

***“School Counselors Should Be the Change They
Want Us to Be:”***

Examining Culturally Responsive School Behavioral Health Services

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The 22nd Annual Conference on Advancing School Mental Health



Boston Children's Hospital
Until every child is well™



**HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL**

Today's Objectives

- Program Description and Context
- Project Description and Outcomes
- Best Practices in Providing Culturally Responsive School Mental Health
- Closing Activity



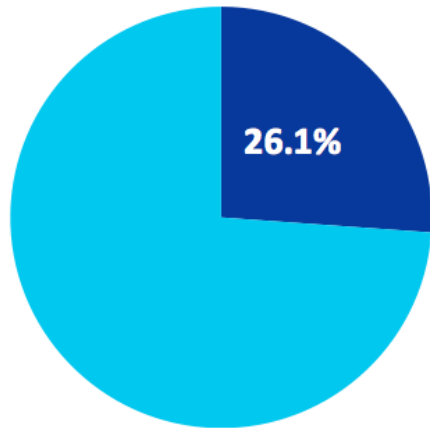
Boston Children's Neighborhood Partnerships

- Increase access to high quality, culturally relevant behavioral health services for children
- Promote children's healthy social-emotional development
- Build sustainable behavioral health capacity of partner organizations
- Promote systemic change in behavioral health service delivery
- Provide services that achieve a high rate of satisfaction with all stakeholders

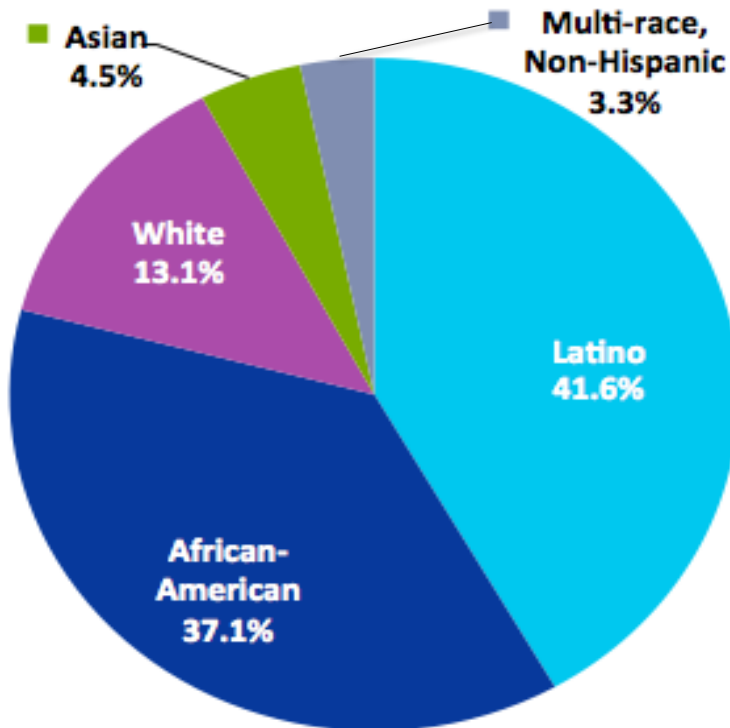


BCHNP: Who Are Our Students?

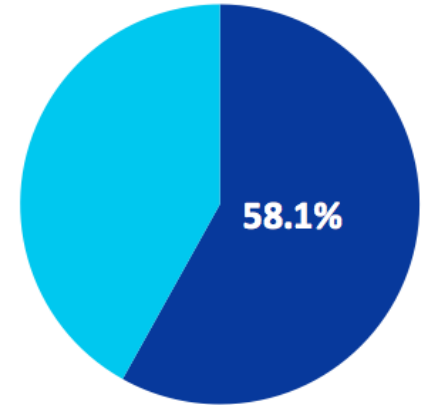
Percent of Students who are English Language Learners
(N= 8,796 Students; 16 Schools)



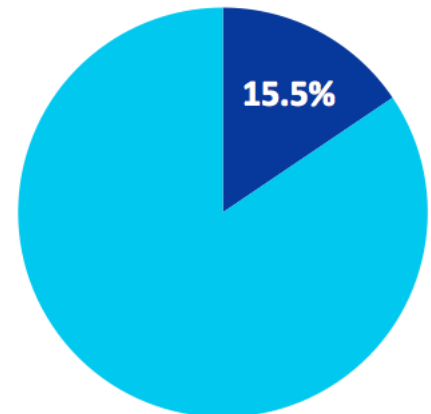
Race/ Ethnicity of Students
(N= 8,796 Students; 16 Schools)



Percent of Students who are Economically Disadvantaged
(N= 8,796 Students; 16 Schools)



Percent of Students with a Disability
(N= 8,796 Students; 16 Schools)



Changing Demographic Trends

- Nearly a quarter of students attending public schools are ethnic minorities
- 23% of children in public schools come from immigrant households
- 10% or 4.7 million students attending public schools are English Language Learners
- Marked increase in economic inequality
- Growing numbers of biracial and multiracial students

(Clauss-Ehlers, Serpell, & Weist, 2013)



History of Marginalization

- History of structural oppression with significant educational and social-emotional consequences
 - Achievement Gap
 - Special Education
 - Disproportionality
 - School- to-Prison Pipeline
- Educators and mental health care providers are not adequately prepared to meet the needs of diverse students
- When services are provided they are often inferior, inappropriate, and ineffective

(Claus-Ehlers, Serpell, & Weist, 2013)



Quality Improvement Project: Project Proposal

- BCHNP:
 - Participants: BCHNP Staff
 - Data Collection Methods: Surveys, Focus Groups
 - Constructs Measured: Program Policies and Procedures, Training, Clinical Service Delivery, and Research and Evaluation
- Community
 - Participants: School Psychologists, Students
 - Data Collection Methods: Focus Groups
 - Constructs Measured: School Policy, Training, & Practices; Student Beliefs, Needs, and Engagement



Quality Improvement Project: Community Student Demographics

- *Recruitment: District leadership program*
- *Participants: 14 students across 6 High Schools*
- *Age Range: 16 to 18 years old (11th and 12 graders)*
- *Gender: 10 females & 4 males*
- *100% of students identified belonged to a minority group*
- *4 students reported accessing mental health services in their school or community*

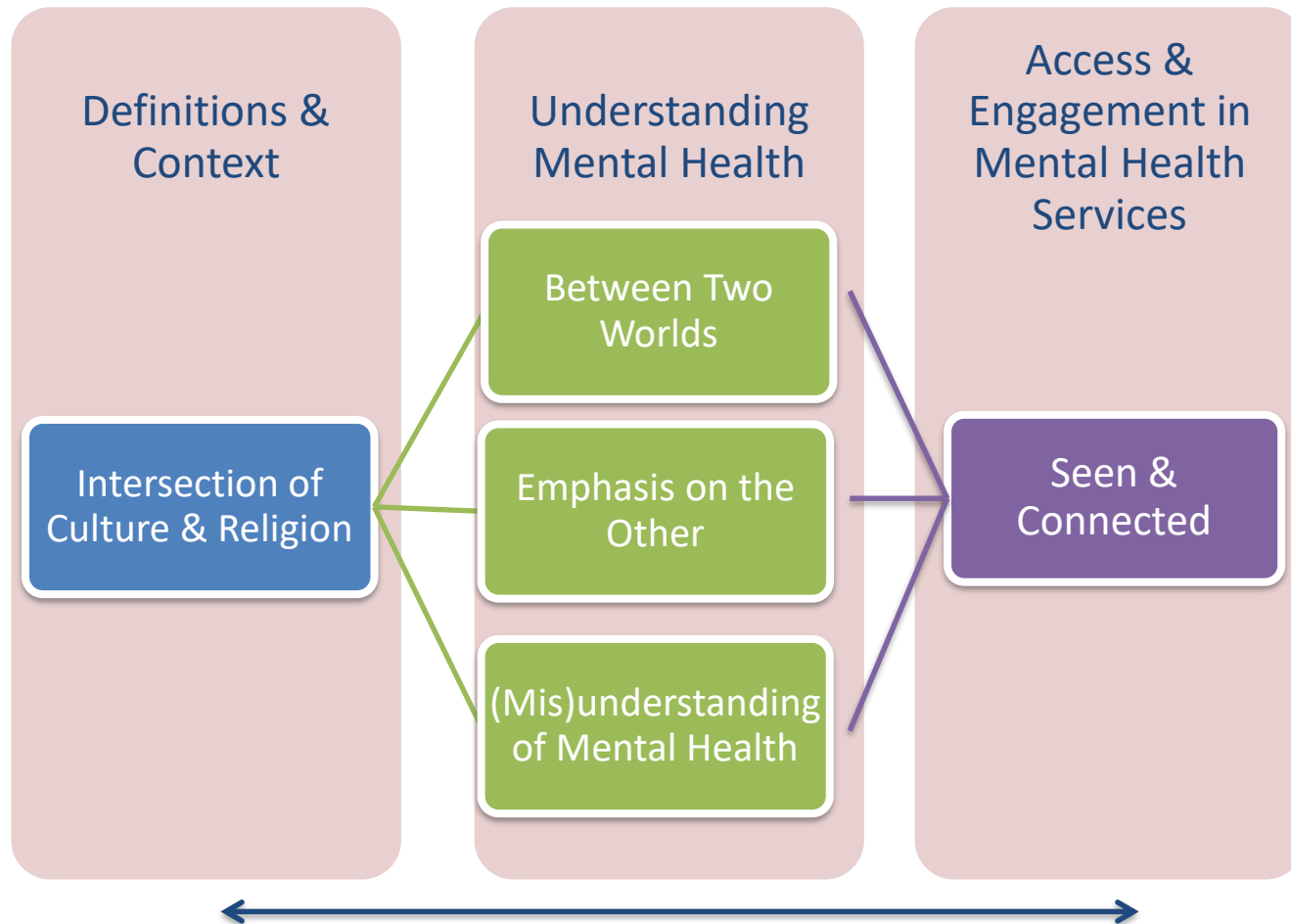


Quality Improvement Project: Community Student Methodology

- 2 Semi-Structured Focus Groups
- Primary focus:
 - *Understand ways in which students define and experience culture*
 - *The role of culture in student's access and engagement in school behavioral health services within an urban setting.*
- Qualitative Methodology: Phenomenological Approach



Quality Improvement Project: Community Student Outcomes



Definitions & Context :

Intersection of Culture & Religion

- *Traditions: Religion, Food, Clothing, Family Values:*

“I think my culture, I think it’s like part of who you are. Like it ties into part of your identity, the way you actively represent, and for some people how you act and represent yourself.”

“I think, um, growing up as a Somali Muslim, like, back then in Somalia, they wouldn’t necessarily like wear the hijab. Like, my mom grew up not wearing the hijab...now they confuse culture and religion. And that pisses me off sometimes. Like there’s one thing, well, me wearing the hijab is religion. And then me wearing the, um, like the traditional clothes that’s culture and tradition.”

- *Heteronormative Social Norms: Gender Roles & LGBTQ:*

“It’s just like why can’t I do whatever I want to do? Like I have a brother, and he’s like free. He’s just like free, he’s off the leash, and I’m always in the house, cause my mom is like oh girls don’t go out all the time, this and that. And I’m like it’s not fair because I have friends and I have different things to do. You know, when I’m trying to do my schoolwork, she’s like no you can’t go over, you can’t do this and that, and I’m like I need to go there to do my schoolwork.”

“... On the topic of, um, homosexuality, like, I’m Nigerian and I’m Christian...It’s a big no. I’m not sure if like you’ve heard like someone, like Nigeria, sometimes you get in jail, if you’re like gay. Or like you can just get killed. Or like, one of my uncles, in Nigeria, or like not uncle, like cousin, I don’t even know. But like, he was like, gay, and like he just became like a pariah and ended up just killing himself..”



Understanding Mental Health : Between Two Worlds

- *Acculturation & Identity Development:*

“So like you’re immigrating from one country and leaving all of your friends and family and the way you’ve been brought up to come to a whole different environment and community, but you now have to adjust to their customs, their culture, their language, which is completely different from what I was used to before. So it was like where do I fit in and what’s the balance? So it’s kind of like you’re kind of stuck in the middle of like how am I supposed to act?”

- *Family Expectations:*

“But there is like stuff that kind of intertwine with like dating and marriage and stuff, like, it’s not like my parents like say...like absolutely you have to marry a Nigerian girl. But there is like this one girl that [inaudible] family friends that I’m like supposed to marry when I get older. We’re like friends and it’s like...”

“Well, it’s not like she’s saying, oh I don’t like that race, but she just wants us to like oh I have to marry a Somali guy. And at times it would like depend on his, um, tribe. Like we have to be from, like, the same tribe, or like cousin tribes, like, it’s annoying.”



Understanding Mental Health: Emphasis on the Other

- *“Stays within the family:”*

“Everything has to stay within the family, whatever happens you have to keep it within the family and not speak about it outside the family.”

“My family, they do not like, they think you’re like crazy if you talk to other people, like outside of the family.”

- *Distrust, Judgment, and Doubt:*

“And what was challenging about that growing up was there was a lot of things that I wasn’t able to do because she always thinks that there’s someone out to get you. And she’s always afraid, and is always like you have to look out for yourself, no one else is going to be looking out for you but your family. So she’s very, everything has to be within the family.”

“And for me, I’m afraid that they will, they will um...label you as probably crazy, and then they will put you in that category as, oh, she needs, you know, DCF or something that like, you know, she needs something for her family. Stuff like that, you know, they assume...yeah...”

- *“Doesn’t Happen to Us:”*

“Yeah for my family it’s like a coincidence, like they think there isn’t mental health in the family or no one is gay so it doesn’t affect us, and doesn’t affect any of us, it’s happening outside. My mom has this attitude that it doesn’t happen to my family.”

“Ugh America, you would never see this happen where we’re from.”



Understanding of Mental Health: (Mis) understanding of Mental Health

- *Unspoken in family and school settings:*

“Yeah, it’s not like a thing. It’s like you know when there’s the elephant in the room but you don’t want to pay attention to it, like African people know that mental health is a thing, but it’s not a thing at the same time.”

“They’re like there are things that will come up, other boys and girls...but they don’t want you to have those issues. They don’t want you to come home with those problems.”

- *Stigma/ Extremes:*

“...Like treating you different, ostracizing you, from like the general environment, stuff like that. It’s like in the slightest – like as soon as they hear the words mental health, I feel like people treat you a certain type of way.”

“It’s like okay, you’re normal, and then you’re crazy. In terms of like when you have a mental illness. That divide creates a sort of superiority complex in people who do that, who don’t have a mental illness. They’re like I’m normal, and this person’s crazy.”

- **Possessed:**

“Yeah. But it’s like the devil brought it to your family.”



Access & Engagement:

Seen & Connected

- *Culture Racial and Ethnic Assumptions and Need for Understanding (peers, teachers, counselors)*

“Yeah. We can be like the same religion, same culture, if you don’t understand like what I’m telling you right now, like, it’s very hard for me to like talk to you. And like, I feel like the racial thing sometimes happens, cause like, um, a lot of the times what happens, is that they will just like put in somebody who literally knows nothing about your culture. Or like just, I get it yeah, that’s the sad thing, but like, why is it so sad to you...like...its was just like...they are not gonna quite get it. You know?”

“Yeah, like African-American or Black American, like there’s so much within that – I honestly think it’s flawed term. There’s so many flaws, and like I’m Haitian but if you’re Nigerian, if someone else is from Morocco, like we’re completely different backgrounds and it’s deeper than that. On paper we’re all black and we’re all from the same group, I get that, but then it’s like you know we have different values, and that plays a role in the way that I was raised.”

- *Allocation of supports & resources:*

“Yeah for people who have an actual disability. If you have like depression or like anxiety, there’s no one for you to really go to, unless you really take the time out to go to your guidance counselor, but it still isn’t enough, like there’s one or two for like 200 kids and it’s not enough.”

- *Minimization of the lived experience:*

“I also think that parents, they’re less lenient about you going to a counselor because like, they’re like personally like ‘Oh when I went to school, I had to carry all my books and do this and come home and cook and clean for my brothers and my sisters. I want you to do just one thing, I want you do this, I was still responsible for going to school and coming home and cleaning and polishing them by hand, plus doing the laundry, plus doing all the household things.’ So they make it seem like why are you complaining, when technically you have it easy, while I had to do all this, there’s this whole other story that may or may not be true, but they’re making it say like ‘Oh, why are you saying that you have depression and you need to go see counseling, when other people have it worse, or I had it worse.’”

“They think it’s something that they can talk you out of. Like mentally beat you down out of it until you’re like oh okay.”



Access & Engagement: Seen & Connected

- *Teacher's and Counselor race and background:*

“I think race is definitely a factor whether we realize it or not, cause it's a factor in how they approach you, how they speak to you, how they do things around you, and I'm not saying that everyone is racist subconsciously, like directly, um but I'm saying that it definitely does play a factor in how you act, when you act differently, things like that. A lot of things of course factor into it but race definitely is one of them. I've had African American teachers who have connected with me on another level, and teachers who are also part of a marginalized community, we've had those conversations, have had similar struggles, similar experiences, similar backgrounds, things that we could talk about, people that we know, you know stuff like that. And I'm not saying that these things can't happen with a white person, I'm just saying it's definitely a different thing when you can personally relate to someone on a different level. And whether or not it's a bad thing, like if someone's like oh someone's racist, I'm just saying that does play a factor whether we say it or not. Cause an African American teacher might make certain jokes with me, you know, after school or something like that, instead of with a white student. And vice versa.”

- *Building student-teacher relationships:*

“I think that type of relationship should be expected, rather than earned, cause it should be simple in human nature to care, and what kind of care it is, cause especially when you're working with young people, and in the school, like in the Boston public schools, the majority of the people are minorities and are a marginalized group, so I think that it should be expected and put into the job title for them to be able to deal with people with mental illnesses and things like that. Or just generally communicate and learn how to talk to and support much better than they do right now. Cause I think all of us here can name at max 5 teachers that we feel have truly cared for us. And we all have been in school for more than 10 years.”

“They see that. And whether they subconsciously write them off, or see them and are like ‘Ugh I don't want to talk to her,’ it's something that definitely happens. It builds into how comfortable you are, and you're only going to tell someone something if you feel comfortable, and that won't happen unless they're comfortable too. So I think that being good at your job is being able to be that kind of person that kind of opens up first, makes that first – or even when you're walking through the hall, ‘Hi, how you doing,’ random students, stuff like that. That's your job to build and connect and be social like that. So I think that it's more than when you sit down across the table from someone and are like ‘What's your problem?’”

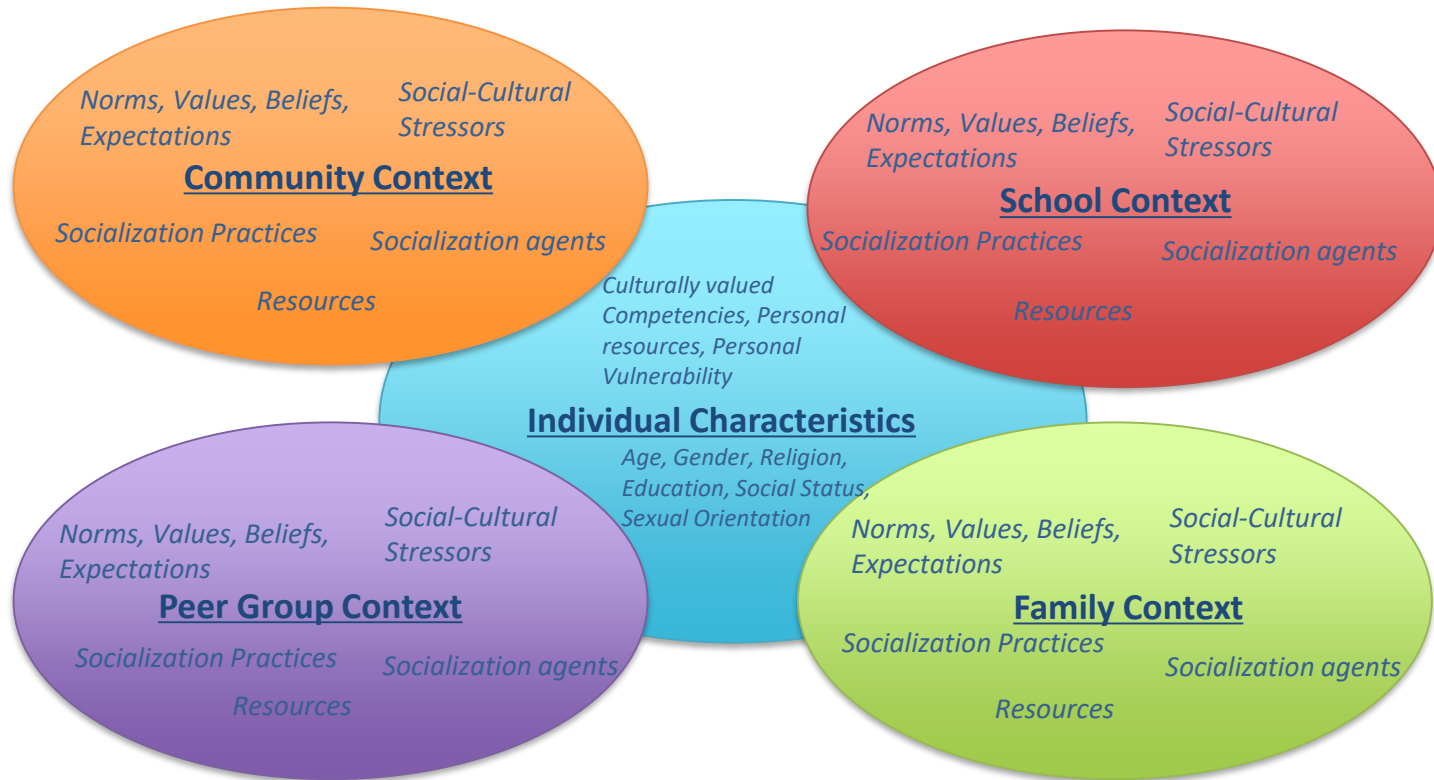


Quality Improvement Project: Protective Factors

- School-wide social and emotional supports
- Social Supports: Family, peers, teachers
- Coping skills: Journaling
- Self-awareness
- Curiosity and interest about social and emotional health



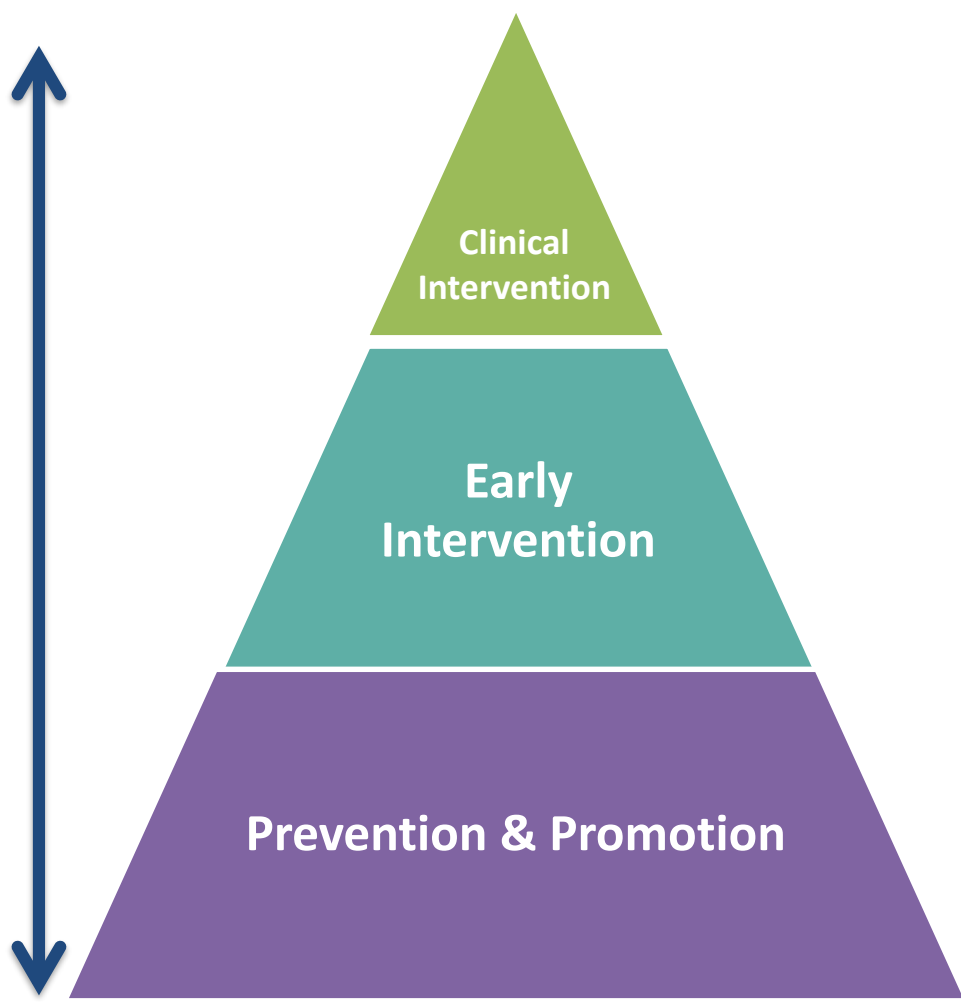
Bridging the Gap



(Culture-specific model of mental health, Nastasi, Moore, & Varjas, 2003)



Best Practices In School Mental Health



- Community Engagement & Cultural Brokers
- Involving Families
- Intentional Multicultural Interviews & Assessment
- Apply Culturally Responsive Microskills
- Practice with Multicultural Intentionality
- Strength-Based Approach
- Strengthen Cultural Literacy
- Build-Cultural Self-Awareness

(Jones, 2014)

Assessing Cultural Responsiveness in School Mental Health

- School-Wide:
 - The School-Wide Cultural Competence Observation Checklist
- Mental Health Providers:
 - School Counselor Multicultural Competence Scale
 - Self-Assessment Checklist for Personal Providing Services and Supports to Children and Youth With Special health Needs and Their Families
 - The Multicultural School Psychology Counseling Competency Scale

Closing Activity: Self-Reflection Sheet



Resources

Clauss-Ehlers, C.S., Serpell, Z.N., & Weist, M.D. 2013. *Handbook of Culturally Responsive School Mental Health.: Advancing Research, Training, Practice, and Policy*. Springer Science & Business Media, New York, NY.

Jones, J., (2014). Best practices in providing culturally responsive interventions. *Best Practices in School Psychology*, 6th Edition (pp. 49-60). Bethesda, MD: National Association of School Psychologists.

Nastasi, B.K., Moore, R.B., & Varjas, K.M. 2003. *School-Based Mental Health Services: Creating Comprehensive and Culturally Specific Programs*. American Psychological Association, Washington D.C.

