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INTRODUCTION

Acculturation and Sociocultural Factors in Children's Mental Health Services: Applying Multicultural Consultation Frameworks

Anisa N. Goforth^a, Andy V. Pham^b, Heejung Chun^c, and Sara Castro-Olivo^d

^aUniversity of Montana-Missoula; ^bFlorida International University; ^cNew Mexico State University;

^dTexas A&M University

Nearly one in four children in the United States lives with at least one immigrant parent, and 21% of the U.S. population speak a language other than English at home (Zong & Batalova, 2015). By 2020, more than half of U.S. children will belong to ethnic minority groups (Colby & Ortman, 2015). The increasing cultural and linguistic diversity in our society is often perceived as a challenge for psychologists and other mental health providers who work with immigrant families with unique needs. One of the major challenges is the cultural mismatch between the clients and providers, since the providers also carry cultural and social attitudes that may influence their own actions and perceptions of immigrants. Indeed, the current sociopolitical climate in the United States has led to increased discourse and debate related to the topic of immigration. In addition, many families experience risk factors (e.g., poverty, prejudice, less educational attainment, limited English proficiency) that often act as barriers for them to access or benefit from existing mental health supports and services for children (e.g., Eiraldi, Mazzuca, Clarke, & Power, 2006). This interplay of sociocultural factors has been argued to contribute to the underutilization of children's mental health services among immigrant populations (American Psychological Association [APA], 2013). Incidentally, much of what is known about the implementation and effectiveness of evidence-based interventions with immigrants has been extrapolated from research on other/nonimmigrant ethnic minorities (Miranda et al., 2005), and a limited number of studies have discussed consultation services with immigrant or refugee families. Thus, the purpose of this special issue is to bring attention to empirical research and contemporary models of consultation when working with these populations.

Research has highlighted the disparate mental health needs and educational performance among immigrant youth compared to other youth (Suarez-Orozco, Gaytan, Bang, Pakes, & Rhodes, 2010). Although many first-generation immigrants encounter a wide range of acculturative stressors, they often do better than their counterparts who remain in the country of origin and even second-

generation immigrants (i.e., those who are born in the United States) on several indicators, including physical health (Mendoza, 2009) and social-emotional (Smokowski & Bacallao, 2007) and academic outcomes (Garcia Coll & Marks, 2011). This level of resiliency may stem from gradual adoption of mainstream values, retention of native culture, or both (Berry, Phinney, Sam, & Vedder, 2006).

Furthermore, these acculturative processes may affect family dynamics or working with a consultant. Acculturation may vary across family members, where differences in acculturation between and among family members may lead to behavioral problems in youth (Goforth, Pham, & Oka, 2015). Cultural variations or nuances can also be more pronounced when immigrant families work with professionals who may have limited knowledge and understanding of acculturation, family dynamics, or the motives for immigration (APA, 2013). For example, there may be lack of cultural congruity, or "cultural fit," among immigrant children and parents because of disparate expectations between the roles of the parent and teachers/psychologists in addressing a child's behavior at home or school. Thus, this special issue elucidates socio-cultural factors that immigrant families may encounter, particularly in school or clinical contexts where psychologists and other mental health professionals are likely to engage in consultation with these families.

Multicultural consultation is described as a framework or lens for understanding the influence of these sociocultural factors in consultation (Ingraham, 2000). Through this triadic relationship (e.g., consultant, consultee, child), consultants identify the frame of reference from which they operate within their community or cultural group (Leong, 1996). Consultants are required to be aware of their own cultural values and potential biases, and be sensitive to cultural values and practices of the consultee and client. Scholars (e.g., Sander, Hernández Finch, & Newell, 2016) have noted the paucity of multicultural consultation research and particularly the lack of minority participants within existing studies. We contend that there are even fewer research studies that critically examine sociocultural variables, such as acculturative stress and ethnic identity, which have been shown to influence children's behavioral and emotional outcomes. By proposing a framework for mental health that highlights these sociocultural factors, we also become more cognizant of the cultural nuances that can contribute to or hinder families' participation in consultation and utilization of mental health service (Pham, Goforth, Chun, & Castro-Olivo, *this issue*).

One of these sociocultural factors is acculturation, a process that is the cultural and psychological change that follows intercultural contact (Berry, 2003). Acculturation can serve as a source of stress or resiliency for children, depending on family and peer support, ease of second language acquisition, and cognitive appraisals of environmental stressors (e.g., prejudice and discrimination; Lorenzo-Blanco, Unger, Baezconde-Garbanati, Ritt-Olson, & Soto, 2012; Patel, Tabb, Strambler, & Eltareb, 2015). In this issue, Li and Li's qualitative study examined first-generation Chinese immigrant parents'

perceptions of their child's well-being and acculturation level, and compared their responses from a previous study with the responses of Chinese adolescent offspring. The authors noted ways in which parents provide family support, while still maintaining traditional Chinese values, along with suggestions on what school staff can do to reduce acculturative stress for their children. Their study highlights several ecological sources of stress and supports along with implications for school-based consultation.

Moreover, consultants should consider the role and development of ethnic identity of parents and children with whom they work. Ethnic identity pertains to the individual's affiliation with a cultural group and how the group views and accepts the individual. According to Phinney and Ong (2007), the construct of ethnic identity is not a fixed categorization, but a fluid and dynamic understanding of self and the individual's position within the larger community. In this issue, Torres and DeCarlo Santiago examined the effect of school stressors on low-income Latino adolescents' ethnic identity and internalizing behavior. They found adolescents who are exploring their ethnic identity are vulnerable to cultural and educational stress, such as perceived discrimination and lack of acknowledgement of the adolescent's ethnic identity by teachers and school administration. This study emphasizes the need to promote safe and supportive school environments to minimize the exposure of these stressors that immigrant students are likely to experience on a daily basis.

Families are not the only ones affected by the acculturating process of children and adolescents. Teachers have also been found to struggle to address the academic and social-emotional needs of a culturally and linguistically diverse classroom. McKenney, Mann, Brown, and Jewell ([this issue](#)) developed a unique approach to incorporating both classroom management and culturally responsive instruction via consultation with teachers. Using a single-case design, the authors examined the effect of a culturally responsive behavioral management approach on students' behavioral outcomes. This approach of integrating behavioral and multicultural consultation paradigms can also lead to further exploration of these approaches and outcomes when working with other diverse populations of students.

The role of psychologists in students' behavioral outcomes in classrooms has also been studied through conjoint behavior consultation (CBC). CBC has been rigorously studied as a partner-centered approach to increase family-school collaborations and particularly focuses on parent-teacher relationships by addressing values and shared goals to improve student behavior at school or at home (Sheridan & Kratochwill, 2008). Clarke and Sheridan ([this issue](#)) examined the effects of CBC in a subsample of Latino students within a large-scale randomized control trial. They extended their work by examining Latino student and parent outcomes and found that students exhibited fewer social-behavioral challenges and increased social skills, while parents improved on problem-solving skills as a result of CBC.

A challenge when offering consultation to families with limited English proficiency is the provision of bilingual services in schools. There has been little discussion about how to effectively and adequately implement bilingual consultation services within multitiered systems of support. Harris and Sullivan ([this issue](#)) developed a framework for bilingual school consultation to address the mental health and educational needs of English language learners (ELLs). They emphasized several core competencies required among bilingual consultants, including understanding language acquisition, acculturation processes, ecological variables (e.g., availability of services), partnership with families, staff collaboration, the use of evidence-based practices, self-reflection, and advocacy. They also provided a case illustration that can help practitioners see the many ways they can employ this framework within their schools.

Much of the consultation literature has focused on meeting youth's mental health needs within school settings, and less is known about consultation models in applied clinical settings. Garcia ([this issue](#)) discussed a culturally adapted consultation model within a pediatric setting for youth with cancer as an innovative approach to integrate physical and mental health care. Their case illustration highlights how this multidisciplinary approach can be implemented within a pediatric oncology treatment center to help families cope with their child diagnosed with cancer. This case study illustrates what practitioners must consider when providing mental health support to acculturating youth and families in clinical settings.

Finally, in the last article of this special issue, we integrate and outline the existing literature related to how sociocultural factors, such as cultural congruity and acculturation, influence the participation and process of multicultural consultation within a variety of settings (Pham et al., [this issue](#)). The purpose of this article is to highlight the cultural diversity within consultation systems (e.g., schools, clinics, or community settings) and factors that contribute to or hinder help-seeking behavior among immigrant youth and families.

Conclusion and future directions

As immigrants and ethnic minority children and families continue to navigate through the U.S. educational and mental health systems, mental health providers are obligated to engage in cultural responsiveness and provide these children and families with equitable access to these services. However, there is still more work that needs to be done for immigrants across the lifespan to remediate any negative effects stemming from acculturative stress, prejudice and discrimination, or educational or language barriers that they frequently experience as they transition into mainstream society. We also understand that there is diversity across immigrant and other acculturating subgroups that must be considered and explored further as we expand our cultural knowledge base. We hope that this special issue will prompt meaningful discussion and develop future scholarship pertaining to



consultation in order to increase our understanding and better serve the educational and social-emotional needs of children and their families.

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Notes on contributors

Anisa N. Goforth, PhD, is the director of the School Psychology Graduate Training Programs at the University of Montana.

Andy Pham, PhD, is assistant professor of School Psychology at Florida International University.

Heejung Chun, PhD, is an associate professor of Counseling & Educational Psychology at New Mexico State University.

Sara Castro-Olivo, PhD, is an associate professor of Educational Psychology at Texas A&M University.

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