Acculturation and mental health: Response to a culturally-centered delinquency intervention

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ABSTRACT

There is a dearth of research examining intervention effectiveness for ethnic minorities and few studies have investigated within-group differences in response to treatment. This study examined the prevalence of mental health problems among Anglo- and Mexican-American juveniles entering probation and their response to a comprehensive intervention designed to address drug, alcohol, and mental health in a culturally-sensitive manner. We hypothesized that all youths would demonstrate mental health improvements from pretest to posttest, and the improvements would be equal for Mexican-American youth of varying levels of acculturation and an Anglo comparison group. Participants included a total of 103 adolescents ages thirteen to eighteen years, of whom 59 percent were male and 81 percent were Mexican American. Hypotheses were supported, indicating this comprehensive, community-based intervention targeting delinquent adolescents and their families was effective in improving mental health regardless of ethnic background or level of acculturation. That is, regardless of group differences in mental health problems at intake, youth with different cultural orientations reported significantly reduced levels of internalizing and externalizing behavior problems at posttest.

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Introduction

A majority of adolescents who engage in antisocial behavior experience an overwhelming number of challenges such as poor parent-child relationships, family criminality, family substance use, negative peer influence, drug and alcohol abuse, a history of trauma, and failing school performance (Jimerson, Sharkey, O'Brien, & Furlong, 2004). Attending to the numerous needs of adolescents engaged in delinquent and antisocial behavior is crucial to prevent a lifetime of future problems including substance abuse, criminality, and impaired ability to function in society. Whereas research has been conducted to better understand the experiences of youths engaged in delinquent behavior, few studies have investigated within-group differences in response to treatment. As the population of juveniles in the United States shifts from predominantly Anglo American to a diverse mix of youths from a variety of ethnic backgrounds, it is important to ensure that services are sensitive to language and cultural differences. In the Western United States, further research is particularly warranted to better understand the experiences of Mexican-American adolescents involved in delinquent behavior as this ethnic group is growing faster than any other (U.S. Bureau of the Census, 2000).

Mental health needs of juvenile delinquents

Research has consistently shown that rates of mental disorders among incarcerated individuals are higher than non-incarcerated individuals. As many as two thirds of juvenile offenders (Cauffman, 2004) suffer from mental illness. Research has identified the most common mental health problems as conduct and oppositional disorders, substance abuse, attention deficit disorder, anxiety and depression, and posttraumatic stress disorder (Bailey, 2003); furthermore, problem behavior during childhood and adolescence tends to be consistent through adulthood (Dinh, Roosa, Tein, & Lopez, 2002) when adequate interventions are not implemented. There are numerous factors that may pose risks for the development of delinquent behaviors such as social strain, school failure, and family functioning (Yin, Katmis, & Zapata, 1999). A variety of stressors pertaining to discrimination, social inequality, lack of formal education, and poverty (Dinh et al., 2002) for youths recently emigrated from Mexico to the United States may further promote delinquent behavior and poor mental health outcomes, particularly when culturally-sensitive treatment is not provided. In particular, Latino/a children in early elementary school grades experience unique educational strain and social stigma as English language learners, which is associated with increased risk for externalizing problems (Dawson & Williams, 2008).

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Latino/a Americans

A highly diverse group, Latino/as differ from one another in terms of cultural values, language, socioeconomic status, and education (Kouyoumdjian, Zamboanga, & Hansen, 2003). Latino/a Americans as a whole have become one of the fastest growing ethnic groups in the United States, with an increase of 58 percent from 1990 to 2000, six times faster than any other group within the U.S. population (U.S. Bureau of the Census, 2000). The proportion of Latino/a Americans in the U.S. has become second only to Anglo Americans in size; it is predicted that by 2050 one-third of all individuals under nineteen years of age in the United States will be Latino/a (U.S. Bureau of the Census, 2000). Latino/a families are at risk for economic stress; in 1999 up to 23 percent of Latino/a families had incomes below the poverty level, and 31 percent of all Latino/a-American children were living below the poverty level (U.S. Bureau of the Census, 2000). As this population continues to grow, it will be increasingly important to better understand and specifically target the unique needs that face Latino/a Americans.

At the same time, broadly shared cultural values, beliefs, perceptions, and language origins within Latino/a-oriented groups are highly relevant concerns in terms of mental health service delivery within settings that are often designed for a majority Anglo U.S. population. It is important to take into consideration additional information regarding distinguishing factors as well as individual experiences in an effort not to generalize research findings to all members. Simultaneously, it is necessary to examine a generalized model of treatment and evaluate if its effectiveness for persons from cultural orientations that differ from that of the intervention developers, providers, and other participants. Latino/a Americans generally see their problems as external to themselves (Dana, 1993) and have high rates of dropout once referred to mental health services (Kouyoumdjian et al., 2003). Mexican Americans are the largest Latino/a population in the United States. More than other Latino/a subgroups, low educational attainment, limited knowledge of English, and low socio-economic status is common (Dana, 1993). Factors that predict participation in treatment services include communication in the first language of the client, communicating knowledge of the cultural values of the client, and respecting commitments to family and faith (Dana, 1993).

Research aimed at identifying causes and consequences of psychopathology and the role it plays for Latino/a-American adolescents remains limited. Recently, the Surgeon General reports that the system of mental health services currently in place fails to adequately provide for the majority of Latino/as who need services. Not only do Latino/as have less access to mental health services in general and to inadequate services when they do gain access, epidemiological data document disproportionate anxiety-related and delinquency problem behaviors, depression, drug use, and incarceration for Latino/a Americans compared to their Anglo-American peers (U.S. Department of Health and Human Services, 2001).

Acculturation

Acculturation may be a possible factor related to the development of problem behavior for adolescents whose families have recently immigrated to the United States. Acculturation refers to the process of change that occurs when individuals come into contact with another culture, often in the form of adopting and exhibiting the values and behaviors of the new culture (Ebin et al., 2001; Samaniego & Gonzales, 1999). The acculturation process may result in individuals experiencing stressors during the acculturation process as a result of conflicts that arise between the individual's ethnic culture and the new culture (Samaniego and Gonzales, 1999). Epidemiological data show that acculturative stress, when combined with other risk factors, is associated with increases in depression and anxiety as well as feelings of marginality and alienation (Hovey & King, 1996). Similarly,

Miranda and Umhoefer (1998) examined differences in depression in Latino/as at different stages of acculturation. Those individuals who adopted a bicultural identity were significantly less likely to receive high depression scores than those in either the high or low acculturation groups.

Acculturation stress can appear in the form of a mismatch between members of the family at different generational cohorts. The differences in cultural values may adversely affect the family environment, and thus, negatively affect a youth's behavior. A social-contextual approach to parenting states that attributes of the family environment directly affect a youth's peer environment (Scaramella, Conger, Spoth, & Simons, 2002). Scaramella and et al. (2002) revealed this model to be the most germane when predicting childhood risk for delinquency finding that parental involvement, in conjunction with a nurturing and supportive parenting style, significantly predicted declines in antisocial behavior and deviant peer affiliations.

The acculturative process may inadvertently create family discord, particularly when youth and their parents are at different levels of acculturation. Given the documented difficulties within families as part of the acculturation process, mental health interventions should provide interventions that enhance optimal response to treatment for all members of a family who participate in the treatment, even if individuals are at varying levels of acculturation. Sensitivity to varied levels of acculturation within a family system should promote the most positive outcomes and invite family involvement, rather than thwart family involvement via a culturally insensitive approach.

There have been inconsistent results when examining whether youth at high levels of acculturation or those at low levels of acculturation are at increased risk for the development of psychopathology (Carvajal, Hanson, Romero, & Coyle, 2002). Ebin et al., 2001 examined the effects of acculturation on both problem behaviors and health-promoting behaviors in a group of 609 adolescents. Higher levels of acculturation were associated with an increased probability of displaying problem behaviors and a decreased probability of displaying certain health-promoting behaviors. Specifically, foreign-born Latino/as were significantly less likely to engage in problem behaviors. Ebin and et al. hypothesize that factors associated with the Latino/a culture such as increased religiosity and close familial relationships may serve as protective against risks. Similarly, Dinh et al. (2002) found that more acculturated children and adolescents reported less parental involvement, which was related to an increase in problem behaviors. The authors hypothesized that the intergenerational conflict that occurs between parents and children when children acculturate at greater rates than their parents may have resulted in the decreased level of parental involvement. This is not to portray the parents as uninvolved; it is to highlight the barriers to effective intervention that exclude parental involvement by way of providing monolingual services in a language the parents do not speak fluently. Specifically, they noted that a language barrier between parents and children is particularly problematic. Conversely, Epstein, Doyle, and Botvin (2003) found that peer norms mediated the relationship between certain delinquent behaviors and acculturation. Further research is needed to examine acculturation status and inform literature to provide effective, empirically supported interventions for reducing delinquency.

Many mental health services are limited in cultural sensitivity, or are not equal to all groups in terms of access, language in which services are provided, and consistency with culturally-bound expectations. The mismatch in cultural perspectives between families and mental health practitioners may pose a significant barrier to effective treatments. Thus, it is important to examine the cultural sensitivity and thus, effectiveness of an intervention for participating individuals' with varying levels of acculturation to U.S. culture. It also is pertinent to assuage any inter-generational acculturation stress by attending to the acculturation status of all members of the family as part of treatment. This may also improve participation rates for mental health programs for Latino/a groups in particular.