to understand systems dynamics and system-level changes. School psychology can learn from the school counseling field about taking a more active social advocacy role.

There has been much focus on psychoeducational assessment of CLD students within school psychology, mostly because of malpractice, bias, and discrimination. Cross-cultural school psychology can use this information and further the field by incorporating research from cross-cultural psychology, focusing on similarities and differences in cognitive, social, and emotional development and learning among various CLD groups. In addition, school psychologists can interpret assessment information and delineate interventions based on research in cross-cultural psychology.

School psychologists will also need to be reminded that their role is not just in assessment, but also in providing counseling, consultation, and interventions to CLD students. This is more relevant given the recent mandates of IDEA (2004) and No Child Left Behind (NCLB, 2002), that require interventions based on scientifically based research. Moreover, IDEA and NCLB focus on data and outcomes, thus making school psychologists accountable for their work with CLD students, families, schools, and community members. School psychology researchers will have to "step up to the plate" and study best-practice approaches in providing counseling, consultation, and interventions for CLD students in schools.

This leads to training. School psychology training programs have the added responsibility of addressing mandates delineated by law and by professional and ethics codes in the provision of services to CLD students in schools. School psychology training programs need to go a step further. That is, training programs have the responsibility of not only providing knowledge in the provision of best practices to CLD students in assessment, counseling, consultation, and intervention, but also of developing competence in these areas, as expected by NASP standards. This is a monumental task, given that few school psychology programs address multicultural or cross-cultural issues in a systematic and comprehensive manner. Training in school psychology will have to change to reflect cross-cultural school psychology competencies, as described by Rogers and Lopez (2002) and Gonzalez et al. (1997), and focus on best practices for CLD populations.

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References

Adler, L., & Gielen, U. (Eds.). (2001). *Cross-cultural topics in psychology* (2nd ed.). Westport, CT: Praeger.

Bear, G. G., Minke, K., & Thomas, A. (1997). *Children's needs II.* Washington, D.C.: National Association of School Psychologists.

Benson, D. (1990). Recruitment and retention of minority school psychologists. In A. Barona & E. Garcia (Eds.), *Children at risk: Poverty, minority status, and other issues in educational equity* (pp. 173–186). Washington, D.C.: National Association of School Psychologists.

Bernal, G., Trimble, J. E., Burlew, A. K., & Leong, F. T. (2003). The psychological study of racial and ethnic minority psychology. In G. Bernal, J. Trimble, K. Burlew, & L. Frederick (Eds.), *Handbook of racial & ethnic minority psychology* (pp. 1–15). Thousand Oaks, CA: Sage.

Berry, J. W., Poortinga, Y. H., Segall, M. H., & Dasen, P. R. (2002). *Cross-cultural psychology* (2nd ed.). New York: Cambridge University Press.

Carnine, D. (1994). Diverse learners and prevailing, emerging, and research-based educational approaches and their tools. *School Psychology Review, 23*(3), 341–350.

Collier. V. P. (1992). A synthesis of studies examining long-term language minority student data on academic achievement. *Bilingual Research Journal, 16*(1 & 2), 187–212.

Cummings, J. A. (2005). The Thayer conference viewed from the perspective of the 2002 Multisite conference. *School Psychology Quarterly, 20*(3), 264–267.

D'Amato, R. C., Sheridan, S. M., Phelps, L., & Lopez, E. (2004). Psychology in the Schools, School Psychology Review, School Psychology Quarterly, and Journal of Educational and Psychological Consultation editors collaborate to chart school psychology's past, present, and "futures." *Psychology in the Schools, 41*(4), 415–418.

Eccles, J. S., Wong, C. A., & Peck, S. C. (2006). Ethnicity as a social context for the development of African-American adolescents. *Journal of School Psychology, 44*(5), 407–426.

Esquivel, G. B., Lopez, E. C., & Nahari, S. (Eds.). (2007). *Handbook of multicultural school psychology: An interdisciplinary perspective.* Mawah, NJ: Erlbaum.

Fagan, T. K. (1990). A brief history of school psychology in the United States. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology-II* (pp. 913–930). Washington, D.C.: National Association of School Psychologists.

Fagan, T. K. (2004). School psychology's significant discrepancy: Historical perspectives on personnel shortages. *Psychology in the Schools, 41*(4), 419–430.

Fagan, T. K. (2005). The 50th anniversary of the Thayer Conference: Historical perspectives and accomplishments. *School Psychology Quarterly, 20*(3), 224–251.

Fagan, T. K., & Warden, P. G. (1996). *Historical encyclopedia of school psychology*. Westport, CT: Greenwood Press.

Fagan, T. K., & Wise, P. S. (2000). *School psychology: Past, present, and future* (2nd ed.). Bethesda, MD: National Association of School Psychologists.

Figueroa, R. A., & Artiles, A. (1999). Disproportionate minority placement in special education programs: Old problem, new explanations. In A. Tahashori & S. H. Ochoa (Eds.), *The education of Hispanics in the United States: Politics, policies, and outcomes* (pp. 48–69). New York: AMS Press.

Frisby, C. L. (2005). The politics of multiculturalism in school psychology: Part 1. In C. L. Frisby & C. R. Reynolds (Eds.). *Comprehensive handbook of multicultural school psychology* (pp. 45–80). Hoboken, NJ: Wiley.

Frisby, C. L., & Reynolds, C. R. (2005). *Comprehensive handbook of multicultural school psychology.* Hoboken, NJ: Wiley.

Gardiner, H. W. (2001). Child and adolescent development: Cross-cultural perspectives. In L. Adler, & U. Gielen (Eds.), *Cross-cultural topics in psychology* (2nd ed., pp. 63–80) Westport, CT: Praeger.

Gardiner, H., Mutter, J. D., & Kosmitzki, C. (1998). *Lives across cultures: Cross-cultural human development*. Boston: Allyn & Bacon.

Gibbs, J. T. (1980). The interpersonal orientation in mental health: toward a mode of ethnic variations in consultation. *Journal of Community Psychology, 8,* 195–207.

Gonzalez, V., Brusca-Vega, R., & Yawkey, T. (1997). *Assessment and instruction of culturally and linguistically diverse students with or at risk of learning problems: From research to practice.* Boston: Allyn & Bacon.

Gutkin, T. B., & Reynolds, C. R. (1990). *The handbook of school psychology* (3rd ed.). New York: Wiley.

Henning-Stout, M., & Brown-Cheatham, M. (1999). School psychology in a diverse world: considerations for practice, research, and training. In C. R. Reynolds & T. B. Gutkin (Eds.), *The handbook of school psychology* (3rd ed., pp. 1041–1055). New York: Wiley.

Herrnstein, R. J., & Murray, C. (1994). *The bell curve.* New York: The Free Press.

Ho, D. Y., & Wu, M. (2001). Introduction to cross-cultural psychology. In L. Adler & U. Gielen (Eds.), *Cross-cultural topics in psychology* (2nd ed., pp. 3–14). Westport, CT: Praeger.

Hogan, J. D., & Sussner, B. D. (2001). Cross-cultural psychology in historical perspectiva. In L. Adler & U. Gielen (Eds.), *Cross-cultural topics in psychology* (2nd ed., pp. 15–28). Westport, CT: Praeger.

Holliday, B. G., & Holmes, A. L. (2003). A tale of challenge and change: A history and chronology of Ethnic minorities in psychology in the United States. In G. Bernal, J. Trimble, K. Burlew, & L. Frederick (Eds.), *Handbook of racial & ethnic minority psychology* (pp.15–64). Thousand Oaks, CA: Sage.

Hughes, J. N. (1979). Consistency of administrators' and psychologists' actual and ideal perceptions of school psychologists' activities. *Psychology in the Schools, 16,* 234–239.

Ingraham, C. L. (2000). Consultation through a multicultural lens: Multicultural and cross-cultural consultation in the schools. *School Psychology Review, 29*(3), 320–343.

Ingraham, C. L., & Meyers, J. (Eds.). (2000). Multicultural and cross-cultural consultation in the schools. *School Psychology Review, 29,* 311–470.

Jackson, D. N., & Haes, D. H. (1993). Multicultural issues in consultation. *Journal of Counseling and Development, 72,* 144–147.

Jackson, J. H. (2005). Commentary #2: What is multicultural school psychology? In C. L. Frisby & C. R. Reynolds (Eds.). *Comprehensive handbook of multicultural school psychology* (pp. 14–29). Hoboken, NJ: Wiley.

Jackson, M. L. (1995). Multicultural counseling: Historical perspective. In J. G. Ponterotto, M. J. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 3–16). Beverly Hills, CA: Sage.

Jacob, S., & Hartshorne, T. S. (2003). *Ethics and law for school psychologists* (4th ed.). Hoboken, NJ: Wiley.

Kane, H., & Boan, C. H. (2005). A review and critique of multicultural learning styles. In C. L. Frisby & C. R. Reynolds (Eds.). *Comprehensive handbook of multicultural school psychology* (pp. 425–482). Hoboken, NJ: Wiley.

Kearns, T., Ford, L., & Brown, K. (2002). *Multicultural training in doctoral school psychology programs: In search of a model program*. ERIC 465 930.

Kindler, A. L. (2002). *Survey of the states' limited English proficient students and available educational programs and services 1990–2000 summary report*. Washington, D.C.: National Clearinghouse for English Acquisition and language Instruction Educational Programs.

Laija-Rodriguez, W., Ochoa, S. H., & Parker, R. (2006). The cross-linguistic role of cognitive academic language proficiency on reading growth in Spanish and English. *Bilingual Research Journal, 30*(1), 87–106.

Lee, J. (2001). *Interstate variations in rural student achievement and schooling conditions*. Charleston, WV: ERIC Clearinghouse on Rural Education and Small Schools. (ERIC Document Reproduction Service No. ED99-CO-0027). Retrieved October 10, 2006 from http://www.ael.org/page.htm?&pv = x&pd = &id = ss9

Lopez, E. C., & Rogers, M. R. (2001). Conceptualizing cross-cultural school psychology competence. *School Psychology Quarterly, 16*(3), 270–302.

Matsumoto, D. (Ed.). (2001). *The handbook of culture and psychology.* New York: Oxford University Press.

Meier, K. J., & Stewart, J. (1991). *The politics of Hispanic education: Un paso pa'lante y dos pa'tras.* New York: State University of New York Press.

Merrell, K. W., Ervin, R. A., & Gimpel, G. A. (2006). *School psychology for the 21st century: Foundations and practices.* New York: The Guilford Press.

Oakland, T. (2005). Commentary #1: What is multicultural school psychology? In C. L. Frisby & C. R. Reynolds (Eds.). *Comprehensive handbook of multicultural school psychology* (pp. 3–13). Hoboken, NJ: Wiley.

Ochoa, S. H. (2005). The effectiveness of bilingual education programs? In C. L. Frisby & C. R. Reynolds (Eds.). *Comprehensive handbook of multicultural school psychology* (pp. 329–356). Hoboken, NJ: Wiley.

Ochoa, S. H., Rivera, B., & Ford, L. (1997). An investigation of school psychology training pertaining to bilingual psycho-educational assessment of primarily Hispanic students: Twenty-five years after Diana v. California. *Journal of School Psychology, 35,* 329–349.

Pederson, P. B. (2003). Cross-cultural counseling: developing culture-centered interactions. In G. Bernal, J. Trimble,

A. Burlew, & F. Leong, (Eds.), *Handbook of racial & ethnic minority psychology* (pp. 487–503). Thousand Oaks, CA: Sage.

Reschly, D. J. (1998, August). *School psychology practice: Is there change?* Paper presented at the annual meeting of the American Psychological Association, San Francisco, CA.

Reynolds, C. R., Elliott, S. N., Gutkin, T. B., & Witt, J. C. (1984). *School psychology: Essentials of theory and practice.* New York: Wiley.

Reynolds, C. R., & Gutkin, T. B. (1999). *The handbook of school psychology* (3rd ed.). New York: Wiley.

Reynolds, C. R., Lowe, P.A., & Saenz, A. L. (1999). The problem of bias in psychological assessment. In C. R. Reynolds & T. B. Gutkin (Eds.) *The handbook of school psychology* (3rd ed., pp. 549–595). New York: Wiley.

Rhodes, R.L., Ochoa, S. H., & Ortiz, S. O. (2005). *Assessing culturally and linguistically diverse students: A practical guide.* New York: Guilford Press.

Richards, G. (1997). *Race, racism, and psychology: Towards a reflexive history.* New York: Routledge.

Roberts, R. D. (1970). Perceptions of actual and desired role functions of school psychologists by psychologists and teachers. *Psychology in the Schools, 7,* 175–178.

Rogers, M. R., Conoley, J. C., Ponterrotto, J. G., & Wiese, M. J. (1992). Multicultural training in school psychology: A national survey. *School Psychology Review, 21*(4), 603–616.

Rogers, M. R., & Lopez, E. C. (2002). Identifying critical cross-cultural school psychology competencies. *Journal of School Psychology, 40*(2), 115–141.

Rogers, M. R., & Ponterotto, J. G. (1997). Development of the multicultural school psychology counseling competency scale. *Psychology in the Schools, 34,* 211–217.

Rohner, R. P. (1984). Toward a conception of culture for cross-cultural psychology. *Journal of Cross-Cultural Psychology, 15,* 111–138.

Segall, M. H. (1979). *Cross-cultural psychology: Human behavior in global perspective.* Monterrey, CA: Brooks/Cole.

Segall, M. H., Dasen, P. R., Berry, J. W., & Poortinga, Y. H. (1990). *Human behavior in global perspective: An introduction to cross-cultural psychology.* New York: Pergamon.

Sheridan, S. M. (2000). Considerations of multiculturalism and diversity in behavioral consultation with parents and teachers. *School Psychology Review, 29*(3), 344–354.

Sue, D. W., Arrendondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development, 20,* 64–88.

Sue, D. W., Bernier, J. E., Duran, A., Feinberg, L., Pedersen, P., Smith, E. J., et al. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist, 10,* 45–52.

Tarver-Behring, S., Cabello, B., Kushida, D., & Murguia, A. (2000). Cultural modifications to current school-based consultation approaches reported by culturally diverse beginning consultants. *School Psychology Review, 29*(3), 354–368.

Tarver-Behring, S., & Ingraham, C. L. (1998). Culture as a central component of consultation: A call to the field. *Journal of Educational and Psychological Consultation, 9*(1), 57–72.

Thomas, W. P., & Collier, V. P. (2002). *A national study of school effectiveness for language minority students' long-term academic achievement*. George Mason University: Center for Research on Education, Diversity and Excellence. Available at http://www.crede.org/research/llaa/1.1_fianl.html

Thomas, A., & Grimes, J. (1988). *Best practices in school psychology I.* Bethesda, MD: National Association of School Psychologists.

Thomas, A., & Grimes, J. (1990). *Best practices in school psychology II.* Bethesda, MD: National Association of School Psychologists.

Thomas, A., & Grimes, J. (1995). *Best practices in school psychology III.* Bethesda, MD: National Association of School Psychologists.

Thomas, A., & Grimes, J. (2002). *Best practices in school psychology IV.* Bethesda, MD: National Association of School Psychologists.

Triandis, H. C., Lambert, W. W., Berry, J. W. Lonner, W. J., Brislin, R., Heron, A., et al. (Eds.). (1980). *Handbook of cross-cultural psychology.* Boston: Allyn & Bacon.

Truscott, S. D., & Truscott, D. M. (2005). Challenges in urban and rural education. In C. L. Frisby & C. R. Reynolds (Eds.), *Comprehensive handbook of multicultural school psychology* (pp. 3–13). Hoboken, NJ: Wiley.

U.S. Bureau of the Census. (2001). *Resident population estimates of the United States by sex, race, and Hispanic origin*: *April 1, 1990 to November 1, 1999, with short-term projection to November 1, 2000.* Retrieved October 1, 2006 from www.census.gov/population/estimates/nation/intfile3-1.txt

Willson, V. L., & Hughes, J. N. (2005). Retention of Hispanic/Latino students in first grade: Child, parent, teacher, school, and peer predictors. *Journal of School Psychology, 44*(1), 31–49.

Yrizarry, N., Matsumoto, D., Imai, C., Kooken, K., & Takeuchi, S. (2001). Culture and emotion. In L. Adler, & U. Gielen (Eds.), *Cross-cultural topics in psychology* (2nd ed., pp. 131–148). Westport, CT: Praeger.

Zins, J. E., & Halsell, A. (1986). Status of ethnic minority group members in school psychology training programs. *School Psychology Review, 15,* 76–83.

Cross-Cultural School Psychology: An Overview and Examples of Multicultural Treatment and Assessment Modalities

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Background

Psychology as a discipline emerged to address questions that provided an understanding of the differences in personalities and the workings of the human mind (Allport, 1973; Robinson, 1976). Theoreticians such as Sigmund Freud, Carl Rogers, Raymond Cattell, and Gordon Allport were the pioneers of various personality theories being applied in psychology today (Mayer, 2005). Although some of these theories have been modified and expanded to include broader theoretical frames, they are primarily based on the European and European American formulation of personality. Hence they lack the specific understanding that cross-cultural psychology recommends should be followed by school psychologists in the United States (U.S.) (Dana, 1993).

Cross-Cultural Psychology

Currently, cross-cultural psychology recognizes that those theories, which have trained the profession to view people universally, must consider the role of culture when assessing, treating, teaching, and training people from diverse national backgrounds. Universality of behavior may be only partly true. One of the aims of cross-cultural psychology is either to refute or confirm this view and be able to determine scientifically the relevance of cultural factors in the understanding of all human beings (Berry, Portinga, Segall, & Dasen, 1992).

A definition of cross-cultural psychology posed by Segal, Dasen, Berry, and Portinga (1990) indicates that it is "the scientific study of human behavior and its transmission, taking into account the ways in which behaviors are shaped and influenced by social and cultural forces" (p. 1). This definition takes into consideration two important aspects: (1) acknowledgment of the diversity of human behavior and its uniformity; and (2) the relationship between human behavior and culture.

Before we fully understand cross-cultural school psychology, we must look at a broad definition of school psychology. School psychology is the science and practice of psychology in the school system that promotes the protection and the educational and personal development of school-age children. School psychologists facilitate the interaction of youngsters through learning and developmental tasks encountered in U.S. school systems. The practice of school psychology includes psychological and psychoeducational evaluations, individual/group/family therapy with students and parents, consultation with guidance counselors, teachers and principals, screening for physical/sexual abuse, program development and evaluation, teachers' training, and research (Costantino & Flanagan, 2004).

The settings in which school psychologists may be employed and their job functions reflect their education and training. The acknowledgment of the diversity of human behavior and its uniformity has been one of the challenges faced within the subspecialty of cross-cultural school psychology. This challenge must address the connection between human behavior and culture within the areas of research, training, teaching, assessment, and treatment in mental health. In this regard, the development of the discipline of psychology recognizes that school mental-health professionals are now working with a diverse society, which requires the integration of racial, ethnic, and sexual identity, as well as disabilities, into psychological theory and research. This recognition has been followed by the development of specific guidelines for clinicians, researchers, and teachers in the application of their services. The guidelines train psychologists to gain a better understanding of the differences and similarities of the culturally diverse groups they come in contact with that require services in assessment, treatment, teaching, and research (American Psychological Association, 2003; Atkinson, Morten, & Sue, 1998; Frisby & Reynolds, 2005; Sue, 2001). Although this integration by definition includes school psychology in the provision of mental health services to children from different cultures and their families, it is faced with limitations. The limitations are based on the dearth of specific literature on competency that applies to services in schools (Lopez & Rogers, 2001).

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The culturally diverse populations that seek services from psychologists and other mental health professionals in the U.S. pose a challenge to our politics, schools, and agencies and to the profession of psychology in general (Tharp, 1991). Cross-cultural school psychology is faced with the challenge of providing services in a culturally competent manner to a population that is composed not only of persons from different racial and ethnic backgrounds, but of individuals with diverse physical challenges, sexual orientations, economic status, religious backgrounds, and gender. Psychologists who provide services to a diverse population in schools and wish to be culturally competent often fear that they cannot be knowledgeable about all the various racial/ethnic groups that include individuals from African American, Caribbean Black, Asian American, Hispanic/Latino, Native American and Pacific Islander backgrounds.

Cultural Competence

Cross-cultural school psychology requires that services be provided to all children and their parents in a manner that recognizes the different values they hold that stem from their cultural beliefs. The number of people from other cultures living in the U.S. is increasing significantly. For example, a Pew Hispanic Center report (2005) indicated that more than half of Hispanic/Latino children (56%) attend schools with the largest enrollments compared with 32% of Blacks and 26% of Whites. In this report Richard Fry indicated that "Hispanic teens are more likely than any other racial or ethnic group to attend public schools that have dual characteristics of extreme size and poverty" (Fry, 2005a, p. 7).

According to the Pew Hispanic Center, other significant findings of the three reports refer to the higher dropout rate of foreign-born students. Twenty-five percent of teenage dropouts from school are foreign born (Fry, 2005b). Another alarming finding is that, regardless of the country of origin, adolescents who interrupted their school careers before they immigrated to the U.S. tend to stay out of schools after immigration (Fry, 2005b). The immigration experience tends to create a great deal of stress for children and their families (Dana, 2000; Rogler, 2002; Vazquez, 2004a, 2005). This requires psychologists providing services in schools in the U.S. to gain specific sensitivity and competency skills that will help them understand differences based on cultural customs, beliefs, attitudes, and behaviors.

To understand the relevance of these differences, the providers of services in mental health need to be culturally competent (American Psychological Association, 2003). Before proceeding further, it is necessary to define and understand what is meant by "cultural competence." The definitions in general refer to a fundamental need to value and respect differences and to gain awareness that cultural competence is an ongoing process, more an ideal than a firmly attained goal (Dana, 1998a; Sue, 2003; Sue & Sue, 2003; Sue, Arredondo, & McDavis, 1992; Vazquez, 2005). Dana (1998a, p. 73) sees cultural competence as a prerequisite for a healthy society: "It should embrace an ethnorelativistic citizenry who acknowledge, accept, honor and understand differences." A crucial component of cultural competence for the mental health professional is to acknowledge the differences and similarities among the diverse clients, and to acknowledge the limitations in providing competent services. Mental health professionals are not to be considered culturally competent by merely being a member of a particular ethnic or racial group. Nor do they develop competence by belonging to a specific group without receiving the appropriate training to acquire both competence skills and sensitivity. It therefore follows that the need to receive training in cultural competence applies to all mental health clinicians. It is only through awareness, experience, and self-knowledge that practitioners can then reduce biases and look at others' belief systems and behaviors without labeling them necessarily pathological.

Montaigne, the French philosopher, first recognized the universality and individuality of human beings when he stated that all human beings must be alike because no human being is ever mistaken for an animal; but they must be different because no human being is ever mistaken for another human being. When applied to individuals from different cultural groups, this statement embodies both emic and etic perspectives. "An emic perspective can provide an approach to more veridical and enriched assessment conceptualization of other persons by an emphasis on understanding individuals in their cultural contexts" (Dana, 1993, p. 142). Conversely, an etic perspective emphasizes the universal condition of the human personality. Consequently, culturally diverse individuals living in the U.S. tend to exhibit a continuous acculturation process in both their culturally specific personality functions

and their general personality functions specific to the Anglo European American culture. Traditionally, psychological tests, both intelligence and personality instruments, have been developed in a biased manner because they have been constructed and normed based on the Anglo European American majority group and then applied to culturally diverse minority groups, such as Latinos, African Americans, and Caribbean Blacks. An emic-sensitive instrument takes into consideration those elements that are indigenous to a given cultural group for personality characteristics, and thus reduces test bias. More specifically, the Montaigne axiom rightly assumes that there are certain given universals within human beings, whether they are called drives, emotions, motivations, or behaviors; however their experience or manifestations may be completely different in various cultures. Not to recognize and acknowledge these differences could render the assessment and treatment provided to most culturally diverse clients as biased, if not harmful. If this line of thought is followed, having cultural/linguistic guidelines in the profession of psychology should be seen as the recognition of a consensual message on how to operate competently within the profession of psychology, when clinicians are treating clients from another culture.

Guidelines should be understood as a clinical requirement and not a political position. Accordingly, the American Psychological Association (APA) has developed clear multicultural guidelines for psychologists (American Psychological Association, 2003). The concern with cultural competence has been around for more than three decades, dating back to 1973 when the Vail Colorado Conference supported a resolution that recognized multicultural competence as an essential therapeutic expertise, and initiated an examination of ethical issues. For years thereafter, however, and despite the best of intentions, there was no uniform effort to understand culture-specific values and their manifestations in the populations treated by psychologists (Dana, 1998b).

The first set of guidelines for multicultural counseling was submitted in 1982. The second set of guidelines (endorsed in 1999), focused on the importance, maintenance, and application of cultural competence as it applies to counseling members of specific racial/ethnic groups. However, the most comprehensive multicultural guidelines for psychologists in the areas of assessment, treatment, research, and teaching were issued only in 2003 (American Psychological Association, 2003). The application of cultural sensitivity and competence was started at the Hispanic Research Center (HRC), Fordham University, in the early 1980s with a systemic program of assessment and treatment research, which developed culturally competent assessment techniques such as the Tell Me A Story (TEMAS) Multicultural Test (e.g., Costantino, 1978, 1987; Costantino, Colon-Malgady, Malgady, & Baley, 1992; Costantino, Colon-Malgady, Malgady, & Perez, 1991; Costantino & Malgady, 1983; Costantino, Malgady, & Rogler, 1988a; Costantino, Malgady, Rogler, & Tsui, 1988; Costantino, Malgady, & Vazquez, 1981), and cuento therapy, the use of folktales as therapy modalities for Latino children and their parents (e.g., Costantino, 1982; Costantino, Malgady, & Rogler, 1984, 1985, 1986, 1988, 1988b, 1994; Malgady, Rogler, & Costantino, 1990a, b). These programs, and subsequent ones as will be expanded later, were developed for school children in public school settings. At HRC, issues of cultural bias were also addressed (Malgady, Costantino, & Rogler, 1987) and a culturally competent treatment framework for Latinos was developed (Rogler, Malgady, Costantino, & Blumenthal, 1987).

The concept of cultural competence extends to teaching, research, and practice. Although it is not possible to list the entire guidelines here, the list of resources at the end of this chapter details where to download the guidelines. In general the guidelines define that what is understood by cultural diversity should include ethnic, cultural, linguistic, and socioeconomically based differences, physical differences in sexual orientation, and any subgroup of characteristics of people about which valid generalizations can be made. Licensed mental health professionals should be specifically educated and trained to recognize and incorporate the influence of diversity on human behavior. There are specific directions that refer to the requirements of psychological practice, which must include an understanding of how cultural differences affect attitudes, values, and behavior. This knowledge should be gained during the psychologist's formal educational preparation and should be ongoing.

To be considered culturally competent in the provision of mental health services within a school setting, specific guidelines must be included for training professionals providing services in schools. These guidelines will insure the adherence and acquisition of cross-cultural competencies. Cross-cultural school psychology not only offers guidelines indicating that all assessments and interventions be completed within the relevant cultural context of the child, including the dominant language of the students, but it also refers

to the importance of the values of the family and schools, and the relevance of both as socializing institutions. This socialization process from schools and families requires sensitivity in understanding differences among the various groups. When these differences are primarily due to divergent cultural values that promote different behaviors and expectations either from the families or the schools, children, families, and school personnel can be faced with significant conflicts. Sensitivity to the different values and beliefs is important, but it alone does not ensure competence, which is an essential component of cross-cultural school psychology.

Training and Education of School Psychologists

The education and training of school psychologists requires advanced master's or doctoral degrees. The National Association of School Psychologists requires an advanced master's diploma with a minimum of 60 credits beyond the baccalaureate degree. The APA requires a doctoral degree. However, many school psychologists have not had the opportunity to obtain their master's or doctoral degrees in cross-cultural psychology from an accredited university. In 2001, Walter J. Lonner, of the Center for Cross-cultural Research at Western Washington University, indicated that no U.S., Canadian, or foreign universities awarded a Ph.D. in cross-cultural psychology (Lonner, 2001). Hence, most school psychologists must learn to become culturally sensitive and competent by attending seminars, workshops, and internship training such as the APA-recognized and accredited programs at Bellevue Medical Center in New York City (Vazquez, 1991) and the Sunset Park Mental Health Center in Brooklyn, New York (Costantino, Rivera, Bracero, & Rand, 2005).

School-Based Mental Health Programs

Since the late 1970s, city boards of education, city departments of mental health, and community-based mental health centers in a tripartite partnership have developed school-based mental health programs. These programs seek to bridge the gap for psychological services by providing psychoeducational and mental health assessment and treatment of school-age children. According to a 1998–1999 survey conducted by the National Assembly on School-Based Health Care (NASBHC), there were 1,135 school-based health centers in the nation, an increase from only 200 in 1990 (NASBHC, 2000). This dramatic growth parallels the strong need for mental health services in schools as an increasing number of students struggle with language, acculturation, family violence, substance abuse, and parental abuse and neglect (Murry, 1997; Paternite, 2005). However, a more recent survey has revealed that more schools are providing school-based mental health centers, which offer a one-stop source of primary and preventive health and mental care. However, the dramatic increase of the late 1990s has leveled off. In the nation's approximately 114,000 public schools, the number of school-based health centers has increased from 1,137 programs in 1999 to 1,708 in 2005, as shown by National Assembly on School-Based Health Care, 2004–2005 Census. Students in these school-based centers are from predominantly racial/ethnic minority groups that have experienced health care disparities. Approximately 50% of these students are eligible for free and reduced lunch provided by the U.S. Department of Agriculture's National School Lunch Program to poor students.

Of these 1,708 school-based health centers (SBHCs), 39% were housed in high schools, 23% in elementary schools, 18% in middle schools, 9% in elementary-middle schools, 7% in middle-high schools, and 4% in kindergarten through grade 12 schools. Sixty-two percent of SBHCs were in urban settings, 25% in rural settings, and 10% in suburban districts. Students in these schools with SBHCs are students of color largely from low socioeconomic populations who experience disparities in access to health care: 33% are African American, 32% are White 32%, 29% are Hispanic/Latino, 4% are Asian/Asian American, 1% are Native American, and 1% are other categorizations. Four in ten SBHCs report that 50% or more of SBHC users had no other source of health and mental health care; in other words, 40% of SBHCs report that 50% or more of their users have no other source of health care. The majority of SBHCs provide basic preventive primary care services, such as health assessment, Body Mass Index (BMI), vision and hearing screenings, immunizations, treatment of minor injuries, and to a lesser extent dental services. Furthermore, SBHCs in middle and high schools tend to offer abstinence counseling (76%), treatment of sexually transmitted diseases (62%), HIV/AIDS and substance abuse counseling (64%), and provide pregnancy testing (78%). The majority of these

centers are prohibited from dispensing contraceptives. (http://en.wikipedia.org/wiki/National Assembly on School-Based Health Care).

The first school-based mental health program in New York City operated by a community mental health center was established by the Sunset Park Mental Health Center of the Lutheran Medical Center in 1978 (Costantino, Bailey, & Jusino, 1999). Today, this Center has seven culturally competent school psychologists serving 10 public schools in Brooklyn and approximately 14,000 culturally and linguistic diverse children. The Center's school psychologists, who are employed by the Lutheran Medical Center and paid by New York City, New York state, and federal grants, provide psychological services in the schools and have been working closely with a school-based support team. The support team comprises a guidance counselor, a social worker, and a part-time psychologist, who are employed by the New York City Board of Education (Costantino, Bailey, & Jusino, 1999). The Lutheran Family Health Centers Network school-based mental health program is fully integrated within the Network's School-Based Health Centers, that provide basic primary care and preventive mental health services in 14 elementary, middle, and high schools. The Lutheran Family Health Centers Network School-Based Health Centers are one of the largest school-based services in the nation.

Existing School-Based Services

The Sunset Park Mental Health Center school health program serves the southwest Brooklyn communities of Red Hook, Sunset Park, and southern Park Slope, which have a population of 150,000 people. The 15 schools in the network comprise six middle schools and eight elementary schools in two school districts (nine in District 15 and two in District 20), and one high school. Services provided on site in the SBHC include:

1. Intake evaluation.
2. Outreach for Child Health Plus and Medicaid.
3. Mental health services (either on site or by referral).
4. Alcohol/substance abuse (prevention and referral).
5. Primary care and preventive health services.
6. Management of chronic conditions such as asthma.
7. Coordination of care with Sunset Park Network's Pediatric Department.
8. Follow up and referral.
9. 24 hour/7 day access to care.

The school-based mental health program, which is part of the Lutheran Family Health Centers School Health Program, operates under Article 31 and is licensed by the New York State Office of Mental Health. The program is housed in Brooklyn, New York and provides mental health services to nine elementary schools, five middle schools, and a high school that includes two middle schools in the complex. Services include:

1. Psychosocial assessment on all children enrolled in the SBHC program and psychiatric evaluation as needed.
2. Referral to clinician on site (e.g., school psychologists, social workers).
3. Referral to Sunset Park Mental Health Center or other mental health providers as dictated by the child's insurance coverage (e.g., primarily managed care contracts).
4. Mental health services such as assessment and treatment plans for individual, group, and family therapy, consultation, and crisis intervention.

In addition to its size, what distinguishes the Lutheran Family Health Centers program is that all assessment and treatment are delivered by culturally and linguistically competent psychologists and psychologists-in-training using multicultural competent modalities such as cuento therapy (Costantino, Malgady, & Rogler, 1986), the TEMAS narrative therapy (Costantino, Malgady, & Cardalda, 2005), and the TEMAS Multicultural Test (Costantino, 1987; Costantino, Malgady, & Rogler, 1988a; Costantino, Dana, & Malgady, 2007).

Historical Context

The different groups that currently compose American society have been arriving in the U.S. for nearly two centuries. This flow of culturally diverse immigrants, which started around 1820, has created the "American Mosaic" (Johnson-Powell, 1997b) that includes persons from all over the world. Each immigrant group which has arrived to America shares an experience unique to themselves. These experiences may include seeking freedom and safety, avoiding persecutions due to differences in political or religious beliefs, economic changes resulting from wars, physical disasters, and unemployment. Not all members of an immigrant family choose to leave their country: in many instances they are forced to accompany their relatives, as in the case of children or the elderly. People throughout the world leave their homes and try to survive in a

different sociocultural environment, which for many requires significant adjustments that negatively affect their mental health.

Mental Health Disorders Among Culturally Diverse School Children

Recent statistics indicate that there are approximately 75 million school-age children under the age of 18 in the U.S. (the New York City public school system alone has more than one million pupils). According to a recent study (Substance Abuse and Mental Health Servies Administration, 2004), school-age children throughout the nation present severe mental health problems. More specifically, the study showed that: 80% of girls and 73% of boys present social, interpersonal, and family problems; 63% of boys and 27% of girls show aggression, disruptive behavior and bullying; 42% of boys and 20% of girls exhibit behavior problems related to neurological disorders; 24% of the boys and 36% of the girls present adjustment disorders; 18% of the boys and 41% of the girls show anxiety, stress, and school phobia; and 13% of boys and 29% of girls exhibit depression disorders. In addition, the World Health Organization Global Burden of Disease Study (2001) indicates that by 2020, children's mental health disorders will increase by more than 50%, thus becoming one of the five most common causes of disability and mortality among children.

The U.S. Surgeon General (2001) emphasized that a large percentage of children with mental illnesses do not receive any services. The situation is even worse for African American, Latino, and other youngsters from ethnically and culturally diverse communities. Tragically, these children often bear the burden of unmet mental health needs (U.S. Department of Health and Human Services, 2001). These significant percentages of mental health problems indicate that schools play a critical role in mental health interventions; hence school-based mental health programs become the necessary agent to provide treatment on-site to the high numbers of affected pupils in the nation.

In 2003, there were 73 million children ages 0–17 in the U.S., 25% of the population, down from a peak of 36% at the end of the baby boom. Children are projected to compose 24% of the total population in 2020. The racial and ethnic diversity of America's children continues to increase. In 2003, 60% of U.S. children were White non-Hispanic, 19% were Latino, 16% were Black, and 4% were Asian. The proportion of Hispanic/Latino children has increased faster than that of any other racial and ethnic group, growing from 9% of the child population in 1980 to 19% in 2003 (America's Children, 2005).

In 2004, more than one-quarter of the population three years and older (74.9 million people) were enrolled in schools in the U.S.; 33 million in elementary school, 17 million in high school, and 17 million in college (U.S. Census Press Releases, 2005). For geographical distribution, school-age children in large cities throughout the country are:

1. In Los Angeles, California, the total school-age enrollment according the Board of Education in California is 1.7 million: 7.7% Asian; 61.7% Hispanic/Latino; 10.4% African American; 0.3% American Indian or Alaska Native; 16.5% White (not Hispanic); 0.9% multiracial or no response. (California Department of Education, Educational Demographics Unit, 2006.)
2. In Chicago, Illinois, according to the Illinois Board of Education (http://www.cps.k12.il.us/At A Glance.html), there are 426,812 enrollees. Their racial distribution is: 49.8% African American; 38.0% Latino 8.8%; White 3.2%; Asian/Pacific Islander; and 0.2% Native American.
3. In Miami, Florida, there are a total of 371,773 students enrolled: 37,844 White non-Hispanic students; 106,609 Black students; 218,923 Hispanic/Latino students; 4,239 Asian/Pacific Islander students; 346 American Indian students; 3,812 multiracial students.
4. In New York, New York, the New York City Department of Education indicates a total of 1,055,986 students: 4,906 American Indian; 139,695 Asian/Asian American; 411,767 Hispanic/Latino; 346,655 Black; and 152,963 White.
5. In Atlanta, Georgia, there are 50,770 students: 0.03% American Indian; 0.6% Asian/Asian American; 86% Black; 4% Hispanic/Latino; 1% multiracial; 8% White.
6. In Boston, Massachusetts, according to the Massachusetts Board of Education, a total of 57,742 students are enrolled: 231 Native American;

5129 Asian; 26,277 African American; 8,070 White; and 18,035 Hispanic/Latino.

7. In Newark, New Jersey, according to the Newark Public Schools 2004–2005 Annual Report, there was a total student enrollment of 41,899 students: 24,887 Black; 13,354 Hispanic/Latino; 3,295 White; 318 Asian/Asian American and 45 Native American.
8. In Washington, D.C., for the 2003 school year according to the District of Columbia public school system, there were a total of 65,009 enrollees, with 12% of the student population identified as students of color: 75.9% African American; 9.4% Hispanic/Latino; 4.6% White; 9.6% Asian/Asian American; and 0.5% classified as others.

Cultural Context

The Immigration Experience

The immigration experience should be taken into consideration when working with culturally diverse children within the school system. It is often associated with low socioeconomic status, health and mental health barriers and thus high health disparities, and a stressful period of adjustment for the children and their families. This acculturation process often brings families into conflict with each other and with the school system. The implications that are referred to in the literature point to specific diagnostic categories that include depression and anxiety, conditions such as over involvement and/or enmeshment within the families, and cognitive functions such as language learning processes, which are often misdiagnosed as learning disabilities.

Acculturation

Acculturation refers to changes individuals face while adapting to the host society. People are members of the culture where they are born and where they are acculturated. Enculturation is the process where they learn the values of their culture (Berry et al., 1992). Establishing and adapting to a different sociocultural environment is a stressful process for most individuals. Stress due to acculturation can be experienced differently by members of a family. It depends on attitudes held about cultural values, level of receptivity by the host culture, and similarities and differences of worldviews and of perceptions of the environment. The adherence to cultural traditions and the perception of non-belonging have been recognized as stressors that can drive individuals to resist, reject, or criticize the host culture, leading to mistrust and rendering the process of acculturation very difficult (Berry, Kim, Minde, & Mok, 1987; Berry, Kim, Power, Young, & Bujaki, 1989; Kealey, 1989; Seal, 1979; Vazquez, 2004b; Williams & Berry, 1991). When individuals are in jeopardy or feel threatened by the dominant culture, several of them may tend to minimize the stress experienced and cope in a dysfunctional manner that makes them more resistant to a healthy adaptation. However, many individuals may experience physical and emotional distress as a result. Conversely, those who show resilience to stressful acculturation will have learned to reduce their perceived stress in culturally consonant ways (Berry, 1997; Martin, 2005).

The clinician treating families from diverse cultural backgrounds must understand the specific coping mechanisms that are acceptable to the family. Understanding the immigration experience is essential to developing a therapeutic relationship with families from diverse cultural backgrounds. It is also important to help immigrant individuals understand their experiences and their impact on fears and defense strategies. The effectiveness of interventions relies in part on the positive or hostile attitudes of the dominant society towards members of the acculturating groups (Berry, 1997). Children undergoing acculturation are usually confronted by two sets of values: the world of school and the world of family. Thus they live between two worlds/cultures, the old and the new. These worlds show language differences and different attitudes and behaviors that the child must reconcile to function adaptively in both. The function of the cross-cultural clinician within the school setting is to help the child come to terms with the two different worlds, which at times may appear contradictory, and to integrate the best components of each. If this integration does not occur, culturally diverse school children may develop negative self-esteem, cognitive dysfunctions, and emotional disorders such as anxiety, depression, attention deficit/hyperactivity disorder (ADHD), conduct disorder, and other problems that need to be addressed fully.

Early and Recent Culturally Competent Mental Health School-Based Interventions

Cognizant of the need for culturally competent mental health assessment and treatment programs in public schools, the first author and his colleagues developed the following culturally competent, evidence-based mental health modalities. A decade before Vargas and Wiltis (1994) lamented the paucity of research driven by culturally sensitive treatment for Latino groups, the program of culturally competent assessment and treatment modalities had already begun in response to the growing mental health needs of Latino populations and their barriers to access services. Rogler et al. (1983) emphasized that Latinos seeking mental health services encountered several barriers at three different levels: access barriers because of geographic distance and inability to pay; assessment barriers in the form of biased assessment, because of language and culturally inappropriate instruments (Malgady et al., 1987); and treatment barriers in the form of cultural and language distance between the Latino client and the non-minority clinician and lack of culturally sensitive treatment modalities. The culturally competent program of mental health research undertaken at the Hispanic Research Center, Fordham University, has created valid assessment and treatment techniques that have been instrumental in addressing the mental health need of Latinos, especially children and adolescents, and thus reducing the health disparities for the diverse Latino groups (e.g., Costantino, 1982; Costantino, Malgady, & Rogler, 1986, 1988b, 1994; Malgady & Costantino, 1998; Malgady, Costantino, & Rogler, 1990a, b).

Cuento Therapy and TEMAS Narrative Therapy

In the ensuing decades, only moderate progress has been made in the development of culturally competent assessment and treatment techniques. The Surgeon General's publication entitled: *Culture, race and ethnicity. A supplement to mental health: A report of the Surgeon General* (U.S. Department of Health and Human Services, 2001) reported the existence of several valid and effective treatment modalities for a variety of mental health disorders. However, it emphasized that clients of color are not represented in those outcomes studies. There are serious questions about the effectiveness of these evidence-based treatments for minority populations (Bernal and Scharrón del-Río, 2003; Miranda, Bernal, Lau, Kohn, Hwang, & LaFromboise, 2005). The research program at the Hispanic Research Center and Sunset Park Mental Health Center developed culturally competent, evidence-based interventions for Latino children, adolescents, and their parents. Cuento therapy (Costantino, Malgady, & Rogler, 1988b) for children and hero/heroine modeling therapy for adolescents (Malgady, Rogler, & Costantino, 1990a, b) were used.

In our initial study of bicultural intervention with young children, we (Costantino, 1982; Costantino, Malgady, & Rogler, 1986) developed a storytelling modality using Puerto Rican cuentos of folktales as a cognitive/behavior modeling intervention. This modality was named cuento therapy. In this approach, the characters in folktales were posed as therapeutic peer models conveying the theme or moral of the stories. The content of such stories motivated children's attention to the models, which is critical to the first stage of the modeling process. Second, the models were adapted to present attitudes, values, and behaviors that reflect adaptive responses to the designated targets of therapeutic intervention, such as acting out, anxiety symptoms, and negative self-concept. The folktales were adapted to bridge both Puerto Rican and European American cultural values and settings. Reinforcement of children's imitation of the models through active therapeutic role playing facilitated social learning of adaptive responses, which were targeted in the stories' themes. In this manner, the modality was rooted in the children's own cultural heritage, presented in a format with which they could readily identify and imitate, and therapeutically aimed to have an impact on adjustment to mainstream cultural demands. The intervention was conducted with the children in dyad with their mothers in small group sessions led by bilingual Hispanic therapists. This was implemented as a preventive intervention because the children were presenting emotional and behavior problems in school and at home, but they did not satisfy diagnostic criteria for disorders classified by the third and revised edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM III-R; American Psychiatric Association, 1987). In addition, their uniformly low socioeconomic status and high rate of single-parent

household composition also characterized these children as representing a high-risk population. The effectiveness of the bicultural folktale modality was determined by comparing treatment outcomes with a second folktale condition in which the same stories were not adapted to bridge cultural conflict, and a mainstream (art/play) intervention. The evaluation of treatment outcomes indicated that the bicultural folktale intervention led to the greatest improvement in social judgment and reduction in anxiety symptomatology, which persisted at a one-year follow-up.

A second, related cognitive/behavioral modeling intervention appropriate for adolescents was based on "heroic" adult role models (Costantino and Malgady, 1996; Costantino, Malgady, & Rogler, 1988a; Malgady, Rogler, & Costantino, 1990b). It was named hero/heroine modeling psychotherapy. A major consideration in developing this modality was the frequency of young, single-parent households, indicating that Puerto Rican adolescents often lacked appropriate adult role models with whom they could identify, and therefore adaptive values and behaviors to imitate during the critical adolescent years. National figures indicate that 41% of Hispanic households are headed by females (U.S. Bureau of the Census, 1991); estimates specific to Puerto Ricans in New York City are somewhat higher, about 44%; and our own samples drawn from New York City public schools in Hispanic communities had rates of female-headed households exceeding 60% (Costantino & Malgady, 1996). Consequently, Puerto Rican adolescents appeared to be suitable candidates for a modeling therapy that fulfilled their need for adaptive role models in a culturally sensitive way. We developed and evaluated a cuento/narrative therapy using biographical stories of heroic Puerto Ricans in an effort to bridge the bicultural, intergenerational, and identity conflicts faced by Puerto Rican adolescents. This modality sought to enhance the relevance of therapy for adolescents by exposing them to successful male and female adult models in their own culture, fostering ethnic pride and identity as Puerto Ricans, and by modeling achievement–oriented behavior and adaptive coping with stress common to life in the urban Hispanic community. The content of the biographies embodied themes of cultural conflict and adaptive coping with stress. This intervention was also considered preventive because, although the adolescents were screened for behavior problems in school, they did not meet diagnostic criteria of the DSM III-R. Treatment outcomes were assessed relative to an attention-control group participating in a school-based dropout prevention program. Evaluation of treatment effectiveness revealed that the culturally sensitive modeling intervention generally decreased anxiety symptomatology and increased ethnic identity. However, treatment interacted with household composition and participants' gender. Consistent with the intention of the intervention, the role models promoted greater cultural identity in the absence of a male adult in the adolescents' households, but only among male adolescents. Female adolescents had stronger Puerto Rican identities than males regardless of treatment, possibly because of stable maternal identification. Similarly, the role models promoted greater self-esteem among male and female adolescents from female-headed households; however, although females from intact families felt "more Puerto Rican," their self-image diminished in the process. Thus, the role models presented in treatment may have been perceived as idealized and aroused conflict concerning their real parents, so that parental identification led to lower self-esteem. This process may have operated only among females because the female role models presented often represented untraditional female sex roles.

The interactions affecting treatment outcomes highlight the importance of adolescents' social context in considering the mental health value of culturally sensitive behavioral interventions. This implicates the need to investigate both the integrity and quality of interfamilial relations as potential mediators or moderators of treatment outcomes. The introduction of cultural sensitivity into the treatment process is a promising approach to respond to the special mental health needs of Hispanic adolescents. However, further research is warranted that asks how culturally sensitive services can be implemented more effectively given that dynamic processes may intervene to enhance or impugn their effectiveness. One objective of this research program will be to investigate the dynamic interplay between a culturally sensitive narrative intervention and the familial context of male and female Hispanic adolescents, to make gender- and family-specific refinements in treatment protocols.

Cognitive Behavioral Therapy

The effectiveness of cognitive behavioral therapy (CBT) in reducing anxiety in minority youngsters has also

been shown when delivered in a group format (Rossello & Bernal, 1999; Silverman, Kurtines, Ginsburg, Weems, Rabian, & Serafini, 1999; Shortt, Barrett, & Fox, 2001; Miranda, Bernal, Lau et al, 2005). In addition, recent research at the San Juan campus of Carlos Albizu University has shown that CBT was effective. Cabiya, Orobitg, Sayers, Bayón, & De La Torre (2001) evaluated the effectiveness of a cognitive behavioral intervention that integrated the social cognitive model with youngsters who presented with ADHD, oppositional defiant disorder (ODD), and aggressive symptoms. One hundred and twenty-eight children (93 boys and 35 girls), ages 9–19 (mean 10.83, standard deviation 1.6) participated in the study. Forty-one youths (35 boys, 6 girls) were diagnosed with ADHD, 61 (43 boys, 18 girls) with ODD, and 65 (46 boys, 19 girls) with no diagnoses. Repeated measures analyses of variance were performed with each measure with diagnostic groups as the between-participants variable and pre- and post-treatment as the within-participant variable. The results showed significant differences within participants between the pre-and post-treatment in the scales of somatic complaints, anxiety, depression, social problems, attention problems, and aggressive conduct. Significant differences were found between the two diagnostic groups and the normal group, but there was no significant interaction effect between the diagnostic group and time of evaluation.

TEMAS Narrative Therapy

The third study pursued several new directions in this program of research into culturally sensitive treatment outcomes. First, whereas in previous studies inclusion criteria were based on teacher ratings of school behavior, in the third study research participants were screened for symptomatology from the third and revised edition of the DSM III-R (American Psychiatric Association, 1987) using a standardized, structured, clinical interview. Second, the study included older children and young adolescents 9–13 years old, an age range not addressed in previous studies. Previous studies had also presented written and verbal modeling stimuli, whereas this study presented pictures, which were thought to be more effective in communicating with a more psychologically disturbed and educationally disadvantaged group. Fourth, this study included diverse Hispanic groups, whereas previous studies focused exclusively on Puerto Ricans.

The rationale for changing therapy format from verbal (Cuentos) to visual (TEMAS) stimuli was because the second modality was readily adaptable to culturally diverse groups, thus affording the clinician a culturally sensitive modality that could be administered to multicultural youths.

Child/Adolescent Trauma Treatment and Services (CATS) Study

Background

This fourth study is a continuation of the culturally competent treatment outcome research originally started at HRC and continued at the Sunset Park Family Health Center Network. This study is part of the Child and Adolescent Trauma Treatments and Services Consortium (CATS), the largest youth trauma research related to the September 11 World Trade Center disaster. Natural and/or terrorist-made disasters negatively affect children's emotional and behavioral functioning. Long-lasting impairments such as post-traumatic stress disorder (PTSD), anxiety, depression, and disruptive disorder are most likely to occur unless treatment is offered (Chemtob, Nakashima, & Hamada, 2002; Galea, Ahern, Resnick, Kilpatrick, et al., 2002). The New York City Board of Education study (Hoven, Duarte, & Mandell, 2003) of the terrorist attack on the World Trade Center showed that as many as 75,000 children in New York City public schools had symptoms of PTSD after the event. Furthermore, a large percentage of children exhibited anxiety, depression, agoraphobia, separation anxiety, and conduct disorder.

The fourth study, entitled Evidence-based Treatments for Postdisaster Trauma Symptoms in Latino Children, used the TEMAS narrative treatment that was first validated with Latino youngsters (Costantino, Malgady, & Rogler, 1994) relative to CBT (Cohen & Mannarino, 1998) in treating children affected by the September 11 terrorist attacks. This study is based on preliminary data collected at the Lutheran Medical Center Sunset Park Family Health Center as part of the CATS Consortium. The CATS multisided study was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered

by the New York State Office of Mental Health. The CATS Consortium, which comprises six study sites in New York City, was coordinated by the New York State Psychiatric Institute at Columbia University (Costantino, Guajardo, Perez, et al., 2004; Costantino, Kaloghiros, Perez et al., 2007; Costantino, Primavera, & Malgady, 2008).

Method

The Sunset Park study compared the validity of the TEMAS narrative therapy with a cognitive behavioral approach, for traumatized schoolchildren. Seven hundred and forty-six fourth- and fifth-graders were screened with a brief screening instrument made of 18 items taken from the University of California, Los Angeles PTSD Reaction Index, the Manifest Anxiety Scale for Children, the Child Depression Inventory, and the World Trade Center Exposure questionnaire at two participating public schools in Brooklyn. Of those screened, 358 (48%) were negative and 388 (52%) were positive, who thus became eligible for baseline assessment. Of those positive screens, 34 (9%) refused assessment, whereas 354 (91%) underwent baseline assessment. Of these, 125 (35%) assessed negative, whereas 229 (65%) assessed positive. Of the 229 students who were positive for the targeted condition of PTSD, anxiety, depression, and conduct disorder, 210 were randomly assigned, 100 were assigned to CBT, and 110 to TEMAS. Each group underwent 18 treatment sessions.

Results

Analyses focused on the main effects of gender and their potential interaction with treatment, CBT, and TEMAS as indicators of treatment processes and outcomes. The design for this study was a two-factor mixed design. The between factor was treatment group, which had two levels: the CBT group and the TEMAS group. The within factor was the assessment period, which had three levels: baseline, three months, and six months. Participants were measured on several outcome variables, three of which were targeted for analysis, total severity of PTSD, Child Depression Inventory total score, and Manifest Anxiety Scale for Children total score. The results of the fixed effects for the PTSD outcome measure revealed that the level 2 intercept was significant ($t(129) = 29.94$, $p < 0.001$), indicating that the overall mean of PTSD (33.74) was significantly different from zero. The effect of the treatment group was not significant ($t(129) = 0.48$, $p = 0.632$), indicating that the CBT and TEMAS groups did not differ on their average PTSD baseline scores, and that both treatment modalities significantly contributed to the reduction of PTSD symptoms. In addition, the results for the level 1 slopes of the Child Depression Inventory indicated that the average slope (−2.301) was significantly different from zero ($t(129) = -3.432$, $p = 0.001$). The effect of the treatment group was significant ($t(129) = 3.641$, $p = 0.001$), indicating the two groups did differ in their average slopes. The difference in slopes was −4.0123, indicating that the TEMAS group dropped significantly more in depression (8 points) than the CBT group over the three assessment periods. The results for the level 1 slopes of the Manifest Anxiety Scale for Children indicated that the average slope (−3.720) was significantly different from zero ($t(129) = -4.1983$, $p = 0.001$). The effect of the treatment group was significant ($t(129) = 2.561$, $p = 0.012$), indicating that the two groups did differ in their average slopes. The difference in slopes was −3.736, indicating that the TEMAS group dropped significantly more in anxiety (7.47 points) than the CBT group over the three assessment periods.

Discussion

These results indicated that both TEMAS and CBT were effective in reducing symptoms of PTSD among participating students, most of whom were Latino youth. However, only TEMAS showed a significant reduction in depressive and anxiety symptoms as measured by the Child Depression Inventory and Manifest Anxiety Scale for Children. This highlights that TEMAS may be the treatment of choice with Latino children and confirms it as a culturally competent and evidence-based modality (Bernal & Scharrón del-Río, 2001; Miranda et al., 2005). In addition, these findings show that TEMAS, which is delivered in a group format, may be more cost effective than CBT, which is delivered in an individual format.

In addition to developing culturally competent, evidence-based treatment for Hispanic/Latino youngsters and their families, Costantino and his team

also developed a culturally competent, evidence-based assessment technique for both minority and non-minority children, named the TEMAS Multicultural Test. A description of this test is given below, which is considered the first multicultural test in the U.S. and a valid projective-narrative test for both minority and non-minority school-age children (Costantino, Dana, & Malgady, 2007; Dana, 1993, 2000; Flanagan & DiGiuseppe, 1999; Ritzler, 1993).

Cross-Cultural Validity of the TEMAS Multicultural Test

Background

The propriety of administering psychological tests standardized on non-minority, middle class, and English-speaking populations to examinees who are linguistically, culturally, and/or ethnically diverse has been a controversial issue for over five decades (Costantino & Malgady, 1996; Dana, 1993; Malgady, 1996; Olmedo, 1981; Padilla, 1979; Padilla & Medina, 1996). This controversy originally focused on intelligence testing of African Americans; however, similar allegations of bias toward Latinos have been made for personality testing and diagnostic evaluation. In the absence of empirical evidence to the contrary, the prevailing view is that standard psychological assessment procedures are considered unbiased (e.g., Lopez, 1988). Conversely, others have argued that clients' variations in English language proficiency, cultural background, or ethnic profile pose potential sources of bias for standard assessment and diagnostic practices (e.g., Dana, 1993; Malgady, 1996; Malgady, Rogler, & Costantino, 1987). Moreover, Dana (1993, 1997) emphasizes that most personality tests are assumed to be genuine etic, or culture general and universal in their assessment. Consequently, the use of an etic orientation with multicultural groups has erroneously minimized cultural differences and hence generated inappropriate inferences using Anglo-European personality constructs; this creates unfavorable psychological test results and unfair clinical dispositions (Costantino, 1992; Dana, 1993; Malgady, 1996). Dana (1993) further emphasizes that a correct etic orientation needs to be used to demonstrate the validity of multicultural constructs. Traditionally, projective stimuli have been ambiguous to bypass the ego defenses and allow more latent conflicts to be freely expressed. However, TEMAS was developed according to more recent literature indicating that diminished ambiguity and increased structure facilitates greater verbal fluency and enables a more reliable and valid interpretation of the narrative, and thus a more valid understanding of the examinee's personality functioning (Costantino, Flanagan, & Malgady, 2002; Epstein, 1966; Sobel, 1981). Several studies have documented that chromatic thematic apperception test stimuli enhanced verbal fluency and expression of different emotions, whereas achromatic stimuli reinforce sadness as an affective response (Murstein, 1963); in addition, chromatic stimuli appear to maintain children's attention (Costantino, 1978). Consequently, TEMAS stimuli were developed in color.

Description of the TEMAS Multicultural Test

Based on these considerations, the TEMAS test (which in English is an acronym for Tell-Me-a-Story, and in Spanish means "themes") was developed with culturally relevant stimuli for Puerto Rican, other Hispanic, Black, and White children and adolescents. There are parallel minority (African American and Hispanic) and non-minority (White) versions of stimuli (Costantino, 1987; Costantino, Dana, & Malgady, 2007; Costantino, Malgady, & Rogler, 1988a). An Asian American version is in the process of being validated (Yang, Costantino, & Kuo 2003). The TEMAS pictures embody the following features: structured stimuli and diminished ambiguity to pull for specific cognitive, affective, and personality functions; chromatically attractive, ethnically/racially relevant, and contemporary stimuli to elicit diagnostically meaningful stories; representation of both negative and positive intra- and interpersonal functions in the form of conflicts that require problem-solving; and an objective scoring system of both thematic structure and content (Costantino, Dana, & Malgady, 2007; Flanagan, Costantino, Cardalda, & Costantino, 2007). The presentation of culturally relevant and familiar projective test stimuli was first explored in Thompson's (1949) Black Thematic Apperception Test, based on the assumption that similarity between stimulus and examinee facilitates identification with the characters in the pictures and therefore promotes greater verbal fluency and ability to reveal underlying feelings (Costantino & Malgady, 1981, 1983.)

Problem Solving: Cognitive, Affective and Personality Functions

The presentation of problem solving in TEMAS pictures was based on the methodology of Sobel (1981) who proposed to assess interpersonal conflicts through problem solving and loosely on the methodology of moral dilemma stories (Kohlberg, 1976). Similarly, the TEMAS stimuli depict a split scene showing psychological conflicts in a problem-solving situation; the examinee must resolve the antithetical situations of the conflict (i.e., resolve the problem); and the examiner evaluates the adaptiveness to the solution of the problem. The conflicts depicted in TEMAS pictures were designed to provoke disclosure of specific personality functions that are prominent in personality theory and that are important diagnostic indicators of psychopathology. The nine personality functions are: Interpersonal Relations, Control of Aggression, Control of Anxiety/Depression, Achievement Motivation, Delay Gratification, Self-Concept of Competence, Self-Sexual Identity, Moral Judgment, and Reality Testing. Additionally, the test measures 18 cognitive functions, such as Reaction Time, Total Time, Verbal Fluency, Imagination, Recognition of Conflict, Omissions, and Transformations (the last two referring to selective inattention and distortions); and nine affective functions, such as, Happy, Sad, Angry, and Fearful.

Scoring

Cognitive functions are scored as they occur in the storytelling and story. For example, reaction time is scored in time elapsed between the handing of the card and the telling of the story, and total time is scored as the time lapsed after the reaction time and the completion of the story, which includes answers to the structured inquiries. Fluency is scored as the total number of words in the story. Affective functions, such as Happy, Sad, Angry, and Fearful, are scored as "1" when expressed in the story. Other cognitive functions such as Conflict or Sequencing are scored "blank" if they are recognized and resolved (Conflict) or verbalized as recognition of present, past, and future events (Sequencing); they are scored "1" if conflict is not recognized nor resolved, or "(l)" if conflict is recognized but not resolved. Sequencing is scored "1" if past and/or future events are not narrated. Personality functions are scored on a Likert scale of "1"for most maladaptive resolution of the conflict/problem, "2" for moderately maladaptive, "3" for moderately adaptive, and "4" for most adaptive; with "N" scoring if the designed personality function is not pulled.

Standardization

TEMAS was standardized on a sample of 642 children (281 males and 361 females) from public schools in the New York City area. These children ranged in age from 5 to 13 years (mean 8.9 years, SD = 1.9). The total sample represented four racial/ethnic groups: Whites, Blacks, Puerto Ricans, and other Hispanics. Data on the socioeconomic status of the standardization sample indicated that these participants were from predominantly lower- and middle-income families (Costantino, Malgady, & Rogler, 1988). The test appeared free of biases because none of the variables correlated high with age, gender, or socioeconomic status. However, several modest correlations with age dictated the formation of three age groups: 5–7 years old ($n = 166$); 8–10 years old ($n = 324$); and 11–13 years old ($n = 152$). Separate norms and T-scores were associated with each age group. Several studies have shown the multicultural and cross-cultural validity of the test with school-age children (Costantino, Dana, & Malgady, 2007; Costantino & Malgady 1996b, 2000).

Validity

Early and subsequent studies showed that Hispanic and Black children are more fluent on TEMAS than on the Thematic Apperception Test (Costantino & Malgady, 1983; Costantino, Flanagan, & Malgady, 2002; Costantino, Malgady, & Vazquez, 1981). Other studies have shown that the test can be appropriately used with Black, Hispanic/Latino, and White children for clinical and school status (Costantino, Malgady, Colon-Malgady, & Bailey, 1992; Costantino, Malgady, Rogler, & Tsui, 1988) and that children with attention-deficit hyperactivity disorder (ADHD) show significantly more omissions on TEMAS than non-clinical children (Costantino, Colon-Malgady, Malgady, & Perez, 1991). In addition, TEMAS has been shown to predict achievement motivation among Hispanic/Latino youngsters (Cardalda, 1995).

Reliability

The reliability of TEMAS was originally presented in terms of internal consistency, test–retest reliability, and interrater agreement. Original studies showed a moderate internal consistency, with coefficient alphas ranging from 0.45 to 0.72. test–retest reliability was low to moderate in the original studies, where only 8 of the 34 scoring categories showed significant correlations over an 18-week period; this may be have been due to significant changes in the children's behavior over time (Costantino, Malgady, & Rogler, 1988a). However, recent studies have shown an interrater agreement ranging from 0.78 to 0.95 (Costantino, Dana, & Malgady, 2007).

Between Two Worlds/Cultures: Family- and School-related Problems

Anxiety, depression, adjustment disorders, conduct disorders, and ADHD, exhibited by culturally diverse school-age children while struggling to negotiate between the demands of two worlds, are working diagnoses attributed by school mental-health professionals. The old world is represented by the family, with its own cultural heritage; and the new world is represented by the school, which has its rules and regulations. It is common that these two worlds conflict with one another. School mental-health professionals are faced with giving appropriate diagnoses to culturally diverse children. Hence, it is very important that school clinicians be trained in culturally competent assessment and treatment. There is a long history of assessment and treatment biases, which has labeled minority children as more psychopathological than their non-minority counterparts (e.g., Costantino, 1992; Costantino, Malgady, & Vazquez, 1981; Costantino, Rogler, & Costantino, 1987; Malgady & Costantino, 1998). To remove this bias, it is necessary to use culturally competent instruments and treatment that recognizes cultural differences.

Conclusion

Mental health professionals are becoming increasingly aware of the needs of mental health services of school children. The 2004 SAMHSA study indicates that approximately 76% of school girls and boys have psychosocial and family problems, 41% of girls and 18% of boys exhibit anxiety and school phobia, and 29% of girls and 13% of boys experience depression. School-based mental health programs seek to reduce barriers to the diagnosis and treatment of mental health disorders in children and adolescents. As schools are becoming predominantly culturally and linguistically diverse in their students, especially public schools in national metropolitan areas, it becomes necessary to deliver mental health services in a culturally competent manner. However, effective delivery of health services is confronted by racial and ethnic disparities in health care. The 2003 Institute of Medicine report (Smedley, Adrienne, & Alan, 2003) on unequal treatment emphasized that training health professionals in cultural competence may improve the quality of care and reduce health disparities between racial and ethnic minorities and Whites. In school settings, the answer to providing appropriate mental health services to culturally diverse students rests in part on more systematic training of school mental-health professionals in cross-cultural psychology. However, the effectiveness of cross-cultural school psychology, in turn, rests on further research to uncover cultural similarities and differences in psychological traits and behaviors among culturally diverse school-age children, and on continuing to develop and apply evidence-based culturally competent assessment and treatment modalities such as the TEMAS Multicultural Test (Costantino, Dana, & Malgady 2007), cuento therapy, and TEMAS narrative therapy (Bernal & Scharrón del-Río, 2001; Costantino, Malgady, & Rogler, 1985; Costantino, Primavera, Meucci, & Costantino, 2008; Miranda et al., 2005) as presented in this chapter. These culturally competent treatment and assessment modalities embody original cultural values and adaptive themes from the American culture. In this manner, based on the principles of narrative psychology, they promote a new synthesis of bicultural symbols and meanings and thus foster adaptive personality development in youths who are in conflict between two cultures, the old and new world.

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Suggested Reading

Allport, G. W. (1973). *Personality: A psychological interpretation.* New York: Holt.

America's Children: Key National Indicators of Well-Being. (2005). Retrieved February 8, 2006, from http://www.childstats.gov/americaschildren/index.asp

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders.* Washington, D.C.: American Psychiatric Association.

American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist, 58,* 377–402.

American Psychological Association. (n.d.) *Definition of psychologists.* Retrieved February 8, 2006, from http://www.apa.org/about/

Atkinson, D. R., Morten G., & Sue, D. (1998). *Counseling American minorities* (5th ed.). Boston: McGraw-Hill.

Bernal, G., & Scharrón del-Río, M. R. (2001). Are empirically supported treatments valid for ethnic minorities? Toward an alternative approach for treatment research. *Cultural Diversity & Ethnic Minority Psychology, 7*(4), 328–342.

Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review, 46*(1), 5–34.

Berry, J. W., Kim, U., Minde, T., & Mok, D. (1987). Comparative studies of acculturative stress. *International Migration Review, 21,* 491–511.

Berry, J. W., Kim. U., Power, S., Young M., & Bujaki, M. (1989). Acculturation attitudes in plural societies. *Applied Psychology, 38,* 185–206.

Berry, J. W., Poortinga. Y. H., Segall, M. H., & Dasen, P. R. (1992). *Cross-cultural psychology research and applications* (pp. 1–14). New York: Cambridge University Press.

Cabiya, J., Orobitg, D., Sayers, S., Bayón, N., & De La Torre, M. (2001). Cognitive and behavioral profile of Puerto Rican aggressive and impulsive children. *Revista Ciencias de la Conducta, 16,* 49–62.

California Department of Education, Educational Demographics Unit: California Public Schools – County Report County Level Enrollment Reports. Created on March 31, 2006.

Cardalda, E. (1995). *Socio-cognitive correlates to school achievement using the TEMAS culturally sensitive test with sixth, seventh, and eighth grades at risk Puerto Rican students.* Unpublished doctoral dissertation, New York for Social Research University, New York.

Chemtob, C. M., Nakashima, J. P., & Hamada, R. S. (2002). Psychosocial intervention for postdisaster trauma symptoms in elementary school children: A controlled community field study. *Archives of Pediatrics and Adolescent Medicine, 156,* 211–216.

Chicago Illinois Board of Education. Retrieved February 8, 2006, from *Stats and Facts*. http://www.cps.k12.il.us/At A Glance.html

Cohen, J. A., & Mannarino, A. P. (1998). Interventions for sexually abused children: Initial treatment outcome findings. *Child Maltreatment, 3,* 17–26.

Costantino, G. (1978). *TEMAS, a new thematic apperception test to measure ego functions and development in urban Black and Hispanic Children.* Paper presented at the second annual Conference in Fantasy and the Imaging Process, Chicago, IL.

Costantino, G. (1982). Cuentos folkloricos: A new therapy modality with Puerto Rican children. *Research Bulletin, Hispanic Research Center, Fordham University, 5,* 7–10.

Costantino, G. (1987). *TEMAS (tell-me-a-story) pictures.* Los Angeles, CA: Western Psychological Services.

Costantino, G. (1992). Overcoming bias in educational assessment of Hispanic students. In K. F. Geisinger (Ed.), *Psychological testing of Hispanics* (pp. 89–98). Washington, D.C.: American Psychological Association.

Costantino, G, Bailey, J., & Jusino, S. (1999, July). *School-based mental health programs in the US.* Paper presented at 8th European Congress of Psychology, Rome, Italy.

Costantino, G., Colon-Malgady G., Malgady, R., & Perez, A. (1991). Assessment of attention-deficit disorder using a thematic apperception technique. *Journal of Personality Assessment, 57,* 87–96.

Costantino, G., Dana, R.H., & Malgady, R. (2007). *TEMAS (Tell-me-a-story) assessment in multicultural societies.* Mahwah, NJ: Lawrence Erlbaum Associates.

Costantino, G., & Flanagan, R. (2004). The role and functions of school psychologists in the US public schools. *LINK Rivista Scientifica di Psicologia, 3,* 44–62.

Costantino, G., Flanagan, R. M., & Malgady, R. G. (2002). Narrative assessment: TAT, CAT and TEMAS. In L. A. Suzuki, J. G. Ponterotto, & P. J. Meller (Eds.), *Handbook of multicultural assessment* (pp. 217–236). San Francisco: Jossey-Bass.

Costantino, G., Guajardo, J., Perez, M., Borges, M., & Costantino, E. (2004, August). *CBT versus TEMAS narrative for children affected by 9/11 events.* Presented at the 112th American Psychological Association Convention, Honolulu, Hawaii.

Costantino, G., Kaloghiros, I., Perez, M., Primavera, L., Malgady, R., & Borges, M., et al. (2007, July). *Evidence based treatments for post disaster symptoms in Latino children.* Paper presented at the 2007 American Psychological Association, San Francsico, CA.

Costantino, G., & Malgady, R. (1983). Verbal fluency of Hispanic, Black, and White children on the TAT and TEMAS. *Hispanic Journal of Behavioral Sciences, 5,* 199–206.

Costantino, G., & Malgady, R. G. (1996a). Culturally sensitive treatment: Cuento and Hero/Heroine Modeling Therapies for Hispanic children and adolescents. In P. Jensen & E. Hibbs (Eds.), *Psychosocial treatment research of child and adolescent disorders. Empirically based strategies for clinical practice* (pp. 639–697). Washington, D.C.: American Psychological Association.

Costantino, G., & Malgady, R. G. (1996b). Development of TEMAS, a Multicultural Thematic Apperception Test: Psychometric properties and clinical utility. In G. R. Sodowsky & J. Impara (Eds.), *Multicultural assessment in counseling and clinical psychology* (pp. 85–136). University of Nebraska-Lincoln, NE: Buros Institute of Mental Measurements.

Costantino, G., & Malgady, R. G. (2000). Multicultural and cross-cultural utility of the TEMAS (Tell-Me-A-Story). In R. H. Dana

(Ed.), *Handbook of cross-cultural/multicultural personality assessment* (pp. 481–514). New Jersey: Lawrence Erlbaum Associates.

Costantino, G., Malgady, R. G., & Cardalda, E. (2005). TEMAS narrative assessment: A multicultural therapy modality. In P. Jensen & E. Hibbs (Eds.), *Psychological treatment research of child and adolescent disorders. Part II. Empirically based statistics for clinical practice* (pp. 717–742). Washington, D.C.: American Psychological Association.

Costantino, G., Malgady, R., Colon-Malgady, G., & Bailey, J. (1992). Clinical utility of TEMAS with nonminority children. *Journal of Personality Assessment, 59,* 433– 438.

Costantino, G., Malgady, R. G., & Rogler, L. H. (1984). Cuentos folkloricos as a therapeutic modality with Puerto Rican children. *Hispanic Journal of Behavioral Sciences, 6,* 159–178.

Costantino, G., Malgady, R. G., & Rogler, L. H. (1985). *Cuento therapy: Folktales as a culturally sensitive psychotherapy for Puerto Rican children.* Maplewood, NJ: Waterfront Press.

Costantino, G., Malgady, R. G., & Rogler, L. H. (1986). Folktales as culturally sensitive psychotherapy for Hispanic children. *Journal of Consulting and Clinical Psychology, 54,* 639–645.

Costantino, G., Malgady, R., & Rogler, L. (1988a). *TEMAS (tell-me-a-story) manual.* Los Angeles, CA: Western Psychological Services.

Costantino, G., Malgady, R. G., & Rogler, L. H. (1988b). Folk hero modeling therapy for Puerto Rican adolescents. *Journal of Adolescence, 11,* 155–165.

Costantino, G., Malgady, R. G., & Rogler, L. H. (1994). Storytelling through pictures: Culturally sensitive psychotherapy for Hispanic children and adolescents. *Journal of Clinical Child Psychology, 23,* 13–20.

Costantino, G., Malgady, R. G., Rogler, L. H., & Tsui, E. (1988). Discriminant analysis of clinical outpatients and public school children by TEMAS: A thematic apperception test for Hispanics and Blacks. *Journal of Personality Assessment, 52,* 670–678.

Costantino, G., Malgady, R. G., & Vazquez, C. (1981). A comparison of the Murray-TAT and a new thematic apperception test for Hispanic children. *Hispanic Journal of Behavioral Sciences, 3,* 291–300.

Costantino, G., Primavera, L., Malgady, R., Meucci, C, & Costantino, E. (2008, July). *Evidence based treatments for post disaster symptoms in Latino children*. Paper presented at the 2008 International Congress of Psychology, Berlin, Germany, July 20–25.

Costantino, G., Rivera, C., Bracero, W., & Rand, M. (2005). *A culturally competent APA approved psychology internship program.* Brooklyn, NY: Lutheran Medical Center, Sunset Park Mental Health Center. Lutheran Family Health Centers Network.

Dana, R. H. (1993). *Multicultural assessment perspectives for professional psychology.* Thousand Oaks, CA: Allyn & Bacon.

Dana, R. H. (1997). Multicultural assessment and cultural identity: An assessment-intervention model. *World Psychology, 3*(1–2), 121–141.

Dana, R. H. (1998a). Cultural competence in three human service agencies. *Psychological Reports, 83,* 107–112.

Dana, R. H. (1998b). Cultural identity assessment of culturally diverse groups: 1997. *Journal of Personality Assessment, 70,* 1–16.

Dana, R. H. (Ed.) (2000). *Handbook of cross-cultural and multicultural personality assessment.* Mahwah, NJ: Lawrence Erlbaum Associates.

Epstein, S. (1966). Some considerations on the nature of ambiguity and the use of stimulus dimensions in projective techniques. *Journal of Consulting Psychology, 30,* 183–192.

Flanagan, R., & DiGiuseppe, R. (1999). A critical review of the TEMAS: A step within the development of thematic apperception instruments. *Psychology in the Schools, 36*(1), 1–10.

Flanagan, R., Costantino, G., Cardalda, E., & Costantino, E. (2007). TEMAS: A multicultural test and its place in an assessment battery. In L. A. Suzuki, J. G. Ponterotto (Eds.), *Handbook of multicultural assessment: Clinical, psychological, and educational applications* (3rd ed., pp. 323–345). San Francisco: Jossey-Bass Publishers.

Florida Department of Education Profiles of Florida School Districts, Student and Staff Data, 2003–2004 Dade County. Created April, 2005, from http://www.firn.edu/doe/eias/eiaspubs/profiles.htm

Frisby, C. L., & Reynolds, C. R. (Eds.). (2005). *Comprehensive handbook of multicultural school psychology.* Hoboken, NJ: Wiley.

Fry, R. (2005a). *The high schools Hispanics attend, size and other key characteristics*. Washington: Pew Hispanic Center. Retrieved February 8, 2006 from http://pewhispanic.org

Fry, R. (2005b). *The higher dropout rate of foreign born teens: The role of schooling abroad.* Washington: Pew Hispanic Center.

Galea, S., Ahern, J., Resnick, H., Kilpatrick, D. et al. (2002). Psychological sequelae of the September 11 terrorist attacks in New York City. *New England Journal of Medicine, 346,* 982–987.

Georgia Department of Education, School Year, 2005–2006. *Enrollment by gender, race/ethnicity and grade*. http://app.doe.k12.ga.us

Hoven, C. W., Duarte, C. S., & Mandell, D. J. (2003). Children's mental health after disasters: The impact of the World Trade Center attack. *Current Psychiatry Report, 5*(2), 101–117.

Johnson-Powell, G. (1997). A portrait of America's children: Social-cultural and historical context. In G. Johnson-Powell and J. Yamamoto (Eds.), *Transcultural child development: Psychological assessment and treatment* (pp. 3–33). New York: Wiley.

Johnson-Powell, G. (1997). The culturologic interview: Cultural, social, and linguistic issues in the assessment and treatment of children. In G. Johnson-Powell and J. Yamamoto (Eds.), *Transcultural child development: Psychological assessment and treatment* (pp. 349–364). New York: Wiley.

Kealey, D. J. (1989). A study of cross-cultural effectiveness: Theoretical issues, practical applications. *International Journal of Intercultural Relations, 13,* 387–428.

Kohlberg, L. (1976). Moral stages and moralization: The cognitive-developmental approach. In T. Lickona (Ed.), *Moral development and behavior* (pp. 31–53). New York: Holt, Rinehart & Winston.

Lonner, W. J. (2001). *Graduate education in cross-cultural psychology or cultural psychology, and what to do with it when completed*. Center for Cross-Cultural Research Western Washington University. Retrieved February 8, 2006, from http://www.ac.wwu.edu/~lonner/GradEd.htm

Lopez, E. C., & Rogers, M. R. (2001). Conceptualizing cross-cultural school psychology competencies. *School Psychology Quarterly, 16,* 270–302.

Lopez, S. R. (1988). Empirical basis of ethnocultural and linguistic bias in mental health evaluations of Hispanics patients. *American Psychologist, 43,* 1095–1097.

Malgady, R. G. (1996). The question of cultural bias in assessment and diagnosis of ethnic minority clients: Let's reject the null hypothesis. *Professional Psychology: Research and Practice, 27,* 73–77.

Malgady, R. G., & Costantino, G. (1998). Symptom severity in bilingual Hispanics as a function of clinician ethnicity and language of interview. *Psychological Assessment, 58,* 704–712.

Malgady, R. G., Rogler, L. H., & Costantino, G. (1987). Ethnocultural and linguistic bias in mental health evaluation of Hispanics. *American Psychologist, 42,* 228–234.

Malgady, R. G., Rogler, L. H., & Costantino, G. (1990a). Culturally sensitive psychotherapy for Puerto Rican children and adolescents: a program of treatment outcome research. *Journal of Consulting and Clinical Psychology, 58,* 704–712.

Malgady, R. G., Rogler, L. H., & Costantino, G. (1990b). Hero/heroine modeling for Puerto Rican adolescents: A preventive mental health intervention. *Journal of Consulting and Clinical Psychology, 58,* 469–474.

Martin, S. (2005). Healthy kids make better students. *APA Monitor, 36*(9), 24.

Mayer, J. D. (2005). A tale of two visions – can a new view of personality integrate psychology. *American Psychologist,* May-June, 294–307. Retrieved February 8, 2006 from http://www.thepersonalitysystem.org/PFAAssets/sysframework/APMayer2005.pdf

Miranda., J., Bernal, G., Lau, A., Kohn, L., Hwang, W. C., & LaFromboise, T. (2005) State of the science on psychosocial interventions for ethnic minorities. *Annual Review of Clinical Psychology, 1,* 113–142.

Murry, B. (1997). School-based health care is gaining in popularity. *APA Monitor, 28*(7), 19–23.

Murstein, B. I. (1963). *Theory and research in projective techniques.* New York: Wiley.

National Assembly on School Based Health Care, School Based Health Centers. *Creating access to care for children and youth: School-based health center census 1998–1999.* Washington: NASBHC.

National Assembly on School Based Health Care. National Census 2004–2005. (http://en.wikipedia.org/wiki/National Assembly on School-Based Health Care).

National Association of School Psychologists. (n.d.) *Who are school psychologists?* Retrieved February 8, 2006, from www.nasponline.org/about_nasp/whatisa.html

New York City Department of Education Statistical Summaries. (n.d.) Retrieved February 8, 2006, from http://www.nycenet.edu/offices/stats/default.htm

Newark Public Schools 2004–2005 Annual Report. Student Statistics, pg.13. Retrieved February 8, 2006, from http://www.nps.k12.nj.us/annualreport2004b.pdf

Olmedo, E. L. (1981). Testing linguistic minorities. *American Psychologist, 36,* 1078–1085.

Padilla, A. M. (1979). Critical factors in the testing of Hispanic Americans: A review and some suggestions for the future. In R. Tyler & S. White (Eds.), *Testing, teaching, and learning: Report of a conference on testing* (pp. 219–243). Washington, D.C.: National Institute of Education.

Padilla, A. M., & Medina, A. (1996). Using tests in culturally appropriate ways. In L. A. Suzuki, P. J. Meller, & J. G. Ponterotto (Eds.), *Handbook of multicultural assessment: Clinical psychological and educational applications* (pp. 3–28). San Francisco: Jossey-Bass.

Paternite, C. E. (2005). School-based mental health programs and services: Overview and introduction to the special issue. *Journal of Abnormal Child Psychology, 33,* 657–663.

Pew Hispanic Center. (2005, November). *Chronicling Latinos' diverse experiences in a changing America*. A Pew Research Center Project. Washington, D.C.

Ritzler, B. (1993). Review of TEMAS (Tell-me-a-story). *Journal of Psycheducational Assessment, 11,* 381–389.

Robinson, D. N. (1976). *An intellectual history of psychology.* New York: Macmillan.

Rogler, L. H. (2002). Ethnicities: Children of immigrants in America. In R. G. Rumbaut, & A. Portes (Eds.), *Immigrant America: A portrait* (pp. 157–186). Berkeley, CA: University of California Press.

Rogler, L. H., Cooney, R. S., Costantino, G., Earley, B. F., Grossman, B., & Malgady, R. (1983). *A conceptual framework for mental health research on Hispanic populations, monograph No. 10.* Bronx, NY: Hispanic Research Center.

Rogler, L. H., Malgady, R. G., Costantino, G., & Blumenthal, R. (1987). What does cultural sensitivity mean? The case of Hispanics. *American Psychologist, 42,* 565–560.

Rossello, J., & Bernal, G. (1999). The efficacy of cognitive-behavioral and interpersonal treatments for depression in Puerto Rican adolescents. *Journal of Consulting and Clinical Psychology, 67*(5), 734–745.

School and district profiles. Massachusetts Department of Education. Retrieved February 8, 2006 from http://profiles.doe.mass.edu/state.asp

School Based Health Centers; National Census School year 2001–2002. http://www.nasbhc.org/EQ/2001census/characteristics.pdf

Seal, M. (1979). *Cross-cultural psychology. Human behavior in global perspective.* Monterey, CA: Brooks/Cole.

Segall, M. H., Dasen, P. R., Berry, J. W., & Portinga, Y. H. (1990). *Human behavior in global perspective: An introduction to cross-cultural psychology.* New York: Pergamon.

Shortt, A. L., Barrett, P. M., & Fox, T. (2001). Evaluating the FRIENDS program: A cognitive behavioral group treatment for anxious children and their parents. *Journal Clinical Child Psychology, 30,* 525–535.

Silverman, W. K., Kurtines, W. M., Ginsburg, G. S., Weems, C. F., Rabian, B., & Serafini, L. T. (1999). Contingency management, self-control, and education support in the treatment of childhood phobic disorders: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 67,* 675–687.

Smedley, B. D., Adrienne Y. S., & Alan R. N. (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care.* Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Institute of Medicine. Washington, D.C.: National Academy Press. Retrieved February 8, 2006 from http://www.iom.edu/CMS/3740/4475.aspx

Sobel, J. H. (1981). Projective methods of cognitive analysis. In T. Merluzzi, G. Glass, & M. Genest (Eds.), *Cognitive assessment* (pp. 127–148). New York, NY: Garfield Press.

Substance Abuse and Mental Health Services Administration (SAMHSA) (2004). School mental health services in the United States, 2002–2003 http://www.mentalhealth.samhsa.gov/publications/allpubs/sma05-4068/

Sue D., & Sue D. W. (2003). *Counseling the culturally diverse: Theory and practice* (4th ed.). New York: Wiley-Interscience.

Sue, D. W. (2001). Multidimensional facets of cultural competence. *Counseling Psychologist, 29,* 790–821.

Sue, D. W. (2003). *Overcoming our racism: The journey to liberation.* San Francisco, CA: Jossey-Bass.

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development, 70*(4), 477–486.

Tharp, R. G. (1991). Cultural diversity and treatment of children. *Journal of Consulting and Clinical Psychology, 59*(6), 799–812.

Thompson, C. E. (1949). The Thompson modification of the Thematic Apperception Test. *Journal of Projective Techniques, 17,* 469–478.

U.S. Census Press Releases. (2005). US Census Bureau News, U.S. Department of Commerce. Facts for features back to school. Released June 1, 2005 at http://www.census.gov/Press-Release/www/releases/archives/education/005157.html

U.S. Department of Health and Human Services (2001). *Culture, race, and ethnicity. A supplement to mental health*: *A report of the Surgeon General*. Rockville, MD: US Department of Health and Human Services.

Vargas, L. A., & Wiltis, D. J. (1994). Introduction of the new section: New directions in the treatment and assessment of ethnic minority children and adolescents. *Journal of Clinical Child Psychology, 23*(1), 2–4.

Vazquez, C. I. (1991). A training program for Hispanic psychologists at New York University/Bellevue Hospital Center. In H. F. Myers, P. Wohlford, L. P. Guzman, & R. J. Echemendia (Eds.), *Ethnic minority perspectives on clinical training and services in psychology* (section III, chapter 20). Washington, D.C.: American Psychological Association.

Vazquez, C. I. (2004a). Dominican families. In M. McGoldrick, N. G. Preto, J. K. Pearce, & J. Giordano (Eds.) (3rd ed.). *Ethnicity and family therapy* (pp. 216–328). New York, NY: The Guilford Press.

Vazquez, C. I. (2004b). *Parenting with pride Latino style: How to help your child cherish your cultural values and succeed in today's world.* New York: Rayo, Harper Collins.

Vazquez, C. I. (2005). *Criando a su niño con orgullo Latino: Como ayudar a su Niño a triunfar en el mundo de hoy.* New York: Rayo, Harper Collins.

Washington District of Columbia public schools, just the facts. School year 2003. http://www.k12.dc.us/DCPS/offices/facts1.html

Williams, C. L., & Berry, J. W. (1991). Primary prevention of acculturative stress among refugees: The application of psychological theory and practice. *American Psychologist, 46,* 632–641.

World Health Organization global burden of disease study. http://www.hsph.harvard.edu/organizations/bdu/GBDseries_files/gbdsum6.pdf

Yang, C., Costantino, G., & Kuo, L. (2003, July). *Validity of Asian TEMAS in Taiwanese children.* Paper presented at the 8th European Congress of Psychology, Vienna, Austria.

Suggested Resources

Mental Health, Self Help & Psychology Information and Resources—www.mental-health-matters.com: Mental health matters, information, and resources about mental health issues for consumers, professionals, students, and supporters.

American Family Physician Cultural Competence—http://www.aafp.org/fpm/20001000/58cult.html: Understanding patients' diverse cultures – their values, traditions, history, and institutions – is integral to eliminating health care disparities and providing high-quality patient care.

Journal of Counseling and Development Multicultural Competence and Counselor Training A National Survey—http://www.counseling.org/publications/jcd/jcd_summer99.pdf. This article reports the results of a survey on practicing professional counselors' perceptions of their multicultural competence.

American Psychological Association *APA*—http://www.apa.org/pi/oema/guide.html: Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. Psychological service providers need a sociocultural framework to consider diversity of values, interactional styles, and cultural expectations in a systematic fashion.

American Medical News Cultural Competency Critical in Elder Care—http://www.ama-assn.org/amednews/2001/08/06/hll20806.htm: The need to address disparities in treatment and diagnosis of Alzheimer's and other age-related diseases increases as the percentage of minorities in the elderly population increases.

National Academy Press *Psychological Well-Being and Educational Achievement among Immigrant Youth*—http://books.nap.edu/books/0309065453/html/410.html: This chapter explores the social-psychological costs to those who migrate to other cultures.

The Center for Health and Health Care in Schools *Welcome to The Center for Health and Health Care in Schools*—http://www.healthinschools.org/home.asp *2002 State Survey of School-Based Health Center Initiatives*—http://www.healthinschools.org/sbhcs/survey02.htm *Children Mental Health Needs and Schools Based Services*—http://www.healthinschools.org/cfk/mentfact.asp

The National Assembly on School Based Health Care *NASBHC RESOURCES QUICK FIND*—http://www.nasbhc.org/nasbhc_resources.htm: *Advocacy* http://www.nasbhc.org/quick_find_resources.htm#BASICS *Publications from The National Assembly.*

Changes in Health Care Financing and Organization—http://www.hcfo.net/links_npo.htm: Related Links: Other Robert Wood Johnson Foundation national program offices.

School Psychology Resources Online—http://www.schoolpsychology.net/p_04.html: School Psychology Resources for Psychologists, Parents, and Educators.

The University of Wisconsin Medical School Center for The Study of Cultural Diversity in Health Care—http://dev.med.wisc.edu/cdh/plan.asp: CDH Mission and Strategic Plan.

The University of Missouri – Columbia Center Descriptions—http://cmrtc.coe.missouri.edu/Description.htm: Center for Multicultural Research, Training, & Consultation.

National Association of School Psychologists—http://www.nasponline.org/culturealcompetence/refrences.pdf: 4340 East West Highway, Suite 402, Bethesda, MD 20814 Telephone: (301) 657-0270; toll free: (866) 331-NASP. Suggested References on Cross-Cultural Competence in Education.

Harvard Children's Initiative—http://www.provost.harvard.edu/childreninitiative/beyond/ann_bib/school/mental.htm: Beyond Harvard, related links, annotated bibliographies, school health.

Enhancing Cultural Competence in Schools and School Mental Health Programs

Caroline S Clauss-Ehlers · Mark D Weist · W Henry Gregory · Robert Hull

In January, 2003, the Center for School Mental Health Assistance (CSMHA) sponsored a critical issues meeting focused on cultural competence in schools and school-based mental health (SBMH) programs. The CSMHA, at the University of Maryland, is one of two national centers providing leadership, training, technical assistance, and resources to advance mental health in schools in the United States (U.S.). The other center is at the University of California, Los Angeles. Both centers are funded by the Health Resources and Services Administration, with co-funding provided by the Substance Abuse and Mental Health Services Administration. Educators, policy makers, psychologists, medical personnel, family members, administrators and youth advocates attended the meeting and worked together to define cultural competence, consider its application to school mental health, and identify both barriers and solutions for culturally competent services. In the following, we review key themes and recommendations developed from the meeting. Couched in current literature on cultural competence, these thoughts highlight the imperative for cultural responsiveness in our schools and in the provision of school mental health (SMH) services (Clauss-Ehlers & Weist, 2004).

The increasing diversity of the U.S. supports the need for a significant agenda to enhance cultural competence of staff and programs in public schools. According to U.S. Census data, people of color now constitute 25% of the total population. In fact, this percentage is expected to continue to increase as Census figures show the non-White population grew at a rate eleven times greater than that of the White population between 1980 and 2000 (Hobbs & Stoops, 2002). In some states such as California, New Mexico, and Hawaii, as well as the District of Columbia, people of color now comprise more than 50% of the total population.

Cultural Competence in Mental Health

Within the area of mental health service provision, there has been a focus on cultural competence since the early 1970s, when the National Institute of Mental Health (NIMH) established the Minority Mental Health Research Center. Through that initiative, four separate research centers were funded to address four major racial/ethnic groups: African Americans, Asian Americans, Hispanic Americans, and Native Americans. In 1988, the NIMH Child and Adolescent Service System Program helped to further advance research in this area through the establishment of the Minority Initiative Resource Committee. The Initiative resulted in the publication of *Towards a culturally competent system of care* (Cross, Bazron, Dennis, & Isaacs, 1989), one of the first publications to define cultural competence. Concerns about the ability of practitioners to incorporate culturally competent practice also prompted the American Psychological Association (APA) to develop guidelines about the provision of services to racial/ethnic groups (American Psychological Association, 1993). These guidelines were revisited and updated to reflect current trends in the landmark APA publication entitled *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists* (American Psychological Association, 2003).

In 1999, the Office of the Surgeon General produced the first ever report on mental health services in the U.S., *Mental health: A report of the Surgeon General.* In a telling comment made by the Surgeon General in the preface, he stated: "Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. These disparities are viewed readily through the lenses of racial and cultural diversity, age, and gender" (Department of Health and Human Services, 1999). The disparities were so great, in fact, that a supplemental report, *Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the Surgeon General,* detailing the nature and extent of these disparities was issued in 2001. The report provided information on the need to reach underserved populations and new directions for research (U.S. Department of Health and Human Services, 2001) as well as federal support including the National Center for Cultural Competence to

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(http://www.georgetown.edu/research/gucdc/nccc/) and the Office for Minority Health (http://www.omhrc.gov) help guide practitioners in their efforts to provide more effective services for culturally diverse populations.

Cultural Competence in Education

Immigration has strongly shaped the development of public schools in the U.S. Early on, the nation's public schools were seen as a place where "Americanization" of immigrant children could take place. Immigrants had to learn English and to think of themselves as Americans rather than as members of distinct racial/ethnic groups (Olneck, 1989). School districts across the country began to see efforts to "Americanize" in a different light as a result of the Great Depression and World War II. In fact, many school districts nationwide implemented programs in "intercultural education" by the early 1940s. The primary purpose of these programs was to foster acknowledgement of the contributions of diverse groups to U.S. life and history. The 1954 Supreme Court ruling in Brown v. Board of Education furthered intercultural education when the Supreme Court opposed the "separate but equal" doctrine. This was followed ten years later by the Civil Rights Act of 1964 that further protected individual and group rights (American Psychological Association, 2003). These historical events set the context for cultural competence in schools.

Recently, the emphasis on cultural diversity in education has shifted to the importance of culturally competent practice. The Office of Special Education Programs (OSEP) of the U.S. Department of Education, which provides leadership and financial assistance to state and local special education programs, has been a leader in recognizing the importance of cultural competence in education. In 1994, OSEP developed a National Agenda that included seven target areas including one designed to value and address diversity. In an effort to implement more culturally competent education services for children with special education needs, some OSEP-funded projects organized activities to promote cultural understanding between families and teachers.

Technical assistance and research centers such as the Center for Effective Collaboration and Practice (http://cecp.air.org) and several federally-funded regional lab schools (http://www.nwrel.org/national/) provide resources and perform research on culturally competent practice both in special education and in general education classroom settings. Pat Guerra, program associate for the Southwest Educational Development Laboratory (SEDL; one of the regional lab schools), speaks to the need for cultural competence in education, stating: "The low academic achievement and high dropout rate of cultural and linguistic minorities in public schools in the U.S. are well documented. While the cause of these challenges for minority populations remains the source of much debate, a significant body of research points to the need for the inclusion of students' culture in the instructional settings for these populations to succeed" (SEDLetter, 2000).

Defining Cultural Competence

Given this history, it is important to define what is meant by cultural competence, which is viewed as an elusive term for many. In his writing, for instance, Sue (1998) talks about the "search for cultural competence." Sue's phrase certainly fits the myriad of attempts by scholars, educators, researchers, and practitioners to specify those characteristics that make up cultural competence. In this writing Sue's (1998) definition of cultural competence is used which is defined as "the belief that people should not only appreciate and recognize other cultural groups but also be able to effectively work with them" (p. 440). This definition acknowledges that cultural competence refers not only to knowledge and awareness, but also to skill and application.

Each individual is uniquely multicultural. Each individual has membership in many cultural groups that influence worldview and the process of interacting with others. Cultural group influences include race, ethnicity, gender, sexual orientation, education, vocation, family structure (e.g., two parent, single-parent, blended), faith and religion, other institutional affiliations (e.g., social, political), class, leisure activities (e.g., sports, arts, music), and traumatic experiences (e.g., abuse, injury, illness, addictions and combat), among others. These group memberships combine in unique ways to create the individual's cultural personality.

In turn, each membership comes with a set of values and experiences that shape the individual's worldview and thought processes. Each membership is also grounded in a set of assumptions about the

nature of existence, humanity, and the change process. These assumptions consciously and unconsciously, overtly and covertly, influence the individual's interactions with others including students and families. When the individual owns his or her "cultural personality" he or she becomes more self-aware and more capable of discerning which part of the cross-cultural interaction dynamic reflects the self and which belongs to the client.

Kagawa-Singer and Chung (1994) state that culturally competent care is achieved when the "therapist can effectively use the knowledge of his or her own culture and the client's to negotiate mutually acceptable goals of therapy with the client/family" (p. 200). They further state that culturally based competent care involves working "in a manner which is culturally comprehensible and acceptable to the individuals and their families" (Kagawa-Singer & Chung, 1994). To pinpoint exact aspects of culturally competent care, meeting participants constructed a list of important characteristics and components of cultural competence. Characteristics fell under three general competency areas: knowledge (knowing about the community and family being served, recognizing the sociopolitical context of the client being served); awareness (of one's own cultural values and biases, of the client's worldview, and of nonverbal cues); and skill (ability to effectively engage in individual and cultural assessment, balance between clinical and cultural skill, ability to partner with client system, and ability to deliver services in the appropriate language). These three components fit with Sue and Sue's (1990) view of a culturally skilled counselor as someone who is "aware of his/her own assumptions about human behavior. . .attempts to understand the worldview of his/her culturally different client [and is]. . .in the process of actively developing and practicing appropriate. . .skills" (p. 166). These same characteristics, developed for mental health practitioners, are relevant for educators.

Why Enhance the Focus on Cultural Competence in Schools?

Three major reasons are presented to address the question of why schools should enhance their focus on cultural competence. First, the changing demographic profile of African Americans, Latino Americans, Asian and Pacific Islanders, and Native American youth require school-wide programs, sensitivity to diverse learning styles, and linguistically relevant instruction for such groups of students in a culturally relevant educational environment. Second, mental health efforts within schools are growing progressively and have received significant federal support through the New Freedom initiative, that contains an explicit recommendation to "expand and improve school mental health programs" (see www.mentalhealthcommission.gov). These school mental health programs assist in responding to the diverse needs of students of various racial/cultural backgrounds, many of whom experience elevated mental health concerns (e.g., for immigrant students, related to traumatic experiences in their country of origin or during the immigration process). Further, there is evidence that enhancing the cultural competence of mental health efforts increases their effectiveness (U.S. Department of Health and Human Services, 1999).

Third, focusing on cultural competence will enhance the potential of schools and school mental health programs to increase resources. The resultant enhanced potential for additional resources relates to a number of factors, including: a) better understanding of students and families served by the school, enabling the tailoring of educational and mental health programs, b) increased involvement and support from school and community stakeholders, resulting in broadened networks to connect to individuals and agencies that may have resources to offer, c) an enhanced connection to federal regulations such as those in the No Child Left Behind Act (described in more detail later), and d) enhanced face validity of grant applications as clear attention to the cultural background of students and families served is documented.

Barriers and Strategies to Address Cultural Competence in School Mental Health

Given these potential benefits to enhance the cultural competence agenda for schools and school mental health programs, the question becomes, "Why is this agenda not developing?" Participants in the aforementioned critical issues meeting suggested a number of reasons that can roughly be grouped into categories focused on individual and school/program levels. These barriers and strategies to overcome them are presented below.

Individual Barriers

At the level of the individual, a number of factors commonly impede cultural competence. These include poor understanding of the concept, limited self-awareness of one's own cultural background and the cultural background of others, absent or poor previous professional development, limited options for current training, "busyness" and associated disinterest in yet another topic that might increase job demands, and professional "aloofness" and pathologizing that may increase distance versus connection with youth and families.

School/Program Barriers

At the level of the school/school mental health program there are also a number of impediments. These include biases and stereotyping of particular racial/ethnic groups, limited time for and generally poor use of in-service professional development, limited ongoing supervision, limited resources for cultural competence initiatives, lack of leadership and role models that emphasize the importance of cultural competence, and other agendas (such as improving student behavior and academic performance) that may be viewed as competing versus complementary to a cultural competence enhancement agenda.

Strategies to Address Barriers

A commitment to cultural competence in education and mental health promotion can be cultivated through professional development. To address this void, graduate schools of psychology and education can provide trainees with coursework that promotes the three aspects of cultural competence: knowledge, skills, and awareness (Clauss-Ehlers, 2006). The first author, for instance, has taught a course entitled Individual and Cultural Diversity. The purpose of this course is to provide students enrolled in a 5-year teacher education program with a comprehensive understanding of diversity and how it plays out in the classroom. The course looks at dimensions of diversity such as race and gender, but moves beyond these variables that are typically associated with diversity efforts to also examine factors such as ethnicity, language, sexual orientation, age, social class, cultural values, exceptionality, and bullying.

Course content was presented in the context of a format that combined lecture, discussion, and skill-building activities, components thought to help develop the tripartite model of cultural competence. It is important to note, however, that having only one course designated as the "diversity course" fails to adequately meet the goals of a truly cross-cultural training curriculum. Rather, training in the area of cross-cultural competence is most effective when it is infused throughout a course of study. In this sense, trainees are learning about the relevance of cross-cultural competence as it relates to various perspectives and areas of study. A comprehensive approach also demonstrates the value that the training institution places on graduating culturally competent trainees.

To build on the foundation of pre-service professional development experiences to continue to promote culturally competent teaching and practice, ongoing professional development after graduation is necessary (Paternite & Johnston, 2005). Professional development opportunities that include mentoring, staff development days, guest speakers, roundtable discussions, supervision and attendance at professional conferences are ways that teachers and mental health professionals can continue to enhance cultural competence (Clauss-Ehlers, 2006).

Why a Cultural Competence Agenda in Schools?

To move towards providing professional development, mentoring and supervision that promotes cultural competence requires a commitment by schools and school mental health program leaders. How is this commitment developed and maintained? Essentially, this becomes an issue of advocacy for the cultural competence agenda. A starting point for advocacy in schools is to organize and present information that will help frame the idea of cultural competence in a way that helps school leaders consider it an integral part of school functioning (Aponte & Bracco, 2000; HoganBruen, Clauss-Ehlers, Nelson, & Faenza, 2003). Organizing and/or highlighting demographic information is a good first step that supports this argument. For example, almost all school systems maintain data on the student body including percentages of different racial/ethnic groups, students receiving reduced/free lunches, students receiving special education services, among other

variables. In addition, as mentioned, the No Child Left Behind Act mandates that data is collected by racial/ethnic and other groupings to track school performance for diverse groups of students. Such data collection processes often reveal differences in performance across subgroups. Despite these findings, analysis and action planning to increase supports to diverse groups in a way that reduces barriers to learning is often limited to school leaders. Broadening this analysis and action planning to include educators, school mental health staff, families, and youth will enhance the quality of planning, raise awareness of the importance of cultural competence, improve relationships and school climate, and improve academic outcomes for student subgroups (Clauss-Ehlers & Wibrowski, 2007).

Within the mandates of the No Child Left Behind Act, each school and school system must analyze and report data on eight "cultural" groups. These are American Indian, Asian, African American, White, Hispanic, Economically Disadvantaged, Students with Disabilities and English Language Learners. These different groups must be assured equal achievement. The consequence of any of these groups not meeting certain expectations results in the entire school and or school system being designated as failing. As a result of this expectation, schools must examine how different each group is from others in terms of academic achievement and must provide remedies for the underachieving groups. These remedies must rise above the historical attempts at providing "good plans and good services" and now be evaluated in terms of adequate yearly progress by all students. Here, the definition of culturally competent education and service could be translated to address the question, "Do all children achieve?"

One of the primary tenets of No Child Left Behind is that if performance deficits for any of the eight "cultural" groups are identified, then a redistribution of resources must occur, either by enhancing resources to enable improved performance for groups identified as not achieving, or families are permitted to move their children to a new school. One method to enhance resources to schools that are "failing" in these dimensions is to increase the proportion of "highly qualified staff" (HQS). School systems have attempted to move HQS to failing schools by either providing incentives for HQS to work in these schools, to make it easier to transfer non-HQS to other schools, or to restrict the movement of HQS to other schools.

By defining how data should be analyzed and providing an expectation that all children achieve the No Child Left Behind Act has, to some extent, defined which "cultures" are essentially different and in need of assurance of equal treatment. It has also defined the measure of culturally competent education and treatment as those services that lead to equal achievement. Thus at the level of advocacy and policy influence, school and mental health leaders can site the provisions of the No Child Left Behind Act to justify why the school/school district should focus on enhancing cultural competence in the midst of all the other mandates and pressures of education. That is, culturally competent efforts will assist the school/district in understanding and responding to the needs of different cultural groups, to enable effective supports to these groups, promoting equal academic achievement as mandated by the act.

On a daily level, progress toward enhancing cultural competence in schools will require working closely with the school principal and administrative team (HoganBruen et al., 2003). Educators and school mental health staff invested in advancing the cultural competence agenda can prioritize relationship development with members of the school leadership team, and in individual interactions with them by: a) emphasizing the benefits of focusing on cultural competence (as above), b) offering ongoing assistance in analysis and action planning, and c) offering ongoing assistance in outreach activities to students, families and school staff representing the different cultural/ethnic groups of the school and surrounding community. Another significant agenda relates to relationship development with school board members and district leaders to convey the importance of focusing on cultural competence and to gain their support in moving forward.

This brings us to an essential dimension of this agenda—actual outreach to and involvement of youth, families, and people from the surrounding community in school improvement planning and action (Clauss-Ehlers & Weist, 2004). This outreach and involvement can be framed as a genuine effort to understand the perspectives of diverse school and community members towards school climate improvement and strategies to help students succeed while also supporting their families. This relates to perhaps the most significant recommendation of critical issues meeting participants; that is, *cultural competence reflects an honest and committed approach to attain genuine empathy for the diverse groups of people served by the school.*

Through such collaboration, the objective for educators and mental health professionals alike is to work toward what Aponte and Bracco (2000) call the development of "cultural competency with helping networks." Cultural competency with helping networks refers to a network of contacts and relationships that are created between the school system and the surrounding community whose objective is to address a shared agenda.

The culturally competent helping network may focus more intensively on specific problems within the school or in the community such as discipline, community violence, and substance abuse, than on the development of cultural competence per se. It is therefore appropriate to identify issues that can be effectively alleviated by culturally competent interventions. As a result, collaboration can focus on specific community issues while simultaneously addressing the role and impact of cultural influences on the issue at hand (Clauss-Ehlers, 2008).

An important issue and caveat to this writing is that there is limited research literature that documents the empirical benefits of focusing on cultural competence in schools. Our recommendations are admittedly experience based and attempt to put forth a logic model of why this agenda should be of importance. From a scientific perspective there are many unanswered questions, including: (a) what are the best approaches to train staff in cultural competence?; (b) what is the most important content in such training?; (c) what are the qualitative (e.g., staff job satisfaction) and quantitative (e.g., changes in student achievement) outcomes from a strong focus on cultural competence?, and; (d) are there potential cost savings to such an agenda? These are but a few of the many questions that would benefit from systematic research.

Suggested Reading

American Psychological Association. Office of Ethnic Minority Affairs (1993). Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. *American Psychologist*, *48*, 45–48.

American Psychological Association (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, *58*(5), 377–402.

Aponte, J. F., & Bracco, H. F. (2000). Community approaches with ethnic populations. In J. F. Aponte & J. Whol (Eds.), *Psychological intervention and cultural diversity* (2nd ed.). (pp. 131–148). Boston: Allyn and Bacon.

Clauss-Ehlers, C. S. (2006). *Diversity training for classroom teaching: A manual for students and educators.* New York, NY: Springer.

Clauss-Ehlers, C. S. (2008). Sociocultural factors, resilience, and coping: Support for a culturally sensitive measure of resilience. *Journal of Applied Developmental Psychology, 29*(3), 197–212.

Clauss-Ehlers, C. S., & Weist, M. D. (Eds.). (2004). *Community planning to foster resilience in children.* New York, NY: Kluwer Acaedmic.

Clauss-Ehlers, C. S., & Wibrowski, C. (2007). Buillding resilience and social support: The effects of an educational opportunity fund academic program among first- and second-generation college students. *Journal of College Student Development, 24*(5), 574–584.

Cross, T. L., Bazron, B. J., Dennis, K. W., & Isaacs, M. R. (1989). *Towards a culturally competent system of care—Volume I.* Washington, D.C.: CASSP Technical Assistance Center, Georgetown University Child Development Center.

Hobbs, F., & Stoops, N. (2002). *Demographic trends in the 20th century: Census 2000 Special Reports.* Washington, D.C.: U.S. Government Printing Office.

HoganBruen, K., Clauss-Ehlers, C. S., Nelson, D., & Faenza, M. M. (2003). Effective advocacy for school-based mental health programs. In M. Weist, S. W. Evans, & N. Lever (Eds.). *Handbook of school mental health: Advancing practice and research* (pp. 45–59). New York: Kluwer Academic/Plenum Publishers.

Kagawa-Singer, M., & Chung, R. C. (1994). A paradigm for culturally based care in ethnic minority populations. *Journal of Community Psychology, 22*, 192–208.

Olneck, M. (1989). Americanization and the education of immigrants, 1900–1925: An Analysis of symbolic action. *American Journal of Education, 97*, 398–423.

Paternite, C. E., & Johnston, T. C. (2005). Rationale and strategies for central involvement of educators in effective school-based mental health programs. *Journal of Youth and Adolescence, 34* (1), 41–49.

SEDLetter. (2000). A regional review. *SEDLetter* [electronic version], *12*(2). Retrieved January 29, 2003, from: http://www.sedl.org/pubs/sedletter/v12n02/3.html

Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. American Psychologist, *53*, 440–448.

Sue, D. W., & Sue, D. (1990). *Counseling the culturally different: Theory and practice* (2nd ed.). New York: Wiley.

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Substance and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity- A supplement to mental health: A report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Substance and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

Racial Disparities in School Services

Charles R Ridley · M Karega Rausch · Russell J Skiba

A remarkably consistent identifier for disparities in educational and psychological services is race (Children's Defense Fund, 1974; Dunn, 1968; Ridley, 2005; Skiba & Rausch, 2006). In fact, some scholars have argued that race is *the* central construct for understanding psychological and educational inequity (Ladson-Billings & Tate, 1995). Racial disparities have a long history and continue to be an issue in contemporary practice. Issues of racial inequity currently in the literature include diagnoses of pathology and psychological illness (Garcia Coll & Garrido, 2000), disproportionate and perhaps inappropriate psychological and educational services provided (Harry & Klingner, 2006; National Research Council [NRC], 2002), misunderstanding of the relationship between culture and patterns of thinking and behavior (Gay, 2000; Sheets, 2005), and frequent removal from school for disciplinary reasons without evidence of higher rates of misbehavior (Skiba, Michael, Nardo, & Peterson, 2002).

Racial disparities in the diagnoses of psychological problems in the school setting have been raised as concerns because of their association with (a) decreased access to the general education curriculum (Harry & Klingner, 2006; Klingner et al., 2005), (b) services that may fail to meet student needs (Connor, 2006; Klingner et al., 2005), (c) disability labels that may stigmatize students (Connor, 2006; Hilliard, 2004; Losen & Orfield, 2002; Skrtic, 2003), (d) lower expectations for student performance (Klingner et al., 2005; Losen & Orfield, 2002), (e) physical and psychological distance, separation, and arbitrary creation of differences between students (Ferri & Connor, 2006; Klingner et al., 2005), and (f) poor post-school outcomes (Blackorby & Wagner, 1996).

The continued existence of a wide range of racial and ethnic disparities raises an important paradox. The inequity exists in educational and mental health systems populated by school mental health and educational providers who express a desire for more equitable outcomes for students of color. A central question thus becomes: How do systems continue to perpetuate racial inequity regardless of the positive intentions of the practitioners who define those systems?

Given this grounding, this chapter will provide a summary of historical disparities in school service delivery and dominant social science mental health models of practice and illustrate how schools and mental health service delivery systems are attempting to change in contemporary practice to better serve minority youth. We will argue that contemporary understandings of racial inequity, with a focus on causes, individual prejudices, and bigotry rather than on consequences and implications, may hinder the advancement of more equitable service delivery and associated outcomes. Finally, we will suggest appropriate steps for changing professional practice.

Historical Context Influencing the Present

Early Educational Theory and Practice

Early accounts of educational services provided by White political leaders for African American youth suggest that the purpose and practices of schooling for this population substantially differed as compared to that provided to White students. Such accounts date back to 1787 when the New York African Free School was established by the Manumission Society of New York (Rury, 2002). This school, specifically for the few children of ex-slaves living in New York, was established to provide an education in traditional Protestant morality. Due to perceived inappropriate behavior, such as playing music or dancing in their homes, it became a purpose of formal education to attempt to teach African Americans more "proper" behavior (Kaestle, 1983; Rury, 2002). This purpose was quite different than what was taught at many other schools at the time serving White students, where the focus was to reinforce or extend the values and behaviors taught by the family unit (Rury, 2002).

Policy and popular support for public education prior to the 1950s was consistent with the theory that the function of schooling was to reproduce existing social arrangements, not change them (Apple, 2004; Bowles & Gintis, 1976; Rury, 2002; Sleeter & Grant, 2003). Because racial differences reflected distinct, fixed, unalterable, and "natural" characteristics that were manifestations of behavioral, intellectual, temperamental, and moral inner realities (Smedley, 1999), reproducing the

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commonly accepted racial hierarchy was a "common-sense" notion of schooling. As Rury (2002) stated:

> The purpose of schooling, in that case, was to prepare each group for its inevitable social destination, and not to raise thorny questions about equality and fairness along the way. . .If African Americans occupied a servile position in the social order, it was not the educational system's task to change that. . . Differences attributed to race and gender were seen as biologically based, and thus taken to be God-given and not subject to human or institutional intervention (p. 168).

Continuance of Racial Inequity to the Present

Not until the end of World War II and the U.S. Supreme Court decision in *Brown v. Board of Education* (1954) was national attention paid to the inherent conflict between the values of equal opportunity and equal protection, and the clear differences in the quality of schooling along racial lines. As *Brown* and 1960s Civil Rights legislation put an end to the doctrine of "separate but equal," the public began to grapple with the notion of how schools could exist where students of color attended segregated schools, schools with lower per pupil expenditures, teachers who were compensated less, inferior building infrastructures, and less access to community resources among other disparities (Irons, 2004; Rury, 2002).

While the *Brown* decision provided a legal end to government sanctioned segregation in schools, other social and school policies and practices were created or re-organized having the effect of *de jure* segregation in U.S. schools (Irons, 2004; Rury, 2002). Movement by many White families out of urban areas to suburban locales (i.e., "White flight," Rury, 2002) and the establishment of policies allowing White students to attend private segregated schools subsidized by public vouchers (Irons, 2004) provided the opportunity for White students to continue to attend all-White schools. Furthermore, the argument has been made that the establishment and increased use of ability grouping and academic tracking allowed for segregated education in "integrated" schools (Mickelson, 2001; Oakes, 1985).

Persistent racial educational inequities remain to the present. For example, the increasingly racially diverse student population is being taught in schools that are segregated at levels not seen in over 30 years, and by a teaching staff that is increasingly White (Frankenberg, Lee, & Orfield, 2003; Sleeter & Grant, 2003; U.S. Bureau of the Census, 2000). Frankenberg et al. (2003) provide data illustrating that White students on average attend schools that are more than 80% White, and the proportion of Black students attending majority-White schools during the 1990s declined to rates lower than any year since 1968. In addition, the percentage of teachers of color has dropped considerably, while the percentage of the teaching force that is White has increased to approximately 85–90% (National Education Association, 2003; U.S. Bureau of the Census, 2000). Moreover, racial disparities continue to be evident in the percentage of students tracked in high and low ability programs (Mickelson, 2001; Oakes, 1985), dropout and high school graduation rates (Holzman, 2006), measures of academic achievement (Jencks & Philips, 1998), rates of out-of-school suspension and expulsion (Skiba & Rausch, 2006), access to highly qualified teachers (Darling-Hammond, 2004), and quality of school facilities (Kozol, 1992, 2005).

Early Mental Health Theory and Practice

Attention to equitable mental health service systems has gained national attention only since the civil rights movement of the mid twentieth century (Dunn, 1968; Ferri & Connor, 2006; Ridley, 2005; Smith & Kozleski, 2005). Researchers have documented overt and covert forms of racial inequity in mental health service delivery, and reported that such inequities are evident in a variety of treatment settings, especially schools. Numerous studies since the 1950s have documented the existence of inequitable practices clearly based on race:

> This research, an accumulation of more than a half century of scholarly inquiry, yields a clear, unavoidable conclusion: Racism exists in mental health care delivery systems across the United States. . .Professionals cannot dismiss racism as an anomaly in the face of such an overwhelming body of literature attesting to its pervasiveness (Ridley, 2005, p. 7).

Evidence suggests that early models of mental health and therapy substantially contributed to racial inequity. Psychology has historically conceptualized mental health according to four models, each making its own contribution to pathologizing individuals of

color: (a) the normality model; (b) the deficit model; (c) the medical model; and (d) the conformity model (see Ridley, 2005 for an in-depth discussion of each of these models). These models assumed a singular, universal, cross-culturally shared, and objective standard for mental health, and thus mental health was judged and interpreted by the same standards across cultures, races, backgrounds, and contexts. Those who did not meet this mental health standard were judged to be biologically, genetically, or culturally deficient. Because the focus of mental health practitioners was to diagnose and destroy intra-individual sources of illness, little attention was paid to external phenomena that may cause presenting problems, such as the stress of discrimination. To the degree that these assumptions were dominated by descriptions drawn from White, middle-class experience, the mental health status of people of color would often be considered deviant, deficient, and pathological. Uncritical use of these models with their embedded assumptions may well have contributed to higher rates of observed "mental illness" among African Americans.

The Intersection of Mental Health and Education

Specific to schools, Lazerson (1983) argues that mental ability testing was a powerful impetus for the creation of special education programs and services in the early 1900s, and use of these programs and services had the effect of segregating large numbers of African American students from their peers later in the century. Early research using standardized tests identified a high proportion of African Americans and foreign born immigrants as "feeble-minded" and supported separate educational approaches or even institutional segregation as the only viable educational treatment (Goddard, 1912; Terman 1916). Such practices and their embedded assumptions led to the moving of proportionally large numbers of African American students into separate programs and schools, especially during the 1950s with the growth and racial diversification of the student body (Lazerson, 1983).

Some authors contend that current racial inequities in special education systems have the effect of maintaining racial segregation in schools. Immediately following the *Brown* decision, when African Americans attended historically White schools in some areas of the country for the first time, Lazerson suggests that separate special education programs and services allowed ". . .school systems to both incorporate large numbers of non-White pupils into the schools while simultaneously segregating them within the schools" (p. 40). Ferri and Connor (2006) suggest that, in the wake of the civil rights movement, separating students based on their perceived ability became more socially acceptable than sorting by race. Yet whatever the rationale for such sorting, the outcome is the same; special education identification and placement in separate classes and schools for disproportionate numbers of African American students has had the effect of continuing the separation of races in educational programming and experiences.

Continuance of Racial Inequity to the Present

There is little convincing data that psychologists, therapists, counselors, teachers, and administrators actively use a diagnosis of psychopathology or referral to special education for the primary purpose of stigmatizing and segregating large numbers of students of color from their mainstream peers; rather, racially disparate outcomes often seem to be the product of a complex series of institutional and individual actions, no one of which is intended to discriminate, but which together result in a set of outcomes that are clearly discriminatory (Harry & Klingner, 2006; Ridley, 2005). Regardless of intent, however, psychological service providers (i.e. school psychologists, counselors, and therapists) are among those with the greatest influence on decisions concerning special education eligibility, and on subsequent educational plans to meet student needs (Harry & Klingner, 2006; Harry, Klingner, Sturges, & Moore, 2002; Mehan, Hartwick, & Meihls, 1986). Whether or not the outcome is the result of conscious decision-making or intention, the intransigent disproportionate diagnosis of African American students as needing special education services and placement in more restrictive settings remains a sign of continuing racial inequity in psychological services (Ferri & Connor, 2006; Hilliard, 2004; Smith & Kozleski, 2005).

As far back as the 1960s, African American students have been diagnosed disproportionately with disabling conditions, and placed in more restrictive settings such as separate classrooms and schools compared to their

peers (Dunn, 1968; National Research Council [NRC], 2002; U.S. Department of Education, 2006). African Americans are 2–3 times more likely to be found in more judgmental disability categories that are related to intellectual and behavioral capacity (i.e., mental retardation and emotional disability), and *not* disproportionately diagnosed with other, more objective conditions (i.e., hearing impairment, orthopedic impairment, visual impairment, deaf-blind) (NRC, 2002). Most areas of the country show marked Latino underrepresentation in special education (Perez, Skiba, & Chung, 2008), although some research has documented Latino overrepresentation in the disability categories of learning disability and speech-language impairment especially in areas of the country with large Latino populations (Smith & Kozleski, 2005). Recent field-initiated research from the Office of Special Education Programs (OSEP) has found that African American and Latino students with diagnosed disabilities attend segregated school settings at rates 2.5 and 1.8 times higher than their White peers. Even in school districts with relatively high rates of overall inclusion, minority students are between 2 and 3 times less likely to be in inclusive educational settings (Skiba, Poloni-Staudinger, Gallini, Simmons, & Feggins-Azziz, 2006; Smith & Kozleski, 2005). Such findings have prompted some to suggest that the benefits associated with inclusive practices have extended primarily to White middle-class students (Ferri & Connor, 2006; LeRoy & Kulik, 2001; Smith & Kozleski, 2005).

Attending to Common Assumptions

A number of unsubstantiated assumptions are made regarding the factors that perpetuate disproportionality. First, the overlap of race and poverty has led to an assumption that the overrepresentation of African American students in special education is primarily a function of the difficult circumstances associated with economic disadvantage (MacMillan & Reschly, 1998). Multivariate analyses simultaneously testing the impact of both race and poverty on measured disproportionality have found poverty to make only a weak and inconsistent contribution to disproportionality; the effect of poverty is primarily to magnify pre-existing disparities due to race (Skiba, Poloni-Staudinger, Simmons, Feggins-Azziz, & Chung, 2005). Also, it is questionable that poverty is a causal variable for racial differences. Some have argued that because racially discriminatory social policies and practices created the overlap of race and poverty, poverty alone cannot account for racial differences (Harry, Klingner, & Hart, 2005).

Second, it is a widespread belief among educators that special education identification and placement is caused by inadequacies in a child's home life (Skiba, Simmons, Ritter, Kohler, Henderson, & Wu, 2006), and poor parenting in particular (Harry & Klingner, 2006; Harry et al., 2005). Yet there is no evidence that African American families are more dysfunctional than other families. In their recent ethnographic study of racial disproportionality in special education, Harry and Klingner (2006) found that negative comments and perspectives about African American families were among the most common and pervasive of all the perspectives held by educators. Families of African American students were described as neglectful, incompetent, and dysfunctional, but such claims were often made without any firsthand knowledge of the actual circumstances of families. Moreover, even where less-than-optimal family arrangements were observed among some African American families in this study (e.g. single-parenting), the presence of compensatory cultural messages and resources (e.g. care-taking by extended family members) often helped mitigate potential negative effects. The researchers concluded:

> The saddest part of these stories is that the family strengths we were able to discover in just a few visits and conversations went unnoticed by school personnel... This lack of recognition, a recognition supplanted by disdain and disinterest, contributed directly to decisions that were not in the children's interest...(Harry & Klinger, p. 90).

Finally, the 24th annual report to Congress on the implementation of the Individuals with Disabilities Education Act (IDEA) (U.S. Department of Education, 2002) hypothesized that "it is possible that the differences in placement by race/ethnicity may reflect the disproportional representation of some minority groups in disability categories that are predominately served in more restrictive settings" (p. III-45). Stated differently, perhaps African American students are in more restrictive settings because they are diagnosed with disabilities (i.e., mental retardation and emotional disabilities) requiring more restrictive placements.

Studies that have investigated racial differences in placement have found, however, that race makes an

independent contribution to disparities in placement even after accounting for differences in category identification (LeRoy & Kulik, 2001/2004; Serwatka, Deering, & Grant, 1995; Skiba, Poloni-Staudinger et al., 2006). In a recent study specifically dedicated to testing the placement disproportionality by disability category hypothesis, Skiba, Poloni-Staudinger et al. (2006) found that African Americans more likely were in restrictive environments compared to other students with the same disability label. Further, African American disproportionality in placement was the most marked in disability categories that are primarily educated in more inclusive settings. Students identified with a Speech and Language (SL) or Learning Disability (LD) have among the highest likelihood of being in an inclusive setting compared to all other disability categories (SL, 87% inclusion; LD, 47% inclusion; U.S. Department of Education, 2006). Yet, it is precisely these categories that African Americans were found to have the highest rates of exclusion: African Americans were found to be 3.2 and 7.66 times more likely to be in a separate class placement for LD and SL respectively, compared to other students with the same disability label.

Summary

Educational services offered to African American students in public educational systems were originally established in an attempt to change the behaviors, values, and practices of these students; the education was qualitatively different from schooling offered to other students that was intended to reinforce values and behaviors taught by the family unit. (Rury, 2002). Psychological models of mental health aided in disparate service delivery, through embedded assumptions and practices that predisposed people of color to be diagnosed with higher levels of observed "mental illness." An example of racial inequity in school-based psychological services is the disproportionate representation of African American students in special education, and in particular their disproportionate rate of placement in more restrictive settings. Finally, while many school practitioners attribute such disparities to commonly held assumptions, such as poverty, dysfunctional family processes, or disabilities requiring more intensive services, available evidence has not supported these hypotheses as fully explaining racial disparities in school services.

Contemporary Models and Approaches

The data presented in the previous sections paint a fairly bleak picture for students of color in public education. Are there contemporary psychological and educational models and practices that may create school contexts for greater racial equity?

Policy and Practice Attempts to Address Racial Inequity

Recent federal policy reforms have begun to address racial educational inequities. The *No Child Left Behind Act of 2001* provides a federal mandate requiring school systems to attend to racial differences in academic achievement as measured by standardized test scores. To be in compliance with federal law, states are required to monitor the educational progress of each racial group, and develop intervention plans when school systems do not show adequate yearly progress over time. Further, IDEA requires states to examine racial differences in special education identification, placement settings, and disciplinary actions. If significant disproportionality exists in the state or the local educational agencies, the state is required to review and revise policies, procedures, and practices used to identify and place students. Perhaps more importantly, the most recent re-authorization of IDEA in 2004 mandates states to require districts with significant disproportionality to reserve 15% of IDEA funding to provide coordinated early intervention services targeted toward overrepresented racial groups (Public Law 108–446, 2004). Also, there exists federal and state attempts to remediate racial disparities in special education by providing states and local school districts with technical assistance in their remediation planning and implementation (see e.g. Klingner et al., 2005; Skiba et al., 2004).

Emerging theories from the field of multicultural education offer educational practitioners with alternative conceptualizations and methods that address educational inequities (Banks & Banks, 2004; Bennett, 2006; Gay, 2000; Klingner et al., 2005; Ladson-Billings, 1994/2001; Sleeter & Grant, 2003). For example, the theory of culturally relevant and responsive pedagogy (Gay, 2000; Ladson-Billings, 1994/2001) posits that changes in teaching approaches, such as making the curriculum more relevant and accessible to the lived

experiences of students of color may enhance the educational achievement of these student groups. Available research on effectiveness of federal policy and alternative teaching theories is limited, however, the limited findings are unclear.

Emerging Models of School-Based Mental Health Services

An emerging model of mental health, the biopsychosocial model, may result in more equitable outcomes for people of color (Ridley, 2005). Unlike previous mental health models, the biopsychosocial model takes into account every major influence on human functioning, including physical health, interpersonal and social competence, and psychological and emotional well-being (Lewis, Sperry, & Carlson, 1993). Taylor (1990) describes this model as one that assumes "biological, psychological, and social factors are implicated in all stages of health and illness" (p. 40), and thus, rather than attributing presenting problems to intra-individual sources exclusively, psychologists and counselors using this model are required to attend to multiple sources of information and address presenting problems in a holistic, systemic, and contextual manner. Unlike the medical model in particular, the biopsychosocial model is intended to prevent or mitigate problems, and thus is a health promotion model (Engel, 1977; Ridley, 2005; Sperry, 1988). By taking a more comprehensive approach in understanding health and illness, the biopsychosocial model may reduce the potential for bias leading to the misinterpretation of the behaviors of people of color.

More specific to school-based mental health practices, the emerging problem-solving preventative model of practice represents a shift from an emphasis on clinical diagnosis, identification and placement, to an understanding of how to improve the student-context fit for better student outcomes (Deno, 2002; Tilly, 2002). The problem-solving model represents a shift from a sole focus on intra-individual problems to a focus on how problems are a function of individual, school and community contexts. Importantly, this model not only addresses situations where the student-school fit is not optimal, but also is preventative in that it attempts to improve this fit for all students. It also places increased emphasis on (a) a thorough understanding of all of the elements of a presenting problem, (b) identifying and using student strengths, (c) hypothesizing which variables (external and internal to the student) are likely contributing to the problem, (d) administering interventions, which often include changes to school contextual variables, designed to remediate the problem, and (e) measuring the treatment integrity and effectiveness of chosen interventions and modifying/revising intervention plans as necessary.

While the problem-solving and biospychosocial models appears to hold some promise to provide more equitable service delivery, the legacy, structure, and tools associated with differential diagnosis may still lead to an emphasis on intra-individual deficits rather than systemic inadequacies. To the degree that such systemic inadequacies are stronger causes of student problems, intra-individual interventions will likely be ineffective and inappropriate. For example, Harry and Klingner (2006) found that weak teaching was among the strongest correlates of academic and social problems. They defined weak teaching as:

> ...classrooms in which teachers were often distraught or angry; where rough reprimands, idle threats, and personal insults were common...instruction was frequently offered with no context...no attempt to connect to children's previous learning or personal experience...rote instruction took the place of meaningful explanation and dialogue.... poorly planned lessons were at the heart of the problem (p. 56).

The authors hypothesize that such classroom contexts, found in large numbers in poor and Black neighborhoods, may relate to racial disproportionality: "When applied to special education placement...we have no way of knowing how referred children would have fared in more appropriate educational settings" (pp. 68–69). Yet, such systemic instructional inadequacies are rarely if ever the focus of intervention efforts.

Summary

New educational and mental health theories and models offer hope of achieving equity in schools (Kaestle, 1983; Rury, 2002). Focusing on the student-context fit rather than exclusively on intra-student deficits and intra-student interventions clearly is a needed shift in practice. Nevertheless, practitioners may continue to overlook or minimize the impact of social, structural, and systemic forces unless strong incentives and support to do otherwise are put into place. There also

is need to test the effectiveness of emerging theories and practices.

Key Issues

In contemporary practice, we must assume that most psychologists, counselors, therapists, teachers and administrators generally support more equitable outcomes for students of color. Yet, paradoxically, these professionals co-exist in schools with marked racial disparities. An emerging body of literature has identified the phenomenon of the "well-intentioned" professional who perceives him/herself (and are perceived by others) as non-racist (King, 1991; Trepagnier, 2001). How is it that such systems continue to produce racial inequity, irregardless of the intentions and "non-racist" practices of educational practitioners?

Cultural Reproduction Theory

One explanation of this paradox can be found in the theory of *cultural reproductive* systems and actions (Bowles & Gintis, 1976). Developed as an explanation of the perpetuation of social class hierarchies, the theoretical framework of cultural reproduction has been utilized by equity researchers to demonstrate how institutional and individual actions maintain a hierarchical status quo at the expense of less-privileged groups (Harry & Klingner, 2006; Mehan, 1992; Oakes, 1985). Cultural reproduction implies that individuals become a part of institutional patterns through *consititutive actions* (Mehan et al., 1986; Mehan, 1992) that can reproduce the status quo without being consciously aware of their contribution to inequity. While these systemic patterns of thought and behavior may not come to conscious awareness or mean to cause harm, they still have the specific effect of injuring members of racial/ethnic minority groups, and thus have been termed indirect or unintentional institutional racism (Feagin & Feagin, 1994). It is important to note, however, that cultural reproduction and institutional racism are not abstract structural entities devoid of human action and interaction: cultural reproduction and institutional racism have been and continue to be created and re-created by individuals within institutions, and hence are amenable to change by addressing the unintentional yet destructive perspectives and behaviors of the individuals who make up those institutions (Arredondo & Rice, 2004; Harry & Klingner, 2006).

Recent ethnographic investigations have found clear evidence of reproductive processes that may well contribute to inequitable outcomes in special education. In an ethnographic study focusing primarily on the contributions of school psychologists to special education assessment and decision-making, Harry et al. (2002) found that while psychological testing is often perceived as an objective procedure designed to reduce the influence of individual judgments, in fact, the process is often highly idiosyncratic, as psychologists choose tests or test batteries that are more likely to produce the results they, or the teachers making the referral, wish to see. Using Heller, Holtzman, and Messick's (1982) conclusion that disproportionality could be viewed as a problem if there is evidence of inappropriate practice or bias at any phase of the process, Harry and Klingner (2006) tracked the opportunity to learn, special education eligibility decision-making process, and special education programming. They found a number of institutional constraints and constitutive actions that influence special education placement and programming for minority students, including poor teacher quality, large class size, arbitrary application of eligibility decision-making criteria, tardiness in placement processes, and special education programs that were themselves ineffective or overly restrictive. The authors argue that such findings suggest the need for increased attention to *school-based risk* as a contributing factor to inequity in special education.

Emerging Ideas for Remediation and Conclusions

Although the need for cognitive simplicity may lead to preference of relatively linear hypotheses for explaining racial disparities, no single simple explanation fits the data on racial disparities in school services. Instead, disproportionality is a product of a number of social forces interacting in the lives of children and the schools that serve them. However, we have yet to devise a comprehensive plan to remediate the problem. Promising models are emerging that may provide a more culturally competent route for providing service in both special education and mental health services. Yet interventions based on those models have not been fully conceptualized, much less implemented or evaluated. Thus an important principle to bear in

mind is that of local evaluation. It is incumbent upon local educators and mental health practitioners to *assess* the current degree of racial disparity in their systems, *explicitly examine their assumptions and behaviors* regarding inequity, *design alternative programs or interventions*, and *evaluate* the extent to which those interventions are in fact reducing educational inequity. Specific recommendations in each area follow.

Assess current disparities. Published data in special education, school discipline, and mental health appear to indicate that racial disparities are so widespread in America as to constitute the norm. It is thus important for local practitioners to examine their own data critically, with an eye towards identifying potential problems leading to disproportionality. Such data is extremely helpful in knowing specific areas in need of attention, and can serve as baselines for progress monitoring.

Examine all assumptions: There are clearly a variety of explanations one could apply to data that indicate inequalities in schooling and mental health. Each is based on a different set of assumptions and each leads to a different set of proposed interventions. For example, a psychologist who accepts arguments that differences in intelligence and achievement test scores are primarily genetic in origin (e.g., Herrnstein & Murray, 1994) likely will presume that racial disparities are natural and normal, and there is not much to be done about it. Educators who believe that racial differences are caused by socioeconomic differences likely will believe that disproportionality is due primarily to family or community issues, and to focus primarily on improving pre-school services, or learning to deal with the "culture of poverty" (see e.g., Payne, 2005). Finally, those who believe that our educational systems have traditionally discriminated against students of color and that some of those habit patterns may still be reproduced in our systems, may emphasize the role of institutional systems in creating disproportionality, and likely will focus on changing the nature of services being provided.

It is critical that all hypotheses, especially those originating from communities of color, be equally represented and valued in our discussions of inequity. Some scholars have argued that alternative hypotheses and remediation efforts have been systematically devalued or "silenced" (Delpit, 1995), producing only a limited range of hypotheses for racial disparities in school services (King, 2005; Patton, 1998). If schools or districts are to be effective in addressing racial disparity at the local level, their leadership must examine their underlying assumptions and explore a diversity of explanatory hypotheses for inequity. Such a process may lead to more effective intervention efforts.

Evaluation. Evaluation can be difficult for school practitioners and often viewed as a task for which there is insufficient time. Failure to evaluate interventions, however, greatly increases risks of the continued replication of ineffective practice. All interventions meant to create more equitable conditions—whether changes in referral practices, multicultural education, or increased training for educators—should be evaluated to ensure that our best intentions are truly making a difference.

One cannot assume that efforts to improve a system will change racial and ethnic disparities in particular, and thus it is critical to monitor the effect of intervention efforts on *disproportionality.* For example, a school district might develop a sophisticated intervention procedure (e.g., Response-to-Intervention (RTI)) to reduce special education referrals. But if it did so only by reducing the referrals for the majority of students (e.g., White students), such a project could *increase* disproportionality even while reducing overall referrals. Therefore, monitoring changes in disproportionality is paramount. It is of interest that we were able to find only one empirical investigation of an intervention on racial disproportionality in special education (Gravois & Rosenfield, 2006). These researchers reported that after two years of implementing Instructional Consultation Teams, not only were students in treatment group schools at a lower risk for special education evaluation and placement, but disproportionate rates of referral and placement were reduced in these schools as well.

Current racial inequities in our mental health and education systems are not by any means new. They are the product of hundreds of years of oppression, discrimination, and segregation. Contemporary policy and practice reforms in mental health and education attempt to address these continuing and long-standing problems, but it remains to be tested if such attempts are indeed effective. Confronting racial disparities is uncomfortable and often an emotionally charged experience. But unless professionals are willing to work through their discomfort, it is almost certain that their efforts will fail to correct the inequities still embedded in our institutions.

Suggested Reading

Apple, M. W. (2004). *Ideology and curriculum* (3rd ed.). New York: RoutledgeFalmer.

Arredondo, P., & Rice, T. M. (2004). Working from within: Contextual mental health and organizational competence. In T. B. Smith (Ed.), *Practicing multiculturalism: Affirming diversity in counseling and psychology* (pp. 76–96). Boston, MA: Allyn & Bacon.

Banks, J. A., & Banks, C. A. (2004). *The handbook of research on multicultural education* (2nd ed.). San Francisco, CA: Jossey-Bass.

Bennett, C. I. (2006). *Comprehensive multicultural education: Theory and practice* (6th ed.). Boston, MA: Allyn & Bacon.

Blackorby, J., & Wagner, M. (1996). Longitudinal post school outcomes of youth with disabilities: Findings from the national longitudinal transition study. *Exceptional Children, 62*, 399–414.

Bowles, S., & Gintis, H. (1976). *Schooling in capitalist America*. New York: Basic Books.

Brown v. Board of Education, 347 U.S. 483 (1954).

Children's Defense Fund (1974). *Children out of school in America*. Washington, D.C.: Author, Washington Research Project.

Connor, D. J. (2006). Michael's story: ''I get in so much trouble just by walking'': Narrative knowing and life at the intersections of learning disability, race and class. *Equity and Excellence in Education*, *39*, 154–165.

Darling-Hammond, L. (2004). Inequity and the right to learn: Access to qualified teachers in California's public schools. *Teaches College Record*, *106*, 1936–1966.

Delpit, L. (1995). *Other people's children: Cultural conflict in the classroom*. New York: New Press.

Deno, S. L. (2002). Problem solving as ''best practice.'' In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology IV*: Vol. 1 (pp. 37–55). Bethesda, MD: National Association of School Psychologists.

Dunn, L. M. (1968). Special education for the mildly retarded: Is much of it justifiable? *Exceptional Children*, *35*, 5–22.

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, *196*, 129–136.

Feagin, J., & Feagin, C. (1994). *Social problems: A critical power-conflict perspective*. Englewood Cliffs, NJ: Prentice-Hall.

Ferri, B. A., & Connor, D. J. (2006). *Reading resistance: Discourses of exclusion in desegregation and inclusion debates*. New York: Peter Lang.

Frankenberg, E., Lee, C. & Orfield, G. (2003). *A multiracial society with segregated schools: Are we losing the dream?* Cambridge, MA: The Civil Rights Project at Harvard University. [online]. Retrieved February 1, 2006, from http://www.civilrightsproject.harvard.edu/research/reseg03/AreWeLosingtheDream.pdf

Garcia Coll, C. & Garrido, M. (2000). Minorities in the U.S.: Sociocultural context for mental health and developmental psychopathology. In A. J. Sameroff, M. Lewis, & S. M. Miller (Eds.), *Handbook of developmental psychopathology*, (2nd ed.) (pp. 177–195). New York: Kluwer Academic/Plenum Publishers.

Gay, G. (2000). *Culturally responsive teaching: Theory, research and practice*. New York: Teachers College Press.

Goddard, H. H. (1912). *The Kallikak family: A study in the heredity of feeble-mindedness*. New York: MacMillan.

Gravois, T. A. & Rosenfield, S. A. (2006). Impact of instructional consultation teams on the disproportionate referral and placement of minority students in special education. *Remedial and Special Education*, *27*, 42–52.

Harry, B., & Klingner, J. (2006). *Why are so many minority students in special education? Understanding race and disability in schools*. New York: Teachers College Press.

Harry, B., Klingner, J. K., & Hart, J. (2005). African American families under fire: Ethnographic views of family strengths. *Remedial and Special Education*, *26*, 101–112.

Harry, B., Klingner, J., Sturges, K. M., & Moore, R. F. (2002). Of rocks and soft places: Using qualitative methods to investigate disproportionality: In D. J. Losen & G. Orfield (Eds.), *Racial inequality in special education*. Cambridge, MA: Harvard Education Press.

Heller, K. A., Holtzman, W. H., & Messick, S. (Eds.). (1982). *Placing children in special education: A strategy for equity*. Washington, D.C.: National Academy Press.

Herrnstein, R. J., & Murray, C. (1994). *The bell curve: Intelligence and class structure in American life*. New York: Free Press.

Hilliard III, A. G. (2004). No mystery: Closing the achievement gap between Africans and excellence. In T. Perry, C. Steele, & A. Hilliard III, *Young, gifted, and Black: Promoting high achievement among African-American students*. Boston, MA: Beacon Press.

Holzman, M. (2006). *Public education and Black male students*. Cambridge, MA: Schott Foundation for Public Education.

Irons, P. (2004). *Jim Crow's children: The broken promise of the Brown decision*. New York: Penguin.

Jencks, M. & Philips, M. (Eds.) (1998). *The Black-White test score gap*. Washington, D.C.: Brookings Institution Press.

Kaestle, C. F. (1983). *Pillars of the republic: Common schools and American society, 1780–1860*. New York: Hill & Wang.

King, J. E. (Ed.) (2005). *Black education: A transformative research and action agenda for the new century*. New Jersey: Lawrence Erlbaum Associates for the American Educational Research Association.

King, J. E. (1991). Dysconscious racism: Ideology, identity, and the miseducation of teachers. *The Journal of Negro Education*, *60*, 133–146.

Klingner, J. K., Artiles, A. J., Kozleski, E., Harry, B., Zion, S., Tate, W., Duran, G. Z., & Riley, D. (2005). Addressing the disproportionate representation of culturally and linguistically diverse students in special education through culturally responsive educational systems. *Education Policy Analysis Archives*, *13*, 1–43. Retrieved July 1, 2006, from http://epaa.asu.edu/epaa/v13n38/

Kozol, J. (1992). *Savage inequalities: Children in America's schools*. New York: Crown.

Kozol, J. (2005). *The shame of the nation: The restoration of apartheid schooling in America*. New York: Crown Publishers.

Ladson-Billings, G. (1994). *The dreamkeepers: Successful teachers of African American children*. San Francisco, CA: Jossey-Bass.

Ladson-Billings, G. (2001). *Crossing over to Canaan: The journey of new teachers in diverse classrooms*. San Francisco, CA: Jossey-Bass.

Ladson-Billings, G., & Tate, W. F. (1995). Toward a critical race theory of education. *Teachers College Record*, *97*, 47–68.

Lazerson, M. (1983). The origins of special education. In J. G. Chambers & W. T. Hartman (Eds.), *Special education policies: Their history, implementation, and finance* (pp. 15–47). Philadelphia: Temple University Press.

LeRoy, B., & Kulik, N. (2001). *The demography of inclusive education in Michigan: State and local district findings*. Detroit, MI: Developmental Disabilities Institute.

LeRoy, B., & Kulik, N. (2004). *The demographics of inclusion: Final report materials for U.S*. Department of Education Office of Special Education Programs Grant. Detroit, MI: Wayne State University.

Lewis, J. A., Sperry, L., & Carlson, J. (1993). *Health counseling*. Pacific Grove, CA: Brooks/Cole Publishing.

Losen, D. J. & Orfield, G. (Eds.) (2002). *Racial inequity in special education*. Cambridge, MA: Harvard Education Press.

MacMillan, D. L., & Reschly, D. J., (1998). Overrepresentation of minority students: The case for greater specificity or reconsideration of variables examined. *The Journal of Special Education*, *26*, 20–36.

Mehan, H. (1992). Understanding inequality in schools: The contribution of interpretive studies. *Sociology of Education*, 65, 1–20.

Mehan, H., Hartwick, A., & Meihls, J. L. (1986). *Handicapping the handicapped: Decision making in students' educational careers*. Palo Alto, CA: Stanford University Press.

Mickelson, R. A. (2001). Subverting Swann: First and second generation segregation in the Charlotte-Mecklenburg schools. *American Education Research Journal*, *38*, 215–252.

National Education Association (2003). *Status of the American public school teacher 2000–2001*. Washington, D.C.: Author.

National Research Council (NRC) (2002). *Minority students in special and gifted education*. M. S. Donovan and C. T. Cross (Eds.). Washington, D.C.: National Academy Press.

Oakes, J. (1985). *Keeping track: How schools structure inequality*. New York: Vail-Ballou Press.

Patton, J. M. (1998). The disproportionate representation of African Americans in special education: Looking behind the curtain for understanding and solutions. *Journal of Special Education*, *32* (1), 25–31.

Payne, R. K. (2005). *A framework for understanding poverty* (4th Rev. ed.). Highlands, TX: aha! Process Inc.

Perez, B., Skiba, R. J., & Chung, C. (2008). *Latino students and disproportionality in special education.* Bloomington, IN: Center for Evaluation and Education Policy.

Public Law 108–446 (2004). *The Individuals with Disabilities Education Act. 118 STAT* 2739.

Ridley, C. R. (2005). *Overcoming unintentional racism in counseling and therapy* (2nd edn.). Thousand Oaks, CA: SAGE Publications.

Rury, J. L. (2002). *Education and social change: Themes in the history of American schooling*. Mahwah, NJ: Lawrence Erlbaum Associates.

Serwatka, T. S., Deering, S., & Grant, P. (1995). Disproportionate representation of African Americans in emotionally handicapped classes. *Journal of Black Studies*, *25*, 492–506.

Sheets, R. H. (2005). *Diversity pedagogy: Examining the role of culture in the teaching-learning process*. Boston, MA: Allyn & Bacon.

Skiba, R. J., Michael, R. S., Nardo, A. C. & Peterson, R. (2002). The color of discipline: Sources of racial and gender disproportionality in school punishment. *Urban Review*, *34*, 317–342.

Skiba, R. J., Poloni-Staudinger, L., Simmons, A. B., Feggins-Azziz, L. R., & Chung, C. G. (2005). Unproven links: Can poverty explain ethnic disproportionality in special education? *Journal of Special Education*, *39*, 130–144.

Skiba, R. J., & Rausch, M. K. (2006). Zero tolerance, suspension, and expulsion: Questions of equity and effectiveness. In C. M. Evertson & C. S. Weinstein (Eds.), *Handbook of classroom management: Research, practice, and contemporary issues* (pp. 1063–1089). Mahwah, NJ: Lawrence Erlbaum Associates.

Skiba, R. J., Simmons, A., Ritter, S., Kohler, K., Henderson, M., & Wu, T. (2006). The context of minority disproportionality: Practitioner perspectives on special education referral. *Teachers College Record*, *108*, 1424–1459.

Skiba, R. J., Simmons, A. B., Ritter, S., Rausch, M. K., Feggins, L. R., Gallini, S., Edl, H., Mukherjee, A. (2004). *Moving towards equity: Addressing disproportionality in special education in Indiana*. Bloomington, IN: Center for Evaluation and Education Policy.

Skiba, R. J., Poloni-Staudinger, L., Gallini, S., Simmons, A. B., & Feggins-Azziz, L. R. (2006). Disparate access: The disproportionality of African American students with disabilities across educational environments. *Exceptional Children*, *72*, 411–424.

Skrtic, T. M. (2003). An organizational analysis of the overrepresentation of poor and minority students in special education. *Multiple Voices*, *6*(1), 41–57.

Sleeter, C. E., & Grant, C. A. (2003). Making choices for multicultural education: Five approaches to race, class, and gender (4th ed.). New York: Jossey-Bass.

Smedley, A. (1999). *Race in North America: Origin and evolution of a worldview* (2nd ed.). Boulder, CO: Westview Press.

Smith, A. & Kozleski, E. B. (2005). Witnessing Brown: Pursuit of an equity agenda in American education. *Remedial and Special Education*, *26*, 270–280.

Sperry, L. (1988). Biopsychosocial therapy: An integrative approach for tailoring treatment. *Individual Psychology*, *44*, 225–235.

Taylor, S. E. (1990). Health psychology: The science and the field. *American Psychologist*, *45*, 40–50.

Terman, L. M. (1916). *The measurement of intelligence*. Boston: Houghton Mifflin.

Tilly III, W. D. (2002). Best practices in school psychology as a problem-solving enterprise. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology IV*, volume 1 (pp. 21–36). Bethesda, MD: National Association of School Psychologists.

Trepaniger, B. (2001). Deconstructing categories: The exposure of silent racism. *Symbolic Interaction*, *24*, 141–163.

U.S. Bureau of the Census (2000). *Census 2000 EEO data tool*. [Online]. Retrieved August 1, 2006, from http://www.census.gov/eeo2000/index.html

U.S. Department of Education, (2006). *26th annual report to Congress on the implementation of the Individuals with Disabilities Education Act, Volume 1*. Washington, D.C.: Author.

U.S. Department of Education, (2002). *24th annual report to Congress on the implementation of the Individuals with Disabilities Education Act*. Washington, D.C.: Author.

Looking into the Future: New Directions in Cross-Cultural School Psychology

Beth Kleinman-Fleischer

Throughout the twentieth century, school psychology has developed and transformed with the evolution of the populations and intellectual philosophies in the United States (U.S.).[1] In the twenty-first century, a growing theme within the field of school psychology is diversity. The U.S. Census Bureau (2000) projects that by 2050, 53.7% of school-age children and adolescents will be "minorities" (Brown, Shriberg, & Wang, 2007). The field of school psychology has gradually responded. A. H. Miranda and P. B. Gutter (2002) found that, within the four leading school psychology journals, the number of articles related to diversity grew proportionately from 1990 to 1999, compared with a study they cite by R. M. Wiese Rogers (1992) of journals from 1975 to 1990. Brown, Shriberg, and Wang (2007) also found that diversity-related articles increased from 2000 to 2003.

Within the realm of diversity, English language learners (ELLs) are a growing population. The National Center for Education Statistics data (NCES, 2006) indicate that 18.8% of school-age children and adolescents speak a non-English language at home, and 5.3% of school-age children and adolescents have difficulty speaking English (Brown, Shriberg, & Wang, 2007). There has been much discussion within the field about how to best work with ELL populations, including how they fare and adapt to increased high-stakes testing.

This increased testing has also compelled school psychologists to move beyond their traditional role of implementing psychological assessments, into a broader role of consultation, collaboration, and advocacy on many levels within the school system. Research methods within the field have also adapted to the country's more diverse populations, leading some scholars to advocate that we move from being dominated by positivistic, quantitative-focused research to using more qualitative and mixed methods.

A final issue within school psychology is training. With the percentage of students of color far outnumbering the percentage of school psychologists and teachers of color, it is imperative that training programs more actively recruit diverse faculty and students as well as increase their overall multicultural focus.

English Language Learners

English language learners are a quickly growing population with whom school psychologists can expect to work more and more frequently (Baca, 2007). For example, data from the U.S. Department of Education, Office of Civil Rights (2000), suggested a 72% increase in ELL students between 1992 and 2002 (Lopez & Truesdell, 2007).

A concern within the field of school psychology is that ELL students achieve at a significantly lower level than mainstream students (Baca, 2007). One study found that in reading, over three-quarters of ELL students performed below level in third grade; in mathematics, over half performed below level in eighth grade (Zehler et al., 2003; as cited in Lopez, 2006). Compounding these statistics, there are not enough school staff, such as special education teachers and school psychologists, trained to work with ELL students (Baca, 2007). Lopez (2006) cites NCES (2002a) data for the 1999–2000 school year that indicated "41% of teachers in public schools taught ELL students; yet only 12.5% of those teachers had eight or more hours of training on how to instruct that population" (Lopez, p. 61). Within the field of school psychology, only approximately 10% of practitioners speak a second language (Rogers, 2005).

Because of this lack of qualified instructors and funding deficits, the National Clearinghouse for English Language Acquisition and Language Instruction (2001) reports that "the number of ELL students who receive services in their native language has significantly decreased between 1992 and 2002" (Lopez, 2006, p. 60). Most students do not have access to bilingual programs, which would provide instruction in both English and their native language. Currently, most ELL students receive instruction in non-bilingual classrooms while receiving supplementary services in English as a second language (ESL) programs (Lopez, 2006).

[1] Although school psychology is an international field, it is difficult to compare the United States with other countries, as training and standards vary from country to country. Thus, for the sake of concision, this chapter will focus on school psychology in the United States.

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In reaction to these statistics, some researchers have advocated the instructional consultation (IC) model, which Lopez (2006) defines as "the interaction between the learner, the task and the treatment" (p. 59). Silva (2005) found that instructional consultation teams (ICTs), which generally consist of school staff from multiple disciplines, were better able to lower ELL special education referrals and placements than pre-referral interventions teams (Lopez, 2006). Part of the potential for IC is that it not only treats the ELL student as an individual, but examines the entire system in which the student operates, including the way the student is being instructed and whether this instruction is a good fit for the student's learning needs. To meet this goal, ICs meet with teachers to help them adapt their teaching for the ELL student, with regard to both the student's conceptual framework as well as his or her cultural context (Lopez, 2006).

Although IC has the potential to improve the learning of ELL students, there is still much research that needs to be done. According to Lopez (2006), little research has investigated the IC process with ELL students. There also needs to be further examination of the collaboration between the IC and teacher consultees, as well as research on the most effective instructional interventions for ELL students.

Ingraham (2000) believes that more research is needed on "... power differentials associated with privilege or cultural/professional status, and the intersection of consultant, consultee(s), and client(s) individual and cultural variables" (Lopez & Truesdell, 2007, p. 91). With regard to their work with student clients, some researchers strongly advocate that instructional consultants are trained in second language and literacy learning and that they be prepared to use qualitative as well as quantitative and experimental research designs (Lopez & Truesdell, 2007).

The issues of ELL students are compounded by the increase in high-stakes testing, resulting from the mandates of the No Child Left Behind Act (NCLB) of 2001.

High-Stakes Testing

High-Stakes Testing and ELL Students

NCLB mandates that every year students in grades 3–8 (and at least one high-school grade) are assessed in reading and mathematics. States must develop these assessments in alignment with their own content standards and implement consequences for schools failing to make annual yearly progress (AYP) for two or more years in a row (Roach & Frank, 2007). The states determine the goals for their schools and all schools receiving Title I funds must exhibit AYP as defined by the state (Shriberg & Kruger, 2007).

Under NCLB, all students,[2] including ELLs, are assessed for AYP. Jones (2007) discusses concerns among educators that these tests are not an accurate measure of ELL students' learning and can lead both teachers and students to increased frustration. Jones, citing the Center on Education Policy (2006) argues, "states and districts consider the NCLB requirement for ELL students one of the law's greatest challenges because of the instructional time and resources that it consumes" (p. 80). As have teachers in other disciplines, ELL teachers have had to restructure their lessons to accommodate a kind of "one-size-fits all" test preparation (Jones, 2007). NCLB also "requires reading assessments using tests written in English for any student who has attended school in the U.S. (excluding Puerto Rico) for 3 or more consecutive years, with LEA discretion to use tests in another language for up to 2 additional years" (U.S. Department of Education; NCLB, no date, Stronger Accountability section, link number 5). This requirement contradicts research that suggests "it takes 7 to 10 years to obtain high levels of language proficiency in a second language" (Lopez & Truesdell, 2007, p. 85).

Other Issues with High-Stakes Testing

High-stakes testing affects all student populations, teachers, administrators, and other school personnel. Kruger, Wandle, and Struzziero (2007) discuss the stressors that high-stakes testing places upon public schools. Schools that do not make sufficient AYP can receive negative press attention and even compelled restructuring. High-stakes testing is also very expensive (e.g., costs of developing and administering the tests), and the federal government does not cover all of these expenses. Thus, money is taken from other areas that may better serve a given school's population (Jones, 2007).

[2] States must have 95% participation from subgroups defined by race/ethnicity, disability, English proficiency, and other areas (Roach & Frank, 2007, p. 12).

Such systematic stressors filter down to teachers. Kruger, Wandle, and Struzziero (2007) cite studies suggesting that teachers are less likely to experience stress if they feel they have control over their teaching and curriculum. They claim that high-stakes testing removes this sense of autonomy from teaching, as some teachers are punished for low test scores and forced to link their curriculum with test content. As Roach and Frank (2007) describe it, "Under NCLB, monitoring and reporting the results of large-scale assessments provide a technology for shaping and controlling educators' behavior from the top down" (p. 18). All of this ultimately hurts students, as creativity and educational experiences not assessed on the state exams are neglected for "teaching to the test," which some teachers believe makes their lessons more superficial and less engaging. Teachers have argued that these test-teaching approaches often focus on drilling and limit their abilities to adapt their teaching to students' needs (Jones, 2007). Jones (2007) also cites studies suggesting that the poorest schools were most influenced by "teaching to the test."

As well as high-stakes testing affecting teachers' abilities to teach, it also has a direct effect on students. Some states exert strong external pressures on students to perform well, relating test scores with graduation and grade promotion. Although not many studies have analyzed the relation between stress and high-stakes testing for students, the research that has been done suggests that the stress these tests cause students is significant. Based on Hembree's (1988) finding that students with lower academic ability were more likely to suffer from test anxiety, which causes poorer performance on achievement tests, it seems that students with disabilities are especially disadvantaged when taking high-stakes tests because they may already have high test anxiety and low academic skills, which high-stakes tests serve to exacerbate (Kruger, Wandle, & Struzziero, 2007).

In addition to the anxiety that high-stakes testing may provoke in students, researchers have suggested (although more definitive research is needed in this area) that testing may cause students to become more extrinsically than intrinsically motivated to succeed academically, eroding their love of learning (Jones, 2007).

Although there are clearly negative effects of NCLB upon schools, teachers, and students, some positive aspects can be argued. The inclusion of all students in the testing provides a more public barometer with which to account for the progress of ELL students, students who aren't achieving, and students with disabilities. Although curriculum standardization has definite downsides, it can also be helpful for teachers to have clear standards with which to align their lessons (Elliott, 2007). Standardized testing is also efficient: it is a way to assess a school quickly and scientifically (Roach & Frank, 2007) (though arguments can be made about whether these tests truly measure what they should be measuring) and maintain accountability for teachers and schools.

The Role of School Psychologists in High-Stakes Testing

At the time of this writing, a few months before the 2008 presidential election, it is difficult to predict the degree to which NCLB may be amended or even eliminated with the next administration. It is likely, however, that high-stakes testing will dominate the political landscape of education for the foreseeable future and will continue to be a significant means of assessment for schools, students, and teachers. Thus, it is imperative that school psychologists continue to play a key role in helping students, teachers, and the school at large in coping with the challenges presented by high-stakes testing.

School psychologists can work as leaders on the school-wide level, as consultants to teachers, and with individual students and their parents to help schools adapt to NCLB. On a systemic level, Kruger, Wandle, and Struzziero (2007) propose that school psychologists provide school-wide methods to cope with the stress of high-stakes testing. For instance, school psychologists can lead workshops in relaxation training, a technique that research has supported in reducing responses to stress, and can involve both teachers and students in the process. School psychologists can also reach out to inform parents about the stress associated with high-stakes testing and provide them with resources and strategies to use at home with their children (Kruger, Wandle, & Struzziero, 2007).

Shriberg (2007) argues that school psychologists increase their leadership within the schools:

- "While individual situations vary, school psychologists who can combine their vision for role expansion and positive change with a commitment to data, advocacy, and interpersonal savvy within a complex educational

> structure have the opportunity to assume leadership in this current educational climate where test scores have been given tremendous prominence and importance" (p. 165).

If school psychologists feel that changes need to be made within the system, they must advocate for these in a way that appeals to key stakeholders.

School psychologists also need to be alert to the potential for inappropriate referrals as a result of high-stakes testing. In states that have graduation rates dependent upon passing standardized tests, but that also provide alternatives for students with disabilities, there is a pressure to over-diagnose students. Therefore, it is essential for school psychologists to have a deep understanding of how testing operates at the state level and potential repercussions at the school level. This issue of inappropriate referrals especially affects ELL students. Unlike special education students with Individualized Education Programs (IEP) or students with 504 plans, ELL students are not provided with exemptions or mandated accommodations under NCLB. Thus, school psychologists must especially monitor this population to ensure that referred students are truly struggling with a learning disability rather than language acquisition (Elliott, 2007). Instead of inappropriate referrals, Elliott (2007) recommends using the response to interventions (RtI) approach to insure appropriate help for ELL students. RtI is a way to ensure that effective instruction is matched with the student's needs. Over a period, RtI examines how quickly and successfully the student learns. Decisions are made based upon data analysis (Elliott, 2007).

School psychologists can also help students who are not granted accommodations under IEPs or 504 plans to see if their state might grant them accommodations for state and district testing (some states do allow this) or teach them how to manage the test without accommodations (Elliot, 2007), or both.

School psychologists can help teachers create an encouraging classroom environment. Teachers can reduce competition, which has been linked to test anxiety, and instead promote cooperative learning (Kruger, Wandle, & Struzziero, 2007). School psychologists, who will need to be familiar with the instructional environment, can also help teachers educate their students about test-taking strategies (Elliott, 2007). Elliott (2007) recommends that such strategies be part of daily instruction. She suggests that school counselors physically observe classroom instruction to gain a better sense of pedagogical weaknesses and to train teachers to monitor their own progress through data assessment. With their background in assessment, school psychologists can also assist teachers in understanding test data so as to apply it to their teaching (Roach & Frank, 2007).

Beyond expanding their work with teachers, school psychologists can further develop their role in helping individual students cope with high-stakes testing. They can identify students who are particularly vulnerable to the stress of such testing and involve them in one of the many programs that have empirical support, many of which involve behavioral and cognitive behavioral (CB) techniques with students working in groups. School psychologists can also ensure that the students' parents receive training in CB techniques so they can reinforce what their children are learning. Studies have shown that children whose parents also received CB training fared better in their struggles with anxiety than those whose parents did not (Kruger, Wandle, & Struzziero, 2007).

Future Research in High-stakes Testing

Although some research has been completed that is relevant to our current high-stakes testing environment, with the significant role that NCLB plays for teachers, students, and the overall school culture, it is clear that much more is needed. According to Shriberg and Kruger (2007), "to date, despite geometric increases in articles on high stakes testing appearing in leading education journals during the last five years, this research has been largely absent from the school psychology literature" (p. 3).

Other scholars acknowledge that further research is greatly needed to explore areas such as how increased testing has affected teacher hiring and attrition rates (Jones, 2007), the extent to which testing has helped or hindered instruction (Roach & Frank, 2007), how testing has affected students' intrinsic and extrinsic motivation (Jones, 2007), and how accommodations affect high-stakes test performance (Elliot, 2007). Nichols (2007) suggests that some of the existing research on high-stakes testing has measurement weaknesses: it is difficult to assess the effects of such testing not only because testing policies can be quite

different between states, but also because individual states frequently vary their policies.

Even if NCLB in its current form is revised by the next administration, it seems unlikely that high-stakes testing will decrease, as such assessments offer a relatively systematic, seemingly objective method of tracking school progress at both the federal and state levels. Thus, it seems probable that significantly more research will address the school psychologist's role in high-stakes testing.

Mixed-Method Research

Traditionally, school psychology research has focused on individual adjustments rather than contextual effects. Although this focus on individual learning has served school psychologists well in many ways, some scholars have argued that school psychology research models do not deal sufficiently with ecological and systematic variables, causing the field to move slowly in integrating multicultural issues (Bursztyn, 2007).

According to Bursztyn (2007), as culturally and linguistically diverse (CLD) students continue to be overrepresented in terms of issues that include high dropout rates, high referral rates, and negative adjustment, they become more difficult for school psychologists to push into the background. The contextual realities of CLD students must be acknowledged for school psychologists to help them fully succeed.

To adapt to an increasingly diverse population, Bursztyn (2007) argues that school psychology researchers need to amend their models. He claims that traditional empirical methods used by school psychology researchers have worked well for individuals but break down when used to study systems, which are what need to be studied in schools' current multicultural contexts.

School psychology research has generally operated under a positivistic framework, focusing on objectivity and aiming for a detached perspective. The research uses "objective" measurements such as behavior checklists and test scores, which, Burszytn (2007) argues, do not reveal the depth of the participants' subjective experiences. This positivistic paradigm confines the research to a narrow perspective, focusing only on the areas consistent with the researchers' worldviews without exploring alternative perspectives. Positivism ignores the idea that individuals have their own subjective experiences, instead viewing subjectivity as biased.

Bursztyn (2007) recommends that researchers become more comprehensive with their techniques. Although they should not abandon the more quantitative, positivistic approaches, it is useful to integrate more qualitative, subjective approaches such as ethnographic or case studies. Such studies can provide greater insight into the contextual experiences of research participants and provide a more nuanced perspective into diverse populations, while not sacrificing the precision that can be gained through quantitative data-driven studies.

Powell, Mihalas, Onwuegbuzie, Suldo, and Daley (2008) argue that, although psychological research has been dominated by quantitative studies, school psychology practitioners have been using both qualitative and quantitative approaches for quite some time, as assessments call for integrating multiple data from standardized test scores to interviews. They explain:

> "What most differentiates the mixed methods research process from the monomethod research process is the fact that the former compels researchers not only to make decisions about the individual quantitative and qualitative components, but also to make decisions about how these components relate to each other . . ." (p. 294).

Mixed-method approaches are on the rise in several fields. In a recent study of 15 major electronic bibliographic databases across several fields including psychology and medicine, Collins, Onwuegbuzie, and Jiao (2007) found that most mixed-method articles were published during or after 2001 (Powell, Mihalas, Onwuegbuzie, Suldo, & Daley, 2008). Powell, et al. (2008) also found that 13.7% of the four major school psychology journals from 2001 through 2005 used mixed-method research of some kind, with a slightly upward trend. Of the overwhelming monomethod research published in these journals, most involved quantitative rather than qualitative studies. Powell et al. (2008) hypothesize that one reason for the dearth of qualitative studies may relate to school psychology programs placing little emphasis on qualitative research training.

Powell et al. (2008) advocate more mixed-method research. They especially emphasize the need for qualitative research, because it provides benefits such

as increased flexibility, the ability to address more complex questions, and "the opportunity to combine macro and micro levels of a study" (p. 306).

Hitchcock, Sarkar, Nastasi, Burkholder, Varjas, & Jayasena (2006) demonstrate how a mixed-method approach can be used to generate culturally specific instruments. These authors used ethnographic and factor analytic methods to study students in Sri Lanka. They argue that researchers too frequently use a blanket approach to target populations, using instruments developed for a general population of American children and adolescents, rather than adapting to specific cultural groups. They advise school psychologists:

- "When working in a multicultural setting, the qualitative procedures can serve as models for service planning and identifying relevant cultural issues, and the development of a survey from this information can be used to quantify such information in the event a large enough sample warrants the additional effort. These skills can help school psychologists understand the idiosyncratic needs of a local culture, develop nuanced assessment skills and in turn develop highly targeted interventions" (p. 31).

Esquivel and Flanagan (2007) also promote the qualitative approach, focusing on narrative assessment as a way to gain insight about how children and adolescents perceive and make meaning of the world around them. They state, "Although scientific rigor and evidence-based practice are tenets critical to the profession, it is equally important to be aware of holistic ways of understanding and to be open to exploring the use of multiple methods within an integrative paradigm" (p. 278).

Training of School Psychologists

As the U.S. becomes increasingly diverse, it is essential that school psychologists become aware of cultural differences and stressors unique to various groups, without neglecting within-group differences. Unfortunately, studies suggest that there are not enough school psychologists in practice who are adequately prepared to work with CLD populations (Lopez & Rogers, 2007).

Although the U.S. Census Bureau (2002) projects that White student populations will decrease as non-White student populations increase, this pattern has not occured for teachers (Rogers, 2005). In fact, according to the NCES (2002b), non-White public school teachers actually decreased from 1971 to 1996 (Rogers, 2005). According to Rogers (2005), 90% of public school teachers are White, whereas 40% of public school students are people of color. Within the field of school psychology, "the racial, ethnic, and linguistic diversity among practicing (practitioners and faculty) school psychologists has not kept pace with the rapid demographic changes occurring in the United States" (Rogers, 2005, p. 997).

Although the American Psychological Association (APA) (2002) and the National Association of School Psychologists (NASP) (2000) have tried to address these concerns, calling for school psychology to increase coverage of multicultural issues and create more diverse field placements, there are several barriers, outlined by Lopez & Rogers (2007) that make it difficult for such programs to implement APA and NASP's guidelines effectively. One obstacle is that the APA and NASP do not actually articulate how to translate these guidelines into practice. A second obstacle is that faculty themselves may not be sufficiently trained to teach their students about multicultural issues, as the emphasis on the CLD population is a more recent phenomenon. Third, CLD faculty members may leave their university jobs at an increased rate because of personal and institutional difficulties (Hendricks, 1997, as cited in Lopez & Rogers, 2007). Fourth, school psychology programs may have difficulties recruiting CLD students because of issues such as high tuition costs or a lack of writing skills by potential bilingual students. Such barriers are compounded by the fact that CLD students may feel uncomfortable with few CLD faculty as role models. Finally, field placements in diverse settings become a challenge because of the aforementioned lack of training that practicing school psychologists have received. The few bilingual school psychologists who are supervisors may experience burn out because they are in high demand to serve the needs of the bilingual population within a given school.

To address these various issues, Lopez and Rogers (2007) suggest active recruitment strategies (e.g., financial support) to attract CLD students, increased bilingual training, and better retention of CLD faculty. Rogers (2005) calls for additional research to explore whether the multicultural training that does exist for

school psychology students has led to effective results in the field, which CLD recruitment techniques have been most effective, and the extent to which multicultural training is currently taking place in school psychology programs.

For school psychologists who are already practicing, Lopez and Rogers (2007) suggest more thorough definitions of cross-cultural competencies for practitioners, increased bilingual school psychology training programs, and the creation of national and regional training centers focusing on diversity issues.

Conclusion

It is clear that the field of cross-cultural school psychology is in flux. The national demographics of school psychologists themselves do not reflect the demographics of the populations they serve, and much of the research conducted in the field of school psychology, which often has a positivistic focus, is not necessarily the best fit for multicultural populations. There are not enough bilingual school psychologists and teachers to accommodate the growing number of ELL students, and the current high-stakes testing environment makes it especially important that vulnerable populations are provided with assistance.

Yet there is reason for optimism. With an upward trend in diversity articles within school psychology journals (Brown, Shriberg, & Wang, 2007), and the APA (2002a) and NASP (2000) establishing guidelines with a focus on multicultural training, it seems that the field is, slowly but surely, working to accommodate the increasingly diverse populations it serves.

Just as school psychology training programs must work to recruit CLD students and faculty, as well as to provide a multicultural curriculum, researchers must try to integrate more qualitative studies in their repertoire. School psychology practitioners are encouraged to expand their traditional roles to become leaders in their schools, collaborating with teachers, administrators, and other stakeholders to create an instructional environment that befits their diverse populations.

School psychology plays a significant role in the educational landscape: it is essential for researchers and practitioners throughout the field to embrace the increasingly diverse population of the U.S.

References

American Psychological Association. (2002). *Guidelines and principles for accreditation of programs in professional psychology*. Washington, D.C.: American Psychological Association.

Baca, L. (2007). Bilingual special education commentary: The education of English Language Learners with special needs: The challenge for school psychologists. In G. B. Esquivel, E. C. Lopez & S. Nahari (Eds.), *Handbook of multicultural school psychology* (pp. 659–664). Mahwah, NJ: Lawrence Erlbaum Associates.

Brown, S. L., Shriberg, D., & Wang, A. (2007). Diversity research literature on the rise? A review of school psychology journals from 2000 to 2003. *Psychology in the Schools, 44*(6), 639–650.

Bursztyn, A. M. (2007). Directions for future research: A research agenda for multicultural issues in education, assessment, and intervention. In G. B. Esquivel, E. C. Lopez, and S. Nahari (Eds.), *Handbook of multicultural school psychology* (pp. 639–658). Mahwah, NJ: Lawrence Erlbaum Associates.

Center on Education Policy. (2006). *From the capital to the classroom: Year 4 of the no child left behind act.* Retrieved March 30, 2006 from http://www.cep-dc.org/nclb/Year4/Press/

Collins, K. M. T., Onwuegbuzie, A. J., & Jiao, Q. G. (2007). A mixed methods investigation of mixed methods sampling designs in social and health science research. *Journal of Mixed Methods Research, 1*(4), 267–294.

Elliott, J. (2007). Providing academic support for teachers and students in high stakes learning environments. *Journal of Applied School Psychology, 23*(2), 87–101.

Esquivel, G. B., & Flanagan, R. (2007). Narrative methods of personality assessment in school psychology. *Psychology in the Schools, 44*(3), 271–280.

Hembree, R. (1988). Correlates, causes, effects and treatment of test anxiety. *Review of Educational Research, 58*(1), 47–77.

Hendricks, F. M. (1997). Career experiences of Black women faculty at Research 1 universities. *Dissertation Abstracts International, 57*(12A). (UMI No. 9717161).

Hitchcock, J., Sarkar, S., Nastasi, B., Burkholder, G., Varjas, K., & Jayasena, A. (2006). Validating culture- and gender-specific constructs: A mixed-method approach to advance assessment procedures in cross-cultural settings. *Journal of Applied School Psychology, 22*(2), 13–33.

Ingraham (2000). Consultation through a multicultural lens: Multicultural and cross-cultural consultation in schools. *School Psychology Review, 29,* 320–343.

Jones, B. D. (2007). The unintended outcomes of high-stakes testing. *Journal of Applied School Psychology, 23*(2), 65–86.

Kruger, L. J., Wandle, C., & Struzziero, J. (2007). Coping with the stress of high stakes testing. *Journal of Applied School Psychology, 23*(2), 109–128.

Lopez, E. C. (2006). Targeting English language learners, tasks and treatments in instructional consultation. *Journal of Applied School Psychology, 22*(2), 59–79.

Lopez, E. C., & Rogers, M. R. (2007). Multicultural competencies and training in school psychology: Issues, approaches, and future directions. In G. B. Esquivel, E. C. Lopez, & S. Nahari (Eds.), *Handbook of multicultural school psychology* (pp. 47–67). Mahwah, NJ: Lawrence Erlbaum Associates.

Lopez, E. C., & Truesdell, L. (2007). Multicultural issues in instructional consultation for English Language Learning Students. In G. B. Esquivel, E. C. Lopez & S. Nahari (Eds.), *Handbook of multicultural school psychology* (pp. 71–98). Mahwah, NJ: Lawrence Erlbaum Associates.

Miranda, A. H., & Gutter, P. B. (2002). Diversity research literature in school psychology: 1990–1999. *Psychology in the Schools*, *39*, 597–604.

National Association of School Psychologists. (2000). *Standards for training and field placement programs in school psychology*. Bethesda, MD: Author.

National Center for Education Statistics (2002a). *Schools and staffing survey, 1999–2000: Overview of the data for public, private, public charter, and Bureau of Indian Affairs elementary and secondary schools*. Washington, D.C.: National Center for Education Statistics.

National Center for Education Statistics (2002b). *Schools and staffing survey, 1999–2000: Overview of the data for public, private, public charter, andBureau of Indian Affairs elementary and secondary schools*. Washington, D.C.: U.S. Department of Education.

National Center for Education Statistics. (2006). *Number and percentage of children ages 5–17 who spoke a language other than English at home and who spoke English with difficulty by selected characteristics: 2004*. Retrieved March 13, 2007 from http://nces.ed.gov/programs/coe/2006/section1/tableXLS.asp?tableID = 530

National Clearinghouse for English Language Acquisition and Language Instruction (2001). *Survey of the states' limited English proficient students and available educational programs and services, 1999–2001 Summary report*. Washington, D.C.: National Clearinghouse for English Language Acquisition and Language Instruction.

Nichols, S. L. (2007). High-stakes testing: Does it increase achievement? *Journal of Applied School Psychology, 23*(2), 47–64.

Powell, H., Mihalas, S., Onwuegbuzie, A. J., Suldo, S., & Daley, C. E. (2008). Mixed methods research in school psychology: A mixed methods investigation of trends in the literature. *Psychology in the Schools, 45*(4), 291–309.

Roach, A. T., & Frank, J. L. (2007). Large-scale assessment, rationality, and scientific management: The case of no child left behind. *Journal of Applied School Psychology, 23*(2), 7–25.

Rogers, M. (2005). Multicultural training in school psychology. In C. L. Frisby & C. R. Reynolds (Eds.), *Comprehensive handbook of multicultural school psychology* (pp. 993–1022). Hoboken, NJ: Wiley.

Shriberg, D. (2007). The school psychologist as leader and change agent in a high-stakes era. *Journal of Applied School Psychology, 23*(2), 151–166.

Shriberg, D., & Kruger, L. J. (2007). Introduction and overview: High stakes testing. *Journal of Applied School Psychology, 23*(2), 1–6.

U.S. Department of Education. *NCLB*. Retrieved August 31, 2008 from http://www.ed.gov/admins/lead/account/saa.html#regulations

U.S. Census Bureau. (2000). *Projections of the total resident population by 5 year age groups, race, and Hispanic origin with special age categories: Middle series, 2050 to 2070*. Retrieved February 24, 2004 from http://www.census.gov/population/projections/nation/summary/np-t4-g.pdf.

U.S. Census Bureau. (2002). *Projections of the resident population by race, Hispanic origin, and nativity: Middle series, 2050–2070*. Washington, D.C.: U.S. Census Bureau.

U.S. Department of Education Office of Civil Rights. (2000). *OCR elementary and secondary school survey*. Retrieved July 6, 2005 from http:/205.207.175.84/ocr2000r/.

Wiese Rogers, R. M. (1992). Racial/ethnic minority research in school psychology. *Psychology in the Schools*, *29*, 267–272.

Zehler, A. M., Fleischman, H. L., Hopstock, P. J., Stephenson, T. G., Pendzick, M. L., & Sapru, S. (2003). *Descriptive study of services to LEP students and LEP students with disabilities* (Vol. I). Research report. Submitted to the U.S. Department of Education, OELA. Arlington, VA: Development Associates.