

## Defining Cultural Competence

When considering cultural competence; a concise, practical definition and some explanation of relevant ideas are needed. Cross, Bazron, Dennis, & Isaacs (1989) explored the concept of cultural competence in the system of care, and developed the definition and framework used here. They are appropriately applied in the school-based programs that will be highlighted later in this discussion.

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations (Cross et al., 1989; Isaacs & Benjamin, 1991). Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes (Davis, 1997 referring to health outcomes).

The word *culture* is used because it implies the integrated patterns of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. The word *competence* is used because it implies having the capacity to function in a particular way: the capacity to function within the context of culturally integrated patterns of human behavior defined by a group. Being competent in cross-cultural functioning means learning new patterns of behavior and effectively applying them in the appropriate settings. For example, a teacher with a class of African-American children may find that a certain look sufficiently quiets most of the class. Often African-American adults use eye contact and facial expression to discipline their children. However, this is not effective with all African-Americans. Intra-group differences, such as geographic location or socioeconomic background, require practitioners to avoid overgeneralizing. With other students, one might have to use loud demanding tones, quiet non-threatening language, or whatever is appropriate for those students. The unknowing teacher might offend some students and upset others by using the wrong words, tone, or body language. Being culturally competent means having the capacity to function effectively in other cultural contexts.

There are five essential elements that contribute to a system's ability to become more culturally competent. The system should (1)

value diversity, (2) have the capacity for cultural self-assessment, (3) be conscious of the "dynamics" inherent when cultures interact, (4) institutionalize cultural knowledge, and (5) develop adaptations to service delivery reflecting an understanding of diversity between and within cultures. Further, these five elements must be manifested in every level of the service delivery system. They should be reflected in attitudes, structures, policies, and services.

Cultural competence is a developmental process that occurs along a continuum. There are six possibilities, starting from one end and building toward the other: 1) cultural destructiveness, 2) cultural incapacity, 3) cultural blindness, 4) cultural pre-competence, 5) cultural competency, and 6) cultural proficiency. It has been suggested that, at best, most human service agencies providing services to children and families fall between the cultural incapacity and cultural blindness on the continuum (Cross et al., 1989). It is very important for agencies to assess where they fall along the continuum. Such an assessment can be useful for further development.

### Operationalizing Cultural Competence in School Settings

Prior to the passage of the Education of All Handicapped Children Act of 1975, many children were excluded from public schooling because of behavior problems and a lack of school capacity to address their needs. Under that legislation, now known as the Individuals with Disabilities Education Act (IDEA), the number of students with emotional disturbance included in mainstream education has increased, and continues to grow (Walker, Reavis, Rhode, & Jenson, 1985; Osher & Osher 1995). As this segment of the student population in schools increases it becomes necessary to enhance school-based support for children. In accord with Target 3 of the [National Agenda](#), the Office of Special Education (OSEP), in the U.S. Department of Education, has funded several projects designed to implement culturally competent programs for children and youth with emotional disturbance. Aspects of these cultural competence projects can be examined to illustrate the five elements of cultural competence referenced above.

## **Value Diversity**

Valuing diversity means accepting and respecting differences. People come from very different backgrounds, and their customs, thoughts, ways of communicating, values, traditions, and institutions vary accordingly. The choices that individuals make are powerfully affected by culture. Cultural experiences influence choices that range from recreational activities to subjects of study. Even how one chooses to define family is determined by culture. In matrilineal societies, a child's maternal uncle plays a central role in care taking. It is common for the father to reside in another domicile, minimizing his role in raising his wife's children. Such a practice may be unfamiliar to people who define family patrilineally. If a child's uncle from a matrilineal culture responded to a call from school, it may be important to know that his culture defines family according to this structure. By accepting this cultural practice, this school can maximize its relationship with the child's family.

Diversity between cultures must be recognized, but also the diversity within them. Individuals are exposed to many different cultures. School, television, books, and other activities present opportunities for multicultural exposure. People generally assume a common culture is shared between members of racial, linguistic, and religious groups. The larger group may share common historical and geographical experiences. However, individuals may share nothing beyond similar physical appearance, language, or spiritual beliefs.

Race is a social construct that people use to associate behaviors and attitudes with physical characteristics. Assimilation and acculturation can create kaleidoscopes of subcultures within racial groups. Other factors such as gender, geographic locality, and socioeconomic status can be more powerful than racial factors. A Vietnamese couple may immigrate to America, and raise their children in a suburban area. As a result, the children may identify more with American popular culture than that of their parents. Recognizing intra-cultural differences help illuminate the complexities of diversity that challenge us.

Racial and linguistic minorities are under-represented in educational and mental health occupations, and in some cases disproportionately over-identified as having emotional disturbance. As a result many teachers and counselors come from a different racial and cultural heritage than the children and families they serve. Some OSEP-funded projects organize activities in an attempt to promote better understanding of, and respect for, cultural differences. Families and Schools Together ([FAST](#)), an eight-week program which primarily

focuses on family empowerment through parent/professional partnerships, organizes weekly dinners with families participating in the program. Each week a different family hosts dinner. Participating families often represent a variety of cultural backgrounds. During these dinners staff facilitate informal activities for families, designed to improve communication between family members. For FAST staff to improve how they communicate with family members, they must respect how that family chooses to communicate. After families graduate from the program, project staff also participate in support group meetings organized by family members. These activities are effective because families and staff are able to respect each other's differences. Community Approaches to Improving Child Success ([CAICS](#)), a project based in the Englewood, New Jersey school system, hosts weekend getaways for teachers, primary caretakers, and children in the program. The retreats are designed to begin a process of moving away from blaming others (e.g. the school, "those" teachers, "bad" students) for children's behavior. Participants, including children, are expected to move towards self-accountability. Participants agree that the retreats provide opportunities to value and respect the practices of other cultures. Everyone has an opportunity to develop an appreciation for other peoples' cultural perceptions and the reality of differences. The program stresses the importance of understanding that "different" does not mean "wrong" in cross-cultural interactions. FAST and CAICS project activities foster acceptance of, and respect for, cultural diversity.

### **Cultural Self-Assessment**

Through the cultural self-assessment process, school or program staff are better able to see how their actions affect people from other cultures. The most important actions to be conscious of are usually taken for granted. For instance, physical distance during social interactions varies by culture. A teacher may be accustomed to not touching students, but some students could misread such behavior. If physical reinforcement is valued in the students' culture, the teacher's behavior may suggest that the teacher dislikes or is angry with them. Such miscommunication can be avoided through cultural self-assessment and understanding the dynamics of difference. If a person is aware of her or his own cultural behaviors, she or he can learn to modify them when appropriate.

Not only do individuals have a culture to assess, but institutions, such as schools, have and embody a culture as well. For example, in traditional American schools, students are expected to be in a

classroom at specified times. When students have problems they are expected to tell a teacher or counselor. Most learning takes place through reading textbooks and note taking, and question asking is encouraged. Teaching is very standardized; lecturing is common. However, all humans do not necessarily learn using this approach. In societies focusing on oral communication, textbooks may not even exist. The concept of an exact time is not used or reinforced in some cultural structures. As a result, students whose cultural heritage includes traditions that differ from the standard American classroom may have difficulties, lose interest, or be incorrectly labeled. Imagine the child accustomed to learning by example forced to learn by rote memorization of facts and theories. Unless that child adapts to this new expected mode of learning, he or she could be considered less than capable by teachers and other students. School culture should be assessed to determine the role it plays in identifying children with problems, and in reinforcing those problems. Knowledge of these influences can help a school, or any organization serving diverse people. The key is developing mechanisms that provide ongoing feedback and suggestions for change.

Developing such mechanisms is a goal of Actualizing Cultural Competence in Educational and Preventative Techniques ([ACCEPT](#)), a project in Tucson, Arizona. The program provides consultants to assist the development of cultural self-evaluation capabilities among school staff, project staff, and teachers involved with children in the program. Consultants use surveys and discussions to help teachers and staff become more aware of their own cultural assumptions, and how those assumptions affect others. The consultants assist school-staff in becoming aware of the organizational cultural processes of their school as well. In addition to providing objective information, consultants assist school and project staff in developing tools for self-evaluation. These activities facilitate a continuous process of assessment used to support movement towards cultural competence.

### **Consciousness of the Dynamics of Cultural Interactions**

There are many factors that can affect cross-cultural interactions. For example, biases based on historical cultural experiences can explain some current attitudes. Native-Americans and African-Americans, among other groups, have experienced discrimination and unfair treatment from members of the dominant American cultures. These experiences and the mistrust that grew from them is passed down among members of historically oppressed groups, but is often ignored within the dominant culture. Thus there often exists an

understandable mistrust towards members of the dominant culture by historically oppressed groups. Similar dynamics should inform a system's policies and practices. For example a social worker may be perceived as the person who breaks up homes. However, if a social worker advocates for strategies to provide support in the home and in the school, she or he has demonstrated the desire to help the child, rather than separate the family. If a school policy is modified according to legitimate concerns expressed by families, they begin to feel valued as partners in the process. The families in the community have helped in policy development, rather than learning about policies developed by others. Changes such as these create new group experiences to convey to members.

Staff and administrators of [New Pathway's](#), a program in Wichita, Kansas, have responded to negative associations that family members may hold regarding the role of social workers. Social workers are often perceived as the people who remove children and separate families. Many staff members are trained as social workers, but are redefining the social worker role as part of New Pathways. New Pathways focuses on improving family functioning, using an adaptation of the ten-week [FAST](#) program to ensure the family role as the primary support mechanism for children. To avoid confirming negative associations regarding social workers, staff have changed how they interact with families. Meetings are held in the family's home rather than in offices. Instead of wearing formal attire, staff dress in a manner perceived by the clients as respectful but unimposing. Rather than completely on their own cultural rules, staff greet and refer to family members according to culturally appropriate titles. Staff also follow the appropriate rules for body language, social distance and eye contact as defined by the family. The project provides translators when family members are not comfortable with English, because staff members do not want to exclude valuable input due to language barriers. By showing this cultural respect, staff and families have developed personal relationships. Being aware of the possible affects of the dynamics of differences allows New Pathway's staff to provide a more productive cross-cultural intervention.

### **Institutionalization of Cultural Knowledge**

The knowledge developed regarding culture and cultural dynamics, must be integrated into every facet of a school, program, or agency. Staff must be trained, and effectively utilize the knowledge gained. Administrators should develop policies that are responsive to cultural diversity. Program materials should reflect positive images of all

people, and be valid for use with each group. Fully integrated cultural knowledge may affect global changes in human service delivery. For example, educational institutions and accreditation bodies might develop cultural competence standards to ensure teacher and administrator preparation. Then these same professionals could collaborate with families to develop school policies that reinforce culturally familiar values to improve children's behavior. The culturally competent teachers might use these policies to avoid more expensive interventions. When interventions do become necessary, family and community input on cultural issues might be used in determining effective treatment. Institutionalized cultural knowledge can enhance an organization's ability to serve diverse populations.

A program demonstrating institutionalized cultural knowledge is [World of Difference](#). The project serves a high percentage of African-American children in the San Francisco Unified School District. Staff participate in professional development activities conducted by Dr. Wade Nobles, a recognized expert in cross-cultural training. Classrooms are prepared with reading corners consisting of culturally relevant subject matter such as African children's stories, and lessons about influential African-Americans. Morning rituals incorporate aspects of the students' cultures by utilizing traditional African chant. Academic support employs learning modalities that students are comfortable with, such as oral learning strategies. World of Difference project activities provide for inclusion of food and child care during monthly family-school meetings. Such culturally inclusive practices produce better outcomes for creating a bridge between school, home, and community, and serves as an example of how this program has integrated cultural knowledge in its service delivery system.

### **Adapt to diversity**

The fifth element of cultural competence specifically focuses on changing activities to fit cultural norms. Cultural practices can be adapted to develop new tools for treatment. Working with cultural groups that stress veneration of ancestors and invoking a sense of duty in children by illustrating the actions and values of their ancestors provides an example. All children who are members of minority groups that have endured discrimination benefit from the legacy of civil rights activists. If these children's traditional culture also places special emphasis on respect for ancestors, teaching the children of a responsibility to serve human kind similarly can provide a concrete purpose for them. Being motivated by such a purpose may help children to better manage their behavior. Using relevant cultural

matter to change services can affect positive change in children's behavior.

A child's cultural background provides traditional values that can be used to create new interventions. For example, because of a need for culturally relevant academic and social-skills learning tools [Kakoo 'o 'ia Na Lei](#), a program created for Hawaiian students with emotional disturbance, demonstrated and evaluated use of an elementary school guidance curriculum. The curriculum was locally developed in collaboration with Hawaiian kupuna (respected elders) through an earlier U.S. Department of Education grant. The curriculum is built around stories containing characters that students can relate to. It helps to guide the children through moral problem solving. It illustrates, teaches, and reinforces over 71 specific social, coping, and self management skills through group discussion, small group activities, role playing, Hawaiian-style arts and crafts, and other activities. The curriculum itself is also a treatment for children's behavioral problems. Pre- and post-test evaluations indicate improvements in clinical symptoms and aggressive and hyperactive behaviors (Smith, Leake, & Kamekona, 1998). The tool invokes traditional cultural norms to develop problem-solving skills, and reduce the children's behavior problems. Interventions less effective can be replaced with the curriculum, adapting interventions to Hawaiian culture. This example demonstrates how members of a child's family or community can provide invaluable input in the adaptation of services. Collaborative teams using families, communities, educators, mental health practitioners, and others who care about children can collaborate to create service adaptations appropriate for many children. The curriculum developed by one community's kupuna is now in various stages of implementation in 45 schools and agencies throughout the state of Hawaii.

Reforms addressing the needs of children and youth with emotional disturbance have recognized the importance of cultural issues. Developing cultural competence means improving cross-cultural capabilities by adapting services to the cultural context of families and children. This report highlights some of the practices used by OSEP funded cultural competence programs to help others initiate similar activities. While many [resources](#) are available to guide that process, developing cultural competence continues to challenge our creativity. However, the dire situation facing our children today, and therefore our nation tomorrow, demands that we embrace this challenge.

## Why is Cultural Competence Important for Health Professionals?

This section will focus on strategies and practices that can enhance cultural competency for the individual health care professional. For those interested in organizational cultural competency, please see [ ] for information on organizational strategies and programs.

Lack of awareness about cultural differences can make it difficult for both providers and patients to achieve the best, most appropriate care. Despite all our similarities, fundamental differences among people arise from nationality, ethnicity, and culture, as well as from family background and individual experiences. These differences affect health beliefs, practices, and behavior on the part of both patient and provider, and also influence the expectations that patient and provider have of each other.

Often in the medical community (and the community in general) there is lack of awareness of these differences and their impact. This most likely results from a combination of factors that may include:

- **Lack of knowledge** - resulting in an inability to recognize the differences
- **Self-protection/denial** - leading to an attitude that these differences are not significant, or that our common humanity transcends our differences
- **Fear of the unknown or the new** - because it is challenging and perhaps intimidating to get to understand something that is new, that does not fit into one's world view
- **Feeling of pressure due to time constraints** - which can lead to feeling rushed and unable to look in depth at an individual patient's needs

The consequences of this lack of cultural awareness may be multiple. Patient-provider relationships are affected when understanding of each other's expectations is missing. Miscommunication results. The provider may not understand why the patient does not follow instructions: for example, why the patient takes a smaller dose of medicine than prescribed (because of a belief that Western medicine is "too strong"); or why the family, rather than the patient, makes important decisions about the patient's health care (because in the patient's culture, major decisions are made by the family as a group). Likewise, the patient may reject the provider (and the entire system) even before any one-on-one interaction occurs because of non-verbal cues that do not fit expectations. For example, "The doctor is not wearing a white coat -

maybe he's not really a doctor; or, "The doctor smiles too much. Doesn't she take me seriously?"

What constitutes cultural competence is up for debate. Some use the terms cultural sensitivity and cultural awareness as synonyms, while others believe these are steps along the road to cultural competence. In this section, you will find definitions of cultural competence, discussions of how it can be achieved, and tools and resources to aid in striving for greater cultural competence.

Individual providers may want to determine where they are along the continuum of cultural competence in order to choose what steps to take next in their professional development. Some things to consider if you work directly with patients:

1. How do you react when confronted with a "new" patient situation that does not fit your expectations? Does the situation provoke feelings of anxiety and discomfort? Are you able to assess what is going on within yourself as well as within the patient?
2. Do you have strategies to use to gain clarification of a puzzling situation, and to enhance both your own and your patient's understanding?
3. Are you able to support and help patients to understand that they are impacted by the same factors as you, regarding cultural differences in beliefs, expectations, behaviors?

**Questions for the reader:**

1. Is there a providers' group or faculty in your institution/area that are working on these kinds of issues?
2. What do you think providers need in order to become culturally competent?
3. What do you think patients who are recent arrivals need in order to utilize/understand the American medical system better?

# Where can I find more information?

This is a list of resources that provide more information about cultural competence. Included are [organizations](#), [general information](#), [training workshops and conferences](#), [policy resources](#), and [implementation resources](#). Also available is a [calendar](#) of upcoming cultural competence events. This web site is always growing. We are always searching for useful information related to cultural competence. If there are resources not listed here, please send us an [email](#), and include the internet URL (if applicable), contact information, and a brief description of each.

Organization [Bendheim-Thomas Center for Research on Child Wellbeing](#)

Organization Brown and Associates-Diversity Management Consultants  
P.O. Box 44041  
Tucson, AZ 85733  
(520) 741-9954  
Contact person: Bea Brown

Organization [Beuno Center](#)

Organization [Center on Minority Research in Special Education](#)

Organization [Center for Research on the Education of Students Placed at Risk](#)  
**This organization also provides online publications**

Organization Child & Family Services Branch  
North Carolina Department of Mental Health  
(919) 733-0598

**Contact person: Thealita Monroe, M.Ed.**

**Organization Coalition for Hispanic Family Services  
(718) 497-6090  
Contact person: Denise Rosario, MSW**

**Organization Conciliation Court of Pima County-Cultural Simulations  
32 N Stone., STE 1704  
Tucson, AZ 85701  
(520) 740-5590**

**Organization [Council of Latino Agencies](#)**

**Organization Department of Human Services  
Broward County ADA Services Division  
(305) 831-1547  
Contact person: Brenda Lyles, PhD**

**Organization [Diversity Rx](#)  
**\*This organization also provides the following resources: 1) online publications****

**Organization Division of Children, Adolescents, & their Families  
South Carolina Department of Mental Health  
734-7859  
Contact person: Jerome Hanley, PhD**

**Organization [Fiesta Educativa](#)  
**\*This organization also provides the following resources: 1) advocacy/empowerment training****

**Organization Edge Associates  
661-5590  
Contact person: Earl Braxton**

**Organization General Counsel for the Black Congress on Health, Law, & Economics  
(202) 347-7000  
Contact person: Derrick Humphries**

Organization [Indian Health Services](#)

**\*\*This organization also provides the following resources: 1) training, 2) direct services, 3) downloadable publications**

Organization JTR & Associates

(408) 281-3346

Contact person: Josie T. Romero

Organization Kaleidoscope

(773) 278-7200 ext. 297

Contact person: Karl Dennis

Organization Mental Health, Mental Retardation Authority of Harris

(713) 970-7155

Contact person: Regina Hicks, PhD

Organization Mental Health Program

Hamilton Madison House

(212) 720-4522

Contact person: Susan Chan

Organization [National Clearinghouse for Bilingual Education](#)

**\*This organization also provides the following resources: 1)Online Publications 2)Online Databases**

Organization [National Indian Child Welfare Association](#)

**\*This organization also provides the following resources: 1) Online product catalogue**

Organization Nanitch Sahallie Youth Residential Treatment Program

(615) 227-1115

Contact person: Sharon Shaw Ed.D.

Organization [Office of Special Education Programs](#)

**Organization** Parents for Behaviorally Different Children  
265-0430  
Contact person: Delfy Pena Roach

**Organization** Pittsburg Public Schools  
622-3600  
Contact person: Bernie Manning, PhD

**Organization** Progressive Life Center  
(202) 842-4570  
Contact person: Frederick Phillips, Psy.D

**Organization** [Southern California Indian Center](#)  
**\*This organization also provides the following resources: 1) direct services**

**Organization** National Resource Network for Child & Family  
Mental Health Services  
(215) 468-4751  
Contact person: Mike Lewis

#### **Information on Cultural Competence**

**Organization** [Maternal and Child Health Bureau](#)  
**Cultural** [The Center for Children with Special Needs](#)  
**Competence** **This organization also provides downloadable**  
**Page:** **publications**

**Organization** [National Parent Information Network](#)

**Organization** [Office of Minority Health Resource Center](#)  
**\*This organization also provides the following resources: 1) technical assistance 2) online publications 3) downloadable publications 4) events calendar 5) implementation resources 6) policy resources**

**Organization** [Office of Minority Women's Health](#)

**Organization** [PACER Center](#)

**Cultural**            [\*\*The Multicultural Project\*\*](#)

**Organization**    [\*\*Research and Training Center on Family Support & Children's Mental Health\*\*](#)

**Cultural**            [\*\*Multicultural Perspectives of Empowerment\*\*](#)

### **Cultural Competence Training Programs and Conferences**

**Organization**            [\*\*National Alliance for Hispanic Health Training\*\*](#)

**Cultural Competence Page:**

**Organization**            [\*\*Department of Child & Family Studies, University of South Florida\*\*](#)

**Organization**            [\*\*Federation of Families for Children's Mental Health\*\*](#)

**Cultural Competence Page:**    [\*\*10<sup>th</sup> Annual Conference Celebration\*\*](#)

**Organization**            [\*\*National Education Services\*\*](#)

**Organization**            [\*\*National Indian Child Welfare Association Conferences and Workshops\*\*](#)

**Cultural Competence Page:**

**Organization**            [\*\*National Parent Information Network Parent to Parent Conference\*\*](#)

**Cultural Competence Page:**

**Organization**            [\*\*National Resource Center for Family Centered Practice\*\*](#)

**Cultural Training Services**

**Competence Page:**

**Organization**            [\*\*Office of Multicultural Services, California Department of Mental Health\*\*](#)

### **Policy Related Resources**

**Organization**            [\*\*Knowledge Exchange Network\*\*](#)

**Cultural  
Competence Page:** [Factsheet](#)

**Organization** [The Mental Health Program at the Western  
Interstate Commission on Higher Education](#)  
**Cultural  
Competence Page:** [Cultural Competence Standards in Managed  
Health Care](#)

#### **Implementation Related Resources**

**Organization** [The Alliance Project](#)

**Organization** [Early Childhood Research Institute on  
Culturally & Linguistically Appropriate  
Services](#)

**Organization** [National Multicultural Institute](#)

**Organization** [Georgetown University Child Development  
Center](#)

**Cultural  
Competence Page:** [Maternal and Child Health National Center  
for Cultural Competence](#)

**\*This organization also provides technical  
assistance & policy assistance**

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