

## AACAP

➤ American Academy of Child and Adolescent Psychiatry (AACAP)

## ABPsi

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# Academic Achievement in Minority Children

*Antonia Hernandez*

The increase of immigration to the United States (U.S.) since the 1980s has resulted in a racial/ethnic heterogeneous group of children throughout the country. Since the 1980s, the Asian population has almost tripled, the Latino population has more than doubled, the Native American population has increased by 62%, and the African American population has increased 31%, while the non-ethnic population remained almost the same. (The terms African Americans and Blacks, and Native Americans and American Indians, will be used interchangeably throughout this entry). As a result of these changes, 40% of the current public school age population comprises students of color. This percentage is expected to increase rapidly in the upcoming years. For instance, it is expected that by the year 2020, more than two-thirds of the school-age population will be Hispanic, Asian American, African American, or Native American, with Hispanic youth accounting for more than 20% of the total. In 1993, the U.S. Census Bureau predicted that the minority population will account for 50% of the U.S. population by the year 2050.

There are salient differences in educational achievement levels among children of color. For instance, African American and Hispanic youth are noted for high dropout rates, whereas Asian Americans are

more likely to have higher educational attainment levels. Academic achievement is influenced by several variables. On an individual level, variables such as gender, ethnicity, and family socioeconomic status have been regarded as the most prominent factors. Extraneous variables that influence school success include time spent doing homework, time spent watching television, participation in extracurricular and other structured after school programs, and employment status. An additional variable concerns language. Specifically, many children of color speak another language in the home other than English. It has been reported that the language spoken in the home is considered an important variable because of its influence on a child's success in school. Students from non-English language backgrounds tend to have lower academic achievement and are nearly twice as likely to leave school before graduation compared with their English speaking peers.

Although differences have been noted in the school performance of children of color, there is little consensus about the causes of these discrepancies. Several theories have been introduced throughout the literature to better understand differences in academic achievement. One theory states that differences in academic achievement relate to socialization practices in the family that lead youngsters from some racial/ethnic groups to develop more positive achievement-related attitudes and behaviors. Thus, several studies have noted that children from homes with high stress levels are more likely to be exposed to maladaptive behaviors that lead to violence, substance abuse, and academic underachievement.

A second theoretical approach is that cultural values are different among racial/ethnic groups, especially those that concern the value of educational success. The work of the late Dr. John Ogbu postulates that diverse racial/ethnic groups have different perceived notions of discrimination within educational and occupational institutions. The main tenet of this theory states minority youth believe they will face a glass ceiling that will prohibit them from benefiting from the occupational and educational rewards of their hard work. Consequently, they exert minimal effort where academic work is concerned and some may develop an oppositional frame of reference because of their status in the mainstream society. Their perceptions are further influenced by the social context in which they arrived in the U.S. (for example, voluntary or involuntary). The theory states that those individuals in the involuntary groups marginalize themselves, reject schooling, and,

as a consequence, fail in the American school system. Ogbu argued that, to a certain extent, minority youth participate in their own oppressions and that such marginalized youth, not realizing that their behavior is to their own detriment, immobilize themselves from their social and academic strata.

Finally, cultural discontinuity theory asserts that immigrants face disadvantages due to language, cultural, and social interactional conflicts between the home and the school. Various studies have noted that immigrant attainment increases with extended duration in the U.S. and higher levels of acculturation to American society. Theorists who take an ecological-cultural perspective assert that immigrant attainment is affected by the interaction of several variables such as motivation to immigrate, perceptions of opportunity, and labor market payoff for attainment. Furthermore, ethnicity and educational attainment vary in terms of academic achievement.

## Racial/Ethnic Groups and Academic Performance

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### Hispanic/Latino Youth

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Hispanics are a heterogeneous group with salient differences in socioeconomic status, age, country of origin, and the social context in which they immigrate to the U.S. The term Hispanic encompasses various ethnic groups that include Mexican American, Cuban, Puerto Rican, Central and South Americans. Traditional Hispanic families are hierarchical, with special authority given to the elderly, parents, males, and figures of authority.

The U.S. Hispanic population has grown dramatically in recent years, now comprising 13.3% of the total U.S. population. Unfortunately, this increase is not evident in the proportional representation of Hispanics in educational attainment levels. In 2002, 59.3% of non-Hispanic Whites, aged 25 or older, had graduated high school or some college, compared with only 45.9% of Hispanic youth. Hispanics have the highest rates of high school dropout and are less likely to enroll in college. The Hispanic population is considered to be the most academically vulnerable group of people in the U.S. Forty-four percent of Hispanic students start kindergarten somewhat behind their peers, and by age 13 they are at least 1 year below expected grade level. More than 40% of Hispanics drop out before they complete high school.

Among Hispanic students, achievement levels in reading and mathematics climbed substantially throughout the 1970s and 1980s but stalled in the 1990s. Currently, only 14% of Hispanic fourth graders reach proficient or advanced levels. By the end of high school, a large portion of Hispanic students have mathematics and reading skills that are only at a level of White students of middle-school age. Consequently, neither college enrollment nor completion has increased for Hispanics in the past 20 years.

Despite these findings, it is critical to note that there are some schools, districts, and even entire states where Hispanic students excel. For example, Hambrick middle school in Aldine, Texas, is composed of 71% of Hispanics of whom 85% come from impoverished homes. Hambrick's students scored in the top fifth of all Texas middle schools in both reading and mathematics in 2000, 2001, and 2002. Additionally, disparities in academic achievement between Hispanics and Whites have been reduced in Pueblo, Colorado and achievement levels for all groups of youth have been heightened. Similarly, in Delaware the reading gains for Hispanics students have outpaced the entire nation for fourth-grade students.

The literature shows that contributing factors to the above success rates were associated with: the school's mission to develop appropriate developmental and academic guidelines for children at all grade levels; viewing state standards and assessments as valuable benchmark and leverage points; accepting the need for public accountability for ultimate results; viewing poverty and family problems as barriers that can be surmounted; and building systems that promote communication between educators, administrators, parents, and the students themselves to meet academic standards.

### African American Youth

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African Americans differ in their geographical upbringing (for example, urban, suburban, rural), class, and income level. African Americans are descendants of Africans who were brought to the U.S. involuntarily between 1619 and 1808. After 1808 the importation of slaves to the U.S. became illegal. The thousands of slaves who were previously imported, however, remained slaves throughout the nation until slavery was abolished in 1865 through the passage of the thirteenth amendment in the U.S. constitution.

Despite the end of slavery, American Blacks were economically and educationally behind their peers because of segregation and discrimination.

Currently, a large proportion of African Americans live in poverty. In 2002, 22.7% of African Americans lived below the poverty level compared with 7.8% of non-Hispanic Whites. According to the U.S. Census, in 2002, 21% of Black families were poor compared with 6% of non-Hispanic White families. The average income of African Americans is still lower than that of Whites, and unemployment of Blacks, particularly of young men, remains higher than that of Whites.

Today, African Americans constitute about 13% of the total U.S. population. In 2000, they composed 17% of the total public school enrollment, an increase of 2% since 1972. In 2003, 58.3% of all African American high-school graduates enrolled in college within 1 year (compared with 35.8% in 1982). For non-Hispanic Whites, the college participation rate in 2003 was 66.1%. Thus, the college enrollment gap was less than 8%. In the past three decades the percentages of African Americans with a high-school diploma increased by almost 40%.

Many areas of the country have shown that African American students are excelling academically. For instance, in Centennial Place Elementary School in Atlanta, Georgia, the student population is 91% African American, 79% low income, and is in the top 10% of the entire state of Georgia in reading. In addition, the same school outperforms 88% of other Georgia schools on the state's mathematics test.

The literature shows that these success rates are attributed to several factors that stem from institutional to individual levels that enable academic achievement. For instance, such schools have clear goals and standards that dictate what students should learn at benchmark grade levels; they provide all students with challenging curricula that are aligned with such standards; they provide extra instruction to students when they need it; and such academic institutions are aware that good teaching matters more than anything else.

Gender differences in academic achievement have been noted among African American youth. For instance, it has been reported that African American females attain higher rates of high school completion and are more likely to enroll in college than African American males. African American male students have reported lower levels of positive perception of the educational system and, consequently, are more likely to become disengaged from schools and have lower

levels of academic achievement than their female counterparts. Resilient variables that have protected youth from academic underachievement include parental support, positive school and community experiences, educational aspirations, and motivation.

## Asian American Youth

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Asian Americans are a diverse group of people where salient differences can be noted because they are foreign born, U.S. born, immigrant and/or refugee, multi-ethnic, and multiracial, transnational, and pan-ethnic, and increasingly multi-generational. Asian Americans constitute only 4.4% of the total U.S. population. In 2003, the U.S. Census reported that Asian Americans had the highest proportion of college graduates. Among individuals 25 and over, 48.3% of Asian Americans had a bachelor's degree compared with 29.7% of non-Hispanic Whites, 16.3% of Blacks, and 13.5% of Latinos. Several studies reported that Asian Americans were most likely to believe that doing poorly in school had negative repercussions, devoted relatively more time to their studies, were more likely to attribute success to hard work, and were more likely to report that their parents have high standards for school performance.

In 2003, the Department of Education reported that the number of Asian American students taking advanced placement examinations in the twelfth grade increased by 36.4%. In addition, in 2002, 95% of Asian students aged 18–24 attained a high school diploma. The average SAT score, which is a college admissions test in the U.S., showed that in 1990 the median mathematics score for college admissions was 501 nationwide. The average score for Asians was 528.

Asian American students have also been noted to acquire high grade point average (GPA) scores compared with other groups of people. The National Education Longitudinal Study of 1988 found that Asians had the highest grade point average (3.24) compared with 2.96 for Whites, 2.74 for Hispanics, and 2.73 for Blacks. Recent statistics from the Digest of Education Statistics report the following patterns: the percentage of high school seniors who reported being in the college preparatory or academic track were 51% of Asians compared with 46% of Whites, 36% of Blacks, 31% of Hispanics, and 23% of Native Americans.

The literature shows that variables such as parental involvement, time spent on task, and study habits

among Asian American youth have enabled this group to excel academically at all grade levels. For instance, a study showed that 65% of Asian American parents with children in kindergarten through grade 12 were more likely to take their children to a library in the past month compared with 41% of White, 49% of Black, and 44% of Hispanics families. In addition, Asian American parents who were more involved in their children's education knew what courses were relevant for the college of their choice compared with parents who were less involved. Asian American youth have also been noted to spend more time studying and working on homework assignments compared with other minority groups. Asian American youth also spend an average of 14 hours a week studying, whereas other groups spend 8–10 hours a week.

Although Asian Americans have attained high levels of academic achievement, wide discrepancies have been noted among the diverse youth that comprise this category. According to the 2000 U.S. Census, college attainment among Vietnamese Americans and other Southeast Asian Americans remains under 20%. Cambodian Americans, Hmong Americans, and Laotian Americans have been noted to have lower levels of college attainment, amounting to 9.1, 7.4, and 7.6%, respectively. Moreover, subsequent generations, specifically post-second generations, attain lower levels of academic success. Many believe that this is a result of adhering to the dominant society's values on education and the rejection of their parent's cultural value of attaining education. Many Asian parents value education because they believe in it and respect it. Many Asian individuals place such value on education as a result of Confucianism, where scholars and educators are placed high in the social hierarchy. It cannot be assumed that all Asian Americans achieve academically and do not need support. Rather, it is important to assess each student individually and determine the type of support they may need.

## Native American Youth

Native Americans are heterogeneous and differentiated by their tribal adherence. The term "Native American" includes over 500 different groups and reflects their great diversity of geographic location, language, socioeconomic status, school experience, and retention of traditional spiritual and cultural practices. Although Native Americans differ from one another in customs

and values, they share a history of having lost their ancestral lands, forced education in boarding schools, systematic attempts to eradicate their language and religion, and restrictions on their traditional means of obtaining a livelihood.

In addition, the term "Alaska Native" refers to the indigenous group of people of the Americas native to the state of Alaska. They include Inupiat, Yupik, Aleut, and several native people, such as Tlingit, Haida, Tsimshian, Eyak, and other Northern Athabaskan peoples. In 1912, the Alaskan Native Brotherhood was founded, and in 1972 the U.S. Congress passed the Alaskan Native Claims Settlement Act which enabled the establishment of the 13 Alaska Native Regional corporations to administer land and financial claims.

Native Americans and Alaska Natives are two indigenous groups of people native to the Americas who are distinguished by their legal treatment within the U.S. For instance, Alaska Natives were not issued titles of land under the Dawes Act. Instead, they were treated within the statute of the Alaska Native settlement act, which is a savings clause that preserved allotment applications. As of 2001, up to 300,000 acres are still pending determination of entitlement. Another difference is that Alaska Natives are allowed to harvest whales and other marine animals under the Marine Mammal Protection Act of 1972. Finally, Alaska Native tribal governments have no power to collect taxes for business done in tribal land because Alaska Natives (except Tsimshians) do not hold reservations; this was implemented by the U.S. Supreme Court decision in *Alaska v. Native Village of Venetie Tribal Government* in 1998.

In 2000, the U.S. Census reported that about 4.3 million, or 1.5%, of the U.S. population, were Native American or Alaskan native. About 33% of Native Americans were under the age of 18, making a significant portion of this population relatively young. Approximately 30% of Native Americans live on reservations, although numbers have been decreasing because of limited available resources such as housing, educational opportunities, employment, and health care. Over 60% of Native Americans are of mixed heritage, having Black, White, and Hispanic backgrounds.

The educational levels of Native Americans were below the national average in 2000. It was estimated that 29.2% of Native Americans who were 25 years or older graduated high school. In addition, 11.5% of Native Americans aged 25 or older had attained a bachelor level education. Native Americans have been

noted for attaining fewer years of formal education compared with other racial groups. The literature has often associated this with American Indian children's perception of teacher and peer acceptance to their cultural background. Native American children do relatively well during the first few years of schooling. However, research shows a pattern of decline and school dropout that develops in the primary grades.

Many students begin their academic life happily and optimistically, but by fifth and sixth grade may begin to withdraw and become pessimistic, resistant, and indolent in the classroom owing to poor teacher–student relationships (i.e., the students believe that the teacher does not care about them), trouble at school (i.e., disagreements with school staff), value of the school system (i.e., the students believe that school is not important for their future goals), and a lack of American Indian culture within the educational system. S.D. Lemon, author of the book entitled “The education of Indian Children: Long Plains, Dakota Plains, Dakota Tipi Indians, Manitoba, 1965–1979,” observed that teachers associated American Indian children with negative attitudes such as lacking career aspirations and motivation, and displaying lower levels of school performance. Researchers have hypothesized that such beliefs may lead American Indian children to experience higher rates of rejection, depression, and anxiety.

Although Native American students were more likely to drop out of school than White or Asian American students in 2003, they were less likely to have dropped out when compared with Hispanic youth. Furthermore, in 2003, Native American fourth- and eighth-grade students scored lower on the National Assessment of Educational Progress reading and mathematics assessments than White and Asian/Pacific Islander students. However, Native American fourth-grade students scored higher on these reading and mathematics assessments than their African American counterparts. In 2003, more Native American high school students took advanced placement tests than in previous years.

It is estimated that 20% of Native Americans that graduate high school continue on to college. Native Americans in post-secondary institutions are becoming more representative and are acquiring moderate levels of post-secondary education. For instance, the enrollment of Native American students in degree-granting institutions has more than doubled in the past 25 years. In 2003, at least 42% of Native Americans 25 years and older had attended at least some college. The National Center for Education Statistics

reported a major increase in college enrollment in 2000 for Native Americans. Several explanatory factors were noted. First, there has been an increase in graduation and college applications for Bureau of Indian Affairs schools. These schools are funded and operated by the Bureau of Indian Affairs and are attended almost exclusively by Native Americans.

There have also been changes in performance on criteria for college admissions for Native American youth. For instance, more Native Americans are taking the SATs, and their scores have increased compared with previous years. In 1976, for instance, the average combined mathematics and verbal SAT score was 808, whereas in 1995 it had increased to 850. The national average SAT score is 910. There has also been an exponential increase in Native American women going to college. For example, in 1976 only 37,600 Native American women enrolled in college compared with 74,400 in 1994, an increase of 98%. For Native American males, the total college enrollment rate rose by 38% during the same years.

## Influential Variables

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### Socioeconomic Status

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Children of color are more likely to live in urban cities and attend the public school system. In the 1970s, the 20 largest urban cities in the U.S. comprised 38% of minorities; however, in 2000 the percentage of minorities in urban settings was 60%. In 2007, the National Center for Education Statistics reported that there were 47 million children in elementary and secondary public schools. It is estimated that 40% of students attending public schools are children of color. The limited availability of financial resources can have a detrimental effect on the academic success of children of color in educational institutions. In addition, demographic factors in the teaching profession have been noted as being primarily White Americans who are female, middle class, suburban and monolingual whereas their students are increasingly youth of color who are urban residents and multilingual. Without formal training about the role of the diversity in the classroom as well as active recruitment of teachers of color, the racial/cultural experience of students may not be understood.

Compounding the effects of poor school conditions, low-income families may live in neighborhoods

that are higher in crime and lower in public services compared with high-income neighborhoods. Families who struggle to provide the basic necessities for sustenance find it difficult to provide adequate food and health services for their children. Consequently, such financial constraints may inhibit parents to give their children educationally enriching experiences such as travel, summer camp, and music lessons, many of which cost additional fees.

According to the 2004 U.S. Census Bureau, both the number of individuals in poverty and the poverty rate increased between 2003 and 2004. The official poverty rate in 2004 was 12.7%, an increase of 0.2% since 2003. In other words, 37 million people were in poverty, up 1.1 million from 2003. Approximately 24.7% of Blacks, 21.9% of Hispanics, 9.8% of Asians, and 24.4% of Native Americans live in poverty in the U.S. It is of great concern that a large proportion of U.S. children come from impoverished backgrounds. Despite the fact that many families of color strive for economic security, factors such as language barriers, lack of education, discrimination, and (for some) undocumented status result in higher rates of high school dropout, post-secondary enrollment, and college completion. Such actual and perceived barriers can contribute to higher levels of acculturative stress and decreased motivation to attain higher levels of education.

## Parental Involvement

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Parental involvement has been correlated with students' academic achievement. This correlation has been found to be fairly consistent regardless of demographic variables (for example, age, ethnicity, sex, or socioeconomic status) or measure of achievement (for example, achievement tests, grades, grade point average). In addition, parental support has been linked to college attendance and persistence. Parental involvement may occur in various ways including communication between parents and teachers, communication with children about school issues, number of hours parents volunteer in their children's schools, parental involvement in school activities (for example, school conferences), attendance at meetings organized by the school, parental involvement in school-related activities, and parental expectations of their children's educational attainment. Parental support is believed to motivate students to achieve, succeed, promote educational commitment, and educational aspirations.

Parents are the most salient influence in a child's long-term educational plans.

The parents' ability to form accurate beliefs and expectations about their children's performance is essential in structuring the home and educational environment so that students can excel in post-schooling endeavors. It has been reported that adolescent competence is higher among youngsters raised in authoritative homes where parents are responsive and set appropriate limits. Three components that categorize an authoritative home include parental acceptance or warmth, behavioral supervision or strictness, and psychological autonomy or democracy. For example, authoritative parents are not only warmer, firmer, and more democratic than other parents, they are also more involved in their children's academic life, more likely to make joint decisions, and more likely to maintain an organized household with predictable routines. Parental authoritativeness contributes to a child's psychosocial development which facilitates his or her school success. It has been suggested that better performance in school is just one of many possible manifestations of psychosocial competence.

Although such influential characteristics are pertinent for the academic success of children of color, parents face several barriers to such involvement. For instance, some parents lack the ability to speak the English language and, as a result, feel they are unable to engage in school activities conducted in English. Other parents may come from different countries with different educational systems and thus not understand how the educational system works in the U.S. Consequently, the parent may not be able to provide as much academic support and advocacy. Parents may also feel their role is not to be involved, but rather to show respect for the teacher's authority through non-involvement. Furthermore, some parents may be faced with having to work two jobs and thus find it difficult to be involved in homework supervision and school activities.

Academic institutions can develop programs that invite parents to be more involved in their children's academic life. Educational institutions may hire teachers, counselors, and community liaisons of diverse backgrounds to communicate with parents who do not speak English. Report cards, letters to parents, and conferences can be tailored to a specific language to promote greater parental involvement. Moreover, for parents from countries where teachers were viewed as the authorities and parental participation was not necessarily

encouraged, simply inviting parents to be involved in the life of the school can be helpful for families.

## Educational Aspiration

The level of aspiration, which is a measure of the level of performance an individual sets for him- or herself, is often based on experiences of personal success and failure. Academic achievement has been found to influence educational aspirations among all children. For instance, studies have shown that Mexican American students with higher grade point averages were more likely to succeed in high school and were less likely to drop out. Furthermore, students reported that parental expectations, grades, and acculturation were significant effects on their expectations. Various studies have shown that children of color, regardless of socioeconomic status and demographic characteristics, are cognizant that education is a means of socioeconomic advancement. Heightened educational aspirations reduced the likelihood of dropping out of high school among all racial/ethnic groups.

## Suggestions

In summary, several strategies are supported by the literature and suggest ways to enhance the academic achievement of children of color. It is widely known that the collaboration of schools, communities, and families is important for academic success. Efforts from state and district levels include the development and implementation of clear standards that form the basis of curriculum development and instructional practice to specify student's competencies by subject and grade. Institutions can have accountability standards to promote and ensure high quality and good performance of all administrators and educators.

Early childhood development and initiatives are important in ensuring that preschool programs will foster young children's development of social and school readiness skills. In addition, education programs for parents can show them how to make a concrete commitment to their children's academic success, promote their children's cognitive and social development, gain knowledge in improving their home as a learning environment, and take advantage of school and community resources that support achievement.

The school climate is another important conduit of achievement. Educational institutions can promote

positive expectations that all students can achieve, demand that all students excel, and encourage preparation for higher education. They can also identify and develop student potential through individualized assessments and appropriate placements. Finally, recruitment, retention, and ongoing professional development of qualified teachers who are knowledgeable in their subjects and culturally sensitive to the needs of diverse student populations are necessary to promote culturally and academically relevant educational environments.

See also: [▶ Adolescent ethnic identity](#); [▶ African American youth](#); [▶ Asian/Asian American youth](#); [▶ Cultural resilience](#); [▶ Educational resilience](#); [▶ Hispanic Americans](#); [▶ Latino/Latina American youth](#); [▶ Native American youth](#)

## Suggested Reading

- Davis-Kean, E. P. (2005). The influence of parent education and family income on child achievement: The indirect role of parental expectations and the home environment. *Journal of Family Psychology, 19*(2), 294–304.
- Lemon, S. D. (1979). *The education of Indian Children: Long Plains, Dakota Plains, Dakota Tipi Indians, Manitoba, 1965–1979*. Manitoba: Queen's Printers.
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- Ogbu, U. J., & Simons, D. H. (1998). Voluntary and involuntary minorities: A cultural–ecological theory of school performance with some implications for education. *Anthropology & Education Quarterly, 29*(2), 155–188.
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- U.S. Census Bureau. (2003). *Educational attainment in the U.S.: 2003*. Washington, D.C.: U.S. Government Printing Office.

## Suggested Resources

- On-line Writing Lab—<http://owl.english.purdue.edu/handouts/esl/eslstudent.html>: This website offers students who speak English as a second language an array of resources. Individuals will find general resources, on-line resources, and help with specific academic tasks.
- Ed.Gov—<http://www.ed.gov/parents/academic/help/tools-for-success/index.html>: This website presents publications for parents and teachers. Topics inform and educate parents on how they can be more involved in their child's academic life. Topics for teachers offer suggestions on how to implement a culturally responsive curriculum.

# Access and Utilization of Health Care

Nancy Bearss

The health care system in the United States (U.S.) has evolved over the past half century to be one of the most complex health care delivery systems in the world. It does not provide universal access to all Americans so its utilization is primarily income dependent. The U.S. government has chosen to let private insurance and private enterprise take the lead in the provision of health care with oversight and regulation by federal and state government. At the same time this country has developed the most sophisticated technology in the world for diagnosis, treatment, and ongoing medical care. There has been, essentially, no rationing of health care in this country, unlike other developed nations.

This has led to a system that is indeed a paradox, where some people have access to the system that exceeds their medical need, and others have no access to health care, up to 52 million Americans according to recent estimates. In this country, unlike other nations, there is not one payer of health care, but several, and individual access and utilization of health care is dependent upon the payer.

According to the latest U.S. census report, 55% of Americans were covered by employer-based private insurance. Employers contract with private health insurance companies to provide health care coverage to their employees. The cost of this coverage approaches 30% of the employee's total wages and, over the past few years, employees have been asked to pay a percentage of this cost, known as co-pays, for medical services. In addition, many employers do not start coverage until the employee has been working for 6 months. Finally, employers vary in the range of services that they provide. Some will offer family coverage and some will limit coverage to specific medical services, hospital care only, for example. Individuals who are terminated from employment after a probationary period must be offered the Consolidated Omnibus Budget Reconciliation Act (COBRA), a continuation of their current health care coverage for 18 months. The employee bears the burden of the premium to sustain his/her health care coverage but cannot be terminated from their health care, in spite of termination of the

employment. Other than these instances, employer health care coverage has gone unregulated and employers have seen premiums increase steadily each year.

Twenty-seven percent of the American population is covered by government insurance. This includes federal programs such as Medicare (for individuals over 65 years of age) or Medicaid (for individuals living below the poverty level), or individuals who are covered as federal government employees (military or veterans coverage). By far this health care coverage allows the easiest access and utilization of the health care system. In addition this coverage allows for the most oversight of quality and prevention.

Three percent of Americans pay for their own health insurance. This is very costly, and the coverage ranges from catastrophic care only to full medical coverage. Finally, 15% of Americans are uninsured; these vulnerable citizens tend to use emergency rooms only in a medical crisis. Community health centers are available as a safety net for the uninsured, but the presence of these centers around the country is patchy and they are not supported to the level they need to meet this huge demand. They are especially scarce in rural areas. School-based health centers have evolved over the past two decades to serve some of these uninsured children. In summary, Americans have access and utilize health care based on their economic and employment status.

See also: [▶ Health insurance](#); [▶ Medicaid](#); [▶ Social implications of medications/illness](#)

## Suggested Reading

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- Starfield, B. (2000). Is U.S. health really the best in the world? *Journal of the American Medical Association*, 284(4), 483–485.
- US Census Bureau. (2004). *Income, poverty and health insurance coverage in the United States: 2003*. Washington, D.C.: U.S. Government Printing Office.

## Suggested Resources

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The US Department of Labor—[www.dol.gov/ebsa/consumer\\_info\\_health.html](http://www.dol.gov/ebsa/consumer_info_health.html): This website has consumer friendly versions of labor laws that protect people from losing health insurance, define the ability of employees to submit for health coverage and allow employers to understand their responsibility in providing health care coverage. It also has several links to other websites that review health benefits and labor implications.



The National Center for Health Statistics—[www.nchs.gov](http://www.nchs.gov): This national database covers the most recent information on health care utilization and access to care.

The National Association of Community Health Centers—[www.nachc.org](http://www.nachc.org): Community Health Centers are separately funded by private and public monies to provide health care to individuals who are uninsured or underinsured. This website has a regional list of these centers throughout the country.

National Association of School Based Health Centers—[www.nasbhc.org](http://www.nasbhc.org): The National Association of School Based Health Centers (NASBHC) links individuals to states that offer School Based Health Centers (SBHCs). SBHCs are a valuable resource in addressing medical needs of children and youth who may be uninsured or underinsured.

## Accountability

*Julia Shaftel*

Accountability in education is meant to insure that schools accomplish their educational mission. Accountability systems consist of four components:

1. Standards—descriptions of what children should know and be able to do.
2. Assessments—measures of how well children perform on the standards.
3. Goals—targets for improvement.
4. Incentives—rewards for good performance and sanctions for performance that does not meet goals.

The notion of accountability comes from accounting, or keeping accurate records of business transactions. Because the concept is actually fairly new in education, schools, districts, and states are feeling their way with respect to the methods and procedures used to assure desired instructional outcomes.

Each state creates curricular standards in major subject areas. Local school districts may also prepare standards. Subject-specific standards are promulgated by national educational groups representing those subjects. For example, the National Council of Teachers of English and the International Reading Association have jointly developed comprehensive standards for the English language arts for grades kindergarten through the grade 12 (K-12 includes children who are on average between the ages of 5 and 17). Of these 12 standards, Standard 9 addresses diversity in language

use across cultures, ethnic groups, geographic regions, and social roles. Standard 10 focuses on the development of English language skills for students whose first language is not English, and recommends that the first language should be used to improve English skills.

Large-scale achievement tests are widely used to evaluate how well students perform. High quality educational assessments are developed and administered by professionals with expertise in educational measurement. Portfolios and performance assessments can provide rich information about procedural and behavioral skills in authentic settings. Indirect methods such as rating scales completed by students, teachers, parents, and even peers may play a role. Other data, such as graduation and attendance rates, add to the overall picture of school performance.

Assessments must be aligned with curricular standards to accurately measure student progress. In other words, test questions or samples of student work used for assessment must correspond to the curricular standards that students are expected to know. However, alignment of tests and standards present challenges. One of them is that instructional standards may be broadly stated while test questions must be specific. Another is that tests cannot cover the entire curriculum but instead contain only a small proportion of all of the possible questions that might be asked. Without alignment, however, test results do not demonstrate what students know and cannot be used to guide instruction and improve programs.

Early references to accountability concepts appeared in “A Nation at Risk,” written in 1983 by the National Commission on Excellence in Education, that recommended educational standards in key academic subjects, achievement tests administered at major-transition points, and other diagnostic procedures to evaluate America’s schoolchildren. Accountability was included in the Improving America’s Schools Act (IASA) of 1994 with the requirement that schools assess the progress of students from low income economic backgrounds enrolled in Title I programs. The Individuals with Disabilities Education Act (IDEA) of 1997 made participation in district-wide and state-wide assessments obligatory for all students with disabilities. In 2001, IASA was reauthorized as No Child Left Behind (NCLB), that required states to prepare challenging educational standards in core academic content areas, and evaluate student progress for all groups of children, including students with disabilities, racial and ethnic minorities, and English language learners.

NCLB calls for the assessment of all children in specified grades in critical subjects including reading, mathematics, and science, according to content and proficiency standards developed for those subjects by each state. Tests are designed to assess the achievement of student groups to identify and remedy poor educational opportunities at weak schools and reward high performing schools. The purpose of large-scale testing under NCLB is to promote better education for all students, particularly those groups at risk for lower educational attainment, such as minority and economically challenged students and English language learners. Children with disabilities must also be assessed, and alternate testing methods and test modifications are permitted for a small proportion of these students. Scores on these tests must be aggregated and made available to the public by groups defined on the basis of race and ethnicity, socioeconomic status, and disability.

Recognizing the critical link between teacher quality and educational outcomes for children, NCLB also calls for high standards and qualifications for teachers. Scores on the National Assessment of Educational Progress are used to compare results across the states, which use different standards and assessment methods. NCLB also provides sanctions for schools and districts that do not demonstrate adequate progress toward attainment of standards for all groups of students. Consequences for poor school performance include greater parental choice over school enrollment and free tutoring services for students.

NCLB also requires that schools achieve adequate yearly progress, or AYP, to avoid sanctions. AYP is defined by the percentage of students who achieve proficient scores on state assessments. States initially had a great deal of leeway in determining baseline levels for the determination of AYP, but NCLB requires states to improve the proportion of children achieving proficiency each year until 2013–2014, when 100% of students must be proficient. AYP must be attained for all student subgroups, including minority students, English language learners, and students with disabilities. The size of reported subgroups must be large enough to protect the confidentiality of individual test scores, and for subgroup results to be stable and reliable.

In any accountability system, statistical details, such as the minimum subgroup size, the setting of proficiency cut scores, and the size of confidence intervals to protect against measurement error, can have a tremendous impact on AYP and apparent school success. Ironically, states that initially set the most

ambitious achievement goals also had more schools failing to meet AYP and, therefore, being classified as needing improvement, with the consequent threat of sanctions and public disapproval. Conversely, in states with more modest progress goals, more schools met the goals, and states could tout these results as evidence of success.

Tests used for educational assessment that have important consequences for individuals or schools are called high-stakes tests. The use of high-stakes tests must be carefully monitored for unwanted side effects. Narrowing of the curriculum to match test content, leaving less time for non-tested subjects such as music, history, and physical education, is a major risk when implementing accountability assessment. Inappropriate teaching outcomes may include excessive drill on practice test questions or the elimination of recess. Unethical practices such as alternative activities or field trips for low-achieving children on test days, or outright cheating, may be consequences of extreme pressure to do well on accountability assessments.

Accountability assessment under NCLB is intended to evaluate entire schools, yet some states have carried accountability further by making sanctions and rewards available to individual students and teachers. Tests designed for assessing educational programs are not necessarily valid for other purposes, including decisions about individual students such as grade retention or high school graduation. Furthermore, high-stakes decisions should never rest on the outcome of a single test. One test cannot capture the breadth of a child's knowledge and skills needed to make critical educational decisions. Even the most carefully constructed tests are imperfect, and no single test score is a sufficient indicator of a student's knowledge in a subject area.

The outcomes of decisions about individual students must be carefully evaluated before they are implemented. Grade retention produces generally negative outcomes, such as increased risk of dropping out of school. When the child bears the blame and takes the punishment for failing to do well, pressure to improve instruction for all students may be reduced because failures are attributed to students rather than to program deficiencies. Similarly, when teachers are rewarded for student progress, unanticipated outcomes may result. Excellent teachers may be tempted to transfer to high performing schools where they become eligible for financial rewards based on student performance, thus reducing the number of high quality teachers at low-achieving schools where they are greatly needed.

Educational accountability systems may have a greater negative impact on ethnic and language minority students, especially when those students are disproportionately enrolled in schools and districts with fewer instructional resources. These students may not have sufficient opportunity to learn from qualified teachers using excellent materials, to prepare adequately for state-wide tests, or to receive remedial assistance when they struggle. The population of students learning English is growing rapidly, yet many schools and districts do not offer bilingual classes or services for students learning English as a second language, and few teachers are adequately prepared to instruct English language learners in content areas. Accountability assessments are not valid measures of content knowledge for students whose poor English proficiency inhibits their ability to comprehend and respond to test questions. While NCLB recognizes the special needs of English language learners, and calls for their improved educational attainment, no mention is made of bilingual education or consideration of literacy level in the first language.

Accountability in education, with its framework of standards, assessments, goals, and incentives, is generally regarded as necessary and useful by the American public. However, educational accountability is a complex issue from a legislative as well as a statistical perspective. Just as educators must be held accountable for teaching and students for learning, legislators and the public must be held accountable for creating and maintaining fair and equitable educational systems. Unequal distribution of resources cannot help but result in unequal distribution of outcomes. To be valid measures of educational attainment for all students, including disadvantaged youth and other potentially vulnerable student groups, accountability programs must recognize and enhance both the students' opportunity to learn as well as their performance on educational assessments.

See also: [▶ Collaborative and cooperative learning](#); [▶ Education](#); [▶ No Child Left Behind \(NCLB\)](#); [▶ Outcomes-based education](#)

## Suggested Reading

- Forrest, S. N. (2004). Implications of no child left behind on family literacy in a multicultural community. *Clearing House*, 78, 41–45.
- Hamilton, L., & Stecher, B. (2004). Responding effectively to test-based accountability. *Phi Delta Kappan*, 85, 578–583.
- Sirotnik, K. A. (2002). Promoting responsible accountability in schools and education. *Phi Delta Kappan*, 83, 662–673.

## Suggested Resources

- Mid-continent Research for Education and Learning Policy Briefs—<http://www.mcrel.org/topics/policyBrief.asp>: This website provides policy briefs that discuss national policy issues and their impact on state and local educators.
- National Association of School Psychologists Position Statements—[http://www.nasponline.org/information/position\\_paper.html](http://www.nasponline.org/information/position_paper.html): This NASP website provides NASP position statements on a variety of school related issues.

## Accreditation

*Thomas J Huberty*

Training programs in School Psychology are approved by a state department of education to prepare students for professional roles as school psychologists and require that programs meet state guidelines for licensure. In the majority of states, a minimum of sixty graduate hours and completion of an internship are required. The majority of school psychology programs are housed within colleges or schools of education, most of which are approved to grant degrees in education by the National Council for Accreditation of Teacher Education (NCATE). *Accreditation* is a voluntary process by which training programs seek recognition by an independent and non-governmental body that it is meeting the standards or expectations of high-quality training in the respective field. In School Psychology, there are two accrediting/approval bodies: the American Psychological Association (APA) and the National Association of School Psychologists (NASP). There is also a distinction between *accreditation* and *approval*. *Accreditation* refers to the process of a program defining its philosophy, goals, objectives, and training model and comparing it to an accrediting body's standards or guidelines for what a professional training program should contain. *Approval* indicates that the approving body has a more specific and defined set of requirements and expectations that programs must meet to be approved.

The American Psychological Association *accredits* only doctoral programs in school psychology (Ph.D., PsyD, or Ed.D.). (Often, APA-accredited programs are incorrectly referred to as “APA-Approved” programs.)

Although the majority of school psychologists do not possess doctoral degrees, APA does not review or accredit nondoctoral programs. APA considers the minimal level of training for a psychologist to be at the doctoral level. APA-accredited programs train students in foundations of psychology (individual differences and biological, social, and learning bases of behavior), as well as in methods and techniques of psychological practice and in research methods. APA also accredits predoctoral internships that meet its accrediting guidelines, although not all school psychology students complete APA-accredited internships. Completing both APA-accredited programs and internships is most advantageous for students who wish to become licensed for independent practice. Some states may require that doctoral level psychologists complete APA-accredited programs and/or APA-accredited internships.

Conversely, NASP *approves* nondoctoral master's and specialist level programs, as well as doctoral programs. NASP has a specific set of requirements that programs must meet to be given approval. Both APA and NASP specify that programs emphasize diversity and train students toward becoming culturally competent practitioners. Doctoral programs that are APA-accredited are considered to meet NASP approval status and are not required to submit separate applications apart from their nondoctoral programs. NASP also works in tandem with NCATE to approve nondoctoral programs in school psychology and the training requirements for both bodies are closely aligned. NASP-approved programs must submit a self-study and report specifying how they comply with training program requirements. Most programs are approved for ten-year periods, with interim reports due every five years. Completion of a NASP-approved program often facilitates licensure or certification as a school psychologist to work in the public schools. There may be slight variations in licensing requirements from state-to-state, and it is possible that a recent graduate might be given a provisional or temporary license to work in the schools while completing remaining requirements. Doctoral students who graduate from APA-accredited programs and complete an APA-accredited internship and complete required post-doctoral supervised experience are eligible to be licensed for independent practice as well as to work in the public schools. Students in nondoctoral programs must complete a 1,200 hour internship in a school setting and at least 600 hours of practicum prior to the internship. Graduates of doctoral programs must complete a 1,500 hour internship. Graduates of

NASP-approved programs are eligible to obtain the Nationally Certified School Psychologist (NCSP) credential, which includes passing the Praxis II examination in school psychology. Some programs may require that students take and/or pass this examination as a requirement for graduation. The NCSP is recognized by approximately thirty state departments of education as meeting requirements for initial issuance or renewal of certification or licensure as a school psychologist.

See also: [▶ American Psychological Association \(APA\)](#); [▶ Cross-cultural school psychology](#); [▶ National Association of School Psychologists \(NASP\)](#); [▶ School roles in mental health](#)

## Suggested Reading

National Association of School Psychologists (July 15, 2000). *Standards for training and field placement programs in school psychology/Standards for the credentialing of school psychologists*. Bethesda, MD: NASP.

## Acculturation

*Antonia Hernandez*

The process of acculturation refers to the changes that occur when a group of people experience ongoing contact with another group of people who differ in cultural values, behaviors, and attitudes. As a result of this sustained contact, changes in the original pattern of behavior may be noted among the non-dominant group of people. The process of acculturation has a psychological and social impact. Changes in behaviors, attitudes, values, and cultural identification are examples of the acculturation experience that transpire on an individual basis.

The process of acculturative impact includes variability and changes in a group's customs and economic and political life. Psychological changes are noted in individuals' attitudes toward the acculturation process, their cultural identities, and social behaviors. The experiential process of adaptation has core psychological features that include skills that are necessary to successfully maneuver through the culturally enigmatic process.

## Theoretical Models

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Two theoretical frameworks have dominated the study of this complex cultural phenomenon, the unidimensional and bi-dimensional perspectives. Initial research on immigration theorized that immigrants would be absorbed into mainstream society in a linear fashion. In other words, immigrants would lose their ethnic identities as they irremediably adhered and adopted values, behaviors, and attitudes of the host society. The unidimensional model postulates that acculturation occurs on a continuum that ranges from the immersion in the person's culture of origin to the immersion in the dominant or host culture. A limitation of the unidimensional model is its failure to measure how an individual balances both cultures as he/she goes through the process of acculturation.

In the 1970s a prominent researcher, John W. Berry, proposed a bidimensional process of acculturation that states individuals are able to maintain and link aspects of their culture of origin as they settle into mainstream society. For the bidimensional model, acculturation consists of two distinct independent dimensions: adherence to the dominant culture and maintenance of the culture of origin. A major strength in this model is that it captures the realities and challenges associated with the acculturation process. The two independent dimensions facilitate the measurement of the processes that take place when individuals come into direct and continuous contact with a different culture, as well as the changes that occur when individuals attempt to balance both their own cultural identity and the acquisition of novel values, attitudes and behaviors.

Similarly, Jean Phinney introduced a bidimensional model of two independent dimensions at the core of people's cultural identity. Following this framework, individuals may have distinct identities with reference to their cultures of origin and mainstream society. Two issues have been noted in this model: the nature and maintenance of an individual's cultural heritage and identity, and the degree to which individuals seek to enmesh themselves within mainstream society. As these aspects of the acculturation process intersect with each other, the process can be broken down into four sectors: (a) Assimilation, where individuals adhere to cultural aspects of the dominant new society while maintaining little aspects of their own cultural legacy; (b) Separation, individuals maintain aspects of their culture of origin while rejecting any and all adherence to the dominant society's cultural values; (c) Marginalization,

individuals reject both cultural aspects of the dominant society and their culture of origin; 4) Integration, the last sector of this acculturation quadrant, where individuals maintain and adhere to cultural aspects of both the dominant society and their culture of origin.

## Acculturation Factors

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Acculturation affects individuals on various levels of functioning- cognitive, behavioral, and affective. A prominent difficulty in specifying the various domains that are affected by this phenomenon is that it can be viewed as a process that can have an impact on individual or group levels. There is a dualistic effect in the process of acculturation as it affects the culture of a group and changes the psychology or behavior of the individual.

The contextual factors that influence groups of people and individuals in this process are important because they directly affect how individuals adapt to a new culture. Individuals or groups of people may enter this process voluntarily or involuntarily. Some individuals or groups may physically relocate to a new environment or have their territories invaded or colonized by another group of people. The theory of acculturation emphasizes that the course of adaptation varies in individuals; similarly, the level of difficulty experienced throughout the process (acculturative stress), and finally the actual outcome experience of the acculturation process differ amongst groups and individuals. Demographic factors have been noted in the literature as being significant contributors to the acculturation process; age, gender, language, religion, socioeconomic status of the family, and others have often been identified as sources of variation that directly influence how individuals adapt to a new environment.

Differences in cultural values, attitudes, and behaviors may contribute to psychological, behavioral, or social difficulties that affect the adaptation experience on an individual or group basis. Consequently, these differences may lead to conflicts as individuals try to adapt to a new environment. For instance, studies have shown that adolescent problem behavior and acculturation have often been linked to discrepancies in parent-child acculturation levels, that is, when parents maintain traditional values and acculturate at a slower pace than their adolescent children. Intergenerational acculturation gaps produce a clash in values and expectations between parents and teens that can result in increased family conflict, parent-child alienation, and youth maladjustment.

Researchers have utilized markers of acculturation such as generation status and English language use, and have noted a link with a range of externalizing outcomes including conduct problems, juvenile arrests, alcohol and substance abuse, and early sexual activity. For example, it has been noted that acculturated Latino youth tend to display more psychological problems as they acquire and adhere to cultural values of the dominant society. On the other hand, studies have shown that more acculturated youth who utilize the English language at home tend to do better academically. Variable results have been presented throughout the literature in reference to individuals with differentiating levels of acculturation, making this a vital research area to further understand this complex cultural phenomenon.

## The Case of Latino Youth and Values

The Latino/Hispanic population in the U.S. has grown dramatically in recent years, now comprising 13.3% of the total U.S. population. Currently 50% of Latinos are under the age of 26. It is estimated that Latino youth will grow to nearly 29% of the total U.S. population by the year 2050. Latinos are a heterogeneous group and show salient differences in terms of their socioeconomic status, race, age, country of origin, and the social context in which they leave their country of origin and migrate to the U.S. The term Latino encompasses various ethnic groups primarily Mexican American, Central and South American, Cuban, and Puerto Rican. Traditional Latino families are hierarchical, with special preference given to the elderly, parents, males, and figures of authority.

As a result of such formative cultural values in the Latino culture, the experiential process of acculturation undergone by most Latinos is important to address. For instance, *familismo*, a core cultural value across various Latino subgroups, carries the expectation that the family is the primary source of support, loyalty, and solidarity. Latinos are expected to identify with familistic orientation and comply with traditional cultural scripts. Another core value in the Latino culture is *personalismo* that stresses interdependent relations and a warm personal way of relating. Along the lines of *personalismo*, is the cultural concept of *simpatía* that emphasizes harmonious social relationships, and avoidance of interpersonal conflict. Finally, *respeto* promotes dignity and respect towards others, particularly to parents and figures of authority.

As a result, less acculturated family members may be more strongly invested in establishing and maintaining harmonious and respectful relationships and be less accepting of conflict. On the other hand, more acculturated individuals may adhere to European American approaches that value direct communication that may lead to more conflict. Different acculturative levels between parents and youth and subsequent differences in views and behaviors may, in turn, explain differences in family conflict such as parent-child conflict.

## Measurement Scales

Acculturation measures utilize sociocultural, behavioral and psychological characteristics to understand where individuals or groups of people stand in terms of their adaptation to the dominant society. Acculturation rating scales increase understanding of the impact of cultural variables on psychological adjustment.

A prominent measure of acculturation for Mexican Americans is the Acculturation Rating Scale for Mexican Americans II (ARSMA-II), developed by Israel Cuellar and colleagues. This scale has been designed to assess the acculturation of Mexican Americans from diverse socioeconomic, educational, and linguistic backgrounds. ARSMA-II measures acculturation through an orthogonal, multidimensional approach. This instrument identifies the four distinct acculturation strategies or outcomes mentioned earlier—Assimilation, Separation, Integration, and Marginalization. A major limitation of ARSMA-II is that it restricts its utility only to Mexican Americans. Research is necessary to examine the current validity of this scale. It is one of the first measurement scales to lay the foundation for future researchers to improve and test innovative bidimensional measures, not only for Mexican Americans but for other groups of people as well.

It is important to be cognizant of the various limitations that are posed by acculturation measurement scales. First, acculturation measures need to take into consideration the contextual factors surrounding the acculturation process. Many individuals may be voluntary or involuntary migrants and, as a result, the adaptation process is experienced differently by diverse individuals or groups of people. Second, the acculturation process is a developmental phenomenon that cannot be captured by a measurement scale alone and, as a consequence, may be lost in theory, due to the changes that occur throughout time. As a result, the

influence of time and context should be at the forefront of measurement strategies since these are crucial components of the acculturation process.

See also: [Adolescent ethnic identity](#); [Immigration](#)

## Suggested Reading

- Gonzales, N. A., Knight, G. P., Morgan-Lopez, A., Saenz, D., & Sirolli, A. (2002). Acculturation and the mental health of Latino youth: An integration and critique of the literature. In J. Contreras, A. Neal-Barnett, & K. Kerns (Eds.), *Latino children and families in the United States: Current research and future directions* (pp. 45–74). Westport, CT: Praeger.
- Nguyen, H. H. (2006). Acculturation in the United States. In D. L. Sam, & J. W. Berry (Eds.), *Cambridge handbook of acculturation psychology* (pp. 311–330). Cambridge: Cambridge University Press.
- Phinney, J. (2003). Ethnic identity and acculturation. In K. Chun, P. B., Organista, and G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 63–81). Washington, D.C.: American Psychological Association.

## Achievement Tests

James A Bovaird

Achievement tests, sometimes referred to as *standardized tests*, measure the degree to which skills taught within schools or training programs have been attained by an examinee. Attained skills can range from narrow definitions, such as spelling, to broad skills, such as graphical interpretation. The primary function of achievement tests is to measure current skill level in a well-defined domain, but achievement tests can be used to identify specific learning deficits, academic strengths and weaknesses, class-wide or school-wide achievement deficiencies, and appropriate instruction levels. They also can be used to evaluate the success of educational programs and group students according to skill level. Locally produced achievement tests are more appropriate for day-to-day instructional and grading decisions, while centrally produced evaluations are generally more appropriate for placement, guidance and counseling, selection, and public policy decisions. Curricular decisions are generally based on centrally

produced measures and supplemented by local instruments. Use of achievement tests in the decision-making process is often referred to as *high stakes testing*.

A distinction must be made between achievement tests and other well-known forms of testing like aptitude and ability tests. Aptitude tests focus on homogeneous segments of ability, making few assumptions about the specific prior learning experiences of the examinees and focusing instead on predicting future performance in school or training programs. While ability tests can also be used to identify future potential, they are used to estimate general cognitive ability, or intelligence, by assessing a broader assortment of skills than pure aptitude tests. In contrast, achievement tests measure current mastery of skills related to school and training programs. Thus, they measure the effects of standardized educational experiences to gauge present subject mastery. Despite the conceptual distinction between these types of tests, the information provided by each is very similar, often resulting in strong correlations between all three types of tests.

The term *standardized test* actually refers to the use of uniform administration procedures, but its synonymous use with achievement testing is often perceived to imply the availability of normative data. While most locally produced classroom assessments given to students are a form of achievement test (usually criterion-related), all major standardized achievement tests are centrally produced for a large constituency by various testing companies or state agencies. They are designed to be marketed to a wide audience and include information that every student at the intended level has had the opportunity to learn. The wide marketing of centrally produced achievement tests also means that normative information is available. Such normative information provides meaningful comparisons with other students at the same educational level. If several tests are concurrently normed, or *co-normed*, on the same sample, test users can more effectively relate performances on all tests.

Ideally, achievement tests should provide comparative information to relate an examinee's performance to his or her peers (norm-referenced) along with an assessment of the extent to which the examinee has mastered the set of educational objectives aligned with the test (criterion-referenced). However, tests cannot logistically be both norm-referenced and criterion-referenced. Criterion-referencing requires test content that is closely tied to educational outcomes. As a result, when the focus of the test is broad, criterion-referenced

tests require a large number of items to reliably assess a large number of objectives. Some test developers have attempted to match existing items from norm-referenced tests to educational objectives, a process referred to as objective-referencing, but this practice is generally not recommended.

Early achievement tests were comprised of individual tests on separate school subjects such as math and reading. These tests were expensive, time consuming, and required more training for teachers or test administrators. The individual test format was replaced by batteries of tests that could be administered together. Test batteries are comprehensively planned to provide integrated coverage, minimal duplication, and joint coverage of important material. Most modern achievement tests are multilevel batteries with separate subtests for different grades or levels and overlapping sections for examinees to enter and exit at grade-appropriate locations. The use of batteries also allows for co-norming of the multiple subtests so that the shared standardization sample better facilitates comparing performances on one test with performance on another. As students progress in age, presentation of testing materials shifts from a teacher-paced oral format to a student-paced entirely written format. There is an accompanying progressive shift in the nature of the material as well from specific analysis of sharply defined competencies at early levels to a broad survey of complex skills at higher levels. Achievement tests and portions of the larger multilevel batteries that are intended for elementary school students focus on the basic skills of operating with words and numbers, including word analysis and encoding skills, while assessments intended for secondary school and college levels shift the emphasis to knowledge of word meanings, reading continuous text, and specific curricular areas and course contents. As the curriculum begins to differentiate at these higher educational levels, less material is common to all students, thus there is less need for a uniform comprehensive assessment.

## Major Group Batteries

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The most prevalent type of achievement testing occurs in the form of group administrations of centrally produced batteries where a large number of students complete the examination under highly structured testing conditions. Rather than emphasizing recall of facts, most modern group batteries measure information-acquiring and information-processing skills like reading

comprehension, written language, math, listening skills (elementary only), basic concepts (science, social studies, humanities), study and research skills, as well as providing a composite achievement score. While content is fairly consistent across the major test batteries, the various batteries differ by publisher and in the means by which achievement is assessed.

The Iowa Test of Basic Skills (ITBS) is published by the Riverside Publishing Company. Originating in 1935, the ITBS is a measure of achievement for students in kindergarten through ninth grade. Its companion tests, the Test of Achievement and Proficiency (TAP) and the Iowa Test of Educational Development (ITED), are appropriate for ninth through twelfth grade students. The TAP contains a mixture of basic skills and content which is closer to the core of secondary education. Thus, the ITBS and the TAP collectively make up the Riverside Basic Skills Assessment Program. The ITED was developed after World War II to evaluate skills learned during military service, emphasizing general knowledge and the ability to read and understand material from various fields. The entire test is a good predictor of later academic performance, but its subtests are not effective diagnostic tools. The ITBS, TAP, and ITED were all co-normed with the Cognitive Abilities Test (CogAT).

The Psychological Corporation publishes both the Metropolitan Achievement Test (MAT) and the Stanford Achievement Series (SAT). The MAT began in 1930 as the curriculum assessment instrument for New York City. Co-normed with the Otis-Lennon School Ability Test (OLSAT), the MAT is appropriate for kindergarten through twelfth grade students and includes a survey battery, diagnostic batteries, and writing tests. The SAT series, not to be confused with SAT administered by the College Board, consists of the Stanford Early School Achievement Tests (SESAT) for kindergarten through first grade assessment, the Stanford Achievement Tests (SAchT) for first through ninth grade, and the Stanford Test of Academic Skills (TASK) for eight grade through the first year of college.

There are also several group-administered achievement tests aimed toward the secondary school and college levels. The Tests of General Educational Development (GED) developed by the American Council on Education is administered for high school equivalency certification. It assesses writing skills (both in multiple choice and essay formats), social studies, science, reading, and mathematics, and its successful completion allows college applications, jobs, and promotions that ordinarily would require a high school



diploma. In addition, the Cooperative Test Division of the Educational Testing Service (ETS) produces a series of tests designed for students who have completed a specific course. The College Level Examination Program (CLEP), also from ETS, seeks to provide a uniform nationwide procedure for evaluating experience claimed as equivalent to college courses in 35 areas.

Other major centrally produced achievement tests include two tests published by McGraw-Hill, the California Achievement Tests (CAT) and the Comprehensive Tests of Basic Skills (CTBS); the Sequential Tests of Educational Progress (STEP-III), a companion to the School and College Ability Tests (SCAT-III); and the Science Research Associates Achievement Series.

## Major Individual Batteries

While group tests are frequently used to pursue institutional goals like administering a test to an entire group of students (i.e., class, school, or district) to monitor overall group achievement, individual batteries are often used to assess individual learning difficulties. They are administered one-on-one, typically in clinical or educational settings, for the purpose of diagnosing learning disabilities, providing documentation of impaired performance, and identifying specific skill deficits. Typically, a student's performance on a group battery raises a flag. More precise estimates of ability and achievement are then obtained through individual tests where the examiner can observe clinical details and further hypothesize about the student's cognitive capacities. A larger-than-expected discrepancy between cognitive ability scores and achievement test scores can be indicative of learning disabilities. Most batteries, both group and individual, are co-normed with an ability test to better allow for evaluating achievement implications as moderated by ability. For instance, a high ability test score combined with low achievement may indicate the need for an intervention, while a low ability test score would be consistent with low achievement and result in no intervention.

The American Guidance Service publishes the Kaufman Test of Education Achievement (K-TEA) and the Peabody Individual Achievement Test (PIAT). The K-TEA provides a systematic method for qualitatively evaluating subtests errors. The K-TEA has both a brief version and a full version that are both applicable for students ages 6–18. The PIAT is a 60-minute individual assessment appropriate for students ages 5–18.

The Woodcock-Johnson-III Tests of Achievement (WJ-III), published by the Riverside Publishing Company, is appropriate for individuals of age 2 through adult. The WJ-III is unique in that it was co-normed with a cognitive ability test of the same name. The Wide Range Achievement Test (WRAT), distributed by Psychological Assessment Resources, Inc. is appropriate for people ages 5–75 and is primarily used as a screening instrument.

See also: [High stakes testing](#); [Intelligence/Intelligence Quotient \(IQ\)](#); [Testing and measurement](#)

## Suggested Reading

- Gronlund, N. E. (2005). *Assessment of student achievement* (8th ed.). Boston, MA: Allyn & Bacon.
- Rudner, L. M., Conoley, J. C., & Plake, B. S. (Eds.) (1989). *Understanding achievement tests: A guide for school administrators*. Washington, D.C.: American Institute for Research.

## Suggested Resources

- The Riverside Publishing Company—<http://www.riverpub.com>: This website provides products for assessment in various categories ranging from cognitive to early childhood to neuropsychological.
- National Council on Measurement in Education (NCME)—<http://www.ncme.org>: This organization promotes scholarly efforts to advance scientific measurement in the field of education and improve instruments and procedures as well as disseminate knowledge in the field of scientific measurement in education.

## ADHD

- [Attention Deficit/Hyperactivity Disorder \(ADHD\)](#)

## Adolescence

*Patricia M Raskin*

Although there are many different models of adolescent development, most of them acknowledge the relative plasticity of human development across the life span,

and the usefulness of the contextual view of development in adolescence. The biological and psychological growth spurts that occur between the approximate ages of 11 and 18 (although some children begin earlier, others later) are profound, characterized by more changes than any other stage of life except infancy. The development that occurs during adolescence has two substages: the changes from childhood to early adolescence, and from middle- to late-adolescence. The physical and psychological changes that occur in this period are often unsettling to the children themselves, their families and friends, and even the institutions with which they are affiliated. Although some of the characteristics that emerge during adolescence, such as the physical events of puberty and peak height velocity, have a strong genetic component, these physical changes are marginally correlated with behavior, if at all. Further, the correlations that do exist suggest that hormonal changes may serve primarily as an *activating* effect, increasing the likelihood of excitability and arousal for adolescents. The changes that occur tend to foreshadow adult appearance, identity, and values. Further, these changes are emergent, that is, they are often glimpses into the adult-in-becoming, rather than stable traits and characteristics per se. Adolescence is a time of trial and error, and those behaviors and attitudes that are identity-congruent can become the foundations of stability in adulthood.

## The Role of Culture

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The existence of adolescence has been documented as a stage across cultures in a representative sample of pre-industrial societies across the world. Further, all the societies studied shared: (1) the notion of a transitional period between childhood and adulthood, although the length of that period varied, (2) sex segregation, and (3) a distancing between boys and their families, making the peer group more important to boys than to girls.

## Cognitive Development

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The most important change to occur in adolescent thought has to do with what Piaget called formal thought. This stage differs from earlier cognitive phases primarily in the degree that adolescents can

make use of abstractions. Piaget believed that this development occurs primarily because the information adolescents obtain about themselves and the world cannot be understood with the cognitive structures in place prior to adolescence without resorting to abstraction, a disequilibrating event demanding growth. Thus, adolescents are forced to broaden their thinking to help them understand the world around them. An alternative way of conceptualizing adolescent cognition is to consider the greater ability in cognition to be due to an increase in information-processing capacity. This approach emphasizes the greater knowledge and skill in handling information, which comes with age, rather than the more psychologically-based reasoning of Piaget. Vygotsky suggested that learning does not take place in a vacuum, but rather that mental functioning begins in and develops out of social interactions, and that these interactions frequently provide effective scaffolding for cognitive performance. It should be noted that few gender differences have been observed, and those that have can largely be accounted for by differential socialization.

## Gender

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The role of gender cannot be ignored in adolescence. Initially because of the sex differences in the timing of the attainment of reproductive maturity and adult height, it is reasonable to consider the proposition that boys and girls experience adolescence quite differently. Many gender effects, however, interact with other important developmental tasks, and have more to do with how men and women are perceived and treated than about sex differences per se. An example of such a gender difference has to do with self-esteem. In one longitudinal study of 91 young adults, for instance, it was found that despite the general stability of self-esteem over time, young men were more likely to increase in self-esteem, while young women were more likely to experience a decrease in this trait. This finding was replicated in a much larger study (N = 1160), and the gender differences were found to be consistent across ethnicity. The increase in men's self-esteem has been associated with social norms, that is, the increase in boys' self-esteem was associated with ambition and self-orientation, whereas an increase in girls' self-esteem was associated with their ability to relate to others.

## The Development of the Self

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A critical developmental task of adolescence is the differentiation of the self. This component of adolescent growth is partly a function of the proliferation of social contexts to which adolescents are exposed. Adolescents describe themselves quite differently, depending on whom they are with, in what role. They suggest further, that adolescents can come to those views through two different conscious formulations: (1) the looking-glass self, that is, the sense of self worth is derived from how others feel about them, and (2) self-worth as originating from within, that is, valuing oneself first as a cue to others to value you. Another, not unrelated task, is the formation of identity, a sense of “who I am.” Now capable of abstract reasoning, during this period adolescents become aware of themselves in relation to society as a whole. They begin to explore, and, if successful in this task, make commitments to an occupational and ideological sense of self. The principal components of this quest are to develop a sense of sameness and unity, and to be seen as stable in this regard by others. There is considerable research on this task, much of which has been done using the identity status paradigm. In this conception, adolescents are theorized to move from Diffusion (no active decision-making, nor are there commitments to a specific occupation or ideology), or Foreclosure (a wholesale adoption of parental commitments, without exploration), through Moratorium (a period of active decision-making and doubt, with no firm commitments), to Achievement (a stable sense of identity and commitment to occupation and ideology). The successful resolution of this identity quest, according to Erikson, is identity synthesis. The unsuccessful quest results in identity confusion. There is some question, however, about whether the statuses are truly developmental, or are more reflective of character types.

## Ethnic Identity Formation

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Adolescents who grow up in families with cultural traditions that are different from the Eurocentric practices and values that are pervasive in the U.S., face a three-part developmental task. They must learn (1) the tenets of their own culture, (2) the culture reflected in U.S. institutions, and (3) how to be bicultural.

Ethnic identity is specifically about one’s awareness of and commitment to one’s ethnic origins and culture. Adolescents are especially sensitive to ethnic and cultural backgrounds. Ethnic identity development is comprised of three stages: unexamined, exploring, and achieved. Adolescents in the unexamined phase have little understanding of the meaning ethnicity has, and they adopt the prevailing cultural beliefs wholesale. Those who are actively exploring are beginning to look at what their cultural membership means in relation to the dominant culture, while those who have achieved an ethnic identity know something about their cultural history, have made commitments to their group membership and can articulate the role it plays in their lives. A strong ethnic identity can provide a buffer to discriminatory experiences, and serve as a foundation for the development of the coping skills necessary to maintain self-esteem and mental health in a dominant cultural climate that denigrates minority group membership.

It has been suggested that cultural continuity may act as a holding environment in the midst of the uncertainty generated by adolescent processes. There appears to be an inverse relationship between strong ethnic identification and suicide, that is, strong cultural identification may provide a psychosocial buffer against suicide in adolescents, whereas minority ethnicity per se, however, has sometimes been identified as a risk factor for adolescent suicide. Surprisingly, these findings were reversed in a large study of Hawaiian adolescents. In this research, cultural identification put adolescents at greater risk than ethnicity alone. It is important to note that the study of attitudes about one’s own ethnicity has been of little interest to researchers of the dominant group, and little attention has been paid by those researchers to the psychological aspects of having an ethnic identity within a dominantly White culture. Because identities are embedded in systems of power, identity is a highly political issue, and individual identity is always being negotiated in relation to collective identity defined in part by the in-group.

## Ego Development

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Another component of the development of the **sense of self** is associated with personal self-knowledge. A frame of reference for the organization of specific personality traits emerges in adolescence and becomes a source of individual differences in the adult personality.

Specifically, ego development refers to a constellation of characteristics: impulse control, conscious preoccupations, and cognitive complexity, especially in intrapersonal and interpersonal spheres. From least mature to most mature, the stages are preconformist (presocial, impulsive, self-protective, ritualistic), conformist (two levels: conformist, self-aware; most adults fall into the conformist category) and postconformist levels of development that include the conscientious, individualistic, autonomous, and integrated stages. Research suggests that from about the age of 14, a range of ego levels can be ascertained in any age group. Further, there is evidence of some heritability of this trait, independent of cognitive function.

## Moral Development

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Kohlberg found that children's ideas about right and wrong develop in parallel ways to their cognitions and self-concepts, i.e., from simpler to more complex, layered perspectives. He defined six stages of moral development, subsumed into three global categories: (1) preconventional, in which moral values reside in external events rather than in persons and standards, (2) conventional: in this stage, moral values reside in performing good, maintaining the order, and meeting others' expectations, and (3) the postconventional system of thought, in which values are derived from principles that can be applied irrespective of circumstances. Adolescents tend to move from stage 2 at about thirteen years of age and to stage 3 between 16 and 18 years of age. During college, adolescents are likely to move to stage 4. Gilligan argued that the theory and method had a male bias that failed to reflect women's more relational values. There is little empirical support for her criticism, however.

## Parental Relations

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Family experiences continue to be important factors in adolescent development, even though they undergo transformation during this phase. A secure attachment to parents helps give adolescents the confidence to explore outside the family, and is associated with their perceptions of competence during times of transition. Although social scientists have written about conflictual relations between parents and adolescents

since the beginning of the industrial revolution, there is no clear consensus of normative turbulence. What has been documented is evidence that with age, adolescents perceive themselves to become more emotionally and behaviorally independent of their parents. There is, however, evidence to suggest that even as this disengagement occurs, a transformation occurs that maintains continued closeness and warmth in the relationship. Although disengagement has been found to be evident in the amount of time teens spent with their families as they got older, much of this had to do with pulls from the outside, for example, time with friends, rather than affective disengagement. Although they found some evidence of this in early adolescence, by late adolescence, individuals tended to report more favorable (and less unilateral) interactions with parents. There is some evidence to suggest that the more often families eat together, the more health and well-being can be enhanced. This is probably one indicator of the degree to which the family values closeness.

## The Role of Peers

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Much of adolescents' time is spent with peers, mainly talking and hanging out. Interactions with friends are open, accepting, and uncritical. Indeed, peer socialization is more important at this stage, and potentially more conflicted than at any other stage. Although these relationships have been studied to some extent, the research tends to be limited to White, middle-class adolescents. Social acceptance matters to many teenagers. There is some evidence to suggest that those who are accepted are physically attractive, intelligent, and competent. They are perceived by others to be friendly, cooperative, helpful, and sensitive to the needs of others. Interpersonal understanding may be one of the most important characteristics. Social acceptance is not the same as popularity. In order to be popular, boys need to be athletic, girls need to be seen as having a good personality and being in the right crowd. Popularity, however, is also not the same as being dominant in the peer group (i.e., having high status). High status adolescents may not be as well liked as their more popular peers. In early adolescence, popular teens tend to be more able than their less popular peers to integrate and balance both their intra- and interpersonal needs, to control impulses, and to see multiple perspectives when there is conflict.

## The Role of the School

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Because adolescence is a time of turning outward, schools play an important part in the social development of adolescents. In the United States, schoolwork accounted for an average of 25–30% of adolescent waking hours. Because of the variability in ethnic identity formation at this stage, students can respond quite differently from each other to discrimination. Good schools can develop and empower pupils, while bad ones can encourage mediocrity and worse. In general, the larger the school the lower the students' average achievement. Poor performances in school either directly harm a student's self-perceptions, or lead the student to *not identify* with academics to protect the sense of self-worth. This disidentification can lead to dropping out, and dropout rates are highest for Black and Hispanic students. For many African American and Hispanic students, school becomes an aspect of life to overcome, in part, because schools reflect the structural racism in American society. During adolescence, students become increasingly vulnerable to stereotype threat. The consequences of stereotype threat can include lower academic performance both for minority groups and for women.

## Adolescent Health

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It is during adolescence that many positive health behaviors are consolidated; additionally, important health risk behaviors emerge during this period as well. Mortality rates increase in adolescence, not because of disease, but because of risky behavior. The leading cause of mortality in adolescence is unintentional injury. Suicide is the third leading cause of death. Perceived parent and family connectedness seems to serve as a buffer across all ethnicities, as does emotional well-being for all girls, and high grade point average for all boys. Cross ethnicity risk factors included prior suicide attempts, violence (both as victim and perpetrator), alcohol and drug use, and a history of treatment for mental health. The major causes of adolescent morbidity include substance abuse and dependence, reproductive health problems, and sexually transmitted diseases. Mental health problems also figure prominently during this phase of life. The increase in risk behavior has been associated with self-reports of appearing older than one's peers, and can vary across ethnicity, gender, temperament, and socioeconomic status.

See also: [▶ Cross-cultural families](#); [▶ Ego identity statuses](#); [▶ Gender bias](#); [▶ Adolescent ethnic identity](#); [▶ Sociocultural factors](#); [▶ Suicide](#)

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## Adolescent Ethnic Identity

Annie I Lin · Derald Wing Sue

Adolescence is a tumultuous period of rapid but uneven biological, emotional, physical, and cognitive changes that create confusion and feelings of awkwardness in young people. It is also a time where identity issues become salient and important. Part of the adolescent turmoil is the inner conflict of values, beliefs, and self-concepts that are being clarified and negotiated during a precarious stage of life. Due to the intense self-consciousness of this period, social reactions to the youngster may have an acute effect on self-esteem. Achieving a stable and positive identity and consequent feelings of self-worth are major challenges to adolescent development.

Identity formation does not take place in a vacuum; it is determined by a unique combination of intrapersonal, interpersonal, and environmental factors and their interplay in the world of the adolescent individual. Although reaching a sense of personal identity is no small feat for any youth, the task is even more daunting for minority youngsters because of conflicting cultural messages, varying socio-political histories, and their salience to ethnicity and treatment in society. First, ethnic minority youths are exposed to a bicultural background composed of values and traditions from their own group and that of the larger society. Second, each ethnic group became part of mainstream culture for a wide array of reasons that included forced enslavement, political asylum, conquest, and

economic reasons. Third, due to a distinct phenotype, virulent ethnic messages from the mainstream culture make ethnic identity issues central to the minority adolescent.

Research has found the quest for ethnic identity meaning to be significantly more common for Asian American, African American, and Latino American groups than their White counterparts; it is rated as more important by all minority groups. Research has also demonstrated that ethnic pride is positively correlated with self-esteem. Therefore, a positively valued ethnic identity seems to be fundamentally related to achieving a clear, positive, and secure sense of self with important psychological implications for racial/ethnic minority groups.

## Ethnic Identity

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Ethnic identity refers to an individual identification with a particular social group based on race, language, religion, or national origin in shaping values, beliefs, attitudes, and behaviors. Developing an ethnic identity may bring an awareness of the self within a group, a sense of belonging, and respect and pride toward the group. Part of the quest for ethnic identity is acknowledging adolescent feelings toward their racial/ethnic heritage, appreciating the salience of ethnicity in shaping their lives, espousing a stance toward their ethnic group, and choosing the strength of ethnic identification. This developmental task may be compounded by other factors such as racism and negative racial stereotypes prevalent in the society, as they all contribute to the course and final outcome of the ethnic identity quest.

## Ethnic Identity: The Familial Context

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Generally, it is through parents and significant others that children make their first identification with an ethnic group. Research reveals that African American parents generally socialize their children to be proud of their race, and to develop positive feelings and self-esteem toward their African American heritage. Parental sensitivity to cultural diversity through modeling or frank and honest discussions of race and racism have been found to foster positive adolescent ethnic identity. Some studies reveal that Eurocentric attitudes are less prevalent among young African American children whose parents teach them about their group's history

and racial heritage. It would appear that parental involvement in the ethnic community and culture is associated with adolescents' sense of ethnic identity.

## Ethnic Identity: The Communal Context

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Success of ethnic socialization of a minority child hinges on the phenotypic distinctiveness of the ethnic minority group, the ethnic density of the adolescent neighborhood, as well as the support of the ethnic community. The phenotypic distinctiveness of the ethnic minority group may prevent mainstream assimilation, invoking the sharpening of phenotypic differences, thereby providing an incentive for an ethnic identity search. In addition, the substantial presence or absence of the adolescent's ethnic community in his or her neighborhood could affect the retention or loss of ethnic ties. When the ethnic community has considerable presence in a neighborhood, it is easier for the adolescent to acquire cultural knowledge and find role models. Furthermore, if the ethnic community is able to provide significant group activities, it facilitates the attachment of the adolescent to the community. However, if the community lacks cohesiveness or a sense of mutual support the adolescent may not be able to identify with that ethnic group regardless of its presence in the youth's neighborhood.

## Ethnic Identity: The Societal Context

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Due to the powerful effects that media and education have on American minority youth, racism, and derisive racial stereotypes play a vital role in the ethnic identity development of the adolescent individual. Socializing agents, such as the media and public education, present Euro American values and models as the ideal at the expense of other cultural values. Value conflicts may occur for the minority youth if they are evaluated in American society according to a standard that is antagonistic to their cultural values. For example, Asian American youths may be taught by parents to value "restraint of strong feelings" while Western values promote spontaneity and expression of feelings. Consequently, these youths may feel conflicted about the differing values and beliefs between traditional Asian American and Euro American cultures. In addition to reconciling conflicting values, vilified group members

may need to deal with the disparagingly different images of their group in society. Regardless of how adolescents of color may choose to identify ethnically, they may be called upon to cope with direct or indirect experiences with racism and negative racial stereotypes at the individual, institutional, and cultural levels and their coping mechanisms may have significant implications for their ethnic identity development and self-worth.

## Psychological Implications

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The process of ethnic identity formation seems to sequentially progress through a number of phases varying from lack of awareness of one's racial/cultural heritage, to mixed feelings of self-deprecation, and finally some type of resolution, stabilization, and racial/ethnic pride. Racial/cultural identity models describe a process that begins with an unexamined ethnic identity. During the initial phase, there may be many negative feelings toward the self and one's group as the adolescent of color internalizes the negative stereotypes of their ethnic group often rejecting their culture of origin. At this phase, minority adolescents may also experience feelings of inferiority, inadequacy, and anxiety as they try to assimilate into the mainstream society.

Triggered by direct exposure to racism, lack of positive role models, and misinformation regarding the history of their cultural group, minority adolescents may begin to doubt their existing worldview and cultural frame of reference. At this point in time, adolescents of color may feel a sense of shame and confusion for holding denigrating attitudes toward their ethnic group in the past, and feeling resentment and anger toward Whites. They may begin to experience a heightened awareness of racism and to distance themselves from White society while intensely involved with their ethnic group. Attempts to integrate ethnic attitudes transmitted from family members and denigrating stereotypes originating from the dominant society are common during this stage. This developmental process is fraught with uncertainty and distress, a risky period where adolescents may become alienated from society if they could not attain a social sense of belonging.

If minority adolescents manage to resolve the crucial issues that arose during the last phase, they may experience an ethnic commitment and a renewed sense of self as they reach a more integrated and stable ethnic

identity. Adolescents of color will now hold positive attitudes toward their own group, other groups, as well as the dominant group. Once this ethnic identity is achieved, youth of color will exhibit a calmer demeanor in dealing with racism, confidence in one's ethnic identity, adaptive participation in various cultural contexts, and higher self-esteem compared to previous phases. In facilitating the achievement of a committed and positive ethnic identity for adolescents of color, parents, teachers, and ethnic community members must all play a role in facilitating this process of identity formation.

## Interventions

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Given the communal context of ethnic identity formation, it may be important to create community services that provide a forum for minority adolescents to experience a sense of belonging and validation. Particularly for the adolescent family, it may be crucial to encourage the development and maintenance of existing social support systems. Educating parents of means in resolving their own ethnic identity conflicts will enhance their effectiveness as cultural transmitters and role models for their children. Training, services, and opportunities provided by schools or other organizations for parents in clarifying their cultural misconceptions and alleviating their fears regarding the mainstream culture may be conducive to the identity formation of the adolescent.

In school, programs that assess the ethnic identity development of minority children and generate opportunities to learn their native language and culture should be included in the academic curriculum. Additional training in equipping teachers of ethnic minority students to be cognizant of multicultural issues in classroom instruction and revisions of existing curriculum to incorporate a multicultural emphasis would also be helpful.

See also: [Ethnicity](#); [Ethnic identity development](#); [Ethnic minority youth](#); [Minority identity development model](#)

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## Adolescent Parents

*Yo Jackson*

According to the National Campaign to Prevent Teen Pregnancy, 900,000 teenagers become pregnant each year in the United States (U.S). Although the rate of teen pregnancy is declining, more than 4 out of 10 teenage girls in the U.S. become pregnant before reaching 20 years of age. Of these pregnancies, over half result in live births suggesting that close to half a million adolescents become parents before they reach adulthood. Of the children born to adolescent mothers, according to Royce and Balk, 30–50% involves a father younger than 20 years old, suggesting that the number of teen mothers is greater than the number of teen fathers.

Given that adolescence is a significant and often difficult time of development, examination of the needs of teens who take on adult tasks, such as child-rearing, is especially important. Receiving adequate prenatal care is often a problem and girls who become pregnant in adolescence tend to experience poor weight gain, anemia, and pregnancy-related hypertension. Whereas most adult mothers get prenatal care from the beginning of their pregnancy, younger adolescents are likely to get no prenatal care or only get care during the third trimester. As a result, teen mothers tend to have a higher infant mortality rate, experience more prenatal complications, and have babies with lower birth rates than children born to adult mothers.

Adolescent parents, both mothers and fathers, also tend to experience less education, limited family support, and lower socioeconomic status than their peers. Moreover, the relationship between the teen mother and father tends to be conflictual and in some cases, marked by domestic violence. Even when the

relationship between the teen parents is positive, the majority of child-rearing responsibilities are left to the teen mother. Some teen mothers rely on their own parents to assist them in childcare, but the end result is often a teen that has to take on the role and responsibilities of a single parent.

The data on teen fathers suggests that these teens also tend to come from low income families and are often the product of teen mothers. Most teen fathers do not live with their children although they tend to have semi-regular contact with them. Some research suggests a bleaker picture for fathers of children born to teen mothers indicating that at least 30% of these fathers are incarcerated at some point. As a result, teen mothers tend to have less parenting support and more stress than their peers.

Although teen parents, especially mothers, tend to show a decline in their use of alcohol, cigarettes, and other drugs during pregnancy, the use of these kinds of substances tends to increase after the baby is born. Teen parents tend to be less knowledgeable about child development and possess limited parenting skills. Some research shows that teen parents tend to talk, smile, and touch their infants less than other mothers of equal socioeconomic status and are also less likely to be accepting and understanding of their infant's behavior.

Parents who are limited in their understanding of developmental expectations are at greater risk for using harsh and negative discipline practices than parents who comprehend developmental changes. This rejecting parenting style is associated with lower self-esteem, anxiety, and behavioral problems in children. A cycle can develop where the parent is rejecting toward the child and subsequently, the child withdraws from the parent, making the parent-child interaction less reinforcing and positive for both individuals. As a result, future positive contact becomes less and less likely. Research suggests that in addition to the risk for negative parent-child relationships, 33% of children born to adolescent parents drop out of school, 31% experience depression, and 25% become adolescent parents later in life.

The research, however, is not consistent in its findings on factors related to good outcomes for teen parents. A 17-year follow-up in 1987 showed that the generally accepted negative outcomes for teen African American mothers were not found. More than two thirds of the teens had completed high school, were



employed, and did not depend on the government for income. Their children, however, demonstrated greater behavioral and emotional difficulties at school and home than children reared by adult mothers.

According to East and Felice, a repeat pregnancy occurs in 35% of adolescent mothers with 17% of those girls delivering a second child within 2 years of the first child. The difficulty of rearing two or more children before reaching adulthood increases the stress on the teen and her partner, making it harder for both teens to complete school and demonstrate good parenting skills. The research also suggests that risk factors for repeat pregnancy include not returning to school within 6 months, being married or living with a male partner, and receiving childcare assistance from the adolescent's mother. Not returning to school and living at home and living with a male partner may give the adolescent the impression of living in an adult role without a complete grasp of what adult responsibilities entail.

Frequently, second pregnancies are intentional and prevention efforts have been directed toward setting educational goals, treatment for postpartum difficulties and parenting skills, and helping the teen make a plan for the future. Efforts have also included increasing the teen's knowledge of contraceptives; however, this has not met with universal success given that not all cultures in the U.S. share the same degree of prohibition against teen pregnancy.

Having family support in general seems like a positive effort to promote good outcomes for teen parents, however, the literature is mixed in its endorsement for the role of family members assisting adolescent parents. Family support for the teen may limit the teen's ability to take on adult roles when positive family assistance is provided. It is often difficult for parents of teen mothers to know what role to play as their teen moves into the parenting role. As the teen is simultaneously learning the sometimes challenging tasks of adolescent development, they are also taking on the role of adult parent and living in an environment where they may be viewed by their own parents as a child. It is no surprise that conflict might erupt in this context.

Although it is helpful to reduce daily stress when teens receive assistance with childcare from their parents, they may not fully understand the responsibilities that come with taking care of a child, making the arrival of another child seem less stressful or undesirable. One clear benefit of family support for the teen parent, however, is that family support does tend to improve

outcomes for the children of teen parents. Because parents can provide the teen with financial support, child-rearing information and much needed breaks, the child of a teenager is more likely to thrive than if reared with the teen parent alone. Teens that live at home, however, may benefit from greater economic stability, but ultimately their reliance on parents for childcare and financial assistance may limit the teen's ability and willingness to live a more independent life.

The picture for teen parents is not automatically bleak and some efforts have attempted to document factors related to positive outcomes for teen parents. Most research on outcomes for teen parents has explored not only the long-term outcome for the teen parent, but also the parent-child relationship and the outcomes for the child born to teen parents. On the whole, good outcomes for teen parents are defined as completion of high school or employment. In general, research shows that teens who complete school before becoming pregnant, who participate in programs for pregnant adolescents, who remain in school while pregnant, do not become pregnant again before adulthood, and those who feel a sense of control over their lives tend to demonstrate the best long-term outcomes. Teens who have friends and positive family relations with their own parents are also more likely to complete school and become gainfully employed.

Programs targeting teen parents show some promise for buffering the negative effects of rearing a child during adolescence. For example, school-based programs provide multidisciplinary services designed to improve parenting skills while keeping the teen in school. Getting and keeping the teen in school is the focus to promote long-term success for the teen and the child. Teens are taught child development, appropriate child-rearing practices, and are given emotional support both during and after the pregnancy.

Other non-school-based programs also have a multidisciplinary approach. These often include medical care and advocate a "life skills" focus for the teen parent. Teens are taught methods for applying and securing employment in addition to effective parenting techniques. The desire is to provide all medical and support services in one setting and on one day of the week so that medical visits can be timed with parenting classes and peer support group meetings.

Thus far, research on programs that promote peer support only or role model programs that seek to provide support for both parent and child have yet to show

long-term positive outcomes with regard to preventing future pregnancies, sustaining parenting skills, and improved child social/educational development. Regular home visits, however, do show some positive effects in terms of reducing future pregnancies, reducing dependence on government financial aid, and reducing risk for child abuse. Visits also appear to reduce antisocial behavior on the part of the adolescent mother as well as the risk for maladjustment for the children of adolescent parents. It may be that the personalized attention and support designed to meet the individual needs of each parent are more effective in helping teen parents meet their personal long-term goals for success.

See also: [▶ Adolescence](#); [▶ Family therapy](#); [▶ Pregnancy, Teaching about](#); [▶ Sex education](#)

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## Adoption/Adopted Children

Liliana López Levi

Adoption refers to a judicial proceeding in which a child establishes a new permanent family relationship bound to different parents than those who gave him or her birth. It is the legal process that some people follow to have children of their own, when biological means are not possible or not considered adequate. Adoption is an alternative way of building a family. It is important

because the family constitutes the fundamental and natural unit of society.

When birth parents are unwilling or unable to provide a child with the basic requisites of life, adoption may occur, although this is not always the case. A child can be given up for adoption for several reasons: for example, if the birth parents are young and not prepared to raise a child; if they already have a family and cannot cope with another member; if one or both parents passed away; if severe personal or health problems make it impossible for the parents to take care of the child; or if a difficult situation in their country of origin such as war, hunger or disaster prevents appropriate care.

The new adoptive parents acquire the right of custody and the obligation of support, parental care, guidance, and protection. They become responsible for ensuring the child receives healthcare and education in a loving environment and within the bounds of a family. Adoption establishes a lifelong commitment by everyone involved. Some children are adopted by their relatives, and others are adopted by people with no former relation to them. Adopting a child when not married can make the process more difficult but not impossible. There are many examples of single mothers or single fathers who have successfully adopted children. In some places adoption by homosexual couples is allowed, whereas in others it is a controversial matter. Adoption may also occur when someone remarries and the new spouse establishes legal bonds with the children of the former couple.

Jurisdictional regulations can be traced back to ancient times. They can be found in the Code of Hammurabi and in Roman law. Here adoption was meant to ensure the continuity of a family and to guarantee inheritance in cases when there were no descendants. Nowadays, laws vary from one country to another, but there are also international standards that allow adoption from one country to another.

When children are adopted by unrelated adults, the identity of the birth parents can be kept confidential, as well as information about the adoptive family. This has been considered positive in many places around the world because it helps avoid complex or problematic situations, and establishes a new independent life for all the people involved. However, in the United States (U.S.), open adoption, in which the birth parents and the adoptive parents meet with each other and even maintain a relationship, is becoming more accepted. In such

cases, the prospective adoptive parents and the birth mother are put into contact by doctors, lawyers, social workers, or some other mediator; sometimes they advertise to find one another. In this case, it is important to get legal advice from a lawyer who is familiar with the process to fulfill requirements of the state or country where the adoption will occur. Children can also be adopted through public or private agencies.

In the U.S., the foster-care system places children under the care of a family, which may be able to subsequently adopt them. Fostering and adoption are considered to be in the best interests of the child. Their aim is to ensure the child's physical and emotional wellbeing, guaranteed access to healthcare and education, and exposure to a loving environment.

To find a new family for the child, agencies must check on the candidates for parenthood. They evaluate the reasons for adopting, health conditions, socioeconomic situation, habits, and values through a home visit to check where the child will live, among other things. Medical and psychological exams are performed, and sometimes the prospective adopting parents have to prove that they have no criminal past. Going through the assessment can be difficult and requires great patience and tolerance.

The complicated paperwork, and other problems such as increased demand for adoption, the anxiety that prospective adoptive parents feel, and ignorance about the process and its implications, have encouraged black-market adoption. This refers to the selling of infants for a profit. Even if it constitutes a solution for some families, black-market adoption can lead to problems in the future. Legal arrangements were established in the best interest of the child and the adoptive parents. When the new family has solid legal bonds, the state is obliged to protect them. This is not the case with black-market adoption.

A child can be adopted regardless of age, gender, ethnic group, health condition, or origin. It is easier to find a family for a baby, and becomes more difficult as the child ages; it is also easier if the child has no health problems. If a child does have a health problem, the new family should be chosen so that they can suitably deal with it. In the U.S., the Adoption Assistance and Child Welfare Act supports families who adopt children with disabilities.

In some places it is harder to adopt than others. Developed countries have a smaller birth rate, and there are fewer children in need of new families; birth

control and abortion play important roles in these cases. Another factor that reduces the number of children for adoption is the decreasing stigma attached to single mothers and their children. On the other hand, infertility problems have increased and thus created a stronger demand for children. As a consequence of these realities, many couples choose to explore possibilities of adoption outside their own country.

In developing countries, poverty is a frequent reason people give their babies up for adoption. In some countries, such as China, population policies do not encourage families to have more than one child. Some tragedies such as disasters or wars also produce helpless children, and external aid is required to handle the situation. All of the aforementioned promote international adoption.

International adoption by American families has increased significantly in the past decade. When cross-cultural adoption takes place, the new family faces several challenges, which can be due to physical and language differences, among others.

See also: [Adolescent ethnic identity](#); [Ethnic minority youth](#); [Family therapy](#)

## Suggested Reading

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- Coughlin, A., & Abramowitz, C. (2004). *Cross-cultural adoption: How to answer questions from family, friends and community*. Washington, D.C.: LifeLine Press.
- Gilman, L. (1998). *The adoption resource book: Everything you ought to know about creating an adoptive family* (4th ed.). New York, NY: HarperCollins Publishers.

## Suggested Resources

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- My Adoption Agency—<http://www.myadoptionagencies.com/>: This website provides information about services, location, contact methods, types of adoption, adoption financial aid, and many more subjects.
- Adoption.com—<http://www.adoption.com/>: This website provides information and resources for birthmothers, prospective and current adopting parents, professionals and agencies. It includes a feature that facilitates the reunion of birth families and adopted children.
- Adoption.org—<http://www.adoption.org>: This website has information on many issues related to adoption such as articles on fostering, international adoption, parenting issues, as well as forums and chats.

## Advanced Placement

*Elizabeth Weiss-DeBoer · John S Carlson*

Advanced placement (AP) courses are college-level courses taught with the same texts and at a similar speed to normal college courses. Like honors classes, AP courses implement curricula at a faster, more intensive pace than comparative high school classes. AP courses provide an excellent opportunity to prepare for the college experience. Increasing numbers of college-bound students use it for such experience.

### College Preparation

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The benefits of being enrolled in AP coursework stretch beyond the college preparatory experience. The college admissions process is becoming more competitive each year. Factors such as coursework, grade point average (GPA), SAT scores, and AP test scores are becoming increasingly significant in determining a student's acceptance into college. AP students benefit from an extra GPA point added to grades from their advanced courses. In addition, since AP courses follow a standard curriculum across the U.S. and end with national AP exams, AP courses are the prime and standardized index for student potential. Students who have attended AP courses are more likely to graduate from college, indicating a safer investment for the college. Furthermore, teaching AP courses is an indicator of the quality of the high school that the applicant attended. Many colleges consider high school quality and simply being from schools with AP courses can often have a mild boost in the probability of the applicants' acceptance. Finally, if a student passes an AP exam, they are able to claim college credit for that course. If several AP courses are completed in this manner, it may serve to decrease the time until graduation. Thus, when comparing college-bound students with a heavy AP background to those of the "traditional" high school education, students from AP backgrounds may be considered more favorably for college acceptance.

### Access

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The number of AP courses available to students has grown remarkably within the past 10 years, and the

number of students enrolled in AP courses has more than doubled since 2003. There has also been a general growth in the representation of minorities in AP classrooms but this growth has not been evenly distributed across economic strata. Compared to more impoverished areas (with schools that teach predominantly Latino or African American students), predominantly White upper-middle-class areas have both a greater number of schools with AP courses and a greater number of AP courses within these schools.

From the college-bound Latino or African American student perspective, affirmative action policies helped to alleviate some of the socioeconomic status (SES) inequalities of applicants from uneven economic opportunity backgrounds. However, due to changing state and university policies, affirmative action is slowly being eliminated from many college admissions processes. Further, enrollment caps for incoming college freshman classes may only lower the prospects of talented students without access to AP courses.

Mexican and African American youth are less likely to be enrolled in AP courses than their Asian and White peers. Unfortunately, research is lacking regarding specific differences in AP enrollment between students of various ethnic backgrounds. However, current research indicates that it is the economic, not ethnic, status that plays a role in determining the resources and connections that will assist a student into enrolling in AP courses. This small body of research stands in opposition to numerous other factors that suggest ethnicity plays an important role in AP enrollment. Despite criticism of ethnic and socioeconomic bias in standardized tests (i.e., Pre-SAT (PSAT) and SAT), some high schools use PSAT and SAT test scores as a cut off for enrollment in AP courses, often eliminating potentially successful students.

Large schools, often found in urban areas with high minority attendance rates, are known to host a great diversity in AP courses, but generally have reduced rates of AP participation among their students. Magnet schools tend to reduce African American student AP participation and small or rural African American may not offer AP courses at all. Even when minority youth are in schools that have a high number of AP courses, there are still barriers to their enrollment into AP programs. Enrollment rates of minority students in math, science, and English AP courses are lower than that of White and Asian students. Furthermore, many students are placed in special education curricula for behavioral issues, even when they are capable of standard or more challenging coursework. Once placed in special

education, few of these students are able to make a transition back to regular coursework as the two academic tracks are too dissimilar. These barriers must be addressed to increase the proportion of Latino and African American students enrolled in AP curricula.

Past research also suggests that parental background and SES are positively correlated with a student's academic achievement. Specifically, 75% of Black and Latino families are of low income status. This low income status reduces the likelihood of AP enrollment by 40%. Parents' negative experiences with the education system may be carried across generations. This may explain why Latinos report lower confidence in math, science, and writing. Low parental academic achievement can also affect a student's AP and college prospects, as there is reduced knowledge about college in the home. This may explain why parents with lower education backgrounds are generally less aggressive in pursuing AP status for their children (compared to more educated parents). In particular, Black and Latino students are less likely than their White and Asian peers to have a parent or guardian involved in their education to connect them to academic enabling resources.

However, even with low socioeconomic status and parental background, minority students have been shown to succeed if they can gain access to educational resources. For example, one study found that access to educational resources had a significant impact on academic success above and beyond parents' educational background. Another study found that successful Latino college students had used college preparatory coursework and other resources that influenced their view that college was an attainable goal.

The gap between minority students and higher achievement will continue until interventions are formed. Parents, teachers, guidance counselors, and communities need to be involved in these intervention efforts. Schools come in as a critical target for these efforts. Race-matched role models and mentors in schools (e.g. race-matched AP instructors) have been shown to increase minority AP participation. Providing highly trained and culturally sensitive AP teachers may increase minority AP recruitment by creating an environment conducive to advanced learning. This is especially true given that some research shows minority students can discourage one another from academic success. Hiring Black AP instructors has been shown to significantly increase Black student participation.

In addition, AP incentive programs that provide financial assistance to teachers and schools for the development of AP curricula and test fee assistance to students with financial need have been shown to significantly increase minority participation. Some programs have increased Black student participation by about 100%. Also, increasing the variety of AP courses increases the likelihood of a minority student enrolling in a course. Furthermore, when operating in larger schools, creating smaller schools within school programs that are separated from the larger school and smaller in size can increase minority AP enrollment. It is also preferable to require that schools remain flexible, allowing students to shift in and out of AP courses.

Community involvement is another important intervention. For example, in Dallas, Texas, business and community leaders funded teacher training and student achievement incentive programs. Several federal grant programs also support intervention efforts.

Finishing an AP class is positively correlated with passing an AP exam. Currently, the percentage of Latino and African American students who pass the exam is lower than that of Asian and White students. The reasons behind lower exam scores may be similar to the reasons behind reduced African American and Latino student AP enrollment. However, the benefits of being enrolled in AP courses are still present: Taking an AP course may not secure a passing test score or college credit, but passing the course is still an indicator of the student's ability to handle college level work.

Obtaining a higher education has been seen as the most salient factor when it comes to social and cultural flexibility. It has been shown that rigorous coursework, such as that provided by AP instruction, decreases the achievement gap for minority students. Furthermore, the environment within an AP classroom encourages behaviors that lead to academic achievement, forming a "culture of learning." It would be beneficial to create a better system for minority AP education in that its success would create for easier transitions into the college environment for students, which would lead to their personal and future generations' improved social mobility, education, and cultural empowerment. Such efforts may have the potential to break long-standing and cross-generational trends of poverty and low education.

See also: [Assessment of culturally diverse students](#); [Education](#); [High schools](#); [Reform](#); [School, Size of](#); [Under-representation](#)

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## Suggested Resources

- CollegeBoard—[www.collegeboard.com/student/testing/ap/about.html](http://www.collegeboard.com/student/testing/ap/about.html): This national website offers information on AP and other resources involved in college preparation.
- United States Department of Education—<http://www.ed.gov/news/speeches/2004/03/03302004a.html>: The United States Department of Education offers AP Incentive Program grants to eligible organizations to assist them in increasing the participation of low-income students in pre-AP and AP courses and tests.

## African American Youth

Michael A Lindsey · Von Nebbitt

African American youth comprise a large percentage of the African American population. There were 39.2 million African Americans, as of July 1, 2004, of which 32% were under the age of 18. In terms of the general population of 70.5 million Americans citizens, African American youth represented 16% (11.3 million). According to year 2003 statistics, the ten to nineteen-year-old group of African Americans constituted 14.7% of the total youth population, with an equal ratio of males to females.

The majority of African Americans in the United States (U.S.) are identified as non-Hispanic or non-Caribbean in their ethnic heritage, meaning that they were born as citizens of the U.S. and claim African

American as their race. Their values and customs mirror that of American citizens, generally, in the sense of traditional Western values such as individualism and materialism. However, traditional African values such as a strong sense of community and familial connection (i.e., group versus individual success) still hold some vestige in the African American community.

African Americans, while historically protected by their family and group-orientation (i.e., the prominence of the Black church in the African American community), still endure the negative, indirect consequences of slavery and its legacy of segregation and discrimination. As a result, African Americans face persistent challenges to historically maintaining strong institutions in their community that protect an essential subgroup, children and youth, from poor social, psychological, and behavioral outcomes. African American youth are overrepresented in the juvenile justice system, experience poor educational outcomes, and have high rates of physical and mental health problems among the total population of youth in the U.S.

## Environmental and Contextual Challenges

In 2000, law enforcement agencies made an estimated 2.4 million arrests of persons under the age of 18. Although African American youth constituted 16% of the youth population that year, they accounted for 55% of the arrests for violent crimes and 27% of property arrests. In 2000, 50% of the arrests for murder and 56% of the arrests for robbery involved African American youth. The Violent Crime Index arrest rate for African American youth (555) was nearly four times the rate for White youth (146) in 2000. For the Property Crime Index, African American youth arrests (1,885) were more than double the corresponding rate for White youth (958). Similarly, the drug offense and public disorder case rates for African American youth were nearly three times the rates for White youth. In addition to being arrested for violent crimes, African American males have the highest homicide victimization rate of any race or gender in the U.S. Of the 2,100 juvenile murder victims under 18 years of age in 1997, 47% were African American males.

Official delinquency reports can potentially systematically underestimate the scope of juvenile crime. Official delinquency reports may reflect patterns of law enforcement and may not accurately reflect patterns of

crime perpetration. Some researchers encourage the use of self-report and official delinquency data. While others found no difference in self-reported delinquent behavior among African American and White youth, a finding inconsistent with official delinquency reports.

Once in the juvenile justice system, African American juvenile offenders are treated more punitively than nonminority offenders. When variables such as offense and prior records were considered, African American youth were more likely than non-African American youth to be processed in juvenile court and detained in juvenile justice facilities. In 1997, though 26% of juvenile arrested involved African American youth, they constituted 32% of adjudicated cases, 45% of cases involving detention, and 40% of the residential placement population. This differential treatment becomes more punitive the more African American youth penetrate the juvenile justice system, having a sort of cumulative effect. Consequently, a greater proportion of African American youth are being detained in juvenile correctional facilities.

In contrast to higher arrest and adjudication rates, African American adolescents have later onset and lower prevalence of alcohol and other drug use than White and Hispanic adolescents. For example, being African American is associated with lower levels of drug use in sixth and ninth grade. Research in the mid to late 1990s examining patterns of drug use among Cuban American, African American, and non-Hispanic White school-aged students (grades 1–6) indicates that African Americans had the lowest rates of lifetime alcohol and cigarette use (32.4% and 11.6%, respectively). African American students (82.1%) were significantly less likely than White and Hispanic students (96.3% and 93.1%, respectively) to have had at least one drink of alcohol during their lifetime. African American students (77.7%) were also significantly less likely than White students (89.4%) to have ever used marijuana. White students (43.8%) were significantly more likely than African American students (5.7%) to have ever used cocaine (e.g. powder, crack, or freebase). African American students (11.7%) were significantly less likely than White students (61.4%) to have ever used other illegal drugs (e.g. LSD, PCP, ecstasy, mushrooms, speed, ice, and heroin). In grades 10, 11, and 12 African American students (27.8%) were significantly less likely than White students (38.7%) to have tried marijuana before age 13.

Research examining patterns of drug use as African American students get older follows a consistent

pattern. African American high school seniors reported lower lifetime and annual prevalence than White and Hispanic high school seniors for virtually all drugs. This can also be said for African American students in eighth and tenth grades. Not only do African American students have the lowest lifetime, annual, and 30-day prevalence rates for alcohol use, they also tend to have the lowest rates for daily drinking.

## Education and Academic Achievement

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Since the early 1970s, African American youth have experienced a significant increase in educational attainment levels, particularly regarding the number of youth who graduate from high school. From 1972 to 2000, the percentages of African American young adults without a high school diploma declined by nearly 40%. African Americans were 17% of the public school enrollment in 2000, up by 2% age points from 1972. Despite these advancements, African American youth have higher dropout rates, lower high school completion, and poorer academic preference than their White counterparts. Dropout rates among 16- to 19-year-olds differ by race and ethnicity. Educational statistics over the past three decades (from 1972 to 2000) show that the status dropout rates for White youth (6.9%) have persisted at levels that are lower than the rates observed for African American (13.1%) youth. The event dropout rates for African American and White youth are 6.1% and 4.1%, respectively.

Of those African American students who remain in school, their academic performance lags behind their White counterparts. Comparisons in mathematics and reading levels of African American and White children at various points between grades 1 and 12, revealed gaps in achievement at every grade studied between African American and White students on the same grade level. Even for children with similar levels of prior achievement one or two grades earlier, mathematics and reading scores of African Americans were generally lower than the corresponding scores of Whites.

African American youth have made gains in completing high school. Their high school completion rate rose from 72.1% in 1972 to 83.2% in 1990. In 2000, the African American completion rate was 83.7%. In addition, the gap between African American and White completion rates narrowed in the 1970s and 1980s.

However, like White rates, African American completion rates appear to have stabilized in recent years and the gap between the two racial/ethnic groups has thus also stabilized. The immediate college enrollment rate among African American high school graduates remained fairly constant from 1972 to 1983, and then increased from 1983 to 2000, from 38% to 55%. Since 1983, immediate college enrollment rates for African Americans have increased faster than those for Whites, reducing the gap between the two groups.

## Sexual and Reproductive Health

African American youth have an earlier onset of sexual activity. African American youth reported using condoms at a higher rate than Hispanic and White, 70%, 55.2% and 55%, respectively. However, African American youth reported being pregnant or having gotten someone pregnant at 1 or more times higher rate than Hispanic and White youth, 13.4%, 6.4%, and 4.3%, respectively. Of youth who reported being sexually active in the last 3 months, African American youth reported that they used birth control pills to prevent pregnancy the least (21% White, 7.8% Hispanic, and 7.7% African American). Moreover, African American youth have a higher abortion ratio (number of abortions per 1,000 live births in the same age group per year) than Hispanic and White youth.

In 2004, African American youth comprised 16% of the U.S. population ages 13–19; however, in that same year African American youth accounted for 61% of the reported cases of AIDS. In 2004, the rate of chlamydia among African American females was seven and a half times higher than the rate among non-Hispanic White females (1,722.3 and 226.6 per 100,000, respectively). The chlamydia rate among African American males was 11 times higher than that among non-Hispanic White males (645.2 and 57.3 per 100,000 respectively). From 2000 to 2004, gonorrhea rates decreased by 19.1% for African Americans from 778.1 to 629.6 cases per 100,000 in the population. In 2004, the gonorrhea rate among African Americans was 19 times higher than the rate for non-Hispanic Whites, down from 28 times greater in 2000. African Americans accounted for 41% of cases of primary and secondary syphilis in 2004. During 2003–2004, the rate of primary and secondary syphilis increased 17% among African Americans, reflecting a 22.2% increase in the number of cases among men (from 2,005 to 2,450) and a 1% increase among women

(from 805 to 813). The rates for chlamydia, gonorrhea, and syphilis were not reported specifically for African American youth.

## Mental Health

A definitive statement about the mental health status of African American youth is not possible. Epidemiological data on depression, anxiety, and other mental health problems among African American youth are contradictory and inconclusive. More research is necessary to understand the breadth, depth, and scope of mental health among African American youth. Some current trends indicate that African American youth disproportionately experience mental health problems like depression, anxiety, and disruptive behavioral problems. Environment plays a key role in the expression of these mental health problems. African American youth who live in urban settings experience disproportionately more depression, anxiety, and behavioral problems because of environmental stressors like poverty, violence, and high rates of illegal drug activity. Mental health problems are also strongly linked to family characteristics among African American youth. Depression, anxiety, and aggressive/disruptive behavioral symptoms among African Americans are likely to be elevated when the head of the household has low socioeconomic status (SES), receives limited social support, and abuses illegal substances.

Despite the mental health challenges experienced by African American youth, mental health services to combat the problems that may accompany their struggles have been inefficient, culturally insensitive, and fragmented. The result has been a lack of evidence-based mental health practice and an underutilization of mental health services by this group. Even when African American youth do engage in treatment, the majority of them average only two to three treatment sessions. This is especially true in community-based mental health service delivery to African American youth.

Schools and communities, however, can partner to provide an array of services (i.e., expanded school mental health programs) to meet the growing mental health and educational needs of African American youth. School mental health programs can serve four important functions regarding the emotional and psychological needs of this population. They include: (1) reducing the impact of risk exposure; (2) reducing the negative chain reaction following risk exposure;



(3) establishing and maintaining self-esteem and self-efficacy, and (4) opening up new opportunities. Among urban African American youth, for example, research indicates that expanded school mental health services improve academic performance, behavior, and attendance. Positive relationships with school personnel (i.e., teachers, mental health practitioners/counselors) can have a positive effect on the mental health and well-being of African American youth who experience individual and family stressors that impact their educational and social performance.

## Heterogeneity: Differences Among African American Youth

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Youth within the broad category of African Americans differ depending upon a number of factors. For example, the experiences of rural African American youth differ from the experiences of urban African American youth; African American youth from upper-income families may not face some of the challenges that African American youth from low-income families encounter. The African American youth population is not homogeneous. Thus, it is important to understand the heterogeneity of this population as attempts are made to identify risk and protective factors influencing their academic achievement and psychological well-being.

African American youth face many obstacles, yet they continue to overcome adversity through strong connections with family members, positive relationships with adults outside the family, and increased connectedness to historically powerful entities like the church and other community-based entities such as *Big Brother*, *Big Sisters*, or *100 Black Men of America, Inc.* Despite the mounting evidence of risk and negative outcomes among African American youth, the triumphs of these youth in the face of seemingly insurmountable risks are noteworthy. Vulnerability and protective factors that increase or reduce risk are important to note regarding individual, family, and neighborhood/community factors that increase or reduce risk for this population.

## Vulnerability and Protective Factors

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Researchers argue that salient protective and vulnerable factors and processes affect at-risk individuals as they operate on individual, family, and community levels.

Protective factors are internal and external resources that modify or buffer the impact of risk factors. Vulnerability factors are internal characteristics that increase the likelihood that an individual will succumb to risk exposure. For example, being an adolescent male within an urban context is a vulnerability to increased involvement in illicit activities and being a female within this context is a vulnerability to increased mental health symptomology. It should be noted, protective factors and mechanisms are catalytic in that they may increase self-esteem and efficacy and may lead to the opening of new opportunities; they may also reduce the impact of risk factors and negative chain reactions associated with risk situations.

Perhaps no area is as widely contrasted in terms of outcomes among African American youth than gender-specific outcomes. For example, research indicates that African American girls fare better in traditional educational settings than boys as indicated by grades and classroom decorum, and are likely to attend college at higher rates than boys. Several factors may explain these gender-specific differences, including the fact that youth who have a high degree of parental support and who experience school communities as caring have positive educational outcomes. School engagement and academic motivation have also been identified as positive influences on educational achievement among African American youth. Historically, African American boys have not been supported as well as girls in traditional educational environments and are often disengaged from schools and academic achievement. This reality for boys may be explicative of the disparate gender differences we see regarding school engagement and achievement outcomes for African American boys versus girls.

Gender-specific differences have also been noted regarding mental health outcomes among African American youth. For example, similar to studies in the general population, African American girls are more often depressed than boys. Moreover, African American boys are more likely to exhibit more externalizing behaviors and these behaviors may account for their overrepresentation among school suspensions and their disproportionate involvement in the juvenile justice system.

African American youth, however, may be protected from negative outcomes related to their mental and behavioral health. For example, research has found that protective influences against mental health and behavioral problems among African American youth

include parental supervision (among girls) and parental encouragement (among boys). Moreover, research has also found that African American youth whose fathers were involved in their care, even if they are not physically in the home, have better behavioral outcomes in school.

The majority of African American youth grow up in single parent, typically female-headed, families. Statistics indicate that 60–70% of African American families are headed by single mothers. Some research has indicated that children who grow up in single parent families are more likely to experience poverty and associated psychosocial stressors (i.e., increased access to drugs and delinquent peers) and are more likely to be involved in antisocial and delinquent behaviors. Because African American youth are disproportionately reared in single parent families, they are at increased risk for experiencing the ill affects and stressors associated with growing up in single parent families. These facts certainly paint a bleak picture regarding the outcomes of children reared in single parent families. However, these facts are oriented towards a deficit model regarding this family structure. At the other end of this continuum is the adaptation and coping-focused model, which tends to highlight the positive interactions that African American youth from single parent families enjoy with their family members, that is, kinship support.

Among African American youth, kinship support has been associated with high scholastic self-concept, low levels of antisocial behavior, and low use of alcohol and drugs. In this family context, childrearing is traditionally seen as the collective responsibility of the extended family, thus single parents experience a wealth of support from family members and friends regarding childrearing responsibilities. Moreover, parental qualities such as warmth also protect children regarding child anxiety outcomes (i.e., sad, shy, withdrawn), whereas corporal punishment is predictive of acting-out behavior. Studies also suggest that support from extended family members may also decrease the negative impact of familial stressors (i.e., being reared in a single parent family) on child mental health (i.e., anxiety). Thus, development in a single parent family does not have to be pathological and successful parents in this situation often find ways to extenuate the positive aspects of this experience in interactions with their children—interactions that are typically encouraging, supportive, and exhibit some level of parental demandingness.

African American youth are more likely than other groups to live in low-income families and reside in neighborhoods characterized by high violence and drug exposure. Living in such contexts heightens their risk of maladaptive adjustment. For example, it was found that children exposed to chronic neighborhood violence were more anxious and fearful of being left alone, played more aggressively, had more difficulties concentrating, and experienced memory impairment. Similarly, it was found that inner-city adolescents exposed to higher levels of community violence endorsed more fears (e.g., fears of injury, the unknown, and danger) than those with lower exposure. Neighborhood or environmental influences place urban youth at particular risk of involvement in violent behaviors in several ways, including: diminished economic opportunity, high concentrations of poor residents, high levels of transiency, high levels of family disruption, low community participation, and socially disorganized neighborhoods.

Families can serve as a moderating influence regarding the effects of neighborhoods and communities. Attachment to community and its impact on child outcomes was examined among a sample of African American caregivers and youth. It was found that the association between how well a parent knew his or her neighbors and the presence of child behavior problems differed depending on the degree of neighborhood economic impoverishment, such that children in poor neighborhoods had higher internalizing problems when their parents reported knowing many neighbors. Additionally, further studies indicate that when individuals from the community or local organizations (i.e., mentors, religious leaders) positively interact with youth, the risk of maladaptive adjustment to neighborhood-level risk is mitigated. Organizations such as *Big Brothers*, *Big Sisters*, or *100 Black Men of America, Inc.* have instituted mentor and academic enrichment programs in low-income, African American communities that have made positive contributions to the lives of African American youth.

## Resilience and African American Youth

From a basic understanding, resilience entails maintaining functional competence in the face of risk. Resilience is broadly defined as the ability to achieve positive adaptations in the context of significant threats to

development. Resilience can be further characterized by the interaction of biological, psychological, and environmental processes. Though the resilience framework provides an excellent lens through which to understand African American youth development, few social and behavioral scientists have written on its application to African American education and mental health.

Hence, empirical studies that identify factors that lead to positive adaptations despite the presence of risk among African American youth are scarce in the professional literature. Of the limited resilience research conducted among African American adolescents, it has been found that a number of individual characteristics act as protective, compensatory, and vulnerability factors within high-risk situations. Resilient African American youth from highly stressed environments exhibit the following protective characteristics: (1) diverse, flexible social skills; (2) positive peer and adult interactions; (3) high cognitive skills; and (4) resourcefulness in new situations.

Individual resiliency, however, in the African American community should be viewed in the context of major values that characterize the adaptive responses to the historical and social experiences of African Americans in the U.S. Included among these values is the importance of: (1) religion and the church and (2) flexible roles and the extended family network.

The church has long been considered the central or most important institution in the African American community. When African Americans have been historically marginalized and disenfranchised in other contexts (i.e., employment, educational opportunities), they could always experience a sense of empowerment through religious expression and service to the community of fellow African American worshipers in church. Attending church on Sunday mornings has been very much a family ritual in many African American families, and the church has shaped the values and belief systems of many African American families. Even among those African Americans who do not attend church, their current or historical religious perspectives shape their views on marriage, abortion, adoption, and childrearing practices. In terms of service to youth and building on the strengths of African American youth and their families, the church often provides opportunities for African American youth to receive spiritual and moral encouragement, academic enrichment via tutoring and mentoring programs often offered through the church, and access to positive adults and role models whom youth can look to for guidance and support.

A strong family and social network in which family members and other adults (i.e., neighbors, family friends) are positively connected to each other can serve to build the strength of children and families. African Americans have historically been a group that values family ties and connections to a large network of family and fictive kin. Such ties and connectivity serve to foster family resiliency by improving parents' general disposition, decreasing feelings of being overwhelmed by parenting tasks, and providing additional tangible and intangible information resources. Studies on family resiliency also indicate that high levels of community support in African American families has been linked to greater levels of social interaction in children, higher levels of academic achievement, and overall enhanced social and emotional well-being.

See also: [Community interventions with diverse youth](#); [Cultural resilience](#); [Mentoring diverse youth](#); [Resilience building prevention programs](#)

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- LaGrange, R. D. (2004). Building strengths in inner city African American children: The task and promise of schools. In C. S. Clauss-Ehlers, & M. D. Weist, (Eds.), *Community planning to foster resilience in children* (pp. 83–97). New York: Kluwer Academic/Plenum Publishers.

## Suggested Resources

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- Center for Disease Control (CDC)—<http://www.cdc.gov>: The CDC is the principal agency in the U.S. government for protecting the health and safety of all Americans and for providing essential human services.
- National Center for Educational Statistics (2005)—<http://nces.ed.gov/pubs2002/digest2001>: The purpose of the Digest of Education Statistics is to provide a compilation of statistical information covering the broad field of American education from pre-kindergarten through graduate school.

Office of Juvenile Justice and Delinquency Prevention (2003) Statistical Briefing Book (OJJDP/SBB)—<http://www.ojjdp.ncjrs.org/ojstatbb/population/overview.html>: The OJJDP/SBB provides access to online information via OJJDP's website to learn more about juvenile crime and victimization and about youth involved in the juvenile justice system.

100 Black Men of America, Inc.—<http://www.100blackmen.org/>: This is an organization of professional African American men committed to the intellectual development of youth and the economic empowerment of the African American community based on the following precepts: respect for family, spirituality, justice, and integrity. 100 Black Men has chapters throughout the U.S. and offers mentoring and educational enrichment programs for African American youth.

## After-School Programs

*Jo-Anne Manswell Butty · Charlynn Small ·  
Velma LaPoint · Cheryl Danzy*

After-school programs for children occur during after-school hours and exist in schools and community centers serving students from one school or different schools. There are three types of after-school arrangements: daycare, after-school, and extended school day programs. They can also be classified into four program types: (a) school-age childcare, (b) youth development, (c) educational after-school programs, and (d) extracurricular activities. Further, school-based after-school programs are usually administered by: schools, community-based organizations, and community (university)/school partnerships.

### After-School Program Models

There are four major after-school models. The school-age childcare model emerged during the 1980s, growing out of the childcare movement designed to meet the needs of working families. School-age childcare programs typically provide a range of activities, so allowing children a fair amount of choice from day to day. The positive youth development model evolved from adolescent prevention programs during the 1980s. Recognizing that the deficit-oriented model of drug abuse or pregnancy prevention had limited effectiveness, advocates of this approach work with young people to build on their assets and engage them in their communities. Boys' and Girls'

Clubs are examples of this type of program that offers a variety of activities and programs for teens who have specific interests, needs, or talents. The extended day model promotes programs often run by schools designed to increase student academic success. These programs serve students of any age and often focus on those in the grades subject to high-stakes testing. These programs may also use a range of strategies including remediation and enrichment. The extracurricular model encompasses a wide range of activities, lessons, team sports, and clubs that bring young people together with adult teachers and coaches.

## After-School Programs for Elementary and Middle School Students

Most after-school programs target children at the elementary school level. Research reveals that the vast majority of children enrolled in these programs are third grade or younger. Once children enter middle school, they are much less likely to participate in after-school programs and their participation drops even further when they enter high school. However, middle school programs have become increasingly common over the past decade because of the new No Child Left Behind (NCLB) legislation that requires all students to master several academic benchmarks as they face key transitions from elementary to middle school and middle school to high school. Children in urban environments, especially low-income children of color, are placed at increased risk for failing to meet these benchmarks because they may face major challenges involving their families, schools, communities, and the larger society. After-school programs can provide an avenue for helping urban students successfully navigate across key developmental, social, emotional, and academic challenges. Of course, such programs must be appropriate to the age and development of the children, as well as challenging, culturally relevant, and connected to the children's daily lives.

### After-School Programs and Extended Learning

Extended learning after-school programs are mostly an extension of the school day and often sponsor tutoring, homework help, and academic support

for low-performing students. The goal of these school-sponsored programs is increased student performance, with the assumption that more time in such a program will result in better outcomes for students. For many students, especially underachieving students, “more school” is sometimes not the answer. Thus the goal of many of these academically oriented programs is to engage community partners and achieve desired goals by providing a wider variety or more focused after-school activities and opportunities for the development of the whole child.

## After-School Programs and Twenty-First Century Skills

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Over the past decade, school districts have seen extended after-school programs move from a smattering of academic support activities to a central function of the school system. However, a gap still exists between the knowledge and skills most children learn in school and the knowledge and skills required for the twenty-first century. Students need to learn academic content through real world examples, applications, and experiences both inside and outside the school. Well-designed after-school programs can fill this gap. Despite increased federal funding for twenty-first century community learning centers, disparities in access and quality persist. Programs in affluent or middle class neighborhoods are more likely to have computer labs, playing fields, direct instruction in the arts, enrichment activities, and sports, and are more likely to provide snacks or meals than programs in poorer neighborhoods.

## After-School Programs and Urban Communities

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After-school activities have the potential to counteract the effects of a range of factors that contribute to urban children’s lack of opportunities and underachievement. Resiliency and asset-based research allows us to understand the factors that help promote engagement in learning for all students. Included in these factors is a sense of oneself as a competent learner and appreciation of the knowledge and assets students bring from home/community to the classroom. In particular, quality after-school programs are thought to buffer children against negative outcomes by offering them (a) supervised, constructive activities and positive

enhancement of critical skills; (b) an organized program for reinforcing the school curriculum and cultivating strengths; (c) more time for academic instruction; and (d) a safe harbor during peak hours for violent juvenile crime and victimization.

Race, class, and ethnicity remain powerful predictors of school achievement. Despite several decades of educational reforms, the achievement gap persists. After-school programs are a promising strategy for providing marginalized young people with (a) learning opportunities and experiences that are available to most middle and upper-class students; (b) experiences that broaden their horizons, build on their interests and skills, and facilitate positive relationships with adults and peers; and (c) links to classroom expectations.

## Effective After-School Programs

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Evidence suggests that effective after-school programs should include proper staff training, a well-developed infrastructure, and buy-in from family members. For older students there should be student buy-in and involvement in program development. The research also highlights the following features of positive developmental settings: (a) physical and psychological safety; (b) appropriate structure; (c) supportive relationships; (d) opportunities to belong; (e) positive social norms; (f) opportunities for skill building; and (g) integration of family, school, and community partnerships.

## Effects of After-School Programs

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Studies show that after-school program participation is associated with higher grades and test scores, especially for low-income students. After-school programs have been linked with greater engagement in learning, improved attitudes toward school, higher expectations for school achievement, better work habits, and higher attendance rates. Research also suggests that participation in after-school programs yields a variety of social and emotional benefits for youngsters, such as improved self-esteem.

## After-School Programs and Group Differences

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Many parts of the United States have experienced a sudden, rapid growth of different immigrant

populations. Often these youths are challenged by cultural adaptation that can affect development, but bring a wealth of assets with them. In recent years there has been a proliferation of school-based programs aimed at various multicultural groups. In addition to an emphasis on activities that focus on high academic achievement, multicultural educators believe it is essential for youth to be provided with different experiences aimed at addressing some of their challenges and including the requisite opportunities that allow continued commitments to their community cultures and values.

In addition to school-sponsored after-school programs, there has been an increase in developmental research comparing different types of activities. This includes a growing number of programs specifically designed to address the needs of multicultural elementary and middle school youth. For example, the *Escuelitas* (Spanish for 'little school') is a comprehensive, culturally informed after-school program that targets Mexican American girls from third through eighth grades, to proactively address teen pregnancy prevention and other community problems. This is done by providing girls with multiple opportunities to learn about their culture and by facilitating their knowledge of how community shapes their lives as Mexican American girls. Conversely, in response to a large population of immigrant youth (mostly Latino), a rural after-school mentorship program was created with the aim of fostering a more bicultural identity, as well as empowering students to find academic success.

National survey results of after-school programs found 56% of responding programs enroll youth from more than one language group, and one in four serves English Language Learners (ELL). Very few program directors reported having enough bilingual staff to work with these youths in their home languages and even fewer staff who are trained effectively serve youths who speak little English. Half the programs that enroll a significant number of ELLs do not have any staff who speak the home languages of the participants and their families.

## Conclusion

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Effective after-school programs of all arrangements and program types must strive to meet the needs of all young people to experience success and competence, and to develop healthy relationships with adults and peers, together with a rich variety of skills,

positive attitudes, and behaviors. When properly designed, after-school programs can have strong positive effects on children's academic, social, and emotional lives. This is especially true for students whose personal circumstances put them at higher risk of school failure and for those ethnic and cultural groups who may be new immigrants.

See also: [Community approaches to improving child success](#); [Community schools](#); [Urban schools](#)

## Suggested Reading

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- Mendez-Negrete, J., & Saldana, L. P. (2006). Can a culturally informed after-school curriculum make a difference in teen pregnancy prevention? Preliminary evidence in the case of San Antonio's Escuelitas. *Families in Society*, 87(1), 95–104.
- Miller, B. M. (2003). Critical hours: After-school programs and educational success. Retrieved January 30, 2005, from [http://www.nmefdn.org/uimages/documents/critical\\_Hours.pdf](http://www.nmefdn.org/uimages/documents/critical_Hours.pdf).
- U.S. Department of Education (2003). When schools stay open late: The National Evaluation of the 21st century community learning centers program. Washington, D.C.

## Suggested Resources

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- National After-School Association—<http://www.naaweb.org/>: The National After-School Association is dedicated to the development, education, and care of children and youths during their out-of-school hours.
- Federal After-School website—[www.afterschool.gov](http://www.afterschool.gov): This government sponsored website aims to connect after-school providers to Federal resources that support children and youth during out-of-school hours. It also provides useful information on running a program and activity ideas.

## Aggressiveness

Holli E Sink

Aggression is used to describe a myriad of different behaviors, thus a concise definition of this broad term has been constantly debated. In general, aggressiveness describes acts that are destructive, hostile, or harmful. Aggressiveness may refer to overt acts (e.g., physically fighting or verbally threatening) or more indirect acts

(e.g., spreading rumors or purposely excluding others). To understand aggression better, research has focused on various types of aggression and different motivations for aggressive acts. For example, the distinction between proactive (purposeful actions to gain a desirable goal) and reactive (defensive reactions to situations perceived as hostile) aggression has been important in understanding underlying motivations that lead to aggression. Bullying (i.e., repetitive, proactively aggressive acts targeted at weaker individuals or groups) is a prevalent concern, especially in schools, that dominates much of the current research on aggression. It has traditionally been thought that males are generally more aggressive than females. However, more current research suggests that females may be less physically aggressive than males, but tend to aggress in a relationally oriented way when they are aggressive.

Society's main concern is focused on physical aggression. Acts such as the Columbine High School shootings and the September 11th terrorist attacks illustrate the particularly detrimental impact physical aggression can have on individual victims, families, schools, and communities. Aggressive behavior is one of the most frequently cited symptoms that cause children and adolescents to be referred to mental health institutions and is one of the most common behaviors encountered by those working within the juvenile justice system. Individuals who persistently behave aggressively not only adversely affect their victims and communities, but aggressors themselves are more likely to have negative outcomes. Aggressive children are more likely to be rejected by peers compared to children who are not aggressive. Additionally, aggressiveness in childhood may lead to later delinquency, violence, and drug abuse. When young children are consistently aggressive, they are commonly diagnosed with Oppositional Defiant Disorder, and if aggressive behavior persists in later childhood, a diagnosis of Conduct Disorder may follow. Patterns of severe aggressive behavior in adulthood are usually associated with the diagnosis of Antisocial Personality Disorder.

Research suggests several common predictors that are likely to lead to aggression, including domestic abuse, poor parenting, and exposure to violence. Domestic violence, one of the most common predictors of aggression, serves as a model for children to resolve conflicts through aggressive acts, particularly in interpersonal relationships. Similarly, harsh and rejecting parenting, poor parental supervision, abusive, and neglectful parenting, separations from parents and exposure to violence via

television, video games, or friends are also common predictors of aggressive behavior. Research suggests that when children experience inappropriate responses from their parents, they are more likely to have difficulty regulating their own emotions, often leading to problems with aggression inhibition. On a positive note, research suggests that healthy parental attachment, consistent discipline, high parental involvement, close parental monitoring, and minimal exposure to violence all decrease the likelihood that children will be aggressive.

Research has consistently shown that aggressiveness is stable over time. That is, children who are described as aggressive at young ages are more likely to be aggressive and violent in adolescence and later into adulthood. Thus, it is imperative to intervene with aggressive children early in childhood at the first signs of persistent aggressive behavior. For interventions to be most effective, they should involve many systems (i.e., home, school, and community) and should strive to teach aggressive children alternative ways to behave by replacing aggressive behavior with prosocial behavior. Evidence suggests that the school environment is very influential in children's behavior. Therefore, rewarding prosocial behavior school wide is often an effective way to reduce the likelihood of aggressive acts. Similarly, social skills training is particularly effective when used alongside other prevention or early intervention strategies. Teaching appropriate social skills can increase the likelihood of aggressive children establishing trusting relationships, thus lowering the likelihood of victimizing others. When teaching appropriate social skills, it is crucial to teach skills that are culturally appropriate, as the relevance of these skills may vary greatly depending on the community.

See also: [Bullying](#); [Community violence](#); [Conduct disorders](#); [Early intervention](#); [School violence](#); [Social skills](#)

## Suggested Reading

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- Chang, L., Schwartz, D., Dodge, K. A., & McBride-Chang, C. (2003). Harsh parenting in relation to child emotion regulation and aggression. *Journal Family Psychology, 17*(4), 598–606.
- Crenshaw, D. A., & Mordock, J. B. (2005). *Understanding and treating the aggression of children: Fawns in gorilla suits*. New York: Jason Aronson.
- Crick, N. R., & Grotpeter, J. K. (1995). Relational aggression, gender, and social-psychological adjustment. *Child Development, 66*(3), 710–722.

## Suggested Resources

The Center for Disease Control's Division of Violence Prevention—<http://www.cdc.gov/ncipc/dvp/dvp.htm>: This website includes information and statistics regarding violence and various resources related to violence in general, including youth violence.

National Youth Violence Prevention Resource Center—[www.safeyouth.org](http://www.safeyouth.org): This website provides resources for professionals, parents, and youth striving to prevent youth violence.

Illinois Center for Violence Prevention—<http://www.icvp.org/index.htm>: The Illinois Center for Violence Prevention is a statewide nonprofit group that seeks to prevent violence across the life span.

Stop Bullying Now!—<http://stopbullyingnow.hrsa.gov/index.asp?area=main>: This website summarizes the concept of bullying and offers ways for children and adults to deal with bullying. It also offers creative ideas that teachers can use in the classroom.

## American Academy of Child and Adolescent Psychiatry (AACAP)

Natasha K Segool · John S Carlson

The American Academy of Child and Adolescent Psychiatry (AACAP) is a nonprofit organization dedicated to the promotion of positive mental health among children and adolescents. Founded in 1953, AACAP is composed of child and adolescent psychiatrists and other physicians who work to promote the comprehensive evaluation and treatment of psychiatric disorders in children and adolescents through research, training, advocacy, prevention, and collaborative efforts.

According to *Mental Health: A Report of the Surgeon General*, approximately 21% of children and adolescents meet diagnostic criteria for a mental health disorder; however, more than two thirds of these children do not receive specialized treatment. Among those children who do receive treatment, the use of psychotropic medications among children and adolescents under the age of 20 has increased significantly over the past decade, with approximately 6% of health-insured youth reporting the use of psychotropic medication in 1996. Stimulant and antidepressant medications were the most commonly prescribed psychotropic medications among minors. In 2004 and

2006, respectively, the Food and Drug Administration (FDA) issued black box warning labels for antidepressant and stimulant medications due to concerns that antidepressants may be associated with increased suicidality and stimulants may be associated with increased cardiovascular risks among children and adolescents. However, in both cases, the AACAP recommended the continued use of these medication treatments along with careful monitoring.

There are numerous barriers that limit access to adequate mental health services for children and adolescents who are experiencing psychological distress. The most prominent barrier is the shortage of trained professionals to treat emotional, behavioral, and developmental disorders in American youth. One of AACAP's current legislative priorities is the Child Health Care Crisis Relief Act, H.R. 1106/S.537, which is designed to address the shortage of child mental health professionals by creating funding incentives to encourage the recruitment of professionals to the fields of child psychology and psychiatry.

Cultural, ethnic, racial, and social factors also influence whether or not people seek help for mental health concerns, who they seek help from, the types of social supports they have, the stigma attached to mental illness, and how they experience symptoms of mental illness. With respect to race and ethnicity, minority populations are less likely to seek treatment than Whites and are more likely to seek informal sources of support such as clergy, family, and friends before seeking professional help for mental health concerns. This difference may be related to greater fears of treatment and mistrust of mental health professionals in minority populations. Furthermore, a disproportionate number of minority children live in poverty in the U.S., and poverty is associated with poorer mental health. Additionally, children who are uninsured or who have private insurance are significantly less likely to receive mental health services than publicly insured children. This indicates that although public insurance such as Medicaid offers important access to care for some children living in poverty, many children do not access care due to limitations in private sector service provision or financial barriers.

Schools and primary care physicians are frequently the first to detect and provide initial treatments to children with mental health needs and they function as a gateway to specialty care services. The public school system is the primary mental health service provider for nearly half of all children who have serious



emotional disturbances that receive treatment. Only one in five children ever accesses specialty services such as psychological or psychiatric services. In recognition of this large gap in service provision, child and adolescent psychiatrists, psychologists, social workers, and primary care physicians must work to develop a greater understanding of the sociocultural factors associated with lower rates of mental health service utilization. By developing greater cultural sensitivity, mental health professionals will be able to better recognize and support the mental health needs of children and adolescents living in diverse cultural, family, and community settings.

See also: [▶ Access and utilization of health care](#); [▶ Psychotropics](#); [▶ School roles in mental health](#); [▶ School-Community Mental Health Centers](#)

## Suggested Reading

- Burns, B. J., Costello, E. J., Angold, A., Tweed, D., Stangl, D., Farmer, E. M., & Erkanli, A. (1995). Children's mental health service use across service sectors. *Health Affairs (Project Hope)*, *14*, 147–159.
- Kataoka, S. H., Zhang, L., & Wells, K. B. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, *159*, 1548–1555.
- Thomas, C. R., & Holzer, C. E., (2006). The continuing shortage of child and adolescent psychiatrists. *Journal of the American Academy of Child Adolescent Psychiatry*, *45*, 1023–1031.
- Zito, J. M., Safer, D. J., dosReis, S., Gardner, J. F., Magder, L., Soeken, K., et al. (2003). Psychotropic practice patterns for youth: A 10-year perspective. *Archives of Pediatric & Adolescent Medicine*, *157*, 17–25.

## Suggested Resources

- The American Academy of Child and Adolescent Psychiatry—<http://www.aacap.org>
- U.S. Department of Health and Human Services (1999) *Mental Health*—<http://www.surgeongeneral.gov/library/mentahealth/home.html>: *A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- U.S. Department of Health and Human Services (2001) *Mental Health*—<http://www.surgeongeneral.gov/library/mentalhealth/cre/>: *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 Abuse and Mental Health Services Administration, Center for Mental Health Services.

# American Psychiatric Association (APA)

Joseph B Layde

The principal professional organization of United States (U.S.) psychiatrists is the American Psychiatric Association, which somewhat confusingly goes by the same initials (APA) as the American Psychological Association, a professional organization of psychologists. Psychiatrists are medical doctors who, after medical school, have completed residency training in the specialty of psychiatry. Over 35,000 U.S. and international physicians are members of the American Psychiatric Association, which traces its history to 1844, when it was founded as the Association of Medical Superintendents of American Institutions for the Insane. The organization's name was changed in 1892 to the American Medico-Psychological Association; its present name was adopted in 1922.

The provision of excellent mental health care for psychiatrically ill children and adults is the paramount goal of the American Psychiatric Association. The association works to ensure effective, humane treatment for those with mental illnesses, mental retardation, and substance abuse problems by educating the public about mental disorders, encouraging excellence in the education of psychiatrists and other physicians, and advocating public policy changes to ensure the availability of effective treatments to all patients who could benefit from them. The American Psychiatric Association also promotes research into the causes and treatments of mental disorders and represents the professional interests of psychiatrists. The organization publishes, among many documents, Practice Guidelines for a variety of disorders, and the Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry, which includes procedures for handling complaints of unethical behavior by psychiatrists.

The annual spring meeting of the American Psychiatric Association brings together thousands of psychiatrists from around the U.S. and the world; scientific reports on the diagnosis and treatment of mental illness are the main focus of that meeting. The American Psychiatric Association's annual fall meeting, the Institute on Psychiatric Services, places more emphasis on public and community psychiatry, with

particular attention paid to improving the day-to-day social lives of patients.

The publishing arm of the American Psychiatric Association, American Psychiatric Publishing, Inc. (APPI), publishes seven professional journals, including the premier journal of U.S. general psychiatry, *American Journal of Psychiatry*, the multidisciplinary journal *Psychiatric Services*, and the journal of university departments of psychiatry, *Academic Psychiatry*. APPI is also a leading U.S. publisher of books on psychiatry and mental health, and publishes the best-selling *Diagnostic and Statistical Manual of Mental Disorders (DSM)* for the American Psychiatric Association. The *DSM*, currently in its 4th edition, Text Revised (DSM-IV-TR), is the authoritative classification guide for psychiatric illnesses, and is widely used in fields beyond psychiatry, including psychology, social work, and the law.

An affiliated corporation of the American Psychiatric Association, known as the American Psychiatric Institute for Research and Education (APIRE), was founded in 1988 to consolidate efforts to encourage scientific research as a basis for psychiatric practice, and public policy on mental health. The philanthropic and educational arm of the American Psychiatric Association is the American Psychiatric Foundation (APF), which funds educational programs, fellowships, grants, and awards devoted to improving public education about mental illness.

Seventy-six district and state branches provide local professional organizations for psychiatrists in the U.S., Puerto Rico, and Canada. Each district branch elects representatives to the Assembly of the American Psychiatric Association, that meets twice annually to discuss mental health policy, governmental relations and legislation relating to mental health, standards of psychiatric practice, and other areas of interest. Councils, committees, and task forces constitute the so-called “components” of the organization, that have an annual meeting in September. The Board of Trustees of the American Psychiatric Association comprises the chief officers of the organization, trustees elected out of seven geographical areas of the U.S., Puerto Rico, and Canada and at large, as well as representatives of psychiatric residents—“members-in-training”—and psychiatrists who have recently completed residency training—“early career psychiatrists.”

The American Psychiatric Association provides referrals for children and adults to psychiatrists

throughout the U.S. and Canada through its district branches and through a central Answer Center, which can be reached toll-free by telephone 1-888-35-PSYCH (1-888-357-7924) from the U.S. and Canada, and +1-703-907-7300, from outside the U.S. and Canada.

See also: [▶ American Academy of Child and Adolescent Psychiatry \(AACAP\)](#); [▶ American Psychological Association \(APA\)](#); [▶ Cultural psychiatry](#)

## Suggested Reading

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders*, (4th ed.). Text revision. Washington, D.C.: American Psychiatric Association.

## Suggested Resources

American Psychiatric Association—[www.psych.org](http://www.psych.org): This is the website of the APA and provides detailed information about the APA and membership, updated news, guidelines, and research.  
HealthyMinds.org—[www.healthyminds.org](http://www.healthyminds.org): This APA supported website focuses on mental health issues of interest to the general public.

# American Psychological Association (APA)

*Julia Shaftel*

The American Psychological Association (APA) is the largest association of psychologists worldwide. The mission of the APA is to advance psychology as a science and profession for the promotion of health, education, and human welfare. The APA supports psychological research, maintains high educational and ethical standards for psychologists, and seeks to increase psychological knowledge through professional meetings and publications. Recent issues of the *Monitor on Psychology*, the monthly APA

newsletter, contained articles focusing on Asian and Hispanic psychology and mental health. Multicultural concerns and issues are frequently highlighted in APA publications.

There are 53 divisions within the APA, each devoted to a branch of psychological research and training. Division 16, School Psychology, features publications, scholarships, grants, conferences, and educational opportunities for school psychology students, trainers, and practitioners. Division 16 publishes *School Psychology Quarterly*, a peer-reviewed journal of school psychological research. Division 45 is the Society for the Psychological Study of Ethnic Minority Issues, which encourages research and promotes public welfare through the application of psychology to ethnic minority concerns. Division 45 publishes the journal *Cultural Diversity and Ethnic Minority Psychology*.

Many branches of the APA seek to serve the public through psychology. The Public Interest Directorate addresses the advancement of human welfare and the fundamental problems of human justice for all segments of society. Program areas highlight women; disabilities; minority groups; aging; children, youth, and families; and lesbian, bisexual, and gay concerns, among other topics. Recent publications have addressed anti-semitism, HIV/AIDS and women of color, and the psychological aspects of international conflict. In addition, the Public Interest Directorate supports projects, publications, and scholarships to increase psychological knowledge about public interest issues. The Valuing Diversity project is an example of such an effort. This project has compiled two databases of professional research and model programs to assist communities to address diversity issues.

The Office of Ethnic Minority Affairs (OEMA) within the Public Interest Directorate provides scholarships and awards and promotes research and grant-funded activities involving ethnic minority group issues, such as disparities in health care and the response to Hurricane Katrina. This office also seeks to improve the training of psychologists with respect to multicultural issues and diversity. In 2002, the OEMA published the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*, that seeks to provide psychologists with resources for addressing multiculturalism and diversity in psychology training, research, and practice.

Children, Youth and Families (CYF) is a section of the Public Interest Directorate that promotes the development and dissemination of knowledge, policy analysis, advocacy, and public information about a range of education and children's mental health issues. Among numerous topics addressed by policy statements on the CYF website are violence in video games, bullying, children with disabilities, children's mental health, school dropout prevention, and homelessness.

The APA's Education Directorate is the center that addresses educational issues of all kinds. The mission of the Directorate includes enhancing the quality of teaching and of learning outcomes, increasing financial and public policy support for education, and serving the needs of our multicultural society. The Education Directorate oversees seven programs, including the Center for Psychology in Schools and Education (CPSE). This program connects the activities of the APA with federal agencies and professional societies toward improving the education and development of children and adolescents. Topics recently addressed by the CPSE include the needs of gifted children, teaching practices, and zero tolerance policies for violations of school rules.

See also: [▶ American Psychological Association \(APA\): Office of Ethnic Minority Affairs \(OEMA\) and Committee on Ethnic Minority Affairs \(CEMA\)](#); [▶ Counseling](#); [▶ National Association of School Psychologists \(NASP\)](#); [▶ School psychologist](#)

## Suggested Reading

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Opipari-Arrigan, L., Stark, L., & Drotar, D. (2006). Benchmarks for work performance of pediatric psychologists. *Journal of Pediatric Psychology, 31*(6), 630–642.

## Suggested Resources

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American Psychological Association—[www.apa.org](http://www.apa.org): This is the official Webpage of the APA. Here can be found a variety of resources, departments, and information on the Office of Ethnic and Minority Affairs, the Center for Psychology in Schools and Education, and guidelines for psychologists. For example, on the *Kids and the Media* webpage at <http://www.apa.org/topics/topickidsmedia.html> are book reviews, articles in the popular press and scientific journals, and APA resources about children and media such as TV and video games. Some of the many other APA website topics include anxiety, depression, sleep, learning and memory, race, stress, and testing issues.

# American Psychological Association (APA) Minority Fellowship Program (MFP)

*Jacqueline A Conley*

## The Program

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The American Psychological Association (APA) Minority Fellowship Program (MFP) began in 1973 under the auspices of Dalmatas Taylor. The program was developed as a training program for doctoral students and postdoctoral trainees who were ethnic and racial minority researchers. Since 2005, over 1072 Fellows have received support through the MFP. Financial support for this program is federally funded. Today, program supporters/sponsors include: the National Institute of Mental Health (NIMH), National Institute on Drug Abuse (NIDA), National Institute Neurological Disorders and Strokes (NINDS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

## Objectives of the Program

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The overall objectives of the MFP are to increase the knowledge of mental health issues of ethnic minority groups and to improve treatment modalities delivered to diverse groups. This undertaking is achieved through collaborative efforts with doctoral students and postdoctoral trainees and experts in particular areas along with funding support by various federal agencies.

## Fellowships

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The MFP has two categories for fellowships: Psychology and Neuroscience. Each fellowship has basic eligibility criteria and applicants can only apply for one fellowship program at a time. Listed below are the fellowships offered through the MFP.

The Mental Health and Substance Abuse Services (MHSAS) Predoctoral Fellowship is geared to those pursuing doctoral degrees in clinical, counseling, and

school psychology, or other mental health services areas. Potential fellows should have a particular interest in mental health and substance abuse research, delivery of services, and policy. The MHSAS Postdoctoral Fellowship is geared to those who are early career doctoral recipients and are interested in developing a career in mental health services research.

The Mental Health Research Fellowship (MHR) is geared to those pursuing careers in research psychology related to ethnic minority mental health.

The HIV/AIDS Fellowship is geared to those pursuing careers as research psychologists specializing in HIV/AIDS. This fellowship requires the submission of a specific application.

The Substance Abuse Research Fellowship (SAR) is geared to those pursuing careers as research psychologists specializing in substance abuse. This fellowship requires the submission of a specific application.

The Diversity Program in Neuroscience Fellowship is geared to those pursuing careers in neuroscience. Both predoctoral and postdoctoral fellowships are offered. The doctoral fellowship is opened to students in psychology or any life science discipline related to neuroscience.

## Deadlines and Awards

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The application deadline for all the fellowship programs is January 15th of the year in which support is being sought. The awards are announced in April.

## Selection Criteria

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The basic requirements are considered during the selection process:

- Commitment to ethnic minority mental health and substance abuse services
- Knowledge of ethnic minority psychology or mental health services issues
- Fit between career goals and training environment selected
- Potential to become a culturally competent mental health service provider demonstrated through accomplishments and goals
- Scholarship/grades
- Letters of recommendation

## Stipends

The stipends are issued by the MFP and vary yearly based on the amount set by the federal funding agency. Stipends are provided for up to 3 years; however, stipend support for 3 years is provisional and must be renewed each year. Reappointment is contingent upon the satisfactory academic progress of the fellow and continued support from the federal funding agency.

APA/MFP contact:  
750 First Street, NE  
Washington, D.C. 20002-4242  
Phone: (202) 336-6127  
Fax: (202) 336-6012

See also: [Education funding](#); [Rewards](#)

## Suggested Resources

American Psychological Association: Fellowships—<http://www.apa.org/pi/wpo/fellows.html>: This APA website offers a directory of selected scholarships, fellowships, and financial aid information for women and ethnic minorities.

American Psychological Association—<http://www.apa.org>: This is the official homepage for the APA. This site provides information for psychologists, students, and the public regarding issues in the field of psychology.

# American Psychological Association (APA): Office of Ethnic Minority Affairs (OEMA) and Committee on Ethnic Minority Affairs (CEMA)

*Dinelia Rosa*

The American Psychological Association's (APA) Office of Ethnic Minority Affairs (OEMA) was created to increase the scientific understanding of how culture pertains to psychology, and how ethnicity influences

behavior. Among the most salient tasks of OEMA are efforts to increase and enhance the delivery of appropriate psychological services to ethnic minority communities and to encourage all psychologists to develop some minimal level of multicultural competence. It also seeks to promote both greater inclusion of ethnic minorities in organized psychology and the development of public policies that support the concerns of ethnic minority psychologists and their communities. The OEMA also promotes recruitment, retention, and training opportunities for members of ethnic minorities in psychology. Some of the specific programs administered by OEMA are the Diversity Project 2000 and Beyond; Committee on Ethnic Minority Recruitment and Retention (CEMRRAT) Implementation Grant Fund for the APA 5-Year Plan for Ethnic Minority Recruitment, Retention and Training, and the Psychology in Ethnic Minority Serving Institutions (PEMSI) initiative. The OEMA is actively involved in publications, special projects, and grants in an effort to reach its goals.

OEMA also administers federally funded projects related to school violence prevention, health disparities, and the integration of mental health into public primary healthcare settings. In addition, OEMA operates a Psychology and Racism project and a job bank service. Finally, the office provides administrative support for the APA's Committee on Ethnic Minority Affairs (CEMA); Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology Task Force (CEMRRAT2 TF); Textbook Initiative Work Group (TIWG); and the Council of National Psychological Associations for the Advancement of Ethnic Minority Interests (CNPAEMI).

The APA Committee of Ethnic Minority Affairs (CEMA) was established by the Executive Committee of the Society for Industrial-Organizational Psychology (SIOP) and is administered by OEMA. It began with general concerns related to industrial and organizational aspects of concern to ethnic minorities (Native American/Alaskan Native, Asian/Pacific American, African/Caribbean American, and Latino/Hispanic American). Among the goals of CEMA is to increase the scientific understanding of those aspects of I-O psychology that pertain to culture and ethnicity; increasing educational, training, job, and career opportunities for ethnic minority persons in I-O psychology; and promoting the development of culturally sensitive models for the delivery of services in I-O psychology.

CEMA has evolved into a more inclusive agency, and now its vision is to enhance ethnically diverse and multicultural environments in such a way that all APA members will see themselves as more competent and empowered to achieve their own and collective goals. CEMA is also committed to disseminate its mission throughout APA to such an extent that its values and goals will reach the larger community. CEMA has promoted the integration of a multicultural psychology and is a contributor, together with other divisions and committees, to the *APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* approved in 2002 as APA policy by the Council of Representatives. These fundamental guidelines were implemented to promote and ensure cultural sensitivity and competence throughout activities included in the profession of psychology.

See also: [▶ American Psychological Association \(APA\)](#); [▶ Cross-cultural psychology](#); [▶ Ethnicity](#)

## Suggested Resources

APA—Office of Ethnic Minority Affairs—<http://www.apa.org/pi/oema/homepage.html>: This is the official homepage of OEMA and offers access to publications as well as information about projects and programs.

APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists—<http://www.apa.org/pi/multiculturalguidelines/formats.html>: An APA report.

## American School Health Association (ASHA)

Susan F Wooley

ASHA was founded as the American Association of School Physicians on October 27, 1927 at the annual meeting of the American Public Health Association in Cincinnati. The charter members represented 29 states and Canada. Interest in the Association grew so rapidly that in 1936, the American Association of School Physicians opened its membership to all professionals interested in promoting school health. The organization officially became ASHA.

The American School Health Association (ASHA) unites the many professionals working in schools who are committed to safeguarding the health of school-aged children and youth. ASHA is a multidisciplinary organization of administrators, counselors, health educators, physical educators, psychologists, school health coordinators, school nurses, school physicians, and social workers. Its mission is to protect and promote the health and well-being of children and youth through coordinated school health programs as a foundation for school success.

To accomplish its mission and provide national leadership, ASHA has adopted five goals:

1. Interdisciplinary Collaboration. Promote interdisciplinary collaboration among all who work to protect and improve the health, safety, and well-being of children, youth, families, and communities.
2. Professional Development. Provide professional development opportunities for all those associated with school health programs.
3. Advocacy. Provide advocacy for building and strengthening effective school health programs.
4. Research. Encourage quality research to strengthen school health programs.
5. Resources. To fulfill these initiatives, ASHA must acquire human, fiscal, and material resources.

Vehicles used to accomplish these goals include the peer-reviewed, indexed *Journal of School Health*; an annual conference with over 100 professional sessions; books and monographs related to the work of school health professionals; a members-only listserv where participants can share new findings and resources plus get assistance with issues; continuing education contact hours available through both conference attendance and self-study options; advocacy on behalf of issues related to the health and welfare of students and school staff; grant-funded special projects; and a website. The *Journal of School Health's* ten issues per year are available both in print and on-line versions. ASHA's commitment to interdisciplinary collaboration extends to how it does business. Grant-funded and other projects involve relevant groups; other interested groups hold meetings and trainings in conjunction with the annual conference; and ASHA has formal liaisons with many coalitions and organizations.

ASHA's more than 2,000 members live in every state in the U.S. and in over 50 other countries. More than half of members practice in kindergarten through

grade 12 schools or advise and oversee health education or health services programs in schools or state agencies charged with managing school health programs. Members have the option of joining Sections, that are discipline specific (i.e., mental health professionals, physicians, nurses, health educators, and school health coordinators), and Councils, that focus on cross-disciplinary issues of interest. Available councils include Administrative Support for School Health; Alcohol, Tobacco, and Other Drugs; Early Childhood Health Education and Services; Food and Nutrition; Health Behaviors; Indigenous Health; Injury and Violence Prevention; International Health; Physical Education and Physical Activities; Research; School Health Instruction and Curriculum; and Sexual and Reproductive Health.

See also: [▶ Center for School-Based Mental Health Programs \(CSBMHP\)](#); [▶ School-Community Mental Health Centers](#); [▶ School roles in mental health](#)

## Suggested Reading

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O'Rourke, T. W. (2005). Promoting school health: An expanded program. *Journal of School Health, 75*(3), 112–114.

## Suggested Resources

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[www.ashaweb.org](http://www.ashaweb.org): This is the site of ASHA

# Anxiety

*Ya-Ting Tina Yang*

Anxiety is a stress-related response that is often characterized by worry, concern, fear, and nervousness. The state of anxiety was once considered to be normal in the developmental process. It is not uncommon for children and adolescents to experience feelings of anxiety in situations such as the first day of school, the first date, giving presentations, or taking exams. Such mild, brief anxiety may actually help the individual stay alert and focused on tasks as well as face challenging

or dangerous situations. However, persistent and excessive anxiety can lead to negative outcomes with regard to youths' interpersonal relationships, social competence, and school adjustment if left untreated. Resistance to going to school, an inability to concentrate, difficulty with friends, and sleep problems on an ongoing basis are potential indicators of anxiety.

Beginning at a very young age, children begin to experience feelings of anxiety around strangers or during separation from primary caregivers. When children are a bit older, anxiety can result from thinking about imaginary creatures such as monsters or real-life creatures such as cats and dogs. Besides feeling anxious about academic performance, school-age children may experience anxiety through interactions with teachers and peers. This, in turn, may result in low self-esteem, teasing, or bullying from others, and social alienation.

## Types of Anxiety

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Anxiety becomes a disorder when a high degree of distress and worry start to interfere with a child's ability to function in daily life, which includes functioning in family, school, or social settings. Anxiety disorders are among the most common forms of mental problems in children and adolescents. Between the ages of 9 and 17, approximately 13% of youngsters experience some kind of anxiety disorder. The lifetime prevalence for anxiety disorders, as a group, is about 25%. In addition, about 50% of children and adolescents with anxiety disorders are often diagnosed with a second anxiety disorder or with other forms of mental disorder, such as depression. Several types of anxiety disorders can have an effect on children and adolescents.

## Generalized Anxiety Disorder

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Generalized anxiety disorder (GAD) is characterized by constant, intense worry and stress about upcoming events and occurrences that can lead to the presentation of physical symptoms such as restlessness, fatigue, difficulty concentrating, muscle tension, or sleep disturbance. Youngsters with GAD may worry about their academic performance, sports activities, natural disasters, their future, the safety of family members, and their own health. Even when a child is not being judged and

has always performed well in the past, he or she still ruminates and worries excessively. Owing to this anxiety, this type of child may be a perfectionist or unsure of him- or herself. The child may redo tasks if he or she perceives flaws or imperfections in assignments. This child may need constant approval and reassurance from others.

## Separation Anxiety Disorder

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Separation anxiety is common and considered normal among infants and toddlers; however, it not as appropriate for older children or adolescents. The hallmark sign of separation anxiety disorder is that the child exhibits great upset when faced with the possibility that he or she may be separated from the caregiver. Youngsters with separation anxiety disorder often fear for the safety of their parents. They worry that their family members may get into accidents or die. As a result, they have difficulties leaving their parents to attend school, fear being alone, and withdraw from social activities that take them away from their parents. Fear of separation can lead to dizziness, nausea, or palpitations.

## Social Anxiety Disorder

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Social anxiety disorder is characterized by a persistent and intense fear of social situations with the worry that the individual will be embarrassed or humiliated publicly. Situations such as having to write, speak, or perform in front of class or in public can elevate anxiety. Children and adolescents with social anxiety disorder are overly self-conscious, fear looking foolish, and are afraid of making mistakes or responding with the wrong answer. As a result, they may fall behind in school and even avoid going to school or attending social events completely. Youngsters who feel anxious in these situations are not often able to articulate their fears and as result may exhibit psychosomatic symptoms such as palpitations, tremors, sweating, diarrhea, blushing, and muscle tension.

## Panic Disorder

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Panic disorder is characterized by repeated and unexpected “panic attacks” with no apparent reason.

Panic attacks are marked by periods of intense fear that last from minutes to hours. They are characterized by symptoms that include heart palpitations, shortness of breath, sweating, trembling, and/or a feeling of imminent death. Children and adolescents with panic disorder often feel anxious most of the time, including the time between each panic attack.

## Obsessive-Compulsive Disorder

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Children and adolescents with obsessive-compulsive disorder (OCD) are trapped in thought and/or behavioral patterns that occur repeatedly and of which they have no control. Children with OCD may engage in repeated hand washing and counting rituals and demonstrate the need to have things arranged in a specific way. The repetitive thoughts or behaviors are difficult to end even when the child or adolescent recognizes them to be senseless and distressing.

## Posttraumatic Stress Disorder

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The onset of posttraumatic stress disorder (PTSD) can occur after the child or adolescent witnesses or experiences a stressful event, such as physical or sexual abuse, a shooting, gang violence, earthquake, or tornado. Children and adolescents with PTSD may reexperience the trauma through continual flashbacks and nightmares, coupled with constant fear and anxiety. As a result, they may have sleeping problems in addition to having difficulty concentrating, being irritable and/or overly sensitive, and having an inflated startle response. With PTSD, youngsters’ interest and participation in their usual activities are remarkably diminished and they may emotionally alienate or detach themselves from others.

## Specific Phobias

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Specific phobias are characterized by intense unrealistic fears towards exposure to a specific object or situation. Some of the common childhood phobias include: the dark, animals, injections, blood, storms, heights, water, elevators, driving, flying, tunnels, and closets. Children, unlike adults, may not be able to articulate their fears; in turn, they may avoid the situation or they may have tantrums, crying, clinging, fidgeting, headaches, and stomachaches.



## Cultural Aspects of Anxiety

Issues such as differing cultural values and adjustment to a new country may contribute to higher levels of anxiety. For example, those who speak fluent English may have lower levels of anxiety than those who are not fluent in English when living in a predominantly English-speaking culture. Acculturation may also contribute to anxiety as the child or adolescent and his or her family try to adjust to the new host culture while maintaining ties to the culture of origin.

## School Refusal

Anxiety in children can lead to school avoidance or school refusal. Regardless of the form of anxiety experienced, children sometimes have trouble going to school on a regular basis or struggle staying in school once present. This is especially common among school-age children between the ages of 5 and 6 and between 10 and 11, who are often in a transition phase from one school to another. At this point the child may experience separation anxiety, be fearful of making friends or being bullied, or have concerns about their academic performance. The child may feel anxious not only when separated from caregivers, but also riding on a bus, eating in a cafeteria, or interacting with other children or teachers. If school refusal that results from anxiety is overlooked, it can have a negative impact on children's self-esteem, interpersonal skills, coping skills, and education. Caregivers and teachers are encouraged to seek out professional assistance regarding appropriate treatment options if they suspect a child's or adolescent's anxieties are more than just a temporary maladjustment.

See also: [Ethnic minority youth](#); [Panic disorder/attacks](#)

## Suggested Reading

- Bernstein, G. A., Borchardt, C. M., & Perwein, A. R. (1996). Anxiety disorders in children and adolescents: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(9), 1110–1119.
- Glover, S. H., Pumariega, A. J., Holzer III, C. E., Wise, B. K., & Rodriguez, M. (1999). Anxiety symptomatology in Mexican-American adolescents. *Journal of Child and Family Studies*, 8(1), 47–57.

## Suggested Resources

Anxiety Disorders Association of America—<http://www.adaa.org/>: The Anxiety Disorders Association of America (ADAA) is a national, nonprofit organization composed of professionals with goals of improving lives of individuals who suffer from anxiety disorders by promoting the prevention, treatment, and cure; raising professional and public awareness; supporting research in finding out causes and treatment; and speaking on behalf of people with anxiety disorders in legislating, media, and medical/scientific community settings.

## APA

- [American Psychiatric Association \(APA\)](#); [American Psychological Association \(APA\)](#)

## Arab American Children

*Karen L Haboush*

Figures from the 2000 U.S. Census suggest the number of Arab Americans is at least 1.2 million, reflecting a 40% increase between the 1990 and 2000 Census. Many Arab American groups estimate the number of Americans with Arab ancestry is closer to 3.5 million. School psychologists may work with these children as 25% of the Arab American population is under 25 years of age.

The 2000 Census identified Arabs as those individuals whose ancestry originates in Arabic speaking countries, even though not all individuals from these countries consider themselves Arab. Arabs emigrate from 22 countries in the Middle East (including Lebanon, Syria, Egypt, Jordan, Saudi Arabia, Iraq, Yemen, United Arab Emirates, and Kuwait) as well as from North Africa (Morocco, Tunisia, Algiers, Sudan, and Libya). Palestinian Arabs reside within various Middle Eastern countries including Lebanon, Israel, and Syria. Considerable variability exists regarding the economic, political, ethnic, and religious composition of each of these countries, making generalizations regarding Arabs, and hence Arab Americans, difficult.

Nevertheless, most Arabs possess a shared heritage, that includes Arabic as their native language and upholds the central importance of religion and family as traditional values. Upon immigrating to the U.S., variability among families increases depending upon the degree of acculturation to either Western or Arab culture.

Immigration of Arabs to the U.S. has occurred in several waves, beginning prior to 1900 when many of the poor came looking for better economic conditions. A second wave occurred after World War II and the creation of Israel. Beginning in 1975 with the Lebanese Civil War and following subsequent wars in Arab countries (i.e., Gulf War, Iraq-Iran War), immigration has increased to the U.S. The largest percentage of Arab Americans are Lebanese followed by Egyptians and Syrians, and most Arab Americans are second and third generation. Compared to other U.S. immigrants, levels of education and family income tend to be higher for Arabs, which may allow them to culturally assimilate more fully. Nevertheless, 22% of Arab American children under 18 years of age live in poverty. Because more recent immigrants have emigrated in response to wars, these children and their families may arrive with symptoms of post traumatic stress disorder (PTSD), have lower levels of education, fewer economic resources, and remain less acculturated. Iraqis and Moroccans make up the largest group of recent arrivals.

When working with Arab American children, degree of acculturation to either Western or Eastern/Arab culture can influence the acceptability of school psychology interventions. Upon emigrating, Arab American youngsters may undergo a process of alternately accepting and rejecting aspects of their traditional (Arab) and new (Western) cultures. Although many Arab American children eventually embrace features of both cultures, the degree to which a child identifies more strongly with Arab or Western culture is determined by many factors, including country of ancestry, religion, education level, and economic and community status following emigration.

Arab American children are most concentrated in ethnic communities in California, Ohio, New York, New Jersey, and Michigan. Generally speaking, Arab Muslims may have more difficulty acculturating than Arab Christians since the latter tend to be more identified with the West and are less visible targets of bias owing to Western dress. Indeed, following September 11, 2001, incidents of bias against Arab American

and/or Muslim children have been documented with increasing frequency in schools.

Two central features of Arab culture involve the dominant role of religion and the family. School psychology practice with Arab American children will be most successful if the influence of acculturation upon these two variables is assessed.

## Religion

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Religion occupies a central role in Arab culture and its importance cannot be underestimated. Arab American children may identify more strongly with their religion rather than their country of ancestry. The two predominant religions are Christianity and Islam, but Arab countries vary considerably in terms of number of members of each religious group who comprise their population. Although the majority of Arab countries are predominantly Muslim, the largest percentage of Arab Americans are Christians of Lebanese ancestry (often, Maronites). Other Christian groups include various Orthodox sects as well as Catholics and Presbyterians. The proportion of Muslims among recent Arab American immigrants has increased. Included among the Muslim groups are the Sunni, Shi'ite, Druze, and Alawai. Longstanding historical divisions have existed among Arab Christians and Muslims as well as among the subgroups that comprise each faith. Inter-marriage between Christians and Muslims, as well as between the different subgroups that comprise each faith (i.e., Sunni and Shi'ite, Catholic and Orthodox) is rare.

Because religion is so important for both Christians and Muslims, acceptability of psychological interventions is enhanced when religious values are considered. Such assessment also aids the establishment of effective working alliances with Arab American children. Children who are more identified with traditional Arab culture may be more likely to accept religious, rather than psychological, explanations for problems. In turn, they may maintain an external, rather than internal, locus of control, reflecting beliefs that *Allah*, rather than personal responsibility, determines behavior. Therefore, counseling interventions should consider a level of personal initiative that is consistent with the child's beliefs about his or her own locus of control. Religious values should also guide the steps taken by school psychologists to

establish effective working relationships. For example, a Muslim girl may avoid prolonged eye contact with unfamiliar males. Discussion of sexual matters is generally not encouraged. Statements made by school psychologists reflecting knowledge of religious beliefs often help solidify the working alliance with more traditional Arab American children.

## Family

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Arab culture is considered collectivist in that the collective good is more highly valued than personal independence and autonomy. The extended family is the central collectivist unit. Arab American children, whether Christian or Muslim, are raised to look inside the family for solutions and guidance rather than looking outside. Personal autonomy and separateness are not valued in the same way as in Western culture. Thus, depending upon level of acculturation, school psychologists must ensure their interventions are tailored so as not to threaten family stability.

Traditional Arab families are patriarchal. The number of Arab American households headed by women is much lower than it is for the U.S. population as a whole. Although the role of mothers is important, and has been strengthened under Islam, fathers maintain considerable authority. Brothers may even have authority over female siblings. In some ethnic communities, gender segregation occurs among children, especially those attending Muslim schools. Sexuality reflects the patriarchal aspects of Arab culture in that males are accorded more sexual freedom. Divorce, homosexuality, domestic violence, and premarital sex are not openly discussed. Because of the central importance of family, Arab American children who disclose sexual abuse may risk being perceived as shaming the family.

In line with a strong collectivist emphasis, Arab American children are raised with the expectation that they should maintain family honor. As a result, child-rearing practices, while often loving and affectionate, also involve a good deal of shaming. The idea of giving children personal choice, which is common in Western culture, is less common in traditional families. Shaming is not intended to harm children, but rather, to uphold the importance of maintaining family honor.

## Education

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Education is highly valued for both boys and girls. Reflecting this value, U.S. Census figures show that Arab Americans tend to be more highly educated at the high school, college, and postgraduate levels than some other groups. In part, education for boys is viewed as contributing to the family's financial security whereas education for girls, in more traditional families, enhances desirability as a marriage partner. For Muslims, the *Quar'n* emphasizes the importance of religious education.

In Arab culture, parents award teachers a good deal of authority, in line with the high degree of respect that is typically shown to authority figures. Consistent with many Arab governments that do not allow for dissenting opinions, as well as the strong collectivist emphasis, education stresses rote memorization of facts rather than critical inquiry. Thus, recently emigrated Arab American children may be unaccustomed to the more active, questioning role that American schools afford students. Likewise, Arab American parents may be less accustomed to advocating for their children in school systems. More traditional parents may be less likely to adopt the kind of active teaching role that many American parents embrace as a cultural norm.

English is a second language for many Arab American children. Census figures reveal that while English is spoken in three out of four Arab American homes, a second language is spoken by 69% of the population over 5 years of age. Arabic, which is written from right to left, tends to be a very expressive language.

Special education is still developing in many Arab countries, and while laws exist that require inclusion, the practice is unevenly implemented. As a result, children with disabilities have sometimes been kept at home due to concerns about preserving family honor. Upon emigrating to the U.S., more traditional and/or recently emigrated families may not understand the school's attempts to include their children. Among traditional families, explanations for disabilities often involve religious and/or medical explanations, rather than psychological ones. In such families, psychological problems are viewed as those that should be solved within the family or by religious leaders rather than outside professionals. Emotions tend not to be openly expressed in more traditional families and counseling approaches that emphasize

short-term, solution-oriented approaches, rather than insight into one's feelings, may at least initially be a better fit with the more traditional family. Moreover, as a result, Arab American children may present with more somatic concerns. The emphasis on not openly expressing emotions is consistent with cultural values that emphasize family honor and cohesiveness. Islam also encourages kindness to those with disabilities.

## Assessment

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Many of the most widely used psychological tests for assessing intelligence and social-emotional functioning have been translated into Arabic. Many Arab countries do not emphasize punctuality and speed and recently emigrated Arab American children may be unaccustomed to the emphasis on speed that often characterizes intelligence and achievement tests.

School psychologists using translators should be aware that because of its greater emotional expressiveness, responses to personality tests given in Arabic sometimes appear more disturbed. On scales assessing mood disorders, depression is often expressed in the form of somatic complaints. Because Islam forbids suicide, children may deny suicidal ideation if directly questioned. An alternative approach involves asking if they had ever wished *Allah* might ease their suffering by ending their life. Because of religious prohibitions pertaining to the creation of images, asking Muslim children to complete drawings as part of a psychological assessment should be avoided.

See also: [▶ Academic achievement in minority children](#); [▶ Adolescent ethnic identity](#); [▶ Ethnic minority youth](#)

## Suggested Reading

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- Dwairy, M., & Van Sickle, T. D. (1996). Western psychotherapy in traditional Arabic societies. *Clinical Psychology Review, 16*, 231–249.
- Haboush, K. L. (2005). Lebanese and Syrian families. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.), *Ethnicity and family therapy* (3rd ed.) (pp. 468–486). New York: Guilford Press.
- Nassar-McMillan, S., & Hakim-Larson, J. (2003). Counseling considerations among Arab Americans. *Journal of Counseling and Development, 81*, 150–160.

## Suggested Resources

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- <http://www.aafscny.org>: This website describes the Arab American Family Support Center in NY.
- <http://www.aaiusa.org>: This website has information on Arab American demographics.
- Information on the development of psychological services in Arab countries—<http://www.ArabPsyNet.com>

## ASD

- [▶ Autism Spectrum Disorders \(ASD\)](#)

## ASHA

- [▶ American School Health Association \(ASHA\)](#)

## Asian/Asian American Youth

Kevin Nadal · Derald Wing Sue

## Introduction

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Asian Americans are the fastest growing racial/ethnic minority group in the United States (U.S.). As a group, they have multiplied eightfold from 1.4 million in 1970 to 11.9 million in 2000, and are projected to increase to 20 million by 2020. Although they are only 3.6% of the U.S. population, their numbers increased 72% between 1990 and 2000, outpacing every other racial/ethnic group in the country. Moreover, Asian Americans account for one-third of all immigrant arrivals since the 1970s. As a result, the number of Asian immigrant youths in the U.S. has increased significantly.

The term “Asian American” refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including

over 40 distinct ethnicities, that include Filipino, Asian Indian, Vietnamese, Chinese, Japanese, Pakistani, Korean, Hmong, Bangladeshi, and Cambodian. While Pacific Islanders are separated from Asian Americans in the U.S. Census, they are sometimes lumped into this category when discussing multicultural issues.

According to the 2000 U.S. Census the largest ethnic group within the Asian American population is Chinese American, with 2.9 million individuals in the U.S. (or 23% of the entire Asian American population). This is followed by Filipino Americans (2.4 million or 19.9%), Asian Indians (1.9 million or 16%), Korean Americans (1.2 million or 10.3%), Vietnamese Americans (1.2 million or 10.3%), and Japanese Americans (1.1 million individuals or 9.6%). Finally there are “Other Asians” (1.2 million or 10.3%) that include groups such as Pakistanis, Bangladeshis, Laotians, and Cambodians.

## Heterogeneity of Asian Americans

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When discussing Asian Americans, it is important to recognize the heterogeneity of the population. First, there are hundreds of languages within the Asian American racial group, including Tagalog, Hindi, Cantonese, Mandarin, Vietnamese, Japanese, and Farsi. Secondly, there are over 20 major religions within the Asian American racial group, ranging from Hinduism, Buddhism, Sikhism, Catholicism, Taoism, and Confucianism. Thirdly, there are many physical differences between the major Asian subgroups. For example, while East Asians (e.g., Chinese, Japanese, and Korean) may have a lighter peach skin tone and smaller eyes, Filipino Americans and Southeast Asians (e.g., Vietnamese, Cambodian, Laotian) may hold a light to dark brown skin tone, and South Asians (e.g., Asian Indians, Pakistanis) may have a dark brown skin tone and larger eyes. Because of this heterogeneity, it is common for Asian Americans to identify in terms of their ethnicity (e.g., “Indian,” “Filipino,” “Korean”), instead of the broader racial category of Asian or Asian American.

## Asian American History and Demographics

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The first Asians who arrived in the U.S. were a small group of Filipino Americans who landed in Moro Bay, California in 1587, which is 30 years earlier than the

Pilgrims landed on Plymouth Rock. However, the first Asians to arrive in large numbers were the Chinese who settled on the West Coast in the middle of the 1840s. They are credited with building the transcontinental railroads in the U.S., while undergoing very poor living conditions and facing blatant racial discrimination from Whites. The Japanese arrived shortly after in the late 1800s and also worked as laborers in railroads, canneries, and mining, among other locations. To limit the number of incoming Asian immigrants, the U.S. government enacted the Chinese Exclusion Act of 1882 and the 1924 Immigration Act, which limited (and later forbade) the number of Chinese immigrants. It was not until the 1965 Immigration Act, in which quotas were no longer based on race, that Asian immigration began to increase again. Currently, tens of thousands of Asians immigrate to the U.S. on an annual basis. Most Asians that immigrated post-1965 include professionals of various careers, including doctors, nurses, and engineers. These Asians immigrated for better employment opportunities and a better future for their children. Finally, approximately 2 million Southeast Asian refugees have arrived in the U.S. since 1975. These refugees come primarily from Vietnam, Cambodia, or Laos. While other Asian immigrants have had time to prepare for their move to the U.S., refugees often escape their home countries from persecution and other tragic conditions, arriving without education, money, or resources. Currently, most Asians who immigrate are educated and oftentimes come to join other family members who have already settled the U.S. Additionally, because Filipinos and Asian Indians are the fastest growing Asian immigrant groups, the majority of Asian Americans have changed from predominantly East Asian American to a fair distribution among Asian subgroups.

The children of Asian immigrants are often defined in three ways. *First-generation* Asian American youth consist of Asians who immigrated to the U.S. in their late adolescence (i.e., one who immigrates from the Philippines when he/she is 18 years old or later). This generation is said to have maintained much of the values from their country of origin and oftentimes has difficulty becoming accustomed to the new values in the U.S. *Second-generation* Asian Americans are individuals who are U.S. born and have foreign-born parents (i.e., one who was born in the U.S. and whose parents were born in India). These individuals oftentimes are taught the cultural values, language, and customs of their parents’ home countries, while

learning the values and norms of being American in the U.S. *The 1.5 generation* consists of foreign-born Asians arriving in the U.S. prior to age 13 (i.e., one who was born in China and immigrated at 12 years old). Because they spent their childhood in their home country, they were able to develop much of their values, beliefs, and personality before immigrating to the U.S.; however, because they immigrated during adolescence, they still have the ability to further develop their identities.

According to the 2000 U.S. Census approximately 25% of the Asian American population is under age 17, 10% between the ages of 17 and 24, and 65% over the age of 24. Among members of the second generation (American born with at least one foreign-born parent), the average age is even lower for new immigrant groups. For example, the 0–17 age cohort accounts for 70–89% of all second-generation Asian Indians, Koreans, Vietnamese, and other Asians.

Census data also reveal that Asian American children tend to do better in school compared to the general U.S. population, regardless of their immigrant status, language usage, and family situation. This academic achievement leads Asian Americans to gain admission into colleges and universities in very high numbers. However, it is important to recognize the within-group differences between Asian American ethnic groups with regard to education. For example, Southeast Asians, Pacific Islanders, and Filipino Americans often exhibit higher rates of high school drop outs and college attendance than East Asians (Chinese, Japanese, Korean) and Asian Indians. Moreover, previous studies have shown that generational differences affect educational achievement: the longer the time that an Asian American is in the U.S., the lower the risk that she/he will drop out of school.

## Acculturation

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Acculturation can be defined as the systematic process where one cultural group comes into contact with another group and experiences changes in attitudes, values, and beliefs as they adhere to the values of the dominant society. For Asian Americans, the process of acculturation is unique to immigration status and experiences. Asian American youth who immigrate to the U.S. (i.e., first generation and 1.5 generation) experience a change in cultural values, beliefs, habits,

and language upon arrival. While they have learned certain cultural norms and standards in their home country, they must adjust to dominant cultural norms and standards in the U.S. For example, a 15-year-old Vietnamese adolescent who comes to the U.S. must acculturate by adopting cultural norms that might not be common in Vietnam (e.g., speaking English, communicating loudly and directly). On the other hand, second-generation Asian Americans may experience the process of acculturation differently. Although these individuals were born in the U.S., their foreign-born parents may teach them certain cultural values, beliefs, and habits that they as children maintain in their homes. When the Asian American child attends school for the first time, he/she must learn to adjust to the dominant American cultural norms and standards that may not be practiced at home. For example, a 6-year-old second-generation Japanese American child might enter school and have difficulty maintaining eye contact with her teachers because her parents taught her that children should not make eye contact with her authority figures or elders. To be successful in school, this child will have to acculturate to the American standards, where it is appropriate and respectful to maintain eye contact with authority figures.

When these Asian American youth discover conflict between their Asian and American values, they oftentimes experience acculturative stress. For example, while a Korean American may be taught Asian values of being respectful of his/her parents and not arguing with elders, his/her American values might teach her to be vocal, individualistic, and to always speak whatever is on her mind. This conflict of wanting to please and respect the authority of her parents while also wanting to express his/her opinions may cause stress in the individual's life.

Asian American youths are also often pressured by family members to adhere to strong Asian cultural values over American values. Moreover, many Asian American youth are taught to be proficient in their respective native languages to preserve their culture, ancestral history, and ethnic identity in the U.S. As a result of balancing both their Asian and American identities, many Asian American youth develop a bicultural identity. Bicultural Asian Americans are able to acquire and adjust to the cultural norms and values of the dominant American society, while also maintaining a strong connection with their ethnic/cultural group.

## Asian American Racial/Cultural Identity

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When living in the U.S., Asian Americans and other people of color may develop a racial/cultural identity as they struggle to understand themselves within their own ethnic culture, the dominant culture, and the oppression that exists between the two cultures. Through understanding an Asian American's racial/cultural identity, one can discover this individual's attitudes and beliefs about his/her own racial/cultural group, the dominant group, and other people of color. One racial identity model presented by Atkinson and colleagues, the Racial/Cultural Identity Development model, maintains that people of color may undergo five stages of racial/cultural identity development: conformity, dissonance, resistance and immersion, introspection, and integration.

The first stage of development is conformity, in which the individual maintains a preference for the dominant cultural values, while rejecting their own Asian group membership and values. For example, a Pakistani American who refuses to speak with his/her parents in his/her native language in public settings shows that he/she is embarrassed of his/her language and would rather speak English, the dominant language. Moreover, an Asian American who chooses to identify as "American" instead of "Asian" or "Pakistani" is an example of someone who is trying to distance herself from her ethnic roots. The second stage of development is dissonance, which is identified as the individual's conflict when he/she encounters information or experiences that are inconsistent with beliefs, attitudes, and values held by the dominant culture. For example, when an Asian American in the conformity stage believes that all Asians are reserved, unsociable, and inarticulate encounters an Asian American leader who breaks these stereotypes, the individual may experience conflict. Additionally, recognition of the privilege and oppression of the dominant group leads to dissonance, particularly when Asian Americans experience discrimination based on their race/ethnicity.

The third stage of development is resistance and immersion, which is categorized by the complete endorsement of ethnic cultural views and rejection of the dominant culture. An Asian American at this stage may only associate with other Asian Americans and people of color, while contending that Whites cannot be trusted. In the fourth stage, introspection, the

individual realizes the psychological distress and fatigue due to the intense feelings of the resistance and immersion stage. The individual may also be dissatisfied with rigid group views and the pressure to conform to those views. For example, an Asian American in the introspection stage may realize that it is pointless to be angry at all White people and may find conflict when he/she encounters a White person who is genuine and racially conscious. The final stage of this model is integrative awareness (considered to be the optimal level of development), which is when the Asian American can appreciate his/her own cultural heritage and that of the dominant culture. Conflicts that are related to rigid views of either culture are resolved and he/she can now see the positive and negative aspects of both cultures. During this stage, the individual is committed to eliminate all forms of oppression and has a strong sense of self.

When discussing racial/cultural identity with Asian Americans, it is important to understand that many variables might influence their experiences. First, it is likely that the experiences of foreign-born Asian Americans will differ from American-born Asian Americans. When foreign-born Asians immigrate to the U.S., they come from a country where they are of the dominant culture but experience discrimination in the U.S., where they are of the minority group. This may also cause internal discord because many Asian immigrants choose to move to the U.S. for opportunity and freedom, yet are discriminated in the country where they chose to settle.

In addition to generational differences, other factors may affect an Asian American's racial/cultural identity development in the U.S. Exposure to members of their own racial/cultural group and other people of color may influence their racial/cultural identity. For example, if Asian American adolescents are born and/or raised in a geographic area where there are many Asian Americans, they may have an easier time identifying with their Asian racial groups. Moreover, if Asian American adolescents are born and/or raised in a predominantly White geographic area, they may be more likely to conform to White cultural values and reject Asian American values.

Experiences with racism and discrimination may also have an impact on racial/cultural identity development. The more that an Asian American is racially discriminated against, the more aware he/she may be of racial dynamics between groups. For example, if a

Cambodian American adolescent is consistently insulted by White peers, with messages that he/she is a foreigner and needs to speak better English, he/she may advance more easily between the conformity and dissonance stages than another Asian American who does not experience these racially charged statements. At the same time, if a Taiwanese American adolescent is raised in a neighborhood where he/she does not receive blatant discrimination (or where he/she is not aware of it), it may be more difficult for the individual to move from the conformity to dissonance stages because he/she may not recognize the salience of race in his/her life.

Different Asian ethnic groups may experience different forms of racial discrimination and stereotyping which might also influence their racial/cultural identity. For example, an Asian Indian may receive different stereotypes (such as being a terrorist or unclean) than a Southeast Asian, who might receive stereotypes such as being a criminal or uncivilized. As a result, the different stereotypes that these individuals face may influence how they perceive the dominant culture and how they behave accordingly.

## Asian/Asian American Values

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When discussing Asian and Asian American values, it is important to recognize that because of the heterogeneity of the group, it becomes impossible to identify values that apply to all Asian ethnic groups. While there may be many similar cultural values (which may stem from basic Confucian, Taoist, Hindi, or Buddhist values), each Asian ethnic group may understand each value differently and may apply different meanings to these values, based on the history, traditions, and uniqueness of each ethnic culture. Moreover, when applying these values to Asian Americans, it is essential to understand that the relevance of these values will apply to an individual's level of acculturation and racial/ethnic identity development. Given this, various Asian values are highlighted to understand the differences between Asian American values and Western/European American values.

One of the most overarching values for Asian Americans is *maintaining harmonious relationships*. Simply stated, Asian Americans are taught to be collective and group-oriented, instead of competitive and individual-oriented. This may take several forms for an individual. First, the notion of *familialism* refers to the sense that Asian Americans are expected to put the

needs of their families before themselves. Decisions must be made with the consent and consideration of one's family. Additionally, everything that an Asian American individual does or is should be a representation of his/her family. The idea of *loss of face* includes the notion that Asian Americans should avoid bringing shame to the family at all costs. The *fulfillment of obligation* is also a key component in understanding the need to maintain harmonious relationships. Asian Americans are expected to be obligated to their family members above all others and to maintain family ties, regardless of the situation.

Another value also taught within the Asian American family is the *withholding of expressing true emotions and feelings towards others*. Many Asian Americans are taught that it is inappropriate to express true feelings to other people, oftentimes leading to indirect communication within Asian American families. Because it is disrespectful and inappropriate for Asian Americans to express their true feelings towards others, many Asian Americans may choose an indirect communication (i.e., finding a "middle person" to explain perspectives to others, behaving passive aggressively to express emotion). This is also related to the Asian value of *respecting elders and authority*. In Asian American families, the authority figure always has the control and jurisdiction in decision-making and rules; younger Asian Americans are expected to adhere to authority figures and elders. Simply stated, not only is it inappropriate to express emotions to others, but it is especially inappropriate to argue with or express emotions to authority figures.

Another value that is often important to Asian Americans can be described as *reserve, reticence, deference, and humility*. Asian Americans are taught that it is better to be quiet and peaceful, instead of being loud and boisterous. It is not appropriate for Asian Americans to be direct in their communication, nor is it appropriate for Asian Americans to be competitive or aggressive with others. As a result of this, Asian Americans are often taught to "not make waves," which essentially means to be obedient and respectful towards others.

A final set of Asian American values includes *academic and occupational achievement*. Many Asian Americans are taught that education is one of the most important values, over other values such as recreation or leadership. Because many Asian American parents immigrated for a better life for their children, they have certain expectations for their children to accomplish the



“American dream.” Getting an education and obtaining a prestigious career allows for an Asian American to bring pride and status to his/her family, while fulfilling obligations to the family as well. With these values of academic and occupational achievement come several other values, including *self-control* and *self-discipline*. Many Asian Americans will be able to use self-control and self-discipline to manage their emotions and behaviors, to achieve academically. Oftentimes, these Asian Americans might use *shame* and *guilt* to push themselves to achieve the highest educational and occupational accomplishments. The potential of bringing shame to the family and the guilt and pressure to bring status to the family are both reasons for wanting to excel academically. As a result, Asian Americans may suppress negative emotions and do whatever is necessary to achieve.

When discussing these Asian American values, it is important to understand the impact that both acculturation and ethnic identity will have on their retention or application. For example, when discussing *reserve*, *reticence*, *deference*, and *humility*, it is important to recognize that a more acculturated Asian American may see the value in being loud, direct, and competitive to succeed in the U.S. Moreover, an Asian American with a higher status of ethnic identity might see that by being reserved and reticent, that she/he is perpetuating stereotypes of Asian Americans and allowing for them to be viewed the invisible and/or submissive minority. Another example might include how an Asian American reacts to the value of *withholding the expression of true feelings and emotions towards others*. A more acculturated Asian American (who values direct communication) might see the detriment of not expressing her/his emotions to others; by not expressing feelings, an acculturated Asian American might recognize that she/he is suppressing emotions that are likely to be hurtful in the long run. At the same time, an Asian American with a higher level of ethnic identity might recognize that it is important to express her/his true feelings particularly when combating stereotypes and speaking up to authority figures. Because Asian Americans are viewed as passive and submissive, an Asian American with a higher level of ethnic identity might make more direct attempts at being more assertive and aggressive.

At the same time, it is important to understand that some of these values are conflicting. For example, while Asian Americans are taught to be collective/cooperative, they are also taught to achieve academically. So while

they may be expected to be collective in the home and with their family, when they go to school they may learn it is more important to be competitive to succeed. While their families teach them to be reserved and humble, their schools teach them to be vocal and direct.

## Model Minority Myth

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The Model Minority Myth contends that Asian Americans are well-educated, successful, and law-abiding citizens in the U.S. While some may view this myth as positive, this notion can be negative in many ways. First, the Model Minority Myth encourages the stereotyping of Asian Americans as quiet, submissive individuals who will not speak out, complain, or protest against group norms. In doing so, Asian Americans are often overlooked and made invisible because they are seen as passive and nonthreatening. For example, because Asian Americans as a group might be successful in college, Asian Americans may be overlooked for scholarships, outreach, and retention programs, when in fact Southeast Asians and Filipino Americans have low rates of college retention and graduation. Moreover, because of the Model Minority Myth, college administrators oftentimes neglect to provide services for Asian Americans because they are viewed as not having problems and/or not experiencing the same types of stressors as other racial/ethnic minority groups.

Another negative aspect of the model minority myth is that it causes tension with other people of color (i.e., African Americans, Latino/Hispanic Americans, and Native Americans) who are stereotyped as the opposite of the model minority (e.g., non-educated/unintelligent, criminal). Oftentimes, people of color are compared to Asian Americans and taught to be more like them. The message is that if Asian Americans can immigrate into the U.S. and become successful, then other racial/ethnic minority groups can too. This leads to tension and resentment between Asian Americans and other racial/ethnic groups, which oftentimes takes the form of intra-group conflict and hostility. People of color may foster resentment towards Asian Americans because Asian Americans are being stereotyped as being “good minorities.” Consequently, Asian Americans may foster resentment towards the Model Minority Myth, because it leads to other people of color and Whites failing to acknowledge the experiences of Asian Americans as a racial/ethnic minority group.

## Contemporary Experiences of Asian American Ethnic Groups

Given the fact that Asian Americans may vary in physical appearance, languages, religious orientations, and cultural values, there may be myriad experiences that Asian American youth undergo. While Asian American adolescents may have similar experiences (e.g., balancing the bicultural identity of being Asian and American, overcoming the Model Minority Myth), there are many between-ethnic group differences. Through understanding both these common and unique experiences, one can gain a thorough awareness of an Asian American individual's holistic identity.

Southeast Asian Americans are often the children of refugees or refugees themselves. They or their parents come to the U.S. without education and with little resources. As a result, their experience in the U.S. is one which is not of the Model Minority. They are often from working class families and have a lower per household income than other Asian American groups. Moreover, compared to other Asian American ethnicities, they have higher high school drop out rates and lower rates of college admissions. Many Southeast Asians face a unique acculturative stress, which arises from conflict and alienation both at home and at school, as well as adjustment due to their refugee experience. As a result, there has been a significant rise in Southeast Asian gangs and criminal activity among these youth, which has led to a greater need for resources and social supports for this community.

While Filipino Americans have a longer history in the U.S., a majority of the youth are children of professionals that immigrated post-1965. Unlike other Asian ethnic groups, it has been found that second-generation Filipino Americans achieve less academically than both Filipino American immigrants and other second-generation Asian Americans. Moreover, Filipino Americans are oftentimes mistaken for other racial/ethnic groups, including Hispanic/Latino, potentially as a result of distinct physical differences and 350 years of Spanish colonization. This may lead to potential identity confusion and acculturative stress. As a result, many times Filipino adolescents will identify with Hispanic/Latinos and African Americans as a way of recognizing their unique experience as an ethnic group.

Asian Indian and other South Asian Americans also have a unique experience in the U.S. Because they are more physically different than other Asian Americans, it sometimes becomes necessary to justify

their experience as Asian American. Moreover, Asian Indians are oftentimes grouped with Arab Americans, leading to being stereotyped as terrorists, which other Asian Americans do not have to face. Consequently, Asian Indian Americans may experience additional identity stress in that they have to justify that they are Asian but also that they are not Arab.

There are several generational differences within the Chinese American group. Second-generation Chinese American youth must balance the expectations of doing well in school while dealing with the pressures from home. Concurrently, there has been a rise in Chinese-immigrant youth who have arrived in the U.S. by virtue of family reunification. These Chinese immigrant youth have difficulty adjusting to school and tend to come from urban/working class backgrounds.

Japanese Americans are the only Asian American group who have a noticeable third generation (grandparents immigrated to U.S. and parents were born in the U.S.). Because of a longer history in the U.S., it is important to notice that Japanese American youth may speak English more proficiently than most Asian groups.

See also: [Academic achievement in minority children](#); [Ethnic minority youth](#)

## Suggested Reading

- Lee, J., & Zhou, M. (Eds.) (2004). *Asian American youth: Culture, identity, and ethnicity*. New York: Routledge.
- Uba, L. (1994). *Asian Americans: Personality, patterns, identity, and mental health*. New York: Guilford Press.

## Suggested Resources

- Asian American Studies Center Online—<http://www.sscnet.ucla.edu/aasc/>: This website offers information on Asian American studies, ranging from census reports, new research studies, and journal articles.

## Asperger's Syndrome, PDD

*Yvette Frumkin Feis*

Asperger's syndrome is one of several disorders belonging to the more general category called Pervasive Developmental Disorder or PDD. Asperger's syndrome

is characterized by severe impairment in social interaction along with restricted and repetitive patterns of behavior, interests, and activities. First described by Hans Asperger in 1944, the disorder usually involves specific patterns in language, cognition, and movement. Language is characterized by stilted and repetitive speech and emotionless expression, while vocabulary and grammar may be very good. Cognition functions may show concrete thinking and limited common sense within the context of intellectual potential that reflects the full spectrum, although many children with Asperger's syndrome are advanced in verbal abilities and lagging in nonverbal abilities.

Obsessions with particular or idiosyncratic topics such as dates, history, music, or sports result in a wealth of information about a slender subject area. Individuals with Asperger's syndrome may have a great memory for trivia and may talk repeatedly on the topic without awareness that it may be of little interest to others. Nonverbal learning disabilities are not uncommon. Unusual patterns of movement are frequent. Odd forms of self-stimulatory behaviors are performed. Movements may appear awkward or clumsy. Reciprocal interactions may be inept. Due to the lack of shared interest, poor social skills, and awkwardness in speech and movement, children with Asperger's are often isolated or taunted. Tantrums, sleep disturbance, or aggressive behavior may result from social and communication problems.

Specific diagnostic criteria for Asperger's syndrome are outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV):

- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
  1. Marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
  2. Failure to develop peer relationships appropriate to developmental level
  3. A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
  4. Lack of social or emotional reciprocity
- B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
  1. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
  2. Apparently inflexible adherence to specific, nonfunctional routines or rituals
  3. Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
  4. Persistent preoccupation with parts of objects
- C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning
- D. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years)
- E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than social interaction), and curiosity about the environment in childhood
- F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia

The prevalence of Asperger's syndrome is not known. The course of the disorder is usually continuous and lifelong. The diagnosis for Asperger's syndrome is made through observation of behavior, parent report, and language and cognitive testing. While there are no blood or genetic tests that are able to positively diagnose this condition, these tests are employed to rule out other disorders.

All PDDs are characterized by severe and pervasive impairment in several areas of development, reciprocal social interaction, communications, or the presence of stereotypic behaviors, interests, or activities. Besides Asperger's syndrome, disorders in the category of PDD include Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, and Pervasive Developmental Disorder-Not Otherwise Specified. The latter disorder is used when symptoms do not meet the criteria for classification into one of the other disorders or when symptoms are not severe enough to warrant diagnosis of one of the other disorders. The word pervasive may be misleading in this category name as many children who meet the criteria for inclusion have very specific areas of difficulty, may have normal or better intellectual abilities, and may even excel in some areas. The cause of PDD is unknown. Much research has been conducted in an attempt to uncover causal

relationships. More is known about what is not related to PDD than what is. Parental attitude is not related, and no parental behaviors have been found to cause PDD. Stress is not a causal agent. However, PDD is four times more prevalent in boys than in girls.

Specific medical conditions are frequently associated. Hypersensitive hearing, sound sensitivities, or ability to tune out sounds are often found with individuals with PDD. Mild motor problems, clumsiness, and toe walking are frequently noted. Mental retardation, chromosomal abnormalities, congenital infections, and structural abnormalities of the central nervous system are sometimes concurrent with PDD. Interventions include positive behavior management techniques, structured routines, and school inclusion programs that emphasize appropriate social and communication skills. Occupational therapy is recommended for movement disorders. Different types of medications are useful to treat different associated symptoms such as anxiety or hyperactivity. For the best success, intervention programs must be customized to the individual child's needs and ability levels, rather than the diagnostic category. Asperger's children often need more support than first appears necessary. While some may cope well in a mainstream class with additional support, others may need the greater structure of a special education class.

See also: [Autism Spectrum Disorders \(ASD\)](#); [Individuals with Disabilities Education Act \(IDEA\)](#); [Special education](#)

## Suggested Reading

- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.), text revision. Washington, D.C.: American Psychiatric Association.
- Attwood, T. (1998). *Asperger's syndrome: A guide for parents and professionals*. London: Jessica Kingsley Publishers.
- Moore, S. T. (Ed.). (2002). *Asperger Syndrome and the elementary school experience: Practical solutions for academic and social difficulties*. Shawnee Mission, KS: Autism Asperger Publishing Company.

## Suggested Resources

- Camp Make Believe—<http://www.campmakebelievekids.com/AspergerSyndrome.htm>: This website provides resources and programs to assist professionals, parents, and children with Asperger's syndrome, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), autism, and other social challenges.

# Assessment of Culturally Diverse Children

Lisa A Suzuki · Lan Ngo · John Kugler

Appropriately assessing culturally diverse children involves not only examining abilities and behaviors but also integrating relevant information regarding the examinee's historical, economic, and social context. In the past, terms such as "cultural deprivation," and "cultural disadvantage" have been used as reasons for substandard performance by members of racial and ethnic minority groups on various ability measures. However, numerous researchers note that these tests reflect information deemed important by the dominant, majority culture. Historically, tests have been based upon a deficit model indicating that any performance that deviated from the cultural mainstream was viewed as deficient. This does not take into account that culture is a complex construct that influences what an individual values, as well as one's worldview, language, problem solving abilities, and more, all of which have clear implications for assessment.

The following focuses on culture as it potentially influences numerous aspects of the assessment process including: (a) general testing issues (e.g., test development), (b) forms of assessment, (c) areas of assessment (e.g., cognitive abilities, personality and socio-emotional characteristics), and (d) factors to be considered in the psycho-educational evaluation of children.

## General Testing Issues

The use of various measures has been challenged based on concerns of item and test bias, and issues regarding the validity of measures developed in one cultural context and applied to children from diverse backgrounds. For example, criticisms related to the use of particular aptitude (i.e., intelligence) tests within racial/ethnic minority groups have resulted in court cases and legal bans on the use of such measures in certain educational settings. Allegations of discriminatory assessment practices escalated in the late 1960s and 1970s following the civil rights movement that drew attention to the tracking of students and placement into special education programs based upon group and individually administered intelligence tests.

Specific concerns pertained to the overrepresentation of racial and ethnic minority students in non-academic vocational and special education programs for the educable mentally retarded. The more visible cases included: *Diana v. State Board of Education* (1970), *Covarrubias v. San Diego Unified School District* (1971), *Guadalupe v. Tempe Elementary School District* (1972), and *Larry P. v. Riles* (1972, 1979). These cases ended in victory for plaintiffs from the African American, Mexican American, and American Indian communities and brought attention to the disparities in education related to race and ethnic background.

To understand these challenges to the use of various measures the reader should be familiar with the following terms:

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## Cultural Loading

All tests are culturally loaded to some extent. That is, they reflect artifacts (e.g., knowledge, values) of the culture(s) in which they were developed. Even tests that do not require verbal administration or answers (i.e., nonverbal measures) are considered culturally reduced but not culture free.

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## Test Bias

Test bias refers to systematic error resulting in differences in test scores based upon group (e.g., racial and ethnic) membership. These differences are a result of test characteristics rather than “true” differences with respect to the construct being measured. Test bias has been examined with respect to differences in means (average scores) on particular measures, differential predictive validity, and differential construct validity between groups. It should be noted that average score differences between racial and ethnic groups on a particular measure are not necessarily indicative of test bias. Disparities may be reflective of important group differences that are relevant (e.g., score differences related to socioeconomic statuses). Predictive validity refers to whether an instrument is an equally good predictor of particular outcomes (e.g., achievement) for different racial/ethnic groups. In this context, construct validity refers to whether measures have the same factor structures for different racial and ethnic groups.

Bias can be introduced into the assessment process based upon how the scores are used as in the cases of

selection bias and over-interpretation. Selection bias refers to situations where the results of testing have a differential effect upon inclusion of students in special programs (e.g., gifted programs, special education, job placement). Over-interpretation occurs when broad judgments are made about a child based upon one indicator (e.g., test performance) while other potential indicators of ability (e.g., adaptive behavior) are ignored. As noted earlier it is critical that a multilevel and multi-factorial assessment be the evaluation of choice.

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## Item Bias

Experts may be brought in to review the content of test items to determine if they are biased with respect to particular racial and/or ethnic groups. Criticisms have been raised regarding this practice given that often there is no formal criteria provided to expert panels to be used in their evaluation process and bias cannot be “eyeballed.” Studies have revealed that items experts identified as “unfair” with respect to culture were not the ones that differentiated group scores. Examination of item passing rates for different racial and ethnic groups on measures of intelligence have often yielded no evidence related to cultural bias.

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## Norming

The most popular instruments used in assessment are generally based upon national norms. This means that racial and ethnic minority group members are included in the same proportion as they are in the overall national census. This practice is generally assumed to be appropriate, however, when actual numbers are identified the inclusion of particular groups may be miniscule in comparison to the dominant White majority. For example, the Wechsler Intelligence Scale for Children—IV (2003), the most popular individualized intelligence test in the United States (U.S) has norms based upon the 2000 U.S. Census. The total number of children included in the standardization sample was 2,200. The technical manual reports percentages of inclusion for different racial and ethnic minority groups in relation to 11 age groupings. The actual numbers were approximately 1,420 White, 343 African American, 335 Hispanic, 92 Asian, and 28 Other. The creation of special norms

based upon racial and ethnic group membership can be useful in certain instances given that test scores can be interpreted from multiple perspectives (e.g., national norms, regional norms, local norms).

## Forms of Assessment

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A number of forms of evaluation have evolved to assess the performance of children related to cognitive abilities (aptitude and achievement), personality, and socio-emotional functioning. In this section we address five primary methods used in the assessment of children (i.e., interview, observation, quantitative instruments, projective instruments, and alternative forms) and provide a brief discussion of potential cultural implications for each.

### Interview

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The information obtained in the clinical interview forms the backbone of the assessment process when evaluating all children. This practice involves not only the child or youth but parents and other involved stakeholders (e.g., extended family members). A thorough interview is especially important in assessing children from diverse cultural backgrounds. For example, when assessing recent immigrants or refugees, educational and health records may not be available, therefore, information obtained from the interview in terms of a detailed psychosocial history may fill in important gaps. In addition, areas such as psychological mindedness (e.g., the examinee and/or families understanding of the problem as psychological and/or emotional), acculturation, child's strengths and weaknesses, socioeconomic status, cultural norms of behavior, and community resources should be considered.

### Observation

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Observing a child provides critical information in the assessment process. An astute evaluator can obtain information by observing their behavioral presentation (e.g., dress, eye contact, attitude), affect and mood (e.g., reactivity, intensity), speech and language (e.g., level of verbal output, prosody—rate and rhythm of speech, fluency, reading comprehension and writing), thought processes and content (e.g., perceptual disturbances), and cognitive functioning (e.g., memory,

calculation). All of these observational areas are influenced by culture. It is critical that the evaluator be sensitive to potential cultural differences when interpreting and drawing conclusions based upon observed behavior. Observations conducted in a culturally sensitive manner may prove very useful in examining potential socio-emotional issues pertaining to a particular child. For example, a child's dress and level of eye contact may be determined by cultural norms. A lack of eye contact is often seen as a sign of respect in Asian cultures but may be interpreted as inattention or dishonesty in a Western context. It is important to note that cultural norms influence verbal and nonverbal behavior. For instance children may be judged to be passive and nonassertive in the classroom, however, several cultures emphasize showing respect by not questioning those in authority (i.e., teachers). It should be noted that observations may include behavioral checklists and/or rating scales.

### Quantitative Instruments

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The majority of instruments used in evaluating children in the schools yield numerical scores that are quantified based upon national and regional norms. Examples of these measures include most grade level performance tests and those used for accountability (i.e., high stakes testing). These tests have been identified as the "gatekeepers" to higher education given that one's performance is often linked to future opportunities in educational settings (e.g., Stanford Achievement Tests, SAT, Graduate Record Examination, Law School Admissions Test). The use of quantitative instruments has produced the greatest number of challenges in the assessment of culturally diverse children. As noted earlier in relation to court cases arising from usage of intelligence tests (e.g., tracking children into special education and vocational programs), society's focus on test scores has posed numerous problems for members of diverse communities. Different cultures reinforce particular forms of ability and only select areas are considered in the traditional assessment process.

### Projective Instruments

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Projective tests involve the presentation of ambiguous stimuli (e.g., pictures, inkblots, incomplete sentences)

in which theoretically the test taker projects (e.g., organizes) aspects of him/herself (e.g., personality, values, beliefs) to make meaning of what he or she sees. Popular measures in this area include the Thematic Apperception Test (TAT), Children's Apperception Test (CAT), and the Tell-Me-A-Story Test (TEMAS). For each of these measures the child is presented with a picture depicting a particular scene and asked to tell a story including how the story begins (what happened before the picture) and then what happens. The stories are analyzed for themes that are then interpreted in conjunction with other data obtained about the child's background. The TEMAS is a multicultural TAT in which the pictures are designed to pull for culturally relevant themes. The TAT also includes an objective scoring method. In each of the narrative assessment tools cultural factors should be considered in the interpretation of the relevant themes.

Drawing tests like the House-Tree-Person, Human Figure Drawing, and Kinetic Family ask the child to draw pictures reflecting their inner life. Children draw before they learn to write so their pictures represent a very primitive and elemental form of communication. Cultures apply different conventions in portraying reality that in turn may have an impact on drawing test results. For example, even the use of color in the drawings can have different meanings. The color red in the Chinese culture is a symbol of good luck in comparison to the association with more negative themes (e.g., anger, blood) in Western culture. In assessing culturally diverse children, drawings should be used as stimuli for discussion allowing the individual to elaborate on the meaning of various aspects of the drawing.

## Alternative Forms of Assessment

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There are a number of alternative forms of assessment that can be used to complement more formal measures. These include portfolio assessment (i.e., evaluation based upon a collection of work), authentic assessment (i.e., test questions resemble complex tasks undertaken outside of the school environment) and curriculum-based assessment (i.e., assessments that are linked to local curriculum and instruction). In each of these forms, information is gleaned from assessing particular aspects of the child's educational experiences. These alternative measures may be used to supplement other forms of assessment.

## Issues that Influence Assessment

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There are a number of cultural variables that can potentially have an impact on the assessment process. These include: acculturation, socioeconomic status, educational background, and language.

### Acculturation

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Acculturation refers to change in the behavior, attitudes, values, and beliefs of a group based upon contact with another culture. One model of acculturation is one-dimensional and assumes changes in the direction of the dominant culture. A second, bidirectional model suggests that individuals must deal with varying degrees of adapting to and integrating into the dominant culture while maintaining aspects of their original culture. Competent assessment practices are dependent in part on understanding the individual's degree of acculturation.

### Socioeconomic Status

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Socioeconomic status (SES) has an impact on the measurement of psychological phenomena. Poverty increases risk factors such as perinatal disease, malnutrition, lead poisoning, limited health care, substandard housing, family disorganization, low self-esteem, low expectations, premature termination of future goals, and other environmental barriers to future success. For example, it is well documented that students from high SES families perform better on achievement tests than students from low SES families. This observation can be attributed to the lack of resources available to students from low SES backgrounds stemming from a combination of low levels of parental education, low-status parental occupation, large family size and the absence of one parent. Students from low SES families are at greater risk for low achievement, while high SES is linked to greater social support and fewer school and behavior problems.

SES also affects the risk factors associated with psychopathologies among children. Stressful events, poverty, a paucity of social support, and other conditions associated with low SES have been identified as risk factors for behavioral or emotional (e.g., depression) problems in child development.

## Educational Background

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Measures of aptitude and achievement assess what a child has learned. Differences in instruction (e.g., school curriculum, classroom instruction, and number of years of schooling) and educational resources between various communities and countries may contribute to discrepancies in test results between various racial and ethnic groups. In addition, emphasis on different academic abilities in various cultural groups may have an impact on the results of achievement tests. Cultures reinforce particular ability areas. A reliance upon tests as measures of achievement, ability, and accountability have been emphasized more in Western cultures. Not all cultures emphasize individual competition, test-taking skills, speed, and obtaining one right answer. Some cultures value group harmony, cooperative engagement, and understanding that there may be multiple answers to abstract tasks and perseverance.

## Language

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The variety of languages used by diverse students can pose a host of challenges in assessment. For example, over 200 languages are spoken in the public schools in Chicago. According to the U.S. Census, an estimated 18% of children between the ages of 5 and 17 speak a language other than English at home. Given the multitude of languages spoken by a diverse student population, formal testing, especially in the areas of achievement and aptitude have become a focus of debate. Researchers have suggested that children should always be tested in their native language except in instances where they have been primarily educated in an English based school system. Asking a child if they can be tested in English is not appropriate since they may answer affirmatively given the differential power dynamic between their position and that of the evaluator. It should also be noted that children tend to pick up aspects of social language more quickly, therefore, they may appear proficient on the playground or in situations when conversing with peers. Their ability to understand academic language required in the testing situation may not be at the same level. Children may also engage in code switching in which they express more emotionally laden content in their native language even when speaking English. Although nonverbal measures reduce the effects of culture and language,

successfully completing these tasks often involves using language as part of problem solving

## Equivalence

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In educational settings as diverse as U.S. schools, it is important to have reliable and valid assessment instruments that can be used across various cultures and languages. When translating and adapting instruments for use in other cultures and languages, investigators must strive to keep the new version as similar as possible to the source language version while maintaining cultural relevance. However, the cultural equivalence of such tests is questionable, and subsequently, the meaning of the outcomes and scores on these tests are unclear.

The following forms of equivalence should be taken into consideration during the assessment process with individuals from diverse cultural backgrounds.

- Functional equivalence: the degree to which test scores have the same meaning across different cultures
- Conceptual equivalence: the extent to which cultural groups are equally familiar with the content of test items and consequently attach the same meanings to these test items
- Linguistic equivalence: whether the language used in tests has been equalized so as to uphold the same meaning across different cultural groups
- Psychometric equivalence: the degree to which a test measures the same things at the same levels across different cultures
- Testing condition equivalence: whether testing as a means of assessing ability and testing procedures are equally familiar and acceptable to differing cultural groups
- Contextual equivalence: whether the cognitive ability to be assessed is evaluated similarly in the various environments in which the person functions
- Sampling equivalence: determination that representative samples of each racial or ethnic group are comparable at the test development, validation, and interpretation phases

There are various ways in which equivalence can be undermined in the assessment process. Attaining linguistic equivalence is particularly difficult due to the numerous sources of error that can occur in translations.



- **Literal translations:** Problems occur when items are translated too literally, resulting in nonsensical phrases, poorly constructed sentences, or the loss of original meaning
- **Mistranslations:** Imprecise translations can occur when the original purpose or meaning of the original items are not understood by the translators
- **Altering items:** Slightly altering an item may be necessary to provide the most acceptable wording for respondents as idioms used in one culture may not have direct translations
- **Generating new items:** Although generating new items may be important in translating a test, the final measure may no longer be comparable to the original version and should be considered a different test.
- **Deleting words, items, or scales:** Part of an item, the entire item, or an entire scale may not be applicable to a new culture, and thus, may need to be replaced or removed. However, in some cases, removal can create scoring problems and the established validity of the original measure may no longer apply.

Trained bilingual evaluators are helpful in the translation process. There should be a pilot phase for a newly translated measure, in which the instrument is administered to a group representing the target population and a discussion of the assessment items is held with pilot participants. Once pilot data is collected, statistical procedures could be applied to a larger norm sample and the results analyzed to establish validity and reliability. Equivalence is often examined through statistical analyses of measures and selection procedures.

## The Process of Assessment

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The process of assessment includes the determination of whether an evaluation is needed, selection of particular measures (quantitative and qualitative), the administration of selected instruments and procedures, interpreting results, and formulating the written report. It should be noted that the testing process itself is based upon an interaction between the evaluator and the evaluated. Thus, testing is a social situation and the attitudes of both parties can have an impact on the results. An evaluator may possess technical expertise in the administration of particular measures but lack

the sensitivity and cultural knowledge necessary to establish rapport and gain the trust of the examinee.

Prior to engaging in the assessment process the evaluator should familiarize themselves with the cultures existing in the community that they serve. Knowing the culture in which a child resides can help in the identification of salient questions to be asked during the interview and potential sources of support in the process (e.g., translators, interpreters).

## Pre-referral Data Gathering

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Professionals should gather information from parents and guardians prior to making a decision to refer for testing. Information regarding health, education, and past services may be helpful in deciding whether an evaluation is appropriate. For example, if the child has recently immigrated and just entered the American school system then allowing them time to adjust to their new environment is crucial and other support services may be accessed to help in this process. Time may not be needed if educational records or reports from guardians indicate that the child had special services in their homeland. Parents may be considered the “cultural experts” given their close association with the child. Professionals and other “trusted members” (e.g., parent leaders) from the community can also serve as “cultural brokers” to assist the examiner in gaining an understanding of the cultural context in which the child and their family reside. Based upon the gathered information, if a problem is identified an informed decision can be made about whether an evaluation is needed. Conducting observations of the child in the classroom setting also provides important information to understand their current educational context.

## Selecting Instruments

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When an evaluation is deemed necessary then appropriate instruments should be selected based upon the identified problem. The cultural relevance of the measures should also be considered. It is critical that the evaluator obtain up-to-date information about the cultural implications of using the chosen instruments. They should be cognizant of the scoring patterns (if any) for racial and ethnic minority groups and their

inclusion in the norming and standardization procedures used in the test development process. These issues are often addressed in the technical manuals provided for standardized measures. Some of the specific questions to be addressed include: How were cultural factors integrated in the development of the test? Was the measure normed on a representative sample including members of various racial and ethnic minority groups?

## Administering Tests

The evaluator should explain the purposes of the test to the child and family and provide a brief description of what the testing will entail. Establishing rapport with the child is critical prior to formal testing.

When administering the test the evaluator should be vigilant in observing behavior and insuring that the child understands the various tasks being presented. This is clearly more easily accomplished in an individual setting than a group testing situation. Problem solving strategies and motivation play a major role in successful performance. Examiners may engage in “testing the limits” procedures to gain important information regarding the child’s abilities. These procedures may include extending time limits, allowing usage of paper and pencil for math items, repeating items or parts of items in an orally administered test, and interviewing the child about the reasoning behind their response.

Examiners should also be aware of how their own behavior may effect the testing situation. For example, where the evaluator sits in relation to the child may have an impact on the results. When testing American Indian children, examiners should sit to the side of the child or diagonally across to avoid staring directly at them while they are tested.

## Interpreting Results and Writing the Report

The written report should reflect an integration of all of the data obtained during the evaluation. Any deviations in administration should be noted along with impressions by the evaluator regarding the child’s performance on the tests. Background information should be noted whenever relevant to assist the reader in understanding the results in a culturally sensitive context.

## Making Recommendations

Recommendations should be made with respect to the strengths and weaknesses of the child’s performance with attention to the child’s background and observations during testing. Consideration of the influence of cultural factors should be noted whenever relevant.

## Communicating Results

When sharing the results of the testing with parents(s)/ guardian(s) opportunities should be provided for additional exchanges of information. The parents may recall information about relevant history that is spurred by the findings of the evaluation.

The assessment of culturally diverse children is a complex process involving multiple sources of information (e.g., parent, child, cultural brokers), different types of measures (e.g., quantitative, qualitative) and multiple areas (e.g., personality, aptitude). Tests can be used as effective markers of a child’s strengths and weaknesses, and can facilitate understanding of their progress. No test has been created that is not influenced by culture. The evaluator should never lose sight of the primary purpose of assessment, that is, to obtain a true estimate of the psychological constructs being addressed for that particular child. Assessment is a dynamic process and tests measure only samples of behavior at one point in time that can be influenced by cultural as well as situational factors.

See also: [▶ Myers-Briggs Type Indicator \(MBTI\), Multicultural Applications](#); [▶ Racial/ethnic group differences](#); [▶ TEMAS \(Tell-Me-A-Story\) Multicultural Thematic Apperception Test](#)

## Suggested Reading

- Suzuki, L. A., Ponterotto, J. G., & Meller, P. J. (2001). *Handbook of multicultural assessment: Clinical, psychological and educational applications*, (2nd ed.) San Francisco, CA: Jossey Bass.
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## Association of Black Psychologists (ABPsi)

Jacqueline A Conley

The Association of Black Psychologists (ABPsi) is an organization that serves Black psychologists and the larger Black community. It was established in 1968 by a small group of Black psychologists from across the United States (U.S.). Its mission is to seek liberation of the African mind, to empower the African character, and to illuminate the African spirit. To achieve its goals, ABPsi hopes to promote and advance the profession of African psychology, influence and affect social change, and develop programs to assist with problem solving in Black communities and other ethnic groups.

The ABPsi's continued growth demonstrates the importance of providing mentorship and a medium for communication among students in the field of psychology. As a result, the Student Circle was launched in 1993. The Student Circle provides opportunities for psychology students in the association to serve in leadership roles and obtain mentorship.

The ABPsi has three media to communicate and disseminate information to its members and the professional community: *The Journal of Black Psychology*, the *PsychDiscourse*, and annual conventions. *The Journal of Black Psychology* is a peer-reviewed journal which contains scholarly research that advances the field of psychology as well as African psychology. The *PsychDiscourse* is a monthly newsletter that provides current information relevant to the association and the field of psychology. Finally, the association hosts an annual convention where professionals and students come together for a meeting of the minds and dissemination of research.

The ABPsi has over 1400 members in various chapters across the U.S. and abroad. ABPsi has had many prominent psychologists as leaders. Some of the most notable past presidents include: Dr. Reginald

Jones, Dr. Na'im Akbar, Dr. Linda James Meyers, Dr. Thomas Parham, and Dr. Maisha Bennett. Dr. Reginald Jones published the first book on Black psychology in 1972. Dr. Thomas Parham developed a therapeutic approach and interventions to work with African Americans. In addition, Dr. Parham was instrumental in the development of the American Counseling Association's Multicultural Competencies.

The future vision of ABPsi is to continue with its critical work that focuses on African psychology, to provide forums for new and senior professionals, to provide and disseminate information to Black communities, and to be a voice for multicultural issues.

See also: [▶ American Psychological Association \(APA\)](#); [▶ American Psychological Association \(APA\): Office of Ethnic Minority Affairs \(OEMA\) and Committee on Ethnic Minority Affairs \(CEMA\)](#); [▶ American Psychological Association \(APA\) Minority Fellowship Program \(MFP\)](#)

### Suggested Resources

Psychdiscourse—<http://www.PsychDiscourse.net>: *PsychDiscourse* is the official news journal of The Association of Black Psychologists.

Association of Black Psychologists—[www.abpsi.org](http://www.abpsi.org): This website provides a list of Black psychologists by state for consumers seeking professional services. Membership applications, job postings, and other valuable information can also be found.

## Attendance

Jo-Anne Manswell Butty · Velma LaPoint · Cheryl Danzy · Charlynn Small

School attendance is an integral part of students' school success from preschool through grade 12. It has been used in research and practice as one indicator of school engagement. Several academic interventions have been used to increase student engagement and, in turn, promote school attendance. When students are actively engaged in the learning process, they are motivated to attend school regularly. Some educators acknowledge challenges to student attendance and may want to only teach students who have consistent

and excellent attendance. This response, however, is oversimplified and consequential—students cannot afford to forsake themselves and educators cannot afford to let them. Policies and laws governing student attendance exist at the state and district level with varying kinds of penalties to students and parents or family members entrusted with students' education and care. In extreme cases, students, parents, and/or family members may be found to be in violation of truancy laws and become involved in the juvenile and/or criminal system.

Different students are engaged in schooling at different rates and components. Student attendance rates are generally higher in private schools than public schools and in suburban schools than urban schools, although older suburban schools may have profiles similar to older urban school systems. Research suggests that some students may be more engaged, for example, in co-curricular schooling activities but less engaged in academic programming, or vice versa. Studies have also suggested that some groups of students of color show different rates of school engagement or attendance. This suggests that educational interventions geared toward students, based on their interests and ethnicity may be more effective in improving student engagement and, thus, student attendance. If these programs are not implemented, some students may be less engaged in schools and receive less critical basic and higher level skills that are needed not only in school, but in other school-to-career transitions and settings—college, training programs, and/or the workplace.

Some studies suggest that students may not attend school for several reasons because they (a) may want to avoid educational subjects they dislike or find difficult; (b) are bored or unchallenged by schoolwork; (c) need and/or would rather earn money by working; (d) have family and peer challenges, language differences, and other social problems; and/or (e) are fearful of being victimized by school crime and violence. Many of these reasons were presented from students primarily at urban, low-income elementary and secondary schools which are disproportionately students of color. Many school districts are developing new and/or revising current attendance policies to promote student attendance where they: (a) use student attendance rates and/or participation in courses as a part of students' final grade where points are deducted for absenteeism; (b) deny course credit to students after excessive absenteeism; (c) use incentives to reward high and/or improved attendance to individual students and student groups (e.g., homerooms, specific

classes); (d) implement improved attendance monitoring systems; and (e) implement specific interventions for students and families with family problems (e.g., telephone and personal interviews, counseling, referrals to human service agencies).

Promoting school attendance involves concerted efforts among all stakeholders—students, educators, parents and family members as well as community members. Many school districts and individual schools have successfully maintained high attendance rates among students, using culturally responsive strategies for an increasingly culturally diverse student body, by improving and sustaining high quality (a) pedagogy, classroom climate, and teacher effectiveness with smaller learning communities; (b) support systems during key student transitions from elementary to middle and high school; (c) school-to-career theme-based groupings in middle and high schools; and (d) parent, family, and community engagement to reinforce educational goals, objectives, and standards.

See also: [▶ Student motivation](#); [▶ Truancy](#)

## Suggested Reading

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## Attention Deficit/ Hyperactivity Disorder (ADHD)

Courtney B Ferrell

Attention Deficit Hyperactivity Disorder (ADHD) was first described in 1845 by Dr. Heinrich Hoffman in a collection of poems entitled "The Story of Fidgety Philip." Since that time, ADHD has been known by several other names including Minimal brain

dysfunction, Hyperkinetic disorder, and Attention deficit disorder (ADD). The most current term, ADHD refers to a neurodevelopmental disorder (The Diagnostic and Statistical Manual of Mental Disorders, DSM-IV-TR) that is defined by the three subtypes of (1) Predominately Inattentive, (2) Predominately Hyperactive-Impulsive, and (3) Combined Type.

ADHD is a highly prevalent disorder. It is estimated that between 3–7% of children within the United States (U.S.) (DSM-IV-TR) and 4% of adults suffer from ADHD. According to parental report data from the 2002 CDC annual National Health Interview Survey (NHIS), approximately 4 million children within the U.S. who are under the age of 18, have been diagnosed with ADHD. Essentially, in a classroom of 25–35 children at least one child will have ADHD.

ADHD is 3–10 times more common in boys than in girls. However, these numbers may be inflated as several studies have brought into question the possibility that ADHD is underdiagnosed in girls. Questions of this nature have arisen given that the symptoms of ADHD in girls tend to be less severe than those for boys and thus draw less attention from parents and teachers. In addition, it appears that girls more often exhibit symptoms of the inattentive subtype than boys, which can sometimes be more difficult to diagnose than the other two subtypes.

Although it is well documented that ADHD is a highly prevalent disorder, very little is known regarding the differences in prevalence, diagnosis, and treatment of this disorder in children from different racial and ethnic backgrounds. According to the results of the NHIS, a survey of approximately 40,000 households, 7% of children ages 6–11 were reported by their parents as having an ADHD diagnosis. Of this 7%, the majority of children were White (4%), followed by African American children (2%), and Hispanic children (1%). However the differences in prevalence rates may be due to factors other than race or ethnicity, such as economic status. In addition, several studies have indicated that there are ethnic and racial differences in treatment rates for ADHD. Specifically, White children are 4:1 more times likely to receive treatment for their ADHD symptoms in comparison to African American children.

## Etiology

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Given the complexity of ADHD and the likelihood that there are numerous factors contributing to the development of the disorder; the exact cause of ADHD is

not known. However, genetics, environmental risk factors, and psychosocial adversity all have been implicated in the development of this disorder. Increasing evidence exists that suggests a strong genetic component involved with the development of ADHD. Family studies and twin studies have shown that there is a 2–8% increased risk for ADHD in parents and siblings of children with ADHD. Children who have at least one parent diagnosed with ADHD are at an increased risk for developing the disorder themselves. Given these findings, studies are now underway to examine which specific genes are involved with the transmission of ADHD.

In addition to genetic factors there are several theories that suggest ADHD is caused by an imbalance in certain chemicals in the brain that regulate and control executive functioning (e.g., behaviors such as attention, planning, and impulsivity). Specifically, it is hypothesized that people with ADHD have an inefficiency in dopamine levels. Essentially, their dopamine transporter levels are high, which causes the removal of dopamine from the brain prior to gaining the full effect of this neurotransmitter, hence resulting in symptoms of inattention, impulsivity or hyperactivity.

Environmental risk factors have also been shown to be associated with ADHD including diet, low birth weight, maternal smoking during pregnancy, exposure to alcohol or cigarettes, and lead contamination. Pregnancy and delivery complications such as eclampsia and poor maternal health have also been implicated in the development of ADHD. Furthermore, family environment factors such as (1) severe marital discord, (2) low social class, (3) large family size, (4) paternal criminality, (5) maternal mental disorder, and (6) foster placement have also been associated with ADHD symptoms.

## Psychopathology

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The core symptoms of ADHD are inattention, hyperactivity, and impulsivity. Given that children normally display these behaviors, it can be difficult to differentiate between what is considered normal behavior from more problematic behavior that is indicative of ADHD. According to the DSM-IV-TR for one to receive the diagnosis of ADHD, the symptoms of inattention, hyperactivity, and impulsivity must be at levels that are maladaptive or inconsistent with developmental level. Additionally, there must be noticeable

functional impairment across the domains in which one is involved (e.g., school, home, outside activities).

Children who are inattentive often have a hard time keeping focused on the task at hand. However, it may appear that these same children will have no difficulty paying attention when doing a task that they enjoy. Difficulty arises when conscious effort and attention to complete a task are necessary (e.g., homework). Specific symptoms of inattention may manifest as (1) failing to pay close attention to details or making careless mistakes, (2) difficulty with sustained attention, (3) appearing not to listen when spoken to directly, (4) difficulty following through with instructions, (5) difficulty with organization, (6) avoiding activities that require sustained mental effort (e.g., school work), (7) often losing items necessary for the completion of a task, (8) easily distractible, and (9) often forgetful.

Hyperactive children seem to always be constantly in motion. Sitting still during structured activities such as eating at the dinner table or school lessons are often difficult.

Symptoms of hyperactivity may be (1) frequent fidgeting, (2) excessive running or climbing at times when it is inappropriate, (3) not remaining seated when asked to do so, (4) difficulty engaging in quiet activities, (5) appearing constantly “on the go,” or (6) excessive talking.

Children who are impulsive often fail to think before they act. Their impulsivity often leads to blurting out inappropriate comments or grabbing toys from others because of difficulties waiting their turn. Impulsive symptoms are commonly evidenced as (1) frequently blurting out responses to questions before they have been completed, (2) difficulty awaiting turn, or (3) often interrupting while others are talking.

The overall symptom profile of ADHD leads to many complications throughout daily rituals. Areas of impairment often associated with ADHD include both academic and social difficulties. For example, 20–30% of children with ADHD also have a learning disability. In general, children with ADHD irrespective of having a learning disability are at higher risk for academic failure than children without ADHD. These children also experience greater levels of stress, self-blame, and social isolation in comparison to their classmates. In addition, given their hyperactive and impulsive behavior, children with ADHD often have difficulties with peer relationships and are more often exposed to family conflict. These children also

experience physical impairments with coordination, making them more prone to accidents.

## Assessment and Diagnosis

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The diagnosis of ADHD should be made by a professional with training specifically in ADHD. Psychiatrists, psychologists, developmental/behavioral pediatricians, and behavioral neurologists are the most common professionals who make ADHD diagnoses.

A thorough ADHD exam often involves multiple assessments. Initially, a clinical interview covering the DSM-IV ADHD diagnostic criteria is administered with the parent(s) and the child, followed by the assessment of other mental health disorders that are known to have similar symptoms to ADHD, such as depression and anxiety. Rating scales of the child's behavior are then provided to parents, teachers, pediatricians, and children themselves. Computerized tests of attention are usually given to provide an objective measure of the child's ability to attend to a sustained task. In addition to the above assessment measures, some children are also administered an intelligence test to rule out the presence of a learning disability.

## Treatment Options

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There are several options available for the treatment of ADHD. Among these options is the use of medication and behavioral/educational interventions. Currently, the most effective treatment option is a combination of medication and behavioral intervention.

For many years the first line agent for treatment of ADHD has been stimulant drugs. These drugs are believed to work by enhancing the neurotransmission of dopamine and neuroepinephrine in the brain. Stimulant medications include methylphenidate (e.g., Ritalin, Concerta) and amphetamines (e.g., Adderall). Although stimulant medication has been found to be largely effective, there are several side effects to consider. Specifically, children who take stimulant medication have reported loss of appetite, headaches, insomnia, mood problems, and tics. Non-stimulant medications such as atomoxetine (e.g., Strattera) are also used to treat ADHD, although the efficacy of these medications has not been as good as that of stimulant medication.

Psychosocial treatments have been used alone and in conjunction with medication. Typical psychosocial

interventions involve contingency management of behavior. Specifically, the aim is to modify the child's physical and social environment through positive reinforcement and punishment to manage ADHD symptoms. Parent training that focuses on teaching parents how to manage their children's disruptive behavior has also been found to be effective in the management of ADHD symptoms.

See also: [🔗 Cognitive Behavioral Therapy \(CBT\)](#); [🔗 Impulsive behavior](#); [🔗 Neuropsychological assessment](#)

## Suggested Reading

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## Suggested Resources

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NIMH (National Institute of Mental Health)—<http://www.nimh.nih.gov/healthinformation/adhdmenu.cfm>: NIMH is a federal agency under the United States (U.S.) Department of Health and Human Services. It is the lead federal agency for research on mental and behavioral disorders.

CHADD (Children and Adults with Attention Deficit Disorder)—<http://www.chadd.org/>: CHADD is a national and international nonprofit organization dedicated to providing education for those with ADHD.

## Authentic Assessment

*Lisa M Beck · Thomas Hatch*

Authentic assessments emerged in the 1980s as alternatives to traditional methods of assessing students' performance in schools. Authentic assessments are designed to encourage students to perform tasks that they might encounter in the “real world”; they encourage students to produce knowledge and engage in disciplined inquiry that requires them to use their prior knowledge, gain an in-depth understanding of the problem being addressed, and employ a variety of different skills and intelligences. They are often

designed to give students multiple opportunities to revise and improve upon their work and to be active participants in the evaluation of their performance, progress, and learning.

Authentic assessments take many forms and can be implemented in a variety of ways. Portfolio construction, journals, debates, labs, and research projects are just a small sample of the large number of authentic assessment activities teachers can use to learn about their students. Correspondingly, teachers can construct tasks that reflect what they think their students need to know and what they need to be able to *do* to be productive and successful adults.

Unlike standardized tests, the primary goal of authentic assessment is not assessment alone. The goal is to construct learning situations that incorporate and integrate a wide variety of cognitive and social skills that are meaningful and connected to the students' prior knowledge, backgrounds, and school and community contexts. Authentic assessments can also be used to promote substantive conversations and enable teachers to evaluate students as they engage in tasks.

As a result, proponents argue that in authentic assessment activities, students assume more responsibility for their learning, have numerous opportunities to demonstrate their skills and knowledge, and can continue to learn and develop while being evaluated. Authentic assessments of students provide data that teachers can use to reflect on, evaluate, and construct curricula, as well as to demonstrate students' learning to parents and colleagues.

## An Alternative to Traditional Assessment

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The most widespread form of student assessment in the United States (U.S.) is standardized, norm-referenced, multiple-choice tests. Despite their prevalence, there is mounting concern by many in the field of education that these tests are inappropriate and ineffective in assessing student learning. One of the biggest concerns about standardized tests is that they do not assess the knowledge and skills that students will need to succeed in the workplace. Thus, while norm-referenced, standardized tests often ask students to recall information or use skills in ways that are only relevant in school, authentic assessments are designed to give students experience with meaningful tasks that

simulate those they may encounter in the future. Both process and product are evaluated and, in many cases, there is no one “right” way to complete an authentic assessment activity. Ideally, students are required to use higher-level and lower-level thinking skills as they are constructing and integrating knowledge, and to apply what they are learning in a variety of situations.

Many argue that authentic assessments can provide teachers with a wider array of information about their students than traditional tests. As a result, in many school settings, teachers employ both standardized and authentic assessments to gain the most accurate and complete picture of their students’ learning. Using authentic assessments in conjunction with tests can also reinforce the concept that learning is continuous, complex, and dynamic, and should not be simplified to the memorization and reproduction of facts.

## Implementation

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To implement authentic assessment in their classrooms, teachers must first determine what skills and information they want their students to learn and apply. The standards for the assessment should be clearly defined and reflect knowledge that will help students succeed in the workplace. Teachers can then use the standards and their understanding of their students to determine what model/s would be most appropriate and meaningful. For example, teachers of young children might find that observation, portfolios, and group projects are the best methods for assessing their students authentically. Teachers of older students might find that debates, oral presentations, scientific experiments, and research projects hold the most promise for assessing student learning. In addition to considering the ages, backgrounds, and prior knowledge of their students, teachers can also consider the context of the classroom, school, and community in which they work. A debate might be more meaningful if it reflected issues that were relevant to the students in that community.

Once the authentic assessment task is determined, the next step is to define the criteria for evaluation, outline the standards and expectations for the task, and share this information with the students. One way to do this is to create rubrics that provide detailed descriptions of each criteria outlined. The information can then be used to plan curricula, evaluate students, and reflect on their performances.

Each step in the authentic assessment model can allow for direct observation of students’ performances. As students are expected to self-evaluate in many authentic assessments, teachers may want to include them in the construction of evaluation procedures and goals. The authentic assessment task may culminate with students sharing what they have learned in a performance, piece of art, debate, oral presentation, portfolio, or another form that can be observed by students, parents, and/or other members of the community.

## Challenges of Implementation

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Although there are some researchers, educators, and policymakers who argue that authentic assessment is a more comprehensive, appropriate, and effective way to measure student learning, there are many challenges in its widespread use. First, teachers may not have the time, energy, or motivation to design and implement authentic assessments in their classrooms. Second, policy makers and administrators in the U.S. continue to need and want the kind of succinct scores provided by standardized tests. Third, the time already devoted to established standardized tests leave little time and opportunity for experimentation and development of suitable alternatives. Finally, part of the difficulty in implementing authentic assessments may come from the fact that authentic assessment requires administrators, policymakers, teachers, and parents to shift their thinking away from the traditional view of measuring student performance.

Critics of authentic assessments point out that they can be costly and time-consuming to develop and implement. Considerable work needs to be done so that authentic assessments can be employed reliably across a variety of different contexts.

See also: [▶ Assessment of culturally diverse children](#); [▶ Multiple intelligences](#); [▶ Portfolios](#)

## Suggested Reading

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- Darling-Hammond, L., Anness J., & Falk, B. (1995). *Authentic assessment in action: Studies of schools and students at work*. New York: Teachers College Press.
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## Autism Spectrum Disorders (ASD)

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Autism Spectrum Disorders (ASD) is a term that groups together five specific disorders under one umbrella: autistic disorder or autism, childhood disintegrative disorder (CDD), Asperger's syndrome, Rett's syndrome, and pervasive developmental disorder-not otherwise specified (PDD-NOS). The *Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition* (DSM-IV) defines autism as a pervasive developmental disorder marked by social and communication impairments along with a restricted repertoire of activities and interests. Though the term ASD appears to be focused on autism, the *spectrum* aspect of ASD implies that it is not a single condition, but rather a disorder that results in individuals presenting a wide range of abilities and disabilities. Individuals with ASD vary in areas of development from severe problems to above average abilities.

Individuals with autism often have impairments in communication, impairments in social skills, and restricted and repetitive behavioral patterns or range of interests. Approximately 50% of children diagnosed with autism do not talk to communicate. The 50% that can verbally communicate are said to often repeat what they hear someone else say. This process is often referred to as echolalia. Children with autism also have problems with social interactions. They appear to live in their own world and typically do not initiate social situations. Individuals with autism also demonstrate stereotypic behaviors, meaning they do things in rigid patterns and often demonstrate disruptive behavior if their routines are violated. Approximately 75% of those diagnosed with autism also have mental retardation, and thus only 25% of the autistic population has

a normal level of intelligence. This range of cognitive ability has led to the now common terms of low functioning autism vs. high functioning autism, identifying those with mental retardation as low functioning, and those without mental retardation as high functioning. About 5% of autistic individuals fall into a highly functional category of the autistic spectrum. This small percent of individuals are recognized as autistic savants, those who have specific talents or abilities such as superior memorization skills, outstanding art and music capabilities, and can perform remarkable calendar and mathematical calculations.

Individuals with Childhood Disintegrative Disorder (CDD) differ than those diagnosed with autism in that individuals with CDD are not diagnosed until age 5 or 6, much later the average age of 3, when those with autism are diagnosed. CDD is much rarer than autism. Individuals with CDD developmentally regress, losing already acquired language and social skills until eventually, their behaviors become similar to those with autism. The most striking characteristic of the syndrome is an intense interest in very specific subjects. For example, individuals can be obsessed with clocks; refrigerators; and train, or plane and bus schedules. The key to the diagnosis is that obsessive behavior significantly impairs social functioning.

Asperger's syndrome is unique in that communication is not delayed, however, the social use of language is a challenge for individuals with Asperger's, as they often cannot interpret concepts or read others' feelings or emotions. Children with Asperger's do demonstrate many of the same behaviors as those with autism, such as repetitive behaviors and preoccupation with rigid routines. However, those with Asperger's have normal intelligence as there is no significant delay in cognitive development.

Rett's syndrome is sometimes misdiagnosed as autism. It is characterized by poor motor and social skills. Those diagnosed with Rett's develop normally through about 5 months after birth. Between 5 and 48 months, however, a child will begin to lose acquired skills and begin deceleration of head growth. Individuals diagnosed with Rett's syndrome often have better social skills than those with autism, however, most children with Rett's have mental retardation more severe than those with autism.

PDD-NOS is a diagnosis that is made when children do not display more than one problem in areas of communication, social behaviors, or when the problems exist but are mild. The DSM-IV does not define

common characteristics for PDD-NOS as this disorder shares a combination of traits with autism, CDD, Asperger's and Rett's.

Regardless of the specific diagnosis, individuals diagnosed with ASD face severe deficits in basic areas of functioning, making it a challenge for parents, educators, and other professionals to meet the needs of these children in an educational and social context. ASDs are lifelong. Due to the range of both diagnoses and severities, the development of special education programs for these students will also range.

## Identification

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In 1943, Dr. Leo Kanner of Johns Hopkins Medical School first described autism after observing a group of children and the nature of their communication skills. This was right around the same time that Hans Asperger, an Austrian pediatrician, described a similar condition later called Asperger's syndrome.

Even with all the research that succeeded Dr. Kanner and Dr. Asperger, ASD still remains a rather mysterious disability. Until recently, children were not diagnosed with autism until the age of 5, but now it is possible to diagnose children before the age of 3 with the help of new diagnostic testing and research that looks at children's language, motor skills, and social interactions at very early ages. Still, only 50% of children with ASD are said to be diagnosed before kindergarten.

Of course, as aforementioned, since some of the specific disorders under ASD have different symptoms that occur at different stages of development, a child can go undiagnosed until age 5 or 6, or be diagnosed as early as 5 months. For example, CDD is a regressive disorder, and thus, the child will appear to develop normally until age 5 or 6 making identification impossible until the onset of such symptoms occurs. A child with Rett's can begin to regress as early as 5 months.

While early identification of ASD can help parents and educators put together interventions and plans to help the child educationally, socially, and behaviorally, it is important to note that there are no cures for ASD.

There are treatments for ASD, though it is determined on an individual basis with the help of health professionals, families, and teachers. Treatment options can range anywhere from special instructional and

behavioral therapy, dietary intervention, and medication prescriptions to a combination of all the above.

## Prevalence and Causes

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While there is no specific number on record, and different research yields slightly different numbers, it has been estimated that the prevalence of ASDs have increased from 4 to 5 cases per 10,000 individuals in the 1960s to 5 to 31 cases per 10,000 individuals in the 1990s. These numbers come from epidemiological studies and the data collected by states about enrollment in special education programs. Some explanations of such an increase in prevalence include the improvement of diagnostic methods, the use of the broader category of ASD rather than exclusively autism, as well as the idea that there has simply been an increase in the disorders. These possibilities are debatable, as there is not much evidence supporting any one over the other. However, many experts and parents believe that the condition is simply growing in numbers, but cannot explain why this may be. This is where the causes of ASDs become another debatable mystery.

As in the prevalence case concerning ASD, the causes are not clearly definable either. There are a number of suggestions out there by experts, though no precise causes exist. Most experts believe that ASDs have a genetic basis. Some believe that it is a lifelong neurological disorder, and/or that at least some forms of autism are caused by injury to the brain stem or frontal lobe. People speculate that environmental toxins, gastrointestinal anomalies, and ingredients in certain vaccines are possible causes, but again, there is little evidence to such speculations.

## Education

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In 1990, the United States (U.S.) Congress added autism as a disability category to the Individuals with Disabilities Act (IDEA). In 1991, approximately 5,500 students were educated in the U.S. under this category of IDEA. Ten years later, this number grew dramatically to serve approximately 65,500 students specifically with autism. This dramatic increase in numbers has consequently established a need for educational programs in schools as well as the need for skilled and competent educators. There is a continuous controversy regarding what type of programs are most

effective. One major factor concerns the debate over the least restrictive environment (LRE) provision in the 1997 Reauthorized Individuals with Disabilities Education Act (IDEA). This provision generally stipulates that learners with disabilities are entitled to educational services in maximally normalized settings that offer the same access to the general education curriculum as their developmentally typical peers.

A controversy associated with ASD and education is that not all are convinced that every student with ASD should be included in general education classes. However, research shows that many students with ASD perform well and should be integrated into general education classrooms. Since the No Child Left Behind (NCLB) Act of 2001, the law now holds states, districts, schools, principals, and teachers accountable for both the performance of their general education and special education students. This puts even more pressure on educators to improve the academic performance of their students. One very important component that exists to accomplish the goals of NCLB is the idea of multidisciplinary teams of professionals (i.e., teachers, administrators, school counselors, school nurse, child study team) working together to identify the needs of each child with disabilities, including those with ASD.

See also: [▶ Asperger's Syndrome, PDD](#); [▶ Inclusion](#); [▶ Individuals with Disabilities Education Act \(IDEA\)](#); [▶ Learning disabilities](#); [▶ Mental retardation](#); [▶ Special education](#)

## Suggested Reading

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- Iovannone, R., Dunlap, G., Huber, H., & Kincaid, D. (2003). Effective educational practices for students with autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities, 18*(3), 150–165.
- Simpson, R. L., de Boer-Ott, S. R., & Smith-Myles, B. (2003). Inclusion of learners with autism spectrum disorders in general education settings. *Top Language Disorder, 23*(2), 116–133.
- Yell, M.L., Drasgow, E., & Lowrey, K.A. (2005). No Child Left Behind and students with autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities, 20*(3), 130–139.

## Suggested Resources

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- National Institute of Mental Health Website—<http://www.nimh.nih.gov/publicat/autism.cfm>: This website offers information on Autism Spectrum Disorders, including symptoms, causes and treatments, statistics, and information on support services and coping groups.
- National Autism Association—<http://www.nationalautismassociation.org>: The National Autism Association is an organization whose mission is to educate and empower families affected by autism and other neurological disorders. They advocate on behalf of those who cannot fight for their own rights, while raising public and professional awareness.