



CENTERING

*Asian American, Native Hawaiian,
and Pacific Islander*

CHILDREN, FAMILIES, AND COMMUNITIES

to Combat Racial Bias and Promote Connection and Belonging
in Infant and Early Childhood Mental Health Consultation

A Centering Equity in Infant and Early Childhood
Mental Health Consultation Resource



CENTER OF EXCELLENCE FOR
Infant & Early Childhood
Mental Health Consultation
Growth. Advancement. Impact.

CONTRIBUTIONS

RECOMMENDED CITATION

Center of Excellence for Infant and Early Childhood Mental Health. (2024). Centering Asian American, Native Hawaiian, and Pacific Islander children and families to combat racial bias and promote connection & belonging in infant and early childhood mental health consultation.

AUTHORS

Krystle Canare, National Asian American Pacific Islander Mental Health Association

Janny Wong, LMFT, PPSc, Richmond Area Multiservices, Inc., Fu Yau Project

Erin Henderson-Lacerdo, LCSW, IECMH-E®, Hawaii Association of Infant Mental Health

ACKNOWLEDGMENTS

Christina Shea, LMFT, Richmond Area Multiservices, Inc

Edward K.S Wang, PsyD, Harvard Medical School and National Asian American Pacific Islander Mental Health Association

Gem P. Daus, MA, Health Resources Services Administration, Office of Health Equity

IN PARTNERSHIP WITH:



This product was developed [in part] under grant number 1H79SM082070-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, opinions, and content expressed in this email do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

TABLE OF CONTENTS

Introduction	4
This Resource	.6
Section 1	7
Emphasizing The Diversity of Asian American, Native Hawaiian, and Pacific Islanders	.7
History and Culture as a Source of Strength	.8
Consequences of the Model Minority Myth and Perpetual Foreigner Stereotypes in Early Childhood Education.	10
Section 2	13
Promising Practices for Centering AANHPIs and Promoting Connection & Belonging in Early Learning Spaces	13
Competency 1. Role of the IECMH Consultant	14
Competency 2. Foundational Knowledge	15
Competency 3. Equity and Cultural Sensitivity	16
Competency 4. Reflective Practice.	17
Competency 5. Child and Family-Focused Consultation	18
Competency 6. Classroom and Home-Based Consultation	20
Competency 7. Programmatic Consultation.	21
Competency 8. System-Wide Orientation.	23
Section 3	24
Scenarios Based on Real-World Experiences in Mental Health Consultation. . .	24
Case Study #1. TJ	25
Case Study #2. Kristine	26
Case Study #3. Chuck	29
Case Study #4. Personal Scenario	30
Conclusion	32
References	33
Resources for Consultants and Educators	36

INTRODUCTION

Fostering connection and belonging for Asian American, Native Hawaiian, and Pacific Islander (AANHPI) children and families is necessary amid heightened anti-Asian American, Native Hawaiian, and Pacific Islander hate, a global pandemic, and increasing socioeconomic challenges.

During their earliest years, the most critical stage of brain development, AANHPI infants and young children may be exposed to negative and violent images of AANHPI hate through the ongoing media coverage of race-based hate crimes, shootings, and political rhetoric. While race-based hate against AANHPI communities is not new and deeply embedded in U.S. history,¹ increased conversations about racism, or the lack thereof, may leave AANHPI children fatigued, isolated, and feeling bad about themselves and their people. As a result, children may have big emotions about racialized events occurring in our world today. Asian American, Native Hawaiian, and Pacific Islander children and families need — and deserve — more opportunities to feel a sense of safety, connectedness, and belonging.

According to the STAATUS Index, young Asian Americans* are the least likely across age and racial groups to feel they completely belong and are accepted in the U.S.² While there is no single definition of belonging, it can be described as the experience of being valued and connected with those around you.³ For AANHPI communities, connection and belonging is multidimensional and can be anything from the everyday act of speaking proudly in an AANHPI language to the extraordinary accomplishment of being voted the first Asian female Vice President of the United States. It may be helpful to consider belonging as the opposite of “othering,” or the experience of



Asian American, Native Hawaiian, and Pacific Islander children and families need — and deserve — more opportunities to feel a sense of safety, connectedness, and belonging.

being excluded due to difference and perceived potential threat.⁴

In early learning settings, creating space for connection and belonging looks like supporting children's expression of diverse emotions, supporting children's use of home languages, respecting cultural parenting practices, looking toward cultural healing traditions, and celebrating racial pride. As a practice rooted in the belief that everyone deserves optimal well-being, infant and early childhood mental health consultation (IECMHC) provides a unique opportunity to advance equity through centering the experiences of AANHPI children and fostering spaces of connection and belonging.

Building on the Equity in IECMHC Webinar Series: Culture, Identity, and History as Sources of Strength and Resilience for Asian American, Native Hawaiian, and Pacific Islander Children and Families, hosted by the Center of Excellence (CoE) in IECMHC, this resource guides IECMHC consultants and supervisors as they seek to attend to equity within their work. The series includes an examination of issues of racialized inequities and bias in the early care and education experiences for AANHPI children and families and explores ways to strengthen culturally responsive practices to reduce disparities and support children's healthy development and learning within a consultation framework.

It may be helpful to consider belonging as the opposite of "othering," or the experience of being excluded due to difference and perceived potential threat.

Centering AANHPI Children and Families in IECMHC



Creates space for AANHPI children and families to feel belonging by establishing a safe, warm, and AANHPI-affirming learning environment.



Builds upon the experiences of AA & NHPI children, families, teachers, site directors, and administrators.



Uses the wisdom of AANHPI people rooted in AANHPI cultural values to put equity into action.



Reimagines IECMHC to center AANHPI culture as sources of connectedness and a way of being.



Does not exclude or devalue other cultural values but understands there is strength in the AANHPI community.

*A Note to Readers

Readers will note that this resource uses the term AANHPI broadly, but certain studies cited may pertain to only specific groups of Asian Americans, Native Hawaiians, or Pacific Islanders. We hope these insights underscore the importance of developing new resources that continue to uplift AANHPI experiences and recognize their rich, unique experiences and diversity.

THIS RESOURCE

The goal of this resource is to support the development of equitable learning environments for AANHPI children. The resource is divided into three sections:

Section 1 includes information about AANHPI culture, history, cultural strengths, values, and ways of knowing and being.

Section 2 guides users through the CoE Revised IECMH Consultation Competencies and provides promising practices and concrete strategies to increase consultants' and supervisors' capacity to handle personal and institutional bias.

Section 3 invites users to consider the real-life implications of harmful practices through a series of case studies with questions for individual and group reflection.

The practices suggested in this resource may benefit children from various racial and ethnic backgrounds. The resource is intended to fill the need for targeted support that is anti-bias, culturally rich, and promotes connection and belonging for AANHPI children and families.



SECTION 1

EMPHASIZING THE DIVERSITY OF ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDERS

Asian American, Native Hawaiian, and Pacific Islanders are the nation's fastest-growing racial group.

There are 25.2 million Asian Americans⁵ and 1.6 million Native Hawaiian and Pacific Islanders,⁶ alone or in combination with other races and ethnicities, living in the United States, together making up 7.8% of the American population.⁷ Growing more than four times as rapidly as the total U.S population since the turn of the century, AANHPIs are expected to double again to nearly 36 million by 2060.⁸

Asian American, Native Hawaiian, and Pacific Islanders are incredibly diverse—representing more than 50 countries of origin, 80 ethnic groups, speaking over 2000 languages (most of which are distinct from each other and have differing linguistic roots and can vary by neighborhood, region, religion, class, caste, and more), identifying with various spiritual beliefs and religions, and with very different migration stories. Some came to the United States in the mid-19th century seeking work as farmers or laborers while others arrived in the late 20th century to escape war and conflicts. Native Hawaiians arrived to the lands now known as Hawai'i centuries before the establishment of the United States and some are still deeply scarred by the illegal United States occupation and continued



It is essential to practice cultural humility and maintain curiosity about the cultural preferences and practices of children and families that differ from our own culture.

colonization. Other AANHPI communities within this broad umbrella have only arrived in the last decade.

As noted by the Census Bureau,⁹ a defining attribute of Asian Americans (AA) is the tremendous diversity of this group, comprising more than 30 countries of origin, 50 ethnic groups, and speaking over 100 languages from Southeast Asia, South Asia, and East Asia, and diasporas.¹⁰ Asian Americans are also the fastest growing major racial and ethnic group of the last two decades, with eight national origin groups doubling in population (Bangladeshi, Indian, Indonesian, Malaysian, Mongolian, Pakistani, Sri Lankan, Thai), and three growing ten times or more (Bhutanese, Burmese, and Nepalese) in that period;¹¹ this growth is expected to continue, with Asian Americans projected to become the largest immigrant group in the U.S. in three decades, by 2065.¹²

Similarly Native Hawaiian and Pacific Islander (NHPI) groups comprise at least 20 communities in the United

States.¹³ While a majority of the NHPI community is Native Hawaiian, more than half identify as multiracial. The NHPI community is also one of the fastest growing racial groups, growing 40% from 2000-2010, doubling or more in population in Arkansas (151%), Nevada (102%), and Alaska (102%) in that same period, and growing by 87% in Arizona and Alabama.

Broad terms like Asian American, Native Hawaiian, Pacific Islander (AANHPI), Asian Pacific Islander (API), Asian Pacific American (APA), Asian Pacific Islander Desi American (APIDA) that roll together NHPI groups with AAs erase significant differences in identity, socioeconomic outcomes, history, and immigration patterns both between and among NHPI and AA groups. For the purposes of this resource, we acknowledge the varying terms and will use the term AANHPI, the term used by groups within the federal government, like the White House Initiative on Asian American, Native Hawaiians, and Pacific Islanders.

HISTORY AND CULTURE AS A SOURCE OF STRENGTH

Human beings are socialized within the context of race, language, and culture.

Culture embodies the norms, practices, values, and beliefs a group holds that govern how we interact with one another. These cultural practices may be said or unspoken; they are the roots of the development of belonging and are intertwined within our most important relationships. Culture influences and is reflected in routines of daily living.

It is essential to understand that what children learn from families and teachers is a system of ideals that

extends deep into the values of a group of people. As children acquire cultural ways of being, these cultural rules for behavior impact identity by giving children the tools to understand their family/community and to be understood within this context. The cultural practices of families can be a source of strength and foundation from which we as human beings learn and grow. It is essential to practice cultural humility¹⁴ and maintain curiosity about the cultural preferences and

practices of children and families that differ from our own culture.

That said, AANHPI families' strengths and assets are rooted in values of connection and belonging to community, family, and cultural pride. The multitude of AANHPI people from throughout the AANHPI diaspora brought their societal norms, a variety of ancestral healing practices, ways of expressing emotions, spirituality, educational values, and so much more. Two hundred fifty years later, versions of these cultural traditions have evolved, integrated, and in some cases, been remembered and reclaimed into AANHPI culture, including cultural parenting practices.

There are numerous family and community characteristics found across AANHPI cultures (e.g., collectivistic, allocentric, and individualistic frameworks) and these different structures can influence receptivity to asking for support, receiving services, and determining who can support families during times of need. These structures include, but are not limited to:

- **Alloparenting.** The role of family, or 'ohana,' is core in Native Hawaiian culture. Families consist of more than parents and children, they include uncles, aunties, cousins, grandparents, extended family members, and members who are "hānai," or those who may not be tied by blood but are nurtured and included as family. Healthy families result in healthy communities and healthy communities come together to teach and guide healthy children. It is important to develop relationships with all family members who are responsible for supporting the child. The role of alloparenting can be found in other AANHPI cultures, like Polynesian groups that place responsibility on the community to care for children, multiple relatives and/or community members parenting, early indulgence, early independence, and caretaking by siblings and peers.

- **Filial Piety in Parenting.** In many East Asian cultures, the concept of filial piety — a belief system that one must respect one's parents, elders and ancestors — is central to parenting, especially those influenced by Confucianism. East Asian parents instill a sense of duty and pride within their children.
- **Immigrant Paradox.** Children of immigrants often are viewed as posing challenges to the American health and education systems because of perceived disadvantages, such as lack of fluency in English. But first-and second-generation children in many immigrant groups, in fact, do about as well as or better than their peers in native-born families along many dimensions, a phenomenon which has been referred to as the immigrant paradox.

Across AANHPI cultures, children can develop multiple secure attachments that strengthen resilience and act as a source of connection and belonging for children, families, and other community members. Consultants' and reflective supervisors' practices are enhanced as they view cultural traditions as assets in IECMHC.



CONSEQUENCES OF THE MODEL MINORITY MYTH AND PERPETUAL FOREIGNER STEREOTYPES IN EARLY CHILDHOOD EDUCATION

Too often, AANHPI children are simultaneously subjected to the harmful stereotypes of the model minority and perpetual foreigner, resulting in negative mental health outcomes for AANHPI children and the devaluation of AANHPI cultural ways of being and expressing.

Model Minority: The model minority myth is a stereotype that portrays certain minority groups in the U.S., typically Asian Americans, as highly successful, due in large part to their cultural values, hard work, and intelligence. As a result, the presumption is that these minority groups have overcome systemic racism and discrimination, and have attained high levels of education, income, and professional success. The term "model minority" was coined in the 1960s during the civil rights movement in the United States, as a way to contrast Asian Americans with other minority groups, particularly African Americans, who were advocating for their civil rights and equality. It is a divisive stereotype that pits communities of color against each other and masks the socioeconomic diversity within the AANHPI community.

For AANHPI children, the model minority myth can lead to the heightened pressure to do well in school and activities, especially as children get older. In turn, self-internalization and cultural shame may



occur if children do not meet the expectations of this stereotype, which may be upheld by their peers, teachers, families, and society.¹⁵

Perpetual Foreigner: On the other hand, the stereotype of the “perpetual foreigner” does not recognize AANHPIs as Americans regardless of their place of birth or years of living in the United States.¹⁶

This myth suggests that these individuals, often from minority or immigrant communities, are never fully accepted as belonging to the country or society in which they live, and are constantly perceived as foreign or alien. The perpetual foreigner myth is often applied to individuals from Asian, Middle Eastern, Latine, and African backgrounds.

For AANHPI children, the perpetual foreigner stereotype can lead to othering and bullying due to differences in children's physical features (e.g., eyes, hair, skin color) and behaviors (e.g., what they eat, how they sound, etc.) compared to the dominant culture.

Thus, the need for connection and belonging is vital for maintaining a positive identity while existing in environments that are not welcoming or culturally aligned.³ It is a fitting role for IECMHC to continue the work of repair and to reassure AANHPI children and families that they are safe, they belong and their whole authentic selves are welcomed in all learning and play spaces.

Often, early care and education spaces are not as welcoming and affirming to AANHPI children and families, as evidenced by inequitable rates of suspensions and expulsions for NHPI children, high rates of bullying and mental distress in AANHPI children, the lack of AANHPI consultants, teachers, and leaders, as well as colorblind materials that avoid mention of race, color, or racism.¹⁷ These inequities sustain historical ruptures in trust between AANHPI people and education and mental health systems. Few scholars have documented how anti-AANHPI bias shows up specifically in early learning spaces, but linkages can be made through studies around adolescent AANHPI students which paint a picture of othering, bullying,¹⁸ cultural shame, and high rates of suicidal ideation.¹⁹ Creating more affirming, loving, and connection- and belonging-producing spaces requires a change in attitudes, perceptions, and systems.

What does the Model Minority Myth stereotype look like in early childhood education?

- Ignoring AANHPI children's needs and assuming they are model children in the classroom.
- Favoring AANHPI children over other Black, Indigenous, or other children of color due to the perception that AANHPI children are more hard-working and successful.
- Labeling AANHPI children as “unusual” or “not normal” if they do not meet higher achievement standards.

What does the Perpetual Foreigner stereotype look like in early childhood education?

- Mispronouncing children's names that are not traditionally “white” names.
- Assuming AANHPI children who are Dual Language Learners are needy and deficit-based rather than strengths-based for knowing a different language.
- Discouraging the use of home language/native tongue because “here we speak English.”
- Asking AANHPI children “where are you from?” or commenting on their accent.
- Lack of knowledge around AANHPI food and culture, leading to teasing and bullying amongst children on topics of difference, like lunchbox meals.

CONTINUED ►

Pause and Reflect

- How do you feel when you read the terms “model minority myth” or “perpetual foreigner?”
- What term do you use to describe culturally and equitably relevant practices?
- What have you learned about Asian Americans, Native Hawaiians, and Pacific Islander communities that you did not know previously?

Disrupting bias and creating more equitable systems requires shifting from child and family blame to provider and systems accountability. Unlearning unhealthy beliefs can be uncomfortable, and you may find yourself resisting some of the concepts presented in this document. Remember, our work in the mental health field is to remain curious and open to how our unique identities and histories impact our work.

Our work in the mental health field is to remain curious and open to how our unique identities and histories impact our work.

- Celebrating a “Luau Day” where children wear leis, coconuts, grass skirts and eat pineapples but do not acknowledge the rich culture of luaus for the Native Hawaiian people and greater Polynesia.
- Assigning AANHPI children roles that are subservient and stereotyped.

What does connection and belonging look like in early learning settings?

- Centering representation of AANHPI culture, holidays, and traditions beyond what is deemed a holiday in the U.S. calendar year (e.g., Lunar New Year, Mani Day)
- Prioritizing activities that bring children connection and belonging.
- Providing ample opportunity to express their emotions, opinions, and thoughts in various ways beyond verbally (e.g., dance, yoga, art).
- Allowing children to experience the fullness of childhood, like children playing outside in nature, rhyming, singing, and dancing with one another.

SECTION 2

PROMISING PRACTICES FOR CENTERING AANHPIs AND PROMOTING CONNECTION AND BELONGING IN EARLY LEARNING SPACES

Alignment with the Revised Competencies

We return to the competencies as our guide for countering bias and promoting connection and belonging through IECMHC.

This section provides a rationale for centering AANHPI ways of knowing, being, and expressing for effective mental health consultation on behalf of AANHPI families, children, and providers.

For each competency, concrete strategies are suggested to support consultants' reflective capacity, ability to facilitate systemic change, and increased knowledge of values rooted in scholarship by AANHPI mental health researchers and practitioners.

A central question remains: *How do we extend the notion of AANHPI connection and belonging into mental health consultation as a framework for transformation and an outcome for AANHPI children and families?*



How do we extend the notion of AANHPI connection and belonging into mental health consultation as a framework for transformation and an outcome for AANHPI children and families?

COMPETENCY 1

Role of the IECMH Consultant

The foundation of IECMHC is the consultative relationship developed between consultant and consultee, where consultants work to build trust, mutual respect, and responsiveness when beginning new relationships with families and children. To be responsive to the needs of Asian American, Native Hawaiian, and Pacific Islander children and families, it is essential to understand racial-ethnic-cultural ways of knowing and relating that center on authenticity, truth, and justice in order to foster trust.

On an individual level, this may look like explicitly acknowledging differences in ethnicity, power dynamics, and belief systems between programs and families. Using a systemic lens, confronting the mental health field's role in harming AANHPI communities through improper testing, diagnosis, and mistreatment is necessary to increase the capacity to address stigma and prove trustworthiness to families. These practices create a sense of connection and belonging that is vital for developing trust.²⁰

COMPETENCY 1 Promising Practices

- Reflect on your current social location (i.e., race, ethnicity, gender, role, socioeconomic status) and how it impacts your work with AANHPI families, children, and providers.
- Increase awareness of the history of harmful practices enacted by the United States (e.g., continued U.S. illegal occupation of Hawaii) and in particular, acknowledge the harmful practices enacted by mental health practitioners that have resulted in a mistrust of mental health professionals by many AANHPI families and children.
- Commit to earning families' trust by acknowledging potential power dynamics and centering their values and goals for consultation, using a trauma-informed approach when necessary.
- Co-create a plan to address stigma with families, providers, and the communities served. For example, consider using a name or acronym for IECMHC that centers on community, connection and belonging for your program (e.g., Team Kapwa, translated to "connectedness" in Tagalog).

The foundation of IECMHC is the consultative relationship developed between consultant and consultee, where consultants work to build trust, mutual respect, and responsiveness when beginning new relationships with families and children.

COMPETENCY 2

Foundational Knowledge

The consultative stance, which encourages consultants to highlight the importance of not being the expert, is vitally important when entering into relationships with people whose culture, life circumstances, and values may be different than their own.²¹ Most IECMH consultants are educated and trained within the US education system that values Eurocentric theories related to child-rearing, mental wellness, and early childhood education. Keeping in mind the dynamic nature of culture and its practices over time and circumstance, consultants must learn about AANHPI

history and culture broadly, and specifically engage the work of AANHPI scholars on mental health and child development concepts related to child-rearing, social-emotional development, healing, and spiritual practices, and caregiver expectations to promote AANHPI connection and belonging. A practice that is responsive to the needs of AANHPI families should consider the opportunity to uplift racial-ethnic identity development, prioritization of affective knowledge, and the integral nature of extended family to adult-child attachment.

COMPETENCY 2 Promising Practices

- Learn about the history of Asian American, Native Hawaiian, and Pacific Islander people and the complexity of the AANHPI diaspora and other intersectional identities such as transracial adoptee status, immigration status, refugee status, histories of colonization, biracial and multiracial identities, etc. Research the deep structures of AANHPI culture, history, language, and life well enough to structure the consultation process appropriately. View the [Equity in IECMHC Webinar Series](#) and other resources found at the end of this resource.
- Intentionally seek out information on AANHPI connection and belonging as resistance, pleasure, and leisure to expand your thinking of AANHPI culture (e.g., research archives, visit galleries exhibiting AANHPI artists, immerse yourself in AANHPI-centered spaces).
- Research and learn about White cultural values in education, mental health, and theories of change. These ideologies are reflected within the mental health consultation system and strongly

influence the experiences of AANHPI children, families, caregivers, and providers.

- Support consultees in identifying relevant cultural and linguistic knowledge regarding child development, social-emotional development, and educating young children through a racial equity lens. Integrate learning and dialogue about AANHPI-centered healing and social-emotional pedagogy in consultation and reflective supervision.
- As a part of the process of mental health consultation, consultants, supervisors, and consultees (e.g. early childhood leaders, providers, etc.) are encouraged to participate in racial bias training. Training should include information about the history of racism, white supremacy, sexism, and ableism and their impact on the field of IECMHC. The CoE [Racial Equity Toolkit](#) can be used to facilitate new learning and discussion of complex topics related to racial equity.

Pause and Reflect

- Consider the history of the mental health field and how this history has structured ideologies around race.
- Whose perspectives are absent from the mental health field, and whose perspectives are amplified?
- Have any cultural perspectives been appropriated by the dominant culture? Whose perspectives have been appropriated and how? How do we honor cultural wisdom (i.e., honoring that the roots of mindfulness practices are steeped in the practices of eastern religious and cultural traditions)?

COMPETENCY 3

Equity and Cultural Sensitivity

Implementing consultation with an equity lens must begin with a careful look at one's own culture, beliefs, and values to understand how they impact work with children, families, and programs. Each culture and individual family has unique values around goals for socialization, feeding, sleeping, toilet training, and discipline. Particularly for infant care, there is a need for IECMHC to provide support in bridging differences in cultural caregiving expectations between AANHPI families and providers. Cultural child-rearing practices are not neutral but come with values, a sense of belonging, and moral implications.²²

Many mainstream childcare perspectives center on the mother-child dyad. In contrast, many AANHPI families practice alloparenting, in which children form healthy attachments with multiple family members. Although research indicates children benefit from having multiple attachments, when children have multiple caregivers, providers may believe their mothers or fathers are uninvolved. Providers' beliefs about what a responsive caregiver looks like may be misaligned with the values of AANHPI families.

COMPETENCY 3 Promising Practices

- Reflect on your values around infant caregiving, child development, classroom management, and the concept of which behaviors are considered “appropriate behaviors.” Where did you learn these ideas (e.g., home, school, college, community)? Do these ideas align with your values? Do they align with voices within the community of AANHPI mental health scholars?
- Evaluate the ways policies and practices reflect White middle-class values. Work with providers to balance classroom policies and practices to be culturally responsive. Tailor services to specific cultural values and expectations of AANHPI families.

CONTINUED ►

- Consider the structure of the consultation referral process, intake procedures, and assessment practices. Emailing assessments with deadlines and expecting families to complete them may be ineffective.²³ It may be useful to complete the assessment together in person or using a virtual platform.
- When working with providers and writing improvement plans, reframe cultural behaviors

that are often mislabeled as inappropriate as developmentally and culturally appropriate. For example, in collectivist cultures, collaboration may include speaking at the same time as others (verbal overlap) as a tool for co-creating knowledge. This is often mislabeled in AANHPI children as impulse control issues when it may be a cultural practice that is not considered rude but instead is viewed as collaboration.

Mindful Moment

It is important to be mindful that behavior can be due to individual temperament (e.g., a child can prefer internal processing and present as reserved), cultural influences (e.g., some cultures value being more reserved, others more outgoing), and both individual and cultural factors influence children's behavior. Make an effort not to make assumptions and instead get to know each child.

COMPETENCY 4

Reflective Practice

Maintaining a reflective stance is integral to the important daily work of IECMH consultants. Broad reflection may not provide the targeted processing needed when considering the context, experiences, and values of AANHPI families.²⁴ Equity-centered reflection that calls out pervasive beliefs about AANHPI people and AANHPI culture is necessary to counter bias and promote connection and belonging. This includes questioning the role of power, privilege, and oppression in work with providers, families, and children and its potential impact on the consultee-consultant relationship. It is helpful to utilize reflective journaling and group discussions to facilitate this process.

Equity-centered reflection that calls out pervasive beliefs about AANHPI people and AANHPI culture is necessary to counter bias and promote connection and belonging.

COMPETENCY 4 Promising Practices

- Engage in ongoing self-reflection of how your positionality, culture, ethnicity, and socioeconomic status impact personal and professional beliefs and attitudes. Consider the central questions: *Who am I?; What do I believe?; Does who I am and what I believe influence my work with children, families, and providers?*
- Reflect on and identify your biases and beliefs about AANHPI culture. Reflect on how incorrect messages about AANHPI culture, families, and children have shown up in your family and social circles, then examine how they have impacted your belief systems. **Notice these biases without judgment to create an uninhibited space for unlearning harmful beliefs. Shaming and judging yourself will only create a barrier to the unlearning process.**
- Make a commitment to increase your awareness of your personal biases. Consider finding an accountability partner in your personal or professional life who is also committed to active self-reflection, and identifying personal and institutional bias.
- Consider the following questions when creating plans for programs, classrooms, and children and families: *Who benefits and who is disadvantaged by how I engage with children, families, or providers?; How does my culture influence my approach?; Is the flow or cycle of consultation responsive to the needs of consultees?; Do these practices promote connection and belonging or act as a barrier?*

COMPETENCY 5

Child and Family-Focused Consultation

Mental health consultants (MHCs) are often called upon to assist teachers in responding reflectively to behaviors they perceive as challenging. IECMHC is not meant to “fix” families and children but to partner with consultees, families, and children to address the root causes of reported concerns and to prevent future harmful situations. Before beginning the process of changing parenting behaviors that may be believed to be unhealthy, it is important to understand that these practices may be the result of personal or group-based racialized trauma and serve a protective role.²⁵ This competency is a fitting invitation to use the assets of families in your care and the belonging framework (valued involvement and fit/alignment with their

environment or system) to co-create consultation experiences that are mutually enjoyable. It is vital that consultants remain trustworthy and adopt asset-based language and perspectives. AANHPI children need to feel safe, affirmed, and protected.

Gilliam and colleagues emphasized that early childhood educators’ biases may sometimes be triggered when they learn characteristics of families’ backgrounds like socioeconomic status, home language, and family structure.²⁶ These biases may impact how they view families, conceptualize behaviors, and the distribution of support and resources. Accordingly, it is necessary to actively counter biases to reframe the personal and collective understanding of AANHPI culture.

COMPETENCY 5 Promising Practices

- Reflect on your upbringing and family values and the cultural lens through which your perception of behavior is framed.
- Acknowledge familial capital, also called fictive kinship, as an asset for programs in which the extended family (even those without shared lineage) is as involved as biological parents in children's schooling. This may look like aunts, uncles, and grandparents (even those not related by blood) participating in family meetings, picking up children from school, and bringing them to school.
- Consider the cultural differences around time. For example, NHPI cultures have a concept of "island time," where time is more flexible and less rigid than Western cultures. This approach to time is often relaxed and laid-back and may be misinterpreted as a lack of respect or responsibility by Western standards.
- Consider differences in learning styles across cultures. For example, Native Hawaiian learning involves observation first before action, which helps them learn from the behaviors of others or the directions of the water currents when navigating the sea.
- Welcome the use of AANHPI languages as the various language styles AANHPI children and families employ. Linguistic and cultural repertoires of AANHPI families should be viewed as assets to programs and the consultee relationship.
- Collaboratively develop a shared vision and plan for consultation.
 - For parents, you can ask: *Please tell me what makes your child laugh?; What are your child's strengths?; What are your goals for your child and consultation?*
 - Parents or teachers can ask older children: *What is something that you feel you are good at?; What is something that you like about yourself?; What is something that makes you happy?; What is something that can make you feel safe and happy in your/our classroom?* Encourage children to respond to prompts using words, drawings, photography, or body movement.

Pause and Think

As we reimagine early learning environments that center equity by promoting AANHPI connection and belonging, infant and early child mental health (IECMH) consultants have the opportunity to rethink how we engage in the consultative process. What would it be like if consultants centered connection and belonging as an outcome when envisioning new outcomes for children and families? How does centering connection and belonging change the interventions we suggest and how we approach interactions with parents or providers?

- What would it look like to co-create goals with children and families with the explicit outcome of increasing connection and belonging? What would this look like in your context?
- How can the framework of AANHPI connection and belonging be used to improve experiences for AANHPI children and families?

An Important Note

AANHPI children should be asked to share their cultural values and beliefs, but these beliefs should not be generalized to all AANHPI children and families. AANHPI children should not be asked to be spokespeople for their racial identity/ethnicity.

COMPETENCY 6

Classroom and Home-Based Consultation

Early learning settings should be places of connection and belonging that do not perpetuate racial trauma. Through direct teaching, sharing resources, and appropriate use of assessment, MHCs can support providers in becoming active disruptors of bias who are enablers of connection and belonging. Using culturally responsive tools that are sensitive to bias can result in more equitable learning environments and positive experiences for children.¹⁶ Many mainstream classrooms and home-based learning environments operate based on cultural values that may not align with AANHPI family practices. This is reinforced by observation tools that are rooted in dominant belief systems about appropriate ways adults express care, instruct learners, and set up environments. The most

commonly used tools over the past decades, including Classroom Assessment Scoring System (CLASS), Environment Rating Scales (ERS), and Devereux Early Childhood Assessment (DECA), lack responsiveness to the lived realities of AANHPI children and do not meaningfully integrate the perspectives of AANHPI early childhood professionals. The CLASS released a revision that more effectively embeds principles of equity to reduce observer bias and integrate the voices of AANHPI experts. Further research is needed to assess the efficacy of these changes. Yet, when IECMH consultants utilize individual child and classroom-based assessments that are not culturally appropriate, they cannot be considered culturally responsive.

COMPETENCY 6 Promising Practices

- Reflect on your beliefs about what constitutes an evidence-based practice. Where did you learn what type of evidence is valid in defining an “evidence-based” practice or tool?
- Adopt child, program, and classroom/home level tools that are equity-minded, valid, and reliable.

When identifying new tools, use separate tools, alongside global classroom quality measures, that pay particular attention to influences such as bias and equity (e.g., Assessing Classroom Sociocultural Equity Scale (ACSES)²⁷), the inclusion of children with disabilities (e.g., Inclusive Classroom Profile), and

CONTINUED ►

experiences of racial trauma (Parent and Caregiver's Childhood Experiences of Racial Acceptance and Rejection (CERAR²⁸)).

- Facilitate providers' capacity to consider how a program's physical environment and culture impact the well-being of AANHPI children, families, and leaders. Is the physical environment reflective of the fullness of AANHPI culture, including art, music,

traditions, etc.? If not, encourage programs to solicit stories and/or images from the community.

- Build consultees' capacity in classroom management skills that encourage expressions of connection and belonging that may be outside of what providers have experienced. Work with providers to elevate moments of connection and belonging in their learning environments.

Mindful Moment

Taking inventory of the language we use can be a powerful reflection tool to uncover our underlying assumptions and biases. Often language we use can place blame on people instead of on systemic inequities and circumstances. For example, phrases like low-income and at-risk describe people as the problem instead of systemic inequities and/or circumstances. Consider the words you use to describe those you work with. Do these words affirm? Do these words spark connection and belonging and express value? Do they describe people as the problem?

COMPETENCY 7

Programmatic Consultation

Program-wide consultation provides an opportunity to affect system-wide change and create safe, welcoming, and affirming spaces for AANHPI families. This includes examining program design for bias and reflecting on potential disparities about AANHPI people in leadership roles. Implicit leadership theory suggests that people are less likely to hold leadership roles when their personalities differ from the cultural archetype of a leader.²⁹ AANHPI employees may be viewed as “quiet” and/or “hard-working,” and most value humility, harmony, and conformity. These cultural values can be at odds with the assumed characteristics of an “ideal” American leader (assertive,

charismatic, confident, and self-promotional) unless they express a higher level of communication assertiveness.²³ A national study revealed 49% of Asian Americans reported not feeling a sense of belonging in their workplace, experiencing subtle forms of discrimination and underrepresentation in leadership. The goal is to assist programs in creating safe and brave spaces that are not sources for more racial trauma. Implementing concrete and substantial changes in policies, practices, and attitudes creates space for connection and belonging for AANHPI children and families.

COMPETENCY 7 Promising Practices

- Conduct a critical assessment of the workforce, including the cultural, organizational, and individual barriers that keep AANHPI people from attaining career progress and leadership positions, otherwise known as the “bamboo ceiling.”³⁰ For both staff and the children and families we serve, it is important to assess how AANHPIs may be discouraged from using their home language, dialect, or style in learning settings and promote safe, AANHPI affirming environments.
- Increase the program's capacity to collect and use disaggregated data by race, gender, language, and early intervention to identify disparities, celebrate accomplishments, and create targeted policies.
- Work with administrators to remove and replace practices and policies which disproportionately harm NHPI, Brown, and Indigenous children (i.e., harsh or exclusionary discipline, disparities in referrals).
- Create safe, brave spaces for AANHPI employees to connect, such as culturally specific affinity groups to build community and increase morale within

the workplace. Be mindful of putting AANHPI colleagues in a position where they are expected to be the “token Asian” and educate others about anti-AANHPI racism and rhetoric. Instead, spend time learning about these issues on your own and acknowledge that cultural learning and humility are lifelong practices.

- Observe how you may be treating colleagues according to the model minority myth and be considerate of other microaggressions that frequently take place in the workplace. This includes but is not limited to assuming that all AANHPIs are quiet, do not speak up or advocate for themselves, have trouble advocating for the children they work with, speak the same language and thereby have the ability to serve as an interpreter and liaison for all AANHPI students and families, or do not speak “good” English.
- Recognize how AANHPI holidays and cultural observances, which are often left off of standard company calendars, contribute to feelings of exclusion for AANHPI employees.

Pause and Think

Historically, who has and continues to dominate mental health consultation, and how does this influence infant and early childhood research, practice, communication, and engagement?

Program Reflection Questions

- Are AANHPI people represented in program leadership?
- Is music rooted in AANHPI culture played in the classrooms?
- Are there visual images of AANHPI creativity, healing, or connection and belonging?
- Are intervention tools (i.e., feeling charts, social stories) representative of the shades of color representing AANHPI culture?

COMPETENCY 8

System-Wide Orientation

This competency provides a fitting opportunity to integrate the wisdom of AANHPI scholars, educators, families, and children into the mental health concepts and supports provided in all learning environments. Community stakeholders have insights into the mental health needs of AANHPI children and families

and are vital resources in cultivating safe spaces. Relationships with key community organizing and advocacy groups can provide the necessary support for ongoing professional development, assist with identifying resources for families, and facilitate authentically AANHPI-centered spaces and processes.

COMPETENCY 8 Promising Practices

- Identify community members and culturally-aligned impacted parties with whom to partner and compensate them for their participation.
- Connect consultees to community resources and support for needs that extend beyond the goals of IECMHC.
- Acknowledge how racism and community trauma have impacted children, families, and communities; this cannot be separated from child behavior and classroom dynamics.
- Partner with local family child care networks to establish best practices for engaging home-based providers.

Community stakeholders have insights into the mental health needs of AANHPI children and families and are vital resources in cultivating safe spaces.

Pause and Reflect on Section 2

- How can allies and folks who are not Asian American, Native Hawaiian, and/or Pacific Islander embrace and uplift AANHPI culture without misappropriating it?
- What does this look like for consultants and other educational staff working in settings without or with low rates of AANHPI children? Why is this important for White children and other children of color?
- How will you commit to elevating AANHPI connection and belonging in your professional and personal lives?

SECTION 3

SCENARIOS BASED ON REAL-WORLD EXPERIENCES IN MENTAL HEALTH CONSULTATION

The following scenarios are based on the lived experiences of children, families, and providers in early childhood learning spaces. They are meant to highlight the experiences of AANHPI children and families.

After the scenarios are questions to prompt personal reflection and facilitate group dialogue. Use the promising practices outlined above to guide your thinking and responses.



CASE STUDY #1

TJ

Scenario

Four-year-old TJ loves celebrating his birthday because his mom would make him Filipino pancit noodles for “long life.” Since his birthday was on a school day, TJ brought a tray of noodles to share with his friends. During lunchtime, TJ runs over to Johnny, also four years old, and asks, “Do you want to have noodles with me?” Johnny shakes his head and says, “Ew! I can't eat with you because Asian people like you eat smelly worms and bats!,” as he plugs his nose and runs away. Ms. Marissa overhears the boys' conversation and says, “Everyone in Ms. Marissa's class should be kind to one another.”

When TJ goes home, TJ refuses to eat the Filipino dinner prepared by his grandmother. His grandmother, Mila, confused by his reaction, asks TJ why he won't eat. TJ shares that he doesn't want Filipino food and goes to bed. The next morning, TJ begs his mom, Joy, to pack him a sandwich and chips for lunch. Already late for work, TJ's mom shares that they do not have the ingredients and TJ's grandmother walks him to school with leftover pancit noodles. TJ goes to school and remains silent the entire day and does not answer anyone. Ms. Marissa and Ms. Anna, the director, and the IECMH consultant speak with Joy about TJ's behavior.

Debrief

Children may express anti-AANHPI racism during lunch and snack time. It may be challenging to respond in the moment when you have not had time to process the entire situation. Give yourself permission to step back and reflect on potential responses before proceeding. It is vital that while you take time to process your responses, you validate the experiences of those harmed and the racialized nature of negative remarks,

particularly remarks made towards ANHPI people. Ignoring or dismissing ANHPI families' feelings and exposure to anti-AANHPI racism may lead to further mistrust and ruptures in school-family relationships and impede pathways to safe learning environments for ANHPI children. Further, it is important to scaffold the teacher in addressing instances of anti-AANHPI racism directly.

In situations like these, it is important for the adults to remain curious while making their position clear.

Ask: *Can you tell me why you do not want to eat with TJ?; Can you tell me what it means when you say that Asian people eat smelly worms and bats?*

State: *I need to tell you, it is not okay when children leave other friends out because of the food they eat [or because of their skin color, the way they talk, or where they live, etc...]*

It is vital that while you take time to process your responses, you validate the experiences of those harmed and the racialized nature of negative remarks, particularly remarks made towards ANHPI people.

CASE STUDY #1 QUESTIONS

Personal Reflection Questions

- What are your initial feelings and reactions to this scenario?
- What might be the meaning of TJ's behavior?
- How might the mother be experiencing the calls from the school? Who else could be consulted in this situation?
- What biases might be present in the staff?
- What might happen to TJ if these experiences continue to occur unaddressed?
- What new knowledge would support the educators in this scenario to address this issue with a reflective anti-bias lens?

Questions for Discussion and Action

- What strategies could you use to support TJ and his family who were hurt by Johnny's comments?
- What reflective practices can the consultant promote or integrate to encourage the school's approach to programming for children and families from diverse cultural backgrounds to support their strengths and individual lived experiences with anti-Asian hate and bias?
- Using the AANHPI connection and belonging framework, how would you respond as the consultant in this situation?
- What is one action step that you will take within your sphere of influence to promote change?

CASE STUDY #2

Kristine

Scenario

Consider the experience of Kristine, 28, a newly arrived licensed White social worker providing consultation for a predominantly Native Hawaiian, Filipino, Japanese, and Pacific Islander school in a neighborhood recovering from the impacts of recent wildfires.

Kristine met with the Pre-K lead teacher, Ms. Kanani who, although new to the program, grew up in the

community. During Kristine's first observation, she observed Ms. Kanani played drums to get the children's attention and allowed children to take their time cleaning up and getting to the carpet. It seemed to Kristine that Ms. Kanani loved teaching children because of her creative circle time activities and art projects. Ms. Kanani often brought the children out to the nearby beach once a week to end their day. Kristine felt the beach outing was unsafe for

children and believed the children were not given sufficient play time or movement breaks. Kristine provided strategies for Ms. Kanani, for example, ways to improve transitions and make activities more engaging for the children. She recommended offering more movement breaks and sensory options. Kristine was very encouraging and came back frequently to check in with Ms. Kanani.

After about a month, Kristine became frustrated that none of Ms. Kanani's practices changed, and she no longer received referrals from her class.

Debrief

New and experienced consultants alike may move too quickly to providing recommendations without first considering the experiences of the consultee. In certain instances, cultural mismatch between consultant and consultant can also contribute to these quick assumptions. In this scenario, Kristine

immediately identified behaviors that she deemed inappropriate and sought to fix them. For the teacher, these behaviors may be cultural, responses to previous trauma, or learned from their family unit.

Consultants are encouraged to employ the consultative stance in their work. This way of being is critical for the development of a collaborative relationship with consultees, allows space for wondering instead of knowing, and creates opportunities to learn the cultural beliefs and caregiving philosophy of the consultee. Prior to creating a plan of action, it is important to consider if these behaviors actually are harmful to the children or if they simply do not align with our personal beliefs. Consider Competency #3, Equity and Cultural Sensitivity, and Competency #4, Reflective Practice, along with the promising practices to guide a response that nurtures relationships, brings biases into awareness, and promotes connection and belonging for the AANHPI educators and children.

CASE STUDY #2 QUESTIONS

Personal Reflection Questions

- In what ways can you relate to the professionals in this scenario?
- What potential opportunities did Kristine miss?
- What might be the meaning of Ms. Kanani's behavior?
- In what ways may power, privilege, and oppression have impacted how Kristine approached this case? And for Ms. Kanani?
- What expectations do you have for teachers, and where did you learn them?
- What might be potential sources of cultural strength and healing for the children?

New and experienced consultants alike may move too quickly to providing recommendations without first considering the experiences of the consultee. In certain instances, cultural mismatch between consultant and consultant can also contribute to these quick assumptions.

CONTINUED ►

Questions for Discussion and Action

- How would this case look different if Kristine had centered Ms. Kanani's strengths and considered connection and belonging as a desired outcome for Ms. Kanani?
- Which of the Promising Practices for promoting connection and belonging could Kristine have implemented with Ms. Kanani?
- What steps do (will) you take to learn about a teacher's culture, experiences, beliefs, and values?
- Using the AANHPI connection and belonging framework of (1) creating space for AANHPI families to feel a sense of belonging by establishing a safe, warm, and AANHPI-affirming learning environment and 2) building upon the experiences of AANHPI children, families, teachers, site supervisors, directors, and administrators, how would you respond as the IECMH consultant in this situation?

CASE STUDY #3

Chuck

Scenario

Chuck is a 55-year-old White psychologist providing reflective supervision for a community agency. Chuck has extensive knowledge of IECMHC and supervises a group of ethnically and linguistically diverse, early-career consultants. Mei is a 26-year-old IECMH consultant who is Chinese American. Many of the consultation requests come from programs that have predominantly Chinese American teachers, directors, children, and families. Chuck often hears Mei recount some of her racialized experiences to other Asian American consultants before group supervision but she never shares with the whole group. Today he overhears her saying, "My parents are the same way, self-care doesn't exist in their language so how do we support the parents in supporting their children if they struggle with supporting themselves?" The other consultants shrugged their shoulders, seemingly knowingly. Chuck wonders how he can help or if it's his place as a White man to intervene.

Debrief

This scenario provides an opportunity for the supervisor to first state his social location then invite discussion about the overt and covert ways power and privilege operate in supervision as well as on-site during consultation. Supervisors are encouraged to employ reflective supervision between supervisor and consultant and/or group consultation to share perspectives and build cultural competence related to this situation. Reflective supervision offers empathy, supports reflective practices, and encourages self-awareness to help consultants explore their reactions to the work, manage stress, and understand the parallel process of relationship-based work.³¹

It is also a place to thoughtfully examine and explore the impact of culture on the consultative relationship, how cultural and linguistic diversity influences the consultative process, and the capacity of the consultant to provide culturally responsive

care. Some specific areas that might be explored in reflective supervision include: personal/professional beliefs, values, and biases; the dynamics of difference between the consultant and their consultee; and the impact of culture and power in the consultation and supervisory relationships.³²

In addition to individual reflective supervision, guided small group experiences can also provide opportunity for shared learning. Both processes help to influence

the consultant, provider, and caregiver relationships and enhance the consultants' ability to meet the needs of those they are serving.³³ In either case, the reflective experience in supervision must include a focus on the consultant's work and experience in relationship-based IECMHC, the biosocial, cultural context of family and child development, early childhood educational practices, community diversity, and the dynamics of cultural and linguistic difference and/or congruence in the consultation relationship.

CASE STUDY #3 QUESTIONS

Personal Reflection Questions

- What are your initial feelings after reading this scenario?
- What emotions possibly came up for Chuck in this scenario?
- What emotions possibly came up for Mei?
- How would you have responded to Mei as her reflective supervisor?

Questions for Discussion and Action

- What possible role does power, privilege, and oppression play in the relationships described in this scenario?
- Which of the Promising Practices do you think would be most relevant to this scenario?
- How could you use AANHPI perspectives of AANHPI thinkers and practitioners to inform your response to Mei and the group as a whole?
- Using the AANHPI connection and belonging framework, how could you respond as the reflective supervisor in this situation?



CASE STUDY #4

Personal Scenario

Now it’s your turn. Have you had a situation where the Centering Asian American, Native Hawaiian, and Pacific Islander Children and Families to Combat Racial Bias and Promote Connection & Belonging in Infant and Early Childhood Mental Health Consultation resource would be applicable? Please write your personal experience or an experience of a colleague here and use the following questions to consider potential solutions.

Scenario

Personal Reflection

Questions for Discussion and Action

Which Competencies and Practices are Relevant?

Which Elements of AANHPI Connection and Belonging can be elevated?

CONCLUSION

Infant and early childhood mental health consultation is uniquely positioned to counter racism and bias because of its goal to build providers' reflective capacity.

It can be a challenge to commit to reflecting on and questioning your beliefs about concepts that are integrated into our value systems that we have come to accept as truth. Seeking out the support of those on a similar journey of unlearning and relearning can provide needed support and new perspectives during times of uncertainty.

Self-reflection is an ongoing process with no specific endpoint. It may become easier as you practice stepping outside of your own thought processes and interacting to understand new ways of thinking. Critical reflective practice is necessary to learn before implementing anti-bias, anti-racist pedagogy, or culturally responsive teaching. Embracing self-compassion as you develop these critical reflective practices may increase your willingness to commit to the process. Just as we have compassion for our youngest learners as they grapple with complex emotions, be compassionate towards yourself and your colleagues as you learn new topics and adjust to new situations. When intentional strategies to counter bias and increase AANHPI representation are applied, early learning spaces have the potential to be environments of connection and belonging for AANHPI children and families.

It is important to move from reflection to knowledge consumption to action. The hope of the authors of this resource is to provide you with a foundation to begin putting these promising practices into action and integrate them into your daily work. Resources are provided below to support your continued efforts

toward supporting AANHPI children, families, and providers to have equitable experiences void of bias and full of connectedness and belonging.



When intentional strategies to counter bias and increase AANHPI representation are applied, early learning spaces have the potential to be environments of connection and belonging for AANHPI children and families.

REFERENCES

- 1 Lau Johnson, W.F., Dy, Lauren, Chang, E., Deguzman, D., Hazratzai, M., Iwamoto, M., Ling Murtaugh, K., and Tang, A. (2023). *Rise of Anti-Asian American and Pacific Islander Hate: Brief on Historical Trauma in AAPI Communities and How We Got Here*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. <https://www.nctsn.org/sites/default/files/resources/fact-sheet/rise-of-anti-asian-american-and-pacific-islander-hate-brief-on-historical-trauma-in-aapi-communities-and-how-we-got-here.pdf>
- 2 The Asian American Foundation (2023). *STAATUS Index—Social Tracking of Asian Americans in the U.S.* https://staatus-index.s3.amazonaws.com/2023/STAATUS_Index_2023.pdf
- 3 Hagerty, B. M., Lynch-Sauer, J., Patusky, K. L., Bouwsema, M., & Collier, P. (1992). Sense of belonging: a vital mental health concept. *Archives of psychiatric nursing*, 6(3), 172–177. [https://doi.org/10.1016/0883-9417\(92\)90028-h](https://doi.org/10.1016/0883-9417(92)90028-h)
- 4 Powell, J. A., & Menendian, S. (2024). *Belonging without othering: How we save ourselves and the world*. Stanford University Press.
- 5 U.S. Census Bureau. (2022). "Asian Alone or in Any Combination by Selected Groups." Retrieved from [https://data.census.gov/table/ACSDT1Y2022.B02018?q=asian groups.&t=](https://data.census.gov/table/ACSDT1Y2022.B02018?q=asian%20groups.&t=). Accessed on January 7, 2024.
- 6 U.S. Census Bureau. (2022). "Selected Population Profile in the United States." Retrieved from <https://data.census.gov/table/ACSSPP1Y2022.S0201?t=060>. Accessed on January 7, 2024.
- 7 U.S. Census Bureau. (2020). "RACE." Retrieved from <https://data.census.gov/table/DECENNIALPL2020.P1?q=population&g=010XX00US>. Accessed on January 7, 2024.
- 8 Budiman A. & Ruiz N.G. (2021, April 9) *Asian Americans are the fastest-growing racial or ethnic group in the U.S 2000-2019*. Pew Research Center. <https://www.pewresearch.org/short-reads/2021/04/09/asian-americans-are-the-fastest-growing-racial-or-ethnic-group-in-the-u-s/>
- 9 Monte L.M. & Shin H.B. (2022, May 25) *20.6 Million People in the U.S Identify as Asian Native Hawaiian, or Pacific Islander*. U.S. Census Bureau <https://www.census.gov/library/stories/2022/05/aanhpi-population-diverse-geographically-dispersed.html>
- 10 Budiman A. & Ruiz N.G. (2021, April 29) *Key facts about Asian Americans, a diverse and growing population*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2021/04/29/key-facts-about-asian-americans>
- 11 Ibid.
- 12 Ibid.
- 13 Advancing Justice & EPIC. (2014). *A Community of Contrasts: Native Hawaiians and Pacific Islanders in the United States, 2014*. Empowering Pacific Islander Communities (EPIC). <https://www.empoweredpi.org/s/NHPI-Demographic-Profile-National.pdf>

- 14 Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117-125.
- 15 Yoo, H. C., Miller, M. J., & Yip, P. (2015). Validation of the internalization of the Model Minority Myth Measure (IM-4) and its link to academic performance and psychological adjustment among Asian American adolescents. *Cultural Diversity & Ethnic Minority Psychology*, 21(2), 237-246. <https://doi.org/10.1037/a0037648>
- 16 Lee, J. P., Lee, R. M., & Tran, A. G. T. T. (2017). Theory and measurement of foreigner objectification. In S. J. Schwartz & J. B. Unger (Eds.), *The Oxford handbook of acculturation and health* (pp. 143-155). Oxford University Press.
- 17 Gilliam, W. S., & Shahar, G. (2006). Preschool and child care expulsion and suspension: Rates and predictors in one state. *Infants and Young Children*, 19(3), 228-245. <https://doi.org/10.1097/00001163-200607000-00007>; Nguyen, B. M. D., Noguera, P., Adkins, N., & Teranishi, R. T. (2019). Ethnic discipline gap: Unseen dimensions of racial disproportionality in school discipline. *American Educational Research Journal*, 56(5), 1973-2003. <https://doi.org/10.3102/0002831219833919>
- 18 Robers, S., Zhang, J., and Truman, J. (2010). *Indicators of School Crime and Safety: 2010* (NCES 2011-002/ NCJ 230812). National Center for Education Statistics, U.S. Department of Education, and Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice.
- 19 Cheng, J. K. Y., Fancher, T. L., Ratanasen, M., Conner, K. R., Duberstein, P. R., Sue, S., & Takeuchi, D. (2010). Lifetime suicidal ideation and suicide attempts in Asian Americans. *Asian American Journal of Psychology*, 1(1), 18-30. <https://doi.org/10.1037/a0018799>
- 20 George, S., Duran, N., & Norris, K. (2014). A systematic review of barriers and facilitators to minority research participation among African Americans, Latinos, Asian Americans, and Pacific Islanders. *American Journal of Public Health*, 104(2), e16-e31. <https://doi.org/10.2105/AJPH.2013.301706>
- 21 Johnston, K. & Brinamen, C. (2006). *Mental health consultation in child care: Transforming relationships among directors, staff, and families*. ZERO TO THREE.
- 22 Lewis, M. L. (2000). The cultural context of infant mental health: The development niche of infant-caregiver relationships. In C. H. Zeanah, Jr. (Ed.), *Handbook of infant mental health* (2nd ed., pp. 91-107). The Guilford Press.; Miller, P. J., & Goodnow, J. J. (1995). Cultural practices: Toward an integration of culture and development. In J. J. Goodnow, P. J. Miller, & F. Kessel (Eds.), *Cultural practices as contexts for development* (pp. 5-16). Jossey-Bass/Wiley.
- 23 Rodriguez-JenKins, J., Mitchell, L., Tremaine, E., Green, B., Dupee, A., Ordonez Rojas, D., Lau, S., & Monroy, J. (2022). *Centering racial equity: Design considerations for Oregon's statewide infant and early childhood mental health consultation (IECMHC) program*. Center for Improvement of Child and Family Services, School of Social Work, Portland State University. [Final Report to Oregon Department of Education: Early Learning Division].

- 24 Hardy, K. V. & Bobes, T. (Eds.). (2016). *Culturally sensitive supervision and training: Diverse perspectives and practical applications*. Routledge/Taylor & Francis Group.
- 25 Zeanah, C. H. (Ed.). (2018). *Handbook of infant mental health* (4th Edition). Guilford Publications.
- 26 Gilliam, W. S., Maupin, A. N., Reyes, C. R., Accavitti, M., & Shic, F. (2016). Do early educators' implicit biases regarding sex and race relate to behavior expectations and recommendations of preschool expulsions and suspensions. *Yale University Child Study Center*, 9(28), 1-16.
- 27 Curenton, S. M., Iruka, I. U., Humphries, M., Jensen, B., Durden, T., Rochester, S. E., Sims, J., Whittaker, J.V., & Kinzie, M. B. (2020). Validity for the Assessing Classroom Sociocultural Equity Scale (ACES) in early childhood classrooms. *Early Education and Development*, 31(2), 284-303.
- 28 Lewis, M.L., White, V. (2021). Tools to disrupt the legacies of colorism: Perceptions, emotions, and stories of childhood racial features. In: Lewis, M.L., Weatherston, D.J. (eds) *Therapeutic cultural routines to build family relationships*. Springer, Cham. https://doi.org/10.1007/978-3-030-83726-6_16
- 29 Lu, J. G., Nisbett, R. E., & Morris, M. W. (2020). Why East Asians but not South Asians are underrepresented in leadership positions in the United States. *Proceedings of the National Academy of Sciences of the United States of America*, 117(9), 4590–4600. <https://doi.org/10.1073/pnas.1918896117>
- 30 Hyun J. (2009) *Breaking the Bamboo Ceiling: Career Strategies for Asians*. HarperCollins
- 31 Day, M. & Parlakian, R. (2003). *How culture shapes social-emotional development: Implications for practice in infant-family programs*. ZERO TO THREE.
- 32 Hays, P. A. (2001). *Addressing cultural complexities in practice: A framework for clinicians and counselors*. American Psychological Association. <https://doi.org/10.1037/10411-000>
- 33 Duran, F. et al. (2009). What Works?: A Study of Effective Early Childhood Mental Health Consultation Programs. Washington, DC: Georgetown University Center for Child and Human Development.

RESOURCES

FOR CONSULTANTS AND EDUCATORS

Honoring The Rich History of Asian Americans, Native Hawaiian, and Pacific Islanders

Public Broadcasting Service (2020). *Asian Americans*. <https://www.pbs.org/weta/asian-americans/>

The Asian American Education Project (2021). *Asian-American K-12 Education Curriculum & Lesson Plans*. <https://asianamericanedu.org/>

ChangeLab (n.d). *A Different Asian American Timeline*. <https://aatimeline.com/>

Library Of Congress (n.d). *Asian Pacific American Heritage Month*. <https://asianpacificheritage.gov/>

Combatting Anti-AANHPI Bias & Stereotypes

Smithsonian Asian Pacific American Center (2020). *We Are Not A Stereotype: Breaking Down Asian Pacific American Bias*. <https://apa.si.edu/learn/not-a-stereotype/>

Park, H.N. (2021, January 13). *What I Wish My Teachers Understood About Me – Student Voices [Video]*. YouTube. <https://www.youtube.com/watch?v=kCMGRiO9nnY>

The MGH Center for Cross-Cultural Student Emotional Wellness (2020). *What I Wish My Teachers Understood About Me: A Conversation on Asian & Asian American Cultural Identity*. <https://www.mghstudentwellness.org/resources-1/wish-my-teachers-understood-ajymp>

Model Minority Myth Resources

Blackburn, S.-S. (2019, March 21). *What Is the Model Minority Myth?* Southern Poverty Law Center. <https://www.learningforjustice.org/magazine/what-is-the-model-minority-myth>

Chow, K. (2017, April 19). *'Model Minority' Myth Again Used as a Racial Wedge Between Asians and Blacks*. National Public Radio. <https://www.npr.org/sections/codeswitch/2017/04/19/524571669/model-minority-myth-again-used-as-a-racial-wedge-between-asians-and-blacks>

Nguyen, T.N. (2020, June 26). *Asian Americans Are Still Caught in the Trap of the 'Model Minority' Stereotype. And It Creates Inequality for All*. TIME USA. <https://time.com/5859206/anti-asian-racism-america>

Chou R.S. & Feagin J.R. (2010). *The Myth of the Model Minority: Asian Americans Facing Racism* (Second Edition). Routledge. <https://www.routledge.com/Myth-of-the-Model-Minority-Asian-Americans-Facing-Racism-Second-Edition/Chou-Feagin/p/book/9781594515873>

Supporting Asian American, Native Hawaiian, Pacific Islander Children and Families

National Association of School Psychologists. (2020). *Supporting Asian, Asian American, and Pacific Islander Students and Families: Tips for Educators in K-12 Settings*. <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/diversity-and-social-justice/social-justice/supporting-asian-asian-american-and-pacific-islander-students-and-families-tips-for-educators-in-k%E2%80%9312-settings>

Sun, S., Patel, A., Tang, J., Gebhart, T., Chen, Y., & Gordon, H.S.J. (2023). *Creating policies to better serve diverse AANHPI populations*. *Child Trends*. <https://doi.org/10.56417/1803h2803u>

National Asian American Pacific Islander Mental Health Association. (n.d). *AANHPI Mental Health Trainings, Programs, & Community Resources*. <https://www.naapimha.org/trainings>

Head Start ECLKC. (2022, May 25). *Recipient Perspectives to Supporting Asian American and Pacific Islander Families* [Video]. <https://eclkc.ohs.acf.hhs.gov/video/recipient-perspectives-supporting-asian-american-pacific-islander-families>

Supporting Emergent Multilingual Children in Early Learning

Chapman De Sousa, E. B. (2019). Five tips to engage multilingual children in conversation. *Young Children*, 74(2), 24–31. <https://www.naeyc.org/resources/pubs/yc/may2019/five-tips-engaging-multilingual-children>

Education Development Center, Inc. (2019). *Supporting Emergent Bilingual Children in Early Learning*. https://www.edc.org/sites/default/files/uploads/Supporting-Emergent-Bilingual-Children_English.pdf

Anti-Asian, Native Hawaiian, & Pacific Islander Hate Resources

Lau Johnson, W.F., Dy, Lauren, Chang, E., Deguzman, D., Hazratzai, M., Iwamoto, M., Ling Murtaugh, K., and Tang, A. (2023). *Rise of Anti-Asian American and Pacific Islander Hate: Brief on Historical Trauma in AAPI Communities and How We Got Here*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. <https://www.nctsn.org/sites/default/files/resources/fact-sheet/rise-of-anti-asian-american-and-pacific-islander-hate-brief-on-historical-trauma-in-aapi-communities-and-how-we-got-here.pdf>

Choi, C. & Kulkarni, M.P. (2020). *Asian Americans, racism, and anti-racism in the COVID Era*. EmbraceRace. <https://www.embracerace.org/resources/asian-americans-racism-and-antiracism-in-the-covid-era#resources>

Chang, E., Tang, A., Dy, Lauren, Deguzman, D., Hazratzai, M., Iwamoto, M., Lau Johnson, W.F., Ling Murtaugh, K. (2023). *Talking with Youth about Anti-Asian American and Pacific Islander Hate*. Los Angeles, CA & Durham, NC: National Child Traumatic Stress Network. <https://www.nctsn.org/sites/default/files/resources/fact-sheet/talking-to-youth-about-anti-asian-american-and-pacific-islander-hate.pdf>

Asian Americans Advancing Justice. (n.d.). *Anti-Asian Hate*. <https://www.advancingjustice-aajc.org/anti-asian-hate>

Right To Be. (2020). *Trainings to Address Anti-Asian/Asian American Harassment*. Asian Americans Advancing Justice. <https://www.advancingjustice-aajc.org/trainings-address-anti-asian-asian-american-harassment>

Professional Development

Equity and Social Justice

Derman-Sparks, L., & J.O. Edwards. With C.M. Goins. 2020. *Anti-Bias Education for Young Children and Ourselves*. 2nd ed. Washington, DC: NAEYC.

Iruka, I., Curenton, S., Escayg, K.A., & Durden, T. (2020). *Don't Look Away: Embracing Anti-Bias Classrooms*. Gryphon House.

Sensoy, O. & DiAngelo, R. (2017). *Is Everyone Really Equal? An Introduction to Key Concepts in Social Justice Education* (2nd ed., Multicultural Education Series). Teachers College Press.

Turner, C. (2016, September 28). *Bias Isn't Just a Police Problem, It's a Preschool Problem* [Radio]. NPR Ed. <https://www.npr.org/sections/ed/2016/09/28/495488716/bias-isnt-just-a-police-problem-its-a-preschool-problem>

Asian American Pacific Islanders for Community Empowerment. (2020). *Asian American Racial Justice Toolkit*. <https://www.asianamtoolkit.org/>

Whiteness & White Cultural Values

Biewen, J. (Producer). (2017, February-August). *Seeing White* [Audio Podcast]. Scene on Radio. <https://www.sceneonradio.org/seeing-white/>

Okun, T. (2021). *White Supremacy Culture Characteristics*. White Supremacy Culture. <https://www.whitesupremacyculture.info/characteristics.html>

Raising Race Conscious Children. (n.d.). Raising Race Conscious Children. <https://raceconscious.org/>

Equity and Mental Health

Hardy, K.V. & Bobes, T. (Eds.). (2016). *Culturally Sensitive Supervision and Training: Diverse Perspectives and Practical Applications* (First Edition). Routledge.

Materials for Children

Alikhan, S. (2023). *I Can Be All Three* (N. Sofi, Illus.). Simon & Schuster Books.

Chang, A. (2023 May 3). *AAPI Month Celebration Reading ABC: Adobo, Boba, Chai with Angel Halo Chang and Friends*. [Video]. YouTube. <https://www.youtube.com/watch?v=N7oVfIZobhA>

Chen, N. (2022). *How We Say I Love You* (L. Wen, Illus.) Knopf Books for Young Readers.

Choi, Y. (also Illus.). (2003). *The Name Jar*. Dragonfly Books.

Gale, H. (2019). *Ho'oni: Hula Warrior* (M. Song, Illus.). Tundra Books.

Ho, J. (2021). *Eyes That Kiss In The Corners* (D. Ho, Illus.). Harper Collins.

Ho, J. (2022). *Eyes That Speak To The Stars* (D. Ho, Illus.). Harper Collins.

Karlins, M. (2021). *Kyoshi's Walk* (N. Wong, Illus.). Lee & Lows Books

Katz, K. (also Illus.). (2012). *My First Chinese New Year*. Square Fish.

Kelkar, S. (2022). *Brown Is Beautiful* (N.Sofi, Illus.). Farrar, Straus, and Giroux (Byr)

Kleinrock, L. (2021 May 18). "Min Jee's Lunch": A Read-aloud Video for Young Learners. [Video]. YouTube. <https://youtu.be/2ydEPIrluIA>

Mirchandani, R. (2021) *Hair Twins* (H. Hatam, Illus.). Little, Brown Books for Young Readers.

Partners in Development Foundation. (2023 May 1). "My Kalo Has Lau, Big and Green Book" Reading with Pua Aquino. [Video]. YouTube. <https://www.youtube.com/watch?v=HnifZ1NgWK0>

Perkins, M. (2021) *Home Is In Between* (L. Naidu, Illus.). Farrar, Straus and Giroux.

Punsalan, H. & Punsalan, G. (2019). *Hu Guaiya Hao Taiguihi* (M. Bevacqua, Trans.; J. Bevacqua, Illus.). The Guam Bus.

Soetoro-Ng, M. (2011). *Ladder To The Moon* (Y. Morales, Illus.). Candlewick Press.

Stein, J. (2022). *Lunch From Home* (J. Li, Illus.). Rise x Penguin Workshop

Sterling, M. (2021). *When Lola Visits* (A. Asis, Illus.). Katherine Tegan Books.

Syed, A. (also Illus.). (2022). *That's Not My Name!* Viking Books for Young Readers. Venkat, S. (2021). *Dancing In Thatha's Footsteps* (K. Ramachandran, Illus.). Yali Books.

Vuon, L.H. (also Illus.). (2021). *Like A Dandelion*. Balzer + Bray

Yamasaki, K. (also Illus.). (2020). *When The Cousins Came*. Holiday House

Yang, K. (2024). *The Rock In My Throat* (J. Lin, Illus.). Carolrhoda Books

