Directions and Redirections in Chicano Psychology

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This reaction provides a general overview of the articles on Chicana(o) mental health issues. Summaries of the respective articles are provided. Selective aspects of each article are highlighted and serve as the basis for making critical comments and recommendations relative to the topics addressed in the articles. Out of a desire to provoke thought regarding other topics that merit attention, an overview of two research topics is provided—one that exemplifies how the research reviewed in the articles can be applied in innovative mental health settings and one that, I believe, directs attention to a new perspective relative to understanding Chicana(o) mental health. In addition to these two topics other topics that beg to be studied are identified.

It is quite commendable that *The Counseling Psychologist* is devoting this volume to Chicanas(os), a group that for all extent and purpose has been ignored by the counseling profession. Most important, this volume serves as a strong reminder of the intraethnic group differences that exist among the respective racial/ethnic minority groups. As often as this point has been made (see Ponterotto & Casas, 1991), researchers in general continue to treat the respective racial/ethnic minority groups from a homogenous perspective. The articles contained in this volume serve to underscore the fact that differences exist not only within the respective groups but also within the subgroups that comprise such groups as a result of generational levels, amount of time living in this country, acculturation levels, socioeconomic status, place of residence, and so on.

From a historical perspective, in 1991, Ponterotto and Casas identified 10 major racial/ethnic minority counseling research criticisms. These included the following: (a) lack of conceptual/theoretical framework to guide research, (b) overemphasis on simplistic counselor/client process variables and a disregard for important psychosocial variables within and outside the culture that affect counseling, (c) overreliance on experimental analogue research, (d) disregard for within-group or intracultural differences, (e) the use of easily accessible college student populations, (f) reliance on culturally encapsulated psychometric instrumentation, (g) failure to adequately describe one's sample in terms of socioeconomic status, (h) failure to delin-

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eate the study's limitations, (i) lack of adequate sample sizes, and (j) overreliance on paper-and-pencil measures as dependent variables. As evident herein, the information contained in this volume's articles reflects some criticisms that have been ignored and are still valid, as well as others that have been addressed and may no longer be valid.

Organizationally, my reaction is divided into the following three sections: (a) a general overview of the articles; (b) summaries of the respective articles, along with brief and selective critical reviews and comments relative to the topics addressed in the articles; and (c) an overview of two research areas—one that exemplifies how the research reviewed in the articles can be applied in innovative mental health settings and one that, I believe, directs attention to a new perspective relative to understanding Chicana(o) mental health.

GENERAL OVERVIEW OF THE ARTICLES

As per McNeill, Prieto, Niemann, Pizarro, Vera, and Gómez's (2001 [this issue]) introductory article, the subsequent three articles that compose this volume address the more "traditionally" studied mental and psychological health issues that are of relevance to Mexican Americans or Chicanas/os. More specifically, the authors review the research relative to what they believe to be the most important contemporary issues affecting the psychological health of Chicanas/os, namely (a) counseling, assessment, and service delivery issues with Chicanas/os; (b) the content of stereotypes associated with Chicanas/os and the influence these stereotypes exert on Chicana/o self-concept, behavior, and perspectives toward counseling; and (c) the influence of ethnic identity issues across education, counseling, and life outcomes of Chicanas/os. A strong point of the articles is that they are the product of a diverse group of scholars, reflecting several disciplines including counseling psychology, education, ethnic studies, and social psychology. Such a diverse inclusion of disciplines should serve as a model for future research endeavors with racial/ethnic minority populations. Such research endeavors will approach topics of interest from a more comprehensive and contextually based perspective. A major strength of the articles is that they not only address psychosocial issues and problems that affect the Chicana/o population but also direct attention to sociopolitical and economic factors that are most often associated with such issues (e.g., overt discrimination, such as Proposition 187 in California, which sought to deny most government benefits to undocumented residents and their children; un- and underemployment; educational inequalities; the threat of deportation for the undocumented).

CRITICAL REVIEW OF EACH ARTICLE

The second article, by Prieto, McNeill, Walls, and Gómez (2001 [this issue]), reviews and summarizes the recent literature pertaining to Chicanas/os' use and perceptions of conventional mental health services, Chicanas/os' counselor preferences, and issues surrounding psychological testing and assessment issues with Chicanas/os, a fairly wide array of topics. Comprehensively, the authors speak to training, administrative, and practice issues. The ideas and recommendations presented in this article are very much on target and have the potential for provoking thought among researchers, practitioners, and policy makers.

With respect to use, the article brings to the fore the well-established fact that, like other racial/ethnic minorities, Chicanas/os are likely to underuse mental health services, preferring or initially approaching familial or nontraditional helpers for assistance with psychological difficulties. In addition, it directs attention to psychosocial factors that influence prevailing use patterns and preferences for mental health–counselor characteristics. From the perspective of the authors, such factors include, but are not limited to, level of identification with Chicana/o culture and level of acculturation. Other variables that have been identified in the literature but, for a variety of reasons, have yet to receive adequate attention from mental health services, include location of services, availability of transportation, flexibility in service hours, easy access to information on availability of services, and so on (Casas, Turner, & Ruiz de Esparza, in press). From a research perspective, there is a need to get beyond explaining use patterns and counselor preferences from such global constructs as racial/ethnic identity and acculturation level. More specifically, if the Chicana/o population is to be served effectively by mental health services, there is a need to identify, examine, and understand the variables embedded in such constructs that actually serve as the bases for prevailing use patterns (e.g., perspectives on the etiology of mental health patterns, one's locus of control for addressing personal problems, saving face, protecting the family from "embarrassment," religiosity, etc.).

The authors cite a study by Snowden and Hu (1997), which found that Chicana/o clients used a mental health center offering programs specifically targeted to Chicanas/os with greater frequency than did European American clientele. As might be expected, a similar mental health counseling center setting that did not offer programs specifically targeting Chicanas/os experienced lower use rates by Chicanas/os. Working from such findings, there is a need to identify, describe, and assess similar programs so that other settings can implement and assess their effectiveness. To this end, professional journals should be more open to publishing articles that are descriptive and quali-

tative in nature and that provide substantive information to practitioners who are committed to providing the most effective services to Chicanas(os).

With respect to assessment, the authors do a good job of documenting a situation that has changed very little during the last 10 years and, given economic realities, is not likely to change in the foreseeable future. More specifically, the authors carefully address the fact that most major assessment instruments continue to lack validation studies (e.g., construct, content, concurrent, and linguistic) that specifically support their use with Mexican American populations. An example of this fact from my own research involves the Child Behavior Checklist (CBCL; Achenbach, 1991), the most extensively used and researched rating scale of children's internalizing and externalizing emotions in the United States and abroad (Furlong & Wood, 1998). In many state mental health systems (e.g., the one in California), the CBCL has been adopted as the major instrument to assess children in need of mental health services.

> Although widely adopted, the "official" Spanish version of the CBCL translated in Toronto, Canada, has been subject to impromptu revisions as it is used by practitioners because they believe that some items are misunderstood by—or unclear to—Spanish-speaking parents. As a result, in California, at least two "unofficial" and "unvalidated" Spanish versions have been developed, specifically in Los Angeles and San Francisco, presumably with the intention of more appropriately measuring Spanish-speaking caregivers' perceptions of their children's behaviors. A search for research that used the Spanish version of the CBCL culminated in the identification of 40 studies. Only four of these 40 studies may be considered validation studies; only two were conducted in the United States with caregivers residing in Puerto Rico. Notably, eleven of the investigations with Hispanics living in the continental United States were applied research studies utilizing the Toronto Spanish CBCL without the benefit of supporting validity and/or epidemiological data. (Casas, Furlong, Alvarez, & Wood, 1997, pp. 459-460)

The authors also direct attention to a study by Akutsu, Snowden, and Organista (1996), which examined how Chicanos were referred to and entered the mental health system; the study found that compared to European Americans, Chicanas/os in mainstream mental health programs were more likely to be referred by criminal justice services, social services, or health services. More recently, complementary research that focused directly on minority youth found that when provided mental health treatment, such youth are more likely to be served in more restrictive out-of-home centers or juvenile probation settings (Pumariega & Vance, 1999). In one study, African Americans and non-Hispanic White Americans in these facilities had been referred for mental health evaluations in a juvenile justice system at a higher rate than Latino youth, even though Latinos composed more than 50% of the

detained population (Wordes, Bynum, & Corley, 1994). A major challenge faced by researchers interested in understanding the factors that contribute to the prevailing Chicana(o) youth assessment, referral, and placement patterns is the fact that some researchers contend that placement decisions of racial/minority youths with emotional behavioral disorders (EBD) may be based more on subjective data and availability of placement options than on objective psychoeducational characteristics of achievement diagnoses and behavior (Kauffman, Cullinan, & Epstein, 1987). Youths with EBD placed in mental health or juvenile justice systems have been found to differ solely on demographic and historical factors. More specifically, Westendorp, Brink, Roberson, and Ortiz (1986) found that ethnicity was the most powerful variable that differentiated youths in corrections from youths in psychiatric hospitals. Needless to say, if Chicano youth are to receive appropriate and timely treatment, more research along this line focusing on Chicanas(os) is warranted.

With respect to counselor preference studies, I strongly underscore the authors' position that

> Although analogue methods are useful in generating preliminary findings, helping to determine theoretical conceptualizations, and offering studies with strong internal validity, there is a clear need for naturalistic, field-based studies in future research to allow for a greater degree of external validity. (Prieto et al., 2001, p. 28)

More studies should focus on process and outcomes. What is actually working for Chicana(o) clients from diverse backgrounds, who present a wide array of problems?

The third article, by Niemann (2001 [this issue]), provides a good review of the literature on stereotypes about Chicanas(os), giving special attention to the well-established fact that people of Mexican descent are perceived predominantly in derogatory terms. This review also serves to underscore the fact that Chicanas(os) quite frequently endorse these stereotypic perceptions themselves. Most important of all, the article provides some practical recommendations about how counselors can become more cognizant of how stereotypes may affect Chicanas(os), especially in areas related to identity, risky behavior, stereotype threat, education, gender roles, and stigmatization. Taking it one step further, counselors are once more directly challenged to examine how their own conscious and unconscious stereotypes may affect the counselor-client relationship.

For those not familiar with the literature relative to stereotypes, the article provides a brief but solid explanation on how stereotypes are formed and maintained. Along this line, a short section of the article serves as a strong

reminder that some ascribed stereotypic behaviors and traits may have some basis in reality. However, such behaviors are not necessarily an inherent part of Chicano culture or reflective of permanent traits or characteristics of individuals. They may be more a result of situated actions tied to the socioeconomic and political situations in which these individuals find themselves (see Niemann, 2001). Research to underscore this fact is greatly needed, and such research should be included in the future training of culturally competent counselors.

Another area that begs to be researched is the relationship between stereotype threat and self-efficacy. Stereotype threat may serve as a more substantive interacting construct than ethnic identity when examining the self-efficacy of Chicanas(os) across different areas of interest.

The challenge directed at counselors to examine how their own conscious and unconscious stereotypes may affect the counselor-client relationship, and the emphasis on taking steps to help individuals become aware of the stereotypes to which they adhere, is quite appropriate and necessary. However, to put things in a realistic framework, more attention might have been directed to research that shows that once people, including counselors, "buy into" a stereotype, it is extremely difficult to get rid of it (see Wampold, Atkinson, & Casas, 1981). More attention could have been given to the literature regarding the impact that awareness has on changing attitudes and, more important, behaviors. Suffice it to say that, while the recommendations for addressing and altering stereotypic thinking are on target, like many similar recommendations previously put forth, they are a bit simplistic and may not result in desired outcomes. To increase the probability of attaining desired outcomes, the recommendations must be tied to training, accreditation, and funding mandates.

The fourth article (Pizarro & Vera, 2001 [this issue]) provides a comprehensive review of the research on Chicana(o) ethnic identity and emphasizes the fact that the complexity of such identity and its development have not been well-researched. To this point, specific attention is given to the perspective that to understand the relationship between ethnic identity and other aspects of social identity (e.g., racial identity), there is a need for further study. Some of the important aspects of this article also include, but are not limited to, the following: (a) studies conducted by respective writers are not randomly reviewed but presented in a chronological order, enabling one to understand the evolution of the research on ethnic identity; (b) attention is directed to the importance of physical appearance (e.g., darkness of skin) in the development of one's ethnic identity, a topic that many researchers have tended to ignore; and, (c) in addressing racial identity, the principal developmental models are briefly described, with specific attention given to the fact that these models have yet to be tested empirically with Chicanas(os).

A major strength of this article is that it identifies future research directions relative to Chicana(o) racial and ethnic identity or provokes thought regarding them. For instance, there is a need to better understand the relationship between acculturative stress, ethnic identity, and other social demographic variables (e.g., availability of an extended family support system). Much too often, it is assumed that acculturation of and by itself is stressful. This need not be the case. To this end, there is a need to better understand what risk factors contribute to stress and what protective factors serve to reduce stress. There is a dearth of information on the relationship between racial and ethnic identity. If a person is Chicana(o) by ethnicity and African American by ancestry, which identity takes precedence in the developmental process? What are the variables or circumstances that would determine the answer to this question? What are the psychological implications associated with the answer? Along this line, there is a need for research on the development of the self-identity of Chicanas(os) who may be either biracial and/or biethnic. There is a scarcity of research regarding the interaction between racial/ethnic identity and other variables, including social class and gender identity, as well as research that examines ethnic identity across the lifespan. Methodologically, there is a need for qualitative and cross-disciplinary research that captures the essence of ethnic identity development from a variety of perspectives. In the long run, scores on scales do not lend themselves to understanding the complexity of the self, whether it be racial, ethnic, and/or gender issues that are measured. Given all the problems that plague Chicanas(os), there is a need to complement ethnic identity research that has only heuristic value (i.e., research that explains the developmental process) with research that takes the process into consideration and that is action oriented, is comprehensive in scope, and has identifiable and applicable value.

REDIRECTIONS IN CHICANA(O) PSYCHOLOGY

In this final section, two research areas that merit attention are highlighted—one that exemplifies how the research reviewed in these articles can be applied in innovative mental health programs and one that, I believe, directs attention to a new perspective relative to understanding Chicana(o) mental health.

For a variety of socioeconomic reasons, systems of care are at the forefront of the mental health movement. Such programs share a set of core values and guiding principles that distinguish them from traditional mental health service systems. From the perspective of various researchers (Casas, Pavelski, Furlong, & Zanglis, in press), these core values have the potential to provide more appropriate and effective mental health services to racial/ethnic

minority children with a variety of emotional and behavioral problems and their families in a way that draws naturally on their cultural strengths (for a detailed discussion of these values see Casas, Pavelski, et al., in press). Although certain values and principles cut across racial/ethnic and cultural boundaries and are subsequently relevant to all children, some can be conceived as being especially pertinent to Chicano families. Such values and principles include, but are not limited to, the following: (a) attention to comprehensive and coordinated treatment approaches, (b) focus on intensive case management, and (c) commitment to cultural competency in the provision of services (Boles & Curtin-Boles, 1996). The implementation of service plans that entail these values can result in a thorough, ecological assessment (that includes cultural and racial/ethnic variables), completed by a culturally competent case manager and interagency team who take into consideration the strengths and needs of the youths and families in all life domains. Such an assessment precedes and facilitates the development of a comprehensive, culturally appropriate, and relevant service plan. Two major challenges to the implementation of such service plans with Chicanas(os) include the need to find and/or train professionals who are culturally competent to work effectively with this population and the lack of trained counselors to work in nontraditional ways in settings that emphasize team approaches to the solution of problems rather than one-on-one interventions. Whereas research on the applicability and effectiveness of systems of care has been conducted with general populations, such research is all but lacking with Hispanics in general and Chicanas(os) in particular. Given the thrust to establish systems of care across the nation and the potential that such systems portend to have in working with racial/ethnic minorities, there is great need for researchers to direct their efforts to see if such potential can become a reality in providing more appropriate and effective services to Chicano families.

Much of the mainstream work relative to Chicanas(os) and mental health issues and related services has focused on the extensive sociopsychological problems and risk factors that a good number of this population face. The information provided by these works is greatly needed by both policy makers and practitioners if they are to provide the best services possible. However, very little empirical research has been directed toward identifying, examining, and understanding the socioculturally based phenomenon of resiliency and the protective factors that have enabled this population to overcome such problems with or without the help of mental health services. However, if this population is to be effectively served using both preventative and remedial interventions, this phenomenon and associated factors need to be understood and addressed. To clarify the essence of this phenomenon as well as underscore the importance of addressing it, from the perspective of both researchers and practitioners, the following comments are presented.

Garmezy (1983) defines risk factors as those that, if present, increase the likelihood of developing an emotional or behavioral disorder. These are the types of factors that have received a significant amount of attention in reference to the mental health status of Chicanas(os). As evident in the article by McNeill et al. (2001), more attention is being or needs to be directed to the presence of positive characteristics (e.g., Niemann, 2001) and situations that may offset some of the risk conditions to which children and families may be exposed. Garmezy and others (Garmezy, Masten, & Tellegen, 1984; Rutter, 1985) have labeled such factors *resiliency.* Zimmerman and Arunkumar (1994) define resiliency as the ability to spring back from adversity, or "those factors and processes that interrupt the trajectory from risk to problem behavior or psychopathology and thereby result in adaptive outcomes even in the presence of challenging and threatening circumstances" (p. 4). A protective factor was defined by Zimmerman and Arunkumar (1994) as "a process that interacts with a risk factor in reducing the probability of a negative outcome" (p. 6). Although the terms resilience and protective factors often have been used interchangeably, Zimmerman and Arunkumar consider protective factors as contributors to general resiliency, along with individual characteristics, the nature of the context and family, and risk factors. Research focused on protective factors that balance or buffer risk factors in reference to antisocial behavior includes what Jessor has labeled the psychosocial explanatory systems of the individual personality, perceived environment, and behavior (Jessor, Van Den Bos, Vanderryn, Costa, & Turbin, 1995). Understanding these factors and taking them into consideration in the provision of mental health services provided to Chicanas(os) can make all the difference with respect to preventative and remedial interventions.

In addition to these two areas, others that merit attention include, but are not limited to, the following. Because there is contradictory evidence as to whether or not Hispanics are prone to terminate mental health treatment prematurely, there is a need for further research to clarify this issue. Along this line, more information is needed regarding those programs that are most successful in retaining Chicanas(os) in treatment until presenting problems are adequately addressed. With regard to education, it is a well-known fact that, academically, Chicana(o) youth continue to do quite poorly and drop out of school at a significantly high rate. Given this fact, there is a need for research that identifies those "best practices" that result in positive educational and counseling outcomes with Chicana(o) youth. Research is necessary to identify and validate the roles that counselors can play in increasing the participation of Chicano parents in the education of their children, a role that research has shown to be extremely important in increasing the educational success of children. More research is needed regarding the assessment of Chicana(o)

children. The focus on assessment, as evident in the Prieto et al. article (2001), tends to focus directly or indirectly on adults.

Finally, a topic that is briefly addressed in the articles is that of gender roles. There is a great need to understand the relationship between gender roles and identity and mental health and social functioning (e.g., gangs) in today's society (Casas, Turner, et al., in press). Needless to say, the topics addressed by the authors and the ones to which I direct attention are just the tip of the iceberg. The significant growth of the Chicano population and the problems that plague it can only provide a great number of nontraditional counseling-related topics that beg to be addressed by researchers, practitioners, and policy makers if this population is to have access to culturally appropriate and effective mental health services.

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