Commentary on The Prevention of Mental Disorders in School-Aged Children:
Current State of the Field

The Role of Culture in Prevention Research

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ABSTRACT
Although in the U.S. the quality of children's mental health often lags behind their physical health, public policy and attitudes remain unresponsive to the pressing need for mental health education and treatment. Further, mental health concerns remain a disproportionate challenge for some groups of children, particularly for children of color, urban residents, and girls. Researchers must therefore look carefully at the role of culture in prevention. This article considers the generalizability of the construct "culturally relevant pedagogy" to the design of preventive interventions, using the development of the author's curriculum, the BrainPower program, as an example.

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The observation by Greenberg, Domitrovich, and Bumbarger (2001) that the mental health needs of many of society's children are still not effectively addressed is both a timely and troubling reminder of the limitations of current research and practice. Although generational declines in physical health consistently occupy the media spotlight, children's mental health often lags behind their physical health. Yet social policy and social attitudes remain unresponsive to the pressing need for mental health education and treatment. Consider that, overall, only 85% of U.S. secondary schools provide health education curricula that address tobacco, alcohol, and other drug use, and surprisingly, less than 60% provide curricula addressing violence prevention and suicide (Centers for Disease Control and Prevention,
Given the rise of emotional and behavior problems, as summarized by Greenberg et al., it seems reasonable to expect all schools, not just many, to proactively address these mental health challenges as an integral part of their health education at both the elementary and secondary levels.

Further, mental health concerns remain a disproportionate problem for urban, ethnic minority, poor, and female children and adolescents. For example, girls are more prone to internalizing disorders, and boys to externalizing disorders. Also, overall, ethnic minority adolescents report substantially higher levels of emotional distress than do their White counterparts. This disparity is also evident for all welfare-dependent youth (Resnick et al., 1997). Further, African American and Latina adolescent girls are more likely than their White counterparts to have made a suicide attempt and to have required medical attention for that attempt (Centers for Disease Control and Prevention, 2000).

For externalizing disorders, the disparities by gender, class, and ethnicity are similarly problematic. Boys carry weapons and engage in physical fighting at rates almost double that for girls (44% vs. 27% for fighting). Yet African American adolescent girls as a group report physical fighting (39%) at rates comparable to boys (Centers for Disease Control and Prevention, 2000). Further, urban and ethnic minority youth are most likely to have been victimized by peer violence. For example, more than 10% of Hispanic students report that they have been threatened at school, and nearly that many have actually missed school days to avoid perceived violence (Centers for Disease Control and Prevention, 2000). Such fear of victimization can only increase the level of their emotional distress and likely contributes to school disengagement and dropout.

**Culturally Relevant Prevention and Intervention**

With admirable clarity, the Greenberg et al. (2001) article explains the role of developmental theory in prevention science. The authors present an ecological model as well as a transactional model (i.e., the specification of risk and protective factors) as frameworks for organizing and guiding both basic research and the development of preventive intervention. An integrated perspective makes clear that both risk and protective factors reside at all levels of the child's ecology. However, a factor largely unexamined in this article, one that permeates all levels of the child's ecology, is the importance of culture in people's understanding of behavior and the efficacy of preventive interventions. Greenberg et al. indirectly acknowledge the significance of culture by specifying racial injustice as an ecological risk factor, one that clearly permeates the macrosystem of American society as well as the full ecology of each citizen.

The active examination of the role of culture in student learning has been occurring in educational research for decades (i.e., research in multicultural education) and has provided a construct that may be illuminating to the field or prevention science. Culturally relevant pedagogy presumes that one's approach to the task of learning, indeed one's fundamental epistemology, may differ across groups and individuals. The teacher's task is to incorporate cultural patterns of learning and knowing into instructional practice. In addition, culturally relevant pedagogy, by capitalizing on students' home and community culture, prepares students for collective action for social justice by making visible the lens of culture (Ladson-Billings, 1994).

The equivalent construct for prevention science would be culturally relevant
prevention/intervention. As with pedagogy, such interventions would be designed to empower children within their unique cultural contexts. For example, children who display problem behaviors in school may be rejected by their peers and therefore lack opportunities to build social skills. One appropriate part of a preventive intervention might include social-skills training. However, culturally relevant social-skills training would honor the unique definition of socially skilled behavior that existed in the child's home culture, rather than imposing a universal (and most likely Eurocentric) standard of social skills. Cultures differ, for example, in their preferences for shaking hands, embracing, and defining appropriate physical proximity across gender and age divides. Social-skills training should allow all children to develop those skills appropriate for their own culture and to understand and honor those of other cultures as well as empower them to perceive the construct of social skills itself as flexible and culturally determined. Such meta-knowledge, in turn, would prepare them to effectively fight discrimination based on such superficial characteristics. The converse, culturally irrelevant interventions applied in multicultural contexts may comprise one of the root causes of inconsistencies in research on prevention efficacy. Thus, one strategy might be to look at treatment efficacy as a function of the cultural relevance of the prevention or intervention program.

An Example

Let me briefly describe the development of my own preventive intervention, the BrainPower Program, and explain how that development was informed by the concept of cultural relevance. As described in the Greenberg et al. (2001) article, I indeed began with a rigorously controlled experimental assessment of the program with a population restricted to African American boys of low socioeconomic status. I first established that biased attributions are amenable to retraining efforts, and changes in attributions have a significant impact on aggressive behavior. Subsequently, a larger field trial (Hudley & Friday, 1996) in school settings included both Latino and African American boys as well as a range of socioeconomic status (welfare dependent to lower middle class). In addition, the research team collected data for a minimum of 12 months after intervention (Hudley et al., 1998). Most recently, I have moved to incorporate the BrainPower Program into a comprehensive youth development program (4H Afterschool Activity Program [ASAP]) that serves residents, both boys and girls, of public housing (Hudley, 1999).

This most recent direction in the development of BrainPower is consistent with Greenberg et al.'s (2001) assertion of the need to move from more narrowly focused to more comprehensive, developmentally based programs. A broad body of mental health research makes clear that multiple factors at all levels of the child's ecology contribute to the display of aggression. Initially isolating a single process linked to aggressive behavior (i.e., attributional bias) permitted a direct evaluation of the basic treatment component. However, the program will be most effective as one part of a comprehensive intervention. Our data thus far support such an assertion. Hudley et al. (1998) reported that treatment effects dissipated beyond 12-month follow up. Our current project suggests that participation in ASAP yields broad benefits over a longer duration; however, data analyses are continuing.

As the BrainPower Program has developed to serve progressively broader groups of students, I have been mindful of the need to adapt the curricula to best meet the needs of the participants. Stories are deliberately designed to be very general, requiring students to fill in the details as a part of the treatment (e.g., "Why do you think Andre did that to Paul?"). However, even details of context are written to allow students to bring their own lived
experiences to the stories. For example, all preadolescents may not hang out in shopping malls; malls are simply not accessible to some communities. A story about two friends meeting may therefore not specify exactly where the meeting will take place—participants suggest likely prospects, including the park, the mall, the schoolyard, the gym, and so on.

A major portion of the curriculum trains participants to more effectively interpret social cues when they are interacting with peers. One of students' favorite activities involves observing their own social situations (we refer to it as becoming an "intention detective") and reporting back what kinds of reactions are typical of the people with whom they interact. Students learn simultaneously that not all people interact in the same way, there are many "good" ways to interact with others, and disadvantaging groups because of superficial styles of interaction is a bad idea that inhibits social cooperation. The benefits of this activity are clearly above and beyond the basic goals of the program—to teach children to more accurately infer the intentions of others (i.e., reduce attributional bias).

As may be evident, the BrainPower Program is designed around a theory of thinking and acting; the specifics of each lesson are drawn broadly to meet the needs of diverse groups of students. Another approach to cultural relevance may be the development of ethnic-specific programs; two are included in the Greenberg et al. (2001) article. However, in a multicultural environment, separate programs for each of several ethnic groups may prove unwieldy. More research assessing the cultural relevance of preventive interventions is clearly needed.

References


