

St. Catherine University

**SOPHIA**

---

Master of Social Work Clinical Research Papers

School of Social Work

---

5-2013

## Acculturation and the Effects on Latino Children's Emotional and Behavioral Well-Being

Callister J. Benson  
*St. Catherine University*

Follow this and additional works at: [https://sophia.stkate.edu/msw\\_papers](https://sophia.stkate.edu/msw_papers)



Part of the [Social Work Commons](#)

---

### Recommended Citation

Benson, Callister J.. (2013). Acculturation and the Effects on Latino Children's Emotional and Behavioral Well-Being. Retrieved from Sophia, the St. Catherine University repository website:  
[https://sophia.stkate.edu/msw\\_papers/150](https://sophia.stkate.edu/msw_papers/150)

This Clinical research paper is brought to you for free and open access by the School of Social Work at SOPHIA. It has been accepted for inclusion in Master of Social Work Clinical Research Papers by an authorized administrator of SOPHIA. For more information, please contact [amshaw@stkate.edu](mailto:amshaw@stkate.edu).

Acculturation and the Effects on Latino Children's Emotional and  
Behavioral Well-Being

Callister J. Benson, B.S.W

MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
Catherine University and the University of St. Thomas  
St. Paul, Minnesota  
In Partial fulfillment of the Requirements for the Degree of  
Master of Social Work

Committee Members  
Catherine L. Marrs Fuchsel, PHD, LICSW (Chair)  
Elizabeth Franklin, LICSW  
Christina Gonzalez, LICSW

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### Abstract

This research project is designed to look at the relationship between Latino children's emotional and behavioral well-being and their acculturation level. This quantitative study is designed to identify whether or not there is a relationship between the two variables. The data was collected from mental health professionals who currently work with Latino children between the ages of zero and thirteen. Each individual completed an online survey which included an Acculturation Scale and Strengths and Difficulties Questionnaire to help determine the relationship. This quantitative study and surveys are meant to help researchers understand issues of acculturation and how such issues pertain to Latino children's emotional and behavioral well-being.

### Acknowledgements

I would like to express my deepest gratitude to Catherine Marrs Fuchsel PHD, LICSW, Chair of my Clinical Research Committee, for her mentorship and encouragement throughout this project. I would also like to acknowledge my wonderful committee members Elizabeth Franklin, LICSW, and Christina Gonzalez, LICSW, two people who truly practice what they preach, for their commitment and dedication to the Latino community. I could not have completed this project without their guidance, encouragement and willingness to give helpful feedback, which made my project that much stronger. Finally, the completion of this clinical paper would not have been possible without the unconditional love, support and patience of my friends and family, specifically my fiancé Keith Peterson, my parents, Marty and Jean Benson, my amazing classmate, Megan Kramer and the Advanced Standing 1-year program Cohort. I'd also like to acknowledge the MSW Program Faculty and Staff at The College of St. Catherine and The University of St. Thomas who have accompanied me throughout this process.

**Table of Contents**

Title Page.....	1
Abstract.....	2
Acknowledgements.....	3
Table of Contents.....	4
List of Figures and Tables.....	5
Introduction.....	6
Conceptual Framework.....	8
Literature Review.....	10
Methodology.....	30
Findings.....	33
Discussion.....	43
Implications for Social Work Practice.....	45
Implications for Research.....	47
Implications for Policy.....	48
Strengths and Limitations.....	49
References.....	52
Appendices.....	57

**Figures and Tables**

Table 1: Child Acculturation Scale.....	35
Table 2: Difficulty Area for Child.....	36
Table 3: Acculturation Scale and Emotional Scale Crosstab.....	37
Table 4: Acculturation Scale and Conduct Scale Crosstab.....	38
Table 5: Acculturation Scale and Hyperactivity Scale Crosstab.....	39
Table 6: Acculturation Scale and Peer Difficulties Scale Crosstab.....	40
Table 7: Acculturation Scale and Prosocial Scale Crosstab.....	41
Table 8: Age of Child and Acculturation Scale Crosstab.....	42
Table 9: Acculturation Scale and Area of Difficulties Crosstab.....	42

## Acculturation and the Effects on Latino Children's Emotional and Behavioral Well-Being

### **Introduction**

The U.S. is a diverse country that has been and continues to be shaped and formed by immigrants from all over the world. Immigrants who have journeyed from their country of origin in hopes of improving their lives or those of their families have been occurring for generations. The U.S. is currently experiencing one of the largest waves of immigration in its history (Suarez-Orozco & Suraez-Orozco, 2001). The Latino population constitutes this rapidly growing immigrant population in the U.S. The Latino population consists of individuals from Mexico, Cuba, Dominican Republic, Puerto Rico, Central America, South America and other Latin American countries. In 2010, Latinos made up 16.3% of the nation's total population, thus making people of Latin origin the nation's largest ethnic or race minority in the U.S. (U.S. Census Bureau, 2010). Foreign-born Latino immigrants account for nearly 40% of all Latinos living in the U.S. today (U.S. Census Bureau, 2007). In addition, it's been reported that there are 10.7 million Latino family households in the U.S., and children under the age of 18 make up 61.1% of these families. It is possible that the census data that has been collected thus far is underestimated due to the large numbers of undocumented Latinos residing in the U.S. who do not take part in the census. It is projected that in 2050, there will be 132.8 million Latinos living in the U.S. (U.S. Census Bureau, 2011). Due to the growing population of Latinos in the U.S., it is important to understand the unique characteristics, challenges and differences within this culture. It is also important to note that the Latino population is a mixture of newly arrived immigrants, U.S. born citizens and multi-generational immigrants. Latino immigrants move to the U.S. for a variety of reasons, such as:

financial and economic hardship in their native country, removing themselves from violent situations and persecution, to reunite with families that have immigrated in previous years and to create a better life for themselves and their children.

When Latino immigrants arrive in the U.S. they are often shocked by the reality of financial burdens, language barriers and cultural differences. Latinos who have immigrated to the U.S. face multiple challenges and cultural changes on a daily basis, language barriers and the continuous adjustment to life in the U.S. This process is known as acculturation. *Acculturation* is a process in which members of one cultural group adopt the beliefs, norms and behaviors of another group. Acculturation is essential to the experience of Latinos in the U.S (Berman, Bilot, Meek, Miranda, & Peluso, 2006). Many immigrant and Latino families experience pressures such as poverty, low income, discrimination, and language and cultural barriers. While new immigrants to the U.S. may have already survived significant traumas in their native countries or during immigration, they also experience a dramatic change in moving to a new country and may encounter difficulties related to their documentation status, such as fear of deportation or discrimination. When families are troubled by such challenges, the resulting stress, conflict, and destructive coping mechanisms can raise the risk of substance abuse and mental health issues in children and adolescents (Birman, Gonzales, Knight, & Sirolli, 2006). However, families that have lived in the U.S. for several years or were born here continue to struggle with acculturation as well.

There is limited research that suggests a relationship between Latino children and their acculturation level and their emotional and behavioral well-being. However, there is current research that suggests that the parents' acculturation level affects their child's



emotional and behavioral well-being as well. The researcher would like to determine a relationship between Latino children's acculturation level and their emotional and behavioral well-being, as well as whether or not the parental acculturation level plays an additional role in the child's mental health. The study will contribute to existing literature and help fill gaps related to the relationship between two variables: acculturation level and emotional and behavioral well-being of Latino children. The research question for this study is: "Is there a relationship between acculturation level and the emotional and behavioral well-being of Latino children between the ages of 0-13?" The researcher seeks to determine a correlation between these two variables, as it would provide social workers and mental health professionals with a better understanding of the diverse experiences that Latino children face, some examples of these diverse and somewhat stressful experiences are: discrimination, acculturation, immigration, cultural traditions and familial conflict due to differing acculturation levels and how these experiences pertain to their individual emotional and behavioral well-being. The data will be collected using a survey, which mental health professionals who provide services to Latino children and their families will complete. The findings will hopefully be able to assist social workers who work directly with this population during the initial assessment, since possible cultural factors may play significant roles in the diagnostic process.

### **Conceptual Framework**

As social workers, it is important to use multiple theories to help aid in the approach of understanding different questions or concerns that arise on a day-to-day basis when working with clients. It is also important when conducting clinical research to use a variety of theories to assist in the explanation and exploration of important issues and

questions that need to be answered or addressed. The researcher's conceptual framework incorporates the ecological perspective and the strengths based perspective to approach the clinical research question, which was viewed in the introduction portion of the research.

### **Strength's Based Perspective**

While Latino immigrants experience multiple challenges and stresses during and after the immigration process from their country of origin, it is also important to recognize the different strengths that Latino immigrants bring with them from their native cultures and to understand how the use of these strengths can be used to benefit their emotional, financial and physical well-being. In order to understand these individual strengths Dennis Saleebey's strengths based approach is utilized. The model emphasizes humans' capacities for resilience, courage and strength when faced with life's challenges (Robbins, Chatterjee, & Canda, 2006). When these strengths, values, goals and talents are recognized within and by the individual, the social worker is able to assist the client in learning how to use these positive qualities to change and grow. This model also encourages empowerment within the individual and allows them to make the necessary changes on their own and to understand that the multiple challenges they may face can be overcome. This is important when exploring the degree of parental acculturation and its effects on their young children's emotional and behavioral well-being.

### **Ecological Perspective**

The ecological perspective or theory combines many multidisciplinary approaches to study the relationship between the human being and his or her environment. The

underlying idea in the ecological perspective is that an individual is influenced and affected by their environment, whether that environment is home, work, community, school, or society. In turn, the individual can also influence his/her environment. Due to the constant cultural and environmental changes that Latino immigrant individuals and families experience throughout their lives, the ecological theory is an appropriate lens in which to view the reason that these changes occur.

Additionally, the ecological perspective suggests that people's problems and needs are created by stressful person-environment interactions, including difficulties with organizational/social network resources as well as physical and social environments. Ecological theory also emphasizes the role of community, social support, and the physical environment on the overall growth and well-being of individuals. The focus on cultural values such as *collectivismo* and *familisimo* is very clear in the Latino population. The importance of community for Latinos is shown in the close connection to support and reliance on extended family. Latino's tend to use their community, family or social support systems to address mental health or acculturative stress concerns. Latinos will often turn to their family members or support systems for relief versus a mental health agency. Individuals depend on their culture to provide a sense of meaning, and when it collides with another culture, that conflict can create significant amounts of stress.

### **Literature Review**

In this section, I will begin by defining the Latino population, culture and who is currently experiencing immigration. Second, acculturation will be defined including the

varying degrees of acculturation in relation to the Latino population. The effects of acculturation on children's emotional and behavioral well-being will be discussed using previous and current literature along with studies that have addressed parental acculturation levels and the effects it has on their children. The literature review will conclude with current best practices to utilize with Latino children and families who may be experiencing mental health problems.

### **Latino Population**

The national origin of the U.S. Latino population is increasingly diverse. The majority of Latinos, approximately 60%, claim Mexican heritage, with the remainder originating from Puerto Rico (10%), Central and South America (28%), and Cuba (3.58%) (U.S. Census Bureau, 2007). The growth of the Latino population has increased through immigration and birth in the U.S. by a foreign born parent or parents. Research suggests that the majority of the reason for this growth has not been immigration necessarily, but native birth. 44% of all Latinos currently living in the U.S. are naturalized citizens (Fraga, Garcia, Hero, Jones-Correa, Martinez-Ebers, & Segura, 2010). It is common for most Latinos to share Spanish as their common language; however significant differences exist among Latino groups. Some groups have resided in the U.S. for multiple generations and use English as their first language, while some choose to identify more with their own country of origin (Moore, 2001).

The Latino population in the U.S. is fairly young, with 25.3% naturalized citizens and 3.8% foreign born under the age of 18, for a total of 51.4% of Latino children living in the United States (Pew Hispanic Center, 2010). Within the U.S. school systems there are approximately six million Latino children in grades kindergarten through twelfth

grade (Gonzalez-Ramos & Gonzalez, 2005). In addition, it has been found that immigrant children are much more likely to live in poverty than U.S. born Latino children. Twenty one percent of immigrant children currently live in poverty, and 14% of these children are born into native Latino families (Hernandez, 2004). Latino families continue to grow at an increasing rate and this is possibly influenced by cultural values that encourage Latino parents to have large families. Since this study is being conducted in the Midwest it is important to note that only 7% of the entire Latino population in the U.S. is reported to live in the Midwest region, according to the 2010 U.S. Census (U.S. Census Bureau, 2010).

### **Latino Immigration**

Latino individuals and families have been immigrating and migrating to the U.S. from their native countries for over two centuries. Latino immigrants come to the U.S. due to various challenges in their home environment, including war, poverty, homelessness, lack of food and effects of natural disaster. The “American dream” is an expression that has been used in the U.S. for many years, which implies achieving a successful and satisfying life as a result of hard work (Fraga, et al., 2010). The appeal of the American dream has been seen as one of the most significant motivators for several generations of immigrants who have come to the U.S. to escape the lack of opportunity, education and poor quality of life in their home countries (Fraga, et al., 2010). For many Latinos, coming to the U.S. is the only option for a better life and safety for themselves and their children.

There are many stressors that Latinos face when they immigrate to the U.S., and those stressors include the immigration process itself. Immigration can be, or is often,

extremely dangerous and traumatic if immigrants are crossing the U.S. border illegally. It is also highly traumatic if an individual is fleeing their country of origin due to war and not leaving by choice. In addition to the immigration process, once arrived in the U.S., Latino immigrants often face multiple challenges that include homelessness, language barriers, discrimination and poverty. Latino immigrants are often experiencing significant adjustments to their new environment while grieving the loss of family members that were left behind in their native counties at times including children, culture and familiar environments.

### **Latino Culture**

In order to understand acculturation issues in Latino families and children, it is important to understand Latino culture. It is important to note that not all Latino families share the same meaning of Latino culture. Cultural differences and similarities differ among cultures and subgroups (e.g., gender, age, ethnic background and acculturation level). Traditional Latino cultural values explain the shared norms, behaviors, ideas, religion and practices among this ethnic group (Organista, 2007). The culture values of *familismo*, *personalismo*, *simpatia*, *respeto* and *colectivismo* help describe the structure and functioning of Latino families and individuals. *Familismo* refers to the strong emotional and physical interdependence between members within the nuclear and extended family. It also refers to certain beliefs, attitudes and behaviors around how families are structured within the family system. This cultural value is believed to be the most important factor that influences the lives of Latinos (Bacalloao & Smokowski, 2005; Organista 2007). *Personalismo* refers to the importance of building relationships and the value that is placed on relationships with people outside of their family. This

cultural value also emphasizes the importance of developing warm and friendly relationships with others versus impersonal or formal relationships (Organista, 2007). *Simpatia* is a value that encourages positive behavior, such as being polite and pleasant in the case of conflict with another person versus becoming hostile and rude, even if the individual is angry and feelings are hurt (Gamble & Modry-Mandell, 2008; Organista, 2007). *Respeto* implies paying respect to individuals of higher status, in terms of age, social position and profession. *Collectivismo* refers to the importance of the family and focusing more on the needs of the group versus the needs of the individual (Organista, 2007). As mentioned earlier, the degree to which each individual or family within the Latino population practices these values is influenced by how long the individual has been in the U.S. and their acculturation level, among other variables.

### **Acculturation**

Acculturation is defined as the degree of changes and characteristics that individuals, groups or families go through when they come into contact with another culture (Hovey, et al., 1996). It is also referred to as the process where immigrants change their cultural values and behaviors in order to adapt to their new host culture (Fraga, et al., 2010). Acculturation is often indicated by a number of factors such as bilingualism, language use, immigration status, cultural chosen behaviors and social customs (Martinez, 2006). There are different views and perceptions in regard to, the process of acculturation and the definition. Berry (2003) explains the acculturation process as a three-phase process, which is described by contact, conflict and adaption. *Contact* refers to how the situation occurs when two different cultural groups meet (e.g., immigration or seeking refuge); *conflict* refers to the tension or differences that may

occur when one cultural group tries to dominate the new cultural group; and *adaptation* refers to the aftermath when the foreign culture is able to adapt to its host culture with accommodation from the host culture.

Additionally there are varying degrees of acculturation that an individual or group faces when immigrating to a new country. The acculturation process begins when an individual or family moves to a new country or when a child is born to first generation immigrant parents within the new culture, and will most likely continue for several generations. Acculturation is not automatic, and individuals who experience cultural changes will acculturate at varying rates.

Current cultural research explains four different degrees of acculturation: assimilation, enculturation, biculturalism and segregation. Assimilation is related to the individuals' high level of involvement within the host culture and with that the individual will lose their original cultural identity as they identify more with the dominant culture (Smokowski, et al., 2006). Enculturation refers to establishing a positive relationship with the dominant culture while continuing to retain their individual original cultural identity. A moderate to high level of involvement in both cultures defines biculturalism (Smokowski, et al., 2006). Segregation refers to when an individual does not acculturate to the new host culture and remains 100% involved with their native country or culture.

### **Effects of Acculturation and Family Functioning**

As mentioned previously the family is at the center of the Latin culture (Frevort, Kern, & Miranda, 1998). The Latino family has been described as an emotional support system which helps provide support for its family members against physical and



emotional stressors (Hovey, D & King 1996). It seems that cultural family values are changing as a result of acculturation. Parents who are immigrants or have recently immigrated, tend to acculturate and adapt to the host culture (the U.S.) at a slower rate than their children. The cultural differences between parents and children can cause conflict, resulting in misunderstanding, frustration and extended family conflicts (Berman et al., 2006). Berman & Colleagues (2006) found that children in Latino families tend to learn English at a faster rate than their parents and the child also tends to socialize with peers in the community at a much faster rate than their parents because they are placed into mainstream American culture at a young age. Family conflicts become especially severe and more common when the child who has become “Americanized” reaches adolescence. Children commonly become involved in the U.S. culture faster than adults, creating an “acculturation gap” between generations that is seen to be one of the main causes of parent-adolescent conflict (Berman et al., 2006). This cultural gap between parents and their children can result in alienation between each other and may also fuel adolescent rebellion.

Family conflict caused by acculturation has had negative effects on Latino adolescents. Smokowski & Colleagues (2006) found that Latino adolescents are highly likely to experience rapid culture changes and are at particularly high risk for negative mental health behaviors such as substance abuse, aggressive behavior, and suicide. Additionally, parent-adolescent conflict was the strongest risk factor for adolescent aggression. Martinez (2006) found that immigrant Latino parents experience frustration when they are unable to reestablish authority with their more “Americanized” children and thus may in turn reduce their attempts to support, communicate and properly monitor

their teens, which increases the adolescents' susceptibility to peer influences and substance abuse. As mentioned previously, aggression and substance use and abuse by Latino youth are two mental health concerns that have been investigated by researchers and are found to have a relationship with acculturation.

The progression of the acculturation process for both the parent and adolescent can be powerful enough to interfere with the parent/adolescent relationship, but can also be undermined by traditional Latino values (Allen, Svetaz, Hardeman & Resnick, 2008). Sabogal, Marin, Otero-Sabogal, Marin, and Perez-Stable (1987) studied the effects of acculturation on *familism* in a Latino sample ( $n = 452$ ) compared to non-Latino Whites ( $n = 227$ ) and found that even the most acculturated Latinos were more family-oriented than non-Latino Whites. In addition they found that family obligations and values remained consistent across Latinos with differing levels of acculturation. Although conflicts do arise when family members acculturate at different levels, the majority of Latinos continue to value their core tradition of *familism*.

### **Mental Health Issues among Latino Children**

The proportion of Latino children is growing rapidly as mentioned previously in the literature and according to the 2010 United States Census, 32.4% of Latino children under the age of 18 (native and foreign born) live below the poverty level. The well-being of children who live below the poverty level compares negatively to those children who live above the poverty level. There are multiple factors that contribute to this disparity: general health (poorer), health care (services underutilized), housing (lack of adequate or housing in general), nutrition (hunger and obesity), early childhood education (less enrollment and underutilization) and mental health (services underutilized). The stress

that living in poverty brings to Latino families and children throughout the U.S. is often expressed in multiple ways including mental health difficulties. The effects of living in poverty are strongly associated with social and developmental problems in children (Cafferty & Engstrom, 2000, p. 239). A study done by Mistry & Colleagues, 2008 examined the effects of socioeconomic status on preschool children's cognitive and behavioral outcomes and whether the relation between the two was determined by family nativity status and the quality of the child's home environment. Research was conducted using longitudinal data from the National Early Head Start Research and Evaluation Project, a series of parent service interviews, primary caregiver interviews and child assessments. The data came from 1,459 low-income families (n = 257 and 1,202 immigrant and native families). Findings suggest that there is no direct effect of socioeconomic status on children's cognitive and behavioral outcomes across both immigrant and native families. However, it was found that the children's cognitive and behavioral outcomes were influenced by the parents' ability to provide children with educationally-enriching experiences and reductions in parenting stress. They did find that parenting stress due to low socioeconomic status among immigrant households affected children's aggressive behavior.

Tarshis & Colleagues (2006) conducted a study based on primary care providers' identification of psychosocial problems in 269 low-socioeconomic status Latino children, ages two through sixteen who were seen on a consistent basis at a community clinic for well-child care. Using assessments of child psychosocial problems, clinicians found one or more psychosocial problems in 39.8% of children. The clinicians broke it down to 20% of children showing clinically significant aggression symptoms, 18% of children

showing attention/hyperactivity symptoms and 0% of the children showing anxiety/depression symptoms. These findings are surprising since anxiety and depression have been found to be the most common mental health concerns among Latinos. The findings of this study suggest that mental health professionals versus primary care providers should complete the assessments and diagnosis process of mental health disorders among Latino children.

There has been growing concern about the vulnerability of Latino children to mental health problems in the U.S. There is ongoing research on the mental health status of Latino children and their families. As mentioned previously, these problems stem from high rates of poverty among Latino families and acculturative stress (Weiss, Goebel, Page, Wilson, & Warda, 1999). In addition, many immigrant families have experienced prior trauma in their native country or during the immigration process. When children are exposed to psychological and social stressors (e.g., poverty, family disruption, and violence) they are at risk for serious emotional problems (Azar, Garrison, & Roy, 1999). The mental health of child immigrants, particularly very young children and early adolescents, is strongly associated to the mental health of their parents, most often their mothers. The major stressors that mothers and fathers typically encounter before, during, and after immigration adversely affect the child's mental health. Immigrant children have been diagnosed with a variety of mental disorders including adjustment, anxiety, depressive, and conduct disorders (Azar, et al., 1999). With respect to anxiety disorders, Ginsburg and Silverman (1996) found that Latino children were more likely to experience separation anxiety disorder and to be rated by their parents as more fearful. Hovey and King (1996) found that one fourth of Latino-American adolescents reported

high levels of depression and suicidal ideation, which were positively correlated with the stress brought on through the acculturation process.

Unfortunately, there is limited research available concerning the mental health of Latino children, but it has been agreed that Latino children are at higher risk for mental health disorders due to the high-stress environments that the majority of these children live in. Poverty and cultural barriers are common stresses that can cause mental health problems in this young population. It is important to note that although these stressors are linked to mental health issues in Latino children, there are also certain protective factors in the Latino culture to positively address these stresses. Children who have strong supportive networks which include family, close friends, and religious or other groups are better able to deal with the ongoing pressures of stress. Few studies have examined the main causes of behavioral and emotional problems in Latino children or have found the factors which may be the cause of these problems. Even though there is increasing literature that addresses different mental health diagnoses of Latino children, data is still limited. In addition the impact of culture on accurate diagnostic assessments warrants further exploration. A study was explored in Padilla's (1995) *Hispanic Psychology* by researchers that examined different aspects of behavioral problems in Mexican-American preschoolers. Data about the actual diagnoses were absent in regards to this population, however they did conclude that in order to diagnose accurately, inclusion of cultural considerations when using the diagnostic system (eg., DSM IV) is extremely important.

### **Acculturation and Children's Mental Health**

Children of immigrants can be seen as vulnerable to mental health concerns when stress and pressure are present in Latino immigrant families experiencing difficulties with

the acculturation and immigration processes. According to the NAMI Multicultural Action Center's statistics on Latino Mental Health, there are higher rates of mental illness among U.S. - born and long term residents than recently immigrated Latinos. Stress caused by acculturation has been found to be a significant factor in contributing to cultural adjustment, psychosocial problems, lower self-esteem, higher depression and parent-child conflicts (Flores & Carey, 2000). Research has found a link between acculturation and poor psychological functioning. For example, Latino youth experience higher rates of antisocial behavior, delinquency, depressive symptoms and suicidal ideation when faced with acculturative stress (Gonzalez, et al., 2004). The literature currently available on the relationship between acculturation and Latino adolescent mental health is greater than the literature available on Latino children under the age of 12. Fortunately, there was a study conducted by Weiss & Colleagues (1998) focused on the impact of cultural factors on the behavioral and emotional problems of preschool Latino children. The factors they focused on were: financial status, cultural heritage, acculturation and family functioning. Parents of forty- two Latino preschool children participated in this study by completing six Spanish language questionnaires that included an assessment of child behavioral and emotional problems, an acculturation scale, a demographic questionnaire and three tools used to assess family functioning. The Child Behavior Checklist was used to determine behavioral and emotional problems for two and three-year olds. The degree of acculturation was measured using the number of years the child had lived in the U.S. and the parent's score on the Short Acculturation Scale. The level of acculturation was determined by these factors: language preference, level of English proficiency, ethnic relations, media preference and ethnic self-

identification. Based on the information given by Latino parents, it was found that 19% of the children showed mental health symptoms involving internalizing behaviors such as depression and withdrawal (Weiss, et al., 1998). The results of the study also found that Latino children whose parents were not born in the U.S. were more likely to have mental health problems than those who did not have an immigrant status, namely aggressive and destructive behavior. It is important to note that although the parents' immigration status was significantly related to their children's emotional and behavioral health, acculturation did not show any relationship to children's problems (Weiss, et al., 1998).

As mentioned previously, limited research on young Latino children's experiences with individual acculturation has been found. However, an acculturation scale for Mexican-American children has been developed and utilized. Franco (1983) developed the scale because problems related to acculturation and its effects on behavior and emotions have been of interest to mental health professionals and educators that work with this population. Franco (1983) investigated the factors that were closely related to acculturation by conducting interviews with Mexican-Americans of all acculturation levels, reviewing past literature and conversing with experts in the field. The following factors were found: language familiarity and preference, religion, education, parental income and occupation, food and entertainment preference, distance from the dominant culture and historical knowledge of different cultures. The scale he developed was designed to be used by teachers, parents or counselors who knew the child well since young children are still in the process of developing reading and writing skills. The use of this scale helped determine that the four most prominent acculturative factors among

children were language proficiency and preference, peer associations, parental occupations and education, and music preference.

Latino children who are in the process of acculturation face ongoing pressures by their peers and family to avoid acculturating into the new culture or to rapidly assimilate and leave their Latino culture behind. Although this is a common pressure, research has also found that both cultural practices can co-exist. For example, it is also common for Latino families to desire bilingualism and biculturalism for their children, giving their children the choice to use some Latino cultural and dominant practices and reject others (Monzo & Rueda, 2006).

In addition to the relationship between mental health problems between Latino children and acculturation, research has also been conducted considering the maltreatment of these children due to the stress experienced by the family resulting from recent immigration and acculturation. Fear, stress, loss, isolation and worries about the future are often factors that Latino families and individuals experience. Latino parents who are experiencing these factors may become aggressive or abusive towards their children causing an unsafe environment and lead to involvement with child welfare agencies (Dettlaff, Earner & Phillips, 2009). The stress of extreme differences in culture, language and traditions are significant and when family members are acculturating at varying degrees, tension arises, especially when parents no longer feel they are able to control their children. Research suggests that Latino parents who struggle with the ability to control their children and the child-parent relationship turn to inappropriate discipline tactics to try and retrieve that control. And while familial conflict and tensions can occur



when parents and children acculturate at differing levels, it is important to mention that not all conflict leads to maltreatment or untreatable mental health problems.

### **Parental Acculturation and Latino Children's Mental Health**

As mentioned previously, few studies have explored behavioral and emotional problems among Latino children ages zero to twelve. Additionally, the studies that have been conducted examining these problems have not investigated the impact of the degree of acculturation, cultural heritage or immigration status of the Latino child. However, there is research that suggests a child's behavioral or emotional well-being is influenced by their parents' acculturation level or immigration status. A study conducted by Dumka & Colleagues (1997) examined Latino mother's acculturation level and the impact on their young children's mental health. They found a relationship between depressive disorders among children and their mothers' low acculturation level. Research has also found links between externalizing problems (aggressive and destructive behavior) in Latino children and their parents' immigrant status (Weiss, et al., 1999). It is important to note that Latino children born even nine years after their parents' immigration to the U.S. show significant aggressive behavior starting at age two, suggesting that the multiple challenges and conflicts experienced by Latino families contribute to their child's emotional and behavioral well-being even years after the parents' initial immigration to the U.S (Weiss, et al., 1999). Parents who are immigrants or have recently immigrated to the U.S. tend to acculturate and adapt to the new culture at a slower rate than their children (Berman, et al., 2006). When a Latino child acculturates at a faster rate than his/her immigrant parents, the child is often left to cope on his/her own regarding their emotional and behavioral well-being and own acculturation stress (Gonzalez-Ramos &

Gonzalez, 2005). Since acculturation is such a dominant factor in the Latino culture and mental health, it is important to understand the unique differences and cultural challenges that Latino children face.

The maternal acculturative status plays a significant role in Latino children's mental health as discovered in this following study. Dumka, Roosa & Jackson (1997) conducted a study that focused on how family processes, risk factors and family conflict contributed to the development of children. One hundred twenty one low-income Latino parents and children (fourth grade level) were separately interviewed about parenting, family conflict, parental acculturative level and a child's mental health. The reports by both the child and parent found that higher levels of maternal acculturation were associated with lower levels of inconsistent discipline and less depression in children. The suggested reasoning behind this finding is that mothers with higher acculturation levels had greater proficiency in English, which may have an impact on the child's stress level when the child has to act as an interpreter for the parent. Also, Latino mothers' with high acculturation levels have more interactions with the U.S. culture and are thus able to help in the facilitation of their children's adjustment with peers and in school (Dumka, et al., 1997). Additionally, Latino mothers' are more aware of negative threats and pressures (e.g. violence, drug, discrimination and school dropout) against their children and they use consistent discipline practices as a protective factor. Using consistent discipline was also related to lower levels of conduct disorder in Latino children.

For Latino children, U.S. cultural knowledge is extremely important in their young lives because it helps them develop the skills required for educational success. A study done by Cortez (2008) found that many immigrant and first generation Latino

parents would change their cultural beliefs and adopt U.S. beliefs to enable their children to have better experiences and more success in school. However, when this occurs, parents can lose important bonds and attachments with their original support systems, which can have a crucial effect on their children's healthy development. When Latino parents give up or change their roles as part of the acculturation process, they are left with minimal tools to guide their children in life because the values and parenting techniques they have one learned are left behind (Cortez, 2008). Parents are often faced with difficult decisions, since keeping and sharing cultural beliefs with their children is important and significant in their growth, but they are also faced with the social stigma of doing so.

### **Mental Health Services for Latino Children and Families**

For more than twenty-five years, literature has repeatedly documented members of ethnic minority groups underutilizing mental health services despite the fact that they are possibility in need for the services. According to the NAMI Multicultural Action Center statistics on Latino mental health, among U.S. born Latinos with mental health disorders, fewer than one in eleven contact mental health specialists, and among Latino immigrants with mental health disorders, fewer than one in twenty use mental health services. Latinos are more likely to seek mental health services through their primary care clinic or an informal support system, such as family or other community members. There are multiple reasons that Latinos underutilize mental health services. One is the current lack of culturally competent mental health professionals and bilingual therapists. It has also been found that there is a stigma associated with mental health concerns and this also decreases the chances of seeking out appropriate mental health services. In addition, the

majority of Latinos living in the U.S., especially those who are undocumented, are uninsured, creating another barrier to services.

Early intervention with Latino families and their young children who may be experiencing emotional or behavioral problems is important in preventing major behavioral, affective or personality disorders in later years. Findings emphasize that the need for culturally sensitive interventions to address family's acculturative stress, cultural and familial conflict and mental health issues in young children, as well as resolving these problems through effective coping strategies and culturally competent treatment (Weiss, et al., 1998).

Due to the growing Latino population and the challenges they face, mental health has become an increasingly important issue for the community. However, mental health services continue to be underutilized by the Latino population. Aguilar-Gaxiola & Colleagues (1999) state that this is due to poor accessibility, language barriers, cultural differences in the perception of mental health disorders and fear of the unknown. Latinos who are currently utilizing mental health services need to be given the best culturally competent practice by mental health professionals. Mental health services, especially in schools, have been found to be beneficial in reducing behavioral problems in Latino children (Gonzalez-Ramos, et al., 2005). In order to address the behavioral and/or emotional difficulties that these children currently face, additional understanding of these children's experiences, acculturation levels and familial conflict need to be explored, gained and generated.

Mental health concerns among young children and adolescents are mainly observed and discovered in the school setting. Currently, there are several school systems throughout the U.S. that have culturally competent mental health professionals within the school system, which make services more accessible for Latino children. School-based mental health programs are available for all children who are in need, and since the programs are located within the school there is less risk of stigmatization (e.g. parental fear or concern of having a child labeled mentally ill). A study conducted by Azar and Colleagues (1999) investigated the most effective mental health practices with Latino children in school based programs. They offer a range of services of proven effectiveness in working with Latino children and their families who are struggling with mental health concerns. They also stress the importance of the mental health clinician being culturally competent when delivering these services. First, they must have an understanding of Latino culture, including the importance of family. Second, they must have a sense of the different challenges facing Latino children, including those related to the immigration experience, acculturative stress and language struggles between home and school. Third, they must have the appropriate attitudes, knowledge, and skills to work effectively with Latino children and their families, which can be acquired through professional training and ongoing direct practice with Latino children and families (Azar et al., 1999). It is also important for the clinician to be bilingual, speaking both English and Spanish in order to develop a concrete relationship with the family.

There are four commonly suggested methods of treatment to consider when working with a Latino child with mental illness: individual therapy, group therapy, family therapy and parent education. Family therapy has been the most common

treatment used with Latinos. Clinicians have advocated its effectiveness in responding to the strong familial networks, cultural traditions, and values of the Latino population. Bratton & Garza (2005) discussed the benefits of using a therapist-facilitated approach in play therapy with Latino children and involving parents in family play therapy. The family's strengths and coping skills could then be assessed and incorporated into treatment, thus maintaining the cultural value of family. Bilingual group therapy with Latino children and adolescents has been found to be useful in the treatment of anxiety, low self-esteem, and ethnic identity conflict and has been particularly effective in improving children's skills in expressing their feelings in English, as well as also increasing self-respect and pride in their culture (Azar et al., 1999). As mentioned previously, professional training in the delivery of culturally competent mental health services is absolutely essential for working with Latino families and children struggling with mental health concerns.

A brief summary of the literature reveals valuable information about acculturation and the role it plays within Latino families and how it affects the mental health of Latino children. Additional information was given in order for the reader to form a deeper understanding of the Latino culture and the prevalence of this topic. This researcher would like to determine a relationship between Latino children's acculturation level and their emotional and behavioral well-being, including whether or not the parental acculturation level plays an additional role in their mental health. The researcher hypothesizes that to a certain degree a child's acculturation level will affect their emotional and/or behavioral well-being. In addition, parental acculturation levels will also affect their child's emotional and/or behavioral well-being.

## **Methodology**

### **Research Design**

This study is a quantitative cross-sectional design. Quantitative data was collected to determine the relationship between the dependent variable, acculturative level and the independent variable, Latino children's emotional and behavioral well-being. The target participants were sent recruitment e-mails (see Appendix A), informed consent forms (see Appendix B) and a letter of support from the agencies from which the participants were recruited from (see Appendix C). Participants were sent an online survey through Qualtrics, a software system that creates surveys for research purposes. This survey was intended to determine the relationship between Latino children's acculturation level and their emotional and behavioral well-being.

### **Data Collection**

The survey (see Appendix D) included three different categories: demographics, acculturation level, and children's mental health. The survey included twelve questions in the demographic portion, ten questions for the child acculturation scale and twenty nine questions for the child mental health tool. The data collection instrument used was a survey developed by this researcher including Juan Franco's (1983) Acculturation Scale for Mexican American Children and the Strengths and Difficulties Questionnaire, which is a brief behavioral screening questionnaire for children ages three through sixteen that measures both prosocial behavior as well as areas of difficulty such as conduct problems, inattention/hyperactivity, peer problems, and emotional problems.

### **Measurements**

Responses were examined using descriptive and inferential statistics. Analysis of data was conducted using frequency and descriptive tests. Descriptive and inferential statistics were analyzed using the Statistical Package for Social Sciences (SPSS 19.0). Inferential statistics were conducted to determine the correlation between acculturation and Latino children's emotional and behavioral well-being. The variables addressed through the methods of correlation is the child's acculturation level based on the acculturation scale and their emotional and behavioral well-being based on the Strengths and Difficulties Questionnaire. The independent variable is the child's emotional and behavioral well-being and the dependent variable is the child's acculturation level. The research question proposed was this: is there a relationship between acculturation and Latino children's emotional and behavioral well-being? The hypothesis was: there is a relationship between acculturation and Latino children's emotional and behavioral well-being. The null hypothesis was: there is not a relationship between acculturation and Latino children's emotional and behavioral well-being.

### **Population Sample**

The study included mental health providers who practice in the Minneapolis/St. Paul metro area, who work with Latino clients, ages zero through twelve and their families. Participants were selected based on the ability to provide this researcher with information related to Latino children's mental health and acculturation. The requirement for participation in this study was that the individual occupy a position that provides direct clinical services to Latino families and children. Mental health professionals that work closely with this population were able to provide accurate and important



information for this study. A convenience sample of mental health professionals was used, whose information was located through this researcher's professional connections, as well as email lists available to this researcher through public agencies. Once the researcher received the list of emails, a formal recruitment email was sent (see Appendix A). Participants were voluntarily asked to participate in this anonymous survey regarding the population they work with. Additional precautionary steps were taken in order to protect this at risk population, through the use of agency support letters, informed consent forms and recruitment e-mails discussing the intent of this research project.

### **Measures for Protection of Human Subjects**

Multiple measures were taken by this researcher in order to protect participants who agreed to participate in this study. The researcher contacted multiple mental health agencies requesting their support and approval to send out an online survey to mental health professionals within their agency. A letter (see Appendix C) from each agency was signed to approve this researcher's study and use of mental health professionals within each agency. An example of the survey (see Appendix D) distributed to the designated participants was also available for agencies to view if desired. Participants were electronically provided a consent form (see Appendix B), which included a detailed explanation of the purpose of the research and the reason they were selected to be participants in this research study. The researcher's contact information and the researcher's supervisory chair information were included in case a participant had any questions or concerns. Participants were not contacted directly during the data collection process. Contact information of the participants was only seen by the researcher and destroyed after use. Each practitioner that agreed to participate was informed that their

identity would remain confidential; they were also informed as to how the information from the survey would be utilized. Every effort was made to design the demographic questions so that identifying information was kept to a minimum. In addition, survey data was kept in a password secure file located within the researcher's computer.

### **Findings**

Sixty-seven surveys were e-mailed via Qualtrics to mental health professionals who work with the Latino population. As of March 29<sup>th</sup>, 2013, 14 were completed and collected for a response rate of 21% percent. Each individual chose a single Latino client between the age of zero to thirteen about whom they answer the survey questions. The survey (See Appendix D) was split into three categories, demographics of the child, acculturation status and mental health functioning.

#### **Descriptive Analysis Demographics**

The first category, demographics, (See Table. 1) indicated that participants (clients chosen by clinicians) for this study were seven female (50%) and seven male (50%). Among them, two (14.3%) were under the age of five; six (42.9%) were between the ages of 6-10; and the remaining six (42.9%) were between the ages of 11-13. 100% of the participants came from a Mexican background. Thirteen (92.9%) of the participants are bilingual and one (7.1%) is not. Five (35.7%) of the participants parents are bilingual and nine (64.3%) of the participants' parents are exclusively Spanish-speaking. Six (42.9%) of the participants come from a family whose income is \$20,000 or less, six (42.9%) come from a family whose income is \$20,000-\$30,000, one (7.1%) comes from

a family whose income is \$40,000-\$50,000 and one (7.1%) comes from a family whose income is \$60,000 or more.

### **Descriptive Analysis Acculturation**

In order to measure the level of acculturation of each participant, the researcher used a Children's Acculturation Scale created by Juan N. Franco in 1983 (see Appendix D). The scale is a 10-item Likert-type scale which requires the rater to respond on a one-to-five scale. The items on this scale were intended to help the researcher determine the acculturation level as it relates to children's emotional and behavioral well-being. Once the scales were complete, the researcher scored each individual scale by using SPSS. The acculturation score ranges from 1 to 5; the higher the score the more acculturated the individual is. Individuals scoring near 1 tend to be "Less Acculturated", those scoring near 5 tend to be much "Acculturated"; those scoring near 3 tend to be "Bicultural". One (7.1%) had a score of 2, which means they tend to be "Less Acculturated", three (21.4%) had scores between 2-3, which means they tend to be between "Less Acculturated" and "Bicultural," eight (57.2%) had scores between 3-4, which means they tend to be "Bicultural" and two (14.3%) had scores above 4, which means they tend to be "Acculturated".

**Table 1**

**Child Acculturation Scale**

	Frequency	Percent	Cumulative Percent
Valid Acculturated	2	14.3	14.3
Bicultural	8	57.1	71.4
Less Acculturated	4	28.6	28.6
Total	14	100.0	100.0

**Descriptive Analysis Mental Health**

In order to measure the emotional and behavioral well-being of each participant, the researcher used The Strengths and Difficulties Questionnaire (SDQ), which is a brief behavioral screening questionnaire for children ages 3 to 16 that measures both prosocial behavior as well as areas of difficulty such as conduct problems, inattention/hyperactivity, peer problems, and emotional problems. Once completed the researcher scored each SDQ using an online scoring website; the 25 items in the SDQ comprise 5 scales of 5 items each. Somewhat True is always scored as 1, but the scoring of Not True and Certainly True varies with the item. For each of the five scales the score can range from 0-10 if all 5 items were completed. Once completed, a question was asked to determine which mental health difficulties are most prevalent with each individual child (see table 2). Eight of the children (57.1%) struggle with emotional difficulties, three of the children (21.4%) struggle with concentration difficulties, two of the children (14.3%) struggle with behavior difficulties and one child (7.1%) struggles with getting along with peers.

**Table 2**

Difficulty Area for Child			
	Frequency	Percent	Cumulative Percent
Emotions	8	57.1	57.1
Concentration	3	21.4	78.6
Behavior	2	14.3	92.9
Getting along with peers	1	7.1	100
Total	14	100	

**Inferential Analysis**

As mentioned previously, the purpose of this study is to investigate the relationship between Latino children's emotional and behavioral well-being and their acculturation level. Unfortunately, the number of respondents was too small to determine whether or not the correlation was significant. Crosstabulation tables were used to display the information. The following five crosstabulations will examine the children's acculturation level and each small scale within the SDQ questionnaire: emotional scale, conduct scale, hyperactivity scale, peer difficulties scale and prosocial scale.

The crosstabulation (Table 3) examines the child's acculturation level and their score on the emotional scale. Nine of the children's scores in the emotional scale are in the average range (64%) and five of the children's scores in the emotional scale are in the high range (36%). Of the nine children in the average range on the emotional scale, one child is acculturated, six children are bicultural and two are less acculturated. Of the five

children in the high range on the emotional scale, one child is acculturated, two children are bicultural and two children are less acculturated. The findings in this crosstabulation show that one child in the high emotional range is acculturated, two children in the high emotional range are bi-cultural and two children in the high emotional range are less-acculturated.

**Table 3**

**Acculturation Scale and Emotional Scale Crosstabulation**

			Emotional Scale		Total
			Average	High	
Acculturation Scale	Acculturated	Count	1	1	2
		Percent	50%	50%	100%
	Bi-cultural	Count	6	2	8
		Percent	75%	25%	100%
	Less Acculturated	Count	2	2	4
		Percent	50%	50%	100%
Total	Count	9	5	14	
	Percent	64%	36%	100%	

The crosstabulation (Table 4) examines the child’s acculturation level and their score on the conduct scale. Seven of the children’s scores in the conduct scale are in the average range, three of the children’s scores are in the borderline range and four of the children’s scores in the conduct scale are in the high range. Of the seven children in the average range on the conduct scale, no children are acculturated, four children are bicultural and three are less acculturated. Of the three children in the borderline range on the conduct scale, one child is acculturated, two children are bicultural and no children are less acculturated. Of the four children in the high range on the conduct scale, one

child is acculturated, two children are bicultural and one child is less acculturated. The findings in this crosstabulation show that one child in the high conduct range is acculturated, two children in the high conduct range are bicultural and one child in the high conduct range is less acculturated.

**Table 4**  
**Acculturation Scale and Conduct Scale Crosstabulation**

			Conduct Scale		
			Average	Borderline	High
Acculturation Scale	Acculturated	Count	0	1	1
		Percent	0%	50%	50%
	Bi-cultural	Count	4	2	2
		Percent	50%	25%	25%
	Less Acculturated	Count	3	0	1
		Percent	75%	0%	25%
Total	Count	7	3	4	

The crosstabulation (Table 5) examines the child’s acculturation level and their score on the hyperactivity scale. Eight of the children’s scores in the hyperactivity scale are in the average range, one of the child’s scores are in the borderline range and five of the children’s scores in the hyperactivity scale are in the high range. Of the eight children in the average range on the hyperactivity scale, one child is acculturated, four children are bicultural and three are less acculturated. Of the one child in the borderline range on the hyperactivity scale, no children are acculturated, no children are bicultural and one child is less acculturated. Of the five children in the high range on the hyperactivity scale, one child is acculturated, four children are bicultural and no children are less acculturated. The findings in this crosstabulation show that one child in the high hyperactivity range is

acculturated, four children in the high hyperactivity range are bicultural and no children in the high hyperactivity range are less acculturated.

**Table 5**

**Acculturation Scale and Hyperactive Scale Crosstabulation**

			Hyperactive Scale			Total
			Average	Borderline	High	
Acculturation Scale	Acculturated	Count	1	0	1	2
		Percent	50%	0%	50%	100%
	Bi-cultural	Count	4	0	4	8
		Percent	50%	0%	50%	100%
	Less Acculturated	Count	3	1	0	4
		Percent	75%	25%	0%	100%
Total	Count	8	1	5	14	
	Percent	57%	7%	36%	100%	

The crosstabulation (Table 6) examines the child’s acculturation level and their score on the peer difficulties scale. Ten of the children’s scores in the peer difficulties scale are in the average range, one of the child’s scores are in the borderline range and none of the children’s scores in the peer difficulties scale are in the high range. One of the children’s peer difficulties scale score was unable to be conducted because it was not answered. Of the ten children in the average range on the peer difficulties scale, two children are acculturated, six children are bicultural and two children are less acculturated. Of the one child in the borderline range on the hyperactivity scale, no children are acculturated, no children are bicultural and one child is less acculturated. No children are in the high range on the peer difficulties scale. The findings in this



crosstabulation show that none of the children are in the high range for the peer difficulties score.

**Table 6**

**Acculturation Scale and Peer Difficulties Scale Crosstabulation**

			Peer Difficulties Scale			Total
			No Answer	Average	Borderline	
Acculturation Scale	Acculturated	Count	0 0%	2 100%	0 0%	2 100%
	Bi-cultural	Count	1 13%	6 75%	0 0%	8 100%
	Less Acculturated	Count	0 0%	2 50%	1 25%	4 100%
Total		Count	1 7%	10 71%	1 7%	14 100%

The crosstabulation (Table 7) examines the child’s acculturation level and their score on the prosocial scale. Eleven of the children’s scores in the prosocial scale are in the average range, one of the child’s scores are in the borderline range and two of the children’s scores in the prosocial scale are in the high range. Of the eleven children in the average range on the prosocial scale, one child is acculturated, seven children are bicultural and three are less acculturated. Of the one child in the borderline range on the prosocial scale, the child is acculturated. Of the two children in the high range on the prosocial scale, one child is bicultural and one child is less acculturated. The findings in this crosstabulation show that one child in the high prosocial range is bicultural and one child in the high prosocial range is less acculturated.

**Table 7**

**Acculturation Scale and Prosocial Scale Crosstabulation**

			Prosocial Scale			Total
			Average	Borderline	High	
Acculturation Scale	Acculturated	Count	1	1	0	2
		Percent	50%	50%	0%	100%
	Bi-cultural	Count	7	0	1	8
		Percent	88%	0%	13%	100%
	Less Acculturated	Count	3	0	1	4
		Percent	75%	0%	25%	100%
Total	Count	11	1	2	14	
	Percent	79%	7%	14%	100%	

Table 8 represents the age of the child and their acculturation level. The two of the children under the age of five are less acculturated. Two of the children between the ages of 6-10 are acculturated; three of the children between the ages of 6-10 are bicultural. None of the children between the ages of 11-13 are acculturated, five of the children between the ages of 11-13 are bicultural and one of the children between the ages of 11-13 is less acculturated.

**Table 8**

**Age of Child and Acculturated Scale Crosstabulation**

			Acculturation Scale			Total
			Acculturated	Bi-Cultural	Less Acculturated	
Age of Children	11-13	Count Percent	0 0%	5 83%	1 17%	6 100%
	5 and Under	Count Percent	0 0%	0 0%	2 100%	2 100%
	6-10	Count Percent	2 33%	3 50%	1 17%	6 100%
Total		Count	2	8	4	14
		Percent	14%	57%	29%	100%

Table 9 represents the child’s acculturation level and the highest range of area of difficulty for the child.

**Table 9**

Difficulty Area of Child		Acculturation Scale			Total
		Acculturated	Bi-cultural	Less Acculturated	
Emotions	Count	1	4	3	8
	Percent	13%	50%	38%	100%
Concentration	Count	0	3	0	3
	Percent	0%	100%	0%	100%
Behavior	Count	1	1	0	2
	Percent	50%	50%	0%	100%
Getting along with peers	Count	0	0	1	1
	Percent	0%	0%	100%	100%
Total	Count	2	8	4	14
	Percent	14%	57%	29%	100%

### Discussion

The purpose of this research was to determine if a relationship exists between Latino children's emotional and behavioral well-being and their acculturation level. Specifically, the research question states: "Is there a relationship between acculturation and Latino children's emotional and behavioral well-being?" Collected surveys (see Appendix D) address both components of the research question. Mental health professionals who participated in the survey chose a Latino child who they currently work with to answer the survey questions. Survey results are inconclusive because of the low number of respondents. However, there is interesting data that was discovered while analyzing the survey results. Eight of the fourteen respondents reported that the child was bicultural. Another interesting factor was that the two children under five-years old were both less acculturated. This may be because the children have not had social interactions with children outside the Latino community and may still be fully enmeshed in their Mexican culture and because the children are probably at home with their parents or kin the majority of the time.

The findings from this study indicate the continued need for culturally sensitive interventions to address the child and family's acculturative stress and mental health problems. Early interventions with Latino families while children are still very young may prevent children from emotional and behavioral difficulties in the future. The findings of participants' parents finding their child's mental health as a concern also support the importance of working with Latino families to decrease parent-child acculturation conflict, while also addressing their mental health concerns separately.

This study attempted to utilize previous theories and research to understand the process of acculturation and the impact on children and families, and surprisingly this study did not yield results that were positively or negatively related. However, there were outcomes that compared with previous theories and research. For example, families with incomes below \$20,000 a year are more likely to have children with psychosocial problems (Tarshis, Jutte & Huffman, 2006). This was also found in this study, six of the children came from families with an income less than \$20,000 and six of the children came from families with an income of \$20,000-\$30,000, while only 2 came from families with an income higher than \$30,000. In the study conducted by Tarshis & Colleagues, they found that low-income Latino youth are at a particularly higher risk for poor mental health outcomes. This study supports previous literature; however, the results could be skewed by where the results came from. If the results came from a community based agency that contracts uninsured children and families, it is more likely that the families would fall in a lower income bracket.

An additional finding that is important to note, is that the majority of participants (8 of the 14) had a bicultural acculturation status. These children have strong ties to both cultures and may be having a more difficult time with their mental health because they are struggling with an identity crisis. They are constantly being pulled by values, beliefs and norms from each cultural group, which can cause a great deal of stress. These stressors could play a significant role in the mental health of Latino children who are bicultural. In addition, it is possible that the child's mental health is not necessarily about the acculturation level per se, but whether the child has a culture to which they feel

strongly connected, or that if it's the same culture their parent connects to, or if the acculturation level of parents' are similar to theirs.

There were multiple challenges that arose while conducting this survey. The most obvious challenge was the lack of respondents to this researcher's survey. There are many reasons why there were a limited number of respondents. First, there are a limited number of mental health providers that work directly with Latino children and families, especially mental health providers who speak fluent Spanish. Second, only 7% of the entire Latino population in the U.S. is reported to live in the Midwest region, according to the 2010 U.S. Census (U.S. Census Bureau, 2010). This statistic illustrates that there isn't a significant need for Latino mental health providers as there is such a small number of Latino's living in the Midwest compared to other regions of the United States. Due to the low number of respondents, no significant data was found.

Further research on the relationship between Latino children's acculturation level and their emotional and behavioral well-being could build on this current study by studying other Latino groups, communities, regions of the United States, and recent immigrants by assessing multiple dimensions of acculturation and the effects on mental health among young children. Further research may consider other influences, aside from acculturation that may cause mental health difficulties, such as migration history, discrimination stress, personal traumas, and individual and familial conflict.

### **Implications for Social Work Practice**

The findings from this study do point to a continued need for mental health services and service utilization by Latino children and families. Social workers need to be

aware of the increased need for mental health services among young children of Latino immigrants. Social workers also need to understand the impact that acculturation and immigration has on immigrant children and families and how this may affect the need for mental health services. In order to properly work with Latino children and families, social workers and mental health professionals need to have more than just a general understanding of the Latino culture, resources and trainings need to be increasingly available for social workers to increase their knowledge of challenges and differences that Latino immigrants face. It is also important for social workers to be aware of the barriers that may affect immigrant families' abilities to access needed mental health services and to reach out to these individuals whenever possible.

There continues to be a need for more information to help practicing therapists and mental health service providers respond to the needs of Latino children and their families, specially addressing bicultural therapy interventions and services that will provide for working with language, feelings and dual-cultural environments. A focus on clinical interventions with Latino youth and their families is also an important factor, such as individual therapy to help parents and children navigate their own acculturative experiences, while participating in family therapy. By helping family members retain their cultural values that may be protective for family functioning, such as *familismo* and *respeto*, mental health professionals may help prevent poor mental health outcomes among Latino youth. Mental health providers should also normalize and empathize with the difficulties of the acculturation process.

### **Implications for Research**

Empirical data regarding psychosocial concerns among Latinos in the U.S. is scarce, and both cultural and linguistic barriers delay the progress in gathering data on this population. There is a lack of data on mental health problems in Latino youth, particularly in younger aged children, and the effort to study diagnoses among Latino youth have been limited. Previous studies have found that the acculturation level of Latino youth affects their mental health, but does not state how to address this issue. Additional research on how mental health providers can address this issue is extremely important as it is an increasing problem among Latino youth. Many Latino parents are more likely to bring their child who may be struggling with a mental health problem to a medical doctor to seek advice versus bringing their child to a mental health professional, which creates an underrepresentation of Latino youth in mental health clinics (Tarshis, et al.).

Researchers need to take the best methods possible for providing culturally sensitive care and conducting culturally sensitive research among the Latino population. Data suggests that language and cultural barriers may prevent Latinos from seeking treatment and disclosing mental health concerns, which may decrease the number of Latino children and families that currently suffer from mental health concerns. Additional research is needed to better understand the Latino population within the mental health field, and to help identify practices that are successful in achieving positive outcomes for immigrant Latino children and families. It would also be beneficial for future studies to research the resiliency that Latino children may or may not have and how that affects their mental health in relation to their acculturation status.



### **Implications for Policy**

Given that immigrant families arrive from a variety of socioeconomic, cultural, and political backgrounds, specialized training on immigration policy, eligibility for services, acculturation dynamics and processes, and local networks of cultural resources are necessary for mental health professional and social workers to be aware of and competent in. Changes need to be made at all policy levels, but starts at the agency and community levels. First, it would be beneficial to do a study to locate where Latino families and children are utilizing and accessing mental health services within the community, such as schools and clinics. It would be beneficial to create support groups around the area where recent immigrants have settled so they can discuss the challenges, difficulties and positives of acculturating to a new culture that is different from their culture of origin. During these support groups a discussion about the roots of their culture, where they come from and what cultural values and beliefs they wish to maintain in the new host culture could be had. A limitation to an agency run group is that they are difficult to fund and most Latino immigrants do not have insurance or the means to pay for such a group.

Latino youth need a safe place that they can go to discuss their own personal challenges of the acculturation process and the conflicts that may arise between family members and peers. It would be beneficial to have programs for youth within the school setting or community with a curriculum based on acculturation, the process and their identity struggles. It would be important to have a trained professional facilitate the group and encourage conversation about the difficulties and different experiences of

acculturation. There are few groups that follow a curriculum that was suggested, but it is worth the try and this continues to be a pressing issue for Latino youth and their families.

### **Strengths and Limitations**

There are both strengths and limitations to this research study. First, this study expands the current literature on acculturation and Latino children's emotional and behavioral well-being and provides additional support to the notion that the level of acculturation plays a role in a Latino child's emotional and behavioral well-being. This research study was a cross-sectional research design. Using surveys as a means to gather data allowed the researcher to collect the data in a less time consuming manner. Surveys were distributed and gathered electronically which allowed for increased protection of human subjects in terms of confidentiality. This researcher had professional connections within the mental health community and hoped that that would entice mental health professionals who work with the Latino population to participate and contribute to this study. The researcher had a strong connection with the Latino community in Minneapolis, St. Paul and in Mexico. Although it is a strength to be connected with the Latino population, it may also be a limitation. It was important to pay close attention to any biases that appeared when collecting and analyzing data. The limitation to sending out surveys electronically is the reply rate, it is possible that participants overlooked the survey in their inbox and deleted it. It was important for the researcher to send out a significant number of surveys in order to gather a sufficient amount of data.

Unfortunately, this is a relatively small sample size for this research project. This researcher sent out sixty-seven surveys to mental health professionals who work directly

with the population studied and only fourteen surveys were completed and returned. One of the barriers to this process is the lack of mental health professionals who work with Latino children and families in the Minneapolis/St. Paul area. In addition, each participant reported that the Latino child they reported on came from the same country of origin, Mexico, which may be one of the reasons that there were significant similarities in the survey responses. It is worthwhile to consider if the child or child's family came from a broader population, if the findings would have changed.

The other limitation to this study is the scale that was used in order to determine the child's acculturation level. The scale that was used was designed by Juan N. Franco in 1983 and it measured ten items: English proficiency, father's occupation, mother's occupation, language spoken at home, language preference, identification preference, peer associations, education level of head of household, music preference and generation level. It is obvious that the ten items used in the Acculturation Scale do not cover all of the components of acculturation. In addition, this researcher had to add an "unknown" answer to each of the questions, as it was possible that the mental health professional completing the survey did not know the answer to each individual question. For example, one of the questions asks about the father's occupation and level of education, it is possible that the father is not living with the family and his whereabouts are unknown. Since the original scale did not include an answer for "unknown" the results may be skewed.

Another limitation to this study is the tool that was used to measure the child's mental health. The researcher used the Strengths and Difficulties Questionnaire (SDQ), which is a brief behavioral screening questionnaire, computed by parents or teachers for

children ages 3 to 16 that measures both prosocial behavior as well as areas of difficulty such as conduct problems, inattention/hyperactivity, peer-problems, and emotional problems. The use of this tool may have impacted the results as this tool is normally computed by parents or teachers of the children. This researcher had a mental health provider complete the questionnaire based on their knowledge of the child's emotional and behavioral functioning. The results might look different if a parent of the child filled out the questionnaire versus the clinician, as they view their children's behavior, strengths and emotional functioning differently than a professional who only sees them weekly.

### References

- Aguilar-Gaxiola, S., Catalano, R., Kolody, B., & Vega, W., (1999) Gaps in services utilization by Mexican Americans with mental health problems. *American Journal of Psychiatry*, 156(6), 928-934.
- Allen, M., Svetaz, M., Hardeman, R., & Resnick, M. (2008). *What Research Tells Us*. Retrieved September 27<sup>th</sup>, 2012 from About.com/2010/04/24/us/politics/24immig.html
- Azar, V., Garrison, E., & Roy, I. (1999). Responding to the mental health needs of Latino children and families through school-based services - A national movement in progress. *Clinical Psychology Review*, 19(2), 199-219.
- Bacallao, M. & Smokowski, P. (2006). Acculturation and aggression in Latino adolescents: a structural model focusing on cultural risk factors and assets. *Journal of Abnormal Child Psychology*, 34(5), 659-673. doi: 10.007/s10802-006-9049-4.
- Berman, K., Bilot, J., Miranda, A., Peluso, P., & Van Meek, L., (2006). Latino families: the relevance of the connection among acculturation, family dynamics, and health for family counseling research and practice. *The Family Journal: Counseling and Therapy for Couples and Families*, 14(3), 268-273. doi: 10.1177/1066480706287805.
- Berry, J. (2003). Conceptual approaches to acculturation. In K., Chun, P., Balls Organista, & G. Marin (Eds.), *Acculturation: Advances in theory, measurement,*

*and applied research* (pp.17-34). Washington, DC: American Psychological Association.

- Birman, D., Gonzales, N., Knights, G., & Sirolli, A., Leadbeater, B. (Ed); Maton, K. (Ed); Schellenbach, C. (Ed); Solarz, A. (Ed). (2004). Acculturation and enculturation among Latino youth. *Investing in children, youth, families and communities: Strengths-based research and policy.*, (pp.285-302). Washington, DC, US: American Psychological Association, xiv, 380 pp. doi: 10.1037/1066016
- Bratton, S. & Garza, Y. (2005). School-based child-centered play therapy with Hispanic children: Outcomes and cultural consideration. *International Journal of Play Therapy, 14*(1), 51-80. doi: 10.1037/h0088896.
- Cafferty, S., & Engstrom, D. (2000). *Hispanics in the United States: An Agenda for the Twenty-First Century*. New Brunswick, NJ: Transaction Publishers.
- Cortez, M. (2008). Trying to fit in a different world: Acculturation of Latino families with young children in the United States. *International Journal of Early Childhood, 40*(1), 97-100.
- Detlaff, A., Earner, I., & Phillips S. (2009). Latino children of immigrants in the child welfare system: prevalence, characteristics and risk. *Children and Youth Services Review, 31*, 775-783. doi: 10.1016.j.childyouth.2009.02.004
- Dumka, L., Roosa, M., & Jackson, K. (1997). Risk, conflict, mothers' parenting, and children's adjustment in low-income, Mexican immigrant, and Mexican American families. *Journal of Marriage and Family, 59* (2), 309-323.

- Facts for Features: Hispanic Heritage Month, August 26<sup>th</sup>, 2011. United States Census Bureau. Retrieved September 12<sup>th</sup>, 2012 from [http://www.census.gov/newsroom/releases/archives/facts\\_for\\_features\\_special\\_editions/cb11-ff18.html](http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb11-ff18.html)
- Fraga, L., Garcia, J., Hero, R., Jones-Correa, M., Martinez-Ebers, V., & Segura, G. (2010). *Latino Lives in American: Making it Home*. Philadelphia, PA: Temple University Press
- Franco, J. (1983). An acculturation scale for Mexican-American children. *The Journal of General Psychology, 108*, 175-181. doi: 10.1080/00221309.1983.9711491.
- Frevert, S., Kern, R., Miranda, A. (1998). Lifestyle differences between bicultural low- and high-acculturation-level Latino adults. *Journal of Individual Psychology, 54*(1), 119-134.
- Gamble, W., & Modry-Mandell, K. (2008). Family relations and the adjustment of young children of Mexican descent: Do family cultural values moderate these associations? *Social Development, 17*(2), 358-379. doi: 10.1111/j.1467-9507.2007.00429.x.
- Ginsburg, G., & Silverman, W. (1996). Phobic and anxiety disorders in Hispanic and Caucasian youth. *Journal of Anxiety Disorders, 10*, 517-528.
- Gonzalez-Ramos, G., & Gonzalez, M. (2005). Mental health care of Hispanic immigrant children: A school-based approach. *Journal of Immigrant & Refugee Services, 3*(1), 47-58. doi: 10.1300/J191v3n01\_03.

- Hovey, J. & King, C. (1996). Acculturative stress, depression, and suicidal ideation among immigrant and second-generation Latino adolescents. *Journal of American Academic Child Adolescent Psychiatry*, 35(9), 1183-1192. doi: 10.1097/00004583-199609000-00016
- Martinez Jr., C. (2006). Effects of differential family acculturation on Latino adolescent substance use. *Family Relations*, 55(3), 306-317. doi: 10.1111/j.1741-3729.2006.00404.x
- Mistry, R., Biesanz, J., Chien, N., Hoews, C., & Benner, A. (2008). Socioeconomic status, parental investments, and the cognitive and behavioral outcomes of low-income children from immigrant and native households. *Early Childhood Research Quarterly*, 23, 193-212. doi: 10.1016/j.ecresq.2008.01.002
- Monzo L., & Rueda, R. (2006). A sociocultural perspective on acculturation: Latino immigrant families negotiating diverse discipline practices. *Education and Urban Society*, 38, 188-203. doi: 10.1177/0013124505284293.
- Moore, K & A. (2001). Time to take a closer look at Hispanic children and families. *Policy & Public Human Services*, 59, 8-9.
- Organista, K. (2007). *Solving Latino Psychosocial and Health Problems, Theory, Practice, and Populations*. Hoboken, NJ: John Wiley & Son, Inc.
- Pew Hispanic Center, (2010). *Statistical Portrait of Hispanics in the United States*. Retrieved September 25<sup>th</sup>, 2012, from <http://www.pewhispanic.org/2012/02/21/statistical-portrait-of-hispanics-in-the-united-states-2010/>



Robbins, S., Chatterjee, P., & Canda, E. (2006). *Human Behavior Theory*. (2<sup>nd</sup> Edition). Boston: Simon & Schuster.

Sabogal, F., Marin, G., Otero-Sabogal, R., Marin, B., & Perez-Stable, E. (1987). Hispanic familism and acculturation: What changes and what doesn't? *Hispanic Journal of Behavioral Sciences*, 9(4), 397-412.

Suarez-Orozco, C., & Suarez-Orozco, M., (2001). *Children of immigrants*. Cambridge, MA: Harvard University Press.

Tarshis, T., Douglas, J., & Huffman, L. (2006). Provider recognition of psychosocial problems in low-income Latino children. *Journal of Health Care for the Poor and Underserved*, 17(2), 342-357. doi: 10.1353/hpu.2006.0070

United States Census Bureau (2007). *2007 American Community Survey*. Retrieved September 11th, 2012 from <http://factfinder.census.gov/>.

U.S. Census Bureau (2007). *Hispanic Population of the United States*. Retrieved September 25<sup>th</sup>, 2012, from <http://quicfacts.census.gov/qfd/states>

U.S. Census Bureau (2010). *The Hispanic Population: 2010*. Retrieved November 9<sup>th</sup>, 2012, from, <http://www.census.gov/prod/cen2010/briefs/c2010br-04.pdf>.

Weiss, S., Goebel, P., Page, A., Wilson, P., & Warda, M. (1999). The impact of cultural and familial context on behavioral and emotional problems of preschool Latino children. *Child Psychiatry and Human Development*, 29(4), 287-301. doi: 10.1023/A:1021397032359

**Appendix A**

Greetings,

My name is Calli Benson. I am a graduate student at the School of Social Work, St. Catherine University & University of St. Thomas. I am sending this message to inform you that I am conducting a survey on acculturation and Latino children's emotional and behavioral well-being. I would like to invite you to help by taking a few minutes to participate in this research study. You were selected as a possible participant because you provide mental health services for the population of interest. Feel free to forward this survey to mental health professionals in the metro area who meet the criteria described in the attached survey. If you are interested in participating in this survey, please take the time to review the attached consent form.

I would like to thank you in advance for considering this request.

Best Regards, Calli Benson

**Appendix B****Acculturation and the Effects on Latino Children's Emotional and Behavioral Well-Being****RESEARCH INFORMATION AND CONSENT FORM****Introduction:**

You are invited to participate in a research study investigating Latino children's mental health in relation to acculturation. This study is being conducted by Callister J. Benson at St. Catherine University. You were selected as a possible participant in this research because you provide mental health services for Latino children. Please read this form and ask questions before you decide whether to participate in the study.

**Background Information:**

The purpose of this study is to determine the relationship between acculturation and Latino children's emotional and behavioral well-being. The results of this survey will provide social workers and mental health professionals with a better understanding of the diverse experiences that Latino children face. Approximately thirty people are expected to participate in this research.

**Procedures:**

If you decide to participate, you will be asked to complete a forty six question survey, which includes demographics of a client of your choosing who fits the criteria (child must be between the ages of zero and twelve, be of Latino decent and a current client), a short child acculturation scale and a Strengths and Difficulties Questionnaire. The survey should take approximately ten to twenty minutes.

**Confidentiality:**

Any information obtained in connection with this research study that could identify you will be kept confidential. Your name and contact information will not be asked for. In any written reports or publications, no one will be identified or identifiable and only group data will be presented.

I will keep the research results in a password protected computer and only my advisor, Dr. Catherine Marrs Fuchsel and I will have access to the data while I work on this project. This study involves no disclosure of client specific data. I will finish analyzing the data by May 25<sup>th</sup>, 2013.

**Voluntary nature of the study:**

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future or current relations with the University of St. Thomas or St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

**New Information:**

If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings.

**Contacts and questions:**

If you have any questions, please feel free to contact me, Callister Benson at XXX-XXX-XXXX or by e-mail at XXXXXX. You may ask questions now, or if you have any additional questions later, the faculty advisor, Dr. Catherine Marrs Fuchsel at XXX-XXX-XXXX or XXXXXXXX, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the College of St. Catherine Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. Your decision to complete this survey is your way of indicating that you have read this information, your questions have been answered and you consent to participating in this study. Even after agreeing to participate in this study, please know that you may withdraw from the study at any time and no further data will be collected.

---

I consent to participate in the study.

---

Electronic Signature of Participant

Date

**Appendix C**

**Agency Letter of Support for Research Project**

Institutional Review Board  
 St. Catherine University/St. Paul Campus  
 2004 Randolph Avenue  
 St. Paul, MN 55105

**RE: Research Study: Acculturation and the Effects on Latino Children’s Emotional and Behavioral Well-Being**

**Lead Investigator:** Calli Benson, BSW  
 St. Catherine University and the University of St. Thomas  
 School of Social Work: Joint Program

**Research Chair and Supervisor:** Catherine L. Marrs Fuchsel, PHD, LICSW

To whom it may concern:

We have agreed to assist graduate student, Calli Benson in recruiting participants for her research project. Calli Benson’s research project will be a study that examines the relationship between acculturation levels and emotional and behavioral well-being of Latino children. Calli Benson seeks to determine a correlation between these two variables, as it would provide social workers and mental health professionals with a better understanding of the diverse experiences that Latino children face. We will allow Calli Benson to send recruitment e-mails to potential participants within your agency. In addition, we have agreed to distribute an e-mail list of clinicians that work with this targeted population.

Calli Benson will make it clear to potential participants that their identity and any client information will remain confidential. Participants will be provided a consent form via e-mail, which will include a detailed purpose of the research and the reason they were selected to be participants in this research study. Calli Benson’s contact information and her supervisory chair’s information will also be included in the case a participant has any questions or concerns. Contact information of the participants will only be seen by the research and destroyed after use. Survey data will be kept in a password secure filed located in the survey tool, Qualtrics, which is web based survey software available for use by the School of Social Work faculty, staff and students.

Calli Benson will make it clear to potential participants that they are free to refuse to participate in Calli Benson’s research project. Upon completion of this research project, Calli Benson will share the findings of this research project with the agency if desired. If you have any questions, please feel free to contact me at XXX-XXX-XXXX or by e-mail at XXXXXXXX.

**Sincerely,**

\_\_\_\_\_

Signature and Title

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

## Appendix D

### Survey

#### **Acculturation and the Effects on Latino Children's Emotional and Behavioral Well-Being**

Please choose a Latino child client who you currently work with between the ages of zero and thirteen and precede with the following questions.

#### **Demographic Questions**

1) How long have you worked with this population?

- (opened ended question)

2) Are you a native speaker?

- Yes
- No

3) How long have you provided mental health services in general?

- (opened ended question)

4) Age of client

- (open ended question)

5) Sex of client

- Male
- Female

6) Ethnic Group:

- Caribbean (Cuban, Dominican Republic, Puerto Rico)
- Central American (Guatemala, El Salvador, Nicaragua, Honduras, Costa Rica, Panama)
- Mexican
- South American (Ecuador, Venezuela, Argentina, Peru, Uruguay, Paraguay, Bolivia, Chile, Colombia)

7) Family's Income:

- \$20,000 or less.
- \$20,00-\$30,000
- \$30,000-40,000
- \$40,000-\$50,000
- \$50,000-\$60,000
- \$60,000 or more.

8) How many people in the household?

- 0-2
- 2-4
- 4-6
- 6-8
- 10 +

9) Is the child bilingual?

- Yes
- No

10) Is/Are the parent(s) bilingual?

- Yes
- No

11) When did the family arrive to the U.S.?

- (open ended question)

12) Do you believe the relationship between this child and her/his parent(s) is negatively affected by cultural differences?

- Yes
- No

### **Acculturation Scale**

Choose the appropriate response for this child:

13. This student's English proficiency for a student at his/her grade level is:

- 1 (poor)
  - 2 (below average)
  - 3 (average)
  - 4 (above average)
  - 5 (excellent)
14. Father's Occupation
- Unemployed
  - Laborer
  - Blue Collar
  - White Collar
  - Professional
15. Mother's Occupation
- Unemployed
  - Laborer
  - Blue Collar/Stay at Home Mom
  - White Collar
  - Professional
16. To the best of your knowledge, which language is spoken at this child's home:
- 1 (Spanish Only)
  - 2 (Mostly Spanish)
  - 3 (Both Spanish and English)
  - 4 (Mostly English)
  - 5 (English Only)
17. In your opinion, which language does the child prefer to use:
- 1 (Spanish Only)
  - 2 (Mostly Spanish)
  - 3 (Both Spanish and English)
  - 4 (Mostly English)
  - 5 (English Only)
18. In your opinion, would this child prefer to be identified as:
- 1 (Mexican or other ethnicity)
  - 2 (Chicano)



- 3 (Mexican American)
  - 4 (Spanish American. Latin American, Hispanic American)
  - 5 (American or White)
19. In your opinion, does this child associate with:
- 1 (Latinos only)
  - 2 (Mostly with Latinos)
  - 3 (Latinos and Anglos/Other Ethnicities)
  - 4 (Mostly Anglos or other Ethnicities)
  - 5 (Anglos or other Ethnicities Only)
20. Educational level of head of household:
- 1 (1-3 years)
  - 2 (4-9 years)
  - 3 (some high school)
  - 4 (high school graduate)
  - 5 (post high school)
21. In your opinion, would this child's music/tv preference be:
- 1 (Spanish)
  - 2 (Mostly Spanish)
  - 3 (Spanish and English Equally)
  - 4 (Mostly English)
  - 5 (English Only)
22. To the best of your knowledge, is this child:
- 1 (Not an American citizen)
  - 2 (a 1<sup>st</sup> generational American)
  - 3 (a 2<sup>nd</sup> generational American)
  - 4 (a 3<sup>rd</sup> generational American)
  - 5 (a 4<sup>th</sup> or more generation American)

### **Strengths and Difficulties Questionnaire**

For each item, please choose (1) Not True, (2) Somewhat True) and (3) Certainly True. Please give your answers on the basis of this client's behavior over the last year.

23. Considerate of other people's feelings

- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
24. Restless, overactive, cannot stay still for long
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
25. Often complains of headaches, stomach-aches or sickness
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
26. Shares readily with other children, for example toys, treats, pencils
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
27. Often loses temper
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
28. Rather solitary, prefers to play or be alone
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
29. Generally well behaved, usually does what adults request
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
30. Has many worries or often seems worried
- 1 (Not True)
  - 2 (Somewhat True)

- 3 (Certainly True)
31. Is helpful if someone is hurt, upset or feeling ill
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
32. Constantly fidgeting or squirming
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
33. Has at least one good friend
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
34. Often fights with other children/siblings or bullies them
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
35. Generally liked by children/adults
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
36. Often unhappy, depressed or tearful
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
37. Easily distracted, concentration wanders easily
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
38. Nervous or clingy, easily loses confidence

- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
39. Kind to younger children
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
40. Often lies or cheats
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
41. Picked on or bullied by other children
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
42. Often offers to help others
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
43. Thinks things out before acting
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
44. Steals from home, school or elsewhere
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
45. Gets along better with adults than with other children
- 1 (Not True)
  - 2 (Somewhat True)

- 3 (Certainly True)
46. Has many fears, easily scared
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
47. Good attention span, sees work through to the end
- 1 (Not True)
  - 2 (Somewhat True)
  - 3 (Certainly True)
48. Overall, do you think that this child has difficulties in any of the following areas: Emotions, concentration, behavior or being able to get along with other people?
- 1 (No)
  - 2 (Yes – minor difficulties)
  - 3 (Yes – definite difficulties)
  - 4 (Yes – sever difficulties)
49. If you have answered “Yes”, please answer the following question about these difficulties: Which of the following of areas are most prevalent?
- Emotions
  - Concentration
  - Behavior
  - Getting along with peers
  - Getting along with parent(s) or siblings
50. Do the difficulties upset the parent(s) or child?
- 1 (No - neither)
  - 2 (Yes –both)
  - 3 (Yes – only the parent(s))
  - 4 (Yes – only the child)

**Thank you very much for your help!**

