

Working with Culturally and Linguistically Diverse Populations: Considerations for Educational Psychology



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Foreword

Each year our Year 2 trainees complete an Equality and Diversity research-based placement. This placement seeks to give Trainee Educational Psychologists (TEPs) the opportunity to research an area of relevance to Equality, Diversity and Inclusion practice and to share their findings with Educational Psychologists (EPs) in the Education Authority (EA). Commonly, the cohort work collaboratively on a research topic in January/February of their second year of study, collecting and analysing data with regard to a specific research question. In the case of Cohort 13 however, against a background of closures and restrictions brought about by the Covid -19 pandemic, it was decided that a desk-based research project would be appropriate. Through discussion with the group and with the involvement of Dr Hassan Regan, it was agreed that a project examining the literature for EPs working with culturally and ethnically diverse populations would fulfil project criteria: *awareness raising about a minority or disadvantaged group within Northern Irish society; participation in a collaborative project; and publication and dissemination of findings to the Educational Psychology Service in the Education Authority.*

To decide on topics that would form the focus of their literature reviews, TEPs examined the data generated by a reflective practice group of EPs conducted by Dr Regan. Many of the themes that emerged from the reflective conversation are addressed in this publication, including: engaging with children, young people and their families from linguistically and/or culturally diverse populations; supporting schools; conducting assessments using appropriate assessment tools; using interpreters; and suitability of supports.

The process of conducting a literature review using systematic methods is one that has particular relevance to the TEPs as they prepare to use this procedure for the preparation of their theses. This technique incorporates a rigorous, transparent and replicable process that aims to identify and appraise pertinent academic literature around a specific question. What follows is a series of literature reviews, grouped around the common theme of working with culturally and ethnically diverse populations: considerations for Educational Psychology.

It is noteworthy that practically all the contributors noted the scarcity of research in their chosen topic area. Given the increasing diversity of the NI population, this points to the need for ongoing, targeted research for this vulnerable group. We hope that this document goes some way to heighten the understanding and application of equality, diversity and inclusion principles within Educational Psychology (BPS, 2019) and to promote awareness of the impact of culture, equality and diversity on professional practice (HCPC, 2021).

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Abstract

Over the last two decades, Northern Ireland (NI) has seen significant demographic changes due to migration from both within and outside the European Union (EU). This increasingly multicultural and multilingual reality is reflected in NI schools where the number of newly arrived migrant pupils has more than doubled over the last ten years. The role of Educational Psychologists (EP) is to support all children and young people to achieve their full potential, including those from diverse cultural and linguistic communities who may face additional barriers to their learning and school environment. This document presents the current context regarding cultural and linguistic diversity across NI and, in particular, within educational settings. Utilising systematic methods, a series of literature reviews was conducted examining aspects of this topic pertinent to Educational Psychology. Culturally sensitive consultations and formulation practices were examined, and related recommendations made for working with interpreters, assessment instruments and appropriate interventions. Findings highlight the importance of culturally sensitive practice for EPs to ensure the needs of this population are not overlooked, as well as the necessity for professional training and personal self-reflection.

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List of Abbreviations and Acronyms

The following list contains commonly used abbreviations and acronyms in relation to Equality and Diversity, as well as Educational Psychology.

<u>Abbreviation</u>	<u>Full Term</u>
ABC	Asset-Based Consultation model
CAI	Cultural Assets Identifier
CATs	Creative Arts Therapies
CBT	Cognitive Behavioural Therapy
CCC	Consultee-Centred Consultation model
CLD	Culturally and Linguistically Diverse
EAL	English as an Additional Language
ECNI	Equality Commission for NI
HEAL	Home of Expressive Arts and Learning Programme
IES	Intercultural Education Service
MSC	Multicultural School Consultation framework
NASP	National Association of School Psychologists
NISRA	Northern Ireland Statistics and Research Agency
OFC	Outline for Cultural Formulation
SDQ	Strengths and Difficulties Questionnaire
SEL	Social-Emotional Learning
SFCC	Solution-Focused Consultee-Centred Consultation model
UNHCR	United Nations High Commissioner for Refugees
VPRS	Vulnerable Persons Relocation Scheme

Glossary of Terms

The key terms and phrases used in this report are defined below:

Acculturation

A social, psychological, and cultural transition process that results from the balancing of two cultures while adjusting to the prevailing culture of the society.

Acculturative Stress

External pressure which children from minority groups experience to conform to their host culture, in order to avoid being discriminated against.

Asylum Seeker

A person who has fled their country and is seeking asylum in another country to avoid persecution and significant human rights violations, but who has not yet been officially registered as a refugee and is awaiting a judgement on their asylum claim.

Cultural Brokerage

The act of facilitating interactions between individuals across cultural boundaries.

Cultural Competence

The ability to understand, appreciate, and interact with people from cultures or belief systems different from one's own.

Cultural Mismatch

The inequality created when dominant institutions' cultural norms differ from the norms that exist among underrepresented social groups.

Ethnic Heritage

Relating to or characteristic of a human group having racial, religious, linguistic, and certain other traits in common.

Ethnic Minority

A group of people who differ in race or colour or in national, religious, or cultural origin from the dominant group — often the majority population — of the country in which they live.

Fight or Flight Response

A physiological response that occurs automatically in response to a stressful or frightening experience. The sympathetic nervous system is activated when a threat is perceived, triggering an acute stress reaction that prepares the body to fight or flee.

Formulation

Professionals attempt to summarise problems and explain why they may be occurring and make sense of them. This may include past difficulties and experiences if these are relevant to the present.

Holistic

Characterised by the belief that the parts of something are intimately interconnected and explicable only by reference to the whole.

Immigrant Paradox

A phenomenon observed in many countries where immigrants who have just moved to a host country have better health and education outcomes than the native populations of the host country.

Irish Traveller / Traveller

An indigenous minority who have been part of Irish society for centuries. Travellers long shared history, cultural values, language, customs and traditions make them a self-defined group, and one which is recognisable and distinct.

Language Acquisition

The process by which humans acquire the capacity to perceive and comprehend language, as well as to produce and use words and sentences to communicate.

Meta-Analysis

Examination of data from a number of independent studies of the same subject, in order to determine overall trends.

Migrant

A person who relocates from one location to another, usually in the search of better employment or housing conditions.

Mixed Methods Design

A mixed methods study combines quantitative and qualitative data collection and analysis in one study.

Newcomer

A person who has recently arrived in a country and does not have the sufficient language ability to participate in discussion or the curriculum.

Qualitative Design

Concerned with establishing answers to the why's and how's of the phenomenon in question.

Quantitative Design

The process of collecting and analysing numerical data. It can be used to find patterns and averages, make predictions, test causal relationships, and generalise results to wider populations.

Refugee

A person who has fled their own country due to major human rights violations and persecution.

Resettlement

The transfer of refugees from one country to another that has agreed to accept them and eventually provide permanent residence.

Resilience

The ability to bounce back rapidly from adversity.

Roma

Any descendant of the traditionally nomadic Romani-speaking ethnic group who migrated from northern India to Europe in the 14th and 15th centuries.

School Belonging

The degree to which children in the school environment feel personally accepted, respected, included, and supported by others.

Voice of the Child

An approach to ensuring that children are more clearly heard in decisions about their future.

Chapter One

Setting the Context: Cultural and Linguistic Diversity within Education Settings in NI

by
Ellen White

Introduction

The establishment of relative peace in Northern Ireland (NI) following the signing of the Good Friday Agreement in 1998, coupled with the expansion of the European Union in 2004, has resulted in significant demographic changes in NI over the past two decades.

During NI's economic boom years, net international migration increased dramatically, peaking at over 9,000 in 2007 (Appendix A). Following a sharp decline throughout the recession, official estimates from the Northern Ireland Statistics and Research Agency (NISRA) suggest that net migration to NI since then has continued to rise. In 2019, net migration consisted of 1,114 people arriving from mainland UK and a further 3,713 people arriving from elsewhere around the world (NISRA, 2019). Information from the last census in 2011 highlighted that 1.8% of the population in NI — around 32,000 people — are from ethnic minority groups, more than double the proportion documented in the 2001 census (0.75%). The 2021 census will provide an updated picture of the current ethnic and cultural diversity within and across NI.

The Department of Education in Northern Ireland (DENI) produces a number of reports and statistical datasets that can be used to explore the changing cultural, ethnic and linguistic context of schools in Northern Ireland. The *Annual School Census Survey* takes place in early October when every school is required to provide detailed information to the Department regarding school enrolments and attendance. Information and data collected relates to pupil characteristics and attributes such as year group, religion, ethnicity (including Irish Travellers), first language, special educational needs, disabilities, newcomer status, and free school meal entitlements. Combined with the *Summary of Annual Examination Results* and the *School Leavers Survey*, these publications help to provide a statistical base to inform policy decision-making across a wide range of areas.

Having access to up-to-date, reliable information on the cultural and linguistic diversity within NI society as a whole and particularly within our school system is crucial for appropriate funding allocation to different groups and for monitoring progress on reducing key educational inequalities, as well as simply providing a more nuanced understanding of the context within which schools are operating. Guidelines from the British Psychological Society (BPS) address the need for educational psychologists (EPs) to have an understanding of “working with cultural difference” (BPS, 2017a, p. 32). This includes considering how factors such as ethnicity, culture, religion, language and nationality may impact a young person's educational experience, attainment and ability to access the full school curriculum as well as further opportunities both within and outside the school setting. In addition to working directly with a child or young person to support them achieve their full potential, EPs can use their role at a more consultative, systemic level to identify best practice and support schools to reduce inequalities and promote inclusion for all culturally and linguistically diverse pupils.

Review Question

The aim of this focused review is to provide an overview of available population statistics on cultural and linguistic diversity across NI and within NI schools. The review question is: *What is the current situation regarding cultural and linguistic diversity within educational systems in Northern Ireland?*

Sources of Information

The main data sources for this research were identified from DENI and NISRA. Where data was not publicly available from either website or other online open data sources, it was requested in writing from the Statistics and Research team at DENI.

Reviewing the available quantitative data highlighted the relative paucity of detailed information and research on cultural, ethnic and linguistic diversity in schools in NI. While this data is routinely collected as part of the yearly school census of pupil enrolments, it is often not reported due to small numbers, data constraints and confidentiality concerns. Information from the 2011 Census was therefore included to supplement this data and to provide a societal backdrop for the cultural and linguistic diversity within schools. The relative strengths and weaknesses of each dataset are explored in Appendix B.

DENI has specific policies to address the achievement gap, equality and inclusion for two important ethnic groups in NI schools: Newcomer pupils and students from the Irish Travelling community or the Roma community. As part of their commitment to improving outcomes for these two groups, information is regularly published and freely available online on the DENI website. As such, the following report will explore the school context for Newcomers and Irish Travellers, as well as for other ethnic cultural, and linguistic groups where possible.

Findings

Population Level

Taken every ten years, the last completed Census in 2011 is now over a decade old and information from the new Census, which took place in March 2021, will likely be published in 2022. Despite its age, previous Census data is still among the most robust and comprehensive sources of information on population demographics and characteristics as it involves a detailed count of all people and households, making an effort to include everybody within the population, including those who may be thought of as **being from hard-to-reach communities and** who may be undercounted in other smaller-scale surveys.

To examine the context of cultural and linguistic diversity within NI, the following sections explore Census 2011 data on the multiple components of national identity, heritage, language, and culture.

Ethnicity

In 2011, the population of Northern Ireland stood at just over 1.8 million residents. Just over 1.8% of those residents (around 32,400 people) belonged to ethnic minority groups, more than double the proportion of ethnic minority residents in 2001 (0.75%). While this represents a significant shift toward greater cultural and ethnic diversity, NI remains a predominantly White country (shown in Table 1). Compared to other parts of the UK, NI had the highest proportion of residents who identified as White (98.2% of the total NI resident population).

Table 1*Breakdown of Ethnic Groups across the UK*

Ethnic groups from the 2011 Census	England ¹	Wales ¹	Scotland ²	NI ³
White	85.3 %	95.5 %	95.9 %	98.2 %
All ethnic minority groups	14.7 %	4.5 %	4.1 %	1.8 %
<i>Ethnic minority breakdown</i>				
Mixed/Multiple ethnic groups	2.3 %	1.0 %	0.4 %	0.3 %
Asian/Asian British	7.7 %	2.2 %	2.6 %	1.0 %
Black/African/Caribbean/Black British	3.5 %	0.6 %	0.7 %	0.2 %
Any other ethnic group	1.1 %	0.6 %	0.4 %	0.2 %

Sources: Census (2011) 1. Office for National Statistics, 2. National Records of Scotland, 3. Northern Ireland Statistics and Research Agency

Ethnic Minority Groups

Further examination of census ethnicity data reveals that the largest ethnic minority group in NI in 2011 was Chinese (0.35% of the population), followed by Indian (0.34%), Mixed (0.33%), Other Asian (0.28%), Black African (0.13%), and Other (0.13%). Irish Travellers made up 0.07% of the population and information regarding the Roma population is not available. Analysing the differences between the 2001 and 2011 censuses, the largest numerical and proportional increases in ethnic minority groups can be seen in the Indian and other Asian ethnic groups (Table 2).

Table 2*Population by Ethnic Group in NI in 2001 and 2011*

Ethnic groups	2001		2011	
	Number	(%)	Number	(%)
White	1,670,988	(99.2)	1,778,449	(98.2)
Chinese	4,145	(0.2)	6,303	(0.3)
Irish Traveller	1,710	(0.1)	1,301	(0.1)
Indian	1,567	(0.1)	6,198	(0.3)
Pakistani	666	(0.0)	1,091	(0.1)
Bangladeshi	252	(0.0)	540	(0.0)
Other Asian	194	(0.0)	4,998	(0.3)
Black Caribbean	255	(0.0)	372	(0.0)
Black African	494	(0.0)	2,345	(0.1)
Black other	387	(0.0)	899	(0.0)
Mixed ethnic group	3,319	(0.2)	6,014	(0.3)
Other ethnic group	1,290	(0.1)	2,353	(0.1)
All ethnic groups	1,685,267	(100)	1,810,863	(100)

Sources: Northern Ireland Statistics and Research Agency (2002). 2001 Census: Ethnic Group (administrative geographies). Northern Ireland Statistics and Research Agency (2013). Ethnic Group – Full Detail: Q5201NI.

Source: Calanzani et al (2013)

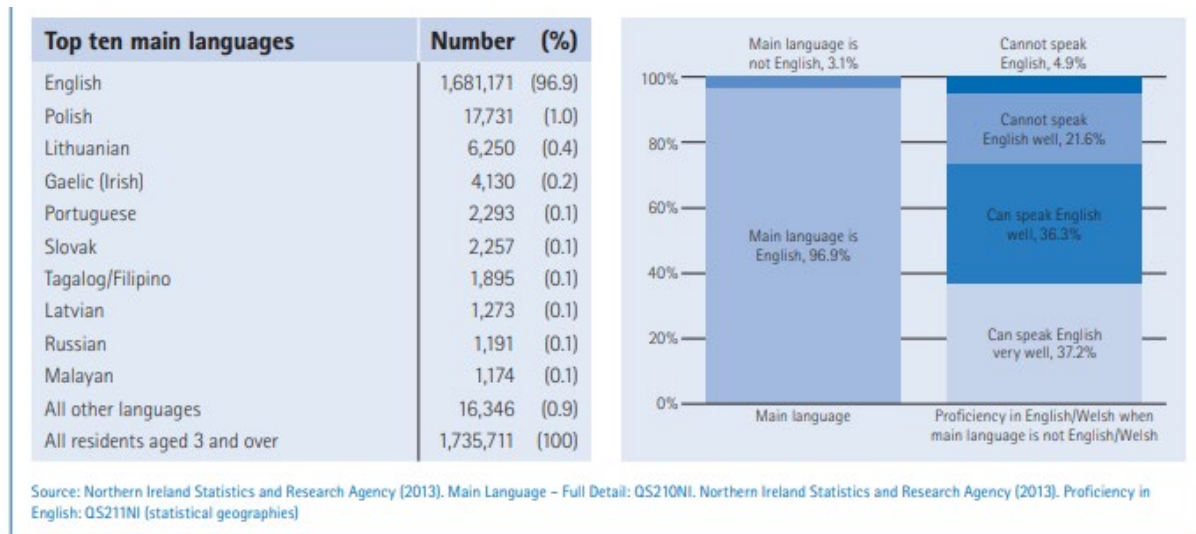
Language

In terms of language spoken, almost 54,500 residents of Northern Ireland (2.9% of the total population) spoke a language other than English as their main language in 2011. Polish was the second most spoken language with almost a third of all non-native English speakers (over 17,000 people) reporting Polish as their main language, reflecting 1.02% of the population. This was followed by Lithuanian (with over 6,000 speakers or 0.36%), Irish (0.24%), Portuguese (0.13%), Slovak (0.13%), and Chinese (Mandarin/Cantonese/other Chinese; 0.13%).

Of those who did not have English as their main language, around three quarters (73.5%) reported that they could speak English either well or very well, 21.6% reported they could not speak English well while 4.9% reported they could not speak English at all (Figure 1).

Figure 1

Main Languages and Levels of English Language Proficiency in 2011

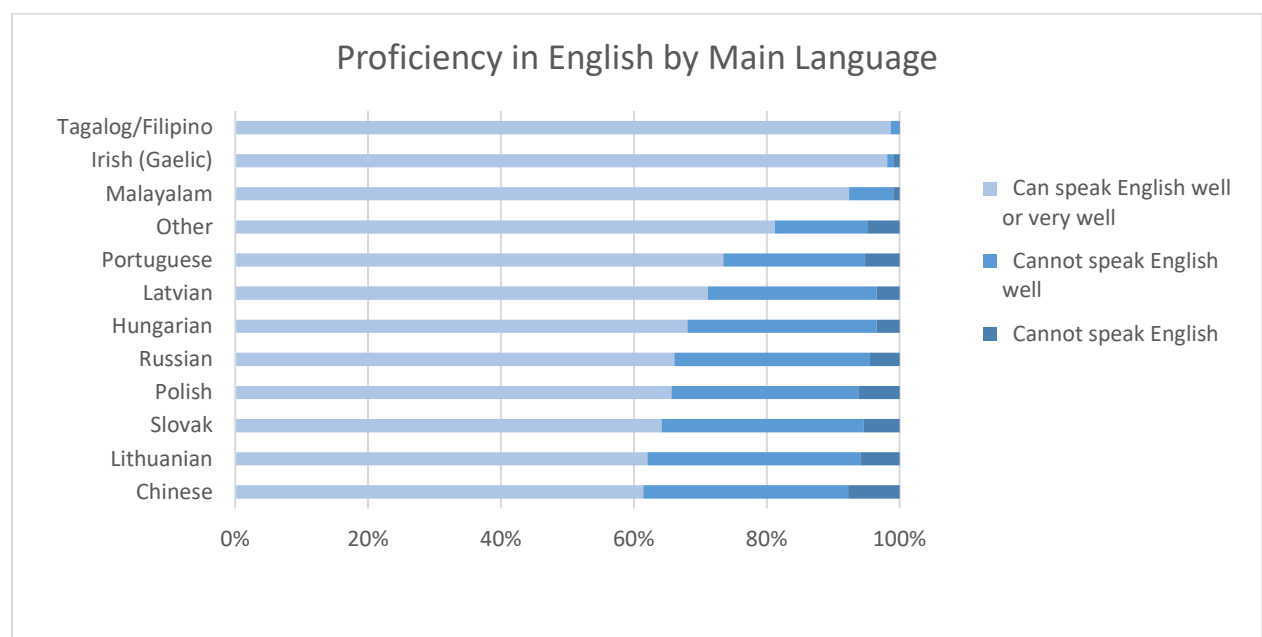


Source: Calanzani et al., (2013)

High levels of self-reported English language competence were seen for those who spoke Filipino (99%), Irish (98%) and Malay (92%). Lower proportions of English language competence were seen for those whose first language was Chinese (61%), Lithuanian (62%), Slovak (64%), and Polish (66%), as shown in Figure 2.

Figure 2

English Language Proficiency by Main Language Spoken



Source: Census (2011) Northern Ireland Statistics and Research Agency

In line with the number of residents speaking different languages, statistics for interpreter requests in Health and Social Care settings show the increasingly diverse nature of interpreting demand. The top three languages for interpreter requests during the period 2010-2012 were Polish, Lithuanian and Portuguese, representing 64.2% of all requests (Figure 3).

Figure 3

Requests for / Interpreters in NI Health and Social Care Settings, 1 April 2010 to 31 March 2012

Language	Number of Requests	% of Total Requests
Polish	40,004	34.6%
Lithuanian	22,659	19.6%
Portuguese	11,605	10.0%
Chinese – Mandarin	7,761	6.7%
Slovak	5,322	4.6%
Chinese – Cantonese	5,201	4.5%
Tetum	4,235	3.7%
Russian	4,176	3.6%
Latvian	3,526	3.1%
Romanian	2,506	2.2%
Hungarian	2,481	2.1%
Arabic	1,528	1.3%
Bulgarian	812	0.7%
Chinese – Hakka	710	0.6%
Czech	609	0.5%
Bengali	369	0.3%
Somali	301	0.3%
Spanish	212	0.2%
Farsi	208	0.2%
Punjabi	198	0.2%

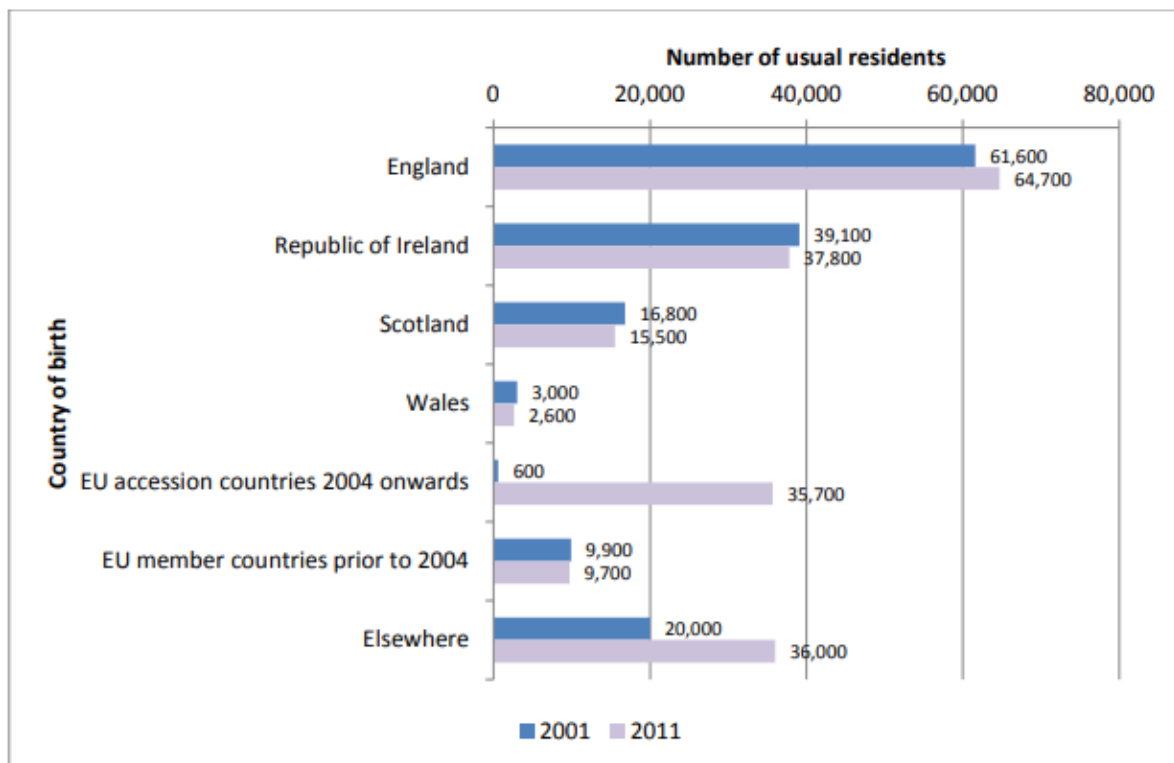
Source: HSCB, 2013

Country of Birth

The proportion of residents born outside of NI rose from 9% in 2001 (151,000 residents) to 11% in 2011 (202,000 residents). This increase seems to be mainly driven by the net inward migration of people born in central and eastern European countries, with a relative decrease in inward migration from other parts of the UK and Ireland (Figure 4). Residents who were born in the 12 EU accession countries accounted for 2% of the total population in NI in 2011, a significant increase from less than 0.1% of the 2001 population.

Figure 4

Country of Birth of People Born Outside NI, 2001 and 2011

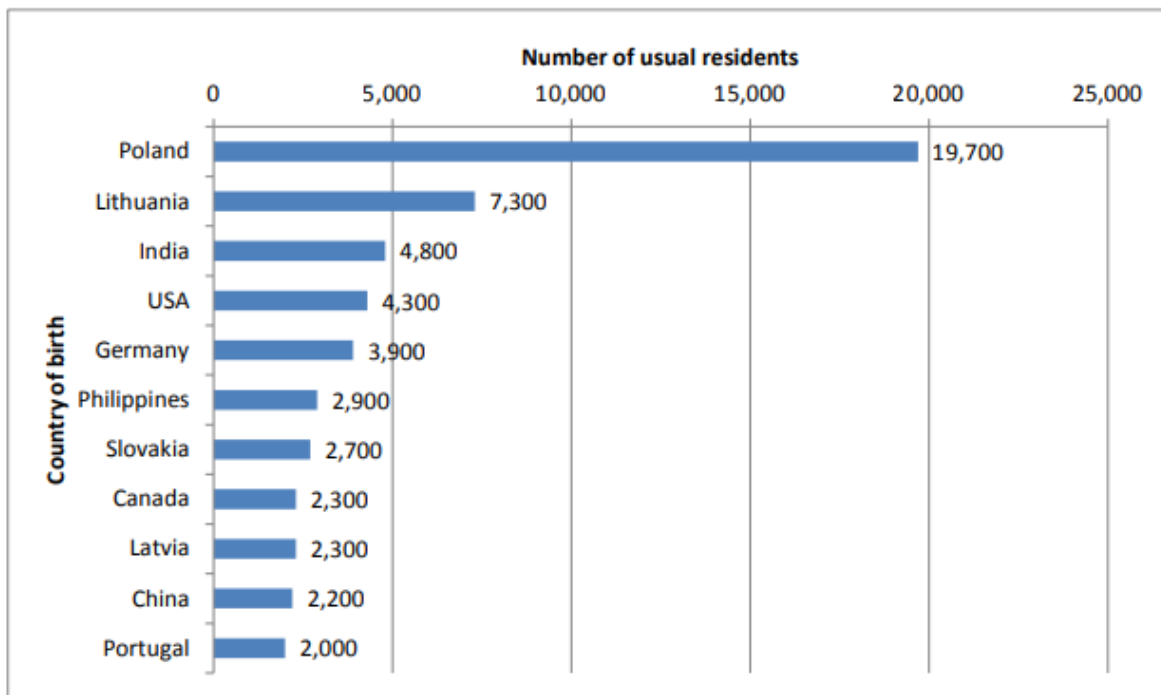


Source: Northern Ireland Statistics and Research Agency Statistics Bulletin (2013)

Examining place of birth further, the 2011 Census indicated that 4.5% of the NI population (around 81,500 residents) were born outside the UK or the Republic of Ireland (ROI), up from 1.6% in 2001. Of these almost a quarter were born in Poland (19,700 out of 81,500; accounting for 1.1% of the total population). This reflects a dramatic increase from the 2001 census where only around 100 usual NI residents originated from Poland (less than 0.01% of the population). Similar increases have been seen from other EU accession countries, with increasing number of people born in Lithuania, Slovakia, and Latvia now residing in NI (Figure 5).

Figure 5

Most Common Country of Birth of People Born Outside the UK and ROI



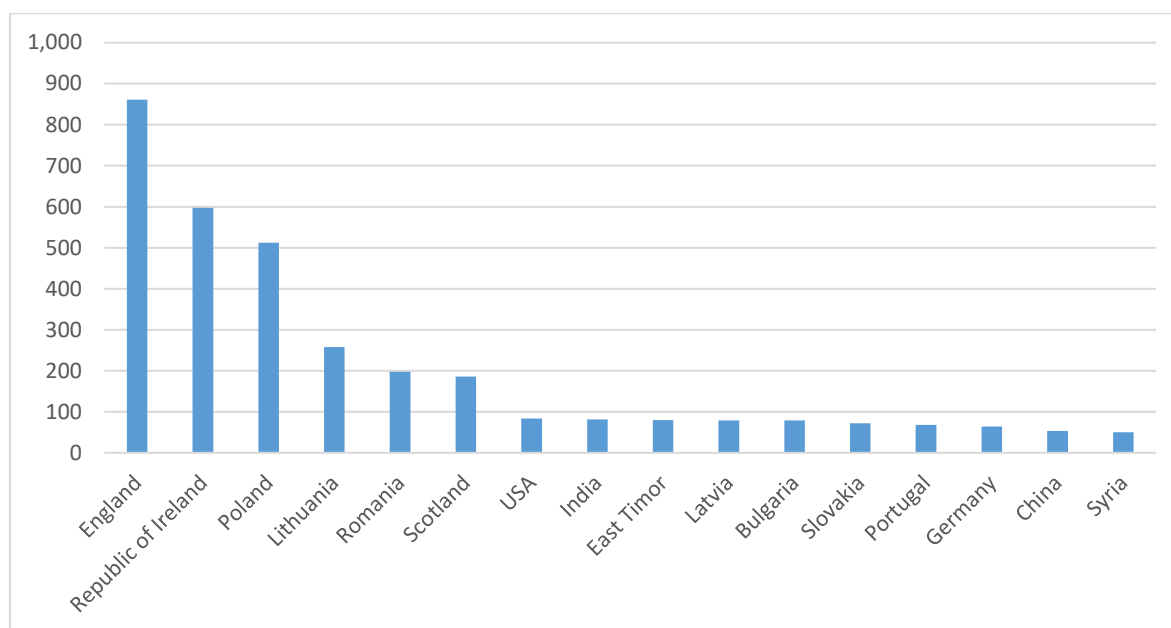
Source: 2011 Census

Births to Non-UK Mothers

As part of the *Registrar General Annual Report*, NISRA publishes detailed statistics on population change, migration, births, and deaths. Part of this report details the number of live births in NI to non-UK mothers. In 2019, there were 22,447 births registered in NI of which 2,404 (10.7%) were to mothers who born outside the UK or ROI. This represents a small, but not insignificant, increase from ten years ago where births to non-UK mothers made up 9.3% of registered births in NI in 2009. After England and the Republic of Ireland, the top three countries of origin for non-NI mothers were Poland, Lithuania, and Romania (Figure 6).

Figure 6

Most Common Country of Birth of Mothers Born Outside NI, 2019



Source: NISRA (2019)

Taken together, information from the 2011 census suggests that NI has seen a dramatic increase in the number of Eastern European residents, namely the Polish and Lithuanian communities. Other more established communities within NI, including the Chinese, Indian, and Portuguese populations, have also continued to grow. More recent data from NISRA population estimates and the number of births to non-UK mothers suggests this trend has continued, with an increasing number of recently arrived migrants coupled with a rise of second-generation migrant families shifting the population dynamics of NI to become more culturally, ethnically, and linguistically diverse than ever before.

School Level

The school census, collected every year, provides a reliable source of information to explore and track the increasingly multicultural and multilingual reality of school life in NI over the past two decades.

Minority Ethnic Groups

In the last academic year (2019/20), there were more than 17,500 pupils who identified as “non-white”, representing 5.0% of the total school population. This is an increase of almost 6,000 pupils over the past five years as well as a proportional increase compared to 2015/16 in which non-white pupils made up 3.7% of the total school population.

The largest non-white subgroup in 2019/20 was those of mixed ethnic heritage, accounting for more than 5,400 pupils and 1.6% of the school population. This was followed by “Other” ethnic group (1.5%), Black (0.6%), Indian (0.5%), Chinese (0.4%), Irish Traveller (0.3%), and Pakistani (0.1%).

Newcomers

A newcomer pupil is defined by the Department of Education as

a pupil who has enrolled in a school but who does not have the satisfactory language skills to participate fully in the school curriculum, and the wider environment, and does

not have a language in common with the teacher, whether that is English or Irish. This has previously been referred to as English as an Additional Language (DfE, 2009 p.3).

The term does not refer to indigenous pupils who attend an Irish Medium School; these pupils are taught under the Irish medium education policy (DENI, 2009).

Data from the school census reveal there has been a steady year-on-year increase in the number and proportion of newcomer children within all school settings in NI. Ten years ago, there were around 8,000 newcomer pupils representing only 2.5% of the school population. Five years ago, this had increased to almost 12,000 newcomer pupils (3.5% of the school population). In the last academic year (2019/20), there were roughly 17,400 newcomer pupils, reflecting 5% of the school population. Figure 7 shows the dramatic increase in newcomer pupils across all school settings.

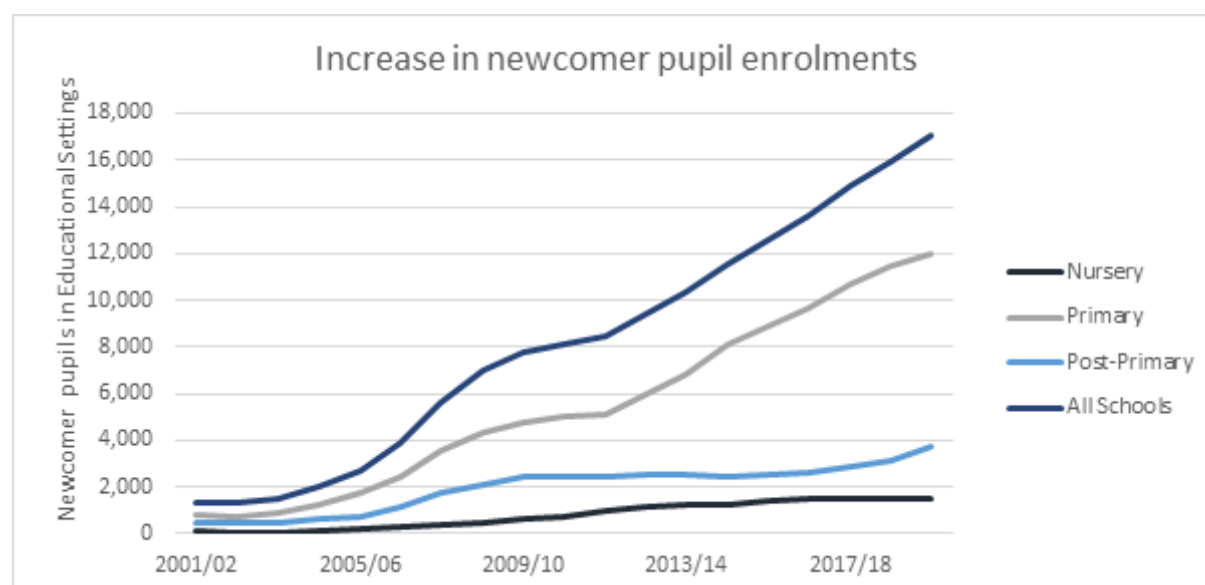
By far, the greatest increase in newcomer pupils has been seen within the primary sector. In the last academic year, there were almost 12,000 newcomer pupils in primary schools across NI, an increase of over 500 from the previous year, meaning that 6.9% of the primary school population lacked sufficient English to fully access the curriculum.

Within post-primary settings, this figure stood at almost 3,700 with a similar increase of over 550 pupils from last year, reflecting 2.5% of the population.

In nursery and pre-school settings, there were around 1,500 newcomer pupils, reflecting 6.5% of the pre-school population. This figure represents a small increase of 27 from the previous academic year.

Figure 7

Newcomer Pupils by School Type, 2001-2020.



Source: Data from the Annual School Survey. DENI. (2020).

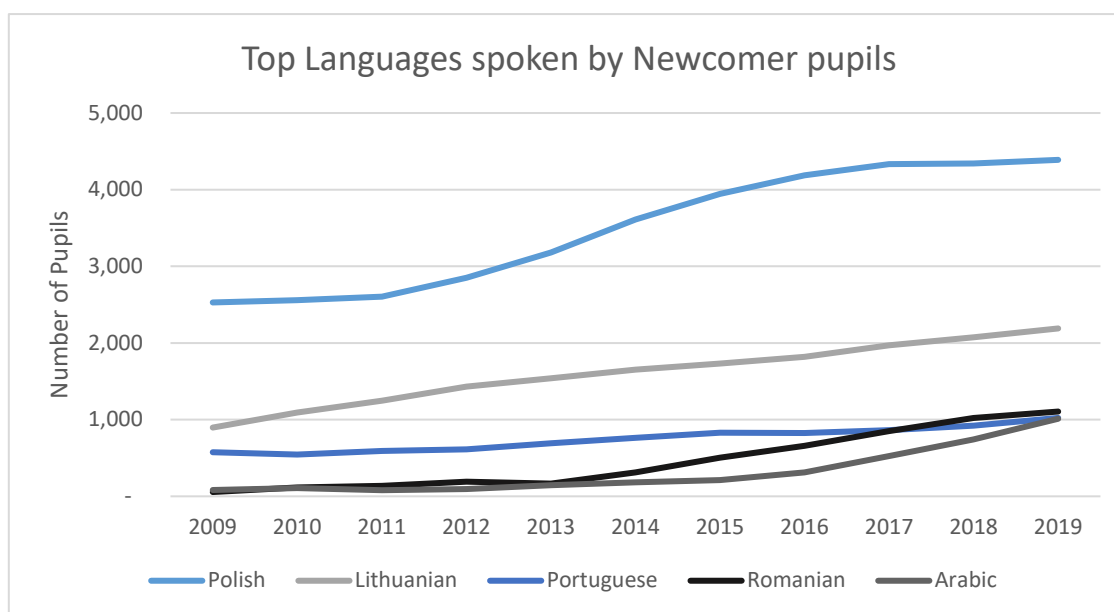
Languages

Data from the school census survey indicates that schools are becoming increasingly more multilingual, with approximately 89 first languages now spoken across schools in NI in 2019/20, up from 36 different languages in 2009/10. The top five languages spoken by newcomer pupils are Polish (4,860), Lithuanian (2,410), Romanian (1,190), Arabic (1,130), and Portuguese (1,130). The increases

in number of newcomer children speaking these languages in primary and post-primary settings are shown in Figure 8.

Figure 8

Increases in the Five Main Languages Spoken by Newcomer Pupils in NI



Source: Data from the Annual School Survey. DENI. (2020)

Access

At the post-primary level, newcomer pupils are much more likely to attend non-grammar secondary schools (Table 3). In 2019/20, there were 3,242 newcomer pupils attending non-grammar secondary schools, reflecting 4% of the total enrolment in these schools. In contrast, there were only 453 newcomer pupils in grammar schools, representing 0.7% of the total grammar school population.

Over the last five years 2015-2020), the number and proportion of newcomer pupils in NI secondary schools has increased by over 1,000 pupils and by 1.2 percentage points. In contrast, within grammar schools the newcomer population has increased by just over 200 pupils or 0.3 percentage points.

	2014/15		2015/16		2016/17		2017/18		2018/19		2019/20	
	n	%	n	%	n	%	n	%	n	%	n	%
Secondary	2,219	2.8%	2,279	2.9%	2,381	3.1%	2,562	3.3%	2,751	3.5%	3,242	4.0%
Grammar	232	0.4%	271	0.4%	262	0.4%	277	0.4%	368	0.6%	453	0.7%

Table 3

Number and Proportion of Newcomer Pupils in Post-Primary Settings

Source: Annual enrolments at schools and in funded pre-school education in Northern Ireland, 2019-2020.

Newcomer pupils may face multiple barriers to accessing grammar schools within NI, including limited knowledge and understanding of the NI educational system, how to apply to different post-primary schools, family connection criteria and the use of transfer tests for admittance. The Equality Commission for NI (ECNI, 2008) noted that difficulties accessing this level of academic selection can lead to systemic, indirect discrimination in education whereby newcomer pupils are potentially not afforded the same opportunities as their peers.

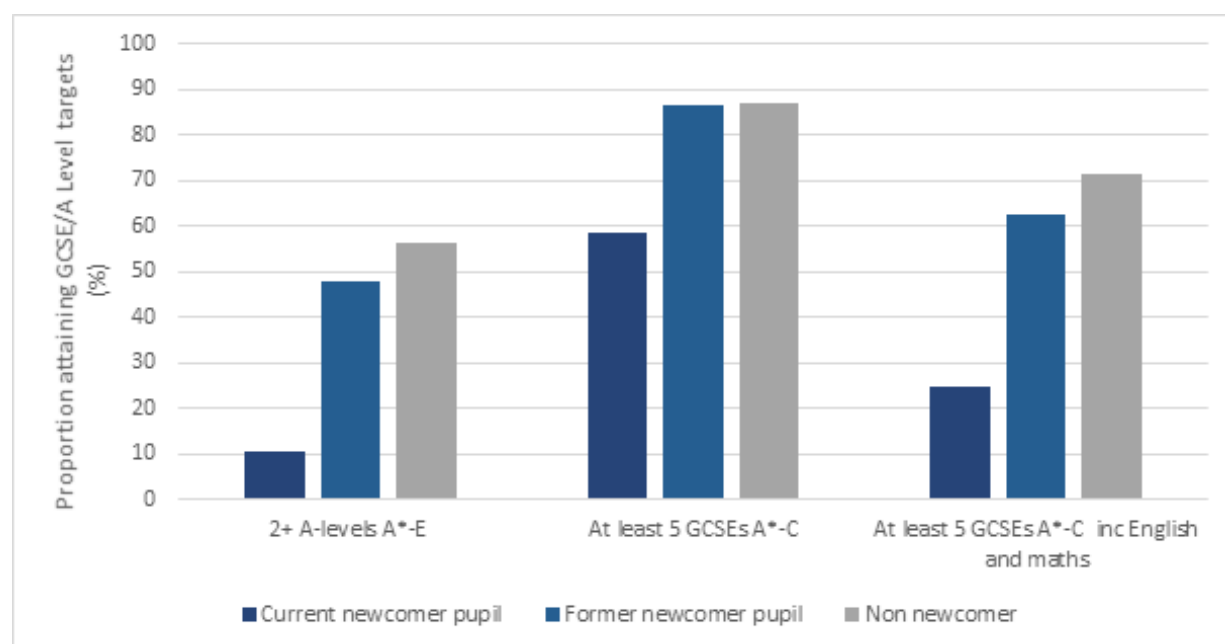
Attainment

Information was requested from DENI Statistics and Research team regarding qualifications and educational performance of newcomer pupils in NI. The overarching finding was that fewer newcomer pupils achieved the education targets compared to non-newcomer pupils across all three categories (2+ A Levels A*-E; 5+ GCSEs A*-C; 5+ GCSEs A*-C including English and Maths). However, this attainment gap is much narrower between former newcomer pupils and non-newcomers (Figure 9).

Former newcomer pupils are those who have resided in NI for three or more years and who, in the opinion of their school, now have an adequate level of English to access the curriculum and no longer require any additional support in this regard. This suggests that language, and possibly the time needed to acclimate to a new environment, are some of the main barriers to recently arrived pupils achieving their full potential in school.

Figure 9

Educational Attainments by Newcomer Status, 2018/19



Source: data collected from email request from DENI Statistics and Research team

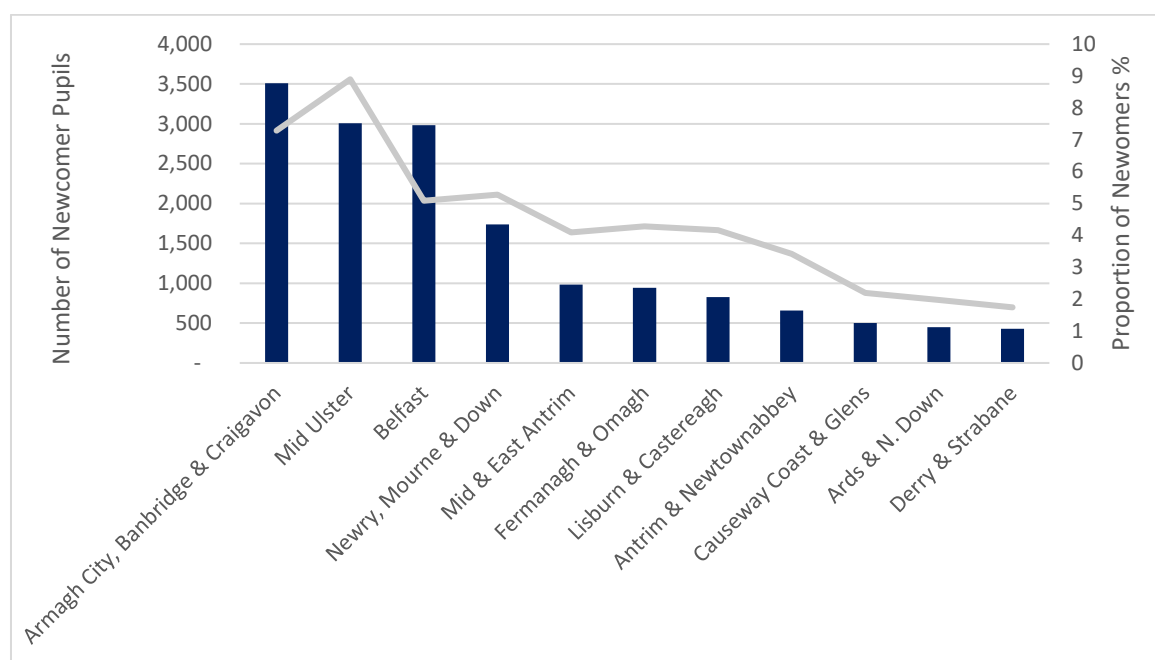
Geographical Spread across Communities

Looking at data at the school level allows us to see how newcomer pupils are spread across NI. Data is suppressed for schools that have five or fewer newcomer children to prevent identification. The following figures will therefore have a higher degree of error and are for information purposes only.

The Armagh, Banbridge and Craigavon area had the highest number of newcomer pupils in primary and post-primary schools (3,500), followed by Mid Ulster (3,000) and Belfast (3,000), as shown in Figure 10. When considering newcomer pupils as a proportion of total school enrolments, Mid Ulster had the highest percentage of newcomers in their primary and post-primary schools (8.9%), followed by Armagh (7.3%) and Belfast (5.1%).

Figure 10

Number and Proportion of Newcomer Pupils in Primary and Post-Primary Settings across Local Government Districts, 2019/20



Source: data from Annual School Survey. DENI. (2020).

While many schools had only a few or even no newcomer pupils (Table 4), there were seven primary schools where newcomer pupils made up over 50% of the enrolments. In post-primary settings there were four schools whose newcomer population constituted over 25% of their student populations, compared to 35 primary schools where this was the case.

Table 4*Composition of Schools by Number and Proportion of Newcomer Pupils*

Newcomer students	Primary		Post-Primary	
	n	%	n	%
0	304	37.7%	46	23.8%
< 5 individuals	170	21.1%	41	21.2%
up to 5%	115	14.3%	–3	37.8%
5 - 10%	93	11.5%	–7	8.8%
10 - 25%	89	11.0%	–2	6.2%
25 - 50%	28	3.5%	4	2.1%
50% +	7	0.9%	0	0.0%

Source: Data from the Annual School Survey. DENI. (2020).

Irish Traveller and Roma Communities

Publicly available data and information on Irish Traveller and Roma pupils in NI is generally limited due to smaller cohort numbers and data sensitivity. An overview of the key statistics on the DENI dashboard for the last academic year is provided below:

- There were around 1,000 Irish Traveller pupils and around 700 Roma pupils enrolled in NI during the 2019/20 school year.
- A disproportionate number of pupils from Irish Traveller and Roma communities are entitled to free school meals (77% for Traveller children and 46% of Roma children compared to 28% of all children).
- Significantly higher levels of Special Educational Needs (SEN) are recorded for Traveller pupils (54.4% compared to 19.3% for all children).
- 17.5% of Irish Traveller pupils have a statement of SEN and a further 36.9% have recorded SEN but not a statement. This is disproportionately higher than the proportion seen across the general school population (5.5% with a statement of SEN; 13.8% with SEN but without a statement).
- Roma pupils have similar or even lower levels of recorded SEN than those of the general population (17.7% compared to 19.3%).
- Attendance rates are significantly lower for both Traveller and Roma pupils (74% and 79%, respectively, compared to 94% for all children).

Additional information on educational attainment was requested from DENI Statistics and Research team. Due to small numbers and potential for identification, figures had to be combined over a four-year period to avoid data suppression.

- From 2015 to 2019, only seven Traveller children achieved five or more GCSEs A*-C including English and Maths.

- Fewer than five Traveller pupils sat any A-level exams during this four-year period.
- Over this time frame, 17 Traveller children left school with no GCSEs, of these, 14 left with no qualifications of any kind.

Due to the small numbers involved, caution must be taken when exploring this data to identify trends or draw conclusions. Indeed, these figures are provided here to highlight how few Traveller pupils stay in school up to exam years, and the even smaller proportion who sit their GCSEs and A levels.

Information was requested from DENI regarding historical data of enrolments of Traveller pupils by year group to explore and attempt to identify when Traveller children tend to leave school. For example, does attrition rate gradually increase as pupils get older or are there stepwise changes at transition stages such as the transfer to post-primary school? Although this information is not yet available from DENI, previous research in England has indicated that many Traveller and Roma pupils withdraw from school by the age of 14 with only around a third of pupils staying in school to the end of Key Stage 4 (Derrington & Kendall, 2007).

Refugees

The Annual School Census does not capture information on refugee or asylum-seeking status, and the Home Office does not publish NI data. The Law Centre (2015) estimates that around 200 – 300 refugees arrive in Northern Ireland each year. They note that many refugees will ultimately move to other parts of the UK to be closer to family members or to more established ethnic minority communities, and some will return to their home country when it is safe for them to do so. But many will remain and choose to make NI their home. Reporting on the Vulnerable Persons Relocation Scheme (VPRS), the Department of Communities (NI) reported that by December 2019 a total of 1,726 Syrian refugees had arrived in NI since the scheme began in 2015. Almost half of these refugees (47%) were children under the age of 18 on arrival in NI. No educational information is currently available online for refugee pupils as they will likely have been recorded as newcomer children. Further research is needed to assess the complex emotional, educational, and social needs of refugee and asylum-seeking children, monitor their progress within the school system, and allocate funding to different services appropriately.

Comparison to UK

Caution should be taken when comparing NI with other parts of the UK due to differing use of terminology, recording methods and dates.

Information from School Census surveys in England is easily accessible on the gov.uk website (DfE, 2020). In the last academic year (2019/20), ethnic minority pupils made up 34.6% of the total school population (33.9% in primary schools; 32.2% in secondary schools). Pupils from Asian backgrounds were the largest ethnic minority group in England, representing 11.4% of total school enrolment. The two largest subgroups within this Asian ethnic group were pupils from a Pakistani and Indian background (reflecting 4.5% and 3.2% of total school population, respectively). The second largest ethnic minority group in England in 2019/20 was White non-British, representing 7.4% of total school enrolment. It is important to note that within this database, pupils who are of any origin other than White British are considered as being of a minority ethnic background, meaning that pupils who come from Portuguese, Polish, Turkish, or German backgrounds are all counted within this sub-group.

In 2019/20 there were over 1.5 million pupils recorded as having English as an Additional Language (EAL) across schools in England. The proportion of pupils with EAL has steadily increased over the last few years and now stands at 19.5% of the total school population (21.3% in primary schools; 17.1% in secondary schools). The term EAL is much broader than NI's newcomer term and will include children who are highly proficient in English but speak a different language at home.

In Scotland, summary statistics of the annual school census (NSPS, 2019) show that in 2019, 83.9% of pupils were recorded as White-Scottish or White-other British, meaning 16.1% of pupils were recorded as coming from an ethnic minority background. The largest ethnic groups were White-Other (5.6%), Asian Pakistani (2.0%), Mixed (1.4%), and African (1.2%). In 2019, there were almost 47,000 pupils who have English as an Additional Language, reflecting 6.7% of the total school population in Scotland.

In Wales, summary statistics of the annual school census show that in 2019, 88% of pupils aged 5 and over identified as White British (Statistics for Wales, 2019). The largest ethnic minority group was then Mixed (3.2%), followed by White-Other (3.1%), Asian (2.4%), other ethnic group (1.3%), and Black (0.9%). The current Welsh summary statistics do not include information on EAL.

These figures for school-aged pupils from the different school surveys across the UK are fairly reflective of the overall population and diversity in England, Scotland, Wales, and NI. The *Annual Population Survey* is a continuous household survey based on approximately 320,000 respondents across the UK, aiming to monitor statistics estimates between censuses. Table 5 shows the estimates for different ethnic groups across the UK. Overall, these figures seem to indicate the schools around the UK are more ethnically diverse than the general population as a whole. This fits with the DfE's (2017) research finding showing that minority ethnic pupils made up 66.3% of the increase in primary school enrolments between 2016 and 2017.

Table 5*Population Estimates of Ethnicity across the UK, 2019*

Population by ethnic group, UK 2019						
	Total population					
	England	Wales	England & Wales	Scotland	Northern Ireland	UK
White	83.9%	94.1%	84.4%	94.6%	97.8%	85.6%
All ethnic minority groups	16.1%	5.9%	15.6%	5.4%	2.2%	14.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<i>Ethnic minority breakdown:</i>						
Mixed/Multiple ethnic groups	1.9%	1.0%	1.9%	0.7%	..	1.7%
Asian / Asian British	8.4%	2.8%	8.1%	2.6%	..	7.5%
Black/African/Caribbean/Black British	3.8%	1.2%	3.7%	1.1%	..	3.4%
Any other ethnic group	2.0%	1.0%	1.9%	1.0%	..	1.8%
Total	16.1%	5.9%	15.6%	5.4%	0.0%	14.4%

Source: Annual Population Survey, Jan 2019 - Dec 2019 dataset

Conclusions and Implications for EP Practice

Enrolment information from the yearly school census survey demonstrates how schools in NI are becoming increasingly more ethnically, culturally, and linguistically diverse. Increased levels of migration among school-age children as well as births to non-UK mothers over the last number of years has led to greater diversity of pupils coming from a range of different backgrounds. This culturally and linguistically diverse (CLD) population will have a similarly diverse range of needs. Newcomers represent a widely heterogeneous group. Experiences will differ greatly for recently arrived children of economic migrants, families fleeing conflict, and second-generation migrant families. In addition to limited English language, this may include previous experience of trauma, limited or interrupted education, racism and discrimination, additional educational needs hidden behind the language barrier, different socio-cultural perspectives on schooling, parents' level of English and family engagement with the school and wider community. Educational psychologists should be cognisant of the various barriers CLD pupils may face and ensure all psychological assessments, consultations and formulations are as culturally sensitive as possible. The following chapters will explore these challenges in greater detail.

Information from the School Census has highlighted that the educational attainment of CLD pupils tends to be lower than that of their NI peers. Underscoring the crucial role of language acquisition and proficiency, this attainment gap is noticeably smaller between former newcomer pupils and non-newcomer pupils. Supporting CLD pupils to reach a satisfactory level of English is crucial to helping them access the full school curriculum and associated opportunities. Other key aspects, some of which will be explored subsequently in the following chapters of this publication, include the following: creating a safe, welcoming whole school environment which respects and celebrates cultural difference; fostering positive relationships and collaboration between home and school; and creative use of visual supports, communication books, buddy systems, and bilingual teaching assistants (Collen, 2019; Elliott et al., 2021; McMullen et al., 2020).

Practice standards and guidelines assert that EPs should be aware of the impact of culture, equality and diversity on their practice as well as actively work for the inclusion and equity of all pupils (British Psychological Society (BPS), 2017; Health and Care Professions Council (HCPC), 2015). The following chapters will detail specific recommendations in this regard.

Chapter Two

Completing School Consultations through a Multicultural Lens: Recommendations and Considerations for Educational Psychologists

by

Ashleigh Kelly

Introduction

Culture: The Importance of Context

As highlighted in Chapter 1, the demographic diversification of our student population is occurring much faster than the demographic change within educational psychology, meaning that it is highly likely, if not inevitable, that educational psychologists (EPs) will find themselves working in culturally diverse schools (Parker et al., 2020). Due to the growing gap, it is pertinent that EPs continue to develop their cultural competencies in order to reduce the risk for misunderstandings related to cultural diversity that could lead to unsuitable treatment of diverse students (Castillo et al., 2013; Newell, 2010b).

The National Association of School Psychologists (NASP) promotes and prioritises culturally competent practice as a main way to enhance every child's mental health and educational success (NASP, 2012). This message is vital, as research has shown stark differences between students from dominant cultures and those from diverse, minority cultures. More specifically, individuals who are members of diverse groups are more likely to spend less time in formal education, drop out of school, achieve lower scores on achievement tests and be placed in special education (Phuntsog, 1999). High levels of dissatisfaction with school and feelings of alienation have also been reported (Ramirez & Alghorani, 2004).

As well as supporting children, there is a significant need to support schools and teachers; Ingraham (2014) found that behavioural concerns listed in school referral forms often stem from culturally different expectations between the referrer and pupil. According to Chittooran (2020), cultural mismatch can result in teachers becoming disillusioned and frustrated, and it is more likely for staff to resign when working in diverse and low-income environments.

Multicultural Consultation: Closing the Gap

Consultation is being increasingly recognised as a key and critical feature of school-based practice, one which infuses all facets of service delivery (Castro-Villarreal & Rodriguez, 2017; NASP, 2010).

Behring and Ingraham (1998) were among the first to critique the literature on school consultation for its neglect of cultural issues. They coined the term 'multicultural consultation' to describe an approach to which subsequent alterations are made to the traditional consultation processes after cultural issues are raised. This area of service delivery has since gained cumulative attention throughout the past two decades (Parker et al., 2020).

It is highly likely that each individual in the consultation triad (consultant, consultee, and client) operate from different cultural beliefs and frames of reference (Ingraham, 2000). For these reasons, it is argued in the literature that operating from a framework that appreciates diversity will be invaluable to professionals and all those involved within the consultation triad.

Unfortunately, research has shown that EPs typically receive little to no training in multicultural consultation (Parker et al., 2020). When Ramirez and Alghorani (2004) sought the views of 300 school psychologists, they found high levels of uncertainty about how the consultation process can be applied in a manner that is culturally sensitive and responsive. There was a strong desire for more information on this topic, particularly how EPs can encourage teachers to pay closer attention to diversity issues,

and how they can help schools support students in a way that is congruent with individual cultural identity.

Review Question

In light of these findings, the question which forms the basis of this chapter is as follows: *What is best practice for carrying out culturally responsive school consultations, according to evidence-based literature?*

Findings

A focused review utilising systematic methods alongside strict inclusion criteria and quality appraisal identified five studies that were deemed relevant to the research question; these can be found in Appendix C. These studies comprised a number of key areas for discussion, which are presented thematically below.

Multicultural School Consultation: The Need for a Comprehensive Framework

In the beginning of the year 2000, Colette Ingraham advocated the need for a comprehensive framework for the practice of multicultural school consultation, and her work has been driving this movement throughout the past two decades. According to Ingraham (2017), frameworks can act to scaffold best practice in consultation, and structured approaches will likely help to upskill EPs by providing them with practical tools for use during consultation meetings.

Four main approaches were identified and explored in terms of their capacity for supporting best practice amongst professionals working within increasingly diverse school populations.

One main framework was highlighted:

- The Multicultural School Consultation (MSC) framework.

Three models were highlighted:

- The Asset-Based Consultation model (ABC);
- The Consultee-Centred Consultation model (CCC);
- The Solution-Focused Consultee-Centred Consultation model (SFCC).

Multicultural School Consultation Framework (MSC)

Ingraham (2000) advanced the concept of consulting through a multicultural lens by developing the MSC framework as a guide for understanding cultural dynamics that occur specifically within a school-based consultation context. Through this lens, it is believed that culture influences all aspects of the consultation process. The importance of world views, cultural backgrounds and perspectives, and differences between each member of the consultation process are acknowledged.

MSC consists of the following five components:

- 1) Domains for consultant learning and development;
- 2) Domains for consultee learning and development;
- 3) Cultural variations in the consultation constellation;
- 4) Contextual and power influences;
- 5) Hypothesised methods for supporting consultee and client success.

A more detailed overview of the five components can be found in Ingraham (2000, p. 327).

Two of the included articles (Newman & Ingraham, 2020; Parker et al., 2020) paid particular attention to the MSC framework itself.

Newman and Ingraham (2020) focused on trainee EPs' development of multicultural skills and competencies through the application of the MSC framework. Rigorous grounded theory methodology was conducted over several years, and findings showed that the MSC framework efficiently brings together the domains of diversity guidelines into practice. MSC helped trainees to establish self-awareness and professional identity and make sense of multiple perspectives during consultations. Participants reported that use of MSC "brought a unique perspective on culture to the conversation" (p. 19), and that the structured discussion of identities and values helped members of the consultation group to create a common understanding of each other as a foundation for problem-solving.

Parker et al. (2020) interviewed 15 school psychologists to explore ways in which best practice can be demonstrated by applying key concepts of component 5 of the MSC framework to address cultural dynamics in consultation sessions. An expanded view of component 5 notes ways to frame the problem and the consultation process and gives multicultural strategies for consulting with consultees. (For a complete expanded view of component 5 of the MSC framework, see Parker et al., 2020, p. 123.)

Like Newman and Ingraham (2020), Parker et al. (2020) concluded that applying the MSC framework to their practice helps guide EPs in reconsidering their hypothesis forming and decision-making regarding the presenting problem of the client and their interactions with consultees. Results showed that participants used a number of key strategies used by practitioners to ensure best practice when applying key concepts of the MSC framework to address cultural dynamics. These included involving multiple people in decision-making to ensure that everyone understands the needs and background of the student. Doing this helped to facilitate connections between individuals who support the pupil, increased the chances of cultural considerations being applied to intervention plans, and increased the likelihood of implementing appropriate services.

A barrier for consultants was that school staff did not always consider culture when discussing pupil needs and sometimes voiced misguided assumptions or dismissed cultural issues when raised. Increasing consultees' capacity to support diverse pupils was facilitated by increasing their awareness of cultural backgrounds and helping teachers learn how to support students' cultural differences in the classroom – for example, showing teachers pictures of a child's previous refugee camp or helping them to broaden their knowledge of why a child might not be learning a particular topic, such as how individuals from Middle Eastern countries do not have the letter P in their language (Parker et al., 2020). Parker et al. (2020) found that using subtle, non-confrontation approaches, for example, the use of questions, modelling, and visual stimuli versus direct confrontation, was a key strategy for success.

Additionally, overtly demonstrating support was classed as invaluable. Participants who displayed best practice would work to build consultees' confidence and self-efficacy and encourage perseverance. They would offer verbal praise to teachers, express gratitude for their work, and remind them they can make a difference in students' lives.

Expansion of MSC: A Need for Asset-Based Practices

One article (Barba et al., 2019) expanded on the original MSC framework, with the aim of enhancing best practice further by taking a more asset-based approach.

Barba et al. (2019) focused on how EPs can apply strength-based practices within the MSC framework in order to help build educational bridges for diverse groups. They suggest that whilst MSC is an efficient framework for addressing the cultural values of consultees and pupils, more is needed when working with children facing specific and unique challenges, such as newcomer children. They state

that an updated model is required in order to account for the linguistic and cultural strengths of diverse groups, as well as difficulties.

The asset-based consultation model (ABC; Barba et al., 2019) is founded on the notion that minority students are too often viewed through a deficit lens. It changes the viewpoint that perceived problems are due to within-child factors and places more responsibility on schools. They suggest that best practice can only be achieved when EPs work to protect at-risk students by using consultation to address deficit-type thinking in a safe and supportive manner, with the intention of shifting the conversation toward an asset-based focus. ABC follows four problem-solving stages:

1. Problem identification and analysis;
2. Strategy design;
3. Strategy implementation;
4. Strategy evaluation.

The ABC guidelines (see Barba et al., 2019, pp. 35-38 for full details) could be transferable across cases and have the potential to provide EPs with a structured and practical guide when completing multicultural consultations. Unlike previous scholars, Barba et al (2019) provide practical guidance for gathering cultural assets of diverse students. They report that this can be done by using the Cultural Assets Identifier (CAI). The CAI poses questions regarding the types of activities the pupil participates in pertaining to their culture, the pupil's cognitive strengths, protective and resilience factors, and all information. A full list of questions within the CAI can be found in Barba et al. (2019, p. 37). The CAI has the potential to serve as a tool that fosters teacher objectivity, a key component of the MSC framework.

Similar to Parker et al. (2020) and Newman and Ingraham (2020), Barba et al (2019) recommended that EPs act as facilitators to empower consultees to reflect on these types of questions.

A case study finding from the Barba et al. (2019) study suggests that ABC is an effective tool in supporting teachers to implement culturally responsive practice with newcomer pupils. In the study, including the pupil's cultural and linguistic strengths during instruction positively impacted their participation and academic performance. Findings showed that as teacher knowledge of the pupil's strengths and cultural background grew, the pupil's initially withdrawn and uncomfortable demeanour changed. The pupil reported that they felt as though their voice had been heard and that as a result, they were more motivated to learn.

Overall, Barba et al. (2019) encourage EPs to take advantage of their unique position within schools to model and assist teachers in seeking the cultural assets of their students, whilst supporting teachers to enhance their knowledge and skills regarding the needs of diverse groups, and in designing and implementing culturally sensitive interventions.

Consultee-Centred Consultation (CCC) Models

The remaining two articles included in this report (Castro-Villarreal & Rodriguez, 2017; Chittooran, 2020) have roots in the CCC model.

After developing the MSC framework, Ingraham (2017) adapted the well-known consultee-centred case consultation model (Caplan, 1964) to include special focus on integrating issues of varying perspectives and culture. Like the traditional MSC framework (Ingraham, 2000), CCC follows a systematic process. However, unlike previous approaches, greater emphasis is placed on collaboration, shared problem-solving, and the co-construction of intervention plans.

Considered more flexible and non-hierarchical, this model helps to offset potential power influences as mentioned in Component 4 of the MSC framework. It is best used when EPs are aiming to strengthen work-based relationships with consultees and is thought to be particularly relevant for

supporting teachers working with a particularly diverse demographic (Castro-Villarreal & Rodriguez, 2017). CCC involves the following four stages:

1. Problem identification;
2. Problem analysis;
3. Intervention implementation;
4. Evaluation.

For a full description of these stages and their objectives, see Castro-Villarreal and Rodriguez (2017, p. 244).

Castro-Villarreal and Rodriguez (2017) sought teacher voices in order to improve multicultural consultative practice. Case study data provided evidence of the effectiveness of CCC on developing consultees' ability to work collaboratively to develop and implement interventions that result in meaningful outcomes for diverse students. Additional interviews which investigated satisfaction with the CCC amongst teachers found an overwhelming preference for the collaborative approach. However, participants in the study reported dissatisfaction with the rigid problem-focused nature of the model and general mistrust of consultants. Findings also highlighted large variability in teacher preferences, suggesting that EPs using this model should focus on individual consultee needs and development. The main methods highlighted by teachers for bettering culturally responsive approaches were based on building authentic relationships, one-on-one support, slowing the pace, and working co-operatively to construct and share updated knowledge and ideas. These findings led Castro-Villarreal and Rodriguez (2017) to suggest a need for an expanded model which focuses more on individual teacher needs, interpersonal relationships, and more solution-focused consultation.

In concurrence with Castro-Villarreal and Rodriguez's (2017) call for a more solution-focused approach, Chittooran (2020) advanced the solution-focused consultee-centred consultation model (SFCC) developed by Brown et al. (2011) with the aim of dismantling white-privilege.

CCC is the predecessor of SFCC, and one main similarity of the two models is that the consultant aims to support a change in the consultee's approaches to working with pupils by facilitating consultee competence. In this way, consultants can indirectly support diverse groups whilst also empowering schools (Ingraham, 2017). The SFCC model includes the following eight stages:

1. Entry;
2. Initiation of a consultation relationship;
3. Assessment;
4. Problem definition and goal setting;
5. Strategy selection;
6. Strategy implementation;
7. Evaluation of the consultation;
8. Termination.

Full discussion of the eight stages of the SFCC model is beyond the scope of this report, however detailed descriptions of each can be found in Chittooran (2020).

The main differences between the newer SFCC model and the original model are a greater focus on positive thinking that is future-oriented, and an emphasis on solutions and building the consultant-consultee relationship. Unlike earlier problem-focused models, SFCC highlights what is strong as opposed to what is wrong, an approach that Chittooran (2020) points out is extremely relevant and appropriate to modern, strengths-based positive psychology.

Chittooran (2020) found that the SFCC model contributes to the empowerment of consultees, and that consultants who used the model to better understand the culture of the school and attendee values and beliefs were more likely to gain consultee acceptance.

However, Chittooran (2020) warns that whilst SFCC may serve as a comprehensive consultation model in the hands of a competent/experienced consultant, it may not be the right choice for every consultant or consultee. The model requires consultants to develop particularly strong relationship-building skills, and consultee empowerment can only be achieved when consultants are both experienced and similarly empowered themselves, traits that are not always fully developed in novice consultants (Chittooran, 2020).

Preparing Culturally Responsive EPs

Consultant Competence: A Necessity

Regardless of which model was at the forefront of each study, there was remarkable convergence across the literature with regards to invaluable multicultural consultation competencies. In other words, a number of core competencies emerged from the selected studies, which provided an overarching theme throughout the literature.

There was consensus throughout the publications that cultural competence in psychology includes:

- Developing one's own awareness, including exploring personal attitudes and beliefs;
- Attaining cultural knowledge;
- Refining skills for serving a diverse population;
- Engaging in advocacy for social justice.

The most frequently mentioned cultural competency required of consultants was the ability to understand their own worldviews, biases, values, and cultural norms. Every individual has some form of bias and EPs with an awareness of these biases are arguably the most skilled at carrying out multicultural school consultation (Barba et al., 2019; Chittooran, 2020; Newman & Ingraham, 2020).

It is recommended that professionals working with at-risk individuals carry out self-assessment checklists regarding cultural competence; examples are widely available from the website of the National Centre for Cultural Competence (NCCC: [NCCC | Self-Assessments \(georgetown.edu\)](https://nccc.georgetown.edu/self-assessments)). The 'Self-Assessment Checklist for Personnel Providing Services and Supports to Children and Youth With Special Health Needs and Their Families' may be particularly useful to EPs (Goode, 2004).

There was also a common theme across the included studies that cultural competence should be recognised as an aspirational goal and ongoing journey of learning/growth, as opposed to an achievable, final, destination (Newman & Ingraham, 2020).

Both Parker et al. (2020) and Newman and Ingraham (2020) acknowledged the importance of individuals continuing their professional development and reflective thinking. More specifically, this involves:

- Understanding that there is always more to learn;
- Continuing to learn about other cultures through a variety of means;
- Acquiring feedback from consultees, colleagues, and others to further develop personal multicultural consultation approaches;
- Seeking out cultural guides in the school and community to provide critical feedback.

Most importantly, advocacy appears to be key in removing barriers, creating opportunities, and working towards equality and inclusion for all students. The literature suggests that culturally

responsive EPs move beyond knowledge of diversity to actively educate others and modify their practice to meet the needs of all those with whom they work (Chittooran, 2020). EPs should strive to reframe negative perceptions schools may have in regard to diverse students, move away from problem-based, within-child thinking, and encourage the development of greater empathy in order to ultimately effect larger systemic change (Parker et al., 2020).

Conclusions

The need for multicultural models and practices has been advocated within educational psychology for the past two decades (Newman & Ingraham, 2020). The approaches discussed in this report are aimed at bridging the current diversity gap by addressing desirable competencies and providing EPs with practical tools for carrying out effective multicultural consultations.

The findings suggest that when implemented effectively, the MSC framework can be used by EPs to promote the wellbeing of all pupils by utilising evidence-based practice to endorse the attainment of goals and foster problem-resolution (Gutkin & Curtis, 2009).

The key MSC models included in this report (asset-based consultation, consultee-centred consultation, solution-focused consultee-centred consultation) claim to support EPs to:

- a) place significant weight on the consideration of diversity;
- b) adhere to the needs of all those involved in the school consultation process (i.e. consultant, consultees, and clients) and consider inter-relationships;
- c) support best practice;
- d) develop key competencies of consultants and consultees.

Castro-Villarreal and Rodriguez (2017) and Chittooran (2020) found that consultees respond better to models that are sensitive to the needs of teachers. They advocate for a model that is collaborative and focuses on building consultee competence and empowerment (i.e. CCC, SFCC), similar to the original MSC framework.

Barba et al. (2019) push for a move towards asset-based consultation (ABC model) and encourage EPs to make use of the Cultural Assets Identifier (CAI) to gather student strengths. Similarly, Chittooran (2020) states that in order to combat deficit-type thinking towards diverse students, approaches should be predominantly solution-focused.

Cultural competencies of EPs were also identified and validated as invaluable. The findings suggest that culturally responsive EPs are those most likely to demonstrate best-practice principles by combining the forces of a strong sense of cultural self-awareness and potential biases, cultural understanding of others, and the tenacity to adapt intervention plans to the individual needs of each student. It is also vital that EPs understand that advocacy is key, and that cultural competence is a life-long journey and not an end goal.

If professionals ensure that they practice in this culturally responsive way, Flanagan (2020) hypothesises that we will see improved overall academic achievement of students from culturally diverse backgrounds. Furthermore, Chittooran (2020) states that the use of MSC models could offer a way for EPs to “move away from traditional roles as diagnosticians and referral agents who are often problem-based, toward new roles that focus on prevention, collaboration, promotion of social justice, inclusion, and mental health” (p. 350).

Future considerations

Unfortunately, as this topic has only recently become more prominent in the research literature, a number of potentially important articles that were initially selected had to be excluded as they were descriptive and based purely on opinions from experts in the field and did not yet contain evidence-based findings. For example, Edwards et al. (2019) have developed the stereotype threat interruption

model (STIM) as a teacher-focused, student-centred consultation model that delineates stereotype threat. Of all the full articles reviewed for this report, Edwards et al.'s was the only one to explicitly refer to the ability of EPs to provide school-wide psychoeducation as a preventative measure. This would have been an interesting model to include in the final report and may be appropriate to include in future reviews once its effectiveness has been thoroughly evaluated.

Overall, much more is still needed with regards to ongoing professional development of EPs; several of the scholars referenced in this report (Ingraham, 2000; Newman & Ingraham, 2020) called for greater attention to the ways in which cultural competence is taught and developed amongst EPs. It has been found that educational psychology graduates often enter the field ill-prepared to provide effective multicultural consultation and report feeling uncomfortable talking about race (Newell et al., 2013). Policy guidelines do not specify how training programs should address diversity issues or how multicultural competencies should be assessed; with wide gaps between the diversity of EPs and the increasing diversity of student populations, the need for such training and further research in this area is pronounced (Newman & Ingraham, 2020; Parker et al., 2020). Newman and Ingraham (2020) concluded that use of a comprehensive multicultural framework is the way forward in closing the diversity gap and should be rolled out in training programmes for future EPs.

Chapter Three

Conducting Psychological Assessments with Culturally and Linguistically Diverse Pupils: Challenges and Recommendations

by

Emma Speers

Introduction

The term ‘culturally and linguistically diverse’ (CLD) in the United Kingdom (UK) is defined to include individuals whose home language is not English and who are “of any origin other than White British” (Department of Education, DfE, 2019, p. 8).

Studies have documented the difficulties experienced by CLD pupils within education (Fraine & McDade, 2009; Notari-Syverson et al., 2003). For the majority of CLD pupils, English will not be their first language. Language acquisition theorists report it takes two years to learn to communicate with English in social situations and a further five to seven years to become cognitively and academically proficient in English (Cummins, 1984), therefore, communication barriers are likely to exist for CLD pupils. Furthermore, the child’s culture and level of acculturation will impact on learning, development, and identity formation (Bronfenbrenner & Morris, 2007; Flanagan & Miranda, 1995; Portera, 2014; Vaquez-Nuttall et al., 2007). However, CLD pupils are not a homogenous group and the challenges within and across minority groups will vary.

These cultural and linguistic considerations have important implications for educational psychologists (EPs). With the changing NI school demographic, it is likely EPs will increasingly be working with CLD pupils. The British Psychological Society (BPS) produced practice guidelines to address working with cultural differences which highlighted that psychologists should “have the necessary skills and abilities to work with all sections of the community” (BPS, 2017, p. 32). EPs have a responsibility to promote inclusion and to work for the benefit of all service users (Health and Care Professions Council (HCPC), 2015).

One of the key roles of an EP is to psychologically assess the needs of children and young people (BPS & Division of Educational and Child Psychology, 2002). Psychological assessment is defined as a dynamic process which includes comprehensive methods and integration of information to add to the case formulation (BPS, 2017). Ultimately the assessment aims to describe the pupil’s needs and identify their strengths and difficulties in the context in which they are learning and living (BPS, 2015). EPs seek to ensure appropriate provision is made to support children’s access to education. However, to conduct appropriate assessments with CLD pupils, EPs must be aware that cultural and linguistic differences impact performance on psychological tests (Cummins, 1984; Frisby, 1998; Sotelo-Dynega & Dixon, 2014). It is well documented that the validity of standardised assessment tools is subject to bias when administered with CLD populations (Arnold & Matus, 2000; Fraine & McDade, 2009). This presents important considerations for EPs conducting psychological assessments with CLD pupils.

Review Question

This review seeks to explore EPs’ experiences of conducting psychological assessments with CLD pupils to highlight challenges and recommendations for working with this population. It aims to answer a specific and focused question: *What are the main challenges and recommendations for EPs conducting psychological assessments with culturally and linguistically diverse pupils?*

Findings

Following literature searches across five electronic databases, a total of eight studies were identified (Appendix D). The included studies are comprised of primary research sources which utilised

qualitative, quantitative, and mixed methodology. A narrative synthesis was carried out to summarise findings.

The focused review provided insight to answer the research question by highlighting four broad areas within which EPs face challenges when conducting assessments with CLD pupils. These areas are: the child's language and culture, the assessment tools used, communication with parents, and the need for targeted professional development. These challenges will be discussed first followed by recommendations for conducting culturally and linguistically sensitive psychological assessments.

Child's Language and Culture

Studies consistently highlighted that a child's language and culture impacts on psychological assessment. EPs reported that communication barriers within the assessment hinder rapport building with pupils. Although some EPs described using interpreters to overcome communication barriers, this has the potential to further hinder rapport building with the child: EPs reported that interpreters are often not trained in psychological assessment and can be difficult to access (Harris et al., 2019; Ratheram, 2020; Velasco Leon & Campbell, 2020).

EPs acknowledged the challenge of differentiating between learning needs and linguistic and cultural differences. For example, EPs recognised the challenge of distinguishing between the time required for second language acquisition and the presence of SEN (Anderson, 2018; Ratheram, 2020; Vega et al., 2016). As reported by Cummins (1984), it can take five to seven years to become academically and cognitively proficient in English. EPs reported that time is required for CLD pupils to settle into their new environment and to be exposed to English language before conducting an assessment (Vega et al., 2016; Zaniolo, 2019), however EPs noted that waiting to conduct an assessment with CLD pupils can be challenging due to school concerns and expectations (Vega et al., 2016). Furthermore, EPs stated that it was difficult to determine if behavioural and developmental difficulties are a result of cultural differences or the presence of SEN (Harris et al., 2019).

During assessments with CLD pupils, EPs reported they exert caution and make adaptations to consider language and culture (Anderson, 2018; Harris et al., 2019; Zaniolo, 2019). EPs recommended gathering comprehensive information regarding the child's language proficiency in their first and second language and level of acculturation. However, EPs noted they had limited access to language proficiency and acculturation tests (Smith-Fyre, 2008; Vega et al., 2016).

Assessment Tools

Across studies, psychometric tests remained EPs' first choice of assessment method with CLD pupils. EPs noted the difficulty of working within a system which requires quantitative scores to access SEN provision (Zaniolo, 2019). EPs acknowledged that the validity of standardised assessment tools is subject to bias when administered with CLD pupils. Studies reported the challenge of interpreting standardised scores which may not be an accurate or valid measure of a child's ability (Anderson, 2018; Ratheram, 2020; Velasco Leon & Campbell, 2020).

Velasco Leon and Campbell (2020) found that 58% of EPs stated they "often" used culturally appropriate instruments. However, 19% were "unsure" and 1% reported they "never" feel competent to use culturally appropriate instruments. Studies which investigated EPs' current use of assessment tools found that the WISC-V (Wechsler, 2003) and the Kaufmann Assessment Battery for Children – Second Edition (KABC-II) were the most commonly used cognitive tools (Vega et al., 2016; Velasco Leon & Campbell, 2020). The WIAT-II (Wechsler, 2005) and the Woodcock-Johnson Achievement-III (WJ-III Achievement; Woodcock et al., 2007) were the most commonly used achievement tests (Vega et al., 2016; Velasco Leon & Campbell, 2020). Vega et al. (2016) reported that the most commonly used behaviour instrument was the Behaviour Assessment System for Children – Second Edition (BASC-II). To a lesser extent, EPs reported administering alternative assessment procedures such as non-verbal tests or dynamic assessment (Vega et al., 2016; Zaniolo, 2019). EPs consistently reported

limited access to or familiarity with appropriate assessment tools with low language demands (Ashraf, 2016; Harris et al., 2019; Ratheram, 2020; Smith-Fyre, 2008; Velasco Leon & Campbell, 2020).

Communicating with Parents

Language and cultural differences present challenges for EPs when working with CLD families (Velasco Leon & Campbell, 2020). These can lead to parents feeling disempowered to advocate for their child (Ashraf, 2016).

Some EPs noted that language barriers hinder their ability to gather detailed background information and present difficulties when providing verbal and written feedback. Harris et al.'s (2019) study found that 87.3% of EPs reported that communication barriers hinder rapport building with families. An interpreter is typically required; however, this can further negatively impact on rapport building (Ashraf, 2016).

Several studies (Anderson, 2018; Ashraf, 2016; Velasco Leon & Campbell, 2020) consistently noted that differences in cultural views and expectations regarding gender roles, discipline, behaviour, and learning can present challenges. EPs discussed their concern of offending families or damaging rapport if cultural practices are challenged. Anderson (2018) noted that some EPs have experienced safeguarding concerns due to cultural differences in parenting practices.

Additionally, EPs discussed the difficulty of cultural stigma around SEN which can lead to parental disengagement or defensiveness (Ashraf, 2016; Harris et al., 2019). Studies advised that this cultural stigma could influence parental evaluation of behaviour and lead to parents struggling to accept assessment outcomes. Ultimately this may prevent access to SEN provision (Harris et al., 2019).

Limited awareness of community resources was also seen as a challenge for EPs. Anderson's (2018) UK study found that 47.1% of EPs reported limited awareness of community resources available for CLD families.

Professional Development

Across studies, EPs demonstrated a desire for further up-to-date and specific training in conducting psychological assessments with CLD pupils. In particular, EPs desired training in the selection of assessment tools and use of an interpreter. For example, Velasco Leon and Campbell's (2020) study found that 65% of EPs reported a lack of up-to-date training to conduct assessments with CLD pupils. Lack of training reportedly led to reduced confidence in conducting culturally and linguistically sensitive assessments with CLD pupils (Ashraf, 2016; Velasco Leon & Campbell, 2020). Within UK studies, EPs stated they required training in alternative assessment practices (Anderson, 2018), use of interpreters (Anderson, 2018; Ratheram, 2020), and culturally competent assessment practices (Ashraf, 2016; Ratheram, 2020). Furthermore, Ratheram (2020) found that UK EPs noted a lack of whole service guidelines regarding best practice for assessments with CLD pupils and use of interpreters.

Implications for Practice

The findings in this review have several important implications for EP practice. The recommendations highlighted in the studies map onto Ortiz's (2002) non-discriminatory assessment framework and relate to BPS and SEND Code of Practice guidelines as well as general CLD literature recommendations.

It should be stated that the term 'CLD' is broad and CLD pupils are not a homogenous group. Due to the complexity of cultural and linguistic factors, generalisations should be avoided. It is recommended that EPs apply their expert and professional judgement, adopt an individualised approach, and consult research regarding the specific minority ethnic group with whom they are working. Therefore, the following recommendations should be viewed as guidelines which EPs may wish to consider while applying their own professional judgement for the specific individual case in which they are involved.

Information Gathering

Ortiz (2002) reports that complete elimination of bias within assessment of CLD pupils is difficult. However, to reduce bias a holistic approach is recommended (Marrs & Eccles, 2009; Ortiz, 2002). EPs should gather comprehensive information using multiple methods (Ochoa & Ortiz, 2005). For example, observations across settings, measurement of language proficiency and acculturation, reviewing school records and response to intervention, and social-emotional and behavioural checklists. The Behaviour Assessment System for Children – Second Edition (BASC-2; Reynolds & Kamphaus, 2004) was viewed as a culturally competent measure of behaviour.

EPs should conduct consultations with parents, teachers, the child, and other professionals to gather background information. EPs should gather information regarding previous educational experiences, language spoken at home, exposure to English language, family history, cultural background, and potential trauma (Fraine & McDade, 2009; O’Byron & Roger, 2010; Schon et al., 2008). Cline and Shamsi (2000) provided a summary of checklists which gather background information from CLD families. Gathering comprehensive background information is in line with the SEND Code of Practice (DfE, 2014), which states that children should be considered in the context of their home, language, culture, and community.

Culture and Language

This review highlighted that linguistic and cultural factors present challenges during psychological assessments with CLD pupils. Examining language proficiency and level of acculturation is described as a necessary component of valid assessment with CLD pupils (Frisby, 1998; Sattler, 2001).

Best practice regarding language proficiency involves assessing native and home language before proceeding to standardised assessment (O’Byron & Rogers, 2010; Velasco Leon & Campbell, 2020). Measuring acculturation highlights how assimilated pupils are to the majority culture and enables EPs to adapt the assessment procedures to meet the needs of the child (Sattler, 2001).

EPs adopt a range of approaches to measure language proficiency and acculturation (O’Byron & Roger, 2010). Recommended informal methods include observations across settings which compare children of similar cultural or linguistic backgrounds, rating scales, and consultations with child, parents, and teacher. Ortiz (2002) outlined interview questions which gather information from parents or the young person regarding acculturation. Additionally, Ochoa and Ortiz (2005) recommend that engaging children in story retelling is a useful tool to informally assess language proficiency.

Within American literature, formal measures are recommended to assess language proficiency and acculturation; however, there is limited research in this area across UK studies. American EPs commonly measure language proficiency using the Bilingual Verbal Ability Test (Munoz-Scandoval et al., 2011) and acculturation using the Acculturation Quick Screen Test (Jitendra & Rohena-Diaz, 1996) as well as the Children’s Acculturation Scale (Franco, 1983).

Assessment Tools

Studies in this review acknowledged the challenge of selecting appropriate assessment tools to conduct cognitive and academic assessments with CLD pupils. EPs are aware that standardised assessment instruments are unlikely to be valid for CLD pupils (Ortiz, 2002; Reynolds & Suzuki, 2013; Schon et al., 2008); however, within the systems in which EPs work, often quantitative scores are required to access SEN provision (Zaniolo, 2019). Therefore, when standardised tests are necessary, best practice guidelines recommend that the background information gathered should guide the selection of assessment tools (Fraine & McDade, 2009; Olvera & Gomez-Cerrillo, 2011; Schon et al., 2008; Spinelli, 2008). EPs are encouraged to exert caution and consider test properties such as cultural loading, linguistic demand, and norm groups used (Ochoa & Ortiz, 2005; Vega et al., 2016). Guidelines by the International Test Commission (2013), British Psychological Society (2017), and the SEND Code

of Practice (DfE, 2014) recommend that tests which have been validated in the intended group should be used.

Following test administration, scores should be interpreted with caution and cross-validated with background information (Leung, 1996). Ortiz (2002) adds that scores must be examined to determine if they represent the child's true ability or cultural and linguistic differences. It is recommended that standardised scores are reported in a descriptive and qualitative manner (Fraine & McDade, 2008; Frederickson & Cline, 2009).

Non-verbal tests such as The Wechsler Nonverbal Scale of Ability (WNV; Wechsler & Naglieri, 2006) and Raven's Standard Progressive Matrices (Raven, 1992) have been described as more appropriate for CLD populations than verbal tests due to their reduced linguistic demands (Fiorello & Jenkins, 2018; Land, 2015); however, non-verbal instruments can still be subject to cultural bias (Fraine & McDade, 2009; Vazquez-Nuttall et al., 2007).

Alternative assessment methods, such as curriculum-based assessments which track pupil progress over time and identify strengths and weaknesses across domains, are described as more informative than normative assessments (Ortiz, 2002; Sandberg & Reschley, 2011). Studies have reported that dynamic assessment (DA) provides an ethical means of assessing CLD pupils (Pena & Iglesias, 1992; Shabani, 2016). Studies suggest DA approaches such as Test-Teach-Retest is a valid means of assessing how English as an Additional Language (EAL) pupils respond to teaching (GoPaul-McNicol, 1997; Roseberry & Connell, 1991). However, there is limited research to suggest UK EPs adopt DA approaches in their practice with CLD pupils (Ashraf 2017; Elliott, 2000).

To further minimise bias, EPs are encouraged to adopt a hypothesis testing framework (Cline & Frederickson, 1999; Ortiz, 2002). Hypotheses should be tested, revised, and re-evaluated throughout the assessment process. It is recommended that EPs consider cultural perspectives and factors in their formulations (Bronfenbrenner, 2009; HCPC, 2015; Johnstone, 2011).

Communication with Family

Studies highlighted the challenge of consulting with CLD families due to communication barriers (Velasco Leon & Campbell, 2020). Effective communication skills are described as the key competencies when working with CLD families (Deardorff, 2006; Portera, 2014). However, if language barriers exist it can be difficult to demonstrate empathy, sensitivity, and a non-judgmental attitude. Anderson (2018) recommended providing additional time to build relationships, alongside using an interpreter to empower CLD families to convey their views. This is in line with SEND Code of Practice (DfE, 2014) and BPS (2017) guidelines.

Respecting and understanding different cultural views and practices is emphasised as a key requisite of cross-cultural working (Bhawuk & Brislin, 1992; Deardorff, 2009; Portera, 2014). EPs should have an awareness of and respect for cultural views in general. More specifically, EPs should be aware of cultural views regarding SEN, gender, and discipline (Deardorff, 2006). However, studies report that parental discipline practices within some cultures can present safeguarding concerns (Anderson, 2018; Ellonen et al., 2014; Gershoff et al., 2010; Korbin, 2003). Anderson (2018) recommended that if EPs have significant concerns, information regarding parenting styles and UK child protection laws should be shared sensitively. Schim and Doorenbos' (2010) three-dimensional model of cultural congruence is a useful framework for difficult cross-cultural discussions.

Studies found that EPs were unfamiliar with community resources for CLD families. GoPaul-McNicol (1997) suggests 15 multicultural competencies for EPs working with CLD pupils, one of which recommends that EPs should empower families by directing them to community-based support services. Studies noted there is responsibility at a whole service level that EPs are informed of community resources for CLD families. It is also important for individual practitioners to be aware of specific community resources available within their region.

The HCPC standards of proficiency state that practitioners should “be aware of the impact of culture, equity and diversity in practice” (HCPC, 2015, p. 8). In line with HCPC guidance, GoPaul-McNicol (1997) suggests culturally competent practitioners are aware of their own cultural and racial origins. EPs should challenge any assumptions which influence their world view (Ratheram, 2020; Smith-Fyre, 2008; Sue et al., 1992). Fisher-Borne et al. (2015) offer a series of questions which could be applied at a whole service level or individual practitioner level to reflect on how cultural identity impacts their practice.

Professional Development

Across studies, EPs reported a lack of confidence in conducting assessments with CLD populations due to limited training. Within this review, UK studies identified that EPs desired training in the use of interpreters, selection of standardised assessment tools with CLD pupils, and alternative assessment practices (Anderson, 2018; Ashraf, 2016; Ratheram, 2020; Zaniolo, 2019). Additionally, EPs require experience of, and proficiency in, a greater range of assessment tools (Ashraf, 2016; Ratheram, 2020).

It is recommended that EPs engage in peer discussions to share experiences and discuss assessment practices with CLD pupils (Ratheram, 2020; Smith-Fyre, 2008). USA studies recommend supervision with bilingual EPs to reflect on cross-cultural cases (Marrs & Eccles, 2009; McCloskey & Anthansiou, 2000). This may facilitate discussions regarding the impact of language and culture on assessment and encourage reflection of the EP’s own culture and values.

Conclusion and Recommendations for Future Research

This systematic approach to a review provided insight into the existing research which explores challenges and recommendations for EPs conducting assessments with CLD pupils. The eight studies included in this review suggest that despite cultural and linguistic bias, psychometric tests remain EPs’ first choice of assessment method across American and UK literature. However, EPs recognised that a single assessment tool should not be used in isolation, but rather a flexible and holistic approach is recommended. Best practice across studies appeared to be significantly linked to access to appropriate resources and training. In contrast, lack of access to resources and training led to reduced confidence in conducting culturally and linguistically sensitive psychological assessments. Nonetheless, most EPs appeared to be taking reflective and thoughtful considerations of cultural and linguistic factors within their assessments.

The studies in this review were conducted in America, Australia, and the UK. Caution should be taken when generalising findings from USA literature to the UK population. Furthermore, across the four UK studies included in this review, only one participant was a Northern Irish EP. NI is a unique context and will vary from other parts of the UK in its CLD population composition. Therefore, caution is needed when extrapolating the challenges and recommendations for EPs from the USA and UK literature and generalising it to the NI population.

The existing research in this area typically adopts a survey methodology. This raises concerns regarding response bias and difficulties with low response rates. Future studies may wish to adopt qualitative methods to gain insights into the experiences of EPs conducting assessments with CLD pupils in NI.

Future research investigating alternative assessment practices such as DA with CLD pupils would also be beneficial. Additionally, research to explore CLD pupil and family experience of the assessment process would further inform EP practice.

Chapter Four

Using Interpreters in Assessment and Intervention

by

Jonathan Heaney

Introduction

Educational psychologists (EPs) have a professional duty through their skills, knowledge, and understanding to benefit all service users including children and young people (CYP). They must also promote equality and inclusion within their practice (British Psychological Society (BPS), 2019). This includes work with CYP from linguistically and culturally diverse populations, a group who still experience disproportionality in Special Educational Needs (SEN) statistics (Rupasingha, 2015).

The BPS (2017) directly addresses working with cultural differences through their professional practice guidelines. These guidelines state that EPs must be aware of the various factors which can impact access to education and educational outcomes such as race, religion, and discrimination. The BPS guidelines also highlight key considerations for psychologists to be aware of such as stereotypical assumptions around culture and ethnicity, the impact of racism, and the stigma and discrimination experienced by individuals from diverse backgrounds. These guidelines also suggest ways to reduce the impact of such influences by creating new ways to build respect with linguistically and culturally diverse populations.

Background

Interpreters act as communication mediators between individuals who do not share a common language (Hwa-Froelich & Westby, 2003). The interpreter must be impartial and only interpret what has been said. They keep all information confidential. Interpreters cannot add or subtract from the communication nor provide advice or speak with individuals outside the session. There are two types of interpretation: simultaneous and consecutive. *Simultaneous* interpretation involves interpreters translating whilst the speaker is talking. *Consecutive* interpretation is used more often in healthcare and education settings in which the speaker pauses and waits for the message to be translated (Ohtake et al., 2000). Consecutive interpretation is preferable from a quality point of view (Wallin & Ahlström, 2006). Although consecutive interpretation is a lengthy process and more commonly used in school settings, simultaneous interpretation may be appropriate when there is a large group of English speakers and only one or two speakers of the target language. Interpreters should distinguish which method is appropriate for a given session (McLeod, 1998).

As EPs work predominately in school settings, Cheng (1991) states that different skills are needed for interpreting in education. The following skills are required for the role of the interpreter:

1. Knowledge of purposes, procedures, and goals of meetings, testing and treatment;
2. Understanding the need for confidentiality;
3. Comprehension of school policies and procedures;
4. Appropriate dressing;
5. Sensitivity to the issues and needs of the clients.

Research by Karliner et al. (2007) showed that working with an interpreter can give an opportunity for high-quality, safe, and effective treatment as well as better practice, service delivery, and knowledge. This can be applied to a range of settings, not just Educational Psychology. In order to exchange our thoughts and feelings with other people, communication is key (Berry, 2006). Cultural values and attitudes, such as beliefs about what it means to be an immigrant, are discussed through language.

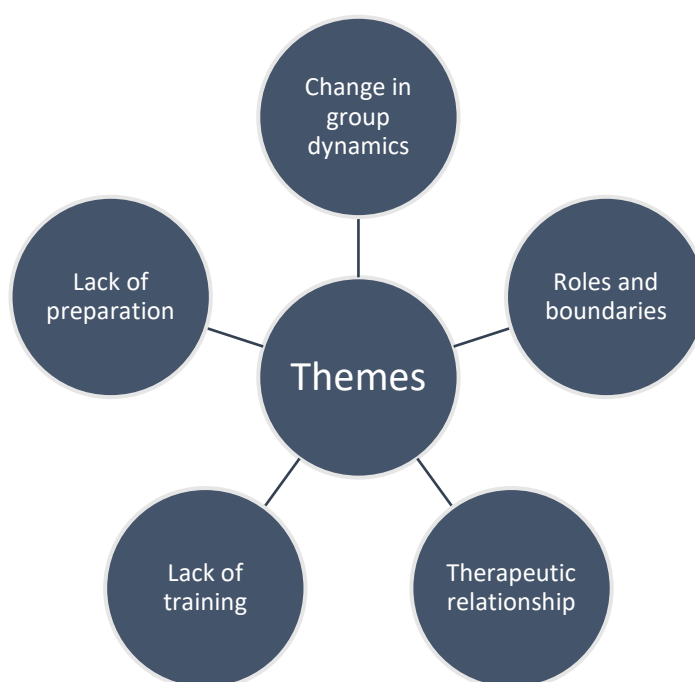
When an individual lacks the vocabulary to express themselves, an obvious barrier is present which professionals must work together in order to break (Hamper et al., 1999). Searight (2017) states that literature on the ethical issues related to using interpreters within psychology is relatively sparse as most studies focus on medical settings only; consequently, EPs need to be aware of what issues exist when using an interpreter within their practice.

Review Question

Using systematic methods to conduct a focussed review enables one to carry out a rigorous assessment of the literature within a specific field (Hanley & Cutts, 2013). The aim of this systematic literature review is to provide an overview of the existing literature on the issues EPs face when using interpreters in their practice. This review will also identify imitations and gaps in the literature. It is hoped that the literature will provide a number of solutions to these issues and also help inform EP practice about working with linguistically and culturally diverse populations in Northern Ireland. The review is guided by the following question: *What issues do EPs need to be aware of when using interpreters in assessment and intervention?*

Findings

A summary of the seven studies that contribute to this focussed review, including the authors, title, aims and findings of each, can be found in Appendix F. A synthesis of the findings yielded the following themes:



Change in Group Dynamics

Many of the studies included in this review stated that the presence of an interpreter automatically changes the nature of the therapeutic relationship from dyadic to a triadic. Tribe and Keefe (2009)

highlight that clinicians must tolerate the initial discomfort of this change in the therapeutic relationship.

Therapeutic Relationship

It is further highlighted that if a psychologist does not establish a relationship with the interpreter, the client's relationship with the psychologist will be compromised. Despite providing a 'voice' for those from a linguistically and culturally diverse background, interpreters can act as client advocates and support with 'cultural brokerage' (the bridging together of groups from different cultural backgrounds for the purpose of reducing conflict and promoting change). As a result, they may selectively choose what to translate, which may not benefit the client's therapeutic outcome (Searight & Searight, 2009).

Roles and Boundaries

Some clinicians may feel excluded from the interpersonal interactions because the client has formed an alliance with the interpreter. As a result, clear roles and boundaries need to be set from the onset. It is not uncommon for interpreters to know the clients they are working with. This relationship can cause conflict, blur the professional boundary, and pose harm to the therapeutic relationship (Chen & Chen, 2020), especially in a small population and relatively isolated region like Northern Ireland. Clinicians need to inform individuals or group members of the specific role and purpose of the interpreter. Much preparation is required in order to avoid a situation in which the interpreter oversteps his or her responsibilities.

Lack of Preparation

There is a need for preparation by both interpreter and clinician if therapy work together is going to be successful (Tribe & Keefe, 2009). It is important to meet with the interpreter before the first session with the client to ensure both parties are clear about how to work together. Some interpreters may be unfamiliar with the field of psychology and thus may require some explanation of the aim of the session (Searight & Searight, 2009). Attention should also be given to the arrangement of furniture in the room. Creating an equilateral triangle is often the preferred seating arrangement, although some clinicians prefer the interpreter to sit behind the client (Tribe & Keefe, 2009) but this can have implications particularly when working with clients who have experienced trauma. As a result, practitioners must decide what is most appropriate for their client. It is also important to create a comfortable atmosphere with all involved to ensure the session progresses well and hopefully may remove feelings of exclusion within the triad.

Clinicians have a duty of care when working with a client or group and it is possible that some interpreters could have been exposed to similar traumatic events as the clients for whom they are translating. Although the current literature does not provide robust guidelines on what a practitioner should do in such a situation, it is important to remember that practitioners should follow the BPS Code of Ethics and Conduct (2018). A lack of guidance surrounding duty of care and other factors could provide an opportunity for some sort of protocol to be developed to assist EPs in practice when working with interpreters. Once the session is complete, the clinician must debrief with the interpreter. Wright (2014) argues that debrief must happen immediately after the session to prevent post-traumatic stress. However, clinicians must be aware that this interaction may change the relationship dynamic, i.e., professional colleagues to that of therapist and client. As a result, Tribe and Keefe (2009) state it may be helpful to give the interpreter information about services they can contact if they become distressed (e.g., The Samaritans or a liaison officer within their agency).

Aside from the interpreter, thought must be given to the client or in the case of educational psychology, the child. Despite having someone speak their first language, children may still feel uncomfortable about the presence of an interpreter. Research suggests that it is important to include the individual during the planning stages. It is important to collaboratively make a decision about the

type of interpreter required (trained professional, family member, or bilingual staff member) and the mode of interpretation preferred (face-to-face or telephone) to suit the needs of the client. This could reflect EP practice by including the 'voice of the child' in the decision-making process. Also, it may be helpful to explain to the child that the interpreter is a professional who has no decision-making responsibility and is bound by confidentiality (Tribe & Morrissey, 2004). It may also be useful when working with children and interpreters to conduct several icebreakers before beginning the session to help alleviate any distress or discomfort.

Although clinicians can feel hostile or scrutinised when working with an interpreter, clients may feel better understood. As well as allowing them to be more reflective in their work, the presence of an interpreter can become easier for practitioners to work with through experience (Tribe & Morrissey, 2004). Once sessions are complete, practitioners could keep a reflective journal of the pros and cons of using an interpreter during the session. This would allow for adaptations to be made to any future sessions conducted with an interpreter. Practitioners should not reflect solely on the use of the interpreter but also on their role within the process, i.e., whether they were open to making use of an interpreter, did they set any boundaries, and how this change in dynamic impacted the client and assessment or intervention.

Lack of Training

Most of the studies included in this review highlighted that a lack of training for interpreters was a key issue for clinicians. Most standard interpreter training does not cover psychological terminology, which may leave interpreters feeling unclear about their role and boundaries (Wright, 2014). Prior to using an interpreter, the service must ensure the interpreter is adequately trained in ethics, confidentiality, and boundaries. This may be difficult to achieve, however. Wright (2014) further argues that consultation and supervision with practitioners are crucial to avoid ethical pitfalls. Consultation groups may enable psychologists to address ethical issues from the onset. Despite the importance of training, it should be noted that formal training does not always increase translation accuracy, casting doubt on the quality of translation (Searight & Searight, 2009).

Efforts to address a lack of training should not be aimed solely at interpreters; psychologists could also benefit from adequate training when working with interpreters. Training would help psychologists anticipate ethical pitfalls, obtain consent, and develop competence (Wright, 2014). Many psychologists may feel inexperienced when working with an interpreter, and training could help to build relationships and identify the many roles that interpreters hold, thereby enabling practitioners to determine how their role and that of the interpreter may conflict or complement one another (Yakushko, 2010). Psychologists should regularly attend multicultural training and engage in consultation regarding the cultural values of the ethnic groups they are working with (The American Psychological Association (APA), 2003). APA (2003) guidelines encourage psychologists to develop skills that are attuned to the needs of their clients by understanding cultural background, ethnicity, race, and language. However, Chen and Chen (2020) highlight how it would be beneficial to have a comprehensive and coherent conceptual framework for incorporating cultural diversity into practice.

Conclusion and Recommendations

A number of ethical issues have been identified and a number of solutions to these issues have been highlighted which could be incorporated into a protocol of sorts for individual EPs and EP services. Although clinicians and even clients themselves may be uncomfortable with the presence of an interpreter, and although translation takes time, clients may feel better understood when their voices are heard in their native language. The combination of a sensitive psychologist and interpreter who want to improve cross-cultural competency will benefit those from a linguistically and culturally diverse background.

In terms of future research, it would be interesting to see what impact COVID-19 has had on using interpreters in assessments and interventions through platforms such as Zoom and what issues have arisen as a result of this new way of working.

In addition to the issues and recommendations detailed above, information was sought from the Intercultural Education Service (IES) within the Education Authority (EANI). The IES provides guidance, advice, and focussed support to schools, families, and other educational services to meet the additional educational needs of pupils from communities such as Traveller, newcomer, asylum-seekers, refugees and Roma. Their aim is to “give children and young people the best start in life and to provide a high-quality education for every child” (IES, 2020). They follow a number of objectives to achieve this aim, including facilitating equality from pre-school to post-primary education and prompting inclusion and integration across all education and youth services.

The IES advised some useful strategies EPs should be aware of when making use of an interpreter within their practice. They advised that EPs should book an interpreter through FLEX (<https://www.flexlanguageservices.com/interpretation/>) and that funding is available through the EA. Due to the current COVID-19 pandemic, most of the work carried out by FLEX will be carried out remotely through Zoom (or alternative platforms). Aside from FLEX, IES are encouraging schools and EA services to make use of The Big Word interpreting service, which is quicker to use and less expensive (<https://en-gb.thebigword.com/interpreting-services/telephone-interpreting/>). Although this service may not always be appropriate for EP work due to the lengthy nature of assessments or interventions, it may be useful for making initial contact with parents. Additionally, the IES echoed the above findings and advised that EPs should take on board the following advice:

- Build trust and rapport;
- Prepare;
- Maintain control and be assertive (through consultation, training and supervision);
- Chunk information appropriately to allow time for interpretation and translation;
- Establish professional boundaries and manage conflicts.

The BPS (2017) guidelines for working with interpreters also highlight the importance of preparation, training for psychologists and interpreters in working together, changes in dynamics, use of language, and layout of the therapy room. It is emphasised that EPs should be aware of these ethical issues and should work towards a solution to benefit their clients, the interpreter, and themselves.

Fallot and Harris (2008) have devised five key principles which EPs should consider when working with interpreters and those from culturally diverse backgrounds:

- *Safety*: ensuring the emotional and physical safety for all individuals involved.
- *Trust*: maintaining clear and appropriate boundaries, confidentiality, accuracy, consistency, and predictability.
- *Collaboration*: building a therapeutic relationship and sharing power among client, interpreter, and psychologist.
- *Choice*: should be valued and clients should be afforded autonomy and control.
- *Empowerment*: recognising strengths, active involvement, working as a team, planning, reflection, and evaluation.

By following the above recommendations, it is hoped that any fears of anxiety, stress, or uncertainty surrounding work with an interpreter can be alleviated. Through preparation, training, consultation, supervision, and reflection, EPs and interpreters can work collaboratively to help the child and hear their voice. As a result, this working relationship will enable EPs to help improve outcomes and remove obstacles in order for the child to flourish within the education system and beyond.

Chapter Five

Cultural Formulation Practices in Child and Adult Populations

by

Jennifer Chandler

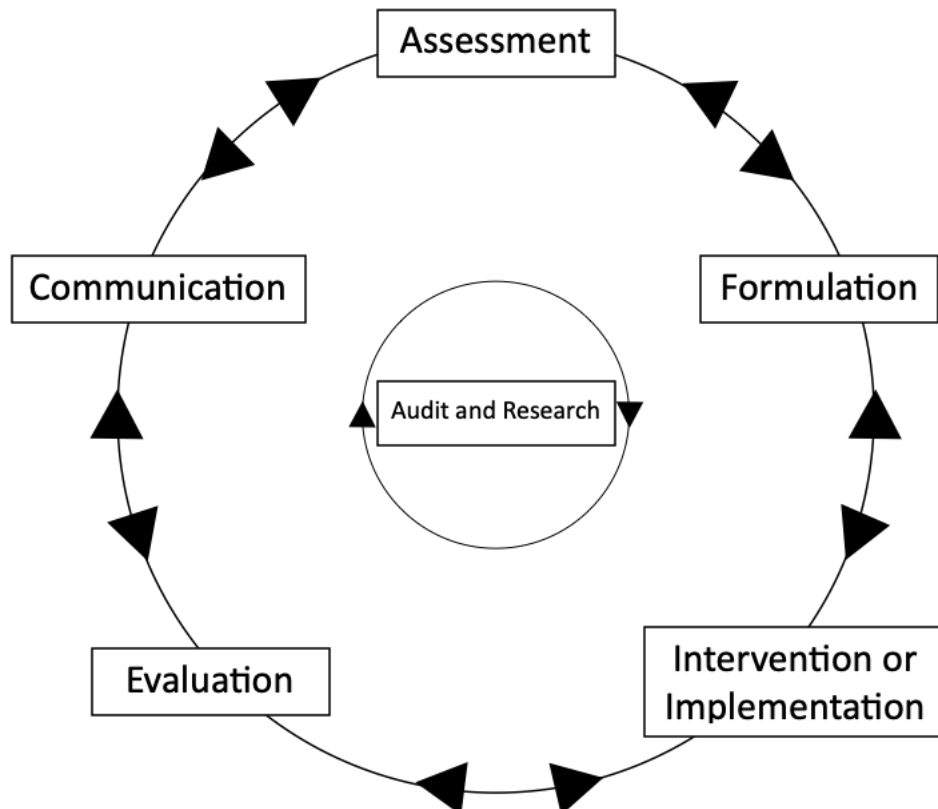
Introduction

With Northern Ireland's transformation into an increasingly culturally and linguistically diverse society, developing an understanding of culturally competent practices appears an increasingly important consideration for educational psychologists.

There is broad agreement that a defining skill of applied psychology is formulation (British Psychological Society (BPS), 2005; BPS, 2017; Corrie & Lane, 2007; Lane & Corrie, 2020; Woolfson et al., 2008); it is positioned as a "central feature [of applied psychology practice], around which our data collection and interventions coalesce" (Corrie & Lane, 2007, p. 4). Formulation, therefore, may have the potential to inform both assessment and intervention processes (Figure 11) and become a cornerstone of culturally competent educational psychology practice (APA, 2017; BPS, 2017; Tormala et al., 2018). This is reinforced by the reference made to formulation in the APA's (2017) Multicultural Guidelines (Appendix G).

Figure 11

Interacting Core Skills in Professional Psychology Practice



Source: BPS, 2017, p. 9

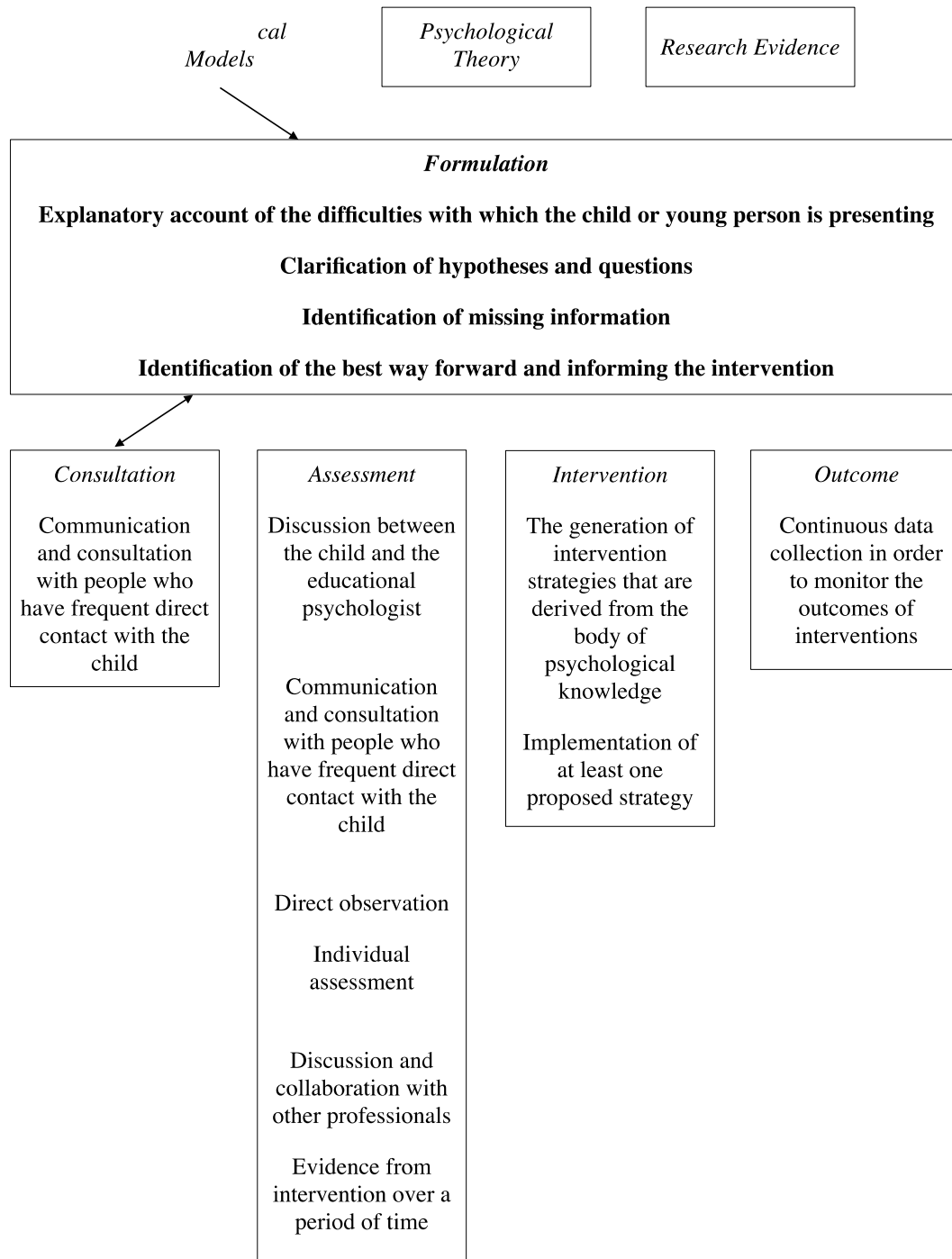
A Definition of Formulation

A formulation is a "psychological explanation of a client's needs" (Corrie & Lane, 2007, p. 5) which has implications for change (BPS, 2017; Corrie & Lane, 2007; Lee & Tracey, 2008). Within educational

psychology, it is common for formulation to be a recursive, dynamic process (Figure 12), which is fundamental in “knowledge building and the structuring of interventions with individuals and systems” (Corrie & Lane, 2007, p. 10). Typically, a formulation integrates a wide range of data, including knowledge acquired during the assessment process (BPS, 2017), psychological theory, research literature, supervision, and professional experience (Corrie & Lane, 2007). In this way, formulation is “a process of constructing a sense of meaning out of the mass of data obtained” (Corrie & Lane, 2007, p. 7).

Figure 12

The Process of Formulation in Educational Psychology



Cultural Formulation

The Cultural Formulation Model

Cultural factors impact the ecological validity of a formulation and therefore influence the efficacy of subsequent interventions and advice (Hass & Abdou, 2019). In order to deliver a service that is “culturally valid” (Lewis-Fernández & Díaz, 2002, p. 273), EPs require a method that supports them in integrating culture into case formulation. The Cultural Formulation (CF) model has been identified as a model with the potential to supplement a more general approach to case formulation (Lewis-Fernandez & Diaz, 2002) by integrating cultural considerations into the formulation process (Lee & Tracey, 2008). Implementing this model of formulation is suggested to provide practitioners with “a better understanding of how culture influences clients’ perceptions of their problems and how those problems might be resolved” (Hass & Abdou, 2019, p. 12), as well as providing insight into the impact of the child or young person’s culture on their needs.

Development of the Cultural Formulation Model

The APA’s (2013a) CF Model was initially developed for use in clinical contexts, to assist mental health professionals in assessing the role of cultural factors in the onset and maintenance of mental health disorders (Lewis-Fernandez & Diaz, 2002). The Diagnostic and Statistical Manual – Third Edition (DSM-III; APA, 1980) had faced criticism regarding inattention to cultural issues (Lewis-Fernandez & Diaz, 2002), prompting the development of a framework for obtaining and organising clinically relevant information relating to the patient’s cultural background (Kirmayer et al., 2008). The Outline for Cultural Formulation (OFC) was the initial framework designed for the purpose of standardising cultural formulation in clinical practice.

The Outline for Cultural Formulation

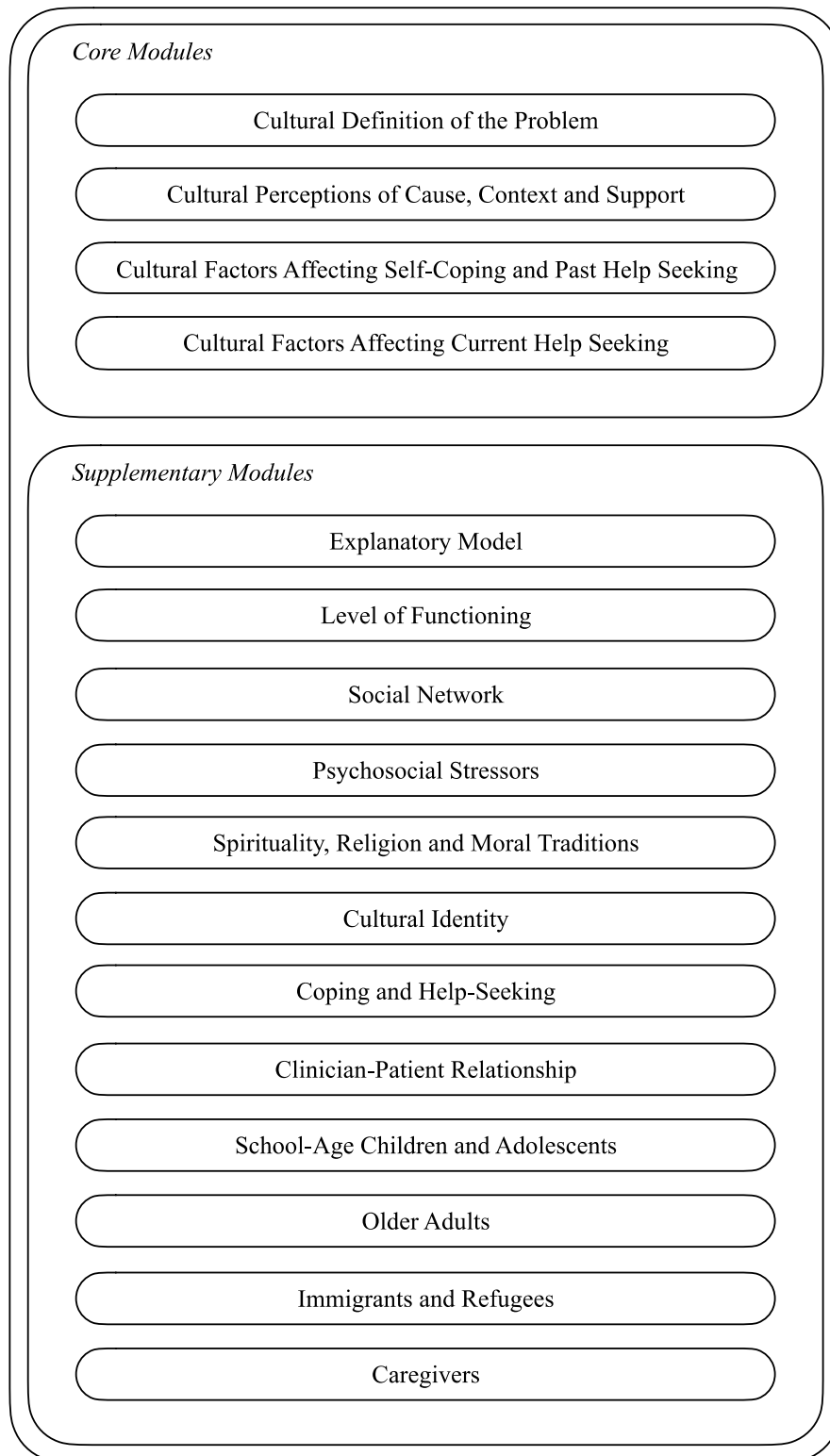
The OFC was introduced in the Diagnostic and Statistical Manual – Fourth Edition (DSM-IV; APA, 1994), providing clinicians with a checklist of topics that may structure the development of a cultural formulation (Jarvis et al., 2020). However, practitioners did not appear to apply the OCF within their practice; despite the OCF guiding practitioners on *what* information they should elicit, practitioners received little guidance in *how* to elicit such information in a culturally sensitive manner. Consequently, the OCF was later developed into an operationalised method for assessing and integrating cultural factors in case formulation; the Cultural Formulation Interview (CFI) was introduced in the Diagnostic and Statistical Manual – Fifth Edition (DSM-V; APA, 2013).

A Tool for Cultural Formulation: The Cultural Formulation Interview

The DSM-V (APA, 2013) Cross-Cultural Issues Subgroup appeared to recognise that a comprehensive cultural formulation is contingent on a comprehensive cultural assessment (Jarvis et al., 2020). The CFI is a “semi structured, 16-item interview protocol, designed to be used by clinicians in any setting to gather essential data to produce a cultural formulation that improves culturally sensitive diagnosis and treatment” (Jarvis et al., 2020, p. 40). The CFI consists of four core modules and twelve supplementary modules (APA, 2013a). The supplementary modules serve to support practitioners in conducting (i) a more comprehensive cultural assessment and (ii) cultural assessment with populations experiencing specific needs, including children, adolescents, and refugees (See Figure 13). The instrument is reportedly easy to use (Jarvis et al., 2020) and has supported clinicians in adopting a stance of discovery, as opposed to assumption (Hass & Abdou, 2019). In this way, the CFI appears to enrich cultural formulations of the presenting problem (La Roche & Bloom, 2020). Insight into the utility of the OFC and CFI in adult populations can be found in Appendix H.

Figure 13

Modules Comprising the Cultural Formulation Interview



Formulation has been identified as a core skill, with the potential to support EPs in becoming culturally competent practitioners, capable of serving children and young people from culturally diverse

backgrounds. The Cultural Formulation (CF) model is proposed as a model with the potential to supplement a more general approach to case formulation. The CF model (APA, 2013a) was originally developed and designed for use in clinical settings and has proven to be a useful framework in this context. It is suggested that the field of educational psychology may also benefit from a framework that supports practitioners in eliciting and organising information from culturally diverse children, young people, and their families. Consequently, cultural formulation and its potential to enrich culturally competent EP practice is proposed as an area for further investigation. Of particular interest is the utility of cultural formulation in the identification and assessment of needs and subsequent intervention in culturally diverse child and adolescent populations.

Review Question

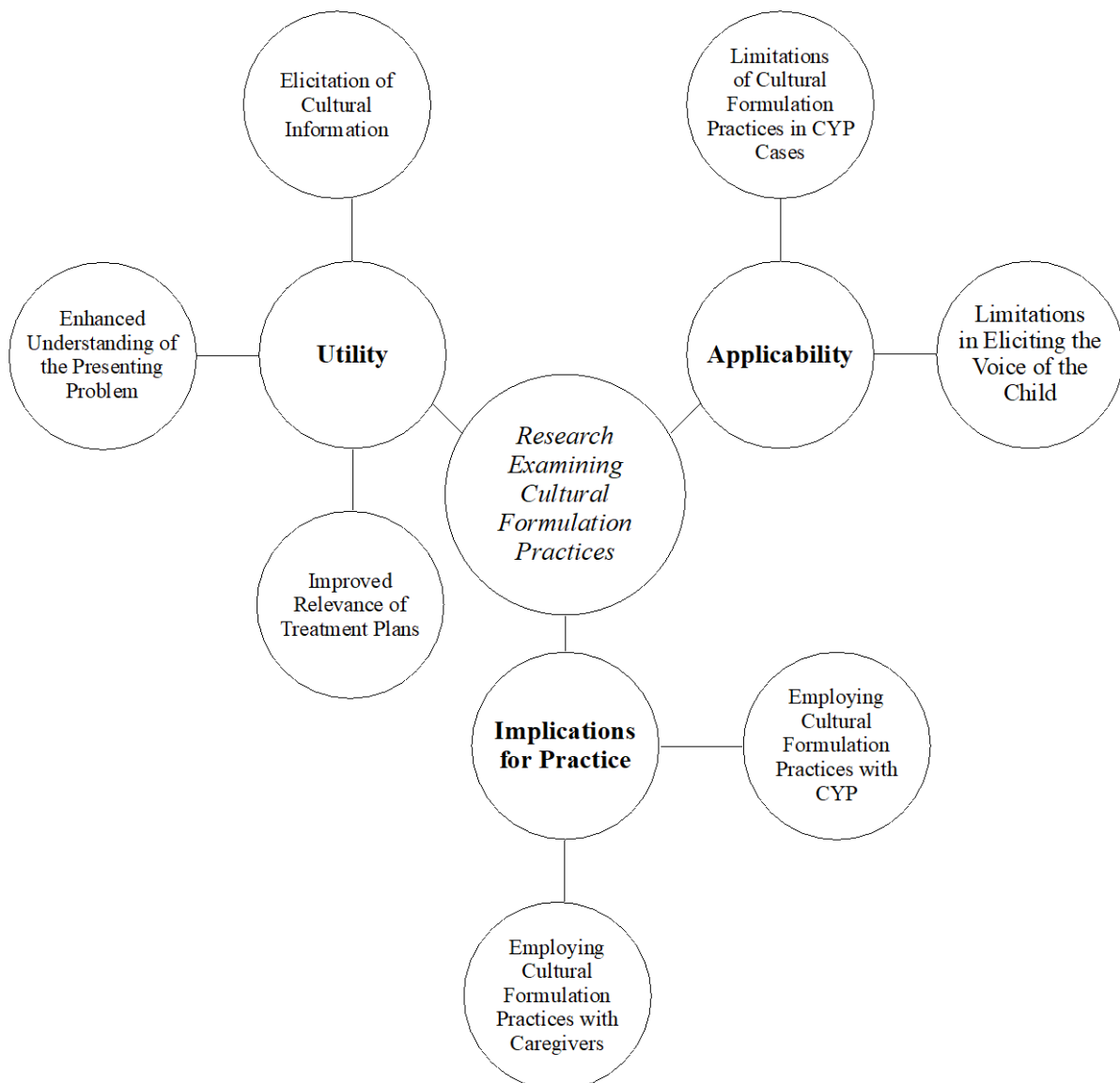
A significant challenge that has faced the field of educational psychology is the training of monolingual doctoral students, who often belong to the dominant culture, to address the psychoeducational needs of linguistically and culturally diverse populations (Go-Paul McNicol, 1997). To overcome this challenge, it has been recommended that students are provided with training and experiences that are embedded in culturally responsive practices, multicultural research, advocacy, and equality (Lopez & Bursztyn, 2013; Tormala et al., 2018). The aims of this focused review are twofold: firstly, to summarise and analyse existing research on cultural formulation practices and their utility and applicability with culturally diverse child and adolescent populations; and secondly, to highlight any gaps that exist in the research to date. The question guiding this review is as follows: *What is known about the utility and applicability of cultural formulation practices in supporting children, young people and families belonging to linguistically and culturally diverse populations?*

Three electronic databases were searched, and six studies remained after inclusion and exclusion criteria were applied (see Appendix I). These studies comprised case studies and opinion pieces.

Findings and Discussion

A synthesis of relevant information gathered from each study meeting the inclusion and exclusion criteria, can be found in Appendix J. Within this focused review, findings relating to cultural formulation practices were organised into three broad categories (Figure 14).

Figure 14



Synthesis of Key Findings

Utility

Cultural formulation practices have been shown to supplement standard assessment approaches/methods and enhance practitioners' comprehensive understanding of the presenting problem by obtaining additional information about families' cultural context, cultural explanations of children's presentation, and treatment expectations (Takeuchi, 2000; La Roche & Bloom, 2020; Novins et al., 1997; Zakirova-Engstrand et al., 2020). It is suggested that enhanced understanding on the part of the practitioner can facilitate a process of negotiation and shared decision-making, and thus may increase treatment engagement and adherence (La Roche & Bloom, 2020). Cultural formulation practices appeared useful in locating the problem outside of the child and/or producing a culturally relevant understanding of the presenting problem (Takeuchi, 2000; Trent et al., 2018; Shaffer & Steiner, 2006). Treatment plans were, consequently, often more thorough and relevant for both the

child and wider family (La Roche & Bloom, 2020); for example, La Roche and Bloom (2020) reported the incorporation of prayers and tailored family support into a child's treatment plan. Cultural formulation practices often facilitated a positive, trusting relationship between the practitioner and vulnerable individuals and supported the practitioner in their use of vocabulary, consistent with the family's cultural understanding of the problem (Trent et al., 2018; La Roche & Bloom, 2020).

Applicability

Cultural formulation tools – which are presented as working documents – appear to be effective in providing a clear template for the construction of comprehensive cultural case formulations (Novins et al., 1997). The Information Version of the CFI was widely considered appropriate for use with caregivers. Authors suggest that cultural formulation tools require development for use with child and adolescent populations (La Roche & Bloom, 2020) as they currently rely too heavily on language and formal operations thinking. Considerations of attachment styles, family dynamics, and wider systems around the child and/or adolescent may also improve the applicability of cultural formulation practices, for use with child and adolescent populations (Takeuchi, 2000).

Implications for Practice

Cultural identity and caregivers' explanatory models of the presenting problem were shown to be dynamic, changing over time in response to sociocultural influences (La Roche & Bloom, 2020; Novins et al., 1997; Zakirova-Engstrand et al., 2020). Practitioners are, therefore, encouraged to continuously assess patients' cultural views. In addition, when working with young children, authors suggest that use of play materials and drawings may be more appropriate for eliciting the voice of the child than direct questioning (La Roche & Bloom, 2020). Practitioners should endeavour to use culturally sensitive materials, including puppets or dolls with appropriate skin colour and more than one doll house to account for different family structures.

Discussion

This focused review has provided insight into existing research which explores cultural formulation practices and their utility and applicability with culturally diverse child and adolescent populations. Six studies met the inclusion criteria and were included in the review. A narrative synthesis was conducted and information relevant to the review question was highlighted. The extracted data suggests that use of cultural formulation practices, including the Outline for Cultural Formulation (APA, 1994) and the Cultural Formulation Interview, can improve the support offered to children, young people, and families from culturally and linguistically diverse backgrounds. Despite the studies exploring use of such practices within disciplines outside of educational psychology, it is suggested that findings have the potential to inform practice and future research within this field.

Utility of Cultural Formulation Practices

Cultural formulation practices were demonstrated to be useful and beneficial for professional practice across the six studies included in the review. Use of such practices was shown to prompt and support the practitioner to elicit cultural information, enhance understanding of the child's presenting problem, and ensure treatment plans were thorough and relevant to the child, young person and/or their family.

Elicitation of Cultural Information

Within this focused review, cultural formulation practices were shown to support practitioners in eliciting cultural information relevant to the child's case. A similar finding was reported in relation to adult populations; Bäärnhielm et al. (2015) employed the Outline for Cultural Formulation (APA, 1994) to elicit psychiatric patients' illness narratives, which contributed to a culturally informed formulation

of the presenting problem. In line with this, Trent et al. (2018) demonstrated the capacity of an adapted version of the Outline for Cultural Formulation to elicit parents' feelings of shame regarding their child's difficulties, their fears of being deported and their experience of being disrespected by monolingual day care staff. This information provided the psychiatrist with valuable insight into factors which may have been contributing to, and perpetuating, the child's presenting problem. This example illustrates the utility of cultural formulation practices in eliciting sensitive cultural information, relevant to a valid explanatory model of the child's presenting problem, from caregivers. Cultural formulation practices, designed to elicit cultural information from children, present an exciting area for further research and development.

Enhanced Understanding of the Presenting Problem

Cultural formulation practices were shown to be effective in identifying and rectifying misdiagnosis in adult populations (Adeponle et al., 2012; Brännhielm et al., 2015; Kirmayer et al., 2008; Mezzich, 2013; Zandi et al., 2008). Similarly, across the six studies included in this review, an enhanced understanding of the child or young person's presenting problem was reported and, in some cases, appeared to prevent misdiagnosis. For example, Takeuchi (2000) employed the Outline for Cultural Formulation and demonstrated the importance of considering cultural factors in diagnosing and treating psychiatric disorders in children with diverse cultural backgrounds. In Takeuchi's (2000) case study, parents' culture-bound understanding of the presenting problem, which included disturbing hallucinations and paranoid ideation, led clinicians to an unfamiliar but relevant problem diagnosis; following initial misdiagnosis and ineffective treatment using Western methods, the child was diagnosed with Fakamahaki, "a culture-bound syndrome from the Kingdom of Tonga" (Takeuchi, 2000, p. 93). This culture-bound diagnosis was validated by the efficacy of a culture-bound treatment and highlights the importance of cultural considerations in problem diagnosis. This is important to educational psychology practice as cultural formulation practices may also prevent the misidentification of special educational needs.

Improved Relevance of Treatment Plans

The inclusion of cultural information in the formulation process has been shown to improve treatment adherence, response to intervention, and patient satisfaction in adult populations (Lewis-Fernández & Díaz, 2002). Treatment plans were also shown to be positively impacted by the use of cultural formulation practices across a number of studies in the present review.

Consideration of parents' culture-bound explanatory models of their child's presenting problem in the formulation process appeared to have wide-ranging benefits for treatment. The special education professionals in Zakirova-Engstrand et al.'s (2020) study appeared to empower caregivers by listening to culture-bound explanations of their child's presenting problem and enquiring about their rationale for choosing a non-evidence-based intervention strategy for their child. The CFI supported the professionals to adopt a 'stance of not knowing' (Anderson & Goolishian, 1992) and refrain from judgement. In doing so, the special education professionals "facilitated a process of negotiation and shared decision-making, and thus increased treatment engagement and adherence" (Zakirova-Engstrand et al., 2020, p. 27). Cultural formulation practices, therefore, appear to have the potential to improve treatment adherence and attendance as a result of empowering parents and positioning them as experts in their child's difficulties.

In line with Zakirova-Engstrand et al. (2020), Takeuchi (2000) positioned the child's parents as experts in the problem by employing cultural formulation practices. In this case study, use of the OFC provided the child's parents with an opportunity to actively collaborate in the formulation process, prompting a dramatic change in treatment plan. Before employing the OFC, the child was treated using Western methods. Specifically, anti-psychotic medication had been prescribed. Although open to Western methods, the child's parents did not feel this treatment was efficacious or appropriate for their child.

Instead, a culture-bound intervention, centred around family reconciliation and paying respect to living and deceased relatives, was eventually trialled and proven effective in ameliorating the presenting problems. In this way, practitioners' use of cultural formulation practices facilitated parents' collaboration in the design of treatment plans and, consequently, improved the relevance of the intervention. It is suggested that this collaborative style of working may translate into the educational psychology practice as the service moves towards the increased delivery of longer-term psychological interventions.

Applicability of Cultural Formulation Practices

In this focused review, applicability has referred to the extent to which cultural formulation practices are appropriate for use in cases where a child or adolescent is the focus of change. Across a number of studies, the limitations of employing such practices with parent and child populations were identified and discussed.

Limitations of Cultural Formulation Practices in Child and Adolescent Cases

As highlighted by this review, relatively little research has explored the applicability of cultural formulation practices in child and adolescent cases. It is, therefore, unsurprising that Novins et al. (1997) and Takeuchi (2000) reported limitations in the use of cultural formulation practices in cases where children and adolescents are the focus of change. Despite acknowledging the usefulness of the OCF in providing a framework for a cultural formulation, Novins et al. (1997) suggest that the Outline neglects important developmental factors, such as attachment relationships and child-rearing practices. Similarly, Takeuchi (2000) reported that OCF fails to take into consideration the importance of the systems around the child; family dynamics, beliefs, and treatment expectations are important considerations in understanding the child's presenting problem. Adaptations to existing cultural formulation tools may be necessitated if cultural formulation practices are to be adopted by practitioners working with child and adolescent populations.

Limitations of Cultural Formulation Practices in Eliciting the Voice of the Child

Cultural formulation practices were initially developed for adult populations. Consequently, existing cultural formulation tools may not be appropriate for eliciting the voice of young children; this was illustrated within La Roche and Bloom (2020). The authors suggest that even the supplementary module of the CFI (APA, 2013a), designed for use with school-age children and adolescents, is inaccessible for younger children. The six-year-old child in La Roche and Bloom's (2020) case study, Jamaal, was unable to answer all of the questions, which appeared to require formal operations thinking and a level of receptive and expressive language that would typically be associated with older school-age children and adolescents. Therefore, in order to effectively elicit and include the voice of the child in cultural formulations, the author suggests that practitioners (i) adapt questions and ensure they are developmentally appropriate and (ii) employ culturally sensitive play therapy tools to supplement and support verbal questioning.

Conclusions and Implications for Practice

Employing Cultural Formulation Practices in Educational Psychology

This focused review has highlighted that cultural formulation is in its infancy and its use and development in child and adolescent cases – regardless of discipline – is relatively unexplored. Nevertheless, cultural formulation is considered an exciting skill with the potential to assist practitioners in developing an ecologically valid understanding of the needs presented by culturally and linguistically diverse child and adolescent populations. Therefore, Kirmayer (2016) encourages practitioners, regardless of their discipline, to adopt and adapt cultural formulation practices. In making attempts to implement cultural formulation practices, regardless of practitioners' fidelity to

the CFI, it is expected that practitioners will become increasingly culturally competent and that the practices themselves will become more applicable and refined.

Adapting the CFI for Use in Educational Psychology

In educational psychology, practitioners should be encouraged to select, adapt, supplement, and utilise questions outlined in the CFI (APA, 2013a) as their professional judgement sees fit. A proposed framework and interview schedule is outlined in Table 2; in line with Kirmayer's (2016) suggestion, this framework was adapted by the reviewer from the CFI (APA, 2013a) –for use in an educational psychology context. It is hoped that this framework may serve to supplement a more general approach to formulation, support EPs in considering cultural factors, and ensure relevant cultural information is incorporated into an explanatory model of the child or young person's presenting problem. It should be noted that this model of formulation may be relevant and useful regardless of the child or young person's cultural background as every presenting problem resides within an idiosyncratic cultural context; this is as true for monolingual children and young people belonging to the dominant culture as it is for children and young people with linguistically and culturally diverse backgrounds.

Table 6*Proposed Questions to Guide Cultural Formulation in Educational Psychology*

Guide to EP	Proposed Questions
Caregiver's Cultural Definition of the Problem	
<i>Elicit the caregiver's view of core problems and key concerns.</i> <i>Focus on the caregiver's way of understanding the child or young person's problem.</i> <i>Ask how the caregiver frames the problem for members of the social network.</i> <i>Focus on the aspects of the problem that matter most to the caregiver.</i>	1. What is your understanding of why [the child or young person] has been referred to the educational psychology service? 2. Parents and caregivers often understand problems in their own way, which may be similar or different from how professionals working with the child describe the problem. How would you describe [the child or young person's] problem? 3. How do you describe and explain [the child's] presenting problems to family members, friends, and people in the community? 4. What troubles you most about [the child or young person's] problem?
Cultural Perceptions of Cause, Context, and Support	
<i>This question indicates the meaning of the problem for the caregiver, which may be relevant for educational psychology and special educational need support.</i> <i>Note that the caregiver may identify multiple causes depending on the facet of the problem they are considering.</i>	5. Why do you think this is happening to [the child or young person]? What do you think are the causes of his/her [PROBLEM]? 6. What do others in [the child or young person's] family, his/her friends, or others in the community think is causing [the child or young person's] [PROBLEM]?
Stressors and Supports	
<i>Elicit information on the child or young person's life context, focusing on resources, social supports, and resilience. May also probe other supports (e.g., from school staff, peers, siblings, from participation in religion or spirituality).</i> <i>Focus on stressful aspects of the child or young person's environment. Can also probe, e.g., family dynamics, attachment, housing, caregiver work and immigration status, difficulties at school, or discrimination.</i>	7. Are there any kinds of supports that make his/her [PROBLEM] better, such as from family, friends, or others? 8. Are there any kinds of stresses that make his/her [PROBLEM] worse, such as family problems, disorganised relationships, bullying, and/or discrimination?
Role of Cultural Identity	

<i>Ask the caregiver to reflect on the most salient elements of the child or young person's cultural identity. Use this information to tailor questions as needed.</i> <i>Elicit aspects of identity that make the problem better or worse.</i>	9. Sometimes, features of a child's cultural background can exacerbate a problem or, alternatively, support children. For you, what are the key aspects of [the child or young person's] background or cultural identity? 10. Are there any features of [the child or young person's] background or cultural identity that impact their [PROBLEM]? 11. Are there any features of [the child or young person's] background or cultural identity that are causing other concerns or difficulties for him/her?
Cultural Factors Affecting Self-Coping and Past Help-Seeking	
<i>Clarify how the family and/or child or young person has coped with the problem so far.</i>	12. Sometimes, people have various ways of dealing with problems like [PROBLEM]. What have you, your family and [the child or young person] done to cope with or overcome his/her [PROBLEM] so far?
Past Help-Seeking	
<i>Consider all aspects of support and help, including healers and non-westernised support.</i> <i>Probe as needed (e.g., "What other sources of help have you used?").</i> <i>Clarify the family/child or young person's experience of and regard for previous help.</i> <i>Clarify the role of social barriers to help-seeking, access to care, and problems engaging in previous treatment.</i> <i>Probe details as needed (e.g., "What got in the way?").</i>	13. Families sometimes seek help from a number of sources, including alternative kinds of doctors, helpers, or healers. In the past, what kinds of treatment, help, advice, or healing have you or your family sought for [the child or young person's] [PROBLEM]? 14. What types of help or treatment were most useful? Not useful? 15. Has anything prevented [the child or young person] from getting the help he/she needs? <i>PROBE AS NEEDED:</i> For example, money, work or family commitments, family dynamics, stigma or discrimination, or lack of services that understand his/her language or background?
Cultural Factors Affecting Current Help-Seeking	
<i>Clarify child or young person's current perceived needs and caregiver expectations of help and intervention.</i> <i>Probe if the caregiver lists only one source of help (e.g., "What other kinds of help would be useful to [child or young person] at this time?").</i>	Now let's talk about the help [the child or young person's] needs. 16. What kinds of help would be most useful to him/her and your family at this time for his/her [PROBLEM]?

Focus on the views of the social network regarding help seeking.

17. Are there other kinds of help that [the child or young person's] family, friends, or other people have suggested would be helpful for him/her now?

Psychologist-Child Relationship / Teacher-Child Relationship / Home-School Relationship

Elicit possible concerns about the school or educational psychologist, including perceived racism, language barriers, or cultural differences that may undermine goodwill, communication, or service delivery.

Probe details as needed (e.g., "In what way?"). Address possible barriers to intervention or concerns about the school or the psychologist-child relationship raised previously.

For children and adolescents, note how such differences between the clinician and the individual's parents and other caregivers might influence diagnosis and care.

Sometimes professionals and service-users misunderstand each other because they come from different backgrounds or have different expectations.

18. Have you been concerned about this, and is there anything that we can do to provide [the child or young person] with the support he/she needs in school?

Additional Areas to Explore (APA, 2013a, p. 11)

- The child's place in the family (e.g., oldest boy, only girl)
- Developmental milestones in the culture of origin of the mother (and father): expected age for weaning, walking, toilet training, speaking
- Methods of discipline
- Expectations regarding autonomy and dependency
- Perceptions of age-appropriate behaviours (e.g., age for staying home alone, participation in chores, religious observance, play)
- Child-adult relations (e.g., expression of respect, eye contact, physical contact)
- Gender relations (expectations around appropriate girl-boy behaviour, dress code)
- Languages spoken at home, in day care, at school
- The importance of religion, spirituality, and community in family life and related expectations for the child

Source: Adapted from the APA's Cultural Formulation Interview (2013a, pp. 749-759)

Cultural Formulation Practices Applicable for Use with Children

The supplementary module of the CFI (APA, 2013a), for use with school-aged children and adolescents, has been assessed to be inappropriate for use with young children (La Roche & Bloom, 2020; Novins et al., 1997); the language of the questions is likely to be inaccessible for young children or bilingual children who are in the process of acquiring English language skills. La Roche and Bloom (2020) suggest that an additional/revised supplementary module of the CFI, for use with young and school-aged children, would necessitate the use of play-based materials and indirect questioning. Use of dolls and dollhouses has been shown to be an age-appropriate method of communication, which effectively supports children in expressing views and perspectives regarding family relations and the home environment (Jäger & Ryan, 2007; Murry et al., 1999; O'Reilly & Dolan, 2016).

The use of dollhouses (or pictorial representations of houses) is proposed as a method of exploring the cultural expectations placed on the child, the possible cultural divergences between school, home, and the peer group, and whether these issues impact on the situation or problem. The child may be presented with a number of houses (physical or drawn) which represent important houses in their lives; this may include their own house, their relatives' houses and/or friends' houses. In order to assist the exploration of cultural divergences between the child and their peers, one of the houses may represent that of one of the child's peers, who belongs to the community's dominant culture. The child may then be asked a series of questions (see Table 3 for examples recommended by the reviewer) to gain insight into their perception of the cultural challenges, stressors and/or protective factors which may play a role in the presenting problem. It is important to note that interpretation of the information provided by the child may be required, and therefore should be discussed with the child's caregivers to minimise the risk of misinterpretation.

Table 7*Proposed Questions for Use with Young Children (devised by the reviewer)*

Guide to EP	Proposed Questions
Cultural Expectations	
<i>Explore what is expected of the child in the home environment, routines, and salient aspects of their cultural identity.</i> <i>Visuals may be required to support young children in communicating aspects of their routines.</i>	1. Who lives in this house? [ask the child to place/draw each person into the house, including themselves] 2. What language(s) do they speak at home? [point to the representation of each person] 3. What is this person's job? What do they have to do in the house? [point to each person] 4. What do you do in the house? Do you have any important jobs? 5. Are there any rules in this house? Are the rules different in this house? [point to different house] 6. Who is in charge in this house? Who makes the rules? Who is expected to follow the rules? 7. What happens on a school morning in this house? [point to the house] 8. What happens after school in this house? [point to the house] 9. What happens in this house on a weekend? [point to the house] 10. Does anyone visit this house? When do they visit? Why do they visit? [add a representation of the person to house] 11. What is good about this house? What is bad about this house? What would make this house even better? [compare answers between different houses] 12. Who looks after you in this house? Do you look after anyone in this house? 13. Are there any special celebrations in this house? What things do you celebrate in this house? 14. Are there any worries in this house? What do people worry about in this house? What happens when people are worried in this house?
Cultural Divergences	
<i>Explore possible cultural divergences between school, home, and the peer group.</i> <i>Feelings faces may be required to support the child in expressing their emotions.</i>	15. How do you feel in this house? [point to child's house] How do you feel in this house? [point to dominant culture house] 16. What is different between this house [point to child's house] and this house [point to peer's house]? 17. What are the rules and expectations in this house? [point to child's house] What are they in this house? [point to peer's house] 18. What language(s) do they speak in this house? [point to peer's house] 19. How much schoolwork is done in this house? [point to child's house]. How much schoolwork is done in this house? [point to peer's] 20. Where are you allowed to play at this house? [point to child's house] Where are you allowed to play at this house? [point to peer's house] 21. Which is your favourite house? Why?

Engaging in Collaborative Formulation Processes

This focused review has highlighted the importance of collaborating with stakeholders during the formulation process, regardless of their cultural background. In *discussing* their understanding of the presenting problem with caregivers and school staff, as opposed to *presenting* stakeholders with a psychological explanation of the child or young person's needs, the EP may empower stakeholders and enhance subsequent intervention outcomes; intervention attendance, adherence, and relevance may be improved. It is, therefore, recommended that the formulation process makes reference to a clear, operationalised approach or framework, which can be shared, discussed, and developed with stakeholders.

Areas for Future Research

Cultural Formulation in Educational Psychology

This focused review has highlighted the lack of research surrounding use of cultural formulation practices in the discipline of educational psychology. It is, therefore, unclear as to what extent cultural formulation practices are useful, and appropriate for use, within the context of educational psychology practice. The TEP suggests that the use of cultural formulation practices in educational psychology should be examined by employing the method outlined in Tormala et al. (2018); EPs' formulations of the presenting problem, constructed before and after training in the use of CF practices, should be compared and their validity examined. In doing so, the utility and applicability of cultural formulation practices in the field of educational psychology may be better understood.

Developing a Cultural Formulation Tool for use with Young Children

La Roche and Bloom (2020) identified a significant limitation of the CFI: the School-Age and Adolescent supplementary module was judged to be inaccessible for young children. The questions in this module are designed to "to allow children or adolescents to express their feelings of being special or different or from a specific culture" (La Roche & Bloom, 2020, p. 517) and to elicit their perceptions of home life, school, and associated challenges. Such information can be valuable and enhance the validity of a formulation. A play-based tool for eliciting cultural information from young children, such as the one described above, is therefore suggested as an area for further investigation and research.

To conclude, the purpose of the present review was to develop an understanding of practices that may support TEPs and qualified EPs in their work with children and young people belonging to culturally and linguistically diverse backgrounds. A focused review of existing research exploring the use of cultural formulation practices with child and adolescent populations has highlighted the utility of such practices in eliciting cultural information from stakeholders, gaining an enhanced understanding of the child or young person's presenting problem, and ensuring treatment plans are thorough and relevant to the child, young person, and/or their family. Although the practices may require further development before they are applicable for use within an educational psychology context, it is suggested that cultural formulation has the potential to support EPs in constructing a culturally relevant understanding of the child's or young person's needs, whilst empowering the systems around them.

Chapter Six

Conducting Psychological Assessments with Refugee Youth: Challenges and Recommendations

by

Eavan Hennessy

Introduction

According to the United Nations High Commissioner for Refugees (UNHCR, 2017) and the Refugee Council (2017), a refugee is defined as an individual who has been forced to flee their country to escape war, persecution, or violence. For the purposes of this review, the term 'refugee' is used synonymously with 'asylum seeker' (those applying for refugee status), as it is established that both groups are in danger of persecution should they return to their home country (Mitchell, 2017). It is also important to note from the outset that although the results of this review are collated to generate general challenges and recommendations for educational psychologists (EPs), it is important to account for the experiences, hopes, and motivations of individual refugees and to recognise that many displaced individuals bring resources, strengths, and skills with them to their host countries (Fingerle & Wink, 2019).

Refugees in the Northern Ireland Context

Northern Ireland (NI) has played a significant role in the UK response to Syrian resettlement, accommodating the largest number of refugees in any UK region by percentage of population (Meredith, 2019). The most common category of vulnerability for families resettled in NI is 'survivors of violence and or torture' (43%). The rising number of newcomer students in NI calls for an increased understanding of how professionals within the education services can best identify and respond to their educational and emotional needs.

Understanding the Challenges facing Refugee Youth

To be a child and a refugee is to undergo profound and rapid social, emotional, and cognitive changes while navigating spectrums of extreme adversity and volatility (Dryden-Peterson, 2011). For many refugee children, these changes occur in almost every aspect of their lives: family structure, schooling, community, friendships, and in their overarching culture and society. Anderson et al. (2004) developed a model to understand the development of refugee youth and identified three phases of refugee migration to a host country: pre-migration, trans-migration, and post-migration. This model acknowledges the various disruptions experienced by refugee youth in addition to typical developmental or ecological changes (e.g., puberty, starting a new school) which impact on a young person's development and functioning. Refugee children who are forcibly displaced due to war and/or political oppression often experience harrowing violence, separation, exploitation, and loss during the pre- and trans-migration stages that are exacerbated by the indirect effects of armed conflict such as loss of basic health and education services, poverty, malnutrition, and disease (Stewart, 2011). For many, the post-migration 'resettlement' stage in the host country presents new stressors such as adapting to a new culture and identity, poverty, and fears of being sent home (Vang, 2016).

The Cognitive and Psychological Impact of Early Traumatic Events

These early adverse experiences often occur during a critical developmental period, placing refugee children at risk of developmental delay, cognitive impairment, and physical health difficulties (Allen et al., 2016; Grant et al., 2011; Montgomery, 2010.; Richter et al., 2017), which can have a pervasive impact on school performance, relationships, and future work (Reed et al., 2012). Research has indicated that different forms of trauma experienced by refugee youth have been linked with specific cognitive deficits (Kira et al., 2012; Kira et al., 2015). Furthermore, intergenerational trauma can

negatively impact on refugee children's cognitive abilities irrespective of their personal experience of trauma (Daud et al., 2008). Evidence also suggests that while resilience and high functioning are common, early traumatic experiences as well as difficulties with integration and acculturation can negatively impact on refugee children's wellbeing and increase the risk for post-traumatic stress disorder (PTSD), depression, anxiety, and emotional and behavioural difficulties (deLuna, 2020; McMullen et al., 2020). Therefore, the amount of emotional support provided to refugees after resettlement often predicts the course of mental health disorders, as does the general warmth and acceptance of the host country (El Baba & Colucci, 2018).

Concerns Regarding the Assessment of Refugee Youth

A recent meta-analysis identified education as one of the primary psychosocial needs of refugee youth (Nakeyar et al., 2018). Educational success and accomplishments are vital for the wellbeing and integration of students from refugee backgrounds (King & Owens, 2015). Therefore, an exploration of their academic problems is warranted to inform strategies and interventions to address these difficulties. EPs have a role in understanding the unique experiences of refugee students and in identifying and addressing their learning and emotional needs so that these students can access and benefit fully from an education in UK schools. Assessment is a primary responsibility of EPs (British Psychological Society (BPS), 2017), however, the assessment of refugee youth presents many unique challenges for EPs such as language and communication barriers, the selection and interpretation of appropriate test materials, and working with potentially highly traumatised individuals (Kaplan et al., 2009).

Earlier chapters have examined the limitations of culturally bound assessment tools and while some commonly used tests (e.g. Wechsler Intelligence Scale for Children (WISC)) have been adapted for use in other specific populations, few are validated for refugee cohorts or for use with interpreters (Georgas et al., 2003). Results on standardised tests and assessment tools can be influenced by the student's language, acculturation, previous experiences and cultural differences in the expression and conceptualisation of distress (Bell et al., 2015; Fraine & McDade., 2009; Rasmussen et al., 2015), thus making it difficult to infer a student's true level of ability or distress.

Review Question

Despite the challenges faced by professionals when working with culturally and linguistically diverse (CLD) populations such as refugees, many professionals often do not have time or capacity to study foreign cultures and/or languages in addition to their work-related areas of expertise (Liu & Evans, 2016). Therefore, the aim of this review is to summarise the current knowledge of the challenges facing EPs when assessing the needs of refugee youth and to suggest recommendations for culturally sensitive assessment practices that might best identify and meet the needs of refugee youth. The review question is: *What are the challenges and recommendations for educational psychologists in conducting a culturally responsive assessment of the needs of refugee youth?*

Search Strategy and Study Selection

The studies fitting the inclusion and exclusion criteria were critically analysed using various checklists for assessing and evaluating research and ten studies were included in the review, can be found in Appendix K). These studies comprised of primary research sources including peer-reviewed journal articles, doctoral theses and one unpublished study. The studies utilised qualitative, quantitative, and mixed methods and employed survey, interview, and case study designs.

Findings

The experiences and perspectives of the psychologists captured within the studies reviewed were collated into ten thematic areas in the domains of 'Challenges' and 'Recommendations' for assessment of refugee youth. A narrative overview is presented below.

Challenges

Themes 1 and 2: Logistics – Cultural and Linguistic Barriers and Lack of Access to Previous Records

One of the main challenges identified by this review was the impact of cultural and linguistic barriers on the assessment process. Psychologists reported the impact of language barriers on rapport building with both parents and children and on the assessment process (test instructions and interviews) (Anderson, 2018; Kwanja et al., 2020; Percy et al., 2020; Valesco et al., 2020). Additional cultural nuances, such as conventions around eye contact or the young person's beliefs about answering an adult in authority as disrespectful and/or intimidating, may also impact the young person's level of comfort and/or the results on standardised testing (Greenfield, 1997). Anderson (2018) also noted cultural and linguistic barriers to parental understanding and acceptance of a child's special educational needs and mental health difficulties in refugee populations. Kwanja et al. (2020) also highlighted that the assessment process could be hindered by lack of parental availability due to parental mental health difficulties as well as logistical challenges such as transport or work scheduling issues. Unfortunately, in some cases, the complete absence of parents or carers through death or separation makes it difficult for professionals to obtain and corroborate historical information (Kaplan, 2009). In many cases, psychologists also reported having had limited access to previous school or medical records of refugee youth, which impacted on their ability to formulate a comprehensive background history.

Theme 3: Issues with Standardised Testing Methods

Almost all psychologists reported concerns regarding the validity of standardised tests (e.g., WISC) that were not normed for CLD children. Others reported a lack of access to alternative tests and resources. Several studies indicated the importance of EPs' awareness of cultural differences in psychometric tests in order to ensure that assessments are valid, appropriate, and sensitive to various cultural and linguistic differences (Rogers & Lopez, 2002). Comparing individuals to standards that do not adequately include them and interpreting results without consideration of the individual's unique language and cultural developmental trajectories and their effects on test performances constitutes discriminatory assessment practice (Sotelo et al., 2014). Respondents in the study by Valesco et al. (2020) recommended the use of a Cross-Battery Assessment (XBA) approach (Flanagan et al., 2013) to assess standardised tests for their cultural loading and language demands, allowing psychologists to choose valid tests for CLD students.

Theme 4: EPs' Lack Confidence in Multicultural Competence

Encouragingly, in the study by Anderson (2018), EPs described feeling 'competent but not confident' in their awareness of how some assessment practices can be biased towards culturally different groups. However, many studies (O'Bryon et al., 2010; Sotelo et al., 2015; Vega et al., 2016) also found that EPs lacked confidence in their ability to assess CLD youth such as refugee children in a valid and ethical way and highlighted a need for further specific training for psychologists in this area.

Theme 5: Issues with Interpreters

Psychologists named difficulties such as access to and cost of suitably trained interpreters when working with refugee youth. Several studies also highlighted concerns regarding the appropriate use

of interpreters in assessment and the limits of their involvement (Anderson, 2018; O'Bryon et al., 2010; Percy et al., 2020). Although interpreters are often an invaluable asset in the assessment process, EPs have a responsibility to ensure that they are utilising the skills of a trained, non-family member interpreter where possible for the sole purpose of direct translation. The use of an interpreter to assess language proficiency or general ability is discouraged.

Recommendations

The findings of this review have highlighted the difficulty in providing specific recommendations for EPs, as the needs and experiences of refugee families vary greatly, and assessment practices should always account for individual differences. General recommendations for EPs working with refugee youth are therefore provided.

A general finding of the review highlighted that the assessment of refugee youth warrants additional time, planning, and flexibility. EPs might therefore allow additional time to build rapport with children and families and consider culturally responsive ways to explain the assessment process, test instructions and outcomes.

Themes 1 and 2: Alternative Focus of Assessment and the Use of Alternative Assessment

Methods

While there is no concrete evidence to suggest a higher rate of intellectual difficulties in the CLD population (Kaplan et al., 2016; Paradis, 2010; Rhodes et al., 2005), Vega et al. (2016) noted an over-representation of CLD students in SEN provision. This finding was attributed to a lack of differential instruction and interventions for CLD students and little evidence of allowing students sufficient time to develop proficiency in the language of their host country. It is well documented that standardised measures of crystallised intelligence are often most affected by an examinee's levels of English-language proficiency and acculturation (Sotelo-Dynega et al., 2013) and a sole reliance on these measures may therefore be discriminatory to CLD youth such as refugees.

Several of the more recent studies in the review (Anderson, 2018; Bourke et al., 2015; Khawaja et al., 2020; Percy et al., 2020) advocated for the use of alternative and supplementary assessment methods such as observations, interviews, work samples, non-verbal testing, and dynamic assessment (after sufficient time; Percy et al., 2020). Although this move may indicate seemingly 'simpler' assessment methods, the use of methods such as interviews as a form of assessment is inherently sophisticated and complex. In particular, interviews with young people themselves are a critical form of assessment, but as Gersch et al. (2014) have cautioned, "it is all too easy to underestimate this involvement" (p. 33).

Additionally, rather than focusing on summative or standardised assessment methods, many psychologists advocated for continued monitoring of progress and the use of assessments as 'snapshots' of the young person's strengths, weaknesses, and learning potential to guide future directions in their education and wellbeing (Bourke et al., 2015; Vega et al., 2016).

However, Sotelo et al. (2014) noted that a complete removal of standardised measures of crystallised intelligence might limit the scope of assessment to some degree. Furthermore, reservations remain amongst EPs in the UK about how non-standardised assessment methods fit within the statutory assessment process (Stacey, 2017).

Theme 3: EPs Should Account for Effects of Possible Confounding Variables on Assessment

Outcomes

The review highlighted a number of specific needs and experiences that may act as confounding variables in the assessment of refugee youth, including disruption to previous schooling, lack of access

to academic records, previous trauma, and English language proficiency (Anderson, 2020; Kwanja et al., 2020; Percy et al., 2020; Valesco et al., 2020). O'Bryon et al. (2010), Percy et al. (2020), and Sotelo et al. (2014) also made specific reference to the importance of measuring acculturation in the assessment of refugee children, as an awareness of how well a young person has assimilated into the host country's culture allows EPs to tailor assessment practices to best identify and meet their needs. EPs might also consider the impact of language barriers when collating information on the young person's developmental history or current presentation during parental interviews and the assessment process.

Theme 4: Multidisciplinary Work

Many EPs suggested a more dialogic and ecological way of working to understand the young person, inform decision-making, and contribute to discussions around appropriate interventions. Where possible, EPs should engage in multidisciplinary work with families, school staff, and medical and community disciplines to inform more comprehensive assessments and recommendations for refugee youth (Kronick, 2018). Bourke et al. (2015) note that while EPs contribute to the assessment of a child, a system, a policy, or practice, they might do so while recognising the distinctive assessment contributions from parents, teachers, and other specialists, through a multidisciplinary team.

Theme 5: A Need for Further Multicultural Training at the Individual and Systemic Levels

Several of the more recent papers included in the review highlighted increasing levels of awareness and competence in multicultural assessment amongst EPs who are adapting their assessment practices with varying levels of success (Anderson, 2018; O'Bryon et al., 2010; Sotelo et al., 2014; Valesco et al., 2020). Psychologists noted that they referenced the Health and Care Professions Council (HCPC) guidelines for ethical assessment practice when working with refugee children (Anderson, 2018). Psychologists expressed their motivation to engage in continued self-assessment and CPD in multicultural competence.

Valesco et al. (2020) and Berry-Worcester (2010) highlighted the need for some level of personal responsibility in EP's self-evaluation of their cultural awareness and culturally competent skills as well as continued engagement in CPD in multicultural competence. Anderson et al. (2018) found evidence of an increasingly positive attitude towards working with CLD and refugee children. EPs discussed their feelings of curiosity and empathy for other cultures, and the importance of remaining open, non-judgemental, and respectful of the traditions of others, which provides the basis of effective work with refugee families. Psychologists also noted that first-hand experiences working with refugee children specifically influenced their knowledge, skills, and attitudes for working with culturally diverse youth.

Additionally, the review highlighted a need for organisational and service-level training on the specific needs and recommendations of refugee youth in the local context. This points towards specific training for EPs in NI on considerations and recommendations for cohorts such as Syrian refugees, given the recent rise in newcomer children from this cohort. Several papers also advocated for EP training courses encouraged employers to increase opportunities for practical experience working with refugee youth where possible.

Conclusions: Limitations and Directions for Future Research

This review highlighted the need for qualitative research that would expand on the survey findings on the challenges and recommendations facing EPs working with refugees. The findings also point towards recognition that individuals vary within cultures and emphasised the importance of understanding people as individuals in their cultural contexts (Anderson, 2018). This review sought only to include primary research articles, however the data search uncovered a number of review articles on various elements of the assessment of refugee youth detailing useful observations and recommendations for psychological assessment and interpretation (see, for example, Ehntholt & Yule,

2006, and Kaplan et al., 2016). Many of the psychologists surveyed also noted that they sought guidance from the code of ethics and guiding principles for multicultural assessment of their professional organisations (i.e., the American Psychological Society (APA) or the British Psychological Society (BPS)) and, when possible, through more specialised training in working with different cohorts of refugees from different cultural and linguistic backgrounds.

A limitation of this review was the exclusion of papers not published in English due to time and cost restraints. It is possible that literature from countries with a high number of refugees such as Germany or Greece may have had valuable insights into appropriate assessment practices. The majority of studies reviewed employed a survey design, which presented limitations of possible selection bias. Also, participants were often self-selecting, and data might therefore have been representative of a more culturally aware cohort of EPs or may have been skewed by social desirability bias. Additionally, one study sampled only bilingual EPs (O'Bryon et al., 2010) and overall sample sizes were small with a majority of female respondents and mixed levels of qualifications and experience, all of which should be taken into account when considering the generalisability of the findings.

Chapter Seven

Social, Behavioural and Emotional Wellbeing Challenges Facing Culturally and Linguistically Diverse Newcomer Children in Schools

by

Sarah Cassidy

Introduction

The term ‘newcomer’, as used by the Department of Education and defined in Chapter 1 of this publication, includes all pupils who lack sufficient language skills to engage fully with the curriculum and with teaching staff. As such, it encompasses children from a diverse array of backgrounds, ranging from immigrants with relatively stable upbringings and experiences to those whose education has been abruptly interrupted by traumatic events. Many refugees will have experienced extreme adversity and disruption in all aspects of their lives, resulting in an array of emotional difficulties, cognitive deficits, and health challenges.

In contrast to refugees, immigrants are thought to leave their homes more voluntarily and their motives are often economic. However, children of migrants did not voluntarily choose a migrant status or independently decide to migrate. Usually, it was the parents that made this decision, and the children were taken along (Darwish Murad et al., 2004).

In the host society these children have to face the difficulties that accompany migration. They may live in socially deprived circumstances with parents who suffer from unemployment or are employed in low wage jobs as a result of low education levels or language problems. In addition, matters are further complicated by living in two cultures. In order to thrive in the new society, immigrants have to go through a process of adaptation.

Review Question

Research has documented the emotional and behavioural problems migrant and refugee children and adolescents face due to traumatic events, separations, and loss. Not surprisingly, life and family events pre- and post-migration have been found to have a profound effect on the health and wellbeing of immigrant children (Osman et al., 2017).

The aim of this focussed review is to examine the current research on the social, behavioural, and emotional wellbeing of immigrant, migrant, and refugee children and how it may help schools and EPs in a Northern Irish context. The research question guiding this focused review is: *What are the main social, emotional, and wellbeing challenges for culturally diverse newcomer children in schools?*

A systematic literature search was conducted using three electronic databases using specific search terms. Inclusion and exclusion criteria were identified and applied, resulting in 19 studies to be reviewed (these are presented in Appendices L and M).

Findings

Previously, emigration dominated in many European countries but now immigration has increased and as a result the experience of immigrant families is of growing concern in many European societies (Belhadj-Kouider et al., 2014).

Pre-Migration Influence

Life and family events before and after migration have been found to have a serious effect on the health and wellbeing of immigrant children (Osman et al., 2017). Studies have documented the emotional and behavioural problems migrant and refugee children and adolescents face due to

traumatic events, separations and loss, and the adaptation process (Derluyn et al., 2008; Mohamed & Thomas, 2017).

Refugees have left their home country involuntarily and persistent dangers prevent their return. The refugee experience is typically divided into three phases: pre-migration, migration, and post-migration (Mohamed & Thomas, 2017). The pre-migration phase refers to the time period before refugees escape their home country. It is characterised by political violence, war, and chaos. There is a threat to safety as well as limited access to school, education, and employment.

Risk and Resilience

Theories on the impact of immigration on problem behaviours have suggested both risk and resilience perspectives.

Stevens et al. (2015) investigated the effects of generation and gender on emotional and behavioural problems. The risk perspective focuses on the potential stress resulting from the process of migration – loss of family and friends, discrimination, loss of customs, and the need to assimilate to a new cultural environment. The resilience perspective focuses on ‘the immigrant paradox’ which has been explained by a strong sense of family and academic motivation serving as a buffer against problems experienced in the host country.

Overall, the results from this study are in line with a risk perspective on immigration. It found that being a first- or second-generation immigrant brings about stress which leads to higher levels of emotional and behavioural difficulties. No evidence was found to support the immigrant paradox perspective.

Leavey et al. (2004) examined the prevalence of psychological problems among refugee and migrant children in comparison to their UK-born peers. The results supported the likelihood of greater psychological distress among migrant and refugee children. Migrant children, especially boys, were reported to score higher on measures of emotional difficulties and peer problems.

However, there is some disparity in the research. Derluyn et al. (2008) compared emotional and behavioural problems in recently arrived migrant adolescents with those of native-born adolescents in Belgium. The study found negligible difference in the prevalence of emotional or behaviour difficulties between migrant and non-migrant adolescents. However, they urged caution when interpreting the results. The issues reported by the migrant group may be an underestimation of the real figures, as migrants may feel less comfortable reporting behaviours that may be seen as deviant in their own culture. This research also found that migrants had more peer problems than non-migrant adolescents. While acculturation difficulties may explain this finding, this is important, and schools should be aware of it.

Risk of Post-Traumatic Stress Disorder

Refugee children experience the stress of forced migration with the compounding stressors of childhood and the trauma of displacement (Mohamed & Thomas, 2017). Post-Traumatic Stress Disorder (PTSD) is characterised by exposure to extremely stressful events followed by symptoms which involve re-experiencing the trauma through nightmares or intrusive images, a state of hyper-arousal, and avoidance of stimuli associated with the trauma.

Mohamed and Thomas (2017) carried out research to explore the perceptions of refugee children, parents and school staff regarding factors which contributed to mental health and psychological wellbeing. They felt that by exploring what enables refugee children to do well, educators and those working with children can design more appropriate, culturally sensitive interventions.

Six main themes emerged. These themes were broad and were comprised of smaller sub-themes. The themes were: 1) implications of pre-migration and migration experience, 2) factors within the family,

3) management of change and its effect on the young person's mental health, 4) experiences at school, 5) factors within the environment, and 6) personal characteristics.

Educational psychologists are well placed to work with these young people and apply psychological theory to policies and practice. This study showed how many of these children speak openly and articulately about their experience. Eliciting their views and hearing their voices is vital for those who work closest with them.

Developing a coherent life story is an important task for these children. Through the use of storytelling or narrative therapy, children are encouraged to present their life story in ways that make sense to them.

Peer Relationships

A potential issue for migrant youth in the school environment are peer relationships and victimisation. Fandrem et al. (2012) carried out research into peer group and victimisation among migrant and native adolescents in Norway. This research pointed out that victimisation and discrimination may be explained by country-level factors such as the immigration history or policy in the specific country.

Although victimisation is associated with a variety of interpersonal problems and depressive symptoms, Fandrem et al.'s (2012) research found that young immigrants in Norway scored higher for victimisation compared with a native-born population but not for depressive symptoms. This research suggests that we should gain a better understanding of the dynamics of victimisation in multicultural classes.

School Experience

Margari et al. (2013) carried out research in Italy where migrant students make up 7.9% of the total student population and there is a significant gap between pass rates between Italian and migrant students. They stated that the school experience provides an ideal opportunity for school staff to identify emotional and behavioural difficulties in the early stages. Identification is an essential step toward early intervention.

Vitaly, this study mentioned that research can produce different results depending on who is reporting – teachers, children, or their parents. This disparity between the systems around the child can make it problematic for those around the child to understand the full story. Seeking the voice of those involved in all the systems around the child is thus most beneficial.

Margari et al. (2013) found that migrant children display more problems with academic performance and adaptive functioning, but native-born children displayed more internalizing and externalising problems. They felt this may be explained by the fact that adaptive functioning and academic performance are potentially linked to less family involvement or support. However, this leaves a dichotomy: families immigrate to improve their circumstances, especially those of their children – but then lack the tools necessary to progress.

An issue which came up in the literature is 'school belonging'. Georgiades et al. (2013) examined the association between immigrant and racial/ethnic congruence in schools and level of emotional and behavioural difficulties. They also examined individual perceptions of school belonging. This research was carried out in the United States and the data was collected from the Longitudinal Study of Adolescent Health, which is nationally representative.

This study found that there was a strong negative association between individual perception of school belonging and emotional and behavioural problems in this population. The authors noted future research should focus on the organisational and structural characteristics of schools, and peer influence. They stated that interventions to improve school belonging may also serve to promote academic and mental health outcomes, particularly among minority students.

Doikou-Avolidou and Dadatsi (2013) developed and implemented a small-scale intervention based on social-emotional learning and explored the outcomes concerning the social functioning of immigrant students who exhibited externalising or internalising behaviour problems and difficulties in relationships with peers. While the study did not find significant behavioural changes or differences in relationships in the target pupils, it pointed to the small sample size and short duration of the intervention. Considering social learning theory and developing this type of intervention may be beneficial to schools or professionals.

Schools are well placed to implement prevention/intervention programs with immigrant children. Rousseau et al. (2005) assessed the effect of a creative expression program designed to prevent emotional and behavioural problems and enhance self-esteem in immigrant and refugee children attending multi-ethnic schools in Canada. The sessions were held during the school day and run by an art therapist and a psychologist. Combining verbal and non-verbal means of expression, these sessions involved talking about life pre- and post-migration and looking at myths from their own cultures and stories passed down through their families. The results showed that the children in the experimental groups reported lower levels of both internalising and externalising symptoms, higher feelings of popularity, and higher self-esteem levels.

Family Circumstances

When considering immigrant, migrant, or refugee children and adolescents, it is vital to consider their home environment and family circumstances as these may be a key risk or protective factor. Hamilton et al. (2011) conducted research into immigrant parents' perceptions of the school environment and the effect on children's mental health and behaviour.

This study suggested that a negative parental perception of school may impair children's good mental health. They pointed out that family-school challenges have the potential to be magnified among immigrants because of factors related to acculturation. Immigrant parents may struggle with the norms of an educational system which is new to them, communication difficulties, or feeling that their contribution is not valued. This may tie in with students' feelings of school belonging.

Hamilton et al. (2011) found that higher parental perception of school was associated with less emotional distress in children and that parental depression had the strongest influence on emotional distress in children. Higher parental perception of school was also associated with less physical aggression in children. They suggested developing new initiatives for immigrant parents, such as improving lines of communication and developing positive relationships.

Nadeau et al. (2018) examined the associations between immigration, poverty, and family environment and the emotional and behavioural problems reported by youth and their families receiving mental health support in Canada. They pointed out that there is recurrent evidence of an association between low income and family environment and behavioural and emotional problems for children. The study found that less family cohesion, and especially family conflict, was related to more difficulties for children. They also found that poverty was not necessarily as impactful for children until mixed with family dynamics. They flagged the importance of difficulties with communication and cultural dissonance on parent-child relationships. This should be considered in situations where school staff and professionals meet both parent and child.

This study also found that boys display more behavioural and emotional problems than girls, but girls show higher levels of internalising symptoms and boys show higher levels of externalising symptoms.

A study carried out by Osman et al. (2017) evaluated 'Connect', a culturally tailored parenting support program for Somali-born parents, to determine its effectiveness on children's emotional and behavioural problems. Parents received 12 weeks of intervention from group leaders with a Somali background. The results showed a significant improvement in behavioural problems for children in the intervention group after a two-month follow up. The researchers felt that because 'Connect' focuses

on parents building a partnership with their child and jointly solving conflicts, the 'Connect' program also promotes the child's need for autonomy and a positive attachment relationship to their parent. The researchers felt that specifically using group leaders with the same cultural background as the participants was a contributing factor to its success.

Northern Irish Context

In a Northern Irish context, McMullen et al. (2020) investigated the mental health needs of newcomer children in schools in Northern Ireland, according to the pupils themselves and those who work with them most closely. The research questions focused on challenges and recommendations. The study utilised a mixed-methods design. Results from the Strengths and Difficulties Questionnaire (SDQ) suggested that scores on 'Peer Problems' were slightly raised. This has been a theme seen in existing research.

Results from focus groups with pupils and staff focused on four themes: pre-existing stress and trauma, discrimination, family and friendships, and the impact of school.

The study reported that in every focus group at least one student mentioned they had been a target for bullying or verbal abuse. Staff focus groups brought up the fact that many immigrant families feel a sense of fear because of discrimination and racism in Northern Ireland.

The pupils who participated in this study also spoke of challenges within the family, including parental mental health and taking on adult roles such as acting as interpreter. The children also said they could make friends at first but later were more likely to stay within nationality groups in schools.

Despite the many challenges, a large number of pupils stated that school life and education in Northern Ireland was a positive experience, and that they feel they have opportunities they may not have had in their native country. Some children expressed that the experience of being a newcomer student made them more resilient and they can feel pride about how they have overcome challenges.

Conclusions and Recommendations for Future EP Practice

The findings of these studies indicate that immigrant and refugee children can struggle in their host country and may require additional support. Immigrant children may experience more psychological distress than native-born children and may require special support. The issues they may face include challenging socioeconomic circumstances, living in deprived neighbourhoods, limited language skills, less social competence, lower levels of success in school, isolation from the host society, and discrimination.

Issues within the family included family environment/cohesion, living in poverty, and parents' perceptions of and their relationship with schools. This implies the need to work systemically with this population for the best outcomes.

As studies have shown that different results may be produced depending on who is reporting – the child, the parent, or school staff – the professionals working with the child must be aware of the potential for discrepancy. A full picture must be sought, and triangulation of information carried out. EPs should endeavour to meet the child, carry out observations, meet the parents (with an interpreter if necessary), and carry out consultation with school.

Peer relationships can be an issue for migrant youth. In schools with high migrant populations, it is important for teachers and school staff to be mindful of this and support this population in accessing social groups and being accepted. EPs may have social-emotional learning ideas and could promote these to the schools.

Considering more varied interventions may be valuable for this population. Creative expression workshops for immigrant children were shown to have positive results. Schools with high numbers of immigrant children may incorporate this type of intervention into their timetable to enable these

children to talk, draw, or write about their lived experiences or home culture. Incorporating these types of activities into classrooms for all children may also help students feel that they belong to a supportive school where they 'belong'. EPs or psychology assistants may be available to facilitate these.

Because positive parental perception of school was found to be associated with less emotional distress and less physical aggression in children, it is vital for schools to forge positive relationships with parents of immigrant children. Schools should make efforts to include these parents who may be more vulnerable and ensure they feel like part of the school community and can receive help if they require it.

Parental depression has been flagged as a strong influence on emotional distress in children. Schools and EPs should therefore be aware of the services available in their area and be able to signpost parents to the appropriate supports. Family conflict/cohesion can have a negative impact on children's emotional and behavioural wellbeing. Pathways to Family Support Hubs or similar should be researched and understood by EPs. Interpreters should be considered rather than asking a child to interpret for a parent in a meeting, which could create a difficult power imbalance.

Culturally tailored parenting support programs were found to result in significant improvements in children's emotional and behavioural problems. This may not be feasible in every school, but in areas with large cultural groups this may be an option; again the EPS could facilitate this.

In a Northern Irish context, research revealed that many of the children had experiences of bullying or verbal abuse. Schools and the EPs must foster more tolerant environments for diverse children and adolescents and potentially facilitate small group work to improve this.

Chapter Eight

School-Based Social-Emotional Interventions for Use with Child and Adolescent Refugees, Immigrants and Asylum-Seekers

by

Aine Sutton

Introduction

The Mental Health of Cultural Newcomers

Any major life transition, such as moving country, constitutes a significant stressor which adversely affects health, even when perceived as a positive change (Di Giuseppe et al., 2020; Oren et al., 2017). Significant life changes have been causally linked to the onset of depression (Kendler et al., 1999; Lee & Gramotlev, 2007) and anxiety (McLaughlin & Hatzenbuehler, 2009). For refugees, immigrants, and asylum seekers, the loss of social identity that comes with movement to a new culture often compounds their susceptibility to mental ill-health (Praharso et al., 2017). In addition to the trauma of relocating, the vast majority of asylum-seekers and refugees have experienced the loss of close relations, violence, or war (Fazel et al., 2011; Frost et al., 2019). It is thus unsurprising that refugee youth evidence disproportionately high rates of post-traumatic stress disorder (PTSD), anxiety, depression, and attention deficit disorders relative to the general population (Bronstein & Montgomery, 2011; Entholt et al., 2005; Kien et al., 2019). The pre-existing sociocultural and psychological challenges faced by refugees and migrants have been compounded by the coronavirus pandemic (Kluge et al., 2020).

School-Based Mental Health Supports

School-based mental health supports have been identified as effective in treating newcomer youth for various reasons. Schools are usually the first social institution with which they interact (Rousseau et al., 2005). Schools are thus instrumental in helping these students assimilate to their host culture, a process which can be psychologically and socially challenging (Jorgenson & Nilsson, 2021). School-based mental health services are easily accessible to newcomer students and the provision of these services as part of the school system can reduce the associated stigma (Berger et al., 2007). Chiumento et al. (2011) reported that 79% of young refugees surveyed would rather access psychotherapy at school as opposed to in their home (4%) or in a health clinic (11%).

Intervention Type

It has been acknowledged that not enough is known about the benefits of psychotherapy for newcomer populations (Kronick, 2018). It is recommended that existing evidence-based psychological interventions should be culturally adapted for optimal impact (Bernal & Adames, 2017). Cultural adaptations enable the provision of interventions with which participants can identify and which are relevant to their personal experiences. Interventions which are not culturally adapted risk contributing to acculturative stress (Castro-Olivo & Merrell, 2012). Acculturative stress is defined as the external pressure which children from minority groups experience to conform to their host culture in order to avoid being discriminated against (Pham et al., 2017). This pressure is a unique risk factor amongst immigrant populations which negatively impacts mental health, social functioning, and academic achievement (d'Abreu et al., 2019).

Review Question

This review sought to locate research on interventions which support the emotional and social wellbeing of cultural newcomers in school settings and to recommend the most beneficial school-

based interventions for this population in light of the existing research. It was guided by the following question: *What is known about the applications of school-based, social-emotional interventions with child and adolescent refugees, immigrants, and asylum-seekers?*

Findings

The review yielded 11 studies which examined the use of school-based interventions with child and adolescent refugees, immigrants and asylum-seekers. The characteristics of each sample are detailed in Appendix O. A summary of the study design, intervention, and measures utilised by each study is presented in Appendix O. The included studies comprised five non-randomised controlled trials, one randomised controlled trial, one study employing mixed methods of analysis, and three studies with an experimental design, featuring pre- and post-intervention measures of psychological wellbeing.

Overview of Intervention Type

Four categories of intervention were identified: cognitive behavioural therapy-informed interventions, creative arts therapies, social emotional learning interventions, and somatic therapies. A brief description of each category is provided below.

Cognitive Behavioural Therapy-Informed Interventions

Cognitive behavioural therapy (CBT) is recognised as the gold-standard psychotherapeutic treatment for a variety of mental health difficulties across the lifespan (National Institute for Health and Care Excellence (NICE), 2011; 2019). CBT was originally conceptualised as cognitive therapy by Beck (1979), who identified that an individual's appraisal of an event, as opposed to the event itself, dictated their emotional response. Contemporary CBT acknowledges the role of our behaviours in maintaining the feelings which arise from distorted thoughts (Kendall & Hedtke, 2006). CBT-informed interventions employ facets of the model which are most suited to an individual presentation. When used with children and adolescents, the most common components of CBT interventions include somatic techniques (such as relaxation or emotion identification exercises), cognitive techniques (such as restructuring unhelpful thinking patterns) and behavioural approaches (such as exposure), in conjunction with parental involvement (Higa-McMillan et al., 2016).

Creative Arts Therapies

Creative arts therapies (CATs) is an umbrella term for interventions provided by healthcare professionals which seek to benefit mental health through the process of making art (Chiang et al., 2019). Examples of specialisations within the field include psychodrama, art therapy, music therapy and dance-movement therapy. Shafir et al. (2020) suggest that change and growth result from the relationship between the therapist and client, and the relationship between therapeutic group members, in the context of the creative-expressive process in which they engage. The existing evidence base for the use of CATs is limited, consisting largely of case-studies and small-scale non-controlled trials (Durrani, 2014; Favara-Scacco et al., 2001; Ugurlu et al., 2016). The few existing randomized controlled trials have yielded mixed results (Attard & Larkin, 2016; Chung and Woods-Giscombe, 2016). Nonetheless, CATs are often used with children and young people as a means of accessing and processing content which is unavailable to words (Cohen-Yatziv & Regev, 2019). Advances over the last decade in the understanding of the relationship between brain functioning and processing of traumatic events have ignited interest in the applications of CATs for treating trauma across the lifespan (Perryman et al., 2019).

Social-Emotional Learning Interventions

Social emotional learning (SEL) involves "knowledge and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain

positive relationships, and make responsible decisions” (Weissberg, 2019). Such skills include interpersonal communication, emotion-regulation, impulse control and social problem-solving. Although various SEL interventions exist, the most frequently occurring core components focus on social skills development, identifying others’ emotions, identifying one’s own emotions and behavioural coping skills (Lawson et al., 2019).

SEL interventions are being increasingly used in educational settings to scaffold the development of these skills in children and adolescents (Jones & Doolittle, 2017). Taylor et al.’s (2017) meta-analysis reviewed the long-term impact of school-based SEL interventions upon the wellbeing of 97,500 students in first- and second-level education, across 82 studies. The effects were assessed between six months to 18 years post-intervention. Students who had been exposed to SEL programmes evidenced less emotional distress, substance abuse and conduct problems, and were stronger academically, than their peers in control groups. These students showed significant positive benefits one-year post-intervention, regardless of race, socioeconomic background, or school location. This finding indicates that SEL interventions can support the positive development of students from diverse family backgrounds or geographical contexts. This is of particular relevance in the context of working with newcomer students.

Somatic Therapy

Most psychotherapies seek to create change from the ‘top down’, working with cognitions to effect change in behaviours and physiology. In contrast, somatic therapies work from the ‘bottom-up’, seeking to reduce difficult emotions physiologically through changing the autonomic nervous system and discharging trauma (Van der Kolk, 2014). Multiple modalities of somatic therapy exist, such as somatic experiencing and sensorimotor psychotherapy (Almeida et al., 2019). However, each variation is underpinned by the same core belief: in order to adequately process traumatic experiences, the bodily memory of the event must be identified, explored, and reconfigured (Van der Kolk, 2014). In the absence of such bodily processing, individuals will remain in a state of chronic fight or flight response. This results in a range of long-term mental, physical, and relational difficulties. Although somatic therapies are relatively new modes of intervention, research to date suggests that they are effective in reducing the symptoms of PTSD and associated trauma responses (Brom et al., 2017; Leitch & Miller-Karas, 2009; Payne et al., 2015; Reuille-Dupont, 2021).

The Importance of the Therapeutic Alliance

Several potentially effective interventions have been identified within this review. However, it should be noted that the strength of the therapeutic alliance is the cornerstone of effective psychotherapy, regardless of the therapeutic model employed (Cameron et al., 2018; Graves et al., 2017; Kaptchuk et al., 2008). A strong therapeutic alliance is characterised by a therapist’s empathy, their unconditional positive regard of the client, and a shared understanding of the therapeutic goals (Boswell et al., 2010; Leonard et al., 2018). Podell et al.’s (2013) study illustrated this point. Although participating therapists provided an identical manual-guided CBT intervention to adolescents with anxiety, their interactional style and clinical skills were predictive of differences in treatment outcomes. The clients who worked with collaborative, empathetic therapists who implemented the prescribed treatment in a way that was developmentally appropriate evidenced a more significant improvement in anxiety symptoms than those who worked with more prescriptive therapists. The characteristics and findings of the eleven studies included in this review are summarised in Appendix P.

Domains Targeted

Nine of the 11 studies sought to reduce symptoms of mental ill-health, with a focus on internalizing conditions such as depression and anxiety. Four of these studies also focused explicitly on symptoms of trauma. This is consistent with the high levels of PTSD and internalizing psychopathology reported

by newcomer populations (Kien et al., 2019). Two studies sought to promote integration, increased self-belief, and heightened cultural awareness.

Interventionists

Three interventions were delivered by teachers (Castro-Olivo & Merrell, 2012; German, 2013; Gormez et al., 2017). The remainder were delivered by mental health professionals including social workers, psychologists, art and drama therapists, and university students at varying levels of education in social and health sciences. Gormez et al.'s (2017) study provided evidence that teachers can effectively deliver manualised trauma-focused interventions, although the authors emphasise the importance of appropriately training and supervising the teaching staff involved.

Interventions

Seven of the 11 studies were culturally sensitive, in line with recommendations (Bernal & Adames, 2017). The broad scope and child-directed nature of the activities involved in creative arts therapies made them malleable to each child's personal experiences. The activities were often non-verbal, such as painting or sculpting (e.g., Rousseau et al., 2005) or the young people were invited to engage in drama activities using their native language (e.g., Rousseau et al., 2014). Other interventions were delivered by professionals from similar backgrounds as the participants, who spoke their native language and could incorporate culturally relevant metaphors and examples. For example, in Gormez et al.'s (2017) study, Arabic-speaking teachers delivered CBT to young Syrian refugees.

Creative Arts Therapies

The most frequently used approach was creative expression intervention. Four studies used art, drama, or music to provide opportunities for participants to process their trauma, experience validation through shared experience, and develop social-emotional skills. Participants in Rousseau et al.'s (2005) study wrote or drew pictures of their experiences and then presented them to their class. Students evidenced decreases in internalizing symptoms and increases in self-esteem. Quinlan et al. (2016) trialled the Home of Expressive Arts and Learning programme (HEAL) with refugee adolescents. The procedure was not sufficiently detailed to provide insight into the specific contents of the intervention. Broadly, participants engaged in group music and drama therapy, which also incorporated aspects of narrative therapy. Some participants also accessed individualised psychotherapy (type non-specified). Although students evidenced a significant reduction in behavioural and emotional difficulties, it is not possible to identify which aspects of the intervention were beneficial.

Rousseau et al. (2014) and Rousseau et al. (2007) trialled class-wide drama therapy. Students developed and acted out stories around themes including migration, identity, and friendship. Neither study reported any impact on symptoms or impairment. However, participants in Rousseau et al.'s (2005) study did evidence an improvement in mathematical attainment scores.

Cognitive Behavioural Therapies

Three studies examined the impact of CBT. Each of the group interventions were similar in content, incorporating attention to unhelpful thought-emotion-behaviour loops with relaxation techniques and the processing of trauma through drawing and writing activities. Participants in Entholt et al.'s (2005) study evidenced no long-term changes in symptomology. Both Kataoka et al. (2003) and Gormez et al. (2017) reported that participants evidenced significant decreases in internalizing symptoms and PTSD, although the intervention had no impact on externalizing symptoms.

Somatic Intervention

One study (Mancini, 2019) trialled the Somatic Soothing and Emotional Regulation Skill Development Intervention (SSERSD). This intervention sought to train individuals to manage the physiological symptoms of PTSD by calming their bodies and integrating brain-body responses. Participants reported decreases in internalizing and trauma symptoms, while teachers reported improvements in interpersonal skills, academic achievement, and confidence.

Social-Emotional Interventions

Hannover et al. (2020) implemented the “Growing Together” programme, which paired recently immigrated children with classmates from the host country. The intervention sought to foster social integration through providing opportunities for children to work together on shared tasks. The intervention did not impact integration, although participants did develop more positive self-beliefs around academic ability, self-worth, and self-efficacy.

German (2013) delivered the Tree of Life programme as a whole-class intervention. The Tree of Life is a culturally sensitive narrative therapy. Using the metaphor of a tree, individuals are supported in constructing a positive narrative around their ethnicity, talents, goals, and formative experiences. Participants in German’s (2013) study evidenced an improvement in self-concept and an increase in cultural knowledge.

Castro-Olivo and Merrell (2012) conducted a pilot study of a culturally adapted version of the “Strong Teens” programme with Latino immigrant adolescents. The intervention consisted of semi-scripted psychoeducation about topics including problem-solving, stress reduction and goal setting. Participants deemed it acceptable and evidenced an increase in social-emotional knowledge.

Conclusions and Implications for Professional Practice

This review synthesised the research on the use of school-based social-emotional interventions with child and adolescent refugees, immigrants, and asylum-seekers. Although the available data was of limited quality, the findings suggest that school-based interventions can reduce symptoms of psychological trauma and mental ill-health among newcomer students.

Creative arts therapies were most frequently used. A strength of these interventions is their accessibility to young people who are not yet fluent in the language of the host country. Unfortunately, these therapies yielded the least consistent results. Furthermore, they must be delivered by a trained art or drama therapist, which may be cost-prohibitive for schools (e.g. Rousseau et al., 2005). This is similar to the somatic intervention, which effectively reduced symptoms of PTSD, but must be delivered by a trained therapist (Mancini, 2019).

The CBT-informed interventions appeared to be consistently effective in treating symptoms of trauma and were manualised, which was an additional benefit. Entholt et al. (2005) emphasised that trained teachers could deliver the featured intervention, as was the case in Gormez et al.’s (2017) study. However, the latter study noted the importance of clinical supervision for any staff attempting such trauma-focused work.

The Tree of Life intervention may enhance the wellbeing of young newcomers with less acute presentations (German, 2013), while the Strong Roots programme may facilitate social-emotional learning (Castro-olivo & Merrell, 2012).

EPs have a duty to adhere to the existing evidence-base when making recommendations to guide practice. Unfortunately, although many of the studies in the current review yielded promising results, most of the outcomes are not yet generalisable to larger populations and should be interpreted with caution. CBT-informed interventions appear to be the most effective for treating trauma, although the necessity for fluency in the host language may pose a barrier to participation. It should also be noted

that in real-world practice, the presentations and experiences of newcomer children are likely to vary significantly. Layne et al. (2001) posed the question “Is this the best program for this population at this point in time, given the resources available?” (p. 287). The most suitable intervention will be that which meets the needs of the target population, and which the EP or the school has the capacity to deliver.

School systems should be careful not to inadvertently contribute to the stigmatisation of newcomer children. German (2013) decided to provide a whole-class intervention in response to the concerns voiced by refugee families about their children being singled out for therapy. This incident highlights the importance of sensitively offering services in a way that does not further differentiate these pupils. Schools could offer group therapy as an after-school activity, as opposed to during the school day, or could offer individualised therapy where possible.

Future research should address the existing shortcomings identified in the featured studies, such as the absence of measures normed with the target populations and small sample sizes. Large-scale randomized controlled trials are needed to further examine the efficacy of promising school-based approaches identified in this review, such as the Tree of Life intervention and trauma-focused CBT.

Group Reflections

Collated by Dr Hassan Regan

There is something fitting about ending a publication such as this with how it started, through reflective and reflexive practice. In November 2020, a group of practicing educational psychologists came together to discuss and reflect on issues related to minority and ethnic groups and culturally and linguistically diverse populations. It was through this group that a number of areas of interest and further exploration were identified, and in turn informed the project on which this publication is based.

Being reflective and reflexive in our practice is a core feature of the role of the practitioner psychologist (e.g., HCPC, 2015). The 'Educational Psychologist as reflective practitioner' is a cross-curricular theme of the DECAP programme, and the programme places significant emphasis on self-reflection and personal self-development through critical, reflective, and evaluative thinking. With this in mind, the contributors were encouraged to consider their experiences and learning from the Equality and Diversity group research project. The contributors thought it would be useful, and hopefully interesting for you, the reader, to dedicate the final section of this publication to their personal and professional reflections. It is hoped that doing so might further encourage your own reflections and stimulate your thinking on the areas covered in this publication.

The contributors gathered as a group to share their learning and reflections with each other in order to broaden and deepen the learning experience. A number of the most pertinent reflections and discussion points are thematically presented in the section titled 'Reflections from the Group Discussion'.

As a final stage of the group reflective practice session, the group considered their future actions, namely, what they as practitioners can do now and next to proactively challenge and address inequalities. Examples of some of these actions are presented in the section on 'Actions in Challenging and Addressing Inequalities'.

Reflections from the Group Discussion

The contributors gathered as a group to share their learning and reflections with each other with the aim of broadening and deepening the learning experience. The group was facilitated by me as DECAP tutor. Gibbs' (1988) Reflective Cycle was used to inform and structure the conversation and discussion. Following this session, a follow-up questionnaire was circulated to which respondents replied anonymously. A number of the most pertinent reflections and discussion points have been gathered together and presented under different headings below. In order to maintain anonymity, the reflections have not been attributed to a particular contributor.

On working with culturally and linguistically diverse groups

The discussion in the group was centred on working with and supporting culturally and linguistically diverse groups, including minority and ethnic groups, and the conversation reflected this naturally. One contributor noted that their attention has been drawn to the fact that in areas in NI there are schools with highly diverse populations:

There are high rates of diversity currently in our schools – some schools have extremely high levels of students that would be considered members of a minority group.

The same contributor considered and reflected on the needs of school staff who work in settings with multiple and diverse populations: *“Teacher burnout is high in diverse schools and staff need more support.”*

Systemic issues were noted, and a number of contributors shared a similar sense of *“injustice”* that in general, systems around children, young people, and families were often *“not currently flexible enough to meet the needs of CLD children and families”*.

Further training was identified as something that would be of benefit. For example, one contributor indicated the following:

I sensed that we would all benefit from further training on culturally appropriate ways of working with CLD pupils and families.

On working with interpreters

Contributors highlighted how working with interpreters can be *“a useful asset in the assessment of CLD if used correctly”*. While using interpreters was considered to be essential, in many circumstances challenges were identified, such as *“working with interpreters can also add an extra layer of difficulty to the process of engaging a family and hearing their story.”*

Issues around access to interpreters, and potential impacts of this were noted; for instance:

Access to interpreters is not always guaranteed for families, and even when they are possible, it can be problematic and confounding for the results of an assessment.

On the importance of considering culture

A number of contributors made mention of tools and approaches that they learned about through engaging in the group project. For instance, multicultural formulation was noted by one contributor as being

an area in need of development within Educational Psychology in order to carry out structured and culturally sound formulations. This currently relies on the skill and confidence of individual EPs.

Multicultural consultation was also highlighted as being important, with one contributor observing that

there are key models and frameworks in this area to support EPs. Resources such as the cultural asset identifier and the self-assessment checklist for cultural competence were recommended.

Contributors noted how developing our cultural humility is an ongoing process and something that would happen across the lifespan:

We are all striving to be culturally competent practitioners but appreciate that this is something that will develop across our careers.

and

Professional competencies in terms of cultural knowledge and skills is an ongoing development.

Further training was also identified as being an area of need by those in the group. For instance, one contributor reflected that “[Individuals] may require more formal training in this area.”

A contributor suggested that while becoming culturally aware is a professional responsibility and one we should engage in together, there is also a personal or individual responsibility to do so:

EPs have a personal responsibility to become more culturally aware...I feel it is time to have open conversations and to work together to help and support all CYP and their families.

On the importance of adopting a trauma informed approach

The importance of adopting a trauma-informed approach in the work of the psychologist was highlighted by multiple contributors. For example, one contributor stated, “EPs must be mindful of the impact of possible previous traumas on both development and school-based attainments.” Another contributor indicated that considering the potential impacts of traumatic events should be used to “inform assessment, formulation and intervention plans”.

One contributor indicated that it is important to consider that some people who present with traumatic distress may require appropriate support and intervention before being expected to access the curriculum:

PTSD symptoms are common in some minority groups and English as a second language may not be the main need. Often children may require intense emotional support or interventions targeting PTSD-type symptoms before they can be expected to learn in the classroom.

Another contributor highlighted the importance of considering that refugees will have had a variety of experiences, and that it is important to consider their strengths, coping skills, and resiliencies:

EPs must also consider individual differences and must not assume that all refugee children have had the same experiences and trauma, many develop excellent coping skills and are extremely resilient.

On the process of reflecting as a group

While reflective practice was something the group were familiar with on an individual basis, the experience and process of a group reflective discussion was not as familiar. A number of observations and comments were made by contributors that are likely to be useful to others who are interested in engaging in similar processes.

In general, the group noted the experience to have been positive, and they highlighted a range of benefits to taking part in a reflective group discussion. For instance, contributors highlighted how it was:

Great to have a space to reflect as a group on learning, personal approaches, And professional issues.

and

It felt like a[n] open and safe space to share thoughts and ideas together.

The benefit to utilising a model, such as Gibbs' (1988) Reflective Cycle, was highlighted by one contributor in particular, who stated, *"I liked the use of the model to structure the session and to identify group members' feelings towards the assignment and this topic in general."*

Safety, comfort, sensitivity, and vulnerability when sharing in a group setting

Contributors reflected on the importance and benefits of having dedicated time and a safe space to reflect and share with each other. For instance, one contributor noted that the reflective session allowed for a more meaningful conversation to be had:

[It] provided a safe space for trainees to openly share their thoughts and feelings in relation to the group project, alongside their findings. It also allowed for a deep meaningful conversation regarding issues arising.

Other contributors reflected on the importance of sharing, and of feeling comfortable with their peers in order to share what could be considered to be vulnerabilities or a lack of experience:

It was good to see that we felt comfortable with each other to share vulnerabilities – i.e. not experienced enough to work with interpreters, or lack of experience working with children and families from a culturally and linguistically diverse background.

and

It was interesting to hear that others had similarly felt a lack of experience in the topic area before beginning this assignment. It was helpful to reflect as a group what we had gained from this assignment and how many in the group reflected gaining confidence in this area.

One contributor acknowledged that it is important to consider how discussing and reflecting on topics such as this requires sensitivity and care:

This is an area that can be sensitive and can lead to professionals being concerned of saying the wrong thing.

Another contributor reflected on how it is acceptable to have and to share different opinions and perspectives in a safe space:

I learned that it is ok to have different opinions and to talk openly about these topics within a safe group.

Another contributor reflected on the experience in relation to the equality and diversity group project and how it would be beneficial to extend such reflective practice groups and experiences for all practitioner psychologists:

I feel this is an extremely important area for EP reflective practice and I feel that reflective groups that are structured and respectful are a very beneficial way of allowing EPs time to reflect, listen, contribute, and perhaps even change their opinions and improve their approaches when working with this cohort.

A contributor highlighted how having taken part in this group project and the reflective process has had implications for them as a practitioner psychologist and recognised that this will be a lifelong pursuit:

Something I gained was a passion to be an advocate for all children and to develop my confidence in leading discussions about potentially difficult topics. I am aware that these skills will progress over time and that I will need to seek out continued training on a regular basis in order to remain up to date.

Actions in challenging and addressing inequalities

As a final stage of the reflective process, the group considered their future actions, namely, what they as psychologists and people can do now and next to proactively challenge and address inequalities. Below are some of the future actions that the contributors identified:

[Adopting a] strength-based approach to looking at cultural identity, background and heritage whilst also being alert to disadvantages/biases/prejudices.

[T]o be more open with colleagues by having conversations regarding equality and diversity etc. and discuss how we as a profession can help those individuals or groups we work with. I will also check in with schools to ensure they feel they are supported when working with children from linguistically and culturally diverse backgrounds.

Bearing in mind the possible traumatic experiences of the student and their family, which often are not visible to the naked eye. I will also remind the school of this possibility.

[E]ncouraging the school to educate the student body on the existence of other cultures (for example, the student's home culture), to recognise what these students are bringing to the table instead of just expecting them to conform to their new setting.

I will certainly utilise the resources shared and will read everyone's assignments and use wider research to inform the development of my culturally competent practice.

I also intend to seek further training opportunities in this area. For example, how to work well with interpreters and to learn more about the community resources available for ethnic minority families etc.

Being an advocate and leading this conversation during consultation and assessment.

I am more mindful of my role as an EP in ensuring that schools are utilising best practice protocols in the education of CLD.

One contributor indicated that they would ensure that they “do not make assumptions about the importance of culture and seek the views of multiple informants when completing consultation, assessment and formulation”.

It is hoped that sharing these reflections may inspire the reader to take their own actions in challenging and addressing inequalities with the ultimate aim of supporting the schools and their staff, the children, young people and families, and the communities we serve. While all of the reflections and comments made by the contributors are important and significant, we thought it most appropriate to end this section with a contributor's action that is so obvious yet nuanced, and is an excellent starting point for all of us in our personal and professional lives, and that is to continue to

treat each person I meet with kindness and empathy.

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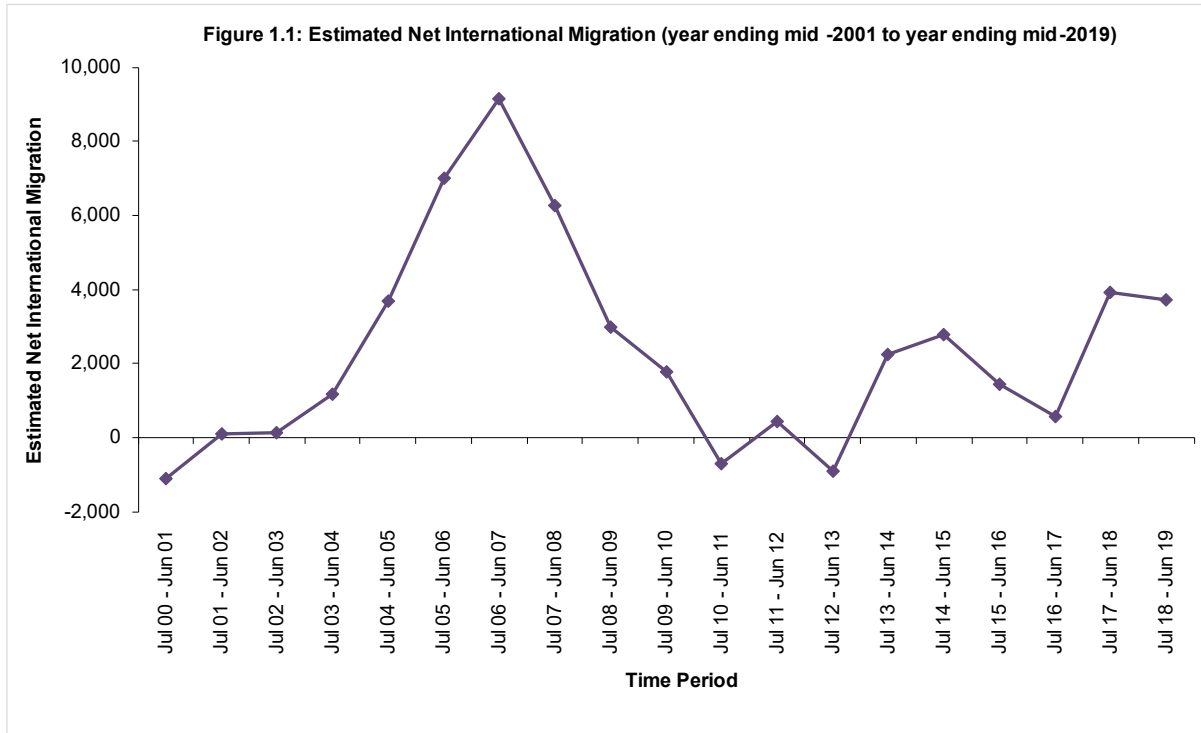
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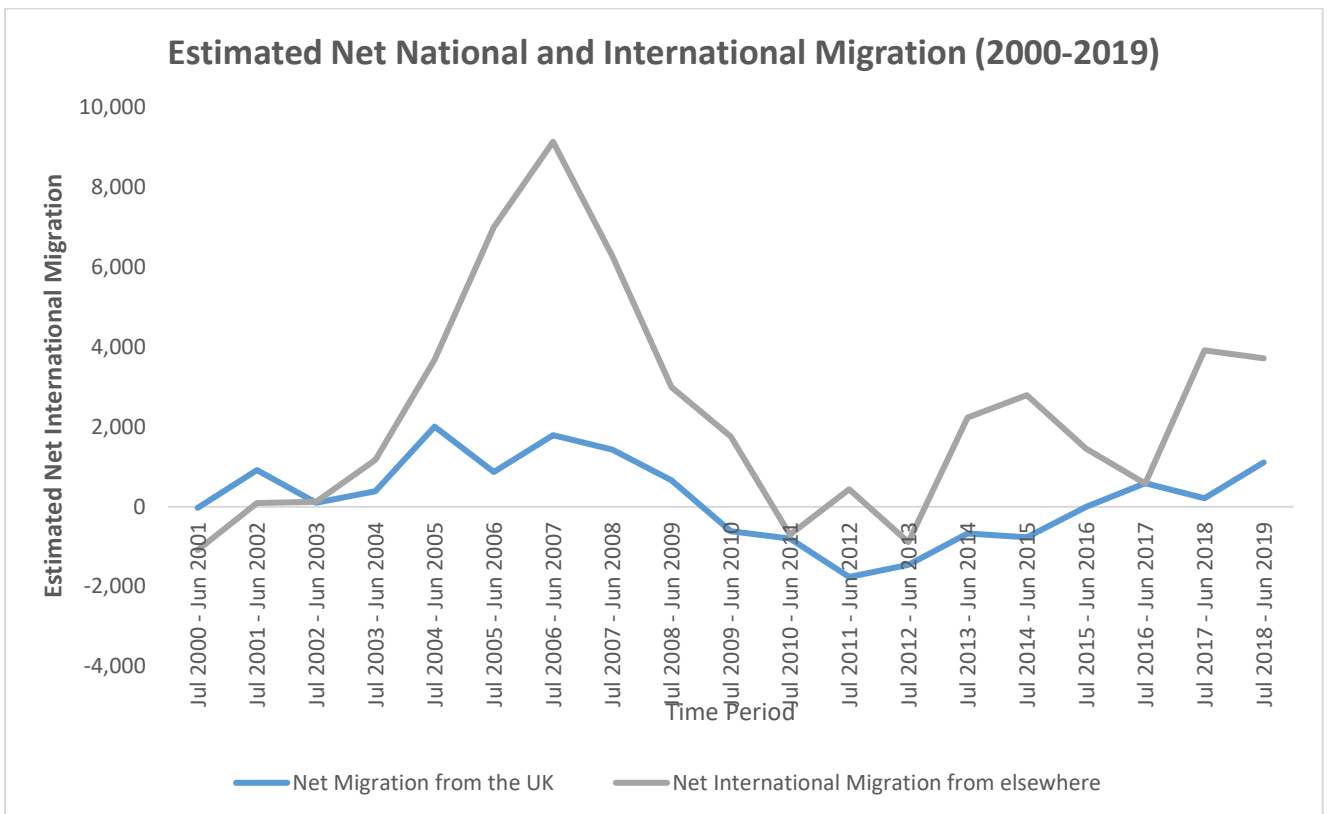
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Appendix A

Net Migration into NI



Source: NISRA Mid-year Population Estimates



Appendix B

Advantages and Disadvantages of the Two Main Data Sources

	Strengths	Weaknesses
School census data	- Yearly snapshot of enrolments providing information on school population change over time - Summary statistics and information published online for certain groups: - Overall school population - Newcomers - Irish Traveller & Roma - Open-source data files available online - Further information and analysis available on request from DENI Statistics & Research Team	- Limited reporting on ethnicity with little to no exploration of differences within Black, Asian, and ethnic minority groups Nationality - information not collected - This could allow for the disaggregation of the 'White' ethnic category to help explore the experiences of non-Newcomer Eastern European pupils and other White minority ethnic groups - Reductionist and rather Eurocentric breakdown of religion to Catholic / Protestant / Other / None
Census 2011	- Probably the most detailed and robust source of information for population demographics - Provides the largest sample size of any population survey due to legal obligation to respond - Produced independently - Consistent methodology across the UK allowing comparisons to be drawn between different parts of the UK, Local Authorities, and even smaller areas - Freely available online with wide collection of published statistics and analyses on range of variables	- Now ten years out of date - Information from the 2021 Census will not be available until next year at the earliest due to the lengthy data processing required - Does not pick up on rapid population change or highly mobile populations

Appendix C

List of Studies in Chapter 2

1	Barba, Y. C., Newcombe, A., Ruiz, R., & Cordero, N. (2019). Building bridges for new immigrant students through asset-based consultation. <i>Contemporary School Psychology, 23</i> (1), 31–46.
2	Castro-Villarreal, F., & Rodriguez, B. (2017). Using consultee-centred consultation with teachers in a contemporary school setting to inform culturally responsive practice. <i>Contemporary School Psychology, 21</i> (3), 240–254.
3	Chittooran, M. M. (2020). A solution-focused consultee-centred consultation model to dismantle white privilege: Applications in a teacher education program. <i>Journal of Educational and Psychological Consultation, 30</i> (3), 344–368.
4	Newman, D. S., & Ingraham, C. L. (2020). Cross-university dialogues to support multicultural school consultation training. <i>Journal of School Psychology, 81</i> , 11–27.
5	Parker, J. S., Castillo, J. M., Sabnis, S., Daye, J., & Hanson, P. (2020). Culturally responsive consultation among practicing school psychologists. <i>Journal of Educational and Psychological Consultation, 30</i> (2), 119–155.

Appendix D

List of Studies in Chapter 3

1. Anderson, A. (2018). <i>An exploration of the intercultural competence and the cross-cultural experiences of educational psychologists in the United Kingdom</i> (DEdPsy thesis). University of Exeter. ProQuest Dissertations and Theses Global.
2. Ashraf, M. (2016). <i>The impact of 'race', culture and ethnicity on the practice of White British educational psychologists</i> . (Doctoral dissertation). University of East London. ProQuest Dissertations and Theses Global.
3. Harris, B., McClain, M. B., Haverkamp, C. R., Cruz, R. A., Benallie, K. J., & Benney, C. M. (2019). School-based assessment of autism spectrum disorder among culturally and linguistically diverse children. <i>Professional Psychology: Research and Practice</i> , 50(5), 323–332.
4. Ratheram, E. M. (2020). <i>Exploring educational psychologists' work with children and young people and families from minority cultural and linguistic communities</i> (Doctoral dissertation). University of Manchester. ProQuest Dissertations and Theses Global.
5. Smith Fyre, L. (2008). <i>Multicultural psychoeducational assessment in South Carolina: A survey of current practice</i> (Doctoral dissertation). University of South Carolina, Columbia, SC. ProQuest Dissertations and Theses Global.
6. Vega, D., Lasser, J., & Afifi, A. F. M. (2016). School psychologists and the assessment of culturally and linguistically diverse students. <i>Contemporary School Psychology</i> , 20, 218–229.
7. Velasco Leon, A., & Campbell, M. (2020). Assessment of academic difficulties in culturally and linguistically diverse school students. <i>Journal of Psychologists and Counsellors in Schools</i> , 30(1), 25–42.
8. Zaniolo, A. (2019). A critical evaluation of EPs' cognitive assessment work with children and young people with English as an Additional Language. <i>Educational Psychology Research and Practice</i> , 5(1), 1–16.

Appendix E

List of Studies in Chapter 4

Chen, H., & Chen, E. C. (2020). Working with interpreters in therapy groups for forced migrants: Challenges and opportunities. <i>International Journal of Group Psychotherapy</i> , 70(2), 244–269.
O’Hara, M., & Akinsulure-Smith, A. M. (2011). Working with interpreters: Tools for clinicians conducting psychotherapy with forced immigrants. <i>International Journal of Migration, Health and Social Care</i> , 7(1), 33–43.
Searight, H. R. (2017). Clinical and ethical issues in working with a foreign language interpreter. <i>Journal of Health Service Psychology</i> , 43, 79–82.
Searight, H. R., & Searight, B. K. (2009): Working with foreign language interpreters: Recommendations for psychological practice. <i>Professional Psychology: Research and Practice</i> , 40(5), 444–451.
Tribe, R., & Keefe, A. (2009): Issues in using interpreters in therapeutic work with refugees. What is not being expressed? <i>European Journal of Psychotherapy and Counselling</i> , 11(4), 409–424.
Tribe, R., & Morrissey, J. (2004): Good practice issues in working with interpreters in mental health intervention. <i>Intervention</i> , 2(2), 129–142.
Wright, C. (2014): Ethical issues and potential solutions surrounding the use of spoken language interpreters in psychology. <i>Ethics & Behaviour</i> , 24(3), 215–228.

Appendix F

Synthesis of Studies Included in Chapter 4

Table F1

Chen, H., & Chen, E. C. (2020). Working with interpreters in therapy groups for forced migrants: Challenges and opportunities.

Study Aim	Findings
To highlight clinical, cultural, and ethical challenges of incorporating interpreters in group therapy with special attention to issues in therapy groups for forced immigrants.	• Change in group dynamics – the presence of an interpreter affects the levels of group dynamics and interpersonal interactions. • Interpreter's <i>countertransference</i> (a phenomenon in which the client in treatment redirects feelings for others onto the therapist) and unresolved personal matters – hearing about trauma may be traumatising for those interpreters who also came to a country as forced migrants. • Conflicting identities between group members – some interpreters do not share the same nationality, ethnicity, or social group identity as group members. • Lack of specific strategies or guidelines for attending to multi-cultural factors in clinical practice. • Lack of a comprehensive and coherent conceptual framework for incorporating cultural diversity in group therapy.

Table F2

Searight, H. R. (2017). Clinical and ethical issues in working with a foreign language interpreter.

Study Aim	Findings
Discussion of the clinical and ethical issues in working with an interpreter.	• The use of interpreters raises potential conflict with ethical standards. • Interpreters assisting psychologists must demonstrate competence to protect patient confidentiality and avoid dual relationships. • Need for an interpreter when working with those with English as an additional language as most psychologists aren't bilingual. • Lack of research on interpretation issues; most studies focus on medical settings. • Conducting assessment and therapy through an interpreter challenges the psychologist's interviewing and observational skills. • Interpreters may not be familiar with Psychology as a profession. • A need for an interpreter and psychologist to work together to improve the cross-cultural competency for the benefit of their clients.

Table F3

Wright, C. (2014). *Ethical issues and potential solutions surrounding the use of spoken language interpreters in psychology.*

Study Aim	Findings
To discuss the ethical and clinical issues in providing psychological services through an interpreter. The study also looks at how these issues affect a psychologist's adherence to ethical standards and recommendations for meeting these standards.	• Minimal numbers of psychologists who are bilingual. • Ethical codes are silent when it comes to the level of supervision and responsibility psychologists need to provide for interpreters to ensure good quality service delivery. • Lack of available training available for psychologists working with interpreters. • Change in relationship dynamics – dyadic to triadic. Need to work as a team. • Client's relationship with psychologist will be compromised if psychologist does not establish a relationship with the interpreter. • A need to establish trust and shared goals among all involved in the room. • No law requiring interpreters to receive adequate training regarding ethical standards. • Interpreter's background (i.e. unresolved trauma histories themselves) has the potential to compromise the outcome of therapy / assessment. • Need for debriefing after sessions. • Interpreter may have pre-existing relationship with client. • Technology as a substitute for in-person translation. • Need for training for psychologists. • Need to clarify roles and expectations. • Universities should offer training workshops for working with interpreters in undergraduate programmes.

Table F4

O'Hara, M., & Akinsulure-Smith, A. M. (2011). *Working with interpreters: Tools for clinicians conducting psychotherapy with forced immigrants.*

Study Aim	Findings
To draw attention to the important challenges that arise when using interpreters when conducting psychotherapy with forced migrants.	• Working with an interpreter can be a challenging and complex process for which practitioners are not prepared. • Need to initiate a therapeutic relationship with interpreter. • It is necessary to set the therapeutic frame and address boundaries. • Acknowledging the role of culture, language, transference, and trauma. • Therapist feels self-conscious about having someone observe their work. • Clinicians pulled into asking multiple-choice questions rather than open-ended questions in presence of interpreter. • Translation and interpretation is a time-consuming process.

Table F5

Tribe, R., & Keefe, A. (2009). *Issues in using interpreters in therapeutic work with refugees. What is not being expressed?*

Study Aim	Findings
To consider the dilemmas of effective clinical work with interpreters.	• Languages are not easily interchangeable. • Religious and cultural views can present a barrier to accessing support services. • Many asylum seekers find the presence of an interpreter an empowering experience as it helps with communication. • Need to work as a team. • Working with an interpreter can give clinicians an opportunity to enrich their repertoire. • Need to prepare, reflect, and adapt to new dynamics. • Clinicians feel scrutinised by interpreter. • Therapist feels excluded from the emotional discourse of the session. • Need for trust among all involved.

Table F6

Searight, H. R., & Searight, B. K. (2009). *Working with foreign language interpreters: Recommendations for psychological practice.*

Study Aim	Findings
To provide recommendations for psychological practice for working with interpreters.	• Formal training does not improve accuracy of translation. • Need to prepare. • Tests such as the WISC (despite being translated into other languages) should be used with caution, as linguistic equivalence is often difficult to achieve. • Some interpreters may act as advocates for the client and thus are selective in what they translate. • Therapist feels excluded as client forms an alliance with interpreter. • Need to set boundaries. • Lack of interpreter competence. • Need for further training for psychologist and interpreter.

Table F7

Tribe, R., & Morrissey, J. (2004). *Good practice issues in working with interpreters in mental health intervention.*

Study Aim	Themes / Findings
To make suggestions for good practice when working with interpreters with asylum seekers.	• Issues of control and accountability between all involved in the therapeutic relationship. • Need to provide a 'voice' for those who find it difficult to express how they feel in the host country's language. • Translating between languages can be difficult and time consuming.

	• Need to establish a working relationship from the onset. • Need to prepare and consider pace of voice. • Need to debrief with interpreter. • Criticism – both for interpreters and practitioners should be welcomed. • Lack of training – for both interpreter and practitioner. • Need to consider change in dynamics. • Need for reflective practice. • Clients feel better understood when an interpreter is in the room. • Clinician feels distant from client. • Need to be aware of the psychological and professional needs of an interpreter. • Interpreter may be vulnerable due to past traumatic experiences.
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Appendix G

List of Multicultural Guidelines

Number	Guideline
1	Psychologists seek to recognize and understand that identity and self-definition are fluid and complex and that the interaction between the two is dynamic. To this end, psychologists appreciate that intersectionality is shaped by the multiplicity of the individual's social contexts.
2	Psychologists aspire to recognize and understand that as cultural beings, they hold attitudes and beliefs that can influence their perceptions of and interactions with others as well as their clinical and empirical conceptualizations. As such, psychologists strive to move beyond conceptualizations rooted in categorical assumptions, biases, and/or formulations based on limited knowledge about individuals and communities.
3	Psychologists strive to recognize and understand the role of language and communication through engagement that is sensitive to the lived experience of the individual, couple, family, group, community, and/or organizations with whom they interact. Psychologists also seek to understand how they bring their own language and communication to these interactions.
4	Psychologists endeavour to be aware of the role of the social and physical environment in the lives of clients, students, research participants, and/or consultees.
5	Psychologists aspire to recognize and understand historical and contemporary experiences with power, privilege, and oppression. As such, they seek to address institutional barriers and related inequities, disproportionalities, and disparities of law enforcement, administration of criminal justice, educational, mental health, and other systems as they seek to promote justice, human rights, and access to quality and equitable mental and behavioural health services.
6	Psychologists seek to promote culturally adaptive interventions and advocacy within and across systems, including prevention, early intervention, and recovery.
7	Psychologists endeavour to examine the profession's assumptions and practices within an international context, whether domestically or internationally based, and consider how this globalisation has an impact on the psychologist's self-definition, purpose, role, and function.
8	Psychologists seek awareness and understanding of how developmental stages and life transitions intersect with the larger biosociocultural context, how identity evolves as a function of such intersections, and how these different socialisation and maturation experiences influence worldview and identity.
9	Psychologists strive to conduct culturally appropriate and informed research, teaching, supervision, consultation, assessment, interpretation, diagnosis, dissemination, and evaluation of efficacy as they address the first four levels of the <i>Layered Ecological Model of the Multicultural Guidelines</i> .
10	Psychologists actively strive to take a strength-based approach when working with individuals, families, groups, communities, and organizations that seeks to build resilience and decrease trauma within the sociocultural context.

Source: APA, 2017, pp. 4-5

Appendix H

Utility of Cultural Formulation Practices in Clinical Populations

How does adopting a cultural formulation model currently improve the care and support provided to culturally diverse service-users?

Improving Practitioners' Cultural Competence

Typically observed within clinical contexts, training in the use of cultural formulation (APA, 2013a) has been shown to improve practitioners' cultural competence (Aggarwal et al., 2018; Harris et al., 2008; Lim et al., 2015; Mills et al., 2017; Tormala et al., 2018). Tormala et al. (2018) examined the utility of a cultural formulation assignment as a means to enhance cultural competency among clinical psychology doctoral students. Extensive feedback on the assignment led to the students displaying improved cultural self-awareness, decreased use of unsupported cultural statements, decreased use of undesirable language, and increased scientific-mindedness and hypothesis-testing. Similar findings were reported by Mills et al. (2017), in which a short training session on the use of cultural formulation was shown to improve psychiatry residents' scores on the Cultural Competence Assessment Tool, indicating that cultural competence improved following training. Such studies suggest that specific training in cultural formulation (APA, 2013a) may positively impact a practitioner's wider cultural competency. This is important as it has been reported that culturally competent practice can empower service-users and ensure they feel heard (Chu et al., 2016).

Revision of Diagnoses

A growing body of research suggests that specific populations are at risk of misdiagnosis (Adeponle et al., 2012; Bäärnhielm et al., 2015; Kirmayer et al., 2008; Mezzich, 2013; Zandi et al., 2008); the symptoms of refugees, immigrants, and ethnic-minority psychiatric patients are often misinterpreted due to a lack of consideration for cultural context (Bäärnhielm et al., 2015). However, in one Canadian study, 93% of consultants judged the Outline for Cultural Formulation OFC (APA, 1994) to be useful in improving the validity of clinical diagnoses (Kirmayer et al., 2008). Similarly, the validity of a standardised assessment for psychotic disorders was reportedly enhanced by the supplemental use of cultural formulation (Zandi et al., 2008); the incidence rates of schizophrenia in the immigrant population were reduced and subsequently found to be no higher than that of the general population (Zandi et al., 2010). Findings suggest that cultural formulation may improve the validity of psychiatric diagnosis in culturally diverse populations, positively impacting treatment plans.

Appendix I

List of Studies in Chapter 5

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1. La Roche, M. J., & Bloom, J. B. (2020). Examining the effectiveness of the Cultural Formulation Interview with young children: A clinical illustration. *Transcultural Psychiatry*, 57(4), 515-524.
 2. Novins, D. K., Bechtold, D. W., Sack, W. H., Thompson, J., Carter, D. R., & Manson, S. M. (1997). The DSM-IV outline for cultural formulation: a critical demonstration with American Indian Children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36(9), 1244-1251.
 3. Shaffer, T. G., & Steiner, H. (2006). An application of DSM-IV's outline for cultural formulation: Understanding conduct disorder in Latino adolescents. *Aggression and Violent Behaviour*, 11(6), 655-663.
 4. Takeuchi, J. (2000). Treatment of a biracial child with schizophreniform disorder: Cultural formulation. *Cultural Diversity and Ethnic Minority Psychology*, 6(1), 93.
 5. Trent, E., Zamora, I., Tyree, A., & Williams, M. E. (2018). Clinical considerations in the psychological assessment of bilingual young children. *Professional Psychology: Research and Practice*, 49(3), 234.
 6. Zakirova-Engstrand, R., Hirvikoski, T., Westling Allodi, M., & Roll-Pettersson, L. (2020). Culturally diverse families of young children with ASD in Sweden: Parental explanatory models. *PloS One*, 15(7).
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Appendix J

Synthesis of Studies in Chapter 5

Table J1

Synthesis of Relevant Information: Zakirova-Engstrand et al. (2020). Culturally diverse families of young children with ASD in Sweden: Parental explanatory models.

Study Aim(s)	Research Questions	Study Discipline	Cultural Formulation (CF) Practice	Summary of Findings
To explore parents' explanatory models of their young children's ASD within the multicultural context of Sweden	1. How do parents from culturally, ethnically and linguistically diverse backgrounds recognize the onset of symptoms in their children with ASD?	Special Education	Five domains (<i>parents' understanding of the problem, Autism prototypes, causal explanations, course of Autism and help-seeking and treatment expectations</i>) of the Explanatory Model supplementary module of the Cultural Formulation Interview (CFI)	Utility of CFI - The study demonstrated the validity and utility of using the Explanatory Model supplementary module in research to further understand explanatory models of autism held by parents of young children in the cultural context of Sweden.
	2. What are the parents' beliefs about the causes and mechanisms underlying their child's autism?			Utility of CFI - The results of this study point to the potential of the CFI's components to be utilised in clinical practice: it can complement the diagnostic assessment of ASD by obtaining additional information about families' cultural context, cultural explanations of children's disorders (e.g., vaccinations) and treatment expectations (e.g., child-centred vs systemic). This enhanced understanding on the part of the practitioner can facilitate a process of negotiation and shared decision-making, and thus may increase treatment engagement and adherence.
	3. How do parents seek help for their child, and what treatment decisions do they make after their children have obtained a formal diagnosis of ASD?			Implications for Practice - The results of the study confirm that explanatory models can change over time and can be formed by various contextual influences and therefore the CFI should be utilised each time parents are consulted about their child's disorder.

Table J2

Synthesis of Relevant Information: Novins et al. (1997). The DSM-IV outline for cultural formulation: A critical demonstration with American Indian Children.

Study Aim(s)	Research Questions	Study Discipline	Cultural Formulation Practice	Summary of Findings
To critically review the use of the Outline for Cultural Formulation with American Indian children	Study aim only	Child and Adolescent Psychiatry	DSM-IV (APA, 1994) Outline for Cultural Formulation, covering five components:	Utility of OCF - The Outline was effective in developing a comprehensive cultural case formulation
			1. Cultural identity of the individual; 2. Cultural explanations of the individual's illness; 3. Cultural factors related to psychosocial environment and levels of functioning; 4. Cultural elements of the relationship between the individual and the clinician; 5. Overall cultural assessment for diagnosis and care.	Applicability of OCF - Cultural identity can be difficult to assess in children and the <i>Outline</i> evidenced several weaknesses in facilitating such an assessment; the <i>Outline</i> does not alert the clinician to the potential cultural dimensions of attachment and to particular traditional rearing patterns of Indian families, where grandparents and other relatives often assume a much more primary role in parenting than in white families. Applicability of OCF - The overall structure of the <i>Outline</i> is effective in providing a clear template for the development of comprehensive cultural case formulations with American Indian youths. However, it was concluded that adding statements specific to children and adolescents to the supporting text of the cultural identity and cultural elements of the therapeutic relationship components of the <i>Outline</i> will improve its utility when used with American Indian children. The authors proposed additions are delineated in Appendix F. Implications for Practice - Cultural identity is a dynamic process, however the OCF implies that it is fixed. Practitioners should supplement their use of the OCF by exploring identity over time.

Table J3

Synthesis of Relevant Information: Takeuchi (2000). Treatment of a biracial child with schizophreniform disorder: Cultural formulation.

Study Aim(s)	Research Questions	Study Discipline	Cultural Formulation Practice	Summary of Findings
To serve as a teaching case for clinicians in training (as well as those in practice) in the use of the DSM-IV outline for cultural formulation	Study aim only	Clinical Psychology	DSM-IV (APA, 1994) Outline for Cultural Formulation, covering five components: 1. Cultural identity of the individual; 2. Cultural explanations of the individual's illness; 3. Cultural factors related to psychosocial environment and levels of functioning; 4. Cultural elements of the relationship between the individual and the clinician. 5. Overall cultural assessment for diagnosis and care.	Utility of OCF - The cultural aspects of the case were crucial both to the understanding of the child's situation and to treatment (treatment called for the reconciliation between family members and paying respect to both the living and the deceased) Utility of OCF - Western approaches and methods were unable to fully address the psychosocial issues involved. An alternative approach, with a scope beyond just the level of the individual and with much cultural significance, was apparently helpful in resolving these issues. Utility of OCF - The use of the Outline was found to be a powerful intervention as it produced a culturally relevant explanatory model of the child's illness and, in treating the child, also treated the family. Applicability of OCF - The focus of the Outline had to be broadened to include family and family dynamics, respecting the living and the deceased, culturally relevant explanatory models of illness, and a sense of community.

Table J4

Synthesis of Relevant Information: Trent et al. (2018). Clinical considerations in the psychological assessment of bilingual young children.

Study Aim(s)	Research Questions	Study Discipline	Cultural Formulation Practice	Summary of Findings
To support practicing clinicians and clinical trainees in their approach to psychological assessment with bilingual young children	Study aim only	Clinical Psychology	Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5, 2017) Cultural Formulation – an adaptation of the outline for cultural formulation in <i>DSM-5</i> (2013)	Utility of CF Framework – The DC:0-5 framework facilitated a discussion about the child's cultural values and family expectations as well as what components of the family's culture (e.g., Spanish language, religious beliefs, family values) they were hoping to transmit to the child.
			The five components of the parental interview include:	Utility of CF Framework – Interpretation of results without incorporating a cultural lens, could lead the clinician to misinterpret the child's symptoms, which may result in inappropriate interventions or placement recommendations that are not consistent with the child's development or functioning. For example, the assessor could have wrongly attributed the child's behavioural dysregulation to her parents' parenting style, lack of assimilation to mainstream culture, or limited English skills.
			1. Cultural identity of child and caregivers; 2. Cultural explanations of the child's presenting problems; 3. Cultural factors related to the child's psychosocial and caregiving environment; 4. Cultural elements of the relationship between the parents and the clinician; 5. Overall cultural assessment for child diagnosis and care.	Utility of CF Framework – The DC:0-5 framework assisted the clinician in building a relationship with the child's parents, facilitated the development of trust, supported parents in sharing concerns and, consequently, the clinician could provide appropriate advice, support and reassurance (e.g. "After further discussion with the assessor, both parents started to cry and reported feeling relieved that they could continue to use Spanish at home. The parents discussed their immigration status and fear of deportation and were provided with resources" (p. 244).

Table J5

Synthesis of Relevant Information: La Roche & Bloom (2020). Examining the effectiveness of the Cultural Formulation Interview with young children: A clinical illustration.

Study Aim(s)	Research Questions	Study Discipline	Cultural Formulation Practice	Summary of Findings
To start examining the utility of the CFI with young children and to suggest strategies to refine its use with young children.	Study aim only	Psychiatry	DSM-V (APA, 2013a) Cultural Formulation Interview	Utility of CFI - The CFI is a powerful tool to accurately assess young children's symptoms in a culturally sensitive manner. The questions of the CFI can address issues that may have been omitted or not explored sufficiently by standard psychiatric assessments (e.g., issues of mistrust towards white people are rarely examined in psychiatric assessments, but thanks to the CFI these were directly assessed in the child's assessment)
			CFI Informant Modules used: Cultural Definition of the Problem; Cultural Perceptions or Understanding of the Cause(s) of the Problem; Cultural Factors affecting Self-Coping and Past Help-Seeking; Cultural Factors affecting Current Help-Seeking; School-Aged Children and Adolescents.	Utility of CFI - Cultural formulation allowed the design of a more thorough treatment plan that included prayers and family supports.
			CFI Patient Module used: School-Aged Children and Adolescents	Utility of CFI - Supported clinicians in using vocabulary consistent with the child's family's cultural understanding. This will avoid pathologising and stigmatising children.
				Utility of CFI - Supports a systemic understanding of presenting problems, challenging disorder diagnosis
				Utility of CFI - Understanding parental conceptualisation of difficulties supports engagement in treatment/intervention.
				Utility of CFI - Prevented therapeutic ruptures (e.g., not caring enough)

Table J5 (continued)

Synthesis of Relevant Information: La Roche & Bloom (2020). Examining the effectiveness of the Cultural Formulation Interview with young children: A clinical illustration.

Study Aim(s)	Research Questions	Study Discipline	Cultural Formulation Practice	Summary of Findings
				Applicability of CFI - the standard questions of the CFI were not very helpful in eliciting the voice of the child; the CFI relies too much on language and more advanced developmental (e.g., formal operations thinking) questions that often do not take sufficient advantage of young children's views. Play and drawings were more appropriate. However, the CFI was appropriate for use with parents. Implications for Practice - The information yielded by the CFI is not final but an ongoing approximation to the current point of view, which underscores the need to continuously assess patients' cultural views Implications for Practice - The authors' proposed supplementary module for young children would necessarily rely on a play therapy toolbox that includes puppets, dollhouses, play dough, etc. Nevertheless, a cautionary note when using play therapy tools is that these are often culturally biased (e.g., skin colour of the puppets or use of only one dollhouse). It is thus necessary for clinicians and researchers to examine the cultural applicability of each of these tools with their patients before they are used.

Table J6

Synthesis of Relevant Information: Shaffer & Steiner (2006). An application of DSM-IV's outline for cultural formulation: Understanding conduct disorder in Latino adolescents.

Study Aim(s)	Research Questions	Study Discipline	Cultural Formulation Practice	Summary of Findings
No explicit aim stated			DSM-IV (APA, 1994) Outline for Cultural Formulation, covering five components:	
Interpreted aim:				
To explore the appropriateness of utilizing the outline for cultural formulation with Latino adolescents diagnosed with Conduct Disorder	No research question stated	Psychiatry	1. Cultural identity of the individual; 2. Cultural explanations of the individual's illness; 3. Cultural factors related to psychosocial environment and levels of functioning; 4. Cultural elements of the relationship between the individual and the clinician; 5. Overall cultural assessment for diagnosis and care.	Utility of OCF - The utilization of the outline for cultural formulation can greatly assist the clinician in understanding Conduct Disorder in the Latino adolescent. The cultural stressors of acculturation, confronting discrimination and racism, placement in a residential treatment setting, and traditional individual-centred psychological theories place great strain on the adolescent's ability to function effectively in treatment and in society at large.

Appendix K

List of Studies in Chapter 6

Anderson, A. (2018). <i>An exploration of the intercultural competence and the cross-cultural experiences of educational psychologists in the United Kingdom</i> (DEdPsy thesis). University of Exeter.
Berry-Worcester, F. L. (2010). <i>An examination of multicultural competency in northern New England school psychologists</i> (doctoral dissertation). Antioch University New England, Keene, NH.
Bourke, R., & Dharan, V. (2015). Assessment practices of educational psychologists in Aotearoa/New Zealand: From diagnostic to dialogic ways of working. <i>Educational Psychology in Practice</i> , 31(4), 369–381.
Khawaja, N. G., & Howard, G. (2020). Assessing educational difficulties of students from refugee backgrounds: A case study approach. <i>Journal of Psychologists and Counsellors in Schools</i> , 30(2), 97–111.
O'Bryon, E. C., & Rogers, M. R. (2010). Bilingual school psychologists' assessment practices with English language learners. <i>Psychology in the Schools</i> , 47(10), 1018–1034.
Percy, A., Elliot, C., Fitzpatrick, A., McNally, S., Robinson, S., Simmons, Z., & Tennyson, C. (2020). <i>Supporting refugee children with special educational needs in Northern Ireland</i> (Doctoral research project). Queen's University Belfast.
Sotelo-Dynega, M., & Dixon, S. G. (2014). Cognitive assessment practices: A survey of school psychologists. <i>Psychology in the Schools</i> , 51(10), 1031–1045.
Valdes-Guada, D. M. (2008). <i>An investigation of school psychologists' psychoeducational assessment practices with children who are culturally and linguistically diverse and the factors that influence these practices</i> (Doctoral dissertation). University of Iowa, Iowa City.
Vega, D., Lasser, J., & Afifi, A. F. (2016). School psychologists and the assessment of culturally and linguistically diverse students. <i>Contemporary School Psychology</i> , 20(3), 218–229.
Velasco Leon, A., & Campbell, M. (2020). Assessment of academic difficulties in culturally and linguistically diverse school students. <i>Journal of Psychologists and Counsellors in Schools</i> , 30(1), 25–42.
Zaniolo, A. (2019). A critical evaluation of EPs' cognitive assessment work with children and young people with English as an Additional Language. <i>Educational Psychology Research and Practice</i> , 5(1), 1–16.

Appendix L

List of Studies in Chapter 7

Alonso-Fernández, N., Jiménez-García, R., Alonso-Fernández, L., Hernández-Barrera, V., & Palacios-Ceña, D. (2017). Mental health and quality of life among Spanish-born and immigrant children in years 2006 and 2012. <i>Journal of Paediatric Nursing</i> , 36, 103–110.
Darwish Murad, S., Joung, I. M. A., Verhulst, F. C., Mackenbach, J. P., & Crijnen, A. A. M. (2004). Determinants of self-reported emotional and behavioral problems in Turkish immigrant adolescents aged 11–18. <i>Social Psychiatry Psychiatric Epidemiology</i> , 39, 196–207.
Derluyn, I., Broekaert, E., & Schuyten, G. (2008). Emotional and behavioural problems in migrant adolescents in Belgium. <i>European Child & Adolescent Psychiatry</i> , 17(1), 54–62.
Doikou-Avlidou, M., & Dadatsi, K. (2013). Enhancing social integration of immigrant pupils at risk for social, emotional and/or behavioural difficulties: the outcomes of a small-scale social-emotional learning programme. <i>Emotional and Behavioural Difficulties</i> , 18(1), 3-23.
Fandrem, H., Strohmeier, D., & Jonsdottir, K. A. (2012). Peer groups and victimisation among native and immigrant adolescents in Norway. <i>Emotional and Behavioural Difficulties</i> , 17(3-4), 273–285.
Georgiades, K., Boyle, M. H., & Fife, K. A. (2013). Emotional and behavioral problems among adolescent students: The role of immigrant, racial/ethnic congruence and belongingness in schools. <i>Journal of Youth and Adolescence</i> , 42(9), 1473–1492.
Guruge, S., & Butt, H. (2015). A scoping review of mental health issues and concerns among immigrant and refugee youth in Canada: Looking back, moving forward. <i>Canadian Journal of Public Health</i> , 106(2), e72–e78.
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Appendix M

Overview of Studies in Chapter 7

Study Identifier	Author	Year	Country	Methodology	Sample Size	Participants
1	Kouider, Koglin & Petermann	2014	Germany	Systematic review	36 studies	N/A
2	Stevens, Walsh, Huijts, Maes, Madsen, Cavallo & Molcho	2015	Denmark, Germany, Greece, Iceland, Ireland, Italy, the Netherlands, Spain, United States and Wales	Review	53,318 children and adolescents	Children and adolescents aged 11, 13 and 15 years
3	Georgiades, Boyle & Fife	2013	United States	Longitudinal study of adolescent health	77,150 students in 128 schools	Students in Grades 7-12
4	Doikou-Avlidou & Dadatsi	2013	Greece	Social and emotional learning intervention program	7 teachers and 139 students	Teachers and students at primary and secondary schools in Greece
5	Derluyn, Broekaert & Schuyten	2008	Belgium	Self-report questionnaires on the prevalence of emotional and behavioural difficulties	1249 migrant adolescents and 602 Belgian adolescents	Migrant and native adolescents in Belgium
6	Verhulp, Stevens, van de Schoot & Vollebergh	2014	The Netherlands	Youth self-report	2515 migrant and native adolescents in The Netherlands	Dutch, Surinamese, Turkish and Moroccan adolescent living in The Netherlands
7	Fandrem, Strohmeier & Jonsdottir	2012	Norway	Social cognitive mapping and victimisation and depressive symptoms self-assessments	97 native adolescents and 50 immigrant adolescents	147 adolescents living in Norway
8	Sullivan & Simonson	2016	Global	Systematic review	13 studies	N/A

9	Rousseau, Drapeau, Lacroix, Bagilishya & Heusch	2005	Canada	Achenbach's Teacher Report Form, the Dominic assessment, a self-report computerised questionnaire, and the Piers-Harris Self-concept Scale	138 children ages 7-13 years	138 immigrant or refugee children living in Canada
10	Osman, Flacking, Schon & Klingberg-Allvin	2017	Sweden	Parenting support plan (Ladnaan intervention)	120 Somali-born parents with children aged 11-16 years	120 Somali-born parents
11	Stoltz, van Londen, Dekovic, de Castro & Prinzie	2013	The Netherlands	School-based intervention 'Stay Cool Kids' – using cognitive behavioural skills to impact aggressive behaviour	246 children from 48 schools	264 fourth-grade children flagged by their teacher as having elevated levels of externalizing behaviours
12	Rousseau, Beauregard, Daignault, Petrakos, Thombs, Steele, Vasiliadis & Hechtman	2014	Canada	Classroom-based drama workshop and SDQ	477 students	Multi-ethnic students living in Canada
13	Guruge & Butt	2015	Canada	Scoping review	44 articles	N/A
14	Hilario, Oliffe, Wong, Browne & Johnson	2015	Canada	Scoping review	14 articles	N/A
15	Alonso-Fernandez, Jimenez-Garcia, Alonso-Fernandez, Hernandez-Barrera, Palacios-Cena	2017	Spain	Spanish National Health Survey and SDQ and Kidscreen Questionnaire 10	677 immigrant children matched with 1354 Spanish children	Immigrant and Spanish children aged 4-14 years
16	Nadeau, Lecompte, Johnson-Lafleur, Pontbriand & Rousseau	2018	Canada	Sociodemographic questionnaire, the Family Environment Scale and the SDQ	140 parent-child dyads	140 parent-child dyads

17	Margari, Pinto, Laforzezza, Lecca, Craig, Grattagliano, Zagaria & Margari	2013	Italy	Sociodemographic questionnaire for parents and Teacher Report form	51 teachers and 76 families	51 teacher and 76 families
18	Leavey, Hollins, King, Barnes, Papadopoulos & Grayson	2004	England	SDQ	329 pupils, mean age = 13.3 years	329 pupils attending a large secondary school in North London, most of whose parents were born abroad
19	Darwish Murad, Joung, Verhulst, Mackenbach & Crijnen	2004	The Netherlands	Youth self-report, Turkish immigrant assessment questionnaire and general health questionnaire	187 Turkish immigrant boys and 176 girls, aged 11-18 years	Turkish immigrant children aged 4-18 years

Appendix N

List of Studies in Chapter 8

1.	Castro-Olivo, S. M., & Merrell, K. W. (2012). Validating cultural adaptations of a school-based social-emotional learning programme for use with Latino immigrant adolescents. <i>Advances in School Mental Health Promotion</i> , 5(2), 78-92. https://10.1080/1754730X.2012.689193
2.	Ehnholt, K. A., Smith, P. A., & Yule, W. (2005). School-based cognitive-behavioural therapy group intervention for refugee children who have experienced war-related trauma. <i>Clinical Child Psychology and Psychiatry</i> , 10(2), 235-250. https://10.1177/1359104505051214
3.	German, M. (2013). Developing our cultural strengths: Using the 'Tree of Life' strength-based, narrative therapy intervention in schools, to enhance self-esteem, cultural understanding and to challenging racism. <i>Educational and Child Psychology</i> , 30(4), 75-98.
4.	Gormez, V., Kılıç, H. N., Orengul, A. C., Demir, M. N., Mert, E. B., Makhoulta, B., Kınık, K., & Semerci, B. (2017). Evaluation of a school-based, teacher-delivered psychological intervention group program for trauma-affected Syrian refugee children in Istanbul, Turkey. <i>Psychiatry and Clinical Psychopharmacology</i> , 27(2), 125-131. https://10.1080/24750573.2017.1304748
5.	Hannover, B., Kreutzmann, M., Haase, J., & Zander, L. (2020). Growing Together—Effects of a school-based intervention promoting positive self-beliefs and social integration in recently immigrated children. <i>International Journal of Psychology</i> , 55(5), 713-722. https://10.1002/ijop.12653
6.	Kataoka, S. H., Stein, B. D., Jaycox, L. H., Wong, M., Escudero, P., Tu, W., Zaragoza, C., & Fink, A. (2003). A school-based mental health program for traumatized Latino immigrant children. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 42(3), 311-318. https://10.1097/00004583-200303000-00011
7.	Mancini, M. A. (2020). A pilot study evaluating a school-based, trauma-focused intervention for immigrant and refugee youth. <i>Child and Adolescent Social Work Journal</i> , 37(3), 287-300. https://10.1007/s10560-019-00641-8
8.	Quinlan, R., Schweitzer, R. D., Khawaja, N., & Griffin, J. (2016). Evaluation of a school-based creative arts therapy program for adolescents from refugee backgrounds. <i>Arts in Psychotherapy</i> , 47, 72-78. https://10.1016/j.aip.2015.09.006
9.	Rousseau, C., Beauregard, C., Daignault, K., Petrakos, H., Thombs, B. D., Steele, R., Vasiliadis, H., & Hechtman, L. (2014). A cluster randomized-controlled trial of a classroom-based drama workshop program to improve mental health outcomes

	among immigrant and refugee youth in special classes. <i>PLoS ONE</i> , 9(8). https://doi.org/10.1371/journal.pone.0104704
10.	Rousseau, C., Benoit, M., Gauthier, M., Lacroix, L., Alain, N., Viger Rojas, M., Moran, A., & Bourassa, D. (2007). Classroom drama therapy program for immigrant and refugee adolescents: A pilot study. <i>Clinical Child Psychology and Psychiatry</i> , 12(3), 451-465. https://doi.org/10.1177/1359104507078477
11.	Rousseau, C., Drapeau, A., Lacroix, L., Bagilishya, D., & Heusch, N. (2005). Evaluation of a classroom program of creative expression workshops for refugee and immigrant children. <i>Journal of Child Psychology and Psychiatry and Allied Disciplines</i> , 46(2), 180-185. https://doi.org/10.1111/j.1469-7610.2004.00344.x

Appendix O

Overview of Studies in Chapter 8

Author(s) / Year	n	Age	Sample type	Country of Origin	Location	School type
Ehnholt et al., 2005	26	11 – 15 years 17 male, 9 female	Refugees and asylum seekers (trauma affected)	Kosovo, Sierra Leone, Turkey, Afghanistan, Somalia	England	Secondary school
Hannover et al., 2020	318	Mean age = 10.6 years, SD = 10	Recently immigrated children	Unspecified	Germany	Primary school
Kakatoa et al., 2003	198	Mean age = 11.4, SD = 1.7 114 female, 114 male	Trauma-affected immigrants (Latino)	Mexico, El Salvador, Guatemala, Other	US	Primary and secondary schools
Mancini, 2020	34	6 – 11 years 2:1 male:female ratio	Trauma-affected refugee and immigrant youth	US, Mexico, Honduras, El Salvador	US	Primary school

Quinlan et al., 2016	42	Mean age = 15 years 5 months, SD = 1 year 5 months 17 males, 15 females	Recent immigrants	Middle East, East Asia, Africa	Australia	Secondary school
Rousseau et al., 2014	477	12 – 15 years Therapy group: 41% male, 57% female Tutoring group: 41% male, 57% female Control group: 46% male, 51 % female	Refugees, first and second-generation immigrants	Canada (52%), Other, unspecified (48%)	Canada	Secondary school
Rousseau et al., 2005	138	7 – 13 years Experimental group: 52% male, 48% female Control group: 66% male, 34% female	Refugee and immigrant children	Africa, Asia, Europe, South America, Canada	Canada	Primary school

Rousseau et al., 2007	123	12 - 18 years Experimental group: 60% male, 40% female Control group: 53% male, 47% female	Refugee and immigrant adolescents	Asia, Eastern Europe, South America, Middle East, Africa	Canada	Secondary school
<i>Teacher-delivered programmes</i>						
Castro-Olivo et al., 2012	40	14 – 18 years 20 males, 20 females	Recent-immigrant Latino students	Unknown	US	Secondary school
German et al., 2013	29	9 – 10 years, 14 male, 15 female	Refugees and non-refugees (whole-class approach)	Refugees: Somalia Non-refugee participants of varying ethnicities including White British, Turkish, Asian, Greek	England	Primary school
Gormez et al., 2017	32	10 – 15 years (12 males, 20 females)	Refugees (trauma affected)	Syria	Turkey	Primary school

Overview of Studies in Chapter 8 continued

Authors/ Year	Design	Intervention	Interventionists	Targeted Domains	Measures
Ehnholt et al., 2005	Quantitative Non-randomized controlled trial Pre- and post-measures Treatment condition versus waitlist (control) condition	CBT-informed manualised group intervention 6 weeks long 60-minute sessions	Trainee clinical psychologist, supervised by clinical psychologist	PTSD symptoms depression anxiety	R-IES (Revised Impact of Event Scale) Revised Children's Manifest Anxiety Scale (RCMIAS) Strengths and Difficulties Questionnaire (SDQ)
Hannover et al., 2020	Non-randomised control group design Pre- and post-measures	Manualised "Growing Together" intervention, group 9 weeks long 60–90-minute session once per week Newcomer students paired with German students; programme provided opportunities for frequent encounters and joint activities	University students studying psychology or educational sciences, who had been trained in the intervention delivery	Self-beliefs and social integration	Self – description Questionnaire, Self-perception profile for children
Kataoka et al., 2003	Quantitative Non-randomized controlled trial	Manualised group CBT for trauma 8 sessions	Bilingual psychiatric social workers, trained in the intervention	Symptoms of PTSD depression	CDI CPSS

	Pre- and post-measures	one class period once weekly			
Mancini, 2020	Quantitative Pre- and post-measures	Somatic Soothing and Emotional Regulation Skill Development intervention (SSERSD); 12 sessions over 5 months, 35–40 minutes per session 4 participants also underwent 9–12 sessions of EMDR	Social workers and counsellor	Symptoms of PTSD, depression, anxiety, psychological functioning	CES-DC SCARED PSC UCLA PTSD Reaction Index for DSM-IV
Quinlan et al., 2016	Quantitative Non-randomized controlled trial Pre- and post-measures	Each student: HEAL programme, consisting of group creative arts therapy combined with aspects of narrative therapy. Attended weekly, session duration non-specified Additional group art therapy (60 % of participants) or music therapy (40% of participants): one hour per week	Art and music therapists	Mental health and behavioural difficulties	HSCL-25 SDQ

			Additional individualised therapy (type unspecified): 25% of sample, one hour per week. Duration of intervention as a whole: 10 weeks			
Rousseau et al., 2014	Quantitative Cluster Randomised Controlled Trial, pre- and post- measures Drama workshop group versus tutoring group condition versus control group (curriculum as usual)	Drama workshop programme manualised group intervention 12 sessions 90 minutes once weekly	Trained workshop leaders with qualifications in drama and psychology, with support from class teacher	Academic ability, mental health as indicated by scores on SDQ	SDQ student and teacher reports, scores on school tests	
Rousseau et al., 2005	Quantitative Non-randomised controlled trial, pre- and post- measures	Group creative expression programme (art therapy) 12 sessions, 2 hours once weekly	Art therapist and psychologist, in conjunction with teacher	Emotional and behavioural difficulties, self-esteem (as reported by teacher and pupil)	Dominic Assessment (internalising and externalising symptoms), Teacher's Report Form, Piers-Harris Self-Concept Scale (CSCS)	

Rousseau et al., 2007	Quantitative Pre- and post-measures	Classroom drama therapy programme 9 sessions	Trained workshop leaders with qualifications in drama and psychology, with support from class teacher	Emotional and behavioural difficulties, academic achievement	SDQ, scores on school tests
<i>Teacher-delivered programmes</i>					
Castro-Olivo et al., 2012	Quantitative Pre- and post-measures Feasibility study	Social-emotional learning intervention 12 sessions over 12 weeks	Two teachers, both Spanish-English bilingual	Social-emotional learning Depression and anxiety Sense of belonging Feasibility of programme	Strong Teens Knowledge Test Internalizing Symptoms Test SAFE-C People in My Life Scale Social validity: student report via Likert scale, Social validity: teacher report via Likert scale
German, 2013	Mixed methods Pre- and post-comparison Semi-structured interviews	Tree of Life (TOL) - a psychosocial strength-based group intervention 8 x 90-minute sessions	Teachers trained in the TOL method under supervision of Educational Psychologist	Self-concept, cultural understanding	BSCI-Y Semi-structured interview
Gormez et al., 2017	Quantitative Pre- and post-measures	CBT-informed psychology support group manualised intervention	Arabic-speaking teachers who have undergone training in the programme, post-	Emotional/behavioural functioning, anxiety and symptoms of PTSD	SDQ, SCAS, CPTS-RI

		8 weeks long, 70 – 90-minute sessions once weekly	group supervision by CBT therapist		
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Teachers Report Form (Achenbach, 1993); Centre for Epidemiological Studies Depression Scale (Radloff, 1977), Children’s Depression Inventory (CDI; Kovacs, 1992), Children’s PTSD Symptom Scale (CPSS; Foa et al., 2001), Dominic Assessment (Valla et al., 2000); Hopkins Symptoms Checklist-25 (HSCL-25; Mollica et al., 1987), Pediatric Symptom Checklist (Jellink & Murphy, 1988), Piers-Harris Children’s Self-Concept Scale (CSCS; Piers, 1984), Screen for Child Anxiety Related Disorders (Birmaher et al., 1999), Self-Perception Profile for Children (Asendorpf & Van Aken, 1993), Self-Description Questionnaire (SDQ1; Arens et al., 2011), Societal Attitude Familial Environment for Children (Spanish Version); Spence Children’s Anxiety Scale (SCAS), Strengths and Difficulties Questionnaire (SDQ), The Child Post-Traumatic Stress Index (CPTS-RI), UCLA PTSD Reaction Index for DSM-IV (Pynoos et al., 1998), War Trauma Questionnaire (Macksoud, 1993).

Appendix P

Summary of Interventions and Results in Chapter 8

CBT-Informed Interventions			
<i>Author/Year/Sample</i>	<i>Intervention</i>	<i>Themes</i>	<i>Outcome</i>
Gormez et al., 2017 Refugees, primary school students, trauma-affected	Type: Group psychological support programme based on CBT principles. Content: • Thought-emotion-behaviour cycle • Relaxation techniques • Techniques to manage strong emotions • Processing traumatic experiences and grief through narrative writing exercises and drawing	• Trauma-focused • Use of non-verbal creative therapy skills to explore trauma • Culturally sensitive • Deliverable by teacher	Reduction in anxiety and PTSD symptoms. No impact on conduct, peer relations, or prosocial behaviour.*
Kataoka et al., 2003 Latino immigrant primary and secondary school students	Type: Group Trauma-Focused CBT Content: • Psychoeducation around trauma • Relaxation training • Thought-emotion-behaviour cycle • Marginal exposure to trauma through drawing or writing	• Trauma-focused • Use of non-verbal creative therapy skills to explore trauma • Fluency in host language necessary	Reduction in PTSD symptoms and depressive symptoms compared to waitlist group.
Table 2. (Continued)			
<i>Author/Year/Sample</i>	<i>Intervention</i>	<i>Themes</i>	<i>Outcome</i>
Entholt et al., 2005	Type: CBT-informed manualised group intervention	• Trauma-focused • Intervention not culturally sensitive	Decrease in symptoms of PTSD, but no difference in anxiety and behavioural difficulties relative to control group.*

Trauma affected refugees and asylum-seeking secondary school students	Content: - Processing traumatic experiences through drawing and writing - Psychoeducation around sleep hygiene and trauma responses - Relaxation training - Thought-emotion-behaviour cycle - Practicing imaginal exposure	Basic host language skills necessary	Effects not maintained at 3-month follow-up.
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**Due to small sample size, results may not be generalizable to the larger population (Tipton et al., 2017).*

Creative Arts Therapies				
Author/Year/Sample	Intervention	Themes	Outcome	
Rousseau et al., 2005 Immigrant and refugee children in primary school	Type: Creative expression programme Content: Two activities per session: 1. Drawing and painting a picture 2. Writing and telling a story Activities aimed to create a narrative around the migration experience, build a bridge between home- and school-life, and promote bonding between children.	• Focused on emotional wellbeing • Culturally sensitive (child-directed) • Basic host language skills necessary	Significantly externalizing symptoms. Increased popularity and satisfaction, compared to control group.	levels of internalizing perceived
Rousseau et al., 2007 Immigrant and refugee adolescents in secondary school	Type: Classroom-based drama therapy programme Content: One topic per week, to which the students respond using rants, spoken word pieces, fluid sculptures etc.	• Focused on emotional wellbeing and academic skills • Culturally sensitive intervention (child-directed) • Basic host language skills necessary	No improvement in self-esteem or behavioural and emotional difficulties. Reduction in impairment by symptoms. Significant improvement in performance in maths.	
Rousseau et al., 2014 Refugees, first- and second-	Type: Classroom-based drama therapy programme Content: One topic per week, to which the students respond using rants, spoken word pieces, fluid sculptures etc. to express the	• Focused on emotional wellbeing • Culturally sensitive (child-directed)	No reduction in emotional/behavioural difficulties relative to control group and academic tutoring group.	impairment and difficulties

generation immigrants in secondary school	ideas and memories they associate with the topic.	Basic host language skills necessary
<i>Content:</i> Topics included belonging and exclusion, family and friends, transitions.		
Quinlan et al., 2016	<i>Type:</i> Each student attended group creative arts therapy combined with narrative therapy and resilience-promoting activities. <i>Content:</i> Creative arts therapy included painting, sculpting with clay, collage, song writing, dancing, rapping. Additional group art therapy (60%) and music therapy (40%) was provided. Additional individual therapy was provided to 25% of participants.	Partially trauma-focused (insufficient detail provided) - Culturally sensitive intervention - Fluency in host language necessary Reduction in emotional symptoms in the drama therapy condition relative to the control group. No statistically significant change in behavioural difficulties post-intervention.*
Recent immigrant adolescents in secondary school		

**Due to small sample size, results may not be generalizable to the larger population (Tipton et al., 2017).*

Social-emotional learning interventions		
Author/Year/Sample	Intervention	Themes Outcome
Mancini, 2019	<i>Type:</i> Somatic Regulation Skill Development (SSERSD). Soothing and Emotional intervention	- Trauma-focused - Accessibility not dependent on mastery of host language
Immigrant and refugee children in		Decrease in anxiety, depression, and trauma symptomology post-intervention. Improvements in participants' confidence, academic

primary trauma-affected school,	SSERSD seeks to train individuals to manage the physiological symptoms of PTSD by calming their bodies and integrating brain-body responses.	achievement, and interpersonal skills according to teacher reports.*
<i>Content:</i> • Relaxation strategies • Creating boundaries • Somatic resources • Grounding • Somatic resource movements 4 participants also underwent Eye Movement Desensitization Programming (EMDR)		
Hannover et al., 2020	<i>Type:</i> “Growing Together” programme – an intervention promoting positive self-beliefs and integration. <i>Content:</i> Immigrant children were paired with peers from the host country and sought to create repeated positive encounters through shared activities.	Improvements in self-belief post-intervention relative to the control group, but no impact on integration.
Recently immigrated children in primary school		• Focused on integration • Intervention not culturally sensitive • Fluency in host language necessary
Castro-Olivo and Merrell, 2012	<i>Type:</i> Culturally adapted version of the “Strong Teens” programme for social-emotional learning for secondary-school immigrant students. <i>Content:</i> Psycho-educational sessions covering topics such as anger management, goal setting, and positive self-talk.	Increase in social-emotional knowledge. Intervention deemed feasible and acceptable.*
		• Culturally sensitive intervention • Fluency in host language necessary • Deliverable by teacher

German, 2013	Whole-class intervention in primary school <i>Type:</i> TOL is a narrative group therapy, which is strengths-based, collaborative and culturally sensitive. It seeks to enable participants to speak about traumatic experiences without becoming re-traumatised.	• Deliverable by teacher • Culturally sensitive intervention • Manualised	Improvement in self-concept and increase in cultural knowledge*
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**Due to small sample size, results may not be generalizable to the larger population (Tipton et al., 2017).*

Somatic intervention			
<i>Author/Year/Sample</i>	<i>Intervention</i>	<i>Themes</i>	<i>Outcome</i>
Mancini, 2019 Immigrant and refugee children in primary school, trauma-affected	<i>Type:</i> Somatic Regulation Skill Development intervention (SSERSD). SSERSD seeks to train individuals to manage the physiological symptoms of PTSD by calming their bodies and integrating brain-body responses.	• Trauma-focused • Accessibility not dependent on mastery of host language	Decrease in anxiety, depression, and trauma symptomology post-intervention. Improvements in participants' confidence, academic achievement, and interpersonal skills according to teacher reports.*
<i>Content:</i>			
• Relaxation strategies • Creating boundaries • Somatic resources • Grounding			

-
- Somatic resource movements

4 participants also underwent Eye Movement
Desensitization Programming (EMDR)

**Due to small sample size, results may not be generalizable to the larger population (Tipton et al., 2017).*

