

CULTURAL COMPETENCE OF SCHOOL PSYCHOLOGISTS WORKING WITH
ASIAN AMERICAN YOUTH: ENHANCING ACCESSIBILITY OF SCHOOL
PSYCHOLOGY SERVICES

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ABSTRACT

Peer-reviewed research regarding Asian American families with children who have mental health problems is scant. Asian Americans are one of the fastest-growing ethnic groups and the second largest foreign-born population in the United States. Asian American youth face many acculturative stressors frequently experienced by ethnic minority groups in addition to those experienced by non-minorities. The main purpose of this research was to increase the knowledge of school psychologists working with Asian American youth in order to enhance the accessibility of school psychology services for these students. A survey was disseminated to school psychologists on the New Jersey Association of School Psychologists (NJASP) listserv. There were four main areas that the survey addressed, including: 1) school psychologists' experiences providing services to Asian American youth, 2) steps school psychologists have taken to overcome potential barriers to Asian American youth accessing school psychology services, 3) how competent school psychologists feel providing services to Asian American youth, and 4) the extent to which the institutions in which school psychologists work have made school psychology services accessible to Asian American youth. Not only did this research gather information about the knowledge, skills, and attitudes of school psychologists in providing school psychology services to Asian American youth, but it also aimed to increase/improve services to this population. Responses from participants provided a context for developing themes about different methods school psychologists have found to be helpful in overcoming potential barriers to Asian American youth accessing school psychology services. The majority of the participants indicated that they had the right attitudes with regards to providing services to Asian American youth. However, many of

the participants felt that they lacked the necessary knowledge and skills to competently work with this population. Overall, the participants reported that the institutions in which they work rarely make school psychology services accessible to Asian American youth. Based on the information that was gathered in this study, recommendations are provided for ways school psychology training programs, school psychologists, and institutions in which school psychologists work may contribute in enhancing the accessibility of school psychology services for Asian American youth.

DEDICATION

In fond memory of Dr. Karen Haboush. You have touched many lives, including the school psychologists you have trained and the students we work with. Your legacy will live on in all of us being excellent practicing school psychologists, forever changed by your guidance. You will be dearly missed and never forgotten.

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TABLE OF CONTENTS

	PAGE
ABSTRACT	ii
DEDICATION	iv
ACKNOWLEDGEMENTS	v
LIST OF TABLES	xv
LIST OF FIGURES	xviii
CHAPTER	
I. INTRODUCTION	1
Rationale	1
Current State of Affairs.....	2
Potential Barriers to Students Accessing Psychological Services	4
Disparity between demographics of school psychologists and students	4
Image as “model minority.”	4
Stigma.....	5
Cultural values and mental health	6
Influence of acculturation.....	7
Language	7
Affordability	9
Legal issues	9
Access to School Psychology Educational Services.....	9
Desired State of Affairs: Ethical Practice and Cultural Competence ...	11

Aims of Research Study.....	12
II. LITERATURE REVIEW	14
Changes in U.S. Diversity.....	14
Demographics of School Psychologists vs. Students in U.S. Schools..	15
Asian American Population in the United States.....	16
Current Asian American population in the United States – 2010 U.S. Census	18
Culture and Psychology	22
Asian Culture	23
Evidence of the Need for School Psychology Services in the Asian American Youth Population	25
Peer discrimination and harassment	26
Family factors	29
Child factors	31
Accessibility of Psychological Services for Asian American Youth....	32
Potential barriers to accessing psychological services	33
Disparity between demographics of school psychologists and students.....	33
Image as “model minority.”	34
Stigma	35
Cultural values and mental health.....	36
Influence of acculturation	39
Language.....	40
Affordability	41
Legal issues	41

Access to school psychology educational services	41
Current State of Affairs: Graduate Training for the Culturally Competent School Psychologist	43
Conclusion	45
III. PROCEDURES METHODOLOGY AND DESIGN	47
Sample.....	47
Research Design.....	50
Measurement/Instrumentation	51
Study Site(s)/Location of Procedures	53
Detailed Study Procedures	54
Consent Procedures.....	55
Internal and External Validity.....	56
Data Analysis	56
IV. RESULTS	58
Sample.....	58
Demographics	58
Gender	58
Ethnicity	59
School Psychology Background and Role	60
Highest level of education in school psychology	60
Number of years since graduated with school psychology degree	61
Number of years working as a school psychologist	62
Main role as school psychologist	63

Other role(s) as school psychologist	64
Experience in Providing School Psychology Services to Asian American Youth.....	66
Percentage of student population of school that is Asian American youth	66
Percentage of current caseload that is Asian American youth	67
Percentage of Asian American youth you work with that is eligible for special education.....	68
Capacities providing school psychology services to Asian American youth	69
Ways Asian American youth are identified as needing school psychology services.....	71
Presenting problems of Asian American youth.....	72
General differences in providing school psychology services to Asian American youth compared to providing school psychology services to youth of other ethnic backgrounds.....	74
Techniques helpful in providing school psychology services to Asian American youth.....	76
Cultural factors make it more challenging to provide school psychology services to Asian American youth compared to providing school psychology services to youth of other ethnic backgrounds.....	78
Potential Barriers to Students Accessing Psychological Services	81
Image as “model minority.”	81
Stigma.....	83
Cultural values and mental health	85
Influence of acculturation.....	88
Language	90

Legal issues	94
Competence in Providing School Psychology Services to Asian American Youth.....	95
Have necessary knowledge to provide school psychology services to Asian American youth.....	95
Have necessary skills to provide school psychology services to Asian American youth.....	96
Have taken traditional Asian values into consideration in providing school psychology services to Asian American youth and have adjusted interventions accordingly.....	98
Asian American Youth and Access to School Psychology Services	100
Institution working in has school psychology service providers that are of an Asian ethnic background and/or are bilingual.....	100
Institution working in has counseling groups that are specifically geared towards Asian American youth	101
Institution working in participates in outreach that targets providing school psychology services to Asian American youth... ..	102
V. DISCUSSION	105
Experience in Providing School Psychology Services to Asian American Youth.....	106
Potential Barriers to Students Accessing Psychological Services	111
Image as “model minority.”	111
Stigma.....	112
Cultural values and mental health	114
Asian cultural values and psychotherapy process	115
Influence of acculturation.....	116
Language	117

Limited understanding of systems in the United States	118
Limited bilingual and bicultural professionals and translation services	119
Legal issues	121
Competence in Providing School Psychology Services to Asian American Youth.....	121
Asian American Youth and Access to School Psychology Services	123
VI. CONCLUSION.....	127
Implications for Training of School Psychologists.....	127
Limitations	129
Future Study.....	133
Summary	135
REFERENCES	139
APPENDICES	
A. EMAIL SENT TO POTENTIAL PARTICIPANTS	160
B. CULTURAL COMPETENCE OF SCHOOL PSYCHOLOGISTS WORKING WITH ASIAN AMERICAN YOUTH SURVEY	163
C. CONSENT FORM.....	171

LIST OF TABLES

TABLE	PAGE
2.1. Ethnicity of School Psychologists in 2009-2010	15
2.2. Ethnicity of the U.S. Population in 2010	16
2.3. Asian Population in the U.S. in 2000 and 2010	18
2.4. Detailed Asian Groups in the U.S. in 2010: Only Asian	20
2.5. Detailed Asian Groups in the U.S. in 2010: Only Asian or Mixed Races Including Asian	21
3.1. Demographics Comparison Among Research, NJASP, and NASP Samples.....	48
3.2. Demographics Comparison Between New Jersey and the United States Population	50
3.3. Survey Elements	52
4.1. Gender	58
4.2. Ethnicity	59
4.3. Highest Level of Education in School Psychology.....	60
4.4. Number of Years Since Graduated With School Psychology Degree	61
4.5. Number of Years Working As a School Psychologist.....	62
4.6. Main Role as School Psychologist.....	63
4.7. Other Role(s) as School Psychologist.....	65
4.8. Percentage of Student Population of School That Is Asian American Youth	67
4.9. Percentage of Current Caseload That Is Asian American Youth	68
4.10. Percentage of Asian American Youth You Work With That Is Eligible for Special Education.....	69
4.11. Capacities Providing School Psychology Services to Asian American Youth.....	70

4.12. Ways Asian American Youth Are Identified As Needing School Psychology Services	71
4.13. Presenting Problems of Asian American Youth	73
4.14. General Differences in Providing School Psychology Services to Asian American Youth Compared To Providing School Psychology Services to Youth of Other Ethnic Backgrounds.....	75
4.15. Techniques Helpful in Providing School Psychology Services to Asian American Youth.....	77
4.16. Cultural Factors Make It More Challenging to Provide School Psychology Services to Asian American Youth Compared To Providing School Psychology Services to Youth of Other Ethnic Backgrounds	80
4.17. Overcoming Barrier of General Belief That Asian Americans Are the “Model Minority” and Are Relatively Immune From Psychological Problems	81
4.18. Overcoming Barrier of Mental Health Problems Being a Taboo Topic in Many Traditional Asian Cultures.....	83
4.19. Overcoming Barrier of Asian Americans Attempting to Deal With Their Problems Without Seeking Professional Mental Health Services	86
4.20. Overcoming Barrier of Conflict Between Asian Cultural Values and Psychotherapy Process.....	87
4.21. Overcoming Barrier of Asian Americans’ Limited Acculturation to Life in the United States	89
4.22. Overcoming Barriers of Language and Communication	90
4.23. Overcoming Barrier of Asian Americans’ Limited Understanding of Systems in the United States.....	91
4.24. Overcoming Barrier of Limited Bilingual and Bicultural Professionals and Translation Services.....	93
4.25. Overcoming Barrier of Asians’ Fear of Disclosing Their Illegal Status	94
4.26. Have Necessary Knowledge to Provide School Psychology Services to Asian American Youth	96

SCHOOL PSYCHOLOGISTS WORKING WITH ASIAN AMERICAN YOUTH

4.27. Have Necessary Skills to Provide School Psychology Services to Asian American Youth.....	97
4.28. Have Taken Traditional Asian Values Into Consideration in Providing School Psychology Services to Asian American Youth and Have Adjusted Interventions Accordingly	99
4.29. Institution Working in Has School Psychology Service Providers That Are of an Asian Ethnic Background and/or Are Bilingual	100
4.30. Institution Working in Has Counseling Groups That Are Specifically Geared Towards Asian American Youth	102
4.31. Institution Working In Participates In Outreach That Targets Providing School Psychology Services to Asian American Youth	103

LIST OF FIGURES

FIGURE	PAGE
1. Gender.....	59
2. Ethnicity.....	60
3. Highest Level of Education in School Psychology.....	61
4. Number of Years Since Graduated With School Psychology Degree.....	62
5. Number of Years Working As a School Psychologist.....	63
6. Main Role as School Psychologist.....	64
7. Other Role(s) as School Psychologist.....	66
8. Percentage of Student Population of School That Is Asian American Youth	67
9. Percentage of Current Caseload That Is Asian American Youth	68
10. Percentage of Asian American Youth You Work With That Is Eligible for Special Education.....	69
11. Capacities Providing School Psychology Services to Asian American Youth.....	71
12. Ways Asian American Youth Are Identified As Needing School Psychology Services	72
13. Presenting Problems of Asian American Youth	73
14. General Differences in Providing School Psychology Services to Asian American Youth Compared To Providing School Psychology Services to Youth of Other Ethnic Backgrounds.....	76
15. Techniques Helpful in Providing School Psychology Services to Asian American Youth.....	78
16. Cultural Factors Make It More Challenging to Provide School Psychology Services to Asian American Youth Compared To Providing School Psychology Services to Youth of Other Ethnic Backgrounds	80
26. Have Necessary Knowledge to Provide School Psychology Services to Asian American Youth	96

27. Have Necessary Skills to Provide School Psychology Services to Asian American Youth.....	98
28. Have Taken Traditional Asian Values Into Consideration in Providing School Psychology Services to Asian American Youth and Have Adjusted Interventions Accordingly	99
29. Institution Working in Has School Psychology Service Providers That Are of an Asian Ethnic Background and/or Are Bilingual	101
30. Institution Working in Has Counseling Groups That Are Specifically Geared Towards Asian American Youth	102
31. Institution Working In Participates In Outreach That Targets Providing School Psychology Services to Asian American Youth	104

Chapter I

Introduction

This dissertation is an introductory investigation to gauge how competent school psychologists feel working with Asian American youth and understand their perceptions of this underserved population. This includes the extent of the training school psychologists receive and the experiences they have in working with this population. The main purpose of this research is to increase the knowledge of school psychologists working with Asian American youth in order to enhance the accessibility of school psychology services for these students.

Rationale

Asian Americans are one of the fastest-growing ethnic groups in the United States (Reeves & Bennett, 2003). They are the second largest foreign-born population in the United States (Acosta & de la Cruz, 2011). Asian American youth face many acculturative stressors frequently experienced by ethnic minority groups (e.g., cultural conflict, racism, and generational conflict) in addition to those experienced by nonminorities (e.g., academic pressures, health and wellness, finances, peer conflict, and family conflict) (Atkinson & Gim, 1989). However, research regarding Asian American families with children who have mental health problems is scant (U.S. Dept. of Health & Human Service [U.S. DHHS], 2001). As a result, school psychologists may lack adequate preparation to meet the needs of this population.

10.8 million children in U.S. public schools speak a language other than English at home, and 25% of them speak English with difficulty (U.S. Dept. of Education [U.S. DOE], 2008). 11% of NASP regular members are fluent in a language other than English

(NASP, 2008). 55% of the NASP members who are fluent in a language other than English provide psychological services to students/families in that language (Curtis et al., 2008). Whereas 63.7% of the U.S. population is Caucasian (Humes, Jones, & Ramirez, 2011), 90.7% of school psychologists are Caucasian (Curtis et al., 2012). In contrast, while 5.0% of the U.S. population is Asian American/Pacific Islander (Humes, et al., 2011), only 1.3% of school psychologists are Asian American/Pacific Islander (Curtis et al., 2012). Because there is a disparity between the ethnic backgrounds of many school psychologists and the diverse population of students they serve (Curtis et al., 2008), it is essential that school psychologists gain knowledge, skills, and attitudes so they can better meet the needs of the culturally and linguistically diverse youth they serve.

One approach to increase school psychologists' cultural competence is to enhance their understanding of the barriers that Asian American youth may face in accessing school psychology services. Understanding these barriers might allow school psychologists to develop more culturally sensitive strategies for engaging Asian American students. This study will explore potential barriers to improve school psychologists' ability to deliver culturally-sensitive school psychology services to Asian American youth.

Current State of Affairs

During the 1990s, the population of Asians and Asian Americans increased by 72%, making them one of the fastest-growing ethnic groups in the United States (Reeves & Bennett, 2003). In 2004, Asian Americans constituted approximately 5% of the U.S. population (13.5 million). By 2050, this group is projected to make up 10% of the U.S. population (Shea & Yeh, 2008). However, there is limited research on Asian American

families with children who exhibit educational and mental health problems. In contrast to school psychologists' attributions for children's learning problems, Chinese parents often attribute children's learning difficulties to a lack of self-discipline, an imbalance of energy, or the influence of spirits (Tews & Merali, 2008). These beliefs affect parents' views of their children and their intervention preferences. As a result of research being limited, school psychologists may lack adequate training to meet the needs of this population.

Research has shown that Asian American youth underutilize mental health services (Garland et al., 2005). Garland et al.'s (2005) research tested for racial/ethnic disparities in the use of a variety of outpatient, inpatient, and informal mental health services among high-risk youths, with the effects of other predictive factors controlled. Their results showed that Non-Hispanic whites had the highest rates of service use for any mental health service and for outpatient services; Asian American/Pacific Islanders had the lowest utilization rates for these categories of service. 79% of non-Hispanic white youths received a mental health service, compared to 59% of Asian American/Pacific Islanders, 64% of African Americans, and 70% of Latino Americans. After the effects of potentially confounding variables were controlled, the race/ethnicity was still a significant predictor of any service use, and African American and Asian American/Pacific Islander youths were approximately one-half as likely as non-Hispanic white youths to receive any service.

In the United States, compared to other ethnic groups, Asians and Asian Americans in general have a lower utilization of mental health services. Nationally, Asian Americans are three times less likely than Whites to use available mental health

services (Matsuoka, Breau, & Ryujin, 1997). Data from the Chinese American Epidemiology Study (CAPES) indicated that only 17% of Chinese Americans in general who experienced problems with emotions, anxiety, drugs, alcohol, or mental health sought care (Young, 1998). These figures reflect an adult Chinese American population. Barriers to service utilization are often conceptualized as issues of availability and access (Spencer & Chen, 2004).

Potential Barriers to Students Accessing Psychological Services

Disparity between demographics of school psychologists and students. The data cited above focus on adult populations; even less is available about Asian American students' utilization of psychological services (Tan & Anhalt, 2006). It is widely believed that Asian American youth underutilize mental health services in general, and school psychology services in particular (Tan & Anhalt, 2006). One frequently cited reason for this underutilization is a disparity between the ethnic backgrounds of many school psychologists and the diversity of the population of students they serve (Sullivan & A'Vant, 2009). This ethnic disparity may contribute to Asian American youth being less willing to seek school psychology services because they may believe school psychologists do not understand them, their families, or their culture, thereby making it difficult to fully trust them.

The existing literature, while limited, suggests that there are additional barriers that Asian American youth face in accessing school psychology services. The following are sometimes cited as examples of potential barriers:

Image as "model minority." There is a general belief that Asian Americans are the "model minority" and are therefore relatively immune from psychological problems

(Seráfica, 1997). As a result of this belief, Asian American youth's need for school psychology services might go unnoticed. For example, Asian parents might focus on their children obtaining good grades and not realize the stress and anxiety their children experience in trying to attain those grades. In fact, they might place excessive pressure on their children. Research by Mau (1997) found that compared to White parents, Asian and Asian American parents had higher expectations, and their children did more homework. Teachers might assume that because Asian American students receive good grades they must be doing well and not notice when students experience mental health problems. With regards to Asian American youth themselves, when they experience mental health problems, they might be ashamed to seek help, as they may feel that they need to live up to the expectations and maintain the reputation of being the "model minority" of an Asian American. Lee (2015) reported that high- and low-achieving Asian-identified students experienced anxiety to uphold the expectations of the "model minority" stereotype. The students who were unable to perform well academically felt depressed and were embarrassed to seek help.

Stigma. In many traditional Asian cultures, stigma is attached to mental health problems and their treatment (Tan & Anhalt, 2006). Mental health problems are still a taboo topic in many traditional Asian cultures, which are strongly influenced by religious and spiritual beliefs. In these cultures, "General attitudes toward mental health problems have been that of fear, ostracism, and repression" (Tan & Anhalt, 2006, p. 25). This stigma and feeling of shame may make Asian Americans less willing to be open with others and seek help. A study by Zhang and colleagues (1998) compared Asian Americans and Caucasians from a randomly selected sample based on the first wave of

the Epidemiologic Catchment Area study on help seeking for psychological problems. Asian Americans were significantly less likely than Caucasians to mention their mental health problems to a friend or relative (12 versus 25%), psychiatrist or mental health specialist (4 versus 26%), or physician (3 versus 13%). This disparity could be due to the aforementioned stigma of mental health problems and their treatment in traditional Asian cultures. As help-seeking behavior is influenced by culturally-based mental health beliefs and attitudes (Seráfica, 1997), it is important for school psychologists to obtain a better understanding of the mental health beliefs and attitudes of Asian Americans. Helping to reduce stigma might eliminate one barrier to Asian American youth accessing the school psychology services that they need.

Cultural values and mental health. Traditional Asian values emphasize obligations to the family, obedience to authority, use of shame and guilt to control behavior, reserve and formality in interpersonal relations, and restraint and inhibition of strong feelings (Tan & Anhalt, 2006). These cultural values have a significant impact on the psychological characteristics of Asians and Asian Americans, and there is a conflict between the cultural values and the psychotherapy process (Tan & Anhalt, 2006). For example, talking to a mental health worker about psychological problems may be viewed by Asian Americans as bringing disgrace on the family (Root, 1985). Instead, Asian Americans may try to resolve their problems on their own, believing that mental health can be maintained by avoiding bad thoughts and exercising will power (Root, 1985). Asian Americans may also internalize stress and express symptoms through somatization and may therefore seek help from medical professionals (Sue & Morishima, 1982; Tseng, 1975). They simply may not view psychological services as a credible source of help.

Influence of acculturation. Limited acculturation to life in the United States both increases the risk of Asian American youth developing psychological problems and prevents Asian American youth from accessing the school psychology services that they need (Tan & Anhalt, 2006). Shim and Schwartz (2007) found that low behavioral acculturation with high Asian values predicted psychological distress and adjustment issues. Wang and Mallinckrodt (2006) surveyed undergraduate international Chinese students living in the United States and found that low levels of acculturation was associated with psychological symptoms. Acculturation stress has been an explanation for symptom development (Huang, 2006). Low acculturation might lead to stressors such as social isolation, employment difficulties, and financial issues. Even high acculturation can be stressful if the adolescent adopts Western values/behaviors, while parents remain attached to their culture of origin. This pattern has been found to be associated with increased family conflicts, and conflicts with parents in turn leads to increased emotional problems (S. Cho & Bae, 2005; Fang & Wark, 1998; Rumbaut, 2005; Ying & Han, 2007). Depression, anxiety, and psychosomatic disorders are the most frequently identified mental health consequences among acculturating individuals (Sam, 2000). High acculturation is associated with greater willingness to seek professional help for psychological problems and greater tolerance for stigma (Santiago, 2007). Atkinson and Gim (1989) conducted a study with Asian American students and found high acculturated students were more likely to recognize needing psychological services, more open to discussing problems, and more tolerant of the stigma linked with psychological help.

Language. Language is a barrier that many Asian immigrants face when they do seek school psychology services (Tan & Anhalt, 2006). About 1 out of 2 Asian

Americans have difficulty accessing mental health treatment due to limited English ability – approximately 70 providers for every 100,000 in need (SAMHSA, 2008). About 35% of Asians and Asian Americans live in households where there is limited English proficiency in those over age 13 (Reeves & Bennett, 2003). Communication difficulties between Asian Americans and school psychologists are a concern. The supplement to the surgeon general's report on mental health states that nearly half of the Asian American population's low utilization of mental health services is attributable to lack of English proficiency and a shortage of providers who possess appropriate language skills (U.S. DHHS, 2001). School psychologists diagnosing and treating youth in ways that are inconsistent with the youth's family's language and culture negatively affects both the youth and their parents. Communication problems can result in conflicts over direction of psychotherapy, and service providers can fail to understand Asians and Asian Americans' behavior within an Asian American context (Shon & Ja, 1982). Further, understanding of and access to mental health treatment systems may also be hampered. "The problems of language and communication that Asian American families may experience could be compounded by a lack of understanding of the systems in the United States, especially the health and educational systems. Lack of understanding may restrict access to programs and pursuit of services" (Tan & Anhalt, 2006, p. 26).

Bilingual and bicultural school psychologists are limited, and translation services are frequently limited for Asian Americans (Tan & Anhalt, 2006). Approximately 70 Asian and Asian American providers are available for every 100,000 Asians and Asian Americans in the U.S., compared to 173 per 100,000 whites (U.S. DHHS, 2001).

Affordability. Some Asians and Asian Americans may delay seeking treatment because they cannot afford to pay for care (Tan & Anhalt, 2006). According to the White House Initiative on Asian Americans and Pacific Islanders, certain Southeast Asian groups rank among the nation's poorest: 29.3 percent of Cambodians and 37.8 percent of Hmong live in poverty. About 21% of all Asians and Asian Americans lack health insurance, compared to 16% of all Americans (U.S. DHHS, 2001). According to a report co-authored by Ramakrishnan and Ahmad (2014) for the Center for American Progress, Asian Americans are one of the fastest-growing populations in poverty since the Great Recession. During the Census reporting period from 2007-2011, Ramakrishnan and Ahmad showed the number of Asian Americans living in poverty rose by 37 percent – well surpassing the U.S. national increase of 27 percent. The increasing poverty level makes it difficult for families to pay out of their pocket (Tan & Anhalt, 2006).

Legal issues. Finally, some Asian individuals in the United States may be hesitant to seek professional mental health services because of a fear of disclosing their illegal status and being deported from the United States (Tan & Anhalt, 2006). Documented immigrants may fear that accessing mental health care will threaten residency status, application for citizenship or later ability to sponsor relatives (U.S. DHHS, 2001).

Access to School Psychology Educational Services

In addition to mental health services, school psychologists address students' educational performance. In school year 2013-14, while Caucasians made up 50% of the total school population, Asian Americans/Pacific Islanders only made up 5% of the total school population (U.S. DOE, 2016b). In relation to school psychology services, Asian

American youth are underrepresented in special education relative to their overall population in U.S. public schools (Sullivan & Artiles, 2011).

In school year 2013-14, the percentage of children and youth ages 3-21 receiving services under IDEIA in public schools differed by race/ethnicity (U.S. DOE, 2016a). The percentage of students served under IDEIA was highest for American Indian/Alaska Native students (17 percent), followed by Black students (15 percent), White students (13 percent), students of two or more races (12 percent), Hispanic students (12 percent), Pacific Islander students (11 percent), and Asian students (6 percent). Although this disparity between race/ethnicity exists, more research is needed to explain the disparity and the apparent underrepresentation of Asian American youth in special education.

The percentage distribution of various types of special education services received by students ages 3-21 in 2013-14 differed by race/ethnicity (U.S. DOE, 2016a). For example, the percentage of students with disabilities receiving services under IDEIA for specific learning disabilities was lower among Asian students (22 percent) than among students overall (35 percent). However, the percentage of students with disabilities receiving services under IDEIA for autism was higher among Asian students (19 percent) than among students overall (8 percent) (U.S. DOE, 2016a). A study done by Hosp and Reschly (2004) found that Asian/Pacific Islander students are underrepresented in every disability category included under the Individuals with Disabilities Education Improvement Act (IDEIA) with the exception of Autistic.

While Asian American students are underrepresented in special education, they are overrepresented in gifted and talented (GT) programs (Hosp & Reschly, 2004). Data from the Elementary and Secondary School Survey and Civil Rights Data Collection of

the Office for Civil Rights (OCR) were analyzed to describe the issue of overrepresentation of gifted Asian American students in gifted education programs in the United States (Yoon & Gentry, 2009). The data showed that nationally, Asian and Whites have been overrepresented in gifted education since 1978.

Desired State of Affairs: Ethical Practice and Cultural Competence

Both APA and NASP ethical guidelines require school psychologists to be culturally competent in providing services to the students that they work with (American Psychological Association [APA], 2010; NASP, 2010). With the diversity of the student population in U.S. public schools increasing, it is important for school psychologists to be prepared to meet their needs (Holcomb-McCoy, 2004). Culture plays a role in how symptoms of psychological distress are expressed and treated (Seráfica, 1997). Therefore, it is important for school psychologists to take culture into consideration when trying to understand the etiology of mental health problems and in determining the most accurate diagnosis and most effective treatment/intervention. This includes understanding Asian culture, especially with regards to its impact on school psychology services. Additionally, research shows that the ability to understand and speak clients' native languages improves accuracy and may enhance treatment validity and therefore acceptability of services. A statement by the Office of the Surgeon General (US & Center for Mental Health Services) stated, "Overt and subtle forms of miscommunication and misunderstanding can lead to misdiagnosis, conflicts over treatment, and poor adherence to a treatment plan" (2001). However, when clients and psychologists do not speak the same language, these problems intensify. When there is less of a communication barrier, school psychologists can help parents to understand how much of

an impact culture plays in Asian American youth receiving the school psychology services that they need. More specifically, it would help for them to understand that Asian culture can be a barrier to Asian American youth accessing the services that they need, especially with the culture's stigma against needing psychological services.

Aims of Research Study

Limited research exists regarding Asian American youth's utilization of mental health and school psychology services. Further, research on school psychologists' cultural competence in relation to this population is lacking. For example, to the best of this researcher's knowledge, research is lacking regarding: 1) how competent school psychologists feel in working with Asian American youth, 2) what strategies have been used to help school psychologists gain competence, and 3) what steps school psychologists have taken to overcome the barriers that Asian American youth face in accessing services. This study will attempt to answer these research questions.

This research uses a survey to gather information about school psychologists and their work with Asian American youth. There are four main areas that the survey addresses, including: 1) school psychologists' experiences providing services to Asian American youth, 2) the steps school psychologists have taken to overcome potential barriers to Asian American youth accessing school psychology services, 3) how competent school psychologists feel providing services to Asian American youth, and 4) the extent to which the institution in which school psychologists work have made school psychology services accessible to Asian American youth. Not only does this research gather information about the knowledge, skills, and attitudes of school psychologists in

providing school psychology services to Asian American youth, but it also aims to increase/improve these services so they can be more accessible to this population.

The results of this research would potentially benefit two different groups. First, it would provide school psychologists with a better understanding of the mental health beliefs and attitudes of Asian Americans. This might help school psychologists design and implement culturally sensitive interventions for Asian American youth to better elicit the involvement and meet the needs of the Asian American youth that they work with. Generally, the results of this research would provide information to help school psychologists become more culturally competent in providing school psychology services to Asian American youth. Second, the results of this research would provide researchers with a better understanding of what efforts have been made in making school psychology services more accessible to Asian American youth. Knowing what has worked would make it easier to determine what improvements still need to be made. This is intended to make school psychology services more accessible to Asian American youth by increasing the cultural competence of school psychologists and reducing the stigma that Asian American youth may experience when seeking school psychology services.

Chapter II

Literature Review

Changes in U.S. Diversity

According to the National Association of School Psychologists (NASP) position statement (NASP, 2009), the overall U.S. population is forecast to increase almost 50% by the year 2050. Within this population increase, the Caucasian (White Not of Latino Origin) population will experience the smallest proportional increase. In contrast, there is a large proportional increase forecast for the Indigenous American, Black/African American, Asian/Pacific Islander, and Latino populations during the same time period. One source of the population increase will be people who immigrate to the United States. Not only will these immigrants bring cultural diversity and unique life experiences, but a large number of immigrants will also be from countries which have a primary language other than English.

Future projections indicate that by 2020 a majority of school-age children attending U.S. public schools will be children of color or children from diverse cultural, ethnic, and linguistic backgrounds (Holcomb-McCoy, 2004). By 2060, 64% of children under 18 in the U.S. are projected to belong to racial and ethnic minorities, as compared to 48% of children in 2014 (Colby & Ortman, 2015). With the cultural and linguistic diversity of the student population in U.S. public schools increasing, it is important for school psychologists to be adequately trained to meet their needs (Holcomb-McCoy, 2004). Culturally competent practice is also an ethical obligation for school psychologists (American Psychological Association [APA], 2010; NASP, 2010).

Demographics of School Psychologists vs. Students in U.S. Schools

In the United States, there is a disparity between the ethnic backgrounds of school psychologists and the diversity of the population of students they serve (see Tables 2.1 and 2.2). More specifically, there are a limited number of school psychologists from culturally and linguistically diverse (CLD) backgrounds available to serve both regular and special education students (Curtis, Lopez, Batsche, & Smith, 2006). Of the nearly 54 million students enrolled in America's schools, 44% are racial minorities, 20% are linguistic minorities, 16% are considered economically disadvantaged, and 9% are identified as disabled (Planty et al., 2009). However, nearly 93% of school psychology practitioners are White, while more than 98% serve culturally and linguistically diverse students, including nearly a third who work in predominantly CLD settings (Curtis et al., 2006). In addition, the overwhelming majority of school psychologists are female, whereas the majority of students referred for academic and behavioral difficulties are male (Merrell et al., 2011). More specifically, there is a cultural gap between these students and a predominantly White, middle-class, female population of school psychologists (Athanases & Martin, 2006). Adding to this cultural gap, school psychology graduate school training in multicultural and cross-cultural knowledge and practice is uneven (Athanases & Martin, 2006).

Table 2.1

Ethnicity of School Psychologists in 2009-2010

Ethnicity	% of school psychologists
White/Caucasian	90.7%
Hispanic/Latino	3.4%
Black/African American	3%

Table 2.1 - continued

Asian American/Pacific Islander	1.3%
American Indian/Alaskan Native	0.6%
Other	1%

Source: Curtis et al. (2012)

Table 2.2

Ethnicity of the U.S. Population in 2010

Ethnicity	% of U.S. population
White/Caucasian	63.7%
Hispanic/Latino	16.3%
Black/African American	12.6%
Asian-American/Pacific Islander	5.0%
American Indian/Alaskan Native	0.9%
Multiracial	2.9%
Other	6.2%

Source: 2010 Census

Asian American Population in the United States

Although the U.S. population consists of many different ethnic minority groups in addition to the Caucasian population, the Asian American population is rapidly growing. For the purpose of this research, the following definitions of “Asian” and “Asian American” are used: “Asians” refer to those individuals from the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (Reeves & Bennett, 2003), including: East Asia: Chinese, Japanese, Korean, Mongolian, Okinawan, Taiwanese; Southeast Asia: Bornean, Bruneian, Burmese, Cambodian, Celebesian, Filipino, Hmong, Javanese, Indonesian, Laotian, Malaysian, Montagnard, Singaporean, Thai, Vietnamese; South Asia: Afghan, Bangladeshi, Bhutanese, Indian, Maldivian, Nepalese, Pakistani, Sri

Lankan, Tibetan. Asian Americans are citizens or permanent residents of the United States who are of Asian descent (Seráfica, 1997). The term “Asian American” applies to 43 ethnic groups, including 28 Asian groups and 15 Pacific Islander groups, who live in the United States. These ethnic groups differ in terms of population, immigration history, language, educational level, family income, religion, and exposure to war trauma (Reeves & Bennett, 2003).

During the 1990s, the population of Asians and Asian Americans increased by 72%, making them one of the fastest-growing ethnic groups in the United States (Reeves & Bennett, 2003). Asians are the second largest foreign-born population in the United States (Acosta & de la Cruz, 2011). The Asian population increased by 43 percent between 2000 and 2010, more than any other major ethnic group during that time period (Humes et al., 2011). In 2004, Asian Americans constituted approximately 5% of the U.S. population (13.5 million) and by 2050 this group is projected to make up 10% of the U.S. population (Shea & Yeh, 2008).

In addition to having different countries of origin and cultural heritages, Asian Americans also came to the United States in waves of migration; therefore, they were received by communities whose attitudes towards them varied as a result of socioeconomic and historical events (Seráfica, 1997). As a result of their different migration histories, Asian Americans’ patterns of adaptation vary depending on where they emigrated from, when and how they immigrated, the reasons for immigrating, where they settled, and how they were received (Seráfica, 1997). The different contexts in which Asian Americans were received in the United States resulted in adaptation patterns

that lead to differences in the development and expression of psychopathology and resilience (Seráfica, 1997).

Current Asian American population in the United States – 2010 U.S. Census.

According to the 2010 Census, the U.S. population was 308.7 million on April 1, 2010. Out of the total U.S. population, 14.7 million people, or 4.8 percent, were only of the Asian race (“only Asian”) (see Table 2.3). In addition, 2.6 million people, or another 0.9 percent, reported being of mixed races including Asian (see Table 2.3). For the purposes of this research, the term “mixed races including Asian” means being of two or more races, one of them being Asian. Together, these two groups totaled 17.3 million people. Thus, 5.6 percent of all people in the United States identified as either only Asian or mixed races including Asian. The total U.S. population grew by 9.7 percent, from 281.4 million in 2000 to 308.7 million in 2010 (see Table 2.3). In comparison, the only Asian population increased more than four times faster than the total U.S. population, growing by 43 percent from 10.2 million to 14.7 million. The total Asian population (i.e., only Asian or mixed races including Asian) experienced slightly more growth than the only Asian population, growing by 46 percent from 11.9 million in 2000 to 17.3 million in 2010. In fact, the total Asian population grew at a faster rate than all ethnic groups in the country.

Table 2.3

Asian Population in the U.S. in 2000 and 2010

Race	<u>2000</u>		<u>2010</u>		<u>Change, 2000 to 2010</u>	
	<i>n</i>	% of total population	<i>n</i>	% of total population	<i>n</i>	%
Total population	281,421,906	100.0%	308,745,538	100.0%	27,323,632	9.7

Table 2.3 - continued

Only Asian or mixed races including Asian	11,898,828	4.2%	17,320,856	5.6%	5,422,028	45.6
Only Asian	10,242,998	3.6%	14,674,252	4.8%	4,431,254	43.3
Mixed races including Asian	1,655,830	0.6%	2,646,604	0.9%	990,774	59.8
Not only Asian or mixed races including Asian	269,523,078	95.8%	291,424,682	94.4%	21,901,604	8.1

Sources: U.S. Census Bureau, Census 2000 Redistricting Data (Public Law 94-171) Summary File, Table PL1; and 2010 Census Redistricting Data (Public Law 94-171) Summary File, Table P1.

In the 2010 Census, the Asian groups with one million or more responses were Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese (see Tables 2.4 and 2.5). The Chinese population was the largest Asian group. Filipino and Asian Indian were the second- and third-largest Asian groups.

The Bhutanese population experienced the fastest growth from 2000 to 2010. Of all the Asian groups that had a population of one million or more, the Asian Indian population grew the fastest, by 68 percent, followed by the Filipino (44 percent), Vietnamese (42 percent), Korean (39 percent), and Chinese (40 percent) populations. The Japanese population experienced the slowest growth among the Asian groups with populations of one million or more, growing by 14 percent.

Table 2.4

Detailed Asian Groups in the U.S. in 2010: Only Asian

<u>Group</u>	<u>Population</u>		<u>% change</u>
	2000	2010	
Bangladeshi	46,905	142,080	202.9%
Bhutanese	192	18,814	9,699.0%
Burmese	14,620	95,536	553.5%
Cambodian	183,769	255,497	39.0%
Chinese	2,564,190	3,535,382	37.9%
Filipino	1,908,125	2,649,973	38.9%
Hmong	174,712	252,323	44.4%
Indian	1,718,778	2,918,807	69.8%
Indonesian	70,096	101,270	58.6%
Japanese	852,237	841,824	-1.2%
Korean	1,099,422	1,463,474	33.1%
Laotian	179,103	209,646	17.1%
Malaysian	15,029	21,868	45.5%
Maldivian	29	102	251.7%
Mongolian	3,699	15,138	309.2%
Nepalese	8,209	57,209	596.9%
Okinawan	6,138	5,681	-7.4%
Pakistani	164,628	382,994	132.6%
Singaporean	2,017	4,569	126.5%
Sri Lankan	21,364	41,456	94.0%
Taiwanese	118,827	199,192	67.6%
Thai	120,918	182,872	51.2%
Vietnamese	1,169,672	1,632,717	39.6%
Other Asian, not specified	162,913	238,332	46.3%
Total	10,242,998	14,674,252	43.3%

Source: U.S. Census Bureau, 2010 Census special tabulation.

Table 2.5

Detailed Asian Groups in the U.S. in 2010: Only Asian or Mixed Races Including Asian

Group	Population 2000	Population 2010	% change
Bangladeshi	57,412	147,300	156.6%
Bhutanese	212	19,439	9,069.3%
Burmese	16,720	100,200	499.3%
Cambodian	206,052	276,667	34.3%
Chinese	2,865,232	4,010,114	40.0%
Filipino	2,364,815	3,416,840	44.5%
Hmong	186,310	260,073	39.6%
Indian	1,899,599	3,183,063	67.6%
Indonesian	63,073	95,270	51.0%
Japanese	1,148,932	1,304,286	13.5%
Korean	1,228,427	1,706,822	38.9%
Laotian	198,203	232,130	17.1%
Malaysian	18,566	26,179	41.0%
Maldivian	51	127	149.0%
Mongolian	5,868	18,344	212.6%
Nepalese	9,399	59,490	532.9%
Okinawan	10,599	11,326	6.9%
Pakistani	204,309	409,163	100.3%
Singaporean	2,394	5,347	123.4%
Sri Lankan	24,587	45,381	84.6%
Taiwanese	130,391	215,441	65.2%
Thai	150,283	237,583	58.1%
Vietnamese	1,223,736	1,737,433	42.0%
Other Asian, not specified	376,723	623,761	65.6%
Total	11,898,828	17,320,856	45.6%

Source: U.S. Census Bureau, 2010 Census special tabulation.

The rapid growth of the Asian American population poses challenges to acculturation. Asian American youth face many acculturative stressors frequently experienced by ethnic minority groups (e.g., cultural conflict, racism, and generational conflict) in addition to those stressors experienced by youth in the majority culture (e.g., academic achievement, health and wellness, finances, peer conflict, and family conflict) (Atkinson & Gim, 1989). However, research regarding acculturation for Asian American families with children who have mental health problems is scant (U.S. Dept. of Health & Human Service [U.S. DHHS], 2001). As a result, school psychologists may lack adequate preparation to meet the needs of this population at various stages of acculturation.

Culture and Psychology

Asian Americans may have a shared cultural background despite emigrating from different places. Culture is defined as “human designs for living that are based on the accumulated knowledge of a people, encoded in their language, and embodied in the physical artifacts, beliefs, values, customs, and activities that have been passed down from one generation to the next” (Seráfica, 1997).

Culture plays a role in how symptoms of psychological distress are expressed (Seráfica, 1997). More specifically, culture helps shape environmental responses to behavioral distress and problematic behavior. Cultural tolerance or intolerance for certain problem behaviors may contribute to their persistence or decline. On the positive side, culture can help people cope with distress; it is a factor that can prevent the occurrence of a psychological disorder or promote resilience.

With regards to the treatment of psychological problems, culturally based mental health beliefs and attitudes determine help-seeking responses (Seráfica, 1997). Culture helps to determine the degree of behavioral intensity or problem severity that must be present before intervention is necessary. Culture also has an influence on the interventions used and designates who may intervene (Seráfica, 1997). Therefore, it is important for school psychologists to take culture into consideration when trying to understand the etiology of mental health problems in determining the most accurate diagnosis and most effective treatment/intervention.

Asian Culture

Despite significant differences across Asian ethnic groups, East Asians share a common ancestry and socialization; therefore, they have a unique set of identifiable cultural values that originated from the philosophical principles of Confucianism (Rhee, Chang, & Rhee, 2003). In general, there are seven values that traditional Asian cultures have in common (Pedersen, Draguns, Lonner, & Trimble, 1996), including:

1. Family structure. The family is the primary social unit in Asian cultures, and members of Asian cultures identify strongly with it (Hsu, Davies, & Hansen, 2004). Within traditional Asian families, there are clear roles for each of the family members, and positions of hierarchy are evident. Specifically, elders are placed in roles of authority, and men are considered to be higher on the social hierarchy than women (Hsu, et al., 2004). Asian American families in the United States come from cultural traditions that place great importance on the role of children to support, assist, and respect the family (Chilman, 1993; Ho, 1981; Uba, 1994).

2. Shame. Shame is often used to reinforce expectations and proper behaviors (Bedford & Hwang, 2003). Face loss, defined as the deterioration in one's social image, has been regarded as a consequence of interpersonal conflict and a provocation for counter-attack (Kam & Bond, 2008). Improper behaviors or problems can be sources of great shame and sometimes considered as a loss of face for the family. They can even cause community rejection and family disownment.
3. An expectation for self-control. Individuals are expected to express "modesty in behavior, humbleness in expectations, and appropriate hesitation" (Tan & Anhalt, 2006, p. 24). These values significantly shape interpersonal relationships.
4. Assumption of a middle position (i.e., not taking sides), with an emphasis on reinforcing social norms. "It is a process for Asians to foster an individual's sense of belonging and togetherness, and avoid conflicts" (Tan & Anhalt, 2006, p. 24). Many Asian Americans are uncomfortable with more direct types of communication, especially those that involve challenges, confrontation, interruptions, and assertiveness (Chu & Sue, 1984). Confrontations and conflicts also increase the risk of there being loss of face.
5. Awareness and sensitivity to the opinions and feelings of others. Individuals are expected to subordinate their feelings in the interest of social solidarity. This reflects the group (collectivistic) orientation of Asian cultures.
6. Buddhism: fatalism and karma. Many East Asians believe in Buddhism. Buddhism is a religion that teaches that life involves suffering, and the ultimate goal of life is to escape suffering by forming a union with the universe. Buddhists

are resigned to suffering and see it as punishment for their own actions in previous lives. Fatalism is a belief that one's fate is predetermined, and thus individuals are powerless and have little control over their own lives. Karma is defined as the individual's actions or thoughts in a prior existence that affects life positively or negatively in the present (Hsu et al., 2004). Therefore, personal misfortune is inevitable and current life stressors or failures depend on actions of the previous life (Kinzie, 1989).

7. The value of being invisible based on the fear of attracting attention. Traditional Asian cultures emphasize humbleness and teach people to avoid being the center of attention. Attracting attention to oneself also increases the risk of there being loss of face.

In summary, traditional Asian values emphasize "obligations to the family, obedience to authority, use of shame and guilt to control behavior, reserve and formality in interpersonal relations, and restraint and inhibition of strong feelings" (Tan & Anhalt, 2006, p. 24). These cultural values have a significant impact on the psychological characteristics of Asians and Asian Americans as well as their attitudes toward seeking psychological services.

Evidence of the Need for School Psychology Services in the Asian American Youth Population

Contrary to the common belief that all Asian Americans are part of one well-adjusted and high-achieving group known as the "model minority," there is a lot of diversity within the population in terms of socioeconomic status (SES), acculturation experience, and mental health (Sue, Sue, Sue, & Takeuchi, 1995; Takeuchi et al., 2007).

Research has shown that Asian American youth experience psychological problems similar to other groups and need access to school psychology services (Atkinson & Gim, 1989). Asian American youth face many acculturative stressors frequently experienced by ethnic minority groups (e.g., cultural conflict, racism, and generational conflict), in addition to those typically experienced by youth (e.g., academic achievement, health and wellness, finances, peer conflict, and family conflict) (Atkinson & Gim, 1989).

Peer discrimination and harassment. The peer context is an important ecological context in adolescent development (Bronfenbrenner, 1979). Developmental research has consistently shown that peer relations have a significant impact on adolescent psychological well-being (Jones, Newman, & Bautista, 2005). On the one hand, positive peer relations protect adolescents from social anxieties (La Greca & Harrison, 2005), enhance social competence and interpersonal sensitivity, and are linked to positive psychological adjustment (Greene, Way, & Pahl, 2006; Way & Pahl, 2001). On the other hand, negative peer relations (e.g., peer discrimination and victimization) have been found to be related to low self-esteem, depressive symptoms, and social anxiety in adolescents (Fisher, Wallace, & Fenton, 2000; Gee, Spencer, Chen, & Takeuchi, 2007; Greene et al., 2006; La Greca & Harrison, 2005; Noh, Kaspar, & Wichrama, 2007; Storch & Masia-Warner, 2004). In general, negative peer experiences have harmful effects on students' psychological and social well-being (Greene et al., 2006).

Research shows that Asian American youth consistently report higher levels of peer discrimination and harassment in and out of school than their non-Asian peers (Kohatsu et al., 2000; Qin, Way, & Mukherjee, 2008a; Rosenbloom & Way, 2004; Way,

Santos, Niwa, & Kim, in press). A study by Qin, Way, & Rana (2008b) contributes to the literature on peer bullying and discrimination by highlighting the multiple contributing factors that may be associated with peer harassment and discrimination for Chinese American youth, including immigration status and languages, the model minority perception, physical size, and conflicts within the Chinese American community. These experiences of harassment are likely to be a significant source of stress and have been found to be linked to poor psychological adjustment for Chinese American students, particularly during adolescence (Greene et al., 2006; Rosenbloom & Way, 2004).

A number of studies show that Asian American students report higher levels of ethnic/race-based peer discrimination than students from other minority groups (Alvarez, Juang, & Liang, 2006; Choi, Meininger, & Roberts, 2006; Fisher et al., 2000; Goto, Gee, & Takeuchi, 2002; Greene et al., 2006; Grossman & Liang, 2008; Kohatsu et al., 2000; Rivas, Hughes, & Way, in press; Rosenbloom & Way, 2004; Way et al., in press). Alvarez and colleagues' (2006) study of Asian American college students found that 98% reported experiencing at least one racial micro-aggression such as being treated rudely in the past year. Fisher and colleagues (2000) found that Chinese and Korean students reported higher levels of distress from peer discrimination than their African American, Hispanic, and White peers. More specifically, over 80% of Chinese and Korean American students reported being called names, and close to 50% reported being excluded from social activities or threatened as a result of their race. Rivas-Drake, Hughes, and Way (2008) found that Chinese American early adolescents reported higher levels of peer teasing and harassment than their African American peers. Similarly, Way

and her colleagues found in their 4-5-year longitudinal study of discrimination among Black, Latino, and Asian American high school students that Chinese American youth from predominantly immigrant families reported the highest levels of peer discrimination. Further, they found that Chinese American students' levels of perceived peer discrimination remained consistently high through high school years (Greene et al., 2006; Way et al., in press). In addition, they found that African American and Latino American youth reported discrimination by their teachers and other adults, whereas Chinese American youth reported physical and verbal harassment by their non-Asian peers (Rosenbloom & Way, 2004; Qin et al., 2008a). This harassment was particularly likely to occur for Chinese American youth who were first-generation immigrants. Other studies have found that Asian American youth were frequently teased and bullied by their non-Asian peers (e.g., Huang, 2000; Louie, 2004).

Studies suggest that peer discrimination based on race or ethnicity by non-Asian peers is a major challenge for many Asian American youth across the United States (e.g., Greene et al., 2006; Rosenbloom & Way, 2004; Way et al., in press). In one of Greene et al.'s (2006) studies, the extent to which students experienced racial or ethnic discrimination by their peers was more influential in the prediction of psychological well-being than peer support.

Drawing on Mead's symbolic interactionism framework, Grossman and Liang (2008) describe mechanisms through which an individual is influenced by the images mirrored back from others to the self. In this process, the evaluative feedbacks that are received from others are internalized in one's identity and sense of self-worth. Suárez-Orozco (2000) illustrates a similar process where "negative social mirroring" can lead an

immigrant youth to develop negative self-perceptions. These negative self-perceptions, in turn, are likely to be associated with poor psychological adjustment outcomes (Alvarez & Helms, 2001). Adolescents are particularly attuned to external messages about themselves (Phinney, 2000). Research shows that experiences of discrimination and negative appraisals about one's ethnic group are often internalized in the adolescents' sense of self and may reduce feelings of control in adolescence and foster feelings of helplessness, frustration, and depressive moods over time (Greene et al., 2006). Among Asian American youth and adolescents, ethnic/race-based peer discrimination and harassment have been linked to increases in depression and declines in self-esteem (Alvarez & Helms, 2001; Green et al., 2006; Grossman & Liang, 2008; Lee, 2005; Qin et al., 2008a; Rivas-Drake et al., 2008).

Family factors. Findings from a study by Huang, Cheng, Calzada, & Brotman (2012) indicate that Asian American youth are at higher risk for anxiety, somatization, and depressive problems than their peers. Parents' levels of acculturation (i.e., American identity, English competence), parents' negative emotion socialization (i.e., ways in which parents talk to their children about emotional events and initiate them in cultural expectations concerning emotions (Chan et al., 2009; Chang et al., 2003; Denham & Kochanoff, 2002; Denham, von Salisch, Olthof, Kochanoff, & Caverly, 2002; Eisenberg et al., 1998; Fabes et al., 2002)), conflictual parent-child relationships, children's emotional knowledge and adaptive skills, as well as teachers' ethnic background and school class types were all associated with Asian American youth's anxiety. A combination of cultural, family, and school factors accounted for 17 to 39 % of the variance in anxiety symptoms.

There is some evidence to suggest that Asian American youth might be at greater risk for anxiety disorders compared to Caucasian American youth. A study using nationally representative data (the Early Childhood Longitudinal Study-Kindergarten Class; ECLS-K), found that Asian American kindergarten children have significantly higher levels of internalizing problems and lower interpersonal relationship skills relative to kindergarten children from US-born Caucasian families (Huang, Calzada, Cheng, & Brotman, 2012). Studies of older children have also found comparable (Gee, 2004) or higher rates of generalized anxiety, social anxiety, and fears in Asian American youth compared to Caucasian youth (Farver, Xu, Bhadha, Narang, & Lieber, 2007; Weine, Phillips, & Achenbach, 1995).

Evidence in the areas of acculturation and parenting have documented that low English competence in Asian immigrant parents is associated with high parent acculturation stress and child emotional problems (Beiser, Hamilton, Rummens, Oxman-Martinez, Ogilvie, & Humphrey, et al., 2010; Han & Huang, 2010). Lower level of parent acculturation (e.g., low American identity) is associated with greater family conflict (Farver, Narang, & Bhadha, 2002), and family conflict has been related to anxiety in Asian American youth (Juang & Alvarez, 2010). In addition, compared to parents from other ethnic groups, Asian American parents tend to maintain traditional cultural values (e.g., collectivism, hierarchy, etc.) and exert higher levels of control such as use of restricted rules and criticism (Chao & Tseng, 2002; Shek, 2006); parental control in Asian American families of older children has been associated with more negative parent-child relationships (Lau, Lew, Hau, Cheung, & Berndt, 1990) and more child depression and anxiety (Quach, 2008). Furthermore, there is a general emphasis on

control and discouragement of emotional expression in the Asian American culture (Tao, Zhou, and Wang, 2010). Parental discouragement of emotional expression has been found to be associated with higher levels of distress and anxiety in children (Feng, Shaw, & Silk, 2008; Suveg, Zeman, Flannery-Schroeder, & Cassano, 2005).

Child factors. Various child factors also appear to be predictors of anxiety. Limited English competency predicts more internalizing problems among 10-11-year-old Asian American youth (Han & Huang, 2010). Gender preferences in Asian American culture include valuing males more than females, urging girls to provide more assistance to the family, and placing more family roles and responsibility on males (Coombs, Coombs, & McClelland, 1975; Goodnow, 1988). These are likely to be associated with different patterns of parent-child interaction (e.g., discouragement of negative emotions in boys) and child mental health outcomes (Beidel, Turner, Hamlin, & Morris, 2001; Ginsburg & Silverman, 2000). Furthermore, lack of social skills and emotional competencies in school-aged Asian children has been found to be associated with higher levels of anxiety symptoms (Tao et al., 2010). Studies of school factors also suggest that children who are in childcare with greater demands (including longer hours) are more likely to exhibit problem behaviors (Belsky, Vandell, Burchinal, Clarke-Stewart, McCartney, & Owen, et al., 2007), and student-teacher match on race/ethnicity is related to better teacher-child relationships (Saft & Pianta, 2001), which may protect children from mental health problems (Pianta & Nimetz, 1991).

Although research to identify the risk factors for mental health problems among Asian American youth is underway, little attention has been paid to related asset and protective factors. Zhou, et al. (2012) selectively reviewed the theory and empirical

evidence on a set of child-, family-, and neighborhood-level characteristics for their potential protective roles in Asian American youth's mental health adjustment. These characteristics include (a) child factors (maintenance of heritage culture, bilingualism, coping, and emotion regulation); (b) family factors (authoritative parenting and parental support); (c) a neighborhood factor (ethnic community).

Accessibility of Psychological Services for Asian American Youth

Although Asian Americans are one of the fastest-growing ethnic groups in the United States, research regarding Asian American families with children who have mental health problems is limited (U.S. DHHS, 2001). As a result, school psychologists have not been prepared to adequately meet the needs of this population. What research exists tends to suggest that Asian American youth underutilize mental health services (Garland et al., 2005). Garland et al.'s (2005) research tested for racial/ethnic disparities in the use of a variety of outpatient, inpatient, and informal mental health services among high-risk youths, with the effects of other predictive factors controlled. Their results showed that Non-Hispanic whites had the highest rates of service use for any mental health service and for outpatient services; Asian American/Pacific Islanders had the lowest utilization rates for these categories of service. Seventy nine percent of non-Hispanic white youths received a mental health service, compared to 59% of Asian American/Pacific Islanders, 64% of African Americans, and 70% of Latino Americans. After the effects of potentially confounding variables were controlled, the youths' race/ethnicity was still a significant predictor of any service use, and African American and Asian American/Pacific Islander youths were approximately one-half as likely as non-Hispanic white youths to receive services.

In the United States, compared to other ethnic groups, Asians and Asian Americans generally underutilize mental health services. Nationally, Asian Americans are three times less likely than Whites to use available mental health services (Matsuoka, Breux, & Ryujin, 1997). Data from the Chinese American Epidemiology Study (CAPES) indicated that only 17% of Chinese Americans in general who experienced problems with emotions, anxiety, drugs, alcohol, or mental health sought care (Young, 1998). These figures reflect an adult Chinese American population. Barriers to service utilization are often conceptualized as issues of availability and access (Spencer & Chen, 2004).

Potential barriers to accessing psychological services.

Disparity between demographics of school psychologists and students. One frequently cited reason for the underutilization of psychological services is the disparity between the ethnic backgrounds of many school psychologists and the diversity of the population of students that they serve (Sullivan, & A'Vant, 2009). This ethnic disparity may contribute to Asian American youth being less willing to seek school psychology services because they may believe school psychologists do not completely understand them, their families, or their culture, thus making it difficult for them to fully trust and seek help from them.

With regards to there being inadequate school psychology services for Asian American youth, Sue and Zane (2009) cited the lack of bilingual therapists, discrimination against Asian Americans, and inability of therapists to provide culturally relevant forms of treatment as obstacles.

Tan and Anhalt (2006) state that “school psychologists working with Asian and Asian American children need to take into consideration how traditional values, beliefs, and culture have an impact on child development. Moreover, school psychologists need to be aware that their own cultural background may influence their therapeutic strategies in working with these children” (p. 26). For example, one potential barrier school psychologists might face in working with Asian American youth is the significant role family plays in youth’s lives. One way to address this cultural variable is for the school psychologist to include the child’s family in the process and provide them with psychoeducation.

The existing literature, while limited, suggests that there are additional barriers that Asian American youth face in accessing school psychology services. The following, discussed earlier and elaborated here, are examples of potential barriers:

Image as “model minority.” Another reason Asian American youth may not receive the school psychology services they need involves the general belief that Asian Americans are the “model minority” and are therefore relatively immune from psychological problems (Seráfica, 1997). As a result of this belief, Asian American youth’s need for school psychology services might go unnoticed. For example, Asian parents might focus on their children getting good grades and not realize the stress and anxiety their children experience in trying to attain those grades. In fact, they might place pressure on their children. Research by Mau (1997) found that compared to White parents, Asian and Asian American parents had higher expectations, and their children did more homework. Teachers might assume that because Asian American students receive good grades they must be doing well and fail to notice when these students

experience mental health problems. Asian American youth may be ashamed to seek help, because they feel they need to maintain the reputation of being the “model minority” of an Asian American. Lee (2015) reported that high- and low-achieving Asian-identified students experienced anxiety to uphold the expectations of the “model minority” stereotype. Students who were unable to perform well academically felt depressed and were embarrassed to seek help.

Stigma. In many traditional Asian cultures, stigma is attached to mental health problems and their treatment (Tan & Anhalt, 2006), which can prevent Asian American youth from seeking out the school psychology services they need. Mental health problems are still a taboo topic in many traditional Asian cultures, which are strongly influenced by religious and spiritual beliefs. In the traditional Asian culture, “General attitudes toward mental health problems have been that of fear, ostracism, and repression...Because of traditional perspectives, many Asians and Asian Americans may attempt to deal with their problems without seeking professional mental health services. Many may find a mental health professional as the last resort...They may still prefer utilizing the traditional healing methods for physical health and emotional problems” (Tan & Anhalt, 2006, p. 25). Traditional methods include the use of indigenous healers (in healing ceremonies) and folk medicine (Chung & Lin, 1994). They include practices such as acupuncture, “cupping,” coin rubbing, hair pulling, massage, use of medicated paper, use of oils and balms, pinching, and use of teas (Buchwald, Panwala, & Hooton, 1992; Canino & Spurlock, 2000).

Stigma and shame may make Asian Americans less willing to seek help from others. A study by Zhang and colleagues (1998) compared Asian Americans and

Caucasians from a randomly selected sample based on the first wave of the Epidemiologic Catchment Area study on help seeking for psychological problems. Asian Americans were significantly less likely than Caucasians to mention their mental health problems to a friend or relative (12 versus 25%), psychiatrist or mental health specialist (4 versus 26%), or physician (3 versus 13%). This disparity could be due to the aforementioned stigma of mental health problems and their treatment in traditional Asian cultures.

As help-seeking behavior is influenced by culturally-based mental health beliefs and attitudes (Seráfica, 1997), it is important for school psychologists to obtain a better understanding of the mental health beliefs and attitudes of Asian Americans. Helping to reduce the stigma that Asian Americans may experience regarding school psychology services might eliminate one barrier for Asian American youth accessing the school psychology services they need.

Cultural values and mental health. According to Tan and Anhalt (2006), “Traditional Asian values emphasize obligations to the family, obedience to authority, use of shame and guilt to control behavior, reserve and formality in interpersonal relations, and restraint and inhibition of strong feelings” (p. 24). These cultural values have a significant impact on the psychological characteristics of Asians and Asian Americans, and there is a conflict between the cultural values and the psychotherapy process (Tan & Anhalt, 2006).

It has been argued that collectivistic values that are traditionally held by Asian Americans (Triandis, 1988), oppose the values associated with Western psychotherapy (Leong, Wagner, & Tata, 1995). Many traditional psychotherapy orientations place high

value on open verbal communication, exploration of intrapsychic conflicts, and a focus on the individual. Sue and Sue (1977) maintain that these processes encourage the client to put their own individual goals before those of the collective good. This priority runs in direct conflict with allocentric values held by traditional Asian Americans, which involve the subordination of individual goals to the goals of the collective. "Talking to a mental health worker about psychological problems may be viewed by Asian Americans as bringing disgrace on the family. Instead, Asian Americans may try to resolve their problems on their own, believing that mental health can be maintained by avoiding bad thoughts and exercising will power" (Atkinson & Gim, 1989, p. 209).

Asian Americans also may internalize stress and express symptoms through somatization and may therefore seek help from medical professionals (Sue & Morishima, 1982; Tseng, 1975). They simply may not view psychological services as a credible source of help. Tseng (1975) found a tendency to somaticize among the Chinese and offered several reasons to account for it. First, traditional Chinese medicine emphasized an organ-oriented concept of pathology, viewing the human body as a microcosm of the universe. Body organs and human emotions were believed to correspond to various phases in nature. Such cultural concepts of diseases readily argued that psychic distresses were expressed through bodily organ symbols. Second, expression of physical complaints is much more socially acceptable in Chinese culture because of their medical belief system (stated above). Third, the Chinese are reluctant to express emotion (particularly sexual or negative feelings) openly to others, preferring more subtle forms of communication. Fourth, there is social reinforcement for concerns about bodily

symptoms, but not for psychological problems, because of the shame associated with the view that they are signs of personal weakness.

Influence of acculturation. Limited acculturation to life in the United States both increases the risk of Asian American youth developing psychological problems and may further hinder Asian American youth from accessing the school psychology services they need (Tan & Anhalt, 2006). Coll and Chatman-Nelson (2014) define *acculturation* as “a process whereby individuals, families, or whole communities integrate the practices, attitudes, and beliefs of another culture with their own” (p. 107). The acculturation process results in various outcomes, including assimilation, integration, separation, and marginalization (Garcia-Joslin et al., 2016). *Assimilation* occurs when an individual loses his or her own cultural identity and takes on the beliefs, attitudes, and behaviors of the majority culture. In contrast, *integration* is holding on to one’s own cultural identity while becoming a member of the majority culture. *Separation* involves the individual’s withdrawal from the majority culture (Elizalde-Utnick & Guerrero, 2014). Last, *marginalization* consists of the person dissociating from both the native culture and the majority culture. Of the four styles of acculturation, marginalization is the most stressful due to the daily conflict of trying to meet the demands of one’s culture and the new culture (Berry, 2005). Typically, acculturation outcomes exist on a continuum (Elizalde-Utnick, 2010).

Shim and Schwartz (2007) found that low behavioral acculturation with high Asian values predicted psychological distress and adjustment issues. Wang and Mallinckrodt (2006) surveyed undergraduate international Chinese students and found that low acculturation was associated with psychological symptoms. Depression,

anxiety, and psychosomatic disorders are the most frequently identified mental health consequences among acculturating individuals (Sam, 2000). Acculturation stress is an explanation for the development of symptoms of psychological problems (Huang, 2006). Low acculturation might lead to stressors such as social isolation, employment difficulties, and financial issues. Even high acculturation can be stressful if the adolescent adopts Western values/behaviors, while parents remain attached to their culture of origin. This pattern has been found to be associated with increased family conflict, and conflict with parents leads to increased emotional problems (S. Cho & Bae, 2005; Fang & Wark, 1998; Rumbaut, 2005; Ying & Han, 2007).

In a study by Smart, Tsong, Mejía, Hayashino, and Braaten (2011), therapists with experience in Eating Disorder (ED) treatment were interviewed about their work with Asian American women. The therapists reported that their clients were mostly first- and second-generation Americans who experienced acculturation stress and cultural conflict. Smart et al.'s (2011) results suggested therapists perceived a strong connection between clients' desire to be thin and successful and efforts to conform to traditional Asian cultural values and fit in with U.S. mainstream culture. Therapists emphasized the cultural contextualization of family dynamics, developmental processes (e.g., individuation), and intergenerational conflicts. They viewed EDs as providing clients with culturally congruent coping strategies to affectively disconnect and to express distress.

Limited acculturation to life in the United States is a barrier that can prevent Asian Americans from seeking school psychology services. Asian American youth who are more acculturated are: (a) more likely to recognize personal need for professional

psychological help, (b) more tolerant of the stigma associated with psychological help, and (c) more open to discussing their problems with a psychologist (Santiago, 2007).

Language. Language is a barrier that many Asian immigrants face when they do seek school psychology services (Tan & Anhalt, 2006). About 35% of Asians and Asian Americans live in households where there is limited English proficiency in those over age 13 (Reeves & Bennett, 2003). Communication difficulties between Asian Americans and school psychologists are a significant concern. The supplement to the surgeon general's report on mental health states that nearly half of the Asian American population's low utilization of mental health services is attributable to lack of English proficiency and a shortage of providers who possess appropriate language skills (U.S. DHHS, 2001). Lacking the necessary information that is consistent with a family's language and culture with regards to the nature of the mental illness and interventions affects both parents and children throughout diagnosis and treatment. Communication problems can result in conflicts over direction of psychotherapy, and service providers may fail to understand Asians and Asian Americans' behavior within an Asian American context (Shon & Ja, 1982). "The problems of language and communication that Asian American families may experience could be compounded by a lack of understanding of the systems in the United States, especially the health and educational systems. Lack of understanding may restrict access to programs and pursuit of services" (Tan & Anhalt, 2006, p. 26).

Bilingual and bicultural school psychologists are limited, and translation services are frequently limited for Asian Americans (Tan & Anhalt, 2006). Approximately 70 Asian and Asian American providers are available for every 100,000 Asians and Asian Americans in the U.S., compared to 173 per 100,000 whites (U.S. DHHS, 2001).

Affordability. Some Asians and Asian Americans may delay seeking treatment because they cannot afford to pay for care (Tan & Anhalt, 2006). “The types of low-income jobs in service, manufacturing, or small business that Asian immigrants often hold may not provide health insurance, and with low wages, parents cannot afford private insurance” (Tan & Anhalt, 2006, p. 26). About 21% of all Asians and Asian Americans lack health insurance, compared to 16% of all Americans (U.S. DHHS, 2001). The increasing poverty level makes it difficult for these families to pay out of their pocket (Tan & Anhalt, 2006).

Legal issues. Finally, “Some Asian individuals in the U.S. may be hesitant to seek professional mental health services because of a fear of disclosing their illegal status and being deported from the United States” (Tan & Anhalt, 2006, p. 26). Documented immigrants may fear that accessing subsidized care will threaten residency status, application for citizenship or later ability to sponsor relatives” (U.S. DHHS, 2001).

Access to school psychology educational services. In addition to mental health services, school psychologists address students’ educational performance. Regarding educational services, Asian American youth are underrepresented in special education relative to their overall population in U.S. public schools (Sullivan & Artiles, 2011). According to Sullivan and Artiles’ (2011) study, African American and Native American students were the most likely to be identified for special education, Latino students were equally likely to be identified relative to their White peers, and Asian students were substantially less likely to be identified.

In 2013-14, children and youth ages 3-21 served under IDEIA as a percentage of total enrollment in public schools differed by race/ethnicity (U.S. Dept. of Education

[U.S. DOE], 2016a). The percentage of students served under IDEIA was highest for American Indian/Alaska Native students (17 percent), followed by Black students (15 percent), White students (13 percent), students of two or more races (12 percent), Hispanic students (12 percent), Pacific Islander students (11 percent), and Asian students (6 percent). Although this disparity between race/ethnicity exists, more research is needed to explain the disparity and the underrepresentation of Asian American youth in special education.

The percentage distribution of various types of special education services received by students ages 3-21 in 2013-14 differed by race/ethnicity (U.S. DOE, 2016a). For example, the percentage of students with disabilities receiving services under IDEIA for specific learning disabilities was lower among Asian students (22 percent) than among students overall (35 percent). However, the percentage of students with disabilities receiving services under IDEIA for autism was higher among Asian students (19 percent) than among students overall (8 percent). A study by Hosp and Reschly (2004) found that African American students are overrepresented in the Individuals with Disabilities Education Improvement Act (IDEIA) disability categories of mental retardation (MR) and emotional disturbance (ED); Native American students are overrepresented in the learning disability (LD) classification; and Asian/Pacific Islander students are underrepresented in every category with the exception of Autistic.

While African American, Latino, and Native American students are underrepresented in gifted and talented (GT) programs (Hosp & Reschly, 2004), Asian American students are overrepresented in these programs. Data from the Elementary and Secondary School Survey and Civil Rights Data Collection of the Office for Civil Rights

(OCR) were analyzed to describe the issue of overrepresentation of gifted Asian American students in gifted education programs in the United States (Yoon & Gentry, 2009). The data showed that nationally, Asian and Whites have been overrepresented in gifted education since 1978. In contrast, students from other ethnic backgrounds, such as those from American Indian or Alaska Native, Hispanic, and African American groups, have been underrepresented with gradual increases in this underrepresentation since 1994.

Current State of Affairs: Graduate Training for the Culturally Competent School Psychologist

As the population of Asian American immigrant students continues to rise, school psychologists have an ethical obligation to acquire the knowledge and skills necessary to provide them with high-quality psychological services. Garcia-Joslin et al. (2016) discuss the importance of training and preparation to develop the competencies necessary for effective assessment, intervention, and collaboration in the context of school settings to help immigrant youth achieve success. A small number of school psychology graduate programs focus on multiculturalism and/or bilingualism (Programs and Bilingualism, n.d.); however, to the best of this author's knowledge, data on school psychologists' training specific to the Asian American population is lacking.

Rogers (2006) identified 17 exemplary school psychology training programs that addressed multiculturalism. She found that the majority of these programs used an integration multicultural curriculum model. Moreover, the programs provided field-based experiences with diverse clients and field supervision by diverse practitioners. They also assessed students' multicultural competencies through various techniques

including course assignments and comprehensive examinations. Programs included faculty whose research focused on multicultural issues and involved students in research projects. The presence of minority faculty and students facilitated recruitment and retention of students. Thus, graduate training programs should seek to integrate cultural content into all their courses rather than teaching one or two courses exclusively covering multicultural issues (Rogers, 2006).

Although, the development of multicultural specializations (Lafromboise & Foster, 1992; Rogers, 2006) is an additional option that school psychology programs might consider adopting (Garcia-Joslin et al., 2016), data on application to Asian American population is lacking. Ensuring that students gain the opportunity to apply their training in field-based experiences is an important component of training as well (Rogers, 2006).

As noted above, language constitutes a barrier to Asian Americans access to psychological services. Bilingual school psychologists can play a vital role by involving families in the intervention process: families may attend problem-solving team meetings, implement interventions in the home, and communicate progress with school personnel (Garcia-Joslin et al., 2016). A bilingual school psychologist can communicate with parents in their native language, thereby helping the parent feel more comfortable and connected (Garcia-Joslin et al., 2016). It is also essential for school psychologists to receive training in working with interpreters as research has documented a lack of training among interpreters (Ochoa, Rivera, & Ford, 1998) and a lack of instruction among school psychologists to work with them (O'Bryon & Rogers, 2010).

Conclusion

The changing demographics of U.S. public schools and long-standing inequities in educational performance among minority groups highlight the need for school psychologists to serve as advocates for the needs of immigrant students (NASP, 2015). Asian American youth may be underserved.

Limited research exists regarding Asian American youth's utilization of mental health and school psychology services. Further, research on school psychologists' cultural competence in relation to this population is lacking. For example, to the best of this researcher's knowledge, research is lacking regarding: 1) how competent school psychologists feel in working with Asian American youth, 2) what strategies have been used to help school psychologists gain competence, and 3) what steps school psychologists have taken to overcome the barriers that Asian American youth face in accessing services. This study will attempt to answer these research questions.

This research uses a survey to gather information about school psychologists and their work with Asian American youth. There are four main areas that the survey addresses, including: 1) school psychologists' experiences providing services to Asian American youth, 2) the steps school psychologists have taken to overcome potential barriers to Asian American youth accessing school psychology services, 3) how competent school psychologists feel providing services to Asian American youth, and 4) the extent to which the institution in which school psychologists work have made school psychology services accessible to Asian American youth. Not only does this research gather information about the knowledge, skills, and attitudes of school psychologists in

providing school psychology services to Asian American youth, but it also aims to increase/improve these so services can be more accessible to this population.

The results of this research would potentially benefit two different groups. First, it would provide school psychologists with a better understanding of the mental health beliefs and attitudes of Asian Americans. This might help school psychologists design and implement culturally sensitive interventions for Asian American youth to better elicit the involvement and meet the needs of the Asian American youth that they work with. Generally, the results of this research would provide information to help school psychologists become more culturally competent in providing school psychology services to Asian American youth. Second, the results of this research would provide researchers with a better understanding of what efforts have been made in making school psychology services more accessible to Asian American youth. Knowing what has worked would make it easier to determine what improvements still need to be made. This is intended to make school psychology services more accessible to Asian American youth by increasing the cultural competence of school psychologists and reducing the stigma that Asian American youth may experience when seeking school psychology services.

Chapter III

Procedures Methodology and Design

Sample

The participants of this research were New Jersey certified school psychologists recruited from the New Jersey Association of School Psychologists (NJASP) listserv.

The Principal Investigator (PI) provided the President of NJASP with the link to the consent form and the survey. The President of NJASP then disseminated the link to the school psychologists on the NJASP listserv via email (see Appendix A for email sent to potential participants).

The membership of NJASP is categorized by regions. The regions are listed on the website and may be viewed by the membership. The membership of NJASP is not congruent with total number of school psychologists in the state of NJ. There is no up to date list of school psychologists who work in NJ. One attempt to compile a complete list was done by Dworkin (2014).

There are 316 New Jersey school psychologists on the NJASP listserv (131 Central Jersey, 70 North Jersey, 95 South Jersey, and 20 or more board members). Of a possible 316 responses, a total of 59 NJASP members responded to the survey, which is approximately an 18% response-rate. Two members also contacted the PI to inform her that they would not be responding to the survey because they retired. Although it was not a requirement that the participants had to currently be practicing school psychologists the items on the survey that asked about the participants' school psychology background and role were worded in the present tense. Therefore, participants could have taken this to

mean that they had to be currently practicing school psychologists to participate in the research.

NJASP membership is a sample of New Jersey school psychologists. In a dissertation written by Chelsey Dworkin in May 2014, there were 1,777 school psychologists in New Jersey at that time (Dworkin, 2014). Assuming there were approximately the same numbers of school psychologists in New Jersey at the time this research was conducted, about 17.8% of school psychologists in New Jersey are NJASP members.

Comparisons were made between the demographics and school psychology backgrounds of NASP membership, NJASP membership, and the participants of this research in order to determine whether or not the results of this research may be generalized (see Table 3.1).

Table 3.1

Demographics Comparison Among Research, NJASP, and NASP Samples

Demographics	NASP 2009-2010	NJASP 2015	Research Sample
Gender			
Male	23.4%	19.3%	26%
Female	76.6%	80.7%	71%
Decline to answer	--	--	3%
Ethnicity			
White Caucasian	90.7%	90.5%	80%
Hispanic/Latino	3.4%	3.4%	5%
Black/African American	3%	3.4%	8%
Asian American/Pacific Islander	1.3%	0.0%	2%
American Indian/Alaskan	0.6%	0.9%	0%

Table 3.1 - continued

Native			
Multiracial	--	0.9%	0%
Other	1%	0.9%	0%
Decline to answer	--	--	5%
Highest degree in school psychology			
Master's	25.1%	3.4%	26%
Master's + 30	--	18.3%	--
Ed.S.	45.8%	19.2%	21%
Master's + 60	--	28.3%	5%
Doctoral: Ph.D., Psy.D., Ed.D.	24.2%	30.8%	41%
Other	--	--	5%
Decline to answer	--	--	2%

Sources: NASP 2010 survey; NJASP 2015 survey

Note: The NASP 2010 did not explain why the responses for the "highest degree in school psychology" do not add up to 100%.

The demographics of the research sample are roughly comparable to both the NJASP and NASP samples. Therefore, the results of the research should be generalizable to both populations. The differences in demographics could be attributed to the research sample size being smaller than both the NJASP and NASP sample sizes.

The only inclusion criterion participants had to meet to participate in this research was to be a New Jersey certified school psychologist. Certification means the individual has met the requirements of the New Jersey State Department of Education to practice as a school psychologist. As participants were recruited from the NJASP listserv, they should have already met this criterion. However, to further screen and ensure that the participants meet this criterion, there were items on the survey that asked about their school psychology backgrounds and roles. One relevant issue to consider with regards to this research sample is that NJASP membership requires participation in NASP;

therefore, this sample does not include school psychologists who are not members of NASP. School psychologists who are not members of NASP may be doctoral level and/or members of the American Psychological Association (APA).

Research Design

Research was conducted using a survey with both quantitative and qualitative features. The survey was disseminated to school psychologists on the New Jersey Association of School Psychologists (NJASP) listserv to collect data. NJASP is the New Jersey chapter of NASP (National Association of School Psychologists). New Jersey was chosen as the state for the research to be conducted because it is the state in which the PI received her school psychology training. This facilitated access to NJASP members. Another reason why the PI chose New Jersey as the state in which to conduct the research is that it is an ethnically-diverse state overall (i.e., composed of people characterized by different racial, religious, linguistic, and certain other traits), so the thought was that it would help with the generalizability of the findings given the overall ethnic-diversity of the United States. For a comparison of the latest demographic data for New Jersey and the United States as a whole, please refer to Table 3.2. The PI contacted the President of NJASP and provided her with the link to the consent form and the survey. The President of NJASP then disseminated the link to the school psychologists on the NJASP listserv via email. The email with the link was only sent out once; no reminder email was sent out. This link then provided the school psychologists with the ability to consent to participate in the research and respond to the survey.

Table 3.2

Demographics Comparison Between New Jersey and the United States Population

Table 3.2 - continued

Ethnicity	% of NJ population	% of U.S. population
Gender		
Male	48.7%	49.2%
Female	51.3%	50.8%
Ethnicity		
White Caucasian	59.3%	63.7%
Hispanic/Latino	17.7%	16.3%
Black/African American	13.7%	12.6%
Asian American/Pacific Islander	8.3%	5.0%
American Indian/Alaskan Native	0.3%	0.9%
Multiracial	2.7%	2.9%
Other	6.4%	6.2%

Source: 2010 Census

Measurement/Instrumentation

The variables of interest of this research were: school psychologists' experiences in providing school psychology services to Asian American youth, barriers to Asian Americans accessing school psychology services, strategies school psychologists have attempted to overcome these barriers, school psychologists' perceived competence in providing school psychology services to Asian American youth, and the extent to which the institutions in which school psychologists work make school psychology services accessible to Asian American youth. To the best of the PI's knowledge, no known measure exists that can be used to assess these variables; therefore, the PI undertook the development of a survey (see Appendix B for survey) entitled Cultural Competence of School Psychologists Working with Asian American Youth Survey.

The survey contains the elements listed in Table 3.3.

Table 3.3

Survey Elements

Domain	# of Items	Response Format
Demographics	2	MC
School psychology background and role	5	MC
Experience in providing school psychology services to Asian American youth	9	MC, rank, scale, FR
Barriers to Asian Americans accessing school psychology services	9	FR
Competence in providing school psychology services to Asian American youth	3	Scale, FR
Asian American youth and access to school psychology services	3	Scale, FR

Key:

MC = multiple choice

FR= free response

As this research aimed to both gather information about school psychologists and increase school psychologists' knowledge, both qualitative and quantitative research was used in the form of a survey. The PI decided to include both quantitative and qualitative items to gather different types of data such as objective data about demographics, background, and experiences as well as subjective information about personal experiences and opinions. The qualitative items also provided an opportunity to include information that would potentially increase school psychologists' knowledge about working with Asian American youth. It was estimated that the survey would take approximately 20-30 minutes to complete.

No reliability or validity studies were conducted. The domains and items for the survey were developed based on the review of existing literature. The literature that was referenced was related to what other scholars have suggested as cultural factors that might influence the acceptability of mental health/school psychology services. It also included potential obstacles to psychological treatment (Atkinson & Gim, 1989; Seráfica, 1997; Shon & Ja, 1982; Tan & Anhalt, 2006). The PI set out to investigate whether the information gathered from the literature review pertains to working with Asian American youth by gathering information from New Jersey certified school psychologists who have worked with this population and determining the extent to which they endorse these features. The PI also examined the knowledge, skills, and attitudes school psychologists need to help them feel more competent in working with Asian American youth. Items reflect the roles of school psychologists based on recent national and state surveys (NASP, 2010; NJASP, 2015). With regards to knowledge, skills, and attitudes, it was important to explore each area because a school psychologist might believe he/she has knowledge of how to work with this population but lacks the actual opportunity to do so at the institution in which he/she works, or he/she may have the opportunity but lack appropriate knowledge and attitudes.

Study Site(s)/Location of Procedures

The participants for this research were school psychologists recruited from the NJASP listserv. They obtained access to the link to the survey through an email the President of NJASP disseminated on the NJASP listserv. The survey was distributed electronically, participants submitted their responses electronically, and data were

gathered electronically. Therefore, there is no specific location where the research took place.

Detailed Study Procedures

Data were collected through the responses participants submitted to the online survey. Based on the content of the survey and the data that were being gathered, there was no known risk to participants. It was estimated that the survey would take approximately 20-30 minutes to complete, and that was the extent of participants' participation in the project. Once the survey was disseminated to the listserv, the survey remained open for nine months; however, no responses were collected after the first two months the survey was disseminated. Over the course of two months, 70 surveys were initiated; however, not all of them were completed. 60 participants consented, but there were only 59 usable surveys (1 participant consented to participate but did not answer any of the survey questions). Out of the 59 usable surveys, 35 were 100% completed. Other surveys were completed to various degrees, but their responses were still analyzed. Each item on the survey was analyzed individually since each item had a different number of useable responses. For information about the specific number of participants who responded to each survey item, please see the Results chapter of this dissertation.

To maintain participant confidentiality, each survey that was returned was assigned a number that was used for identification and coding purposes. This research was anonymous, and no identifiable personal information of the participants was collected. The data were gathered and stored electronically by the PI, filed by number, and password-protected for extra security. Only the PI and the PI's research advisor had access to the data. The data will be stored for three years.

Consent Procedures

As this research was conducted online, the purpose of this research and all of the instructions for completing the survey were clearly stated as part of the survey that was disseminated electronically for the participant to read. The consent form was also disseminated electronically and was attached in front of the survey for the participant to read before participating in this research (see Appendix B for consent form). Contact information for the PI was included on the consent form for the participant if he/she had any questions or concerns. If the participant was 18 years of age or older, understood the statements in the consent form, and consented to participate in the study, then he/she clicked on the “I Agree” button to begin the survey. If not, then he/she clicked on the “I Do Not Agree” button to exit the program. The participant was allowed to withdraw at any time during the study procedures (i.e., stop the survey at any point) without any penalty, as was indicated on the consent form. In addition, the participant was advised with the consent form that he/she could have chosen not to answer any questions with which he/she was not comfortable. The participant was able to retain a copy of the consent form for his/her records.

Since the participants were New Jersey certified school psychologists who are currently practicing or who had practiced, it was assumed participants would have English fluency commensurate with advanced educational levels; thus, all forms, including the survey and consent forms, were in English. There was no need to obtain assent from minors and no need for witnesses.

Internal and External Validity

For this research, measures were taken to avoid study bias. Regarding the research sample, measures were taken to ensure that only New Jersey certified school psychologists participated in this research in order to avoid confounding results. The way this was done is that the survey was only disseminated to school psychologists on the NJASP listserv, and all NJASP members are New Jersey certified school psychologists. Not only was the survey only disseminated on the NJASP listserv, but there were also items on the survey that gathered information about the participants' school psychology background (i.e., school psychology training and experience) and role.

Internal and external validity were considered. No reliability or validity studies were conducted. However, the survey was edited by the PI's research advisor, who has published extensively in the area of cultural competence, in order to increase its content validity. Also, the item content of the survey was consistent with existing research on Asian Americans in order to increase the survey's content validity. The survey consisted of items that cover a broad range of topics related to both Asian Americans and current school psychology practice.

NJASP membership only includes a percentage of New Jersey certified school psychologists. More specifically, approximately 17.8% of school psychologists in New Jersey are NJASP members.

Data Analysis

Only a basic analysis of the quantitative data that was collected was necessary for the purposes of this research. Descriptive statistics were used to analyze the quantitative data in order to determine information about the school psychologists who respond.

For the qualitative data that were collected, each qualitative survey item was considered separately. All of the responses for each item were coded by the PI to identify the similarities and/or differences in the responses. No reliability check was done; instead, for each item, the PI reviewed each of the responses three times and made notes about recurrent themes. Based on the analysis, the main themes of the responses for each of the items were determined.

Chapter IV

Results**Sample**

The participants of this research were New Jersey certified school psychologists recruited from the New Jersey Association of School Psychologists (NJASP) listserv. There are 316 New Jersey school psychologists on the NJASP listserv (131 Central Jersey, 70 North Jersey, 95 South Jersey, and 20 or more board members). Of a possible 316 responses, a total of 59 NJASP members responded to the survey, which is approximately an 18% response-rate. Two members also contacted the Principal Investigator (PI) to inform her that they would not be responding to the survey because they were retired.

Demographics

Gender. Out of a total of 59 participants who responded to this item, the majority, 71% ($n = 42$), were female, 26% ($n = 15$) were male, and 3% ($n = 2$) declined to answer.

Table 4.1

Gender

Gender	<i>n</i>	% of participants
Male	15	26%
Female	42	71%
Other	0	0%
Decline to answer	2	3%

Note. Total $n = 59$

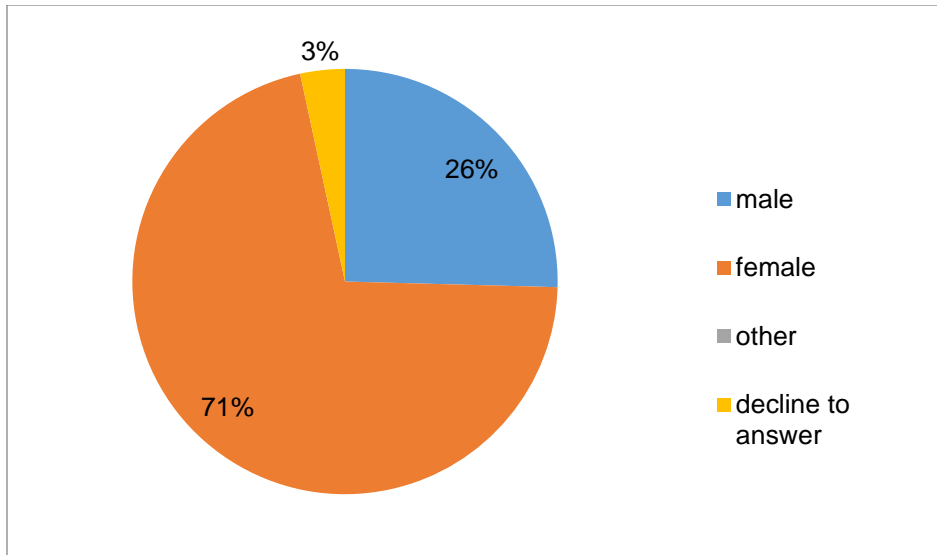


Figure 1. Gender.

Ethnicity. Out of a total of 59 participants who responded to this item, the majority, 80% ($n = 47$), were White/Caucasian. 8% ($n = 5$) were Black/African American, 5% ($n = 3$) were Hispanic/Latino, and only 2% ($n = 1$) were Asian American/Pacific Islander. 0% ($n = 0$) were American Indian/Alaskan Native or Multiracial. 5% ($n = 3$) declined to answer.

Table 4.2

Ethnicity

Ethnicity	<i>n</i>	% of participants
White/Caucasian	47	80%
Hispanic/Latino	3	5%
Black/African American	5	8%
Asian American/Pacific Islander	1	2%
American Indian/Alaskan Native	0	0%
Multiracial	0	0%
Other	0	0%
Decline to answer	3	5%

Note. Total $n = 59$

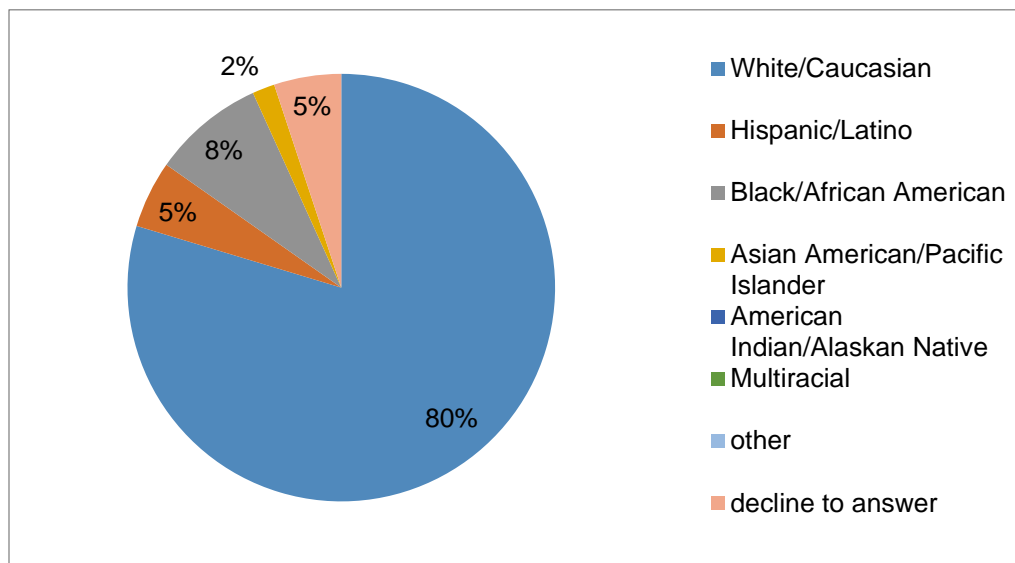


Figure 2. Ethnicity.

School Psychology Background and Role

Highest level of education in school psychology. Out of a total of 58 participants who responded to this item, 41% ($n = 24$) reported that the highest level of education they attained in school psychology was doctoral level (i.e., Ph.D., Psy.D., Ed.D.). Other participants reported the highest level of education they attained in school psychology to be the following: 24% ($n = 14$) Master's degrees, 21% ($n = 12$) Ed.S. degrees, and 12% ($n = 7$) "other." For those who reported "other," 3 have Master's +60 degrees (equivalent of Ed.S.), 1 has a Psy.S. degree, 1 has a M.Ed./AGS degree, 1 has a M.A. degree and certification in School Psychology, and 1 has a M.S. Ed. Degree. 2% ($n = 1$) declined to answer.

Table 4.3

Highest Level of Education in School Psychology

Level of education	<i>n</i>	% of participants
Master's	14	24%

Table 4.3 - continued

Ed.S.	12	21%
Doctoral: Ph.D., Psy.D., Ed.D.	24	41%
Other	7	12%
Decline to answer	1	2%

Note. Total $n = 58$

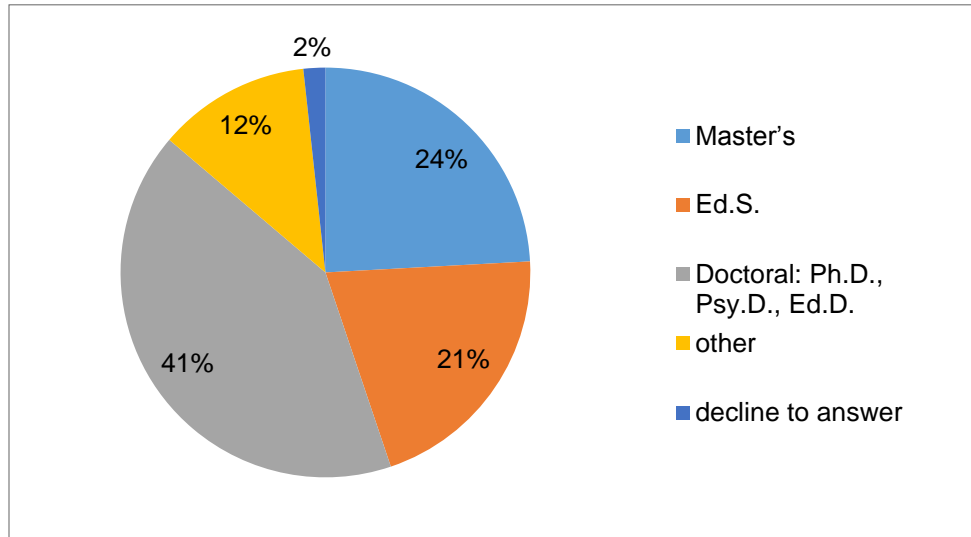


Figure 3. Highest level of education in school psychology.

Number of years since graduated with school psychology degree. Out of a total of 58 participants who responded to this item, 34% ($n = 20$) graduated with their School Psychology degrees 0-5 years ago. Other participants reported graduating with the School Psychology degrees the following number of years ago: 26% ($n = 15$) 11-15 years, 16% ($n = 9$) 21-25 years, 14% ($n = 8$) 6-10 years, 7% ($n = 4$) 16-20 years, and 3% ($n = 2$) 25+ years.

Table 4.4

Number of Years Since Graduated With School Psychology Degree

# of years	n	% of participants
0-5	20	34%

Table 4.4 - continued

6-10	8	14%
11-15	15	26%
16-20	4	7%
21-25	9	16%
25+	2	3%

Note. Total $n = 58$

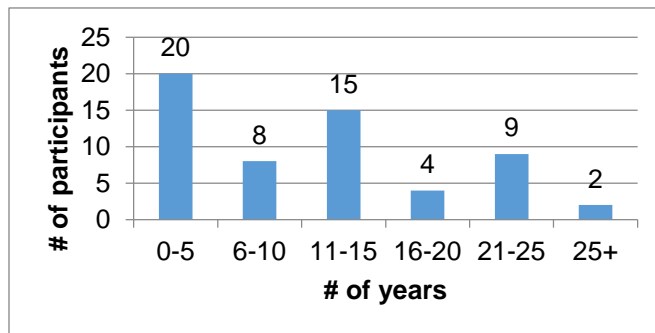


Figure 4. Number of years since graduated with school psychology degree.

Number of years working as a school psychologist. Out of a total of 58 participants who responded to this item, 34% ($n = 20$) have been working as school psychologists for 0-5 years. Other participants reported working as school psychologist for the following number of years: 26% ($n = 15$) 11-15 years, 16% ($n = 9$) 6-10 years, 10% ($n = 6$) 21-25 years, 7% ($n = 4$) 16-20 years, and 7% ($n = 4$) 25+ years.

Table 4.5

Number of Years Working As a School Psychologist

# of years	n	% of participants
0-5	20	34%
6-10	9	16%
11-15	15	26%
16-20	4	7%
21-25	6	10%

Table 4.5 - continued

25+	4	7%
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Note. Total $n = 58$

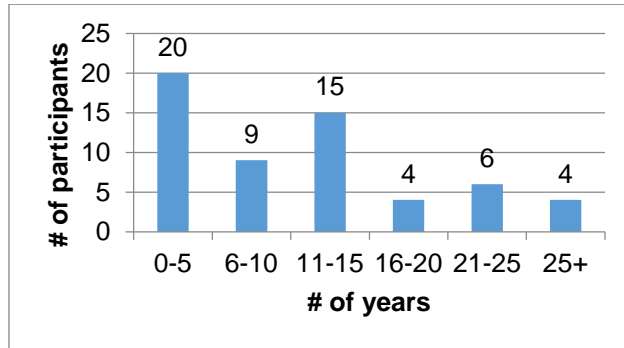


Figure 5. Number of years working as a school psychologist.

Main role as school psychologist. Out of a total of 58 participants who responded to this item, the majority, 57% ($n = 33$), reported that they consider their main roles as school psychologists to be being part of their CST/Multidisciplinary Team. Other participants consider the following as their main roles as school psychologists: conducting assessments 12% ($n = 7$), providing counseling/therapy 10% ($n = 6$), supervising 7% ($n = 4$), conducting behavior analyses and developing behavior plans 5% ($n = 3$), doing program planning and development 3% ($n = 2$), doing crisis intervention 2% ($n = 1$), and conducting research 2% ($n = 1$). 2% ($n = 1$) reported “other.” 0% ($n = 0$) consider their main roles as school psychologists to be providing consultation, doing work related to prevention, or teaching.

Table 4.6

Main Role as School Psychologist

Role	n	% of participants
CST/multidisciplinary team	33	57%
Counseling/therapy	6	10%

Table 4.6 - continued

Assessment	7	12%
Consultation	0	0%
Behavior analysis and behavior plan development	3	5%
Crisis intervention	1	2%
Prevention	0	0%
Supervisor	4	7%
Program planning/development	2	3%
Teaching	0	0%
Research	1	2%
Other	1	2%

Note. Total $n = 58$

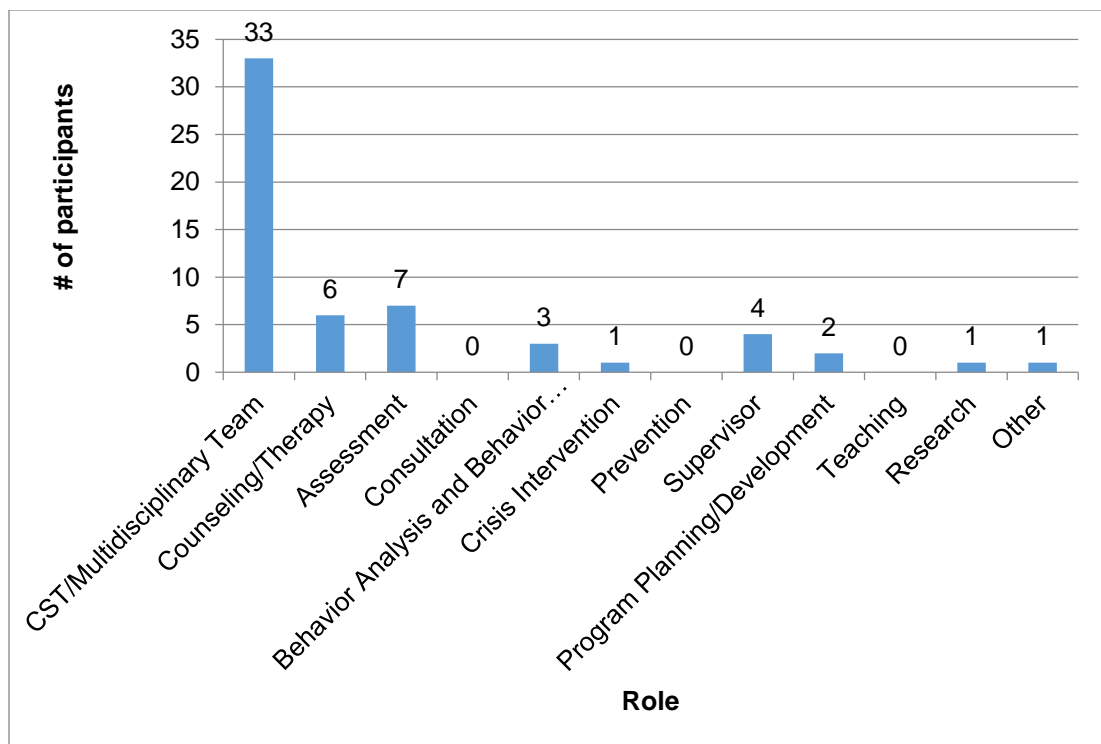


Figure 6. Main role as school psychologist.

Other role(s) as school psychologist. In addition to their main roles as school psychologists, 86% ($n = 49$) out of a total of 57 participants who responded to this item reported that they provide consultation. Other participants reported the following as their

other roles as school psychologists: conducting assessments 74% ($n = 42$), doing crisis intervention 61% ($n = 35$), conducting behavior analyses and developing behavior plans 56% ($n = 32$), providing counseling/therapy 51% ($n = 29$), doing work related to prevention 42% ($n = 24$), doing program planning and development 37% ($n = 21$), being part of their CST/Multidisciplinary Team 30% ($n = 17$), conducting research 18% ($n = 10$), teaching 16% ($n = 9$), and supervising 12% ($n = 7$). 7% ($n = 4$) reported “other.”

Table 4.7

Other Role(s) as School Psychologist

Role	<i>n</i>	% of participants
CST/multidisciplinary team	17	30%
Counseling/therapy	29	51%
Assessment	42	74%
Consultation	49	86%
Behavior analysis and behavior plan development	32	56%
Crisis intervention	35	61%
Prevention	24	42%
Supervisor	7	12%
Program planning/development	21	37%
Teaching	9	16%
Research	10	18%
Other	4	7%

Note. Total $n = 57$

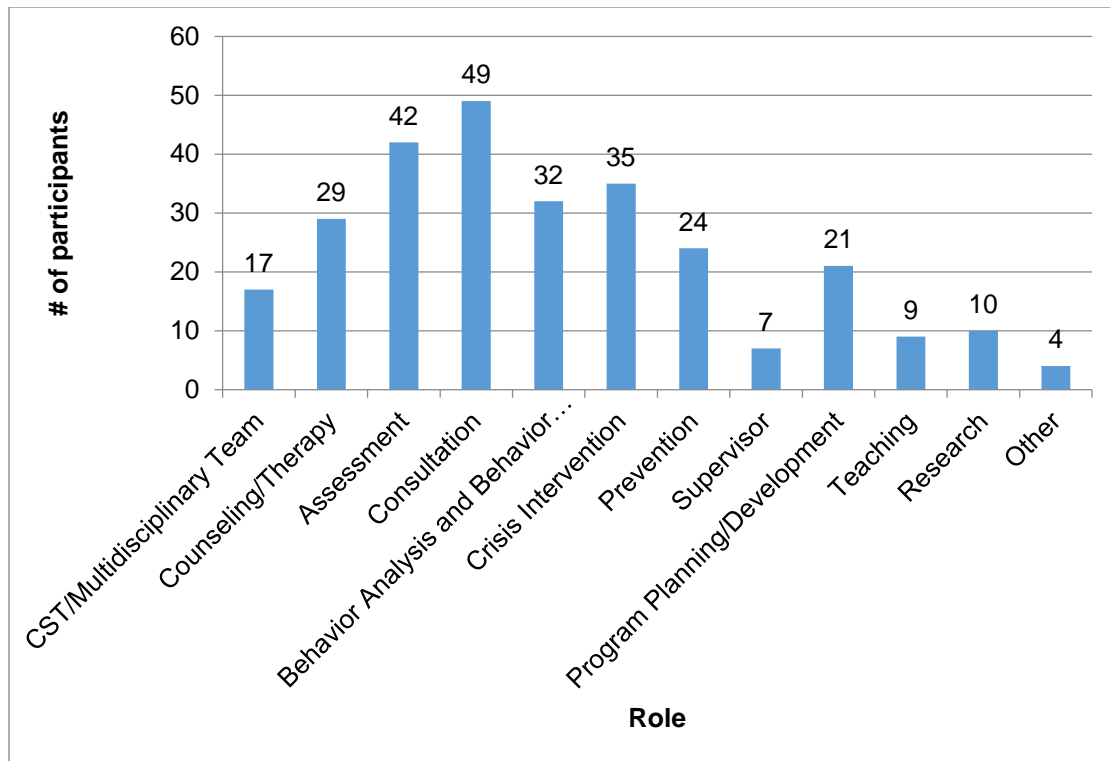


Figure 7. Other role(s) as school psychologist.

Experience in Providing School Psychology Services to Asian American Youth

Percentage of student population of school that is Asian American youth.

Out of a total of 46 participants who responded to this item, the majority, 85% ($n = 39$), reported that Asian American youth compose of 0-20% of the student population of the schools they work at. 9% ($n = 4$) reported that Asian American youth compose of 21-40% of the student population of the schools they work at, 2% ($n = 1$) reported that Asian American youth compose of 41-60% of the student population of the schools they work at, and 2% ($n = 1$) reported that Asian American youth compose of 61-80% of the student population of the schools they work at. 0% ($n = 0$) reported that Asian American youth compose of 81-100% of the student population of the schools they work at. 2% ($n = 1$) reported NA.

Table 4.8

Percentage of Student Population of School That Is Asian American Youth

% of student population	<i>n</i>	% of participants
0-20	39	85%
21-40	4	9%
41-60	1	2%
61-80	1	2%
81-100	0	0%
NA	1	2%

Note. Total *n* = 46

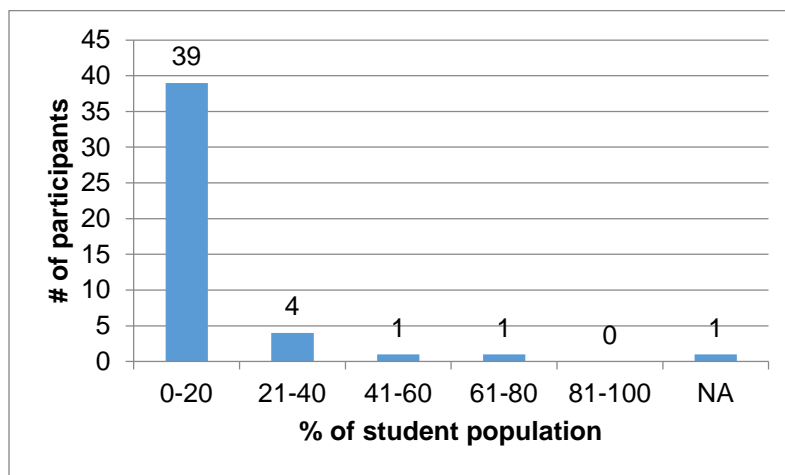


Figure 8. Percentage of student population of school that is Asian American youth.

Percentage of current caseload that is Asian American youth. Out of a total of 45 participants who responded to this item, the majority, 91% ($n = 41$), reported that Asian American youth compose of 0-20% of their current caseload. 2% ($n = 1$) reported that Asian American youth compose of 21-40% of their current caseload, and 2% ($n = 1$) reported that Asian American youth compose of 61-80% of their current caseload. 0% ($n = 0$) reported that Asian American youth compose of 41-60% or 81-100% of their current caseload. 4% ($n = 2$) reported NA.

Table 4.9

Percentage of Current Caseload That Is Asian American Youth

% of current caseload	<i>n</i>	% of participants
0-20	41	91%
21-40	1	2%
41-60	0	0%
61-80	1	2%
81-100	0	0%
NA	2	4%

Note. Total *n* = 45

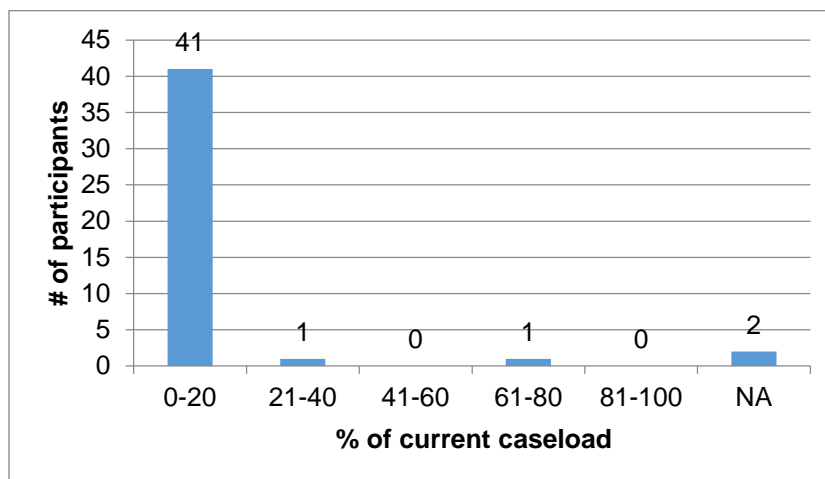


Figure 9. Percentage of current caseload that is Asian American youth.

Percentage of Asian American youth you work with that is eligible for special education. Out of a total of 46 participants who responded to this item, the majority, 67% ($n = 31$), reported that 0-20% of Asian American youth they work with are eligible for special education. 11% ($n = 5$) reported that 81-100% of Asian American youth they work with are eligible for special education, and 7% ($n = 3$) reported that 21-40% of Asian American youth they work with are eligible for special education. 0% ($n = 0$) reported that 41-60% or 61-80% of Asian American youth they work with are eligible for special education. 15% ($n = 7$) reported NA.

Table 4.10

Percentage of Asian American Youth You Work With That Is Eligible for Special Education

% of Asian American youth	<i>n</i>	% of participants
0-20	31	67%
21-40	3	7%
41-60	0	0%
61-80	0	0%
81-100	5	11%
NA	7	15%

Note. Total *n* = 46

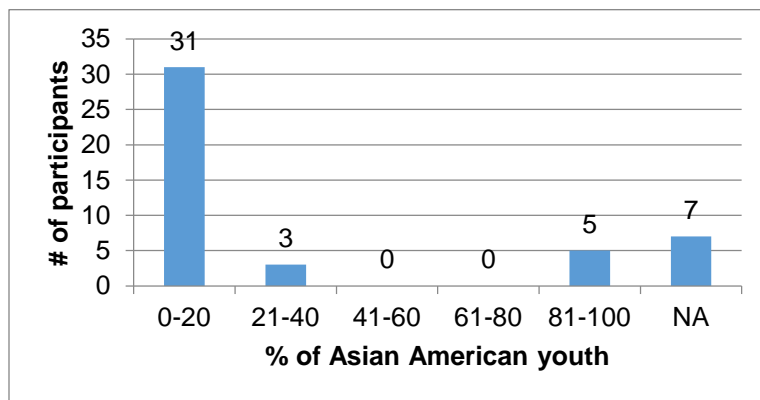


Figure 10. Percentage of Asian American youth you work with that is eligible for special education.

Capacities providing school psychology services to Asian American youth.

Out of a total of 43 participants who responded to this item, 79% (*n* = 34) reported that they provide school psychology services to Asian American youth by being part of their CST/Multidisciplinary Team. Other participants reported the following as capacities in which they provide school psychology services to Asian American youth: conducting assessments 63% (*n* = 27), providing consultation 51% (*n* = 22), providing counseling/therapy 49% (*n* = 21), doing crisis intervention 28% (*n* = 12), conducting

behavior analyses and developing behavior plans 26% ($n = 11$), doing program planning and development 21% ($n = 9$), doing work related to prevention 19% ($n = 8$), supervising 5% ($n = 2$), and conducting research 2% ($n = 1$). 0% ($n = 0$) reported teaching, and 7% ($n = 3$) reported “other.”

Table 4.11

Capacities Providing School Psychology Services to Asian American Youth

Capacity	<i>n</i>	% of participants
CST/multidisciplinary team	34	79%
Counseling/therapy	21	49%
Assessment	27	63%
Consultation	22	51%
Behavior analysis and behavior plan development	11	26%
Crisis intervention	12	28%
Prevention	8	19%
Supervisor	2	5%
Program planning/development	9	21%
Teaching	0	0%
Research	1	2%
Other	3	7%

Note. Total $n = 43$

Table 4.12 - continued

Self-referral	2	4	6	11	9	4
Teacher referral	26	8	2	0	0	0
Parent referral	5	17	4	7	2	1
Peer referral	0	1	3	9	20	3
Crisis intervention	2	6	17	6	4	1
Other	1	0	4	3	1	27

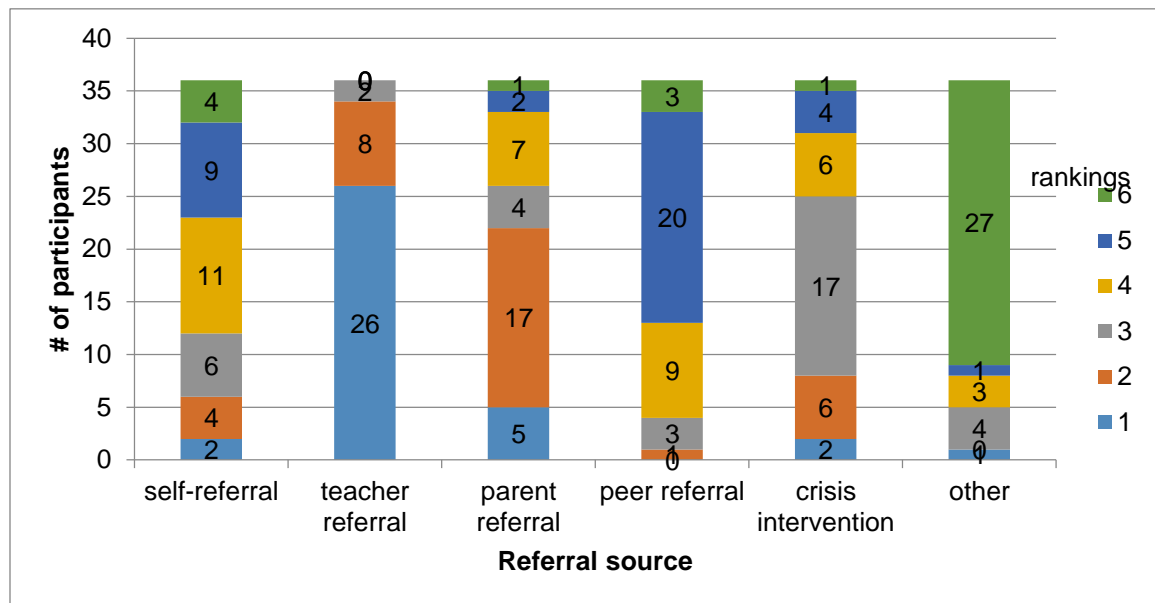


Figure 12. Ways Asian American youth are identified as needing school psychology services.

Presenting problems of Asian American youth. Based on the responses of the 34 participants who responded to this item, the most common presenting problem for Asian American youth is academic problems (14 ranked this #1 and 6 ranked this #2). This is followed by anxiety (11 ranked this #1 and 9 ranked this #2). These are followed by the following presenting problems in subsequent order: social skills problems, conduct/behavior problems, depression, family/peer conflict, eating disorders, drug/alcohol use, trauma, and “other.”

Table 4.13

Presenting Problems of Asian American Youth

Presenting problem	Rankings									
	1	2	3	4	5	6	7	8	9	10
	# of participants									
Anxiety	11	9	4	5	4	0	1	0	0	0
Depression	0	7	8	6	9	3	0	1	0	0
Academic problems	14	6	5	2	5	2	0	0	0	0
Conduct/behavior problems	3	1	8	5	3	7	4	2	1	0
Social skills problems	5	7	5	7	6	4	0	0	0	0
Family/peer conflict	0	4	2	8	5	13	2	0	0	0
Eating disorders	0	0	1	0	0	1	15	12	2	3
Drug/alcohol use	0	0	0	0	0	2	4	15	12	1
Trauma	0	0	0	1	1	2	6	3	17	4
Other	1	0	1	0	1	0	2	1	2	26

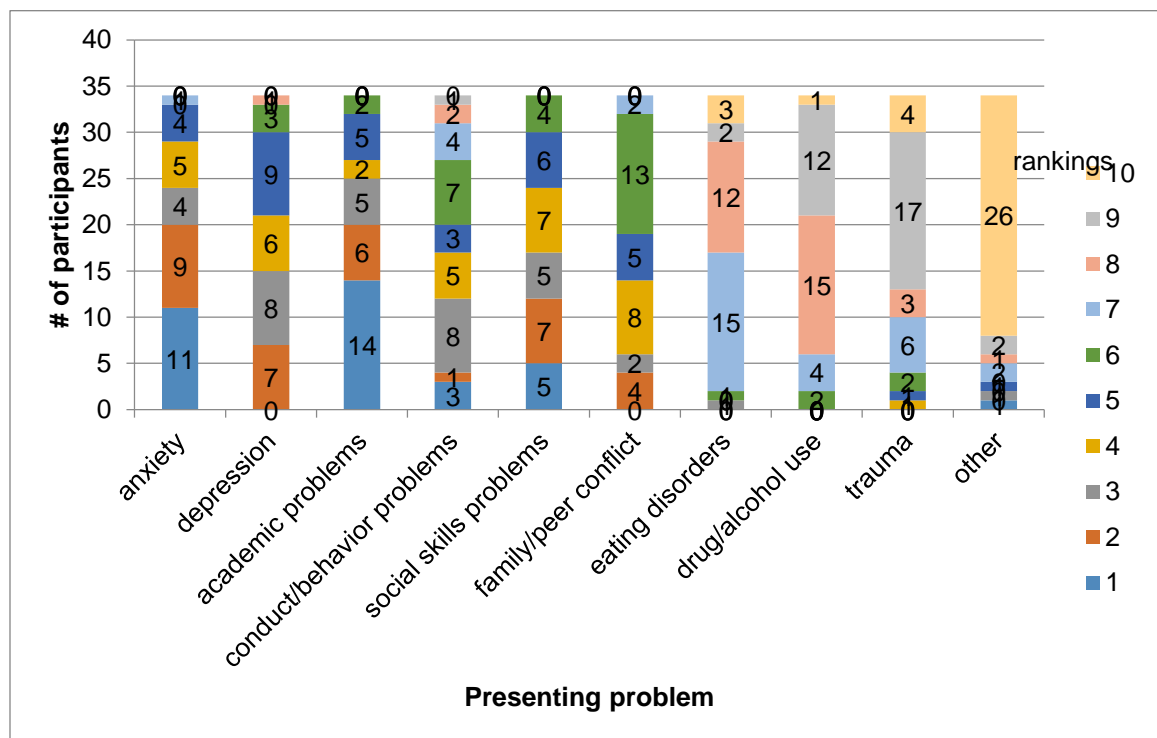


Figure 13. Presenting problems of Asian American youth.

General differences in providing school psychology services to Asian American youth compared to providing school psychology services to youth of other ethnic backgrounds. Out of a total of 42 participants who responded to this item, 50% ($n = 21$) agree with the statement, “I have noticed some general differences in providing school psychology services to Asian American youth compared to providing school psychology services to youth of other ethnic backgrounds.” Other participants gave the following responses to the statement: neutral 22% ($n = 9$), strongly disagree 19% ($n = 8$), disagree 7% ($n = 3$), and strongly agree 2% ($n = 1$).

Of the participants who provided qualitative information to elaborate, many reported that Asian American youth experience high levels of stress/pressure from home related to academic expectations. One participant stated, “Cultural differences with involvement of family and expectation of academic success. Importance of academic success slightly more valued than even social or behavioral success.” Another participant reported, “I find the familial relationships between [Asian American] students and their parents are often cause for anxiety and stress. My students identified to me that their parents were very concerned about the family’s image and the student’s grades.” In general, many of the participants noted a higher level of family/parent involvement.

Many of the participants also indicated that the families of Asian American youth are much less accepting of mental health issues compared to youth of other ethnic backgrounds. One participant said, “While this also can occur with students from other cultural backgrounds, Asian American students have reported support from their parents is strained. [Asian American] students perceive their parents may lack understanding of mental health issues and have high academic expectations.” Another participant

reported, “Minimizing identification and expression of emotions as a healthy exercise; also tendency to dismiss anxiety and depression from a medical model/perspective as ‘real’ – ‘Tough love/Tiger mom’ approach.” Similarly, some of the participants noted the stigma related to school psychology services sometimes leads to less disclosure or not seeking services. One participant stated, “Many of the Asian American families I have worked with are very concerned about the stigma attached to disability services and some reject services as a result.”

One of the participants said, “A common thread [among Asian American youth] would be social issues with peers (e.g. teasing, difficulty being accepted).” Some of the participants reported that they have not provided services differently based on ethnic backgrounds.

Table 4.14

General Differences in Providing School Psychology Services to Asian American Youth Compared To Providing School Psychology Services to Youth of Other Ethnic Backgrounds

Agreement	<i>n</i>	% of participants
Strongly disagree	8	19%
Disagree	3	7%
Neutral	9	22%
Agree	21	50%
Strongly agree	1	2%

Note. Total *n* = 42

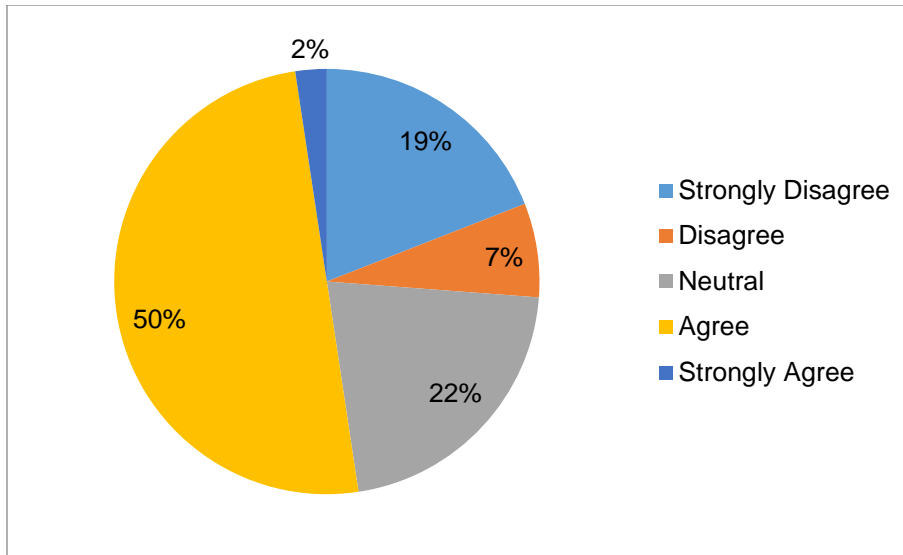


Figure 14. General differences in providing school psychology services to Asian American youth compared to providing school psychology services to youth of other ethnic backgrounds.

Techniques helpful in providing school psychology services to Asian

American youth. Out of a total of 42 participants who responded to this item, the majority, 52% ($n = 22$), found the following statement to be neutral: “I have found certain techniques to be helpful in providing school psychology services to Asian American youth.” Other participants gave the following responses to the statement: disagree 22% ($n = 9$), agree 19% ($n = 8$), strongly disagree 5% ($n = 2$), and strongly agree 2% ($n = 1$).

Of the participants who provided qualitative information to elaborate, many reported open communication with parents and family involvement as helpful techniques in providing school psychology services to Asian American youth. One participant stated, “I typically use the same techniques, plus perhaps some additional psychoeducation for families and rapport building.” Another participant reported, “It is very difficult to work with [Asian American] students without the support of the family.

Alternately, the [Asian] parent wants to support the school but does not acknowledge the significance of any difficulties outside of academics.”

Other participants indicated other techniques that they have found helpful, such as: understanding cultural backgrounds and expectations; problem-solving; cognitive behavior therapy; validating the importance of emotional expression; goal-oriented techniques; and consulting with psychologists and psychiatrists to assist with intervention, program development and family therapies. One participant stated, “I take an open, accepting, collaborative approach working with my students, and I have found the Asian students I work with to not require alternative approaches.”

Table 4.15

Techniques Helpful in Providing School Psychology Services to Asian American Youth

Agreement	<i>n</i>	% of participants
Strongly disagree	2	5%
Disagree	9	22%
Neutral	22	52%
Agree	8	19%
Strongly agree	1	2%

Note. Total *n* = 42

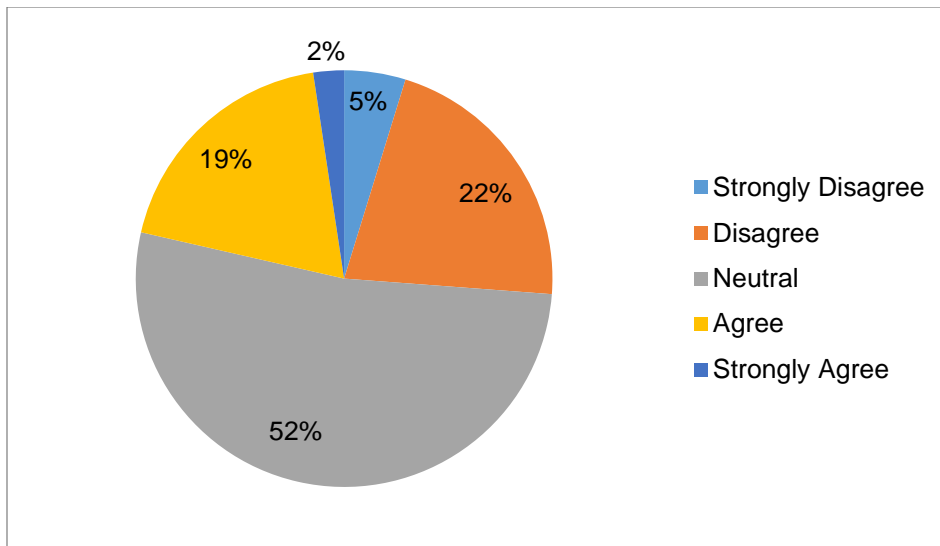


Figure 15. Techniques helpful in providing school psychology services to Asian American youth.

Cultural factors make it more challenging to provide school psychology services to Asian American youth compared to providing school psychology services to youth of other ethnic backgrounds. Out of a total of 42 participants who responded to this item, 40% ($n = 17$) agree with the statement: “I have noticed some cultural factors that have made it more challenging for me to provide school psychology services to Asian American youth compared to providing school psychology services to youth of other ethnic backgrounds.” Other participants gave the following responses to the statement: neutral 33% ($n = 14$), disagree 10% ($n = 4$), strongly agree 10% ($n = 4$), and strongly disagree 7% ($n = 3$).

Of the participants who provided qualitative information to elaborate, many indicated that Asian families’/parents’ not understanding or accepting mental health issues make it more challenging to provide services to Asian American youth. One participant stated, “Often there is a lack of understanding and acceptance along with a tendency to downplay issues.” Another participant said, “Parents have a hard time

understanding a developmental delay and want their child ‘fixed.’ Many of the participants also noted Asian families’/parents’ resistance to their children receiving school psychology and mental health services. One participant reported, “Typically, in my school district, Asian-American parents decline any services related to Special Education.” Another participant stated, “I would guess that a higher percentage of Asian American students, based on my experience, are skeptical or reluctant about mental health services.”

Many of the participants also indicated that Asian parents’ high academic expectations for their children are a challenge. One participant said, “Sometimes parents’ desire for high achievement interferes with goals to help a student be more well-rounded (with strong social-emotional skills also).” Another participant stated, “Most of what we evidence is perceived to be extraordinary and unrealistic expectations from parents.” Another participant reported, “Academics and participation in Chinese school supersede everything else (in the eyes of the parent).” One more participant said, “I have observed that the Asian American families I have worked with value math and science over other participants more than families from other backgrounds. Some parents have specifically asked for their children to be waived out of art, music, and PE class because they ‘didn’t care so much about those participants.’”

Some of the participants also indicated that language barriers have been a challenge. One participant stated, “Asian students that are second generation have been more challenging in terms of communicating with parents due to language barriers.” One of the participants also reported that he/she is a straight-forward and direct person, and

he/she has found that Asian American youth have been less than comfortable with his/her natural approach in working with them.

Table 4.16

Cultural Factors Make It More Challenging to Provide School Psychology Services to Asian American Youth Compared To Providing School Psychology Services to Youth of Other Ethnic Backgrounds

Agreement	<i>n</i>	% of participants
Strongly disagree	3	7%
Disagree	4	10%
Neutral	14	33%
Agree	17	40%
Strongly agree	4	10%

Note. Total *n* = 42

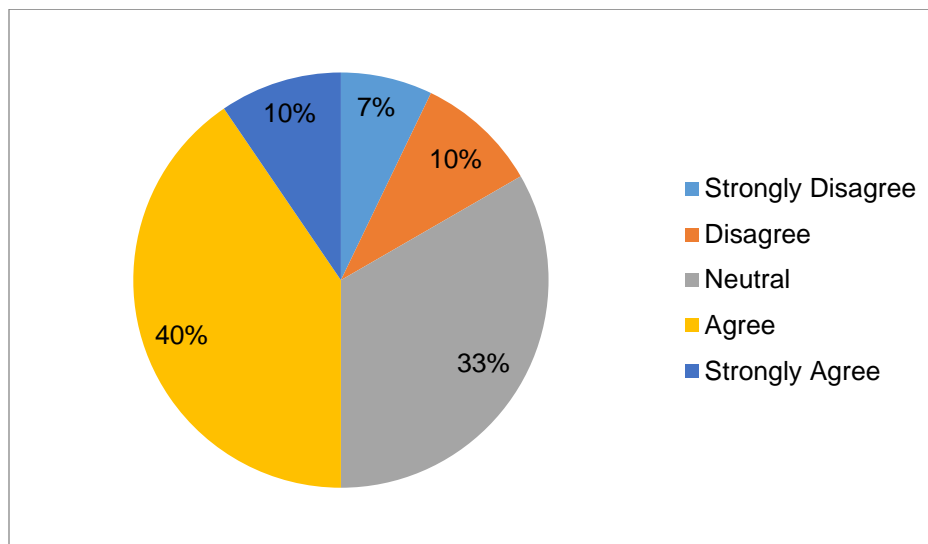


Figure 16. Cultural factors make it more challenging to provide school psychology services to Asian American youth compared to providing school psychology services to youth of other ethnic backgrounds.

Potential Barriers to Students Accessing Psychological Services

Participants were presented with research suggesting potential barriers to Asian American youth accessing school psychology services. They were then asked to provide information about what, if anything, they have done to overcome each barrier. Following are the potential barriers with the participants' responses, organized by categories. Please note that for participants who provided qualitative responses indicating that they were not able to provide any information, their responses were omitted. Also, for participants who provided qualitative responses indicating that their response for an item is the same as the one they provided in the previous item(s), their responses were only recorded the first time they appeared.

Image as “model minority.”

1. Item: *There is a general belief that Asian Americans are the “model minority” and are relatively immune from psychological problems (Seráfica, 1997). This might be a factor in Asian American youth underutilizing school psychology services.*

Table 4.17

Overcoming Barrier of General Belief That Asian Americans Are the “Model Minority” and Are Relatively Immune From Psychological Problems

Categories	Responses
Parent/family involvement	Increased communication and interaction with students and/or their parents/families to establish rapport.
	Typically parents decline any testing involved in order to be referred to special education. At that point, there is not much the CST can do, unless it's a severe case.
	Meeting with parents several times.
	Very difficult to do this – the student that I work with considers me a

Table 4.17 - continued

	resource, as does his mother – but for VERY different reasons. Mom wants to talk about academics (which are superior), and he wants to talk about not having friends, hating Chinese school, wanting to socialize outside of school.
	Being able to sympathize with parents and letting them know that their expectations are understood.
Students	I try to make sure and make myself equally known in the school to all students and be aware of all students' current functioning.
	I have offered psychology services at times which are convenient to the student, do not interfere with academic classes, and offer utmost confidentiality (i.e., no one sees the student with me or in my room).
Teacher/staff involvement	Consultation with teachers/staff to inform them of potential Asian American cultural norms.
	Teacher consultation and class wide interventions.
	We seek out teacher opinion regarding each student's sense of well-being, social behavior, and academic progress, using the DESSA. Those students identified are placed on a watch list and then followed by a counselor, informally. We also provide 'Second Step' in the elementary grades as a form of character education, and a tier one screening for various issues students may experience.
	Close contact with teachers re: early identification.
CST referral	We have not taken significant action to address this barrier. Since we receive referrals from guidance counselors and CST members, we rely on them to be culturally sensitive when they make referrals.
	We see about the same amount of Asian American students as other minority groups needing our services. There are perhaps slightly fewer parent referrals, but we rely on teacher-input as well to identify students with needs.
	N/A as the Asian Americans I have worked with are young in age and already identified as requiring special education.

Table 4.17 - continued

	Well, for one, Asian Americans are rarely referred for special services where I work. If they are not referred, I don't work with them.
Self	Please refer to my earlier statement regarding my approach. In my book, as human beings we all struggle with unwanted feelings and experiences.
	No one is immune.
	Look beyond the culture.
Other	Trying to normalize behaviors, problems, experiences as a common youth experience.
	Work with parents, consult with teachers, research cultural norms, and consult with ESL staff.

Stigma.

2. Item: *"Mental health problems are a taboo topic in many traditional Asian cultures, which are strongly influenced by religious and spiritual beliefs. General attitudes toward mental health problems have been that of fear, ostracism, and repression"* (Tan & Anhalt, 2006, p. 25).

Table 4.18

Overcoming Barrier of Mental Health Problems Being a Taboo Topic in Many Traditional Asian Cultures

Categories	Responses
Terminology	When we interact with parents and students of Asian backgrounds, we generally avoid terms that seem "loaded." We are more likely to use the word "counseling" instead of therapy.
	In my experience, many times these cultural taboo topics may occur at home but the students are still looking for services in school. As a result, I may frame it in a different light than "mental health problems"

Table 4.18 - continued

	when communicating with home, but still providing the student the services they need.
	One of the two Asian American students with whom I worked has parents who immigrated to America before he/she was born. During counseling, I made sure to address his/her concerns using his/her terminology. For example, I refrained from using terms that are directly associated with mental health problems (e.g., counseling, anxiety, etc.) and used less clinical terms (e.g., meetings, stress), which I think helped with reducing these worries for this particular student.
	We do not address counseling as ‘mental health problems’. We consider counseling part of the routine experience available to all, in the general education setting.
Parent/family involvement	Increased communication with parents/families to establish rapport.
	Psychoeducation with parents about services we are planning to provide.
	In my experience, many times these cultural taboo topics may occur at home but the students are still looking for services in school. As a result, I may frame it in a different light than “mental health problems” when communicating with home, but still providing the student the services they need.
	Psychoeducation with parents regarding mental illness.
	Open communication with parents, suggesting outside counseling.
	Provide research-based literature reviews for parents who may show resistance. Stress causal relationship between mental health (less valued) and academic achievement (highly valued).
	I have offered information about support groups specifically for Asian American families through our local NAMI chapter.
	Helping parents understand their child’s difficulty is not a “bad thing” and that resources are available to help.

Table 4.18 - continued

Students	We might try to be more thoughtful when we are engaging with clients so that their reluctance is respected and worked with.
	Acknowledge to the student that while parents may have a lack of understanding or acceptance of mental health issues, the student is still having difficulty and that it is real – other kids have similar struggles. Note that their parents may remain in this mindset and that may be frustrating, but the student can learn strategies and accept themselves as opposed to taking their parents belief as right.
	I address issues with my Asian students by treating them with respect, getting to know, who and what is important to them and helping them develop what works FOR THEM to get them where they want to go.
	Make opportunities for brief interactions in a variety of settings with several different students to build a sense of nonchalance about time spent together.
Teacher/staff involvement	Consultation with teachers/staff to inform them of potential Asian American cultural norms.
Self	Rapport building is crucial.
	Nothing that I have not done for any other student.
Other	In a school context I have not found anything to overcome that. I believe that the measures used for identifying learning problems, emotional or otherwise, are designed to target behaviors that are tangible in the dominant culture's lens.
	We talk about different ways to look at events, development, and expectations.

Cultural values and mental health.

3. Item: *“Because of traditional perspectives, many Asians and Asian Americans may attempt to deal with their problems without seeking professional mental health services. Many may find a mental health professional as the last resort...They may*

still prefer utilizing the traditional healing methods for physical health and emotional problems” (Tan & Anhalt, 2006, p. 25).

Table 4.19

*Overcoming Barrier of Asian Americans Attempting to Deal With Their Problems
Without Seeking Professional Mental Health Services*

Categories	Responses
Parent/family involvement	Increased communication with parents/families about services that are available.
	Psychoeducation with families; sending to consulting professionals for appointments to try to have open communication about difficulties.
	We let the parents know what is available for their child, and generally the parents I have worked with are accepting of anything we can offer.
	Attempted to convey the seriousness of situations to parents and the benefits of seeking help.
	Offering resources in line with spiritual beliefs and leaving an open door for families to feel safe if they need further consultation.
Students	Empower students to understand that mental health issues are deserving of support and keep an open invitation for them to utilize services.
	In our program all students participate in group counseling once every two weeks. As a group, we check in with each other and learn to help and support fellow group members. In this way, members of the group see that the issues they struggle with are shared by others. This normalizes what they experience and they feel connected to each other, regardless of culture, ethnicity, etc.
	Preventative psychoeducation with all students.
Teacher/staff involvement	Our school district offers different clubs and groups which have helped students from various cultural backgrounds socialize and talk about the issues that are going on. If something was said that's concerning, the

Table 4.19 - continued

	counselor typically gets involved first.
Self	I try to work in conjunction with the traditional methods, seeing how I can fit their methods in with the services I provide.
	Sought out professionals within the culture and made referrals to like-cultured professionals.
	Showing interest in and respect for cultural traditions and exploring ways to align my approaches with those methods.
Other	We usually do not know about this.
	Most of the time they do not share with their own family.
	Again, offer research-based literature reviews, stressing importance of multifaceted and holistic approach to mental health.

4. Item: *With respect to the conflict between cultural values and psychotherapy process, “talking to a mental health worker about psychological problems may be viewed by Asian Americans as bringing disgrace on the family. Instead, Asian Americans may try to resolve their problems on their own, believing that mental health can be maintained by avoiding bad thoughts and exercising will power” (Atkinson & Gim, 1989, p. 209).*

Table 4.20

Overcoming Barrier of Conflict Between Asian Cultural Values and Psychotherapy Process

Categories	Responses
Psychoeducation/rephrasing	Explaining role of mental health services and sometimes keeping description in behavioral/observable-type language rather than psychological.
	Psychoeducation
	Psychoeducation on the topic and framing it without taboo or stigma. Being in the school this may be easier since we

Table 4.20 - continued

	cannot call it therapy and are accessible during the school day.
	Sharing examples where denial and reliance upon “will power” are akin to refusing medical care for a physical condition.
	Since our approach is part of the school culture and members are free to participate or not, they do not see what they are doing as mental health or psychotherapy but rather an opportunity to come together and share their journey and experience.
	There may be ways to incorporate avoiding bad thoughts and exercising willpower into reframing thoughts and feelings and changing behavior.
Parent/family involvement	I think that language, as mentioned above, means a great deal. We emphasize that therapy is a partnership with the family and show respect for the family’s inclination towards privacy.
	Open communication with parents.
	Consult with parents.
	Again, making sure families have all resources available to them even though they may not choose to seek mental health services.
Self	Establishing and maintaining a focus on the behaviors a child may be demonstrating versus focusing on the problem child has been helpful.
	One has to respect their view and try to work out issues when a child is struggling.
Other	Referred to professionals of similar culture.

Influence of acculturation.

5. Item: *Lack of acculturation is a barrier that prevents Asian Americans from seeking school psychology services. Asian American youth who are more acculturated are: (a) more likely to recognize personal need for professional psychological help, (b) more tolerant of the stigma associated with psychological help, and (c) more open to discussing their problems with a psychologist (Atkinson & Gim, 1989).*

Table 4.21

Overcoming Barrier of Asian Americans' Limited Acculturation to Life in the United States

Categories	Responses
Family involvement	Increased communication and interaction with students and/or their parents/families about the role of a psychologist and the various types of services a psychologist can provide.
	Sat down with students and parents and had student express their concerns about themselves to parent.
Parent involvement	Rapport building with parents. Providing parents with resources like books and articles if a problem becomes known to me by a teacher or other referral source and the parent is resistant to services.
Students	I have encouraged young adults who are Asian American to pursue careers in the helping professions if they show interest so that more exposure to people from their own backgrounds can influence those needing help.
Teacher/staff involvement	Use interpreters, consult with ESL staff.
Self	We try to assess the level of acculturation when beginning a new case. The less acculturated, the more we try to bridge the gap between the two worlds.
	Showing interest in those who appear to be on the fringes.

Table 4.21 - continued

Other	Rely on referrals from other professionals for these types of cases so that we do not need to wait for families to learn the system. Then we help them navigate the system and understand why we are suggesting support.
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Language.

6. Item: *Language is a barrier that many Asian immigrants face when they do seek school psychology services. Communication problems can result in conflicts over direction of psychotherapy, and service providers can fail to understand Asians and Asian Americans' behavior within an Asian American context (Shon & Ja, 1982).*

Table 4.22

Overcoming Barriers of Language and Communication

Categories	Responses
Translators/interpreters	Use of translators.
	Our school district requires translators.
	Obtain interpreter.
	Attempt to provide translation services when possible. Some dialects are more difficult to find.
	We get a translator if necessary.
	Use of an interpreter.
	I use a range of interpreters and Asian American teachers to help communicate with families.
	Had an Asian interpreter/translator present.
	Use an interpreter for all family interactions.
	This is especially challenging. Our schools need to do a better job here. We read out to parents as best we can but having interpreters would go a long way to improving communication

Table 4.22 - continued

	and understanding.
Self-education	I think it is useful to educate myself on the cultural norms and ask students what they would like out of a counselor.
	Tried to learn more about the culture.
	Learn some phrases that show my interest and ask questions.
Other	Communication has been an issue when consulting with parents of young children and there has not always been access to an interpreter. This has been difficult. I usually seek supervision when there is an issue like this.
	Being able to understand and collaborate with families within their boundaries and expectation helps. If my course of therapy or intervention is not in line with a family's expectation, then I provide a series or alternatives that a family can consider.
	We have not experienced this issue in the CST. However, I believe the ESL programs addresses this through their immersion program.

7. Item: *"The problems of language and communication that Asian American families may experience could be compounded by a lack of understanding of the systems in the United States, especially the health and educational systems. Lack of understanding may restrict access to programs and pursuit of services"* (Tan & Anhalt, 2006, p. 26).

Table 4.23

Overcoming Barrier of Asian Americans' Limited Understanding of Systems in the United States

Categories	Responses
Explanation/psychoeducation to parents/families	Increased communication with parents/families about services that are available and how to access them to the extent of helping them fill out referral or

Table 4.23 - continued	
	application paperwork.
	We educate our families on mental health issues, especially families that have language issues.
	Psychoeducation
	Work with the student/family to understand where they are coming from, and inform them about the US system.
	Explaining the best I can.
	Explaining the way school systems work and long-term consequences for decision making for a child so that the parents understand the bigger picture.
Consultation/interpretation	When working with any family, we try to meet them at their point of comfort, and if that means getting an interpreter we do that.
	Consult with parents, consult with ESL staff, and use interpreters.
	Reaching out to others from the same culture in the community who have knowledge about these services.
Referrals/connections to outside resources	We have been fortunate to find some outside agencies that have providers of Asian descent and this is a wonderful resource.
	We help connects students and families to local and community resources when indicated.
Self	Educate myself on how to be work with their knowledge and the system they are used to.

8. Item: *Bilingual and bicultural professionals among provider agencies are limited, and translation services are frequently limited for Asian Americans (Tan & Anhalt, 2006).*

Table 4.24

Overcoming Barrier of Limited Bilingual and Bicultural Professionals and Translation Services

Categories	Responses
Translators/interpreters	Our school district provides translators.
	Try to find translation services when possible, break things down as much as possible when not.
	This has not been a problem. There are a couple of agencies in the area that do this. And there is a large Asian American population in another section of the town I work in and the families help each other.
	We get them when we need them.
	I go to great lengths to get appropriate interpreters. Fortunately, we do have access to those through community members and professional agencies.
	Use whatever services I can find.
Referrals	I would do my best to provide a translator and if not, I would ask that a supportive family member be present to help translate.
	Contracting out of services to a private provider who can offer services in the native language.
	Unfortunately, not much except outside referrals when necessary.
Other	I have a list of competent professionals who are of various Asian cultures.
	We have had limited diversity in our staff, but when recruiting staff, we attempt to have a staff that reflects the community we live in.
	You just communicate to the best of your ability with the parent. A lot of the interventions I would provide would

Table 4.24 - continued

	involve school staff or working directly with the student.
	There are not enough Asian bilingual professionals at my school.
	We use Google Docs translation to provide documents in native languages whenever possible.
	Very little is done with this in my school system.

Legal issues.

9. Item: *“Some Asian individuals in the U.S. may be hesitant to seek professional mental health services because of a fear of disclosing their illegal status and being deported from the United States. Documented immigrants may fear that accessing subsidized care will threaten residency status, application for citizenship or later ability to sponsor relatives” (Tan & Anhalt, 2006, p. 26).*

Table 4.25

Overcoming Barrier of Asians’ Fear of Disclosing Their Illegal Status

Categories	Responses
Parent/family involvement	Consult with parents.
	I say directly that this will not be an issue. It rarely helps though.
	Do not discuss documentation status. If it is brought up, reassure the student and family that this is not germane.
Other	We do not require any proof of legal immigration.
	Again, this is a very challenging issue. There are family support agencies and collaborative mental health providers in the areas which help all students and their families, regardless of their citizenship status. We work closely with them, invite them to visit the schools, and host meetings and planning sessions with them and families.

Competence in Providing School Psychology Services to Asian American Youth

Have necessary knowledge to provide school psychology services to Asian American youth. Out of a total of 35 participants who responded to this item, 37% ($n = 13$) agree with the statement: “I have the necessary knowledge to provide school psychology services to Asian American youth.” Other participants gave the following responses to the statement: neutral 37% ($n = 13$), disagree 11% ($n = 4$), strongly agree 11% ($n = 4$), and strongly disagree 3% ($n = 1$).

Of the participants who provided qualitative information to elaborate, many indicated that they have some knowledge but could learn more and use more information regarding providing school psychology services to Asian American youth. One of the participants specified by saying, “I would love further education on cultural values, thought processes, and familial relations.”

Some participants indicated that their experience in working with the Asian American youth population is limited, it is not the majority of their work, and they could use more information. One participant stated, “My experience with working with this population is quite limited, especially taking inconsideration the vast differences across Asian cultures.” Some participants mentioned that it would depend on the student. Other participants also mentioned that using consultation would be helpful. One participant specified by saying, “Strongly agree for more acculturated students, but probably not enough info to work with less acculturated students. Having them work with a bilingual counselor would be ideal. I would have to educate myself on these issues if I were given a referral.”

Table 4.26

Have Necessary Knowledge to Provide School Psychology Services to Asian American Youth

Agreement	<i>n</i>	% of participants
Strongly disagree	1	3%
Disagree	4	11%
Neutral	13	37%
Agree	13	37%
Strongly agree	4	11%

Note. Total *n* = 35

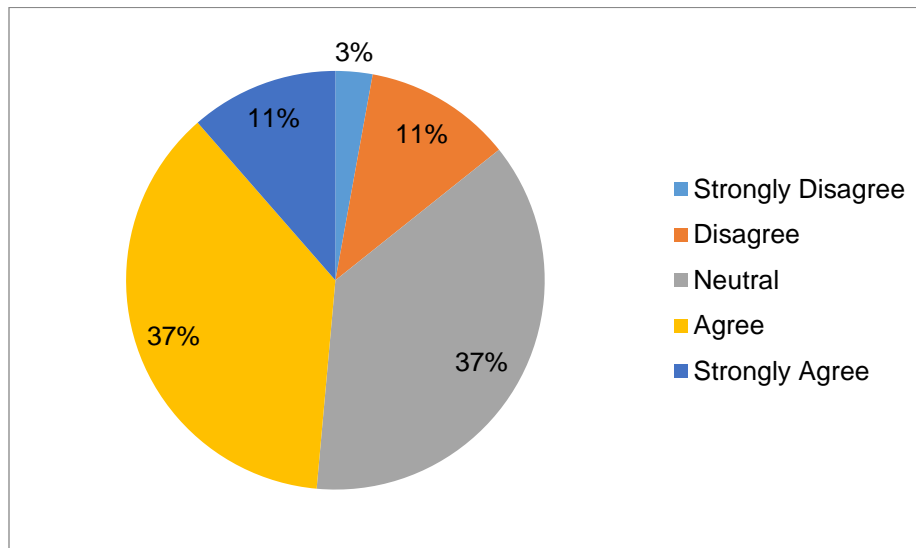


Figure 26. Have necessary knowledge to provide school psychology services to Asian American youth.

Have necessary skills to provide school psychology services to Asian

American youth. Out of a total of 34 participants who responded to this item, half, 50% ($n = 17$), agree with the statement: "I have the necessary skills to provide school psychology services to Asian American youth." Other participants gave the following responses to the statement: neutral 32% ($n = 11$), strongly agree 9% ($n = 3$), disagree 6% ($n = 2$), and strongly disagree 3% ($n = 1$).

Of the participants who provided qualitative information to elaborate, many of the responses were similar to those regarding knowledge. For example, one participant said he/she could use more skills, and one said it depends on the student. One of the participants stated, “I have the skills to obtain the knowledge that I may need to acquire to successfully work with these students if they were less acculturated. I would absolutely seek supervision in certain cases.” Another participant reported, “I feel like I have done pretty well with this population, though it is not a large majority of my work and I could always learn more.”

Table 4.27

Have Necessary Skills to Provide School Psychology Services to Asian American Youth

Agreement	<i>n</i>	% of participants
Strongly disagree	1	3%
Disagree	2	6%
Neutral	11	32%
Agree	17	50%
Strongly agree	3	9%

Note. Total *n* = 34

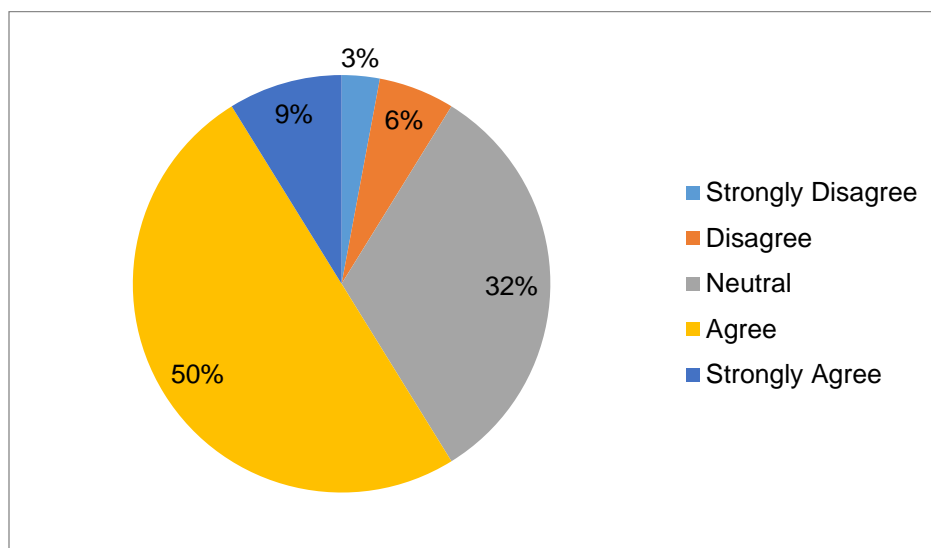


Figure 27. Have necessary skills to provide school psychology services to Asian American youth.

Have taken traditional Asian values into consideration in providing school psychology services to Asian American youth and have adjusted interventions accordingly. Out of a total of 33 participants who responded to this item, the majority, 67% ($n = 22$), agree with the statement: “I have taken traditional Asian values into consideration in providing school psychology services to Asian American youth and have adjusted my interventions accordingly.” Other participants gave the following responses to the statement: neutral 21% ($n = 7$), strongly agree 12% ($n = 4$). 0% ($n = 0$) strongly disagree or disagree with the statement.

The survey included the statement, “Traditional Asian values emphasize obligations to the family, obedience to authority, use of shame and guilt to control behavior, reserve and formality in interpersonal relations, and restraint and inhibition of strong feelings” (Tan & Anhalt, 2006). Of the participants who provided qualitative information to elaborate, one of the participants indicated that he/she does keep these values in mind when working with youth from Asian families. Another participant stated, “[These values] make for very slow, if any, progress. One of my students did see a psychiatrist. In order to get this done, I allowed the parent to choose the psychiatrist....who was also of Asian descent.”

Other participants provided more general information. One said, “I lived and travelled in Asia for close to two years, so I have acquired some working knowledge of traditional values.” Another reported, “I feel that I have adjusted how I work with families to be sensitive to cultural differences and help explain these differences to staff that may be less culturally sensitive. There is always more to learn.” One more stated,

“When working with students and parents, I allow them to express feelings and values without placing cultural limitations.”

Table 4.28

Have Taken Traditional Asian Values Into Consideration in Providing School Psychology Services to Asian American Youth and Have Adjusted Interventions Accordingly

Agreement	<i>n</i>	% of participants
Strongly disagree	0	0%
Disagree	0	0%
Neutral	7	21%
Agree	22	67%
Strongly agree	4	12%

Note. Total *n* = 33

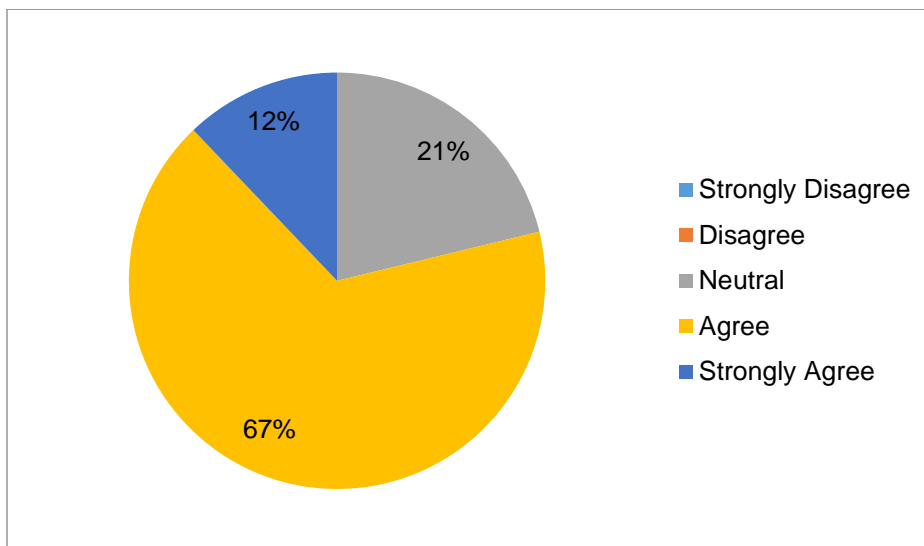


Figure 28. Have taken traditional Asian values into consideration in providing school psychology services to Asian American youth and have adjusted interventions accordingly.

Asian American Youth and Access to School Psychology Services

Institution working in has school psychology service providers that are of an Asian ethnic background and/or are bilingual. Out of a total of 34 participants who responded to this item, 38% ($n = 13$) strongly disagree with the statement: “The institution in which I work has school psychology service providers that are of an Asian ethnic background and/or are bilingual (i.e., fluent in English and an Asian language).” Other participants gave the following responses to the statement: disagree 38% ($n = 13$), agree 18% ($n = 6$), and neutral 6% ($n = 2$). 0% ($n = 0$) strongly agree with the statement.

Of the participants who provided qualitative information to elaborate, they gave mixed responses. One of the participants indicated that the school district in which he/she works provides translators. Another participant reported that the institution he/she works at does not have any school psychologists of Asian background, but there are other professionals who are Asian (e.g. Speech Therapist). Another participant said that at his/her current job there are no school psychology service providers that are of an Asian ethnic background and/or are bilingual; however, in the past he/she has worked in schools with more diverse Child Study Teams. One more participant stated, “My current school does not have an Asian population, but I would assume the district has providers.”

Table 4.29

Institution Working in Has School Psychology Service Providers That Are of an Asian Ethnic Background and/or Are Bilingual

Agreement	<i>n</i>	% of participants
Strongly disagree	13	38%
Disagree	13	38%
Neutral	2	6%

Table 4.29 - continued

Agree	6	18%
Strongly agree	0	0%

Note. Total $n = 34$

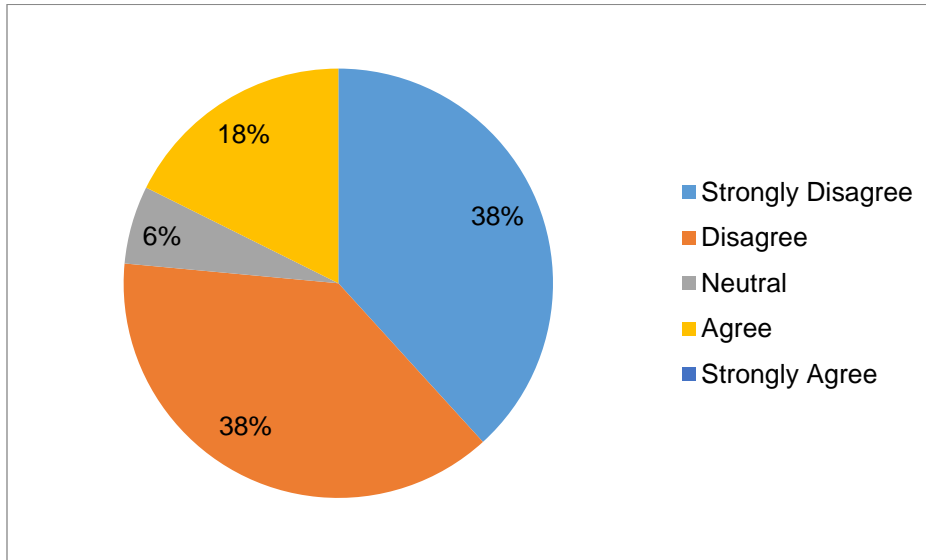


Figure 29. Institution working in has school psychology service providers that are of an Asian ethnic background and/or are bilingual.

Institution working in has counseling groups that are specifically geared towards Asian American youth. Out of a total of 34 participants who responded to this item, the majority, 59% ($n = 20$), strongly disagree with the statement: “The institution in which I work has counseling groups that are specifically geared towards Asian American youth.” Other participants gave the following responses to the statement: disagree 38% ($n = 13$), and agree 3% ($n = 1$). 0% ($n = 0$) strongly agree with the statement or find it to be neutral.

Of the participants who provided qualitative information to elaborate, they gave mixed responses. One of the participants stated, “There is not much diversity in the student or staff population.” Another participant mentioned that there are “no culturally-specific counseling groups available” at the institution he/she works at. One more

participant stated, “There is not a need at the school I work in. The percentage of Asian American students in the building is minimal.”

Table 4.30

Institution Working in Has Counseling Groups That Are Specifically Geared Towards Asian American Youth

Agreement	<i>n</i>	% of participants
Strongly disagree	20	59%
Disagree	13	38%
Neutral	0	0%
Agree	1	3%
Strongly agree	0	0%

Note. Total *n* = 34

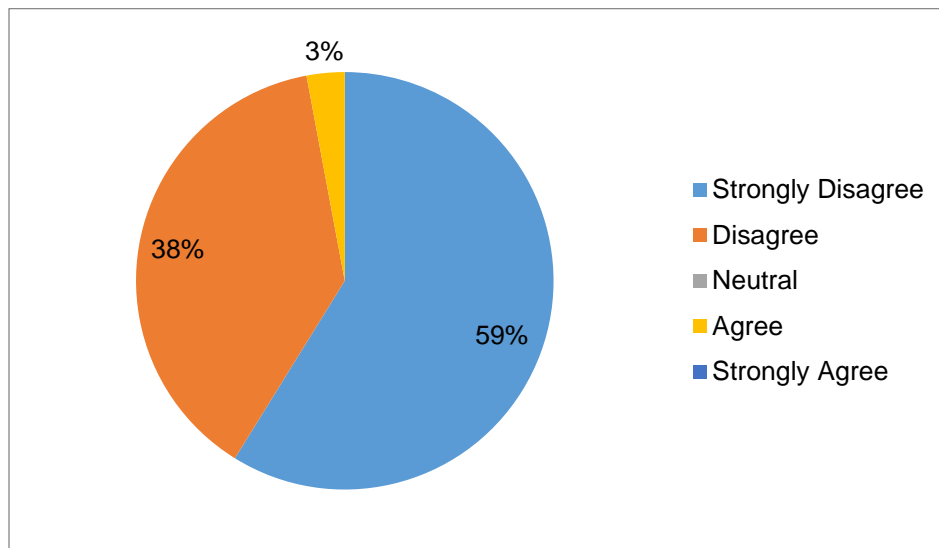


Figure 30. Institution working in has counseling groups that are specifically geared towards Asian American youth.

Institution working in participates in outreach that targets providing school psychology services to Asian American youth. Out of a total of 33 participants who responded to this item, 46% (*n* = 15) strongly disagree with the statement: “The institution in which I work participates in outreach that targets providing school

psychology services to Asian American youth.” Other participants gave the following responses to the statement: disagree 36% ($n = 12$), neutral 9% ($n = 3$), agree 6% ($n = 2$), and strongly agree 3% ($n = 1$).

Of the participants who provided qualitative information to elaborate, they gave mixed responses. One of the participants mentioned that the institution he/she works at provides “no outreach in general, let alone with Asian American youth.” Another participant reported, “We attempt to target all students who demonstrate difficulties in any area, but not specifically Asian students.” One more participant said, “[We] have connections to various ‘wrap-around’ services, including counselors [who are] of Asian ethnic background and/or bilingual.”

Table 4.31

*Institution Working In Participates In Outreach That Targets Providing School
Psychology Services to Asian American Youth*

Agreement	<i>n</i>	% of participants
Strongly disagree	15	46%
Disagree	12	36%
Neutral	3	9%
Agree	2	6%
Strongly agree	1	3%

Note. Total $n = 33$

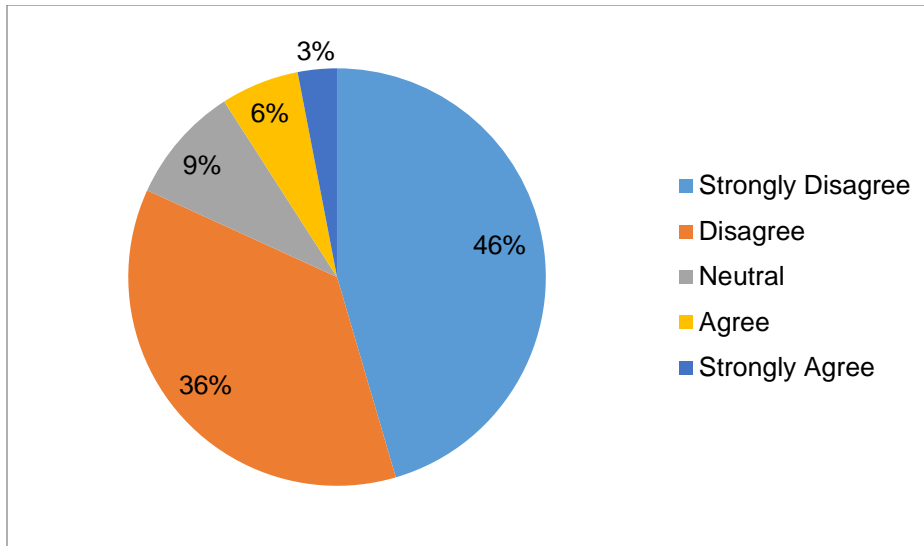


Figure 31. Institution working in participates in outreach that targets providing school psychology services to Asian American youth.

Chapter V

Discussion

This research was a survey of a sample of school psychologists to assess their knowledge, skills, and attitudes about working with Asian American youth and understand their perceptions of this underserved population. This included the extent of the training school psychologists receive and the experiences they have had in working with this population. The main purpose of this research was to increase the knowledge of school psychologists working with Asian American youth in order to enhance the accessibility of school psychology services for these students.

This research used a survey to gather information about school psychologists and their work with Asian American youth. There were four main areas that the survey addressed, including: 1) school psychologists' experiences providing services to Asian American youth, 2) the steps school psychologists have taken to overcome potential barriers to Asian American youth accessing school psychology services, 3) how competent school psychologists feel providing services to Asian American youth, and 4) the extent to which the institutions in which school psychologists work have made school psychology services accessible to Asian American youth. Not only did this research gather information about the knowledge, skills, and attitudes of school psychologists in providing school psychology services to Asian American youth, but it also aimed to increase/improve these so services can be more accessible to this population.

The only inclusion criterion participants had to meet to participate in this research was to be a New Jersey certified school psychologist. As participants were recruited from the New Jersey Association of School Psychologists (NJASP) listserv, they should

have already met this criterion. The demographics of the research sample were roughly comparable to both the NJASP and the National Association of School Psychologists (NASP) samples. This was true regarding gender, ethnicity, and highest level of education in school psychology. Therefore, the results of the research should be generalizable to both populations. For more detailed information regarding the demographics and school psychology background and roles of the research sample, please refer to Tables 4.1-4.7 in Chapter IV Results. This chapter provides a summary of the important findings of the current study and the relationship of the results to other research on this topic.

Experience in Providing School Psychology Services to Asian American Youth

The majority of the participants who responded to the corresponding item reported that Asian American youth only compose of 0-20% of the student population of the schools they work at. This is consistent with the 2010 U.S. Census data which indicated that Asian Americans made up 4.8% of the total U.S. population. This small percentage of Asian American youth could partially explain why many of the participants mentioned not having much experience in working with this population. This limited exposure to Asian American youth could then possibly result in school psychologists not feeling as competent working with this population compared to working with youth of other ethnic backgrounds. Although Asian Americans only make up a relatively small percentage of the total school and U.S. populations, literature shows that Asians are the second largest foreign-born population in the United States (Acosta & de la Cruz, 2011). Therefore, it is important for school psychologists to have the competence to adequately meet the needs of this population; this includes having the necessary knowledge and skills and the right attitudes.

The majority of the participants who responded to the corresponding item reported that Asian American youth only compose of 0-20% of their caseload. Although it could partially be related to the small percentage of Asian American youth that are at the schools they work at, it is also consistent with the literature that shows the underutilization of psychological services in the Asian and Asian American population. Even though the majority of the participants in this study who responded to the corresponding item reported that only 0-20% of Asian American youth they work with are eligible for special education, 11% also reported that 81-100% of Asian American youth they work with are eligible for special education. The fact that the majority of the participants reported only 0-20% of Asian American youth they work with are eligible for special education could be related to the stigma that many traditional Asian cultures attach to psychological services in general and school psychology services in particular. The fact that a number of the participants reported that 81-100% of Asian American youth they work with are eligible for special education could be related to research indicating that the percentage of students with disabilities receiving services under IDEA for autism was higher among Asian students (19 percent) than among students overall (8 percent) (National Center for Education Statistics [NCES], 2016).

The majority of the participants who responded to the corresponding item reported providing the following school psychology services to Asian American youth: CST/multidisciplinary team, assessment, consultation, and counseling/therapy. Many participants also reported providing crisis intervention, conducting behavior analyses and behavior plan development, doing program planning/development, and providing prevention services for Asian American youth. The high percentages of school

psychologists providing CST/multidisciplinary team and assessment services to Asian American youth could again be attributed to the percentage of students with disabilities receiving services under IDEIA for autism being higher for Asian students than among students overall. The high percentage of school psychologists providing consultation services regarding Asian American youth could be attributed to either teachers not being as familiar with working with this population or Asian families needing psychoeducation. The high percentage of school psychologists providing counseling/therapy and crisis intervention to Asian American youth is consistent with research indicated that Asian American youth face many acculturative stressors frequently experienced by ethnic minority groups (e.g., cultural conflict, racism, and generational conflict), in addition to those typically experienced by youth (e.g., academic achievement, health and wellness, finances, peer conflict, and family conflict) (Atkinson & Gim, 1989). The high percentages of school psychologists providing school psychology services to Asian American youth show the importance of school psychologists being trained and having the competence to provide these and other school psychology services to Asian American youth, as there is a definite need.

Based on the reports of the participants who responded to the corresponding item, Asian American youth get identified as needing school psychology services by the following sources from most common to least common: teacher referral, parent referral, crisis intervention, self-referral, peer referral, and “other.” As there are so many different possible referral sources, it not only further indicates Asian American youth’s need for school psychology services, but it also highlights the importance of all stakeholders being aware of this need. Based on the reports of the participants who responded to the

corresponding item, Asian American youth present with the following presenting problems from most common to least common: academic problems, anxiety, social skills problems, conduct/behavior problems, depression, family/peer conflict, eating disorders, drug/alcohol use, trauma, and “other.” These presenting problems are consistent with literature that shows Asian American youth needing school psychology services. For example, Asian American youth face many acculturative stressors frequently experienced by ethnic minority groups (e.g., cultural conflict, racism, and generational conflict), in addition to those typically experienced by youth (e.g., academic achievement, health and wellness, finances, peer conflict, and family conflict) (Atkinson & Gim, 1989). These presenting problems also highlight the need for school psychologists to be trained and have the competence to work with Asian American youth in these areas.

When asked if there are general differences in providing school psychology services to Asian American youth compared to providing school psychology services to youth of other ethnic backgrounds, the majority of the participants who responded to the corresponding item indicated that they agreed or strongly agreed that there are. When asked if there are cultural factors that make it more challenging to provide school psychology services to Asian American youth compared to providing school psychology services to youth of other ethnic backgrounds, the majority of the participants who responded to the corresponding item also indicated they agreed or strongly agreed that there are. These responses indicate the importance of school psychologists taking culture into consideration when providing school psychology services to the youth they work with in order to best meet their needs. With regards to the treatment of psychological problems, culturally based mental health beliefs and attitudes determine help-seeking

responses (Seráfica, 1997). Culture helps to determine the degree of behavioral intensity or problem severity that must be present before intervention is necessary. Culture also has an influence on the interventions used and designates who may intervene (Seráfica, 1997). Therefore, it is important for school psychologists to take culture into consideration when trying to understand the etiology of mental health problems in determining the most accurate diagnosis and most effective treatment/intervention.

Literature has shown the importance of school psychologists being multiculturally competent in providing school psychology services to youth, and the majority of the participants who responded to the corresponding items reported that culture is a factor when providing school psychology services to Asian American youth. Many of the participants reported that Asian American youth experience high levels of stress/pressure from home related to academic expectations. Many also indicated that the families of Asian American youth are much less accepting of mental health issues compared to youth of other ethnic backgrounds. Some of the participants also indicated that language barriers have been a challenge when working with the families of Asian American youth. In spite of culture being such a factor in school psychologists working with Asian American youth, not many of the participants who responded to the corresponding item reported having found techniques to be helpful in providing school psychology services to Asian American youth. This indicates that more research needs to be done with regards to determining which techniques might be helpful in providing school psychology services to Asian American youth. It also highlights the importance of school psychologists being trained and having the competence to work with this population.

Potential Barriers to Students Accessing Psychological Services

Image as “model minority.”

With regards to overcoming the barrier of there being a general belief that Asian Americans are the “model minority” and are relatively immune from psychological problems, there were a few categories that the participants who responded to the corresponding item mentioned to be helpful. One prevalent theme was communicating and interacting with the parents of the Asian American youth and helping them both understand the needs of their child(ren) and feel that their expectations are understood. This is important, as the literature shows the importance of family in the Asian culture. For treatment with Asian American youth to be effective, it is helpful for the family to be accepting and involved. Another common theme was making themselves available to all students and being aware of all students’ current functioning while maintaining confidentiality. That way Asian American youth do not get overlooked and do not have to worry about their privacy. The participants also mentioned providing tier-1 interventions for all students such as teacher/staff consultation, class-wide interventions, early intervention, and screenings for students’ well-being, social behavior, and academic progress. One participant mentioned that their consultation with teachers/staff involved informing them of potential Asian American cultural norms. This can not only help them better understand how to work with Asian American youth, but it can also help them be more aware of some of the difficulties Asian American youth might face and prevent them from being overlooked. With regards to CST/multidisciplinary team referrals of Asian American youth, one prevalent theme was that there are generally fewer special education service referrals for Asian American youth compared to youth of other ethnic

backgrounds, and this is especially true for parent referrals. As a result, they also rely on teacher input to identify students with needs. This is not surprising, as the literature shows how much stigma many traditional Asian cultures have against needing psychological services, including school psychology educational services. With regards to something that can be done personally as a school psychologist, one common theme that was reported was looking beyond culture and recognizing that nobody is immune from psychological problems. School psychologists try to normalize behaviors, problems, and experiences as common youth experiences. They also research cultural norms and consult with ESL staff.

Stigma.

With regards to overcoming the barrier of mental health problems being a taboo topic in many traditional Asian Cultures, there were a few categories that the participants who responded to the corresponding item mentioned to be helpful. One prevalent theme was being mindful of the terminology they use when communicating with parents and students of Asian backgrounds. When communicating with these families, they reframe and use terms that may be more acceptable and less stigmatizing. For example, school psychologists might use more general words such as “meeting,” “counseling,” or “stress” instead of clinical words like “therapy” or “anxiety.” One participant mentioned that instead of addressing counseling as “mental health problems,” he/she frames it as part of the routine experience available to all in the general education setting. By reframing and using less stigmatizing terminology, this not only might help make the services more acceptable for parents from Asian backgrounds, but it might also help ease the worries Asian American youth may have regarding any potential stigma that might be attached.

Another common theme was having increased communication with Asian parents/families to establish rapport and providing them with psychoeducation and outside resources, which again highlights the important role that family plays in Asian American youth's lives. One participant reported offering information about support groups specifically for Asian American families through his/her local NAMI chapter. The literature shows that many Asian families stress the importance of high academic achievement. Related to that, one participant reported providing research-based literature reviews for parents who may show resistance and stressing the causal relationship between mental health (less valued) and academic achievement (highly valued). With regards to working with the Asian American youth themselves, one prevalent theme was being respectful of Asian American youth and working with them to figure out what their needs are and how the needs might be met. They also try to normalize what they are going through and make them feel heard and understood even if it may seem like their parents do not understand. One participant mentioned talking to Asian American youth about different ways to look at events, development, and expectations. On an unrelated note, one participant reported not having found a way to overcome this barrier in a school context. He/she said, "I believe that the measures used for identifying learning problems, emotional or otherwise, are designed to target behaviors that are tangible in the dominant culture's lens." This serves as a reminder of the importance of being culturally sensitive when identifying psychological problems students may be facing, as well as the need for appropriately-normed measures.

Cultural values and mental health.

With regards to overcoming the barrier of Asian Americans attempting to deal with their problems without seeking professional mental health services, there were a few categories that the participants who responded to the corresponding item mentioned to be helpful. One prevalent theme was again having open communication with Asian parents/families and providing them with psychoeducation and outside resources. This information could help Asian parents/families understand the seriousness of situations and the benefits of seeking help. One participant reported offering resources in line with spiritual beliefs and leaving an open door for families to feel safe if they need further consultation. As the literature shows the impact culture can play in psychological treatment, it is important to keep culture in mind throughout the process and meet families where they are at. With regards to working with the Asian American youth themselves, one common theme was empowering Asian American youth, normalizing their experiences, and making them feel more comfortable in seeking the help/support they need by providing psychoeducation and keeping an open invitation for them to utilize services. One participant reported, “In our program all students participate in group counseling once every two weeks. As a group, we check in with each other and learn to help and support fellow group members. In this way, members of the group see that the issues they struggle with are shared by others. This normalizes what they experience and they feel connected to each other, regardless of culture, ethnicity, etc.” Another participant stated, “Our school district offers different clubs and groups which have helped students from various cultural backgrounds socialize and talk about the issues that are going on. If something was said that’s concerning, the counselor typically

gets involved first.” Another prevalent theme was being culturally sensitive when providing psychological services to Asian American youth. For example, showing respect for cultural traditions and exploring ways to work in conjunction with the traditional methods. One participant mentioned seeking out professionals within the culture and making referrals to like-cultured professionals. Another participant reported offering research-based literature reviews and stressing the importance of multifaceted and holistic approach to mental health.

Asian cultural values and psychotherapy process.

With regards to overcoming the barrier of the conflict between Asian cultural values and the psychotherapy process, there were a few categories that the participants who responded to the corresponding item mentioned to be helpful. One prevalent theme was providing psychoeducation (e.g. explaining the role of psychological services) and framing psychological terms without taboo or stigma (e.g. keeping descriptions in behavioral/observable-type language rather than psychological). One participant reported using the specific strategy of sharing examples where denial and reliance upon “will power” are akin to refusing medical care for a physical condition. Another participant suggested, “There may be ways to incorporate avoiding bad thoughts and exercising willpower into reframing thoughts and feelings and changing behavior.” Another common theme was again open communication and consultation with Asian parents/families and making sure they have resources available to them even though they may not choose to seek mental health services. One participant stated, “We emphasize that therapy is a partnership with the family and show respect for the family’s inclination towards privacy.” This again highlights the important role that family plays in Asian

American youth's lives. With regards to something that can be done personally as a school psychologist, one prevalent theme that was reported was changing their own focuses and views when working with parents and students of Asian backgrounds. For example, one participant mentioned the importance of respecting the views of parents and students of Asian backgrounds and "trying to work together to work out issues when a child is struggling." Another participant reported that "establishing and maintaining a focus on the behaviors a child may be demonstrating versus focusing on the problem child has been helpful." This indicates the importance of school psychologists being trained and having the competence to provide school psychology services to Asian American youth. One participant mentioned that he/she sometimes refers Asian American youth to professionals of the similar culture.

Influence of acculturation.

With regards to overcoming the barrier of Asian Americans' limited acculturation to life in the United States preventing them from seeking school psychology services, there were a few categories that the participants who responded to the corresponding item mentioned to be helpful. One prevalent theme was facilitating more communication and interaction between Asian American youth and their parents/families. As the literature shows the important role that family plays in many traditional Asian cultures, facilitating family involvement can help Asian families acculturate to life in the United States. This can then in turn help them be more willing to seek out school psychology services when there is a need. Another common theme was providing Asian parents/families with psychoeducation about the role of a psychologist and the various types of services a psychologist can provide. One participant reported providing parents with resources like

books and articles if a problem becomes known to me by a teacher or other referral source and the parent is resistant to services. With regards to working with the Asian American youth themselves, one participant stated, “I have encouraged young adults who are Asian American to pursue careers in the helping professions if they show interest so that more exposure to people from their own backgrounds can influence those needing help.” With regards to something that can be done personally as a school psychologist, one participant reported, “We try to assess the level of acculturation when beginning a new case. The less acculturated, the more we try to bridge the gap between the two worlds.” Another prevalent theme was teacher/staff/professional involvement such as using interpreters and consulting with ESL staff. One participant stated, “We rely on referrals from other professionals for these types of cases so that we do not need to wait for families to learn the system. Then we help them navigate the system and understand why we are suggesting support.”

Language.

With regards to overcoming the barrier of language and communication, there were a few categories that the participants who responded to the corresponding item mentioned to be helpful. One prevalent theme was using translators/interpreters. One of the participants mentioned that his/her school district even requires the use of translators. Even though many participants found the use of translators/interpreters to be helpful, not all of them found it to be an easy solution. One participant stated, “Attempt to provide translation services when possible. Some dialects are more difficult to find.” Another participant reported, “This is especially challenging. Our schools need to do a better job here. We reach out to parents as best we can but having interpreters would go a long way

to improving communication and understanding.” One participant mentioned that when there is no translator/interpreter available, he/she seeks supervision. These reports indicate that as having translators/interpreters can be very helpful in communicating with Asian parents/families, it is important to have these resources available. This is especially true as the literature shows that language and communication difficulties are the biggest barriers to Asian American youth accessing psychological services they need. With regards to something that can be done personally as a school psychologist, one common theme that was reported was self-education. More specifically, many found learning more about the Asian culture, learning some phrases in Asian languages, and showing interest by asking questions to be helpful. One participant mentioned, “I think it is useful to educate myself on the cultural norms and ask students what they would like out of a counselor.” On an unrelated note, one participant reported, “Being able to understand and collaborate with families within their boundaries and expectation helps. If my course of therapy or intervention is not in line with a family’s expectation, then I provide a series of alternatives that a family can consider.”

Limited understanding of systems in the United States.

With regards to overcoming the barrier of Asian Americans’ limited understanding of systems in the United States, there were a few categories that the participants who responded to the corresponding item mentioned to be helpful. One prevalent theme was providing explanation/psychoeducation to Asian parents/families. One participant reported, “Increased communication with parents/families about services that are available and how to access them to the extent of helping them fill out referral or application paperwork.” Another participant stated, “Explaining the way school systems

work and long-term consequences for decision making for a child so that the parents understand the bigger picture.” Providing Asian parents/families psychoeducation regarding mental health issues and helping them understand the psychological services that are available to them can help make school psychology services more accessible to Asian American youth. Another common theme was providing Asian parents/families with consultation and interpreters when necessary. For specifically, consulting with parents, ESL staff, and others from the Asian culture in the community who have knowledge about psychological services. One participant mentioned, “When working with any family, we try to meet them at their point of comfort, and if that means getting an interpreter we do that.” Another prevalent theme was connecting Asian parents/families with outside agencies that have providers of Asian descent and other community resources. With regards to something that can be done personally as a school psychologist, one participant reported, “Educate myself on how to work with their knowledge and the system they are used to.”

Limited bilingual and bicultural professionals and translation services.

With regards to overcoming the barrier of there being limited bilingual and bicultural professionals and translation services, there were a few categories that the participants who responded to the corresponding item mentioned to be helpful. One prevalent theme was obtaining translators/interpreters when possible. When one was not available, there were different ideas that the participants who responded to the corresponding item provided such as: breaking things down, Asian American families helping one another out, consulting with community members and professional agencies, and asking supportive family members for help. Another common theme was referring

Asian American families out. One participant reported, “Contracting out of services to a private provider who can offer services in the native language.” Another participant mentioned that he/she has a list of competent professionals who are of various Asian cultures that he/she refers to. Other ways of overcoming this obstacle were also mentioned. For example, one participant reported that when recruiting staff they attempt to have staff that reflects the community they live in. This highlights the importance of school psychology training programs doing their best to recruit students from ethnically diverse backgrounds so that the needs of families from minority ethnic backgrounds can be met, which is stated in NASP’s (2009) position statement. As census data has shown that the percentage of ethnic minority families are increasing the United States, it is important for the field of school psychology to keep up with this change in order to better meet the population that is served. Another participant mentioned that he/she uses Google Docs translation to provide documents in native languages whenever possible. This can be a potential problem, as Google Docs translation is not always accurate and accuracy is very important when providing legal documents to families. Another participant stated, “You just communicate to the best of your ability with the parent. A lot of the interventions I would provide would involve school staff or working directly with the student.” As many participants who responded to the corresponding item reported that this is not a problem, just as many mentioned that it is a problem, that there are not enough Asian bilingual professionals at the school they work, and very little is done in their school system.

Legal issues.

With regards to overcoming the barrier of Asians' fear of disclosing their illegal status, there were a few categories that the participants who responded to the corresponding item mentioned to be helpful. One prevalent theme was consulting with parent/family involvement. More specifically, consulting with parents and reassuring them that their legal status will not be an issue. One participant reported, "Again, this is a very challenging issue. There are family support agencies and collaborative mental health providers in the areas which help all students and their families, regardless of their citizenship status. We work closely with them, invite them to visit the schools, and host meetings and planning sessions with them and families." These responses once again show the important role that family plays in the lives of Asian American youth. Therefore, in order for interventions to be fully effective, it is imperative for school psychologists to collaborate with Asian parents/families so that they understand and consent to the process and school psychology services that will be provided.

Competence in Providing School Psychology Services to Asian American Youth

While many of the participants who responded to the corresponding items reported having the necessary knowledge and skills to provide school psychology services to Asian American youth (48% and 59% respectively), 14% still reported not having the necessary knowledge and 9% reported not having the necessary skills. Even though the percentage of participants who reported not having the necessary and/or skills to provide school psychology services to Asian American youth is the minority, it is still a percentage that needs to be taken into consideration. Many school sites only have one school psychologist working for them. For some school sites, the school psychologist

may even only work for them part-time. If that school psychologist happens to be part of the percentage that does not feel competent providing school psychology services to Asian American youth and there are no other resources available, then this can be a problem especially if that school has Asian American youth who need school psychology services. Therefore, it is important for school psychology training programs to provide the necessary training to ensure their graduates have the competence to work with Asian American youth. This not only includes teaching them the knowledge that is required, but it also includes equipping them with necessary skills. The fact that there is a percentage of school psychologists who do not feel they have the necessary knowledge and/or skills to provide school psychology services to Asian American youth shows that for these school psychologists there is a gap in the training they received. This is consistent with literature that shows school psychology graduate school training in multicultural and cross-cultural knowledge and practice is uneven (Athanases & Martin, 2006). Therefore, it is important for school psychology training programs to incorporate multicultural and cross-cultural knowledge and practice as part of their curriculum.

The majority of the participants who responded to the corresponding item reported that they have taken traditional Asian values into consideration in providing school psychology services to Asian American youth and have adjusted interventions accordingly. The rest of the participants said that they were “neutral,” and none of them reported not taking traditional Asian values into consideration and not adjusting interventions accordingly when working with Asian American youth. This shows that many school psychologists are aware of the role culture can play in providing school psychology services to Asian American youth, have taken this into consideration, and

have done what they can adjust their interventions accordingly. However, if school psychology training programs do not provide the training that is necessary for school psychologists to feel competent working with Asian American youth, then it would be difficult for school psychologists to meet the needs of this population. As these results show that the majority of school psychologists are willing to learn about Asian cultures and adjust their interventions accordingly, it is only right for school psychology training programs to provide them with the knowledge and skills that are necessary to meet the needs of Asian American youth.

Asian American Youth and Access to School Psychology Services

The majority of the participants who responded to the corresponding item reported that the institution they are working in does not have school psychology service providers that are of an Asian ethnic background and/or are bilingual. Only 18% of the participants who responded to the corresponding item indicated that the institution they are working in has school psychology service providers that are of an Asian ethnic background and/or are bilingual. The literature shows that Asians are the second largest foreign-born population in the United States (Acosta & de la Cruz, 2011). The Asian population increased by 43 percent between 2000 and 2010, more than any other major ethnic group during that time period (USCB, 2010). In 2004, Asian Americans constituted approximately 5% of the U.S. population (13.5 million) and by 2050 this group is projected to make up 10% of the U.S. population (USCB, 2004). As this is the case, it is important for there to be more school psychology service providers that are of an Asian ethnic background and/or are bilingual. The term “Asian American” applies to 43 ethnic groups, including 28 Asian groups and 15 Pacific Islander groups, who live in

the United States. These ethnic groups differ in terms of population, immigration history, language, educational level, family income, religion, and exposure to war trauma (USCB, 2003). With the Asian population being composed of so many different ethnic groups and speaking many different languages, even if an Asian school psychology service provider can relate to part of the cultural background of an Asian American youth, it does not mean that he/she can speak the same language that the youth's parents/family can. Therefore, it is important for institutions to hire at least some school psychologists who are of Asian ethnic background; however, it would be even better if the school psychologists they hired could speak different Asian languages. This would help with overcoming any language barriers that Asian parents/families may have in communicating with their child(ren)'s schools.

The majority of the participants who responded to the corresponding item reported that the institution they are working in does not have counseling groups that are specifically geared towards Asian American youth. Only 3% of the participants who responded to the corresponding item indicated that the institution they are working in has counseling groups that are specifically geared towards Asian American youth. Not only are Asians the second largest foreign-born population in the United States (Acosta & de la Cruz, 2011) and growing at a faster rate than all ethnic groups in the country (USCB, 2010), but the literature also shows that Asian American youth experience psychological problems similar to other groups and need access to school psychology services (Atkinson & Gim, 1989). Asian American youth face many acculturative stressors frequently experienced by ethnic minority groups (e.g., cultural conflict, racism, and generational conflict), in addition to those typically experienced by youth (e.g., academic

achievement, health and wellness, finances, peer conflict, and family conflict) (Atkinson & Gim, 1989). As Asians consist of such a large part of the U.S. minority population, are increasing in number so quickly, experience psychological problems, and need access to school psychology services, it is concerning that only such a small percentage of institutions have counseling groups that are specifically geared towards Asian American youth. Therefore, with this evident need, it is important for institutions to consider having counseling groups that are specifically geared towards Asian American youth. However, in order for these groups to obtain and maintain attendance and be successful, there are certain criteria that need to be met. First of all, many of the aforementioned potential barriers that might prevent Asian American youth from accessing school psychology services need to be overcome. Secondly, school psychology training programs need to provide their students with the knowledge and skills that are necessary for school psychologists to have the competence to provide school psychology services to Asian American youth. This can include, but is not limited to, recruiting school psychology students who are of Asian ethnic backgrounds.

The majority of the participants who responded to the corresponding item reported that the institution they are working in does not participate in outreach that targets providing school psychology services to Asian American youth. Only 9% of the participants who responded to the corresponding item reported that the institution they are working in participates in outreach that targets providing school psychology services to Asian American youth. This is a problem, as the literature shows that many traditional Asian cultures attach to psychological services in general and school psychology services in particular. With there already being a stigma, it is important to de-stigmatize needing

school psychology services within the Asian culture. One important way to do that is to participate in outreach that targets providing school psychology services to Asian American youth. This would not only inform Asian American youth and their families that these services are available, but it would also normalize needing these services. Therefore, institutions can start to overcome the aforementioned potential barriers that might prevent Asian American youth from accessing school psychology services by participating in such outreach.

Chapter VI

Conclusion

This chapter discusses implications for school psychologists providing school psychology services to Asian American youth, limitations of the study, and recommendations for further research.

Implications for Training of School Psychologists

Asian American youth experience psychological problems similar to other groups and need access to school psychology services (Atkinson & Gim, 1989). Asian American youth face many acculturative stressors frequently experienced by ethnic minority groups (e.g., cultural conflict, racism, and generational conflict), in addition to those typically experienced by youth (e.g., academic achievement, health and wellness, finances, peer conflict, and family conflict) (Atkinson & Gim, 1989). Therefore, it is important for school psychologists to have the competence to adequately meet the needs of this population; this includes having the necessary knowledge and skills and the right attitudes.

With regards to the knowledge, skills, and attitudes, of school psychologists, it was important to explore each area because a school psychologist might believe he/she has knowledge of how to work with this population but lacks the actual opportunity to do so at the institution in which he/she works, or he/she may have the opportunity but lack appropriate knowledge and attitudes. This research showed that although the majority of the participants had the right attitudes with regards to providing school psychology services to Asian American youth, they lacked both the knowledge and skills that were necessary to work with this population. Not only did most of the participants lack the

knowledge and skills that they needed to provide school psychology services to Asian American youth, but they also lacked the opportunity to work with this population.

As many school psychologists already have the right attitudes when it comes to providing school psychology services to Asian American youth, in order to maintain the right attitudes they only need to be reminded of the importance of being culturally sensitive when working with this population. However, based on the results of this research, it was evident that the majority of school psychologists do not feel competent providing school psychology services to Asian American youth because they lack both the knowledge and skills that are necessary. Therefore, school psychology training programs need to do a better job of not only instilling the right attitudes in the students they teach, but also providing them with the knowledge they need and equipping them with the skills they need in order to have the competence to work with this population. One way to do this is for school psychologists to have a better understanding of potential barriers to Asian American youth accessing school psychology services and finding ways to overcome these barriers.

However, it is not enough for school psychology training programs to “produce” competent school psychologists. If competent school psychologists do not have the opportunities to utilize their expertise so that it translates into meeting the needs of the students they serve, then the knowledge and skills they have are wasted even if their attitudes are right. Therefore, it is important for institutions in which school psychologists work to do their parts and make school psychology services more accessible to Asian American youth. This includes but is not limited to: having school psychology service providers that are of an Asian ethnic background and/or are bilingual,

having counseling groups that are specifically geared towards Asian American youth, and participating in outreach that targets providing school psychology services to Asian American youth. Only when school psychologists have the competence to work with Asian American youth and institutions in which school psychologists work make services accessible to this population will Asian American youth be able to get the school psychology services they need.

Limitations

Although the information gathered from this research provided valuable information regarding the steps school psychologists have taken to overcome potential barriers to Asian American youth accessing school psychology services, how competent school psychologists feel providing services to Asian American youth, and the extent to which the institutions in which school psychologists work have made school psychology services accessible to Asian American youth, there were some limitations to this study. First of all, the sample of the study was based on a sub-sample from New Jersey school psychologists who were on the New Jersey Association of School Psychologists (NJASP) listserv. Of a possible 316 responses, a total of 59 NJASP members responded to the survey, which is approximately an 18% response-rate. The reason why only NJASP members were part of the sample is the inclusion criterion participants had to meet to participate in this research was to be a New Jersey certified school psychologist. As NJASP members are all New Jersey certified school psychologists, using the NJASP listserv as the research pool ensured that the participants met this criterion. However, NJASP membership only includes a percentage of New Jersey certified school psychologists. More specifically, approximately 17.8% of school psychologists in New

Jersey are NJASP members. Unfortunately, this meant that it was a relatively small sample size. Also, school psychologists in other states were not surveyed. Also, the demographics of the research sample were roughly comparable to both the NJASP and National Association of School Psychologists (NASP) samples. This was true regarding gender, ethnicity, and highest level of education in school psychology. Therefore, the results of the research should be generalizable to both populations.

Secondly, to the best of the Principal Investigator's (PI's) knowledge, no known measure exists that can be used to assess these variables; therefore, the PI undertook the development of a survey (see Appendix B) entitled Cultural Competence of School Psychologists Working with Asian American Youth Survey. The domains and items for the survey were developed based on the review of existing literature. The literature that was referenced was related to what other scholars have suggested as cultural factors that might influence the acceptability of mental health/school psychology services. It also included potential obstacles to psychological treatment (Atkinson & Gim, 1989; Seráfica, 1997; Shon & Ja, 1982; Tan & Anhalt, 2006). Although internal and external validity were considered, no reliability or validity studies were conducted. However, the survey was edited by the PI's research advisor, who has published extensively in the area of cultural competence, in order to increase its content validity. Also, the item content of the survey was consistent with existing research on Asian Americans in order to increase the survey's content validity. The survey consisted of items that cover a broad range of topics related to both Asian Americans and current school psychology practice. For this research, measures were taken to avoid study bias. Regarding the research sample,

measures were taken to ensure that only New Jersey certified school psychologists participated in this research in order to avoid confounding results.

Another limitation to this study was that this was an introductory investigation, and no follow-up research was done. The purpose of the research was to gather information regarding the steps school psychologists have taken to overcome potential barriers to Asian American youth accessing school psychology services, gauge how competent school psychologists feel working with Asian American youth, and determine the extent to which the institutions in which school psychologists work have made school psychology services accessible to Asian American youth. It was unable to be determined whether the participants later found more ways that were helpful to overcome potential barriers to Asian American youth accessing school psychology services. Also, as none of the study results had been shared at the time of the study, at that time none of the participants were able to share their ideas with one another.

As no follow-up study was conducted, it was unable to be determined whether any of the participants found the information contained in the survey helpful in increasing their knowledge regarding working with Asian American youth. Also, it was unable to be determined whether any of the participants did any of their own research or participated in any multicultural training programs to increase their competence in providing school psychology services to Asian American youth following the completion of this research survey.

There was also no follow-up research conducted to determine whether any school psychology training programs incorporated more multicultural training as part of their curriculum following the completion of this research. Also, no follow-up research was

conducted to determine what specific knowledge, skills, and attitudes school psychologists feel would be necessary for them to receive from their training programs to have the competence to provide school psychology services to Asian American youth. There was no follow-up research conducted to determine whether any institutions in which school psychologists work have made school psychology services more accessible to Asian American youth following the completion of this research. Finally, there was no additional research conducted to determine whether there is an increase in Asian American youth utilizing school psychology services after potential barriers have been overcome, school psychology training programs have incorporated more multicultural training as part of their curriculum, and institutions in which school psychologists work have made school psychology services more accessible.

One final limitation is that as this was an introductory investigation to gather information and not a randomized controlled study, no cause-and-effect relationships were able to be established. Instead, only correlations were determined. One can only use existing research and literature, including the results of this research, to hypothesize why certain potential barriers to Asian American youth accessing school psychology services exist. Then based on what school psychologists think might work and what other school psychologists have tried and found to be effective, implement different culturally-sensitive interventions that are geared towards the Asian American youth population. It is important to note that although these methods and interventions are thought to be effective for Asian American youth in general, school psychologists cannot make generalizations and assume that they will work for all every Asian American youth.

Instead, while keeping the cultural backgrounds of Asian American youth in mind, they still have to meet the needs of each individual client.

Future Study

Future studies could gather information from a larger sample to get more robust results. For example, it could use certified school psychologists from other states and/or use school psychologists on the NASP listserv as its sample. Although the demographics from this research sample were roughly comparable to the demographics of both NJASP and NASP samples, having a larger research sample would provide more information. Not only would having a larger sample size be able to gather information from school psychologists from a broader range of training backgrounds and experiences, but it would also reduce the chances of error.

In addition to having a larger sample size, reliability and validity studies could be conducted on the survey that was used for this research which was developed by the PI. Making sure that the survey is both reliable and valid would make any information obtained with the survey more meaningful. If any changes need to be made to the survey to make it more reliable and/or valid, then the resulting survey would potentially be more useful in gathering more valid data.

Future studies could include follow-up research done to see whether or not the information that was gathered from this research was helpful in enhancing the accessibility of school psychology services for Asian American youth. Once the results of this research are published, then school psychologists would have access to a pool of information regarding different steps school psychologists have taken to overcome potential barriers to Asian American youth accessing school psychology services. After

having access to this information, school psychologists could then try these methods. Follow-up research could then be conducted to determine to see whether or not these methods were effective. Follow-up research could also be conducted to determine whether the participants later found more ways that were helpful to overcome potential barriers to Asian American youth accessing school psychology services.

Additionally, follow-up research could be conducted to determine whether any of the participants found the information contained in the survey helpful in increasing their knowledge regarding working with Asian American youth. Follow-up research could be conducted to determine whether any of the participants did any of their own research or participated in any multicultural training programs to increase their competence in providing school psychology services to Asian American youth following the completion of this research survey. Professional development time for school psychologists is so limited that any training would need to be focused and efficient.

Follow-up research conducted with school psychology training programs and/or graduates of these programs could be used to determine whether any school psychology training programs incorporated more multicultural training as part of their curriculum following the completion of this research. It could also be used to determine what specific knowledge, skills, and attitudes school psychologists feel would be necessary for them to receive from their training programs to have the competence to provide school psychology services to Asian American youth. Finally, additional research could be conducted to determine whether any institutions in which school psychologists work have made school psychology services more accessible to Asian American youth following the completion of this research. To gauge whether the accessibility of school psychology

services have actually increased after potential barriers have been overcome, school psychology training programs have incorporated more multicultural training as part of their curriculum, and institutions in which school psychologists work have made school psychology services more accessible, follow-up research could be conducted to determine whether there is an increase in Asian American youth utilizing school psychology services.

Instead of only using surveys to gather information that would provide correlational data, future studies could use randomized controlled research methods to establish cause-and-effect relationships. Determining whether the methods that were mentioned by the participants would actually result in the overcoming of potential barriers to Asian American youth accessing school psychology services would require the use of randomized controlled research methods. Having a database of methods that have been proven by evidence-based research to be effective could be very helpful.

Summary

Not only are Asians the second largest foreign-born population in the United States (Acosta & de la Cruz, 2011) and growing at a faster rate than all ethnic groups in the country (USCB, 2010), but the literature also shows that Asian American youth experience psychological problems similar to other groups and need access to school psychology services (Atkinson & Gim, 1989). Asian American youth face many acculturative stressors frequently experienced by ethnic minority groups (e.g., cultural conflict, racism, and generational conflict), in addition to those typically experienced by youth (e.g., academic achievement, health and wellness, finances, peer conflict, and family conflict) (Atkinson & Gim, 1989).

This was an introductory investigation to gauge how competent school psychologists feel working with Asian American youth and to develop strategies to help them gain greater competence. This included the extent of the training school psychologists receive and the experiences they have had in working with this population. The main purpose of this research was to increase the knowledge of school psychologists working with Asian American youth in order to enhance the accessibility of school psychology services for these students.

This research used a survey to gather information about school psychologists and their work with Asian American youth. There were four main areas that the survey addressed, including: 1) school psychologists' experiences providing services to Asian American youth, 2) the steps school psychologists have taken to overcome potential barriers to Asian American youth accessing school psychology services, 3) how competent school psychologists feel providing services to Asian American youth, and 4) the extent to which the institutions in which school psychologists work have made school psychology services accessible to Asian American youth. Not only did this research gather information about the knowledge, skills, and attitudes of school psychologists in providing school psychology services to Asian American youth, but it also aimed to increase/improve these so services can be more accessible to this population.

The results of this research confirmed the literature that indicates that Asian American youth experience psychological problems similar to other groups and need access to school psychology services. The research results provided information regarding different steps school psychologists have taken to overcome potential barriers to Asian American youth accessing school psychology services. It also provided

information regarding how competent school psychologists feel providing services to Asian American youth. The results were that even though the majority of school psychologists have the right attitudes in working with Asian American youth, most of them do not feel that they have the necessary knowledge or skills to meet the needs of this population. Finally, the results of this research showed that the majority of the institution in which school psychologists work do not make school psychology services accessible to Asian American youth. More specifically, there is a lack of school psychology service providers that are of an Asian background and/or are bilingual, there is a lack of counseling groups that are geared towards Asian American youth, and there is a lack of outreach that targets providing school psychology services to Asian American youth.

Based on the results of this research it is evident that more needs to be done in order to enhance the accessibility of school psychology services for Asian American youth. First of all, more research needs to be done to examine the effectiveness of the different steps school psychologists have taken to overcome potential barriers to Asian American youth accessing school psychology services. Secondly, school psychology training programs need to do a better job of making their graduates feel competent working with Asian American youth. This includes not only continuing to instill in them the importance of being culturally sensitive and having the right attitudes when working with this population, but also providing them with the necessary knowledge and equipping them with the necessary skills. Finally, institutions in which school psychologists work need to do a better job of making school psychology services more accessible to Asian American youth. If all of these factors can be addressed, then that

would be a great start to enhancing the accessibility of school psychology services for Asian American youth.

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APPENDIX A

EMAIL SENT TO POTENTIAL PARTICIPANTS

Dear School Psychologist,

You are invited to participate in a research study that is being conducted by Christina Chen, Psy.M., who is a graduate student in the Graduate School of Applied and Professional Psychology Department at Rutgers University. The purpose of this research is to determine the cultural competence of school psychologists working with Asian-American youth and consider how to enhance the availability of school psychology services for Asian-American youth.

In participating in this research, you will be asked to answer questions on a survey/questionnaire. The survey/questionnaire should take you approximately 20-30 minutes to complete. Following is the link to the rationale for the study, the consent form for the study, and the survey/questionnaire: <http://freeonlinesurveys.com/s/mFT1owkx>

This research is anonymous. Anonymous means that I will record no information about you that could identify you. There will be no linkage between your identity and your response in the research. This means that I will not record your name, address, phone number, date of birth, etc. Each survey/questionnaire that is returned will be assigned a number that will be used for identification and coding purposes. The data will be gathered and stored electronically by the Principal Investigator and will be filed by number. The data will be password-protected for extra security and stored in the Principal Investigator's laptop hard drive and external hard drive. All study data will be kept for three years.

The research team and the Institutional Review Board at Rutgers University are the only parties that will be allowed to see the data, except as may be required by law. If a report of this study is published, or the results are presented at a professional conference, only group results will be stated.

Research results will not be provided to you directly, but group results will be available to you if a report of this study is published or the results are presented at a professional conference.

There are no foreseeable risks to participation in this study. In addition, you may receive no direct benefit from taking part in this study, although you may find the topic informative and relevant to your professional work.

Participation in this study is voluntary. You may choose not to participate, and you may withdraw at any time during the study procedures without any penalty to you. In addition, you may choose not to answer any questions with which you are not comfortable.

If you have any questions about the study or study procedures, you may contact myself at:

Christina Chen, Psy.M.

School Psychology Doctoral Candidate

The Graduate School of Applied and Professional Psychology

Rutgers, The State University of New Jersey
87 Mitchell Ave.
Piscataway, NJ 08854-8020
Phone: 657-203-1552
Email: christina.christlover@rutgers.edu

You can also contact my faculty advisor Karen L. Haboush, Psy.D. at:
Karen L. Haboush, Psy.D.
Clinical Associate Professor, School Psychology Internship Coordinator,
Licensed Psychologist (NJ #2872),
Department of Applied Psychology,
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Thank you in advance for your participation in this research study.

Sincerely,

Christina Chen, Psy.M.

Christina Chen, Psy.M.

APPENDIX B

CULTURAL COMPETENCE OF SCHOOL PSYCHOLOGISTS WORKING WITH
ASIAN AMERICAN YOUTH SURVEY

Demographics

1. gender
 - male
 - female
 - other
 - decline to answer
2. ethnicity
 - White/Caucasian
 - Hispanic/Latino
 - Black/African American
 - Asian American/Pacific Islander
 - American Indian/Alaskan Native
 - multiracial
 - other
 - decline to answer

School Psychology Background and Role

1. highest level of education in school psychology
 - master's
 - Ed.S.
 - doctoral: Ph.D., Psy.D., Ed.D.
 - other: please specify
 - decline to answer
2. How many years has it been since you graduated with your school psychology degree?
 - 0-5
 - 6-10
 - 11-15
 - 16-20
 - 21-25
 - 25+
3. How many years have you been working as a school psychologist?
 - 0-5
 - 6-10
 - 11-15
 - 16-20
 - 21-25
 - 25+
4. What do you consider to be your main role as a school psychologist (i.e., what you spend the most time actually doing)?
 - CST/multidisciplinary team

- counseling/therapy
- assessment
- consultation
- behavior analysis and behavior plan development
- crisis intervention
- prevention
- supervisor
- program planning/development
- teaching
- research
- other

5. In addition to your main role as a school psychologist, what other role(s) do you take on? (Check all that apply.)

- CST/multidisciplinary team
- counseling/therapy
- assessment
- consultation
- behavior analysis and behavior plan development
- crisis intervention
- prevention
- supervisor
- program planning/development
- teaching
- research
- other

“Asian American” Defined

For the purposes of this research, please use the following definition of “Asian American” in responding to the survey/questionnaire:

- “Asians” in an American context refer to those individuals from the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (USCB, 2003), including: East Asia: Chinese, Japanese, Korean, Mongolian, Okinawan, Taiwanese; Southeast Asia: Bornean, Bruneian, Burmese, Cambodian, Celebesian, Filipino, Hmong, Javanese, Indonesian, Laotian, Malaysian, Montagnard, Singaporean, Thai, Vietnamese; South Asia: Afghan, Bangladeshi, Bhutanese, Indian, Maldivian, Nepalese, Pakistani, Sri Lankan, Tibetan.
- Asian Americans are citizens or permanent residents of the United States who are of Asian descent (Seráfica, 1997).

Experience in Providing School Psychology Services to Asian American Youth

1. What percentage of the student population of your school is Asian American youth (if you work at a school)?

- 0-20
- 21-40

- 41-60
- 61-80
- 81-100
- NA

2. What percentage of your current caseload is Asian American youth?

- 0-20
- 21-40
- 41-60
- 61-80
- 81-100
- NA

3. What percentage of Asian American youth that you work with is eligible for special education?

- 0-20
- 21-40
- 41-60
- 61-80
- 81-100
- NA

4. In which capacities have you provided school psychology services to Asian American youth? (Check all that apply.)

- CST/multidisciplinary team
- counseling/therapy
- assessment
- consultation
- behavior analysis and behavior plan development
- crisis intervention
- prevention
- supervisor
- program planning/development
- teaching
- research
- other

5. How are the Asian American youth that you work with identified as needing school psychology services? (Please rank from most common to least common. "NA" if not applicable).

- self-referral
- teacher referral
- parent referral
- peer referral
- crisis intervention
- other

6. What are the presenting problems of the Asian American youth that you work with? (Please rank from most common to least common. "NA" if not applicable).

- anxiety
- depression
- academic problems
- conduct/behavior problems
- social skills problems
- family/peer conflict
- eating disorders
- drug/alcohol use
- trauma
- other

Please respond to the following items on a scale from 1 to 5 (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree, then give an open-ended response to elaborate.

1. I have noticed some general differences in providing school psychology services to Asian American youth compared to providing school psychology services to youth of other ethnic backgrounds. Please specify.

- 1 = strongly disagree
- 2 = disagree
- 3 = neutral
- 4 = agree
- 5 = strongly agree

2. I have found certain techniques to be helpful in providing school psychology services to Asian American youth. Please specify.

- 1 = strongly disagree
- 2 = disagree
- 3 = neutral
- 4 = agree
- 5 = strongly agree

3. I have noticed some cultural factors that have made it more challenging for me to provide school psychology services to Asian American youth compared to providing school psychology services to youth of other ethnic backgrounds. Please specify.

- 1 = strongly disagree
- 2 = disagree
- 3 = neutral
- 4 = agree
- 5 = strongly agree

Barriers to Asian Americans Accessing School Psychology Services

Please respond to the following open-ended items with regards to providing school psychology services to Asian American youth.

1. There is a general belief that Asian Americans are the “model minority” and are relatively immune from psychological problems (Seráfica, 1997). This might be a factor in Asian American youth underutilizing school psychology services. Please specify what, if anything, you have done to overcome this barrier.
2. “Mental health problems are a taboo topic in many traditional Asian cultures, which are strongly influenced by religious and spiritual beliefs. General attitudes toward mental health problems have been that of fear, ostracism, and repression” (Tan & Anhalt, 2006, p. 25). Please specify what, if anything, you have done to overcome this barrier.
3. “Because of traditional perspectives, many Asians and Asian Americans may attempt to deal with their problems without seeking professional mental health services. Many may find a mental health professional as the last resort... They may still prefer utilizing the traditional healing methods for physical health and emotional problems” (Tan & Anhalt, 2006, p. 25). Please specify what, if anything, you have done to overcome this barrier.
4. With respect to the conflict between cultural values and psychotherapy process, “talking to a mental health worker about psychological problems may be viewed by Asian Americans as bringing disgrace on the family. Instead, Asian Americans may try to resolve their problems on their own, believing that mental health can be maintained by avoiding bad thoughts and exercising will power” (Atkinson & Gim, 1989, p. 209). Please specify what, if anything, you have done to overcome this barrier.
5. Lack of acculturation is a barrier that prevents Asian Americans from seeking school psychology services. Asian American youth who are more acculturated are: (a) more likely to recognize personal need for professional psychological help, (b) more tolerant of the stigma associated with psychological help, and (c) more open to discussing their problems with a psychologist (Atkinson & Gim, 1989). Please specify what, if anything, you have done to overcome this barrier.
6. Language is a barrier that many Asian immigrants face when they do seek school psychology services. Communication problems can result in conflicts over direction of psychotherapy, and service providers can fail to understand Asians and Asian Americans’ behavior within an Asian American context (Shon & Ja, 1982). Please specify what, if anything, you have done to overcome this barrier.
7. “The problems of language and communication that Asian American families may experience could be compounded by a lack of understanding of the systems in the United States, especially the health and educational systems. Lack of understanding may restrict

access to programs and pursuit of services” (Tan & Anhalt, 2006, p. 26). Please specify what, if anything, you have done to overcome this barrier.

8. Bilingual and bicultural professionals among provider agencies are limited, and translation services are frequently limited for Asian Americans (Tan & Anhalt, 2006). Please specify what, if anything, you have done to overcome this barrier.

9. “Some Asian individuals in the U.S. may be hesitant to seek professional mental health services because of a fear of disclosing their illegal status and being deported from the United States. Documented immigrants may fear that accessing subsidized care will threaten residency status, application for citizenship or later ability to sponsor relatives” (Tan & Anhalt, 2006, p. 26). Please specify what, if anything, you have done to overcome this barrier.

Competence in Providing School Psychology Services to Asian American Youth

Please respond to the following items on a scale from 1 to 5 (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree). You may add an open-ended response to elaborate.

1. I have the necessary knowledge to provide school psychology services to Asian American youth.

- 1 = strongly disagree
- 2 = disagree
- 3 = neutral
- 4 = agree
- 5 = strongly agree

2. I have the necessary skills to provide school psychology services to Asian American youth.

- 1 = strongly disagree
- 2 = disagree
- 3 = neutral
- 4 = agree
- 5 = strongly agree

3. “Traditional Asian values emphasize obligations to the family, obedience to authority, use of shame and guilt to control behavior, reserve and formality in interpersonal relations, and restraint and inhibition of strong feelings” (Tan & Anhalt, 2006). I have taken traditional Asian values into consideration in providing school psychology services to Asian American youth and have adjusted my interventions accordingly. Please specify.

- 1 = strongly disagree
- 2 = disagree
- 3 = neutral
- 4 = agree

5 = strongly agree

Asian American Youth and Access to School Psychology Services

Please respond to the following items on a scale from 1 to 5 (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree). You may add an open-ended response to elaborate.

1. The institution in which I work has school psychology service providers that are of an Asian ethnic background and/or are bilingual (i.e., fluent in English and an Asian language).

- 1 = strongly disagree
- 2 = disagree
- 3 = neutral
- 4 = agree
- 5 = strongly agree

2. The institution in which I work has counseling groups that are specifically geared towards Asian American youth.

- 1 = strongly disagree
- 2 = disagree
- 3 = neutral
- 4 = agree
- 5 = strongly agree

3. The institution in which I work participates in outreach that targets providing school psychology services to Asian American youth. Please specify.

- 1 = strongly disagree
- 2 = disagree
- 3 = neutral
- 4 = agree
- 5 = strongly agree

APPENDIX C
CONSENT FORM

You are invited to participate in a research study that is being conducted by Christina Chen, Psy.M., who is a graduate student in the Graduate School of Applied and Professional Psychology Department at Rutgers University. The purpose of this research is to determine the cultural competence of school psychologists working with Asian-American youth and consider how to enhance the availability of school psychology services for Asian-American youth.

There will be approximately 450 participants in this research study. In participating in this research, you will be asked to answer some questions on a survey/questionnaire once. The survey/questionnaire should take you approximately 20-30 minutes to complete.

This research is anonymous. Anonymous means that I will record no information about you that could identify you. There will be no linkage between your identity and your response in the research. This means that I will not record your name, address, phone number, date of birth, etc.

The research team and the Institutional Review Board at Rutgers University are the only parties that will be allowed to see the data, except as may be required by law. If a report of this study is published, or the results are presented at a professional conference, only group results will be stated. All study data will be kept for three years.

Research results will not be provided to you directly, but group results will be available to you if a report of this study is published or the results are presented at a professional conference.

There are no foreseeable risks to participation in this study. In addition, you may receive no direct benefit from taking part in this study, although you may find the topic informative and relevant to your professional work.

Participation in this study is voluntary. You may choose not to participate, and you may withdraw at any time during the study procedures without any penalty to you. In addition, you may choose not to answer any questions with which you are not comfortable.

If you have any questions about the study or study procedures, you may contact myself at:

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You can also contact my faculty advisor Karen L. Haboush, Psy.D. at:
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If you have any questions about your rights as a research subject, please contact an IRB Administrator at the Rutgers University, Arts and Sciences IRB:

Institutional Review Board
Rutgers University, the State University of New Jersey
Liberty Plaza / Suite 3200
335 George Street, 3rd Floor
New Brunswick, NJ 08901
Phone: 732-235-9806
Email: humansubjects@orsp.rutgers.edu

Please retain a copy of this form for your records. By participating in the above stated procedures, then you agree to participation in this study.

If you are 18 years of age or older, understand the statements above, and will consent to participate in the study, click on the "I Agree" button to begin the survey/experiment. If not, please click on the "I Do Not Agree" button which you will exit this program.

Thank you in advance for your participation in this research study.

Sincerely,
Christina Chen, Psy.M.
Christina Chen, Psy.M.