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Available upon request.

CULTURAL-COMPETENCY TRAINING FOR SCHOOL-BASED MENTAL HEALTH

SERVICE PROVIDERS

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CERTIFICATE OF APPROVAL

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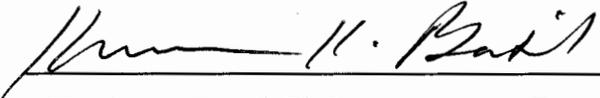
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ABSTRACT

Literature on cultural competence has primarily developed in the fields of counseling psychology and counselor education. The field of school psychology has responded to the increased focus of cultural competency by providing recommended skills needed to provide psychological services in schools to diverse individuals and groups. Currently, research in effective cultural competency training has primarily focused on graduate training programs. This study extends the literature on cultural competency training by developing a training model that is appropriate for professionals who are already working in the field. This study first evaluated the impact of a needs assessment on the preparation of an 8-hour needs based training workshop. First, a needs assessment was conducted to identify areas to address in a training session for a southern, urban school district that serves predominately low-income, African American students. The training session was developed based on information obtained from the needs assessment using an Awareness-Knowledge-Skill developmental model of training and was then evaluated by the participants. A follow up assessment six weeks later was conducted. Results showed significant increases in ratings of cultural competency in the areas of awareness, knowledge, and skills. Further qualitative analysis established the importance of conducting a needs assessment prior to designing a training program as well as providing opportunities for interaction as an important training tool.

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"I can do all things through Christ, who strengthens me."

This dissertation is dedicated to the loving memory of my grandparents, Mr. & Mrs. Deandrew and Dorothy James, Walton Norwood Smith and my uncle, Douglas Edward Smith.

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Chapter 1

INTRODUCTION

Changes in today's schools have a profound effect on the practice of school psychology. As schools become increasingly diverse, school psychologists have a critical role to play in making schools culturally sensitive environments (National Association of School Psychologists, 1993). Student diversity in development and learning is becoming more and more of a primary aspect of the role of the school psychologist. Today's students come from a variety of racial, cultural, ethnic, experiential, and linguistic backgrounds. School psychologists must be effective in assisting schools in identifying what is needed for these students to succeed. As a result, school psychologists must have the sensitivity, knowledge, and skills necessary to work with children, families, educators, and others from various racial, cultural, ethnic, experiential, and linguistic backgrounds (Ysseldyke et al., 1997). As the role and function of school psychologists has expanded from the traditional "test and place" model, school psychologists have become increasingly involved in school improvement efforts, crisis intervention, consultation, prevention programs, and academic/therapeutic intervention. While cultural competence is particularly important in assessment and evaluation, developing academic and social/behavioral interventions that reflect knowledge and understanding of children and families' cultures and backgrounds is equally as important.

Current ethical standards provide powerful rationales for the need of psychologists to develop cultural competencies. Psychologists have an ethical responsibility to consider issues of race, ethnicity, sexual orientation, socioeconomic status, language, religion, and national origin in delivering psychological services (American Psychological Association, 1990, 1992, 2003). Further, for school psychologists who have not had opportunities to develop cultural competencies and are unaware of how the diverse backgrounds of their clients will influence service delivery, there is an ethical and professional responsibility to learn about and to develop cultural competencies. The ethical codes of The National Association of School Psychologists (NASP, 1997; 2000b) and American Psychological Association (APA, 1992, 2003) clearly emphasize the need for school psychologists to recognize the strengths and limitations of their training and advocate continually for seeking additional training.

This literature review will discuss definitions of cultural competency as well as its development. The literature will then discuss the role of cultural competency in the field of school psychology. A review of cultural training models will be followed by a description of cultural competency assessment.

Cultural Competency

The definition of cultural competency has undergone a process of change. Early definitions of cultural competence described a "culturally skilled counselor" as (a) one who actively engages in becoming aware of his/her own assumptions about human behavior, values, biases, preconceived notions, and personal limitations, (b) one who actively attempts to understand the world view of his/her culturally different

client, and (c) one who actively develops and practices appropriate, culturally-relevant, and sensitive intervention strategies/skills when working with clients from culturally diverse populations (Sue & Sue, 1990). Sue and Sue's conceptualization provided a three-domain model (Awareness, Knowledge, Skills), which heavily influenced cultural competency literature (Table 1).

Based on Sue's (1991) original conceptualization of cultural competency, multicultural counseling was defined as the "preparation and practices that integrate multicultural and culture-specific awareness, knowledge, and skills into counseling interactions" (p.43). In this conceptualization, multicultural referred to five ethnic groups in the United States (African/Black, Asian, Caucasian/European, Hispanic/Latino, and Native American).

In revising and operationalizing competencies, Arrendondo, et al. (1996) provided a definition of cultural competency that was more focused on promoting culturally effective therapeutic relationships, particularly as related to interpersonal counseling. These standards and competencies are outlined in Table 2.

In the early stages of cultural competency literature, cultural competency definitions concentrated primarily on individual competencies. Cross, Bazron, Dennis and Isaacs (1989) introduced definitions of cultural competence from a systems perspective. Accordingly, Cross et al. defined "cultural competence" as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables professionals to work effectively in cultural situations. In their definition, the word "culture" refers to the integrated pattern of

human behavior that includes thoughts, communications, actions, customs, values, beliefs, and institutions of a racial, ethnic, religious, or social group. "Competence" implies having the capacity to function effectively within these various cultural situations.

The American Psychological Association (2003) recently published new guidelines, which expand the original three domains (knowledge, awareness, skills) and now include education, research, and organizational change. Table 3 summarizes these guidelines.

School Psychology and Cultural Competency

However extensive current definitions and models of cultural competency are, the multicultural competency literature in counseling psychology and counselor education lacked consideration of the school as a system that influences the practice of psychologists. It is important to consider the extent to which these variables apply to the delivery of psychological and/or mental health services in school settings. In 1993, the National Association of School Psychologists (NASP) published its original position statement on Racism, Prejudice, and Discrimination (revised 1999) stating "racism, prejudice, and discrimination are harmful to children and youth because they can have a profoundly negative impact on school achievement, self-esteem, personal growth, and ultimately the welfare of all American society" (p.1). NASP further stated that school psychologists must understand the effects of prejudice, racism, and discrimination and how they impact every facet of the lives of children as well as how these variables impact professional service delivery.

NASP later adopted a position statement advocating for the needs of sexual minority youth (1999). Following NASP's position statement on Gay, Lesbian, and Bisexual Youth (1999), *School Psychology Review* published a mini-series about sexual minority youth that extended the work initiated in the NASP Committee on Gay, Lesbian, and Bisexual Issues (Henning-Stout & James, 2000). NASP (2000a) published a website dedicated to promoting cultural competence in every area of school psychological service delivery. NASP's Culturally Competent Practice website was developed as a collection of resources to assist school psychologists in their efforts to enhance the mental health and educational competence of all children (http://www.nasponline.org/culturalcompetence/index.html).

In 1997, the executive committee of Division 16 of the American Psychological Association adopted recommended skills for providing psychological services in schools to diverse individuals and groups (see Table 4). These recommendations were intended to address professional issues that, if neglected in service delivery to racially, ethnically, culturally, and linguistically diverse populations, could possibly lead to inappropriate referrals for services, misdiagnosis, ineffective interventions and therapeutic approaches, and erroneous research results (Rogers et al., 1999). While some degree of attention has been paid to identifying cultural competencies in the school psychology literature, it is important to note that methods used to identify cultural competence typically have not been systematically or scientifically grounded (Lopez & Rogers, 2001). Although there have been few empirical pieces identifying competencies for school psychologists, these competencies are specifically for working

with limited English proficient and bilingual/bicultural children (Figueroa, Sandoval, & Merino, 1984; Rosenfield & Esquivel, 1985). In an effort to provide systematic and scientific inquiry to the school psychology multicultural competency literature, Lopez and Rogers (2001) conducted a Delphi study to identify cultural school psychology competencies that expert school psychologists viewed as essential to work with clients from diverse cultural and language backgrounds. In this seminal study, Lopez and Rogers advanced the research base by identifying essential cultural competencies for school psychologists. After four rounds of interaction with the experts, Lopez and Rogers reported several categories of competencies (89 individual competencies total) identified in this study and in the school psychology cultural literature (Table 5).

<div style="text-align:center">Cultural-Competency Training</div>

Similar to the difficulty in finding a definition of cultural competency, cultural-competency training is a pressing and unresolved issue for many training programs as well. There is no consensus about what constitutes an effective multicultural training program. Factors that affect the development of a comprehensive multicultural training format include: (a) inconsistencies in effectively assessing training outcomes (Ridley, Espelage & Rubinstein, 1997); (b) consensus on training model and format; and (c) length of training needed in order to develop multicultural competence (Carey, Reinat, & Fontes, 1990).

The goal of multicultural training should be to assist professionals in becoming more effective service providers in their work with persons (students) from different backgrounds. Sue (1991) maintains that training programs on cultural competency need

to be tailored to meet the developmentally appropriate needs of the institution and individuals. A review of literature revealed cultural competency training generally contains several components.

Needs Assessment

Conducting a needs assessment of a group's level of awareness, knowledge, and skills is frequently viewed as a necessary first step in structuring a multicultural counseling training program (Carey et al., 1990; D'Andrea & Daniels, 1991). As professionals vary across levels of awareness, knowledge, and skills with regard to cultural training, such information should be used to develop appropriate training objectives (Ponterotto, 1998).

Awareness

Major training models include having participants become more "culturally aware" of their own values, biases, stereotypes, and assumptions about human behavior (Hulnick, 1971, Sue, Arrendondo, McDavis, 1992). Cultural awareness can be defined as one's awareness about their own ethnicity as well as personal attitudes and beliefs about racial and ethnic minorities, including biases and stereotypes and how these biases may hinder effective cultural service delivery. It is essential for mental health professionals to recognize limited cultural self-awareness/self-knowledge, challenge deeply embedded cultural assumptions, and increase understanding of oneself as a racial-cultural being. Increasing self-awareness is a crucial first step in cultural competency training (Tomlinson-Clarke, 2000). Mental health professionals can become more culturally self-aware by first exploring one's

own heritage, specifically family origin (e.g., place of origin, time of immigration, reasons for immigration, languages spoken). Learning one's family roots will help examine how one's beliefs, customs and behaviors have been shaped by culture (Lynch, 2004).

While many training models emphasize the importance of understanding one's racial, ethnic, and/or cultural background, cultural competency training usually skips over this first stage of developing cultural awareness. Researchers contend that developing cultural self-awareness and self-knowledge is the most difficult aspect of cultural training (Ridley, 1995). According to a study conducted by Tomlinson-Clarke (2000), participants reported they feel more comfortable and competent discussing the perceived differences of others rather than examining themselves as racial cultural beings.

Several training models focus on the development of cultural awareness, or sensitivity (Leong & Kim, 1992). The Cross–Cultural Dyadic Encounter (CCDE; Beale, 1986) is an example of a training model that focuses on increasing cultural awareness, and it is designed to create dialogue between members from different ethnic groups and deepen the appreciation and sensitivity of persons of these groups. Activities include a series of open-ended questions and statements that elicit discussion and disclosure.

Knowledge

Another component of cultural-competency training models is having participants acquire knowledge about other cultures (Sue et al., 1992). This includes culture specific knowledge about particular client populations that should be used as a

guideline for understanding individuals whose life experience is different from their own (Lynch, 2004).

Culture specific knowledge can be achieved primarily through readings, interaction, and involvement. Lynch (2004) proposes three ways to learn about other cultures. The first is through readings and responsible media. Cultural training programs commonly employ this method of learning, as it is easy to incorporate into an academic setting. The second way to learn about other cultures is through interaction. Interactions are usually obtained by open discussion and interpersonal sharing with members of another culture or through participating in the life of the community of diverse cultures. Training activities such as cultural interviews and "cultural plunges" are used. Finally, Lynch (2004) purports learning the language of another culture is "one of the most powerful ways to learn about and understand that culture" (p. 49).

In the area of knowledge, activities designed to promote a better understanding of culturally diverse populations include case presentations of problems; techniques and strategies for working with ethnic students; topical discussion on concerns such as value changes, acculturation, generational differences, parental pressures, and religious issues; and panel presentations designed to help participants gain knowledge about specific minority groups.

Skill

The final aim of cultural-competency training is for mental health professionals to be able to utilize culturally proficient awareness and knowledge in effective practice (APA, 1992). Culturally competent mental health professionals should possess and use specific

skills, intervention techniques, and therapeutic strategies that are culturally appropriate. An important aspect of cultural skill development is effective cultural communication (Pedersen, 1977). The culturally competent professional must be able to send and receive both verbal and nonverbal messages accurately and appropriately in order to have effective interpersonal interactions (Sue, 1991). In designing cultural competence training, models should include general and specific principles of effective cultural communication, nonverbal communication and working with interpreters and translators (Lynch, 2004). Training activities that use role-playing and simulated cultural microcounseling interviews can be effective in increasing cultural communication skill (Pedersen, 1988).

Historically, cultural training programs have tended to focus exclusively on one of the three domains of cultural competency. While each of the three domains is equally important in cultural competency training, a developmental, comprehensive and balanced approach that incorporates multicultural awareness, knowledge, and skill may be more effective (Pedersen, 1988). Using a culture-centered approach, Pedersen's model begins with challenging assumptions and increasing cultural self-awareness as a foundation of the training. Pedersen's model then moves to increasing multicultural knowledge/comprehension. Once the practitioner has increased multicultural awareness and knowledge, Pedersen moves to stage three, skill development. Skill development focuses on generating appropriate treatment skills to facilitate therapeutic change. Although training models have been more comprehensive in their attempts to cover all three areas of cultural competency (D'Andrea & Daniels, 1991; Sue, 1991), it is

important to note that literature on effective training models have only evaluated models generated within the university setting. Current training models (Table 6) have focused on addressing the needs of preservice graduate students.

Rogers and Conoley (1992) surveyed directors of school psychology training programs to understand the extent to which their programs integrated multicultural themes into core courses, offered minority-related courses, and exposed students to culturally diverse clients. They found that nearly 40% of programs sampled did not yet offer specific courses in minority issues nor did they integrate multicultural themes into core school psychology courses. Further, at least one-third of the programs surveyed offered limited access to minority children during fieldwork experience. These results lend support for the argument that psychologists need continuous professional development and training to augment their ability to work competently with clients form diverse cultural backgrounds (Lopez & Rogers, 2001).

<div align="center">Cultural-Competency Assessment</div>

Assessment of cultural competency is a difficult task considering the complexity of its definitions and constructs. Assessing cultural competency is especially challenging in measuring attitudes and behaviors of practitioners and determining whether these attitudes and behaviors are culturally competent. Self-report cultural competency instruments are typically utilized to measure cultural competence. Currently there are several multicultural competency assessment instruments.

Self-Report and Objective Measures

The Multicultural Awareness-Knowledge-Skills Survey (MAKSS) was designed by D'Andrea and colleagues (1992) to assess the effect of instructional strategies on students' multicultural counseling development by measuring their perceptions of levels of multicultural counseling awareness, knowledge, and skills. In developing the MAKSS items, D'Andrea, Daniels and Heck (1992) examined the cultural competency literature and identified three main areas: (a) awareness of one's attitudes toward ethnic minorities, (b) knowledge about minority populations and (c) cultural communication skills. Items were then developed to reflect these areas. The MAKSS 60-item scale is divided equally into three subscales representing these three theoretical factors.

The Multicultural Counseling Inventory is a 43-item, self-report measure developed by Sodowsky, Taffe, Gutkin, and Wise (1994) "in order to operationalize some of the proposed constructs of multicultural competencies" (p. 139). Questions are asked that rate the degree to which respondents describe their own work as counselors, psychologists, or trainees. The MCI also draws conceptually from the Sue and colleagues (1982) position paper and its three categories of competencies. The MCI has four subscales: Multicultural Counseling Skills, Multicultural Counseling Knowledge, Multicultural Awareness, and Multicultural Counseling Relationship.

The Multicultural Counseling Awareness Scale—Form B: Revised Self-Assessment (Ponterotto et al., 1996) was also was developed based on the Division 17 competency report (Sue et al., 1982). This 45-item self-rating scale measures multicultural knowledge/skills and awareness.

LaFromboise, Coleman and Hernandez (1991) developed the Cultural Counseling Inventory Revised (CCCI-R) to "meet the need for explicit assessment of counseling effectiveness with culturally diverse clients" (p.381). This 20-item scale is based on the 11 cultural competencies outlined in the position paper by the Education and Training Committee of the Division of Counseling Psychology of the American Psychological Association (Sue et al., 1982). This scale differs from the aforementioned scales in that it is completed by an evaluator rather than self-report.

Self-report and objective measures possess several limitations in the assessment of cultural-competence. These limitations include the possibility that participants may assess anticipated rather than actual behaviors and attitudes. Participants may also select socially desirable responses and may misinterpret scale items (Pope-Davis & Dings, 1995). Survey methods used to evaluate multicultural training outcomes have also failed to provide essential factors relevant to developing comprehensive cultural competency training curricula (Sue et al., 1992). For these reasons, it is appropriate to enhance assessment by using complementary approaches such as qualitative methods.

Qualitative Methods

Few researchers have used qualitative methods in assessing multicultural training outcomes (Tomlinson-Clarke, 2000). Qualitative measures are particularly well suited to assess school mental health professionals' perceived readiness, preservice training, and continuous training on working with diverse student groups. Qualitative information might be used to allow access to the nature of professionals' reflection process and would also provide further corroboration for any significant findings from quantitative data.

Using both quantitative and qualitative methods allows for a comprehensive description of the multicultural training experience (Ponterotto, 1998).

Journal writing and written papers are examples of qualitative measures that have been utilized as methods of assessment. These methods allow learners to reflect and respond to literature, cultural interaction, and to confront their own beliefs and biases. To assess the learner's competency, formal case presentations can be utilized in addition to informal observations and supervision.

There is an abundance of professional literature that speaks to the need for mental health service providers to increase their multicultural competence (Rogers & Conoley, 1992; Sue & Sue, 1999; Tomlinson-Clarke, 2000). In a study examining the cultural competencies of clinical and counseling psychologists, Allison, Echemendia, Crawford, and Robinson (1996) found practitioners reported that although they received some training at the graduate level, they did not feel competent to work with specific client groups but did so anyway. In a qualitative analysis of multicultural training, Tomlinson-Clarke (2000) examined immediate and longer-term effects of a multicultural training course taught within a counseling psychology training program. Qualitative data were gathered and used to evaluate participants' perceptions of a multicultural counseling course and to examine the impact of training on counselor development and multicultural counselor competence. Participants reported the "need for more in depth training" immediately after their training experience. Participants were interviewed four months later, and although they felt somewhat more confident about their level of development,

they still expressed a need for more training. Results of these studies provide support for continuous and ongoing training.

Current Study

Currently, research and guidelines on what constitutes cultural competency and effective competency training has been generated by "philosophical tenets of multiculturalism" usually created in university settings. Although school psychology has acknowledged the concern that future school psychologists need more intensive training in delivering services to diverse clients (Lopez & Rogers, 2001), little attention is paid to continuous training for school psychologists already working in the field.

Graduate programs have provided adequate training in providing increased levels of cultural competence. However, it is important to extend the multicultural competency training literature by examining training issues for practicing professionals in the field. The current multicultural training literature focuses on graduate training models based on the assumption that they are part of an overall curriculum of a graduate training program (Berg-Cross & Chinen, 1995). There is, however, a void in the literature about the training needs of mental health professionals working with diverse populations on a daily basis.

The first step in developing effective training models is defining what is meant by cultural competency. In this study, "culture" represents a fluid and dynamic process that is broad-based in its definition. While culture examines a way of living informed by the historical, economic, ecological, and political forces on a group, it also acknowledges the individual as a culture. All individuals are cultural beings and have a cultural, ethnic, and

racial heritage. Culture includes the value orientations and belief systems that influence individual and collective customs, norms, and social practices. Culture also includes the embodiment of a worldview (e.g., values, beliefs) that is developed through individual, collective, and historical experiences (APA, 2003). "Competence" implies demonstrating the capacity to function effectively within these various cultural definitions (Cross et al., 1989).

The first goal of this study was to identify training needs of school mental health professionals relative to cultural competency. This study surveyed the knowledge, awareness, and skills that school mental health professionals use when working with diverse populations.

The second goal of this study was to develop and evaluate a cultural competency-training workshop for school mental health professionals. The cultural competency-training workshop was developed based on the identified strengths and needs of the working professionals within a school system that serves predominately low-income, ethnic minority children. Therefore, the following research questions were investigated:

(a) What is the impact of the needs assessment on the preparation of the cultural-competency training?

(b) What is the impact of the cultural-competency training on participants' perception of the effectiveness?

(c) What is the effect of cultural competency training on increasing cultural-competence for school-based mental health providers?

Chapter 2

METHOD

Participants

Participants were school mental health professionals working for a school-based mental health center located in an urban southern city serving approximately 117,000 students. Eighty–six percent of the overall student population was African American, 12% White, and 2% other nationalities.

The term "school mental health professionals" is inclusive of school psychologists, clinical psychologists, counseling psychologists, school social workers, drug and alcohol counselors, and supervising psychologists. Initially, approximately 75 participants were recruited for participation in this study. A total of 57 participants completed the needs assessment (described below). After the participants completed the needs assessment and MAKSS pretest, the school district reorganized and moved 30 school psychologists to a different department. This reorganization contributed to a significant decrease in the number of school psychologists available to participate in the remainder of the study. Therefore, 36 of the original 57 participants attended the cultural competency training and completed an evaluation form. Finally, 26 participants completed the MAKSS posttest. Although there were slight demographic differences between the original 57 participants and the final 26, the school mental health professionals were generally evenly represented by school psychologists (45%) and

school social workers (42%). Supervising psychologists consisted of approximately 10% of the participants. Approximately 90% of the participants were female. Whites comprised approximately 59% of the overall participants, while African-Americans comprised approximately 40%. The remaining 1% was Asian. Of this group, approximately 75% reported taking fewer than one diversity course during graduate training with approximately one-third of the group have taking fewer than five hours of diversity training since obtaining their degree. Another third of the group have taken between six and ten hours of diversity training since obtaining their degree. A more detailed description of demographic information can be located in Table 7.

Instrumentation

Demographic questionnaire. Participants completed a demographic questionnaire (see Appendix A). Participants were asked to indicate their race/ethnicity, sex, age, highest degree earned, and the number of formal academic courses taken previously related to multicultural issues.

Needs assessment. A needs assessment (Appendix B) was issued to participants in order to assess their strengths and needs. These questions collected information on skills that have been successful in working with clients from culturally diverse populations, areas of concern when working with clients from culturally diverse populations, and training needs that would improve the ability to work with clients from culturally diverse populations. This provided a basis for developing and assessing the depth and scope of the training.

Multicultural Awareness Knowledge Skills Survey (MAKSS). The MAKSS was designed by D'Andrea, Daniels & Heck (1991) to measure an individual's multicultural counseling awareness, knowledge, and skills (Appendix C). The MAKSS is a 60-item, self-administered survey that requires approximately 20-25 minutes to complete. Items are equally divided into three subscales measuring multicultural counseling awareness, knowledge, and skills (questions 1-20 assess Awareness, questions 21-40 assess Knowledge, and 41-60 assess Skills). Coefficient alphas for internal consistency are .75 for the Awareness subscale, .90 for the Knowledge subscale, and .96 for the Skill subscale. The scale does not produce a total score. According to a literature review assessing the psychometric qualities of cultural competency assessment instruments, Ponterotto, Riegar, Barrett, and Sparks (1994) contend that the MAKSS is suitable for pre- posttest design and analysis. Ponterotto et al. further contend the MAKSS has satisfactory internal consistency and can discriminate between groups who have been trained in multicultural counseling issues and those who have not.

Reliability coefficients (Cronbach's alpha) were calculated for this study as .44, .71, and .90 for the multicultural Awareness, Knowledge, and Skills subscales, respectively. Subscale reliabilities for Knowledge and Skills subscales were judged acceptable for purposes of analyzing the treatment effects. Pretest intercorrelations in the current study were calculated and resulted in the following: r=.42 for Awareness and Knowledge, r=.48 for Awareness and Skills, r=.59 for Knowledge and Skills. Posttest intercorrelations were: r=.21 for Awareness and Knowledge, r=.10 for Awareness and Skills, and r=.53 for Knowledge and Skills.

Discovering Your Ethnicity. The first activity of the cultural training was titled Discovering Your Ethnicity (Green, 1982; Appendix D). The objective of this activity was to increase participants' awareness about their own racial and cultural heritage. This activity gave participants the opportunity to reflect on their familial history starting with familial origins. Participants were asked to reflect on conditions in which their ancestors migrated to this country; advantages/disadvantages ancestors may have experienced because of ethnicity; how advantages of ancestors developed into privilege, advantage, and familial strengths; and how these advantages have a direct influence of personal benefit that one enjoys as a consequence of that ethnicity.

Acknowledging My Cultural Heritage. The second activity of the cultural training was titled "Acknowledging My Cultural Heritage" (Appendix E). The purpose of this activity was to increase awareness of how one's own cultural background and experiences have influenced attitudes, beliefs, and biases. This activity asked participants to examine their sociocultural heritage and consider how their sociocultural identity has been shaped by life experiences.

Cultural training evaluation form. School mental health professionals were asked to respond to open-ended questions to identify critical incidents that may have contributed to the development of cultural competency, aspects of cultural competency to which the training contributed, and recommendations for future training. These open-ended questions were presented as an evaluation form. Participants completed this evaluation form (see Appendix F) in the 15 minutes following the in-service training session.

Intervention: In-service training

The principal investigator developed a cultural competency training workshop (Appendix G) that was used as part of the district professional development days provided at the beginning of each academic school year. This workshop was developed to address needs and concerns that were identified through the needs assessment.

Based on information gathered from the MAKSS, needs assessment, and an interview session with a system administrator, the goals and objectives for the workshop included the following. Participants were expected to show increases (a) in their general cultural knowledge, (b) in their cultural awareness, (c) in their knowledge of specific cultural groups (e.g., Hispanic), and (d) in their cultural communication skills. Training activities were then selected to provide training in the identified areas of need for the school-based mental health professionals working within the school system.

The training model was structurally based on Pedersen's three-stage developmental sequence model (1999). The first stage of this model focuses on increasing the level of cultural self-awareness. In the second stage, cultural knowledge is presented followed by stage three, which provides training in increasing cultural-competence skills (e.g., therapeutic strategies, assessment techniques). With this structural model as a guide, the workshop included several components that were used to achieve the primary goals/objectives.

The training began with a brief overview, including an introduction of presenters and identification of training goals/objectives. The introduction was followed by a brief description of the study and informed consent and confidentiality statements. Next, the

ground rules establishing a "safe" environment were delivered by acknowledging that diversity training may be emotionally charged and challenging for some participants (Bahr, Brish, & Crotreau, 2000). The researcher encouraged interactive participation as well as reflective nonparticipation. The results of the needs assessment were then presented to the group.

To address the domain of cultural knowledge, a presentation of the cultural competence literature, including definitions of concepts, and position statements from the major professional organizations (e.g., APA, NASP, and NASW), was presented to the group.

Cultural awareness was addressed through reflective, interactive exercises designed to explore participants' awareness about their own ethnicity as well as to explore personal attitudes and beliefs about racial and ethnic minorities, including biases and stereotypes and how these biases may hinder effective cultural service delivery (e.g., Discovering your Ethnicity, Acknowledging your Cultural Heritage). The researcher utilized "reflective dialogue" as a tool. Participants were given two reflective activities that were selected to give participants the opportunity to think of themselves as racial beings. Participants were asked to respond to items in writing individually, and they were given time to do so. After individual reflection, the researcher opened the training for discussion. Participants who wanted to "share" their responses could do so.

The next component of the training was provided to increase knowledge and information about a particular group with which the school-based professionals are working. Specifically, the school-based professionals received training on working with

the emerging Hispanic population. The first aspect of this component included a presentation on cultural characteristics of the Hispanic population, second language acquisition, Hispanic parental involvement in the "school culture," working with translators, and cultural communication (verbal and nonverbal; Appendix H).

The final component provided training on cultural competency skills. The skills component focused on taking a social history, which provided a step-by-step procedure for collecting information needed to provide a complete picture of a client from a culturally/linguistically diverse population, specifically vis a vis the emerging Hispanic population.

Design

This study used a mixed method design that contains elements of both qualitative and quantitative approaches. Quantitatively, this study used a pretest-posttest within study design to determine whether the cultural competency training increased cultural competency as measured by the MAKSS.

Triangulation was the primary qualitative tool for the purposes of this study. In triangulation, the researcher used multiple data collection and analysis methods, multiple data sources, and multiple data analysts (Patton, 2002). In this case, the MAKSS, the needs assessment form, and interviews with school mental health administrator were those sources. Triangulation also requires that the interpretations derived from the findings from these different sources of data be compared with each other. It is an analytic process that permits results from one set of data to be reflectively considered in

terms of results from another data set. This was particularly useful for the purposes of developing and evaluating an effective training curriculum.

Another qualitative element is that the researcher served as a participant-observer (Creswell, 1998). Prior to conducting the study, the researcher was a predoctoral intern at the school district. The researcher knew a majority of the participants through monthly staff meetings. The researcher also worked with a select number of participants on a regular basis. As a participant-observer, the researcher also served as the trainer. As such, the researcher used previous experience working in the school district as an intern, previously established collegial relationships, and expertise in cultural competency training to guide the development, delivery, and evaluation of the cultural competency training.

Procedure

The first step of collecting information was a discussion with the clinical services coordinator about the concerns and target areas she wanted addressed in the training. She stated that the growing number of non-English speaking students (e.g., Hispanic) was an area of concern for the mental health professionals.

During a regularly scheduled staff meeting held at the end of the school's academic school year (May), a letter outlining the informed consent, the demographic questionnaire, the needs assessment, and the MAKSS were distributed to each school-based mental health professional. At that time, those who chose to participate were asked to complete the three forms. Each participant was given the option to participate with full knowledge of the purpose of the study, times of data collection, and how the data will be

analyzed and used. Each participant was assured that their identity would not be revealed, because data (e.g., needs assessment, demographic questionnaire, MAKSS, and evaluation forms) were coded with numbers that were assigned prior to data collection. Those who did not want to participate in the study but wanted to provide information regarding training needs were allowed to complete the needs assessment forms but included x's in the spot designated for the participant identification number. These data were not used as part of the study, but were used to help design the training.

After obtaining the information from the needs assessment, the researcher developed a full-day (8-hour) training program that addressed identified needs as well as incorporated concepts from best practices, empirically supported concepts, ethical considerations, current cultural competence literature, and policies from APA, NASP, and NASW.

The cultural competency training was conducted nine weeks later (July). The school-based mental health agency required attendance at the training; however, it was not mandatory to participate in the data collection components that were part of the current study.

Concluding the 8-hour training program, participants completed an evaluation form. Twelve weeks later, participants were again asked to complete the MAKSS.

Data Analysis

The MAKSS data were investigated via paired t-tests (pretest vs. posttest) for each of the subscales: knowledge, awareness, and skill. The demographic questionnaire was used to provide a description of the school-based mental health professionals.

Regarding the needs assessment form, each person was asked to provide up to three responses for each question. The verbatim responses were entered into an electronic document. Each of the responses was assigned to categories that reflected the content of the responses written by the original 57 participants. The names of the categories were taken from the words of the respondents (Strauss & Corbin, 1998). The categories were then rank ordered according to the highest frequency count and the information was considered when developing the training curriculum.

Regarding the evaluation form, data analysis began with open coding, which is the examination of the participants' responses to the open-ended questions. The responses of the participants were organized into clusters of themes. These clusters represent themes that emerged from the participants' responses. These clusters were then referred back to the original descriptions of the themes to validate them. Each description was examined to see if there was anything in the original that was not accounted for in the cluster of themes. The researcher and one other rater each coded the data separately, compared coding, and found 85% agreement on codes. After discussion, the raters increased to approximately 95% agreement using consensus.

Chapter 3

RESULTS

Impact of Needs Assessment on Preparation of Training

Fifty-seven school-based mental health professionals identified previous

background and experience, empathy, and listening skills as professional strengths when

working with clients from culturally diverse populations. As a group they identified

language barriers, lack of general cultural knowledge, and communication barriers as

their top three concerns and/or challenges. Regarding training needs that would help

improve their ability to work with clients from culturally diverse populations, the school-

based professionals identified general cultural knowledge, cultural knowledge about

specific groups (e.g., Hispanic, Asian), and language and communication training (Table

8).

Impact of Training on Participants Perception of Effectiveness

Thirty-six participants completed the evaluation form concluding the cultural

competence training. They were asked how the training has contributed to their

knowledge, awareness, and skills about delivering mental health services to cultural

diverse populations, which activities they found helpful, and what should be included in

future trainings. A summary of responses can be located on Table 9.

On the first level of coding, the content of the participants' responses yielded six

general themes (Table 10). Three of these themes corresponded with each of the cultural

competency domains (Awareness, Knowledge, Skill/Communication). In addition, a theme that emerged was interaction. Another theme contained participants' view of the actual training. This theme included participants' observations about what happened or providing critique, and evaluation of the actual training (process recommendations). The final theme that developed was specific training activities participants cited as being helpful.

The first evaluation question asked how the training contributed to knowledge about delivering mental health services to culturally diverse populations. A theme that emerged coincided with the awareness domain. Approximately 44% of the participants stated that the training increased their awareness about their own biases, prejudices, and assumptions. One participant stated that this training "has made me more aware of my prejudices and how to deal with them." Another participant stated that this training "helped improve my awareness of the effects of my own cultural perspectives/biases/expectations on my interactions with others." Twenty percent of the participants indicated that the training was helpful in increasing their knowledge of cultural group differences (e.g., "increased knowledge of other cultures", "…helped to expand my knowledge of other populations and gave ….some general ideas on how to better serve all mental health clients"). This emerging theme coincides with the knowledge domain of cultural competency.

The second evaluation question asked how the training contributed to awareness about delivering mental health services to culturally diverse populations. Again, a theme that emerged corresponded with the cultural awareness domain with 46% of participants

reporting the training helped increased their self-awareness of their own cultural background, beliefs, attitudes, and biases. One participant stated that this training "has allowed me to revisit old places and [know] that there are still some biases [and] that I still have to confront them."

In response to the third evaluation question, 35% of the participants cited increases in cultural communication and skills. This theme also corresponds with one of the original cultural competency domains- Skills. Specifically, participants commented on being more cognizant of hand gestures that may be offensive. Participants also noted increased skill in acquisitioning and working with translators. This is best illustrated by the following quote, "This training has made me aware of various benefits and pitfalls in relying on translators and how to form relationships with translators before requesting their expertise and services."

Fifty-three percent of the responses to the item asking which activities participants found helpful indicated that interactive activities (e.g., sharing, discussion, small groups, interaction) were preferred. Eleven percent of the participants stated that all of the presentation was helpful, and another 11% specifically stated "Discovering Ethnicity" as an activity was most helpful. One participant stated, "Discovering your ethnicity was eye opening. Even although I cannot trace back as far as most people, it was helpful to hear others' stories to appreciate that we all come from pretty diverse backgrounds."

Approximately 30 participants provided recommendations and/or critiques about the training. Forty-five percent of the responses indicated that the training was too

general and needed to provide more specific information. Some of the participants'

responses requested specific information such as "more examination of specific cultures

beliefs, mode of communication, and respect." Thirty-six percent of the responses asked

for specific techniques, tools, and skills to use when working with ethnically diverse

populations. Specifically, participants asked for more counseling and therapeutic

techniques, resources, and hands on tools to use with students from culturally diverse

backgrounds.

Effectiveness of Training on Increasing Cultural Competence

Paired t-tests were conducted to examine if cultural-competency training had a

significant effect on MAKSS subscale scores (e.g., Awareness, Knowledge, Skills).

Descriptive statistics and correlations of all variables are presented in Table 11. The

results indicated significant differences in mean pretest and posttest scores on the

multicultural knowledge subscale, t (26) = -3.055, p =. 005, the multicultural skill

subscale, t (26) = -3.978, p <. 01, and the multicultural awareness mean subscale, t (26)

=-2.382, p = .025. Correlations are summarized on Tables 12 and 13.

Chapter 4

DISCUSSION

Historically, the fields of counseling psychology and counselor education have primarily influenced literature in cultural competency. Original conceptual frameworks outlined three domains of cultural competency: awareness, knowledge, and skills (Sue et al., 1992). Empirical studies have established these three dimensions as essential factors that any culturally competent professional must possess (Holcomb-McCoy, 2000; Kiem, Warring & Rau, 2001). The field of school psychology has followed suit by establishing cultural competencies that are applicable to the practice of psychology in the school setting (Lopez & Rogers, 2001). While research and standards have provided guidelines for developing effective training models, these models have been established within the context of university programs for preservice practitioners (Berg-Cross & Chinen, 1995). Little attention has been paid to developing effective training programs for the ongoing professional development of practicing professionals.

Minimal research has used qualitative methods in assessing cultural training outcomes (Tomlinson-Clarke, 2000). This study advanced the research base by using a mixed method design (qualitative and quantitative methods) to examine the impact of conducting a needs assessment prior to cultural competency training and the subsequent effectiveness of that training. Using a mixed method design in assessing outcomes in this

study allowed a full and integrated description of the cultural training experience (Ponterotto, 1998).

This study sought to assess the impact of conducting a needs assessment on the preparation of an 8-hour, needs-based cultural-competency training workshop. One of the more important findings that emerged from the qualitative approach is the importance of conducting a needs assessment prior to developing the cultural competency training. The needs assessment was conducted using a multi-method data-collection approach (e.g., demographic questionnaire, MAKSS, needs assessment form, discussion with administrator). Collecting data from these sources was in helpful identifying patterns across all data sources. As a result, when all data sources indicated a need for more information about Hispanic students, it significantly influenced the decision to provide training on topics related to the emerging population (e.g., second language acquisition, accessing bilingual services, taking a social history).

The needs assessment also assisted in identifying the strengths of the participants' cultural competence. This information was valuable in building upon a group's perceived strengths in designing and implementing the training. Building on the strengths identified by the participants in the needs assessment was a key factor in contributing to the training's success. The participants indicated interpersonal skills, empathy, and listening skills as strengths. As such, the researcher allowed participants to discuss and hear each other's stories.

In addition to gathering the perceived strengths and needs of the participants, the needs assessment allowed the researcher to glean important demographic information that

also aided in the development of training objectives. For example, this district has an equal number of school psychologists and school social workers that provided school-based mental health services. Having this knowledge allowed the researcher to include position statements on cultural competency from the National Association of Social Workers (NASW) in addition to the position statements of APA and NASP.

Information in the needs assessment also provided information regarding the number of previous diversity training courses or workshops the participants have previously attended. As a group, 70% of the participants have taken less than one diversity course in graduate training. Additionally, 60% of participants indicated having fewer than ten hours of diversity training since obtaining their degree. With the majority of the group reporting little diversity training, the researcher was able to include training activities specifically designed for a group with emergent cultural competency skills. This information was instrumental in the decision to include activities that focused on increasing cultural awareness, a crucial first step to developing cultural competency.

One of the challenges with conducting a needs assessment was prioritizing the identified needs of a group. In designing an 8-hour, needs-based training workshop, time became a critical factor. It was difficult to include all of the identified needs in the 8-hour training. In this study, the participants comprised mainly two groups, school social workers and school psychologists. The job duties of these two groups were distinctly different. In developing the skill-building portion of the training, the task of balancing the needs of these two groups was very challenging. In the training, this challenge was

addressed by focusing on skills that were common to both disciplines (e.g. taking a social history, accessing an interpretor).

The second purpose of this study was to evaluate the impact of the training on participants' perception of its effectiveness. This study used Pedersen's three-stage developmental sequence model which states cultural-competency training should begin focusing on increasing cultural awareness, followed by increasing cultural knowledge, and finally focusing on increasing culturally-competent skills (1999). A major finding that emerged is the importance of providing participants with opportunities to explore their own cultural perspectives, assumptions, biases, and stereotypes. Results from the evaluation form indicated participants thought that the cultural competency training was most helpful in increasing self-awareness of how their own cultural background and experiences have influenced attitudes, beliefs, and biases. Participants responded positively to explorations of their own awareness.

Although focusing attention to increasing cultural awareness is a crucial first step to increasing cultural competency, it is also important to incorporate more experiential opportunities to practice skills taught. Similar to the findings by Tomlinson-Clarke (2000), participants expressed the need for more in-depth training focusing on specific skills, techniques, and tools. Data indicated that participants would like having a clearly defined set of "skills" they can use at the conclusion of a training session. Participants expressed it would have been beneficial if they had had an opportunity to learn and practice therapeutic skills and techniques to use with culturally diverse populations.

One difficulty with providing in-depth training on competency skills is the lack of empirical evidence supporting effectiveness of specific practices. Another difficulty lies in the amount of time it takes to promote the acquisition of cultural skills. It is more time consuming to provide training in cultural skills than it is to focus on increasing cultural awareness and knowledge (D'Andrea et al., 1991). Considering the developmental level of the group as indicated from the needs assessment, it was more important to spend time exploring individual and collective cultural awareness and knowledge than providing training in increasing cultural skills. Future training sessions could allow the group, as a whole to engage in skill building exercises because participants who are more aware are more likely to be more open to incorporating culturally-competent skills into their practice.

Another major finding that emerged is the importance of providing participants with opportunities to interact and share experiences. Activities that were most often cited as enhancing cultural competency were those that "provided for interaction." These included small group discussion, large group discussion, and reflecting with open-ended questions. Participants specifically cited "Discovering Ethnicity" as an activity they found helpful.

The final aim of this study was to evaluate the effectiveness of an 8-hour, needs-based cultural-competency training workshop. To study the effect of this training, the MAKSS was used to assess changes in a participant's level of perceived cultural competency (pretest-posttest design). Results yielded significant increases on the mean scores in the awareness, knowledge and skills domains. The results suggest that the

cultural competency training format used in this study significantly increased ratings of multicultural competence among school-based mental health professionals in the cultural knowledge, awareness, and skills domains.

Several limitations should be considered in this study. One limitation is the attrition of the participants. After conducting the needs assessment and MAKSS pretest, the district reassigned half of the participants to another department. The number of participants decreased from 57 who participated in the pretest, to 26 participants who completed the MAKSS posttest. Another limitation of this study lies in the variety of self-report measures used in this study. In particular, an underlying assumption was made that the group as a whole has "adequate" cultural self-awareness skills in order to provide an accurate representation of their own strengths and limitations pertaining to cultural competency. Sometimes this assumption may not be true.

Despite these limitations, this study offers a number of findings for those interested in further investigation. Future investigations could compare whether a prescribed training program would yield the same effect as a needs-based training program. Further, replicating the effects of this training model (including a needs assessment) through several means and in other settings would lend credence to these results.

The overall findings of this study may be helpful for school system administrators and cultural competency trainers who have sought empirical support regarding the impact of cultural-competency training on increasing cultural knowledge, awareness, and skills. Given the efficacy of the training format used in this study, administrators and cultural

competency trainers may wish to consider developing an 8-hour, needs-based training program that builds from information provided by a needs assessment. Another component that should be present in cultural competency training program is providing an opportunity for the participants to reflect and dialogue about their own cultural awareness. Administrators and trainers should also consider allowing additional time to provide training on increasing and practicing specific cultural skills (e.g. assessment techniques, therapeutic techniques). As one participant states, "because there are many ethnic groups, it may be helpful to receive more in-depth training for a single population as the need arises."

School psychologists have acknowledged their commitment to the importance of cultural competency for practicing professionals. However, researchers have provided little guidance on how to effectively develop and deliver training models that are effective in increasing cultural competency among school-based mental health professionals who are working in the field. This study offers preliminary results that demonstrate the importance cultural competency training in professional development efforts supported by school system administrators. An expansion in research efforts designed to assess the effectiveness of cultural competency training models among other school systems served by school psychologists would make a substantial contribution to the field of school psychology.

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Tables

Table 1

Cultural Counseling Competencies: Original Three Domains

Domain	Description
Awareness and Beliefs	Counselors' attitudes and beliefs about racial and ethnic minorities, the need to check biases and stereotypes, development of a positive orientation toward multiculturalism, and the way counselors' values and biases may hinder effective cultural counseling.
Knowledge	Knowledge and understanding of his or her own worldview, has specific knowledge of the cultural groups he or she works with, and understands sociopolitical influences.
Skill	Specific skills, intervention techniques, and strategies needed in working with minority groups (it includes both individual and institutional competencies).

Note. From Sue et al., (1982).

Table 2

Multicultural Counseling Competencies (Arrendondo et al., 1996)

Counselor Awareness of Own Cultural Values and Biases

Attitude and Beliefs

1. Belief that cultural self-awareness and sensitivity to one's own cultural heritage is essential.
2. Awareness of how own cultural background and experiences have influenced attitudes, beliefs, and biases about psychological processes.
3. Ability to recognize limits of multicultural competency and expertise.
4. Ability to recognize sources of discomfort with differences that exist between self and clients in terms of race, ethnicity, and culture.

Knowledge

1. Knowledge about own racial and cultural heritage and how it personally and professionally affects their definitions of and biases about normality/abnormality and the process of counseling.
2. Knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect self and professional practice.
3. Knowledge about social impact.

Skills

1. Seek out educational, consultative and training experiences to improve understanding and effectiveness in working with culturally different populations.
2. Seek to understand self as racial and cultural being and actively seek nonracist identity.

Counselor Awareness of Client's Worldview

Attitudes and Beliefs

1. Aware of negative and positive emotional reactions toward other racial and ethnic groups that may prove detrimental to the counseling relationship
2. Aware of their stereotypes and preconceived notions that they may hold toward other and ethnic minority groups

---

Knowledge

1. Knowledge and information about the particular group with which they are working
2. Understand how race, culture, ethnicity, and so forth may affect personality formation, vocational choices, and manifestation of psychological disorders, help seeking behaviors, and the appropriateness or inappropriateness of counseling approaches
3. Knowledge about sociopolitical influences that impinge on the life of racial and ethnic minorities.

Skills

1. Familiar with relevant research and the latest findings regarding mental health and mental disorders that affect various ethnic and racial groups
2. Actively involved with minority individuals outside the counseling setting so that their perspective of minorities is more than an academic or helping exercise.

Culturally Appropriate Intervention Strategies

Attitudes and Beliefs

1. Respect clients' religious and spiritual beliefs and values
2. Respect indigenous helping practices and help-giving networks among communities of color
3. Value bilingualism and do not view another language as an impediment to counseling

Knowledge

1. Clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy and how they may clash with the cultural values of various cultural groups
2. Aware of institutional barriers that prevent minorities from using mental health services.
3. Knowledge of the potential bias in assessment instruments and uses procedures and interprets findings in a way that recognizes the cultural and linguistic characteristics of the client.
4. Knowledge of family structures, hierarchies, values, and beliefs from various cultural perspectives.
5. Aware of relevant discriminatory practices at the social and community level that may be affecting the psychological welfare of the population being served.

Skills

1. Engage in a variety of verbal and nonverbal helping responses, recognizing that helping styles and approaches may be culture bound.
2. Ability to exercise institutional intervention skills for their clients. Helping clients determine whether a "Problem" stems from racism or bias in others so that clients do not inappropriately personalize problems
3. Open to seeking consultation with traditional healers or religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate.

Table 3

American Psychological Association Guidelines (2003)

Guideline #1: Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves.

Guideline #2: Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals.

Guideline #3: As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.

Guideline # 4: Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds.

Guideline #5: Psychologists strive to apply culturally appropriate skills in clinical and other applied psychological practices.

Guideline #6: Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.

Table 4

Division 16 Recommendations for Service Delivery to Diverse School Populations

Major Domains of Service Delivery	Example Recommendations
Legal and Ethical Issues	• Knowledge of local, state, and federal laws and regulations, and court rulings pertaining to culturally and linguistically diverse children and youth
	• Advocate for public policy and educational laws that eliminate disparities in services to diverse children and youth
	• Understanding of ethical standards as they relate to delivering services to culturally and linguistically diverse children and youth
	• Ability to recognize the limits of our own multicultural competence
	• Seek educational, consultative, and training experiences to improve multicultural knowledge
School Culture, Educational Policy, and Institutional Advocacy	• Knowledge of and advocacy for aspects of organizational culture and values that promote achievement and mental health and reduce risk of inappropriate services for culturally and linguistically diverse (CLD) students,
	• Examine individual referrals within the context of institutional and systemic patterns (e.g., cultural misinformation, racism, cultural differences) affecting CLD learners and provide leadership in seeking and implementing systemic interventions,
	• Skills in educating the school and community about issues, which affect the learning, development, and well being of children from CLD backgrounds.

Psychoeducational Assessment and Related Issues	• Knowledge of and skills in assessing CLD students, including consideration of variables such as environment, social issues, language development, second language acquisition, acculturation, educational history, quality of educational program, SES and racism,
	• Understanding that normed tests may not be a valid measure for English Language Learners (ELLs) due to inappropriateness of norms, scores reflecting English proficiency, product as opposed to process orientation, fairness of content, and differences in educational background, acculturation, and economic situation.
Academic, Therapeutic, and Consultative Intervention	• Skills in multicultural counseling and cultural consultation,
	• Knowledge of multicultural education, ELL programs, and school culture/culture of staff and students.
Working with Interpreters	• Knowledge of recommended systemic practices, including guidelines from professional organizations and national and state policies, and plans for hiring, training, and managing interpreters,
	• Knowledge of recommended practices for interpreters translating for parent conferences, including using school personnel and community members as interpreters (never children or family members).
Research	• Knowledge of research related to culture and language issues and ability to conduct research using qualitative and quantitative methods that is sensitive to cultural issues,
	• Knowledge of how own value system and identity impacts the formulation of research questions, the selection of research methods, the development of research design, and interpretations made of the results,
	• Skills in eliminating bias when conducting research,
	• Awareness of Emic-Etic distinctions (Emic: behaviors or views that are common to an ethnic or minority group; Etic: aspects of human functioning that are more universal to peoples across cultures).

Note. Adapted from Rogers et al., (1999).

Table 5

Essential Categories of Cultural School Psychology Competencies

Cultural Assessment	Cultural Awareness
Knowledge of language development	Ability to work with interpreters
Knowledge of bilingual education curriculums	Skills in using intervention techniques with culturally and linguistically diverse clients
Professional competencies	Cultural competencies
Cultural consultation skills	Knowledge of cultural research
Skills in working with culturally and linguistically diverse families	Knowledge of legal and ethical issues
Skills relevant to working within organizations	

Note. From Lopez & Rogers (2001).

Table 6

Design of University Training Programs

Type of Program	Description
Traditional program	Makes few modifications in the training curricula
Workshop design	Does not alter the training curriculum but incorporates a multicultural training module into a program of study
Separate course design	A single course is developed that covers academic and clinical approaches to a variety of subgroups in the community
Interdisciplinary cognate	Uses diverse disciplines to understand how culture influences human behavior. Can be presented within a workshop or separate course design.
Subspecialty model	Increased emphasis on multicultural knowledge by requiring a number of different courses and experiences that lead to cultural competency.
Integrated program design	Multicultural theory is woven into every aspect of the training program.

Note. From Berg-Cross & Chinen, (1995)

Table 7

Demographic Information

	Original 57		Final 26	
	N	%	N	%
Job Title				
School Psychologist	28	46	11	41
School Social Worker	23	40	13	48
Supervising Psychologist	6	11	2	8
Administrator	1	2	0	0
Degree				
M.Ed, MS, MA	19	33	4	13
MSW	19	33	10	37
Ed.S.	10	18	5	19
PhD	8	14	3	11
Psy.D	1	2	1	4
EdD	2	4	0	0
License				
LCSW	7	12	4	15
HSPP	11	19	4	15
NCSP	7	12	2	7
State School Psych	7	12	5	19
State Social Worker	16	28	9	33
Psych Examiner	4	7	1	4
Field of Study				
School Psychology	20	35	8	30
Clinical Psychology	7	12	4	15
Counseling Psychology	4	7	1	4
Social Work	23	40	13	48
Years of Experience				
0- 5 years	11	19	7	26
6-10 years	9	16	2	7
11-15 years	15	26	8	30
16-20 years	12	21	5	19
20 or more years	9	16	2	7

Table 7

Demographic Information (con't)

	Original 57		Final 26	
	N	%	N	%
School District Years of Experience				
0- 5 years	16	28	11	41
6-10 years	7	12	2	7
11-15 years	19	33	8	30
16-20 years	10	18	5	19
20 or more years	4	7	0	0
Number of Diversity Courses in Graduate Training				
0	28	49	11	41
1	12	21	8	30
2	8	14	2	7
3	3	5	2	7
4 or more	3	5	1	4
Hours of Diversity Training Since Obtaining Degree				
0- 5 hours	23	40	9	33
6-10 hours	10	18	8	30
11-15 hours	10	18	3	11
16-20 hours	7	12	5	19
20 plus hours	6	11	1	4
Race				
African American	21	37	11	41
Asian/Asian American	1	2	1	4
White	33	58	14	52
Multiracial/Biracial	1	2	0	0
Gender				
Male	9	16	2	7
Female	46	81	24	89

Table 8

Number of Responses Provided on Needs Assessment

	Responses
Strengths	
Background/Experience/Previous Knowledge	23
Communication/Listening Skills	16
Ask Questions/access resources	12
Interpersonal Skills	
Empathic/compassion/understanding	18
Concern/caring	4
Willingness/openness/accepting	15
Concerns	
Language/communication barriers	30
General cultural knowledge	18
Gain client acceptance/trust	13
Training Needs	
Communication/Language	20
General cultural knowledge	14
Specific group cultural knowledge (Hisp)	11
Specific skills	
Counseling	9
Assessment	11

Table 9

Summary of Themes for Evaluation Form Data

	Know	Aware	Skills	Help	Future	TOTAL
	n=36	n=35	n=34	n=36	n=3	
Communication Skills	4	6	12	0	0	22
Knowledge	7	8	7	0	0	22
Specific Training activities	3	1	2	10	0	16
Self- Awareness	16	16	7	3	0	42
Interaction	2	0	1	19	0	22
Process Recommendations	2	2	5	4	30	
Specific information					13	
Techniques/Skills					10	

Table 10

Evaluation Form Emerging Themes

Self Awareness	1. Awareness of how own cultural background and experiences have influenced attitudes, beliefs, and biases about psychological processes. 2. Ability to recognize limits of multicultural competency and expertise. 3. Ability to recognize sources of discomfort with differences that exist between self and clients in terms of race, ethnicity, and culture. 4. Awareness of own biases/prejudice/assumptions, sociocultural heritage background, awareness of other cultures 5. Belief that cultural self-awareness and sensitivity to one's own cultural heritage is essential.
Knowledge	1. Knowledge and information about the particular group with which they are working, knowledge and understanding of the worldview of minority or culturally different clients. 2. Reference to cultural group values, biases, and assumptions
Skills/Communication	Skills/knowledge related to defined as verbal (language) & nonverbal (hand gestures, body language) communication also includes listening
Specific Activities	Refers to specific training activities mentioned by participants.
Interaction	Refers to the interaction provided in the training. Seeing this as helpful to increasing cultural competency (e.g., discussion, sharing, hearing stories)
Process Recommendations	Participants offered critiques/recommendations about the actual training rather then the content of the training. e.g., Too general/more specific, More techniques/skills/tools-

Table 11

Descriptive Statistics for MAKSS subscales

Variable	Pretest	Posttest
Awareness subscale		
M	2.66	2.74
SD	.19	.16
Knowledge subscale		
M	2.62	2.80
SD	.23	.24
Skills subscale		
M	2.73	2.94
SD	.33	.34

Note: $n = 27$

Table 12

Correlations for MAKSS Subscale Scores (Pretest)

Variable	Knowledge	Awareness	Skills
Knowledge	--	.42*	.59*
Awareness		--	.48*
Skills			--

* Correlation is significant at the .01 level (2-tailed).

Table 13

Correlations for MAKSS Subscale Scores (Posttest)

Variable	Knowledge	Awareness	Skills
Knowledge	--	.21	.53*
Awareness		--	.09
Skills			--

* Correlation is significant at the .01 level (2-tailed).

Appendix A

Demographic Questionnaire

Participant # _____

Job Title: _____

Circle the most appropriate choice:

Educational degree

-1- M.Ed.
-2- Ed.S.
-3- Ph.D
-4- Ed.D
-5- Psy.D.
-6- MSW
-7- MS
-8-
        Other_____

_

Year Obtained Degree: _____

License/Certification

-1- LCSW
-2- HSP
-3- NCSP Certified
-4- State School Psychologist
Certification
-5- State Social Worker Certification
-6- Other_____

Primary Field of Study

-1- School Psychology
-2- Clinical Psychology
-3- Counseling Psychology
-4- Social Work
-5- Other *please specify*

_____

Total Years of Experience in school setting.
-1- 0-5
-2- 6-10
-3- 11-15
-4- 16-20
-5- 20+

Years with MCSMHC

-1- 0-5
-2- 6-10
-3- 11-15
-4- 16-20
-5- 20+

# of formal multicultural/diversity courses in graduate training:

-1- 0
-2- 1
-3- 2
-4- 3
-5- 4 or more

# of hours of Multicultural/Diversity Training Experience since obtaining your degree

Please describe:

_____

_____

_____

1-	0-5
-2-	6-10
-3-	11-15
-4-	16-20
-5-	20+

Race

-1-	African American
-2-	Hispanic
-3-	Asian/Asian American
-4-	White
-5-	Native American
-6-	Multiracial/Biracial
-7-	Other

_____

Sex

-1-	male
-2-	female

Appendix B

NEEDS ASSESSMENT

Participant # _____

What are three of your top professional strengths in working with clients from culturally diverse populations?

What are three of your top concerns and/or challenges in working with clients from culturally diverse populations?

Please identify three training needs that would improve your ability to work with clients from culturally diverse populations?

Appendix C

The Multicultural Awareness-Knowledge-Skills Survey (MAKSS)

Developed by
Michael D'Andrea, PhD
Judy Daniels, EdD
Ronald Heck, PhD
University of Hawaii-Manoa

This survey is designed to provide the Multicultural Trainer information regarding the needs MCSMHC professionals interested in enhancing their effectiveness as school-based mental health service providers. **THIS IS NOT A TEST**. Confidentiality will be guaranteed by recording your participant number instead of your name.

You will find a list of statements and/or questions related to a variety of issues related to the field of multiculturalism. Please read each statement/question carefully. From the available choices, circle the one that best fits your reaction to each statement/question.

Thank you for your cooperation.

1. Culture is not external but is within the person.

   Strongly Disagree   Disagree   Agree   Strongly Agree

2. One of the potential negative consequences about gaining information concerning specific cultures is that professionals might stereotype members of those cultural groups according to the information they have gained.

   Strongly Disagree   Disagree   Agree   Strongly Agree

3. At this time in your life, how would you rate yourself in terms of understanding how your cultural background has influenced the way you think and act?

   Very   Limited   Good   Very Good
   Limited

4. At this point in your life, how would you rate your understanding of the impact of the way you think and act when interacting with persons of different cultural backgrounds?

   Very   Limited   Good   Very Good
   Limited

5. How would you react to the following statement? While counseling enshrines the concepts of freedom, rational thought, tolerance of new ideas, and equality, it has frequently become a form of oppression to subjugate large groups of people.

   Strongly Disagree   Disagree   Agree   Strongly Agree

6. In general, how would you rate your level of awareness regarding different cultural institutions and systems?

   Very   Limited   Good   Very Good
   Limited

7. The human service professions, especially counseling and clinical psychology, have failed to meet the mental health needs of ethnic minorities.

   Strongly Disagree   Disagree   Agree   Strongly Agree

8. At the present time, how would you generally rate yourself in terms of being able to accurately compare your own cultural perspective with that of a person from another culture

Very Limited   Limited   Good   Very Good

9. How well do you think you could distinguish intention form accidental communication signals in a multicultural situation?

Very Limited   Limited   Good   Very Good

10. Ambiguity and stress often result from multicultural situations because people are not sure what to expect from each other.

Strongly Disagree   Disagree   Agree   Strongly Agree

11. The effectiveness and legitimacy of the counseling profession would be enhanced if counselors consciously supported universal definitions of normality.

Strongly Disagree   Disagree   Agree   Strongly Agree

12. The criteria of self-awareness, self-fulfillment, and self-discovery are important measures in most counseling sessions.

Strongly Disagree   Disagree   Agree   Strongly Agree

13. Even in multicultural counseling situations, basic implicit concepts such as fairness and health are not difficult to understand.

Strongly Disagree   Disagree   Agree   Strongly Agree

14. Promoting a client's sense of psychological independence is usually a safe goal to strive for in most counseling situations.

Strongly Disagree   Disagree   Agree   Strongly Agree

15. While a person's natural support system (i.e. family, friends, etc.) plays an important role during a period of personal crisis, formal counseling services tend to result in more constructive outcomes.

Strongly Disagree   Disagree   Agree   Strongly Agree

16. How would you react to the following statement? In general, counseling services should be directed toward assisting clients to adjust to stressful environmental situations.

Strongly Disagree   Disagree   Agree   Strongly Agree

17. Counselors need to change not just the content of what they think, but also the way they handle this content if they are to accurately account for the complexity of human behavior.

Strongly Disagree   Disagree   Agree   Strongly Agree

18. Psychological problems vary with the culture of the client.

19. How would you rate your understanding of the concept of relativity in terms of the goals, objectives, and methods of counseling culturally different clients?

Very Limited   Limited   Good   Very Good

20. There are some basic counseling skills that are applicable to create successful outcomes regardless of the client's cultural background.

Strongly Disagree   Disagree   Agree   Strongly Agree

At the present time, how would you rate your own understanding of the following terms:

21. Culture

Very Limited   Limited   Good   Very Good

22. Ethnicity

Very Limited   Limited   Good   Very Good

23. Racism

Very   Limited   Good   Very Good
Limited

24. Mainstreaming

Very   Limited   Good   Very Good
Limited

25. Prejudice

Very   Limited   Good   Very Good
Limited

26. Multicultural Counseling

Very   Limited   Good   Very Good
Limited

27. Ethnocentrism

Very   Limited   Good   Very Good
Limited

28. Pluralism

Very   Limited   Good   Very Good
Limited

29. Contact Hypothesis

Very   Limited   Good   Very Good
Limited

30. Attribution

Very   Limited   Good   Very Good
Limited

31. Transcultural

Very   Limited   Good   Very Good
Limited

32. Cultural Encapsulation

Very   Limited   Good   Very Good
Limited

33. What do you think of the following statement? Witch doctors and psychiatrists
    use similar techniques

    Strongly Disagree   Disagree   Agree   Strongly Agree

34. Differential treatment in the provision of mental health services is not necessarily thought to be discriminatory.

    Strongly Disagree   Disagree   Agree   Strongly Agree

35. In the early grades of formal schooling in the United States, the academic achievement of such minorities such as African Americans, Hispanics, and Native Americans is close to parity with the achievement of White mainstream students.

    Strongly Disagree   Disagree   Agree   Strongly Agree

36. Research indicates that in the early elementary school grades girls and boys achieve about equally in science and mathematics
    Strongly Disagree   Disagree   Agree   Strongly Agree

37. Most of the immigrant and ethnic groups in Europe, Australia, and Canada face problems similar to those experienced by ethnic groups in the United States.

    Strongly Disagree   Disagree   Agree   Strongly Agree

38. In counseling, clients from different cultural/ethnic backgrounds should be given the same treatment that White mainstream clients receive.

    Strongly Disagree   Disagree   Agree   Strongly Agree

39. The difficulty with the concept of integration is its implicit bias in favor of the dominant culture
    Strongly Disagree   Disagree   Agree   Strongly Agree

40. Racial and ethnic persons are underrepresented in clinical, counseling, and school psychology.
    Strongly Disagree   Disagree   Agree   Strongly Agree

41. How would you rate your ability to conduct an effective counseling interview with a person from a cultural background significantly different from your own?

    Very Limited   Limited   Good   Very Good

42. How would you rate your ability to effectively assess the mental health needs of a person from a cultural background significantly different from your own?

Very Limited   Limited   Good   Very Good

43. How well would you rate your ability to distinguish formal and informal counseling strategies?

Very Limited   Limited   Good   Very Good

44. In general, how would you rate your ability to accurately identify culturally biased assumptions as they relate to your professional training?

Very Limited   Limited   Good   Very Good

45. In general, how would you relate yourself in terms of being able to effectively deal with biases, discrimination, and prejudices directed at you by a client in a counseling setting?

Very Limited   Limited   Good   Very Good

46. How well would you rate your ability to discuss the role of "method" and "context" as they relate to the process of counseling?

Very Limited   Limited   Good   Very Good

47. In general, how would you rate your ability to accurately articulate a client's problem that comes from a cultural group significantly different from your own?

Very Limited   Limited   Good   Very Good

48. How well would you rate your ability to analyze a culture into its component parts?

Very Limited   Limited   Good   Very Good

49. How would your rate your ability to identify the strengths and weakness of psychological tests in terms of their use with persons from different cultural/racial/ethnic backgrounds?

Very Limited   Limited   Good   Very Good

50. How would you rate your ability to critique multicultural research?

Very Limited   Limited   Good   Very Good

51. In general, how would you rate your skill level in terms of being able to provide appropriate counseling services to culturally different clients?

Very Limited   Limited   Good   Very Good

52. How would you rate your ability to consult with another mental health professional concerning the mental health needs of a client whose cultural background is significantly different from your own?

Very Limited   Limited   Good   Very Good

53. How would your rate your ability to accurately secure information and resources to better serve culturally different clients?

Very Limited   Limited   Good   Very Good

54. How would you rate your ability to accurately assess the mental health needs of women?

Very Limited   Limited   Good   Very Good

55. How would you rate your ability to accurately assess the mental health needs of men?

Very Limited   Limited   Good   Very Good

56. How would you rate your ability to accurately assess the mental health needs of older adults?

Very Limited   Limited   Good   Very Good

57. How would you rate your ability to accurately assess the mental health needs of gay men?

Very Limited   Limited   Good   Very Good

58. How would you rate your ability to accurately assess the mental health needs of gay women?

Very Limited   Limited   Good   Very Good

59. How would you rate your ability to accurately assess the mental health needs of handicapped persons?

Very Limited   Limited   Good   Very Good

60. How would you rate your ability to accurately assess the mental health needs of persons who come from very poor socioeconomic backgrounds?

Very Limited   Limited   Good   Very Good

Appendix D

Discovering Your Ethnicity

Participant # _____

1) Identify your family origins as far back as you can trace specific ancestors. Where possible, specify the earliest dates, names, and places of which you can be sure. If you are unsure, speculate about probable ancestors and how far back you might be able to trace them, as although you were planning to do genealogical research.

2) Why and how did your ancestors come to this country? Speculate on the conditions they left behind and on their possible motives for leaving these conditions.

3) When your ancestors arrived here, their ethnic background undoubtedly influenced how they were perceived and treated by others. Describe both a disadvantage and an advantage your ancestors may have experienced because of their ethnicity. Examples might include matters of religion, racial characteristics, economic background, language, family patterns, or political involvement.

4) Look at any of the ethnic advantages you have listed. These are often reflected in family strengths, the desirable things people do or experience because they are members of a family and particular ethnic group. Can you name any specific privileges, advantages, or family strengths that you or your family members have enjoyed because of your family's ethnic background of identity? List these.

5) In one or two sentences, name your ethnic background and describe one important personal benefit that you enjoy as a consequence of that ethnicity.

(from Green, J.W. (1982) Cultural Awareness in Human Services. Englewood Cliffs, NJ: Prentice-Hall.)

Appendix E

"Acknowledging My Cultural Heritage"

1) In terms of my sociocultural heritage, I am a (n)

2) Life experiences I have had in multicultural areas include (check applicable areas):
   - _ Family of origin
   - _ Neighborhood as a child
   - _ Elementary school
   - _ Junior high school
   - _ High school
   - _ Friends/activities/clubs in high school
   - _ College
   - _ Current work experience
   - _ Current friendships/activities/club groups
   - _ Neighborhood where I live

3) A time (defining moment) when I was aware that my identity affected the way I was treated was when

4) When I was growing up and discussions were held and comments made about people who were different from us, my parents and significant others said

5) One positive thing about being _____ is

6) Something that is embarrassing or something I wish I could change about myself is

7) Personal qualities I have that will help me establish interpersonal relationships with persons from other cultural groups are

8) Personal qualities I have that may be detrimental as I attempt to establish interpersonal relationships with persons from other cultural groups are:

9) A recent experience where my assumptions, attitudes, or beliefs were questioned, challenged, or otherwise tested was when

Appendix F

Evaluation

Participant # _____

1) How has this training contributed to your knowledge about delivering mental health services to culturally diverse populations?

2) Which activities did you find helpful?

3) How has this training increased your awareness about your own biases and stereotypes and how they affect your interaction with clients from culturally diverse populations?

4) How has this training increased your skills for working with diverse populations? (be specific)

5) What were some things that can be addressed in the future training?

Appendix G

Training Format

I. Large group session
   1) Introduction
      a) Introduce presenter(s)
      b) Identify presentation goals/objectives
      c) Ice-breaker activity
   2) Description of the study
   3) Informed consent and confidentiality statements
   4) Ground Rules
      a) Acknowledge that diversity training is an emotionally charged challenging issue for many
      b) Establish safe environment for participants to explore personal and professional views
      c) Express desire for interactive participation, but reflective nonparticipation is appropriate.
   5) Pre-training data collection results. Information from Needs Assessment
   6) Introduction to Cultural Competence Literature (**Knowledge**) including:
      a) Cultural Competence Definitions
      b) Legal and Ethical considerations
      c) NASP's position
      d) APA's position
      e) NASW's position
   7) Training exercises that fall in the domain of **Awareness and Beliefs**
      a) Discovering your ethnicity
      b) Acknowledging my cultural heritage
   8) Presentations on various topics identified by the needs assessment (**Skills**)
      a) Bilingual assessment/Bilingual Special Education presented by Kathleen Krach
   9) Training evaluation

Appendix H

Bilingual Services
Mental Health Professionals

I. Statistics
    a. U.S. constitutes 5% of total world population
    b. 1 out of 3 children are poor in U.S.
        i.   50% African American children poor
        ii. 40% Hispanic children poor
        iii. 14% of White children poor
    c. 35,305,818 Hispanics in U.S. (12.5% of population) … 2000 census
    d. 123,838 Hispanics in TN (2.2% of population) … 2000 census
    e. 19,317 Hispanics in Memphis (3% of population) … 2000 census
    f. ~20% of all persons in Memphis are children … 2000 census
    g. Given this ~4,000 children in Memphis are Hispanic
    h. ~12% of children in U.S. have disabilities
    i. Given this ~800 Hispanic children in Memphis SPED qualified
II. Working with translators/interpreter
    a. Establishment of rapport
    b. Information Loss (or gain!)
    c. Nonverbal Communication
    d. Interpretation methods/techniques
    e. Personal bias of the translator
    f. Confidentiality
    g. No such thing as certified SPED interpreters
    h. Dictionary/ Glossary
    i. Tips
        i.   Speak in short, simple sentences
        ii. Avoid idioms, metaphors, or colloquialisms
        iii. Use specific terms and avoid jargon
        iv. Allow the interpreter time to translate all messages.
III. 2nd Language Acquisition
    a. BICS (Basic Intercommunication Skills) or CALP (Cognitive Academic Language Proficiency)
    b. Must obtain CALP in first language to get CALP in second language
    c. Takes ~2 years to obtain BICS, ~5-7 years to obtain CALP
        i. CALP established in L1 by 12 years old
        ii. Don't need CALP until 3rd grade so if no CALP in L1 will struggle
    d. Bilingual Education Programs (see handout)
        i.   Immersion or Sink-or-Swim
        ii. ESL
        iii. Transitional

             iv. Maintenance
             v. Dual/ 2-way program
             vi. Restoration program
             vii. Enrichment (high-school language programs)

IV. Multicultural Generalities
- a. Generalities vs. Stereotypes
  - i. Generalities: the quality of being general or widespread or having general
  - ii. Stereotypes: conventional, formulaic, and oversimplified conception
- b. Marker variables (ethnicity, gender, religion, SES, etc.)
- c. Questions:
  - i. What are child-raising practices?
  - ii. Religious beliefs?
  - iii. Communication styles (verbal and nonverbal)?
  - iv. Attitude toward mental health services?
  - v. Any immigration stress?
  - vi. Any ethnic identity stress?
  - vii. Any intergenerational enculturation stress?
  - viii. Are there teacher/student cultural expectations/clashes?
  - ix. Did family come together?

- d. Types of cultural differences (handout)
  - i. Voluntary: came for political freedom, success, etc.
    1. Naturally different values as a result of culture
    2. Working hard at school will reap rewards
    3. Can move up and down the social/economic spectrum
    4. Discrimination is due to not joining in (intrinsic)
    5. Schools are great (better than home)
    6. If don't like it, they can go home
  - ii. Involuntary: Conquest, colonization, bought
    1. Some differences due to rejection of majority culture
    2. Working hard at school will still not insure success
    3. Doors are closed to them and they cannot open them
    4. Discrimination is a permanent (extrinsic)
    5. Schools are negative (worse than for majority)
    6. Cannot go home
  - iii. Definitions
    1. Acculturation: Adapting to a new culture
    2. Assimilation: Lose ones own culture in favor of new culture
    3. Enculturation: Search to regain lost culture
  - iv. Responses to acculturation/ assimilation
    1. Confused locus of control

        2. Anxiety
        3. Withdrawal
        4. Stress (stress scale)
        5. As biculturalism increases, social/emotional problems decrease

V. Barriers and Solutions to Parent/ School Interactions
  a. School Factors to child success
    i. Lower expectations for teachers and administrators
    ii. Labeling minority children as having too many disabilities
    iii. Decide "correct" values, norms, language, speech, etc.
  b. Major Barriers
    i. Communication
        1. Reduce Jargon
        2. 6th grade reading (and speaking) level
        3. Phone calls, home visits, etc.
    ii. School Climate
        1. Parents know where to go
        2. Phone numbers, addresses, etc.
        3. Contact person
        4. Contact translator
        5. Introduction to schools and services
    iii. Cultural Differences
        1. Parental awareness
        2. School awareness
        3. Child awareness
    iv. Information
        1. School lacks info
        2. Parent lacks info
        3. Child lacks info

VI. Taking a Social History
  a. <u>Determine Developmental History (Interview-Parent)</u>
    i. Was he/she walking, talking, etc. on time?
    ii. Was he/she able to communicate in native language?
    iii. Was he/she able to make friends at home or at school?
    <u>iv.</u> Did the parents feel that the child needed more from them than other children did?
  b. <u>Determine Educational History (Records, Interview-Parent)</u>
    i. Where did he/she go to school?
    ii. If in another country,
    iii. How regularly did he/she attend?
    iv. What was the quality of the education he/she received?
    v. How many months long was the school year?
    vi. Was the struggling academically in the other country and what areas?

   c. <u>Has he/she received special education services?</u>
       i. When was he/she placed?
      ii. Where was he/she placed?
     iii. What assessment techniques were used to make this determination?
          1. Was testing done to determine language proficiency?
          2. Was testing done in most proficient language?
          3. Did testing include a thorough history of the child?
          <u>4.</u> Were tests done by translation or where they normed measures?

   d. <u>Determine Current Educational Status (Interview-ESOL teacher)</u>
       i. Is he/she receiving ESOL services?
          1. What type (ESL only, maintenance, transitional, dual, etc.)?
          2. How long since he/she began?
          3. What is the expected date for leaving ESOL services?
          4. What is the child's level of fluency in English? … in native language?
      ii. Is he/she receiving speech/language services?
     iii. Is he/she failing all of the courses or only those with language focus?
     iv. Is the regular education teacher using multi-sensory learning techniques?
      v. How many days of school missed this year? …last few years?
     vi. How many school changes?
    vii. What academic strengths and weaknesses did you note?

Note. Outline developed by Kathleen Krach, presenter.