



CENTERING

Latin American

CHILDREN, FAMILIES, AND COMMUNITIES

Through an Anti-Racist, Trauma-Informed and Culturally-Responsive
Lens 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 Consultation. (2024). *Centering Latin American children, families, and communities through an anti-racist, trauma-informed, and culturally-responsive lens in infant and early childhood mental health consultation.*

AUTHORS

Carmen Rosa Noroña, MSW, MS.Ed., LICSW, IECMH-E®, Center for Excellence in Immigrant Infant and Early Childhood Mental Health, Boston Medical Center

Elizabeth Raskin, MPH(c) MSW (c), Boston University School of Public Health

Shantel Meek, PhD, Children's Equity Project, Arizona State University

Claudia Lara, LAMFT, IMH-E (II)®, Art of Intelligent Minds

Kelly Edyburn, PhD, University of California, San Francisco

Fred B. Cardenas, LMSW, Family Service

Jayley Janssen, PhD, Indigo Cultural Center

Lisa Gordon Children's Equity Project, Arizona State University

Angela Keyes, PhD, Tulane University School of Medicine

Cinthia Palomino, PhD, Children's Equity Project, Arizona State University

CONTRIBUTORS

Luis E. Flores, M.A., LPC-S, LCCA, Serving Children and Adults in Need (SCAN), Inc.

Vilma Reyes, PsyD, UCSF Weill Institute for Neurosciences, University of California, San Francisco

Darielle Blevins, PhD, Children's Equity Project, Arizona State University

Xigris Soto-Bokin, PhD, Children's Equity Project, Arizona State University

Gladys Aponte, PhD, Children's Equity Project, Arizona State University

Ana Maria Melendez Guevara PhD, LCSW, REACH Institute, Arizona State University

IN PARTNERSHIP WITH:

**CHILDREN'S EQUITY
PROJECT**

*GEORGETOWN
UNIVERSITY*



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
Resource Organization	6
Section 1	7
A Brief Overview of the History of Latin America	7
The Latin American Population in the U.S. and Current Stressors	9
The Impact of Trauma and Stress on Young Children	10
Strengths and Protective Factors	11
Early Childhood Settings Where Latin American Children are Receiving IECMHC	14
Section 2	15
Promising Practices Aligned with the Revised Competencies	15
Competency 1. Role of the IECMH Consultant	16
Competency 2. Foundational Knowledge	17
Competency 3. Reflective Practice	18
Competency 4. Equity and Cultural Sensitivity	19
Competency 5. Child and Family Focused Consultation	20
Competency 6. Classroom Focused Consultation	22
Competency 7. Programmatic Consultation	25
Competency 8. Systems-Wide Orientation	27
Section 3	30
Scenarios Based on Real-World Experiences in IECMHC	30
Scenario 1. Eddy and Cruz	31
Scenario 2. Two Sisters	32
Scenario 3. Jessica	32
Scenario 4. Yeilin	33
Conclusion	35
Policy Considerations	36
Supplementary Materials	37
References	41

INTRODUCTION

Latin American families are those who were born or raised in or with ethno-cultural heritage from the Caribbean, Central America, Mexico, and South America.¹

Latin American families in the United States (and beyond) are diverse by every measure: racially, linguistically, socioeconomically, and so on. The large and growing population of Latin Americans in the United States make — and have always made — substantive and significant contributions culturally, economically, and socio-politically to the United States. Latin American children and families have innumerable strengths and assets. Latin American children and families also experience inequities and barriers across many social systems in the U.S., including education, health care, and economic systems, due largely to racism, discrimination, and xenophobia. These adversities impact the lives of young children and their families and present significant threats to the overall wellbeing of Latin American children.

There is a critical need for early care and education providers to attend to the diverse histories of Latin American children and families in the U.S. and respond to the contemporary challenges facing these communities. This is especially pressing in early care and education settings, where anti-racist, trauma-informed, and culturally-responsive approaches are essential in this effort. Applying such lenses to infant and early childhood mental health consultation (IECMHC) may be particularly impactful, as IECMHC has been expanding into more and more settings that serve high numbers of Latin American children and families. Though IECMHC is primarily implemented in early care and education programs (e.g., center-based child care, Head Start, public pre-k, and licensed family child care), use of IECMHC continues to grow in other settings, such as domestic violence shelters, home visitation programs, family,



There is a critical need for early care and education providers to attend to the diverse histories of Latin American children and families in the U.S.

friend and neighbor (FFN) child care settings, primary care pediatric offices, Family Resource Centers, and other child-serving organizations.² The growth of this model in these settings offers new possibilities for collaboration between caregivers, infant and early childhood mental health consultants (MHCs), and other social service and health care providers, with the goal of understanding and responding to the evolving needs of young Latin American children.

The purpose of this resource is to demonstrate how the tenets of anti-racist, trauma-informed, and culturally responsive practice can be applied to IECMHC to improve equity and care for Latin American children, families, and communities. The resource builds off of the Equity in Infant and Early Childhood Mental Health Consultation (IECMHC) Webinar Series: Culture, Identity, and History as Sources of Strength and Resilience for Latino Children and Families. The series examines issues of racialized inequities and bias on the early care and education experiences for Latino children and families, explores a strengths-based approach to forging culturally and linguistically responsive relationships, and identifies policies and practices to strengthen cultural responsiveness in IECMHC in order to reduce disparities and support children's healthy development and learning.

Anti-racist, trauma-informed, and culturally responsive practice can be applied to IECMHC to improve equity and care for Latin American children, families, and communities.

Defining 'Latin American'

There are many ways that people with heritage from the Caribbean, Central America, Mexico, and South America self-identify and are identified within the U.S. Commonly used terms include those referencing nationality and heritage (e.g., Brazilian, Mexican, Dominican, Cuban American), as well as broader umbrella terms encompassing larger sociopolitical regions or contexts (e.g., Latin American, Latine, Latinx, Latino, Hispanic). Each of these terms has unique implications (see Supplementary Materials for more information).

Despite the common use of such labels, it is important to note that these terms do not adequately represent the rich ethno-cultural, linguistic, and historical diversity across Latin America, nor do they refer to a single homogenous racial, ethnic, cultural, or linguistic group.³ It is also important to recognize millions of Indigenous peoples across Latin America, including the Garífuna, Mayan, Taíno, Aztec, Kichwa, Zapotec, Quechua, and others, who are often labeled solely as "Latine" in the U.S.

For the purposes of this brief, we use the term "Latin American" to identify people born or raised in or with ethno-cultural heritage from the Caribbean, Central America, Mexico, and South America.⁴



RESOURCE ORGANIZATION

The resource is organized into four sections.

Section 1 provides a framing of the identities and experiences of Latin American children and families in the U.S., including demographic information, historical and current stressors, barriers to quality social, health, and educational services in the U.S., and strengths and protective factors. This introductory framing is intended to increase knowledge about the socio-cultural and historical contexts relevant to the Latin American community, as well as foster cultural humility, or the ability to know and celebrate cultural differences and recognize and examine one's personal beliefs, biases, and assumptions related to cultural differences.

Section 2 examines how the tenets of anti-racist, trauma-informed, and culturally responsive practice can be applied to the core components of IECMHC to address the unique strengths and needs of Latin American children, families, and communities.

Section 3 provides real-life IECMHC case scenarios and questions for individual and group reflection.

Section 4 includes policy implications and conclusions for implementing anti-racist, trauma-informed, and culturally responsive IECMHC for Latin American children and families.



SECTION 1

A BRIEF OVERVIEW OF THE HISTORY OF LATIN AMERICA

This section aims to deepen IECMHC providers' understanding of the historical and current traumatic stressors experienced by some Latin American families and children.

It is important to note that there is no single Latin American history. Just as Latin American families are extremely diverse, so too are their histories and lived experiences. This diversity cannot be fully represented in this one resource. It is imperative that IECMH consultants, supervisors, and leaders learn about the historical and contemporary contexts experienced by individual consultees and those of the children, families, and communities they serve to better understand any potential traumatic stressors that they may have experienced.

Spanning from northern Mexico to southern Chile and the islands of the Caribbean, Latin America is a diverse region rich in culture, natural resources, and traditions.⁵ Latin America's history is also incredibly diverse. Before colonization, Latin America was the home to millions of indigenous peoples, including the Aztecs, Mayans, Incas and many others, who lived in socially, educationally, and economically advanced civilizations.⁶

Colonization began with the arrival of European explorers and colonizers, including Christopher Columbus, Amerigo Vespucci, Hernán Cortés, and Francisco Pizarro, on the shores of what are now known as Latin American countries. The vast majority of Latin America was colonized by Spain from 1519 to 1838, and Brazil was colonized by Portugal from



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.

1500 to 1822.⁷ Some countries in the Caribbean, such as Haiti and Trinidad and Tobago, were colonized by the French and British.⁸ During this period, colonizers destroyed many indigenous civilizations and societies, dispossessing indigenous peoples' land and decimating native populations through disease, genocide, enslavement, and forced assimilation. Africans were also forcibly brought to Latin America and enslaved during this time to harvest natural resources in European colonies' mines and plantations across the region.⁹ Today, about 130 million people of African descent represent roughly a quarter of the region's total population.¹⁰ Racial and ethnic diversity increased as a result of contact between many cultures during and beyond this period. Colonization

profoundly transformed the cultures, social identities, economy, and religious practices of Latin America.

Following independence from Spain and Portugal, independent Latin American countries sought to develop new economic and social structures, but faced many challenges, such as Mexico's loss of northern territories to the U.S., the dissolution of the Federal and Great Republic of Central America, and the War of the Pacific.^{11,12,13} The 20th century was marked by great social and economic challenges caused by the Great Depression in the 1930s, dictatorships in the 1960s, as well as armed conflicts and civil wars in many Latin American countries, many of which were shaped by U.S. intervention.^{14,15}

Currently, most Latin American countries have democratic governments, but sociopolitical and economic instability remains.¹⁶ Some Caribbean countries still remain under European control, such as Aruba and Curacao,¹⁷ while other regions, such as Puerto Rico, which was formally colonized by Spain, are now part of U.S. territories.¹⁸

While each country in Latin America faces unique challenges, many are currently navigating deeply rooted systemic inequities, such as poverty, racism, and indigenous marginalization.^{19,20} Further, drug trafficking, gang violence, and related police/government corruption have emerged amid socio-politically and economically unstable conditions in several Central American countries, following a long history of intervention by the U.S. and other foreign governments, including the U.S.-led global "war on drugs" that accelerated drug production, trafficking-related violence, and corruption in the region.²¹ Many Latin American children and families, particularly asylum seekers migrating from Central America, are fleeing extreme violence and persecution perpetrated by gangs, and this can continue to be a significant stressor throughout migration and after arriving to the U.S.²² However, the experiences of Latin American children and families are incredibly diverse, and there are numerous other reasons for which individuals emigrate from their home country, as well.



THE LATIN AMERICAN POPULATION IN THE U.S. AND CURRENT STRESSORS

Latin American families vary in their generational status in the U.S.—some are recent immigrants, while others are U.S. citizens and have had family in the U.S. for generations.

Some have immigrated to the U.S. by choice, while others immigrate fleeing violence and persecution to seek asylum. Latin American children make up about 26% of children living in the U.S. as of 2020, and over a quarter are under age 5.^{23,24} Although the vast majority of Latin American children living in the U.S. were born in the U.S. (94%), approximately half have at least one foreign born parent.^{25,26} Latin American children live in all states, making up the majority of children in New Mexico and California (60% and 52% respectively), and over 25% of the child population in 12 other states.²⁷ Latin Americans of Mexican origin represent the largest Latin American group in the U.S. (37,200,000 people), followed by Puerto Ricans (5,800,000 people), Salvadorans (2,500,000 people), Dominicans (2,400,000 people), and Cubans (2,400,000).²⁸ According to the 2015-19 American Community Survey, there are 2,200,000 Latin Americans who identify as Afro-Latino.²⁹

Latin American immigrant families are often profoundly affected by immigration policies and their families' own personal experiences with migration. Individuals' perceptions of migration and acculturation—and the effects of these experiences—are shaped by many factors, such as one's reasons and degree of choice in deciding to migrate, experience of migrating alone or with family, changes in one's socioeconomic status post-migration, and one's ability to visit their country of origin after migrating.^{30,31} Today, nativist ideology and anti-immigrant policies have created a hostile sociopolitical climate in the U.S. that is antagonistic toward Latin American and other immigrant communities. Legislation focused on the exclusion and deportation of immigrants increased 500% from



2005 to 2015.³² The impact of deportation and fear of deportation is multifaceted, multi-generational, and detrimental to the health, wellbeing, and socioeconomic stability of Latin American immigrant families and communities, regardless of immigration status.

Latin American communities also face discrimination, police violence, and ethno-racial violence in the U.S. Latin American people are killed by police at a disproportionate rate, with the second highest rate among ethno-racial groups in the country, after African-Americans.³³ In 2018, four in 10 Latin American people reported having experienced discrimination, such as being criticized for speaking Spanish or being told to go back to their home country.³⁴ According to the FBI, hate crimes against Latin American people rose over 21% in 2018, coinciding with the

anti-immigrant rhetoric that permeated the media and political discourse at the time.

As a result of historical and current trauma and sociopolitical marginalization in the U.S., Latin American families face inequitable access to resources and high-quality services, including early care and learning and mental health services. Barriers to such services include: geographic challenges and limited transportation, logistical/navigational difficulties due

to the complexity of U.S. health care and education systems,³⁵ limited awareness of mental health services, and limited availability of bilingual and culturally congruent providers and strengths-based, culturally and linguistically responsive mental health services.^{36,37,38} See Table S2 in the Supplementary Materials for additional barriers to mental health care for Latin American children and families.

THE IMPACT OF TRAUMA AND STRESS ON YOUNG CHILDREN

These multiple traumas imposed by systems and structures across generations can impact children's mental health, and that of their caregivers.

The impacts families experience can present similar to the impacts of trauma more broadly, but may have different roots and context that are important to understand. For example, children living in undocumented or mixed status families may constantly fear the deportation of their parents and family members,³⁹ and may fear the police and internalize the negative perception towards immigration identity, equating it to illegal, alien, unwanted, or dangerous.^{40,41} As a result, young children may experience emotional dysregulation, regressive symptoms, withdrawal, aggression, and somatic symptoms, as well as confusion or shame about their heritage and identity later in life.^{42,43}

Children living in mixed status and undocumented families, and those crossing the U.S.-Mexico border face the threat of forced separation by immigration authorities. Many young children may witness their parent's detention as the separation happens suddenly and in very dramatic or violent ways from the perspective of the child.^{44,45,46} Children who have experienced immigration-related separations are left



with ambiguity about where the parent is and when the reunification will happen, leaving children in a state of emotional suspension or limbo, which is called ambiguous loss. They may present post-traumatic responses similar to traumatic grief.⁴⁷ Further, forcible separation has been shown to have short- and long-term deleterious effects on the development of young children and their families (e.g., fear, increased arousal, diminished interest in play and social interactions, separation anxiety, feelings of loss and abandonment, aggression towards caregivers, shame, depression, sleep and eating difficulties, developmental delays, suicidality).^{48,49,50, 51,52}

Many second- and third-generation families who have not directly dealt with immigration issues experience the impact of trauma and stress due to historic and ongoing systemic social inequities that disproportionately affect communities of color in the U.S.⁵³ Major stressors include poverty, food insecurity, living in neighborhoods that are underserved, limited opportunities for financial mobility, as well as physical and mental conditions caused by intergenerational trauma—the cumulative emotional and psychological wounding transmitted from one generation to the

next.⁵⁴ The racism, colonialism, xenophobia, classism, and sexism experienced by previous generations affect children and adults today who experience mental health conditions resulting from these traumatic experiences. Intergenerational trauma has also led to higher rates of diseases in families and children of Latin American descent,⁵⁵ including high rates of asthma, metabolic conditions, and autoimmune diseases.^{56,57} Such health conditions are exacerbated by limited access to healthy food options in most underserved neighborhoods.

Due to systemic inequities, many second and third generation older children often have to take on adult responsibilities like facilitating medical appointments, paying bills, and interpreting and brokering adult matters.⁵⁸ Children may also have to assist their parents at work, and older siblings often become caretakers, tutors, and homemakers at a young age. On top of these stressors, many second and third generation children face the challenge of navigating multiple and conflicting cultures in the U.S. Those who do not get the opportunity to learn their heritage languages often experience shame and a disconnection from their families and cultures.^{59,60}

STRENGTHS AND PROTECTIVE FACTORS

Despite significant stressors, Latin Americans have many individual and family strengths that support their resilience in the face of hardship and guard against the negative effects of adversity on their well-being.

A literature review of 35 studies from 2000 to 2022, identified strong social skills as one of the key strengths of Latin American children, primarily of Hispanic origin.⁶¹ Social skills help children develop resilience because they promote other domains of development, such as task persistence and learning. Biculturalism and bilingualism also serve as a strength. The ability to communicate in two or more languages is associated with an array of cognitive, academic, social, cultural, economic, and even health

outcomes.^{62,63} Importantly, maintaining children's home language helps children foster a positive ethnic identity and maintain strong connections to their families and cultures — critical dimensions of healthy social and emotional development.⁶⁴

The following table includes additional individual and family strengths and protective factors that support the resilience and wellbeing of Latin American children and families:

Strengths and Protective Factors

Spirituality

Religion plays a prominent role within Latin American cultures, often guiding beliefs and social traditions. Many Latin American families also turn to spiritual guides and traditional healers, such as curanderas, sobadores, or yerberos.⁶⁵

Personalismo/simpatía, and dignidad

Cultural value of personalismo/simpatía, and dignidad, emphasize personal relationships, caring, pleasant, and harmonious interactions, and treating people with dignity. These cultural values promote strong emotional bonds and support systems in which children and families are supported.

Positive identity formation and cultural pride

Mixed status families or undocumented families often develop strategies that minimize identification or engagement with immigration authorities. Mixed status and undocumented families also develop strategies for navigating across multiple marginalized identities without drawing attention to differences publicly, while still maintaining cultural values and practices within their private lives. This survival strategy, referred to as code switching, facilitates social, cultural, and economic participation in dominant U.S. society, while preserving cultural and linguistic identities.⁶⁶ Code switching enables families' intergenerational transmission of language, traditions, and cultural values, promoting positive identity formation, helping children to develop a sense of positive association and pride within their cultural and immigrant identity.

Familismo

Familismo is a cultural value that emphasizes family loyalty, interdependence, and harmonious relationships within immediate and extended family and broader kinship networks,⁶⁷ and is known to have numerous protective factors. Familismo has been associated with numerous protective factors for children, including better psychosocial adjustment, higher academic effort, lower rates of behavioral problems, and mental health.^{68,69,70} Familismo is represented in data on family cohesion and family bonds among Latin American households, with Latin American children being more likely to eat home-cooked meals with family than other children, or the majority living in households with multiple caregivers.⁷¹

Teaching ethno-cultural knowledge and traditions

Oral traditions and the role of the narrative are particularly important among Latin American communities - cuentos offer communities and families a mechanism to teach ethno-cultural knowledge, traditions, and celebrate cultural strengths and history.

Multiple attachments & collectivism

Collectivism is a strongly rooted cultural value, including towards child rearing and caregiving — which are considered to be a multigenerational and collectivistic process. This framework challenges Euro-American dominant discourses of biological mother-child early attachment by prioritizing multiple attachments from an early age.⁷²

Social networks

Latin American communities in the U.S. create robust systems of social support through family networks, friendships, religious communities, and informal migrant networks, leveraging the cultural value of connectedness and family as an important protective factor against loneliness and facilitate collective resilience.⁷³ Studies examining immigration-related stress among Latin American people show that social networks, particularly within religious communities, play an important role in buffering the effects of immigration stress and ethno-racial

trauma by facilitating a social network that provides social support and produces tangible and intangible resources in a reciprocal manner.⁷⁴ Social networks also facilitate social events that promote collective emotional expression, such as singing, dancing, and/or laughing, which are important components of radical healing.

Respeto

Respeto emphasizes appropriate behavior in a given situation and particularly with people with high levels of authority, such as parents, teachers, and elders.⁷⁵ Latin American children are usually socialized to this value mindset from a very young age and it is usually perceived as more important than assertiveness and independence.⁷⁶ Further, research has shown that respeto influences the way that Latin Americans parents interact with their children. For instance, one study showed that this value is associated with maternal sensitivity and language use during parent-child interactions.⁷⁷



EARLY CHILDHOOD SETTINGS WHERE LATIN AMERICAN CHILDREN ARE RECEIVING IECMHC

Given these summarized experiences, histories, challenges, and considerable strengths of Latin American children and families, there is a need to operationalize and implement an anti-racist, trauma-informed and culturally-responsive lens in early child care settings.

Such approaches are particularly important as IECMHC moves into new settings where professionals support families and children. Core components of IECMHC that are utilized in more traditional child care settings, such as use of the IECMHC Core Competencies⁷⁸ and the consultative stance,⁷⁹ provide a framework for how to integrate the consultation into these new systems. Implementation of these core components and elements sets the stage for services that are relationship-based, individualized, and more likely to engage parents and families.⁸⁰ In addition, it is paramount that the application of IECMHC into new settings be informed by and integrate socio-cultural, social justice, and anti-racist frameworks that highlight the unique needs and strengths of Latin American children, families, and communities.⁸¹

The next section demonstrates how the tenets of anti-racist, trauma-informed, and culturally responsive practice can be applied to IECMHC to advance equity for Latin American children, families, and communities. Importantly, leaders and practitioners should familiarize themselves with the historical and contemporary ways in which Latin American communities in the U.S. broadly, and in the particular communities and regions where services are being provided, specifically experience racism and marginalization. Understanding community context — the specific populations and their strengths, histories, and contemporary challenges — are critical to providing responsive, culturally affirming



services. The promising practices described below are meant to offer perspective and context. They are not prescriptive, as culturally responsive and affirming services require tailoring to families' and communities' unique contexts. These promising practices are aligned with the *Center of Excellence for IECMH Consultation Competencies*, which the Children's Equity Project helped to revise in 2020 to integrate more explicitly anti-racist and equity lenses.

SECTION 2

PROMISING PRACTICES ALIGNED WITH THE REVISED COMPETENCIES

We return to the competencies as our guide for centering Latin American children, families, and communities through an anti-racist, trauma-informed, and culturally-responsive lens in IECMHC.

This section provides a rationale for centering Latin American ways of knowing, being, and expressing for effective consultation on behalf of Latin American 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 Latin American mental health researchers and practitioners.

A central question remains: *How do we extend the notion of centering Latin American ways of knowing into mental health consultation as a framework for transformation and an outcome for Latin American children and families?*



COMPETENCY 1

Role of the IECMH Consultant

The relationship between the consultant and consultee (e.g., teacher, social worker, pediatrician) is the primary mechanism by which change takes place.⁸² A relationship between a consultant, staff, and families develops over time and is based on trust, support, and encouragement. These characteristics are what determines the success of the service. This may be especially true for some Latin American children and families due to some of the cultural values reviewed, such as familismo (see definitions). As Latin American families are more likely to live in multigenerational and extended family households, the child's circle may be larger (e.g., aunts, uncles, grandparents,

godparents); ensuring that the family decides who is part of the decision making team is critical. Important predictors of a strong relationship may be the consultant's cultural humility (see definitions), positionality as a learner and partner, and recognition and reckoning with their own ethnic-racial identity and the privileges and power it may have in relation to their consultees. Sharing the same language and shared ethnic-racial identity is inadequate on its own, but in combination with culturally affirming practices and cultural humility, can help build trust and break down communication barriers.

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 Latin American families, children, and providers.⁸³ Work to cultivate cultural humility and practice ongoing cultural learning as a lifelong practice. Encourage such reflection and humility among consultees, as well. In the early stages of relationship building, consultants may wish to suggest that consultees complete a cultural humility self-report checklist, such the Cultural and Linguistic Competence Self-Assessment Checklist from the Center of Excellence.
- Increase awareness of the history of harmful practices enacted by mental health practitioners that have resulted in a mistrust of mental health professionals by many Latin American families and children.
- Learn about the cultural and familial values of the Latin American communities you are serving. Invest time and effort at the beginning stages of consultation to gather information about families' and program staff's identities, values, needs, and goals. Asking open-ended questions and inviting

family and staff to share stories, family histories, or day-to-day experiences can be helpful in cultivating an understanding of families' and program staff's identities and cultural experiences.

- Commit to earning families' trust by acknowledging potential power dynamics⁸⁴ and centering their values and goals for consultation.
- Use a strengths-based and trauma-informed approach that acknowledges, celebrates, and builds on family and community assets and recognizes the legacy of trauma in many Latin American communities. Be mindful of the impact of the intergenerational transmission of trauma⁸⁵ and consider that caregivers and program staff may need scaffolding or their own mental health support to implement new strategies to support their children's mental health.
- Co-create with Latin American families and providers a plan to address stigma surrounding mental health services. For example, consider using a name or acronym for IECMHC that centers on community, wellbeing, and belonging (e.g., "*fuentes o círculos de apoyo*").

COMPETENCY 2

Foundational Knowledge

Achieving an effective consultation relationship depends on the consultative stance. The consultative stance is often referred to as the consultant's "way of being" when in the presence of the consultee.⁸⁶ Although the consultant may be considered an expert in their field, they do not assume that role in the consultation process. On the contrary, the consultation relationship is a bidirectional relationship

in which both sides share their thoughts, feelings, and insights. This bidirectional relationship includes the discussion of experiences, values, and traditions.

COMPETENCY 2 Promising Practices

- Learn about the history of Latin American people and the complexity of the Latin American diaspora, including histories of colonization, slavery, and labor exploitation, multiracial identities, migration histories and patterns, diversity in immigration status, acculturative stressors, and the impact of policy on health disparities that affect Latin American children and families. Research the deep structure of Latin American cultures, histories, and languages to understand common cultural values, communication styles, and socialization practices and structure the consultation process to be flexible and responsive to the heterogeneity in Latin American families' identities, experiences, and needs.
- Intentionally seek out information on Latin American connection and community support as resistance, pleasure, and leisure to expand your thinking of Latin American cultures (i.e., visit Latin American community gatherings and mutual aid events, research archives, visit galleries exhibiting Latin American artists, immerse yourself in Latin American-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 Latin American 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, such as cultural practices for promoting *bienestar* and child rearing, culturally-congruent and non stigmatizing ways to discuss mental health support, and communication to build connectedness. Integrate learning and dialogue about Latin American-centered healing and social-emotional pedagogy in consultation and reflective supervision.
- Help ensure all ECE providers participate in racial bias and anti-racism training as a part of the process of mental health consultation. Training should include information about the history of racism, white supremacy, sexism, and ableism and their impact on the field of IECMHC. Utilize the Racial Equity Toolkit to facilitate new learning and discussion of complex topics related to racial equity.

COMPETENCY 3

Reflective Practice

Reflective practice is another important component of effective consultation. Reflective supervision refers to the practice of self-reflection with the support of a mentor/supervisor. It is aimed at helping the mental health consultant reflect not only on their own socio-cultural responsiveness and how they

‘locate themselves’ in a cultural context, but also their internalized biases and/or oppressions that may be impacting their work. This includes internalized oppression for consultants from Black, Indigenous, or other communities of color who have been historically or contemporarily marginalized.

COMPETENCY 3 Promising Practices

- Reflect on your upbringing, cultural lens, values, and beliefs around infant caregiving, child development, classroom management, and the concept of which behaviors are considered “appropriate behaviors,” and how these impact your work with consultees. Where did you learn these ideas (i.e., home, school, college, community)? Do these align with your values? Do these align with voices within the community of Latin American mental health scholars?⁸⁷
- Reflect on your knowledge of the unique identities and experiences of Latin American families and how these shape families' current relationships, functioning, and goals. Consider the impact of immigration-related traumatic separation or fear of separation, which is common in many Latin American families with undocumented individuals, mixed-status families, and newly arrived immigrant families; or the impact of home language loss on familial relationships and positive identity formation.⁸⁸
- 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 Latin American families.
- 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. It may be useful to complete the assessment together in person or using a virtual platform. Take into consideration that most assessment tools for young children are based on Eurocentric values and paradigms. Even if they have been translated, this does not mean that they have been normed on the diversity of Latin American children. Therefore, the information that these tools provide is limited and other sources of information should be included in the assessment process including observations of the child in different contexts and with different caregivers as well as interviews with caregivers and other providers. So ask yourself who are these referral, intake, and assessment procedures in service of? You, the system or the family?^{89,90}

- When working with providers and writing improvement plans, reframe behaviors that are based in the family's socio-cultural and historical and contexts that are often mislabeled as inappropriate as developmentally and culturally appropriate. For example, ...“The child seems to present delays in self-help skills as he is 48 months old and he is not eating on his own” to “It seems that the child has not had the practice and experience of eating on his own yet and learning how to use utensils. The child’s mother reports that in her family and community children are spoon-fed by adults until age 5.”

COMPETENCY 4

Equity and Cultural Sensitivity

When partnering with programs serving Latin American families, it is important that the consultant be familiar with the socialization of Latin American families and providers. Consultants should work to build a relationship that supports program staff in understanding the meaning behind a child's behavior and to work collaboratively with families to support the development and implementation of strategies that best meet a child's needs. These relationships develop best when consultants learn about the consultees' (i.e., providers and families) preferred communication style, their perceptions, beliefs and values about gender roles, gender identification and expression, child rearing practices, beliefs about recovering from adversity, and most importantly their dreams and hopes for their children. This exploration should be done from the stance of genuine curiosity and humility, and should move at the pace and to the extent that consultees are comfortable with. The use of appropriate framing (e.g., exploring these questions to build trust and work together as a team toward the family's dreams and hopes for their child) and open-ended questions in these situations is highly recommended. Checking in with consultees regularly regarding their comfort level with the information

being discussed is also advised. This may be more difficult to do when the consultant is not of the same cultural background, does not speak the same language as the consultee, or does not have expertise and training in interviewing and cultural humility.

IECMHC is based on the notion that we meet the staff, families, and children where they are in the present moment, physically in terms of location as well as emotionally and developmentally. The decision of where the meetings should take place should always be left to the consultee, as this helps to form an alliance and ensures the location is where the consultee feels safe. Consultants must be cognizant of the role that historical trauma and institutional racism may play in efforts to build rapport, form relationships, and create trust with families or providers. This may require more intentional and extensive, trust-building, introductory and transitioning efforts and practices. Once the alliance is formed, the consultative relationship deepens and can better address the needs of the consultee. IECMHC protocols or other integrated best-practices may need to be modified to ensure adequate time in the initial trust-building phase to be most effective.

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?; How does who I am and what I believe influence my work with children, families, and providers?⁹¹
- Reflect on and identify your biases and beliefs about Latin American cultures. Reflect on how

marginalizing ideas or messages about Latin American cultures, families, and children have shown up in your family and social circles, then examine how they have impacted your belief systems.⁹² 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 or joining an accountability group in your personal or professional life to help support you in sustaining active self-reflection and identifying personal and institutional biases.⁹³
- Consider the following questions when creating plans for programs, classrooms, and children and

families: Who benefits and who is disadvantaged by the strategies or approaches I am using?; How is my positionality influencing my approach?; Is the flow or cycle of consultation responsive to the needs of consultees?; Do these practices promote connection and community support, or act as a barrier to those goals?⁹⁴

COMPETENCY 5

Child and Family Focused Consultation

Child and family-focused consultation is implemented directly with families and early care and education providers. Consultants support consultees who seek to help a child in their care with supporting social, emotional, and behavioral development. This type of consultation focuses on understanding the relationships in which the child and/or family is currently developing. Two common themes that permeate challenges for young children are disruption of attachment and trauma. Traumatic experiences

sometimes develop when there is a loss of an attachment figure, and the child does not have the neurodevelopmental and cognitive resources to be able to cope or regulate. Young children need a trusted figure to co-regulate and make sense after the loss.

Many of the settings in which Latin American children and families are enrolled may have white, mainstream ethno-centric practices that may be contributing to the challenges that come up.

COMPETENCY 5 Promising Practices

- Ask family members about their primary/preferred language, including specifically asking about indigenous languages, and do not assume caregivers or family members speak, read, or write English or Spanish. Encourage the child's and family's use of their home/primary languages and celebrate Latin American linguistic and cultural repertoires as assets to the consultee relationship and their early childhood programs. Provide consultation services in a linguistically responsive manner by

1) conducting meetings in the family's preferred language using multilingual consultants or trained interpreters, 2) providing written resources and documents in the family's preferred language, and 3) sharing information in multiple modalities—e.g., in conversation, in a written handout, and then checking in later to see if family members have questions or reflections after they have had time to process the information.⁹⁵

- Be mindful of potential stigma around mental health concerns in Latin American communities and provide psychoeducation that normalizes seeking help for social, emotional, or behavioral challenges and explains what services may look like or focus on. Explore potential wariness or mistrust of mental health institutions and validate families' feelings related to their prior experiences with mental health providers or systems. Consider families' needs and interest in mental health services (vs. other types of services or supports) when making referrals.
- Identify and leverage familial capital, also called fictive kinship, as an asset in the consultation process. If extended family members (including those without shared lineage) play the role of aunts, uncles, grandparents, etc., consider how you may invite them, at the caregivers' discretion, to fully participate in consultation, including contributing to the creation of a positive behavior support plan, helping with implementing the plan, and remaining involved in the child's schooling.^{96,97}
- Engage families and build trust by discussing or drawing a family map that helps the family explore and share their: 1) identities (such country of origin, race/ethnicity, primary language, socioeconomic status, gender, sexual orientation), 2) important familial and individual relationships (including extended family members who may be important to include in the consultation process), 3) personal and social history (such as immigration history, ethno-racial- or immigration-related trauma, recent and current stressors, family milestones, changes in the family), 4) broader cultural and political contexts (such as experiences of racism/discrimination, acculturative stressors, immigration policies affecting their lives, gender roles or expectations within the family, different perspectives within the family across generations), 5) forms of social support (including individuals/social networks, cultural practices, spiritual or religious practices, 6) needs or accommodations (such as repetition of verbal information, vision screening and new glasses, support to find stable housing), 7) values (including

common Latin American family values, such as relationships and collectivism [see definition in the supplementary materials], as well as individual values like joy, friendship, creativity, persistence, adventure), and 8) goals (including those related to their child's development and wellbeing and broader family goals). Throughout this discussion, the consultant should use appropriate self-disclosure about their own background to build rapport, highlight connections with the family's identities and experiences, and explicitly name potential differences that may need to be addressed/bridged in the consultation process (e.g., consultant and consultees who are from different racial backgrounds or who have different ideas about gender roles). Use open-ended questions to build on families' self-identified needs/accommodations, values, and goals and explore potential culturally responsive practices that may further facilitate the consultation (e.g., targeted support to fathers/men in the extended family and integration of their roles and perspectives in the consultation process; honor and respect for the family's ancestral knowledge, spiritual and religious practices; preference for receiving mental health support from elders, spiritual leaders, or healers, such as *curanderos*, *pastores*, *sobadores*, *hierberos*, instead of other types of mental health professionals).

- Collaboratively develop a shared vision and plan for consultation. Ask caregivers questions such as: What are the things that you like about your child? What are things that are challenging about your child? What makes your child laugh? What are your child's strengths? What are your goals for your child and consultation? Ask children questions such as: What is something that 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? What is difficult/challenging/scary for you? Encourage children to respond using words, drawings, photography, and/or body movements.

COMPETENCY 6

Classroom Focused Consultation

Classroom-focused consultation emphasizes work with staff/providers to improve the quality of care offered to the children and families. Consultants usually help consultees identify and address attitudes, values and practices that may impact interactions between the staff and children/families. The goal of classroom-focused consultation is to support staff so that they provide the highest quality of care to children. Classroom focused consultation looks not only at the physical environment but also at the quality of relationships between adults and children. Critical self-reflection is an important part of this level of consultation, as the staff/providers are asked to analyze their beliefs, practices, and biases as they relate to their perceptions, beliefs and attitudes about Latin American children and families.

One area where consultants may find many differing beliefs and practices between consultees and families is that of discipline. Mainstream, dominant paradigms of discipline practices vary greatly across Latin American families. By looking through the lens of “microprotections”^{98,99} from oppression and marginalization, some Latin American families aim to keep their children safe and protected, especially those who have recently immigrated to a new country and may rely on socialization and discipline practices that may seem controlling, intrusive, or strict by Eurocentric standards.¹⁰⁰ It is important to consider that many Latin American families have been in the United States for generations and variations of both of these viewpoints exist along a spectrum, making it critical to better understand each family individually. In general, incongruencies between the home and the early education program regarding adult-child interactions and what is and is not acceptable, can be a source of confusion and stress for children, and contribute to harsh, misguided, and/or inappropriate discipline. It is particularly important for classroom-focused consultation to encourage the consultee to reflect on their own beliefs regarding appropriate

behavior and discipline, as well as the perspectives of the families they serve to see where adjustments and harmonizing may be needed. It is also important to encourage consultees to honor that there may be multiple ways of knowing or doing.^{101,102} Mental health consultants may spend a lot of time with consultees helping them become conscious of these differences and honoring those different ways of being or doing.

When it comes to the classroom environment, there is much work that may be done in IECMHC to help make it feel safe and familiar to Latin American children and families. Consultants help consultees look around and evaluate whether their activities and celebrations as well as materials, such as books, media, physical aesthetics, and toys, reflect the families that they serve. In addition, a consultant may help the consultee understand how these materials can be used to teach social-emotional skills or a consultant may learn and encourage program staff to learn how families may have their own unique rituals, routines or activities that may also promote social emotional development within their own cultural context. Given the prevalence and impact of trauma on young children¹⁰³ when thinking about safe classroom environments it is central to implement strategies to support children who might have experienced traumatic stressors (e.g., immigration trauma and loss, death of a caregiver, community or intrafamilial violence).

Consultants should also aim to help consultees think of ways in which they can partner with Latin American families, particularly with those who speak a different language at home. When a child enters school, one thing that should be prioritized is continued use and development of the home language. Embracing children’s home language not only promotes a positive racial identity but also facilitates connection to family, community, and culture.^{104,105} Stressing the importance of a workforce who shares children’s home language is key. There are also many policies

and practices that consultants can work with program leaders and educators to implement that support Latin American families, including providing instruction and care in families' home languages. Of course, not all early educators will share children's home language, especially in places where there are multiple

languages represented. Providers, especially those who do not share a home language with children, can support children by learning familiar words children use to get their physical and emotional needs met and incorporating their home language in environmental print in the classroom or home-based setting.

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? What types of cultural practices or other ways of knowing may have been excluded from the evidence base?¹⁰⁶
- Help providers and programs engage in cultivating self-awareness and critical self-reflection to identify and dismantle biases and the reproduction of oppressive practices (e.g., implementing mental health approaches that are Eurocentric and not attuned to the knowledge and needs of the families served). In order to enact antiracist and decolonizing values, consultants, providers, and programs must open their minds and create space within their programs to integrate non-dominant bodies of knowledge used by families to make meaning of and heal from loss, pain, and adversity, as well as connect with joy, togetherness, and prosperity.^{107,108}
- Adopt child, program, and classroom/home level tools that are equity-minded, valid, and reliable. Alongside global classroom quality measures, use tools that focus specifically on bias and equity (e.g., Assessing Classroom Sociocultural Equity Scale (ACES), the inclusion of children with disabilities (e.g., Inclusive Classroom Profile), and experiences of racial trauma (Parent and Caregiver's Childhood Experiences of Racial Acceptance and Rejection (CERAR)).
- Stress the importance of home language development to both ECE providers and caregivers.

Embracing children's home languages not only facilitates connection to family, community, and culture and promotes a positive racial identity, but also supports bilingual and biliteracy development throughout childhood. Whenever possible, programs should seek to provide instruction and care in Latin American families' home languages. Even when this is not possible (e.g., significant language diversity in a classroom, insufficient number of bilingual providers), providers, particularly those who do not speak children's home language, should think creatively about how to support home language development within their classroom. For example, providers might learn familiar words that children may use to get their physical and emotional needs met (e.g., hug, water, food, primary caregiver, favorite toy) or post signs around the room with visual depictions of routines paired with words in their home language, which can be referenced/read aloud to children throughout the day. Even if children cannot yet read these signs, these signs can help parents understand and talk with their children about classroom practices and routines. Also consider how Latin American caregivers and family members can be invited into the classroom environment to provide social-emotional and/or instructional support in the home language.

- Encourage providers to consider how their program's culture and physical environment affect the wellbeing of Latin American children and families. How do adults in the program interact with and communicate with Latin American children (verbally

and nonverbally through body language and other cues)? Is the physical environment reflective of the diversity of Latin American culture, including the toys, books, media, art, music, traditions, physical aesthetics, etc.? If not, encourage providers to solicit examples and information from the community that can be incorporated into the classroom environment. Is the physical environment trauma-responsive? Consider adjusting or limiting environmental stimuli (e.g., loud noises, bright lights, loudspeakers) and providing additional support with transitions and changes, such as during drop-offs and pick-ups and when changing classroom activities.¹⁰⁹ Help consultees co-create with family members safe spaces in the classroom that include family portraits, ‘all about me’ books, articles from their cultural background that can be used in dramatic play, or other objects that are important to Latin American children and families. These quiet spaces can offer one-on-one attention with a staff member who can serve as a secure base for the child and help co-regulate with the child in times of distress, and can also serve as a place for children to connect to their home and community attachment figures and cultural nourishment.

- Encourage providers to also consider how their pedagogy and curriculum affect the wellbeing of Latin American children and families. Are cultural practices, routines, and activities woven into the curriculum? Are cultural materials and objects in the physical classroom environment leveraged to teach social-emotional skills or help children connect to their backgrounds and identities? An example of this may be the use of *cuentos* and how they can be used to teach problem solving skills. It is especially important to provide opportunities for families to join their children in activities that may celebrate their unique family values, such as family-style dining or the celebration of holidays that are specific to Latin American families, such as *Día de los Muertos*, *Día de Los Niños*, *Día de Los Reyes Magos*, etc. Families can play an important part in the creation of safe spaces in the classroom. Spaces may not only be aimed to be used as a place for self-regulation to be practiced

but also as a way for children to keep connected to their attachment figures and community. Such spaces may include family portraits, all about me books, and articles from their country or community of origin that can be used in dramatic play. The creation of these spaces allows children/families to highlight what is important to them.

- Build consultees’ capacity to recognize manifestations of joy in their classroom and encourage Latin American children’s full range of emotional expression. This may require helping consultees practice new skills for classroom management, such as 1) proactively asking children questions like: What makes you feel safe? Who makes you feel safe and why? (via Ki Gross of Woke Kindergarten); 2) creating meaningful relationships and curriculum that actively engage and help emotionally regulate children without behavioral control strategies like shushing or disciplinary threats (via Ruth Nicole Brown of Black Girlhood Celebration); 3) making space for all feelings by frequently asking and describing children’s emotions and modeling problem solving and emotional regulation; and 4) utilizing co-regulation strategies when children are distressed.
- Reflect on your own beliefs about “appropriate behavior” and disciplining children and learn about how discipline practices in socially marginalized families can be used as “microprotections”^{110,111} from oppression by aiming to keep children safe and protected in certain ways. Seek to understand the significant variation in discipline practices and paradigms across Latin American families and ask questions of individual families to understand their unique beliefs and approaches. Help engage consultees in reflection about their own beliefs about behavior and discipline, as well as the perspectives of the families they serve, to see where adjustments and harmonizing may be needed. Support consultees in addressing incongruencies between home and ECE program to align expectations for adult-child interactions and avoid harsh, misguided, and/or inappropriate discipline.

COMPETENCY 7

Programmatic Consultation

Programmatic consultation is typically focused on the administrators and professional leaders in child serving systems and programs, like child care programs. On this level, consultants collaborate to create changes in program practices and policies for the benefit of all children, families, and staff. In regard to ECE programs serving Latin American children and families, one meaningful area of focus is normalizing mental health. This begins with understanding the potential of the stigma around mental health and how mental health is viewed within Latin American families. It is not often that you hear Latin American families speak about mental health per se. Sometimes mental health concepts may be reframed in the home language and with different but similar concepts. It is important to also highlight the impact of non-verbal communications (e.g., body language, what the physical environment is conveying in terms of inclusion or exclusion) as a vehicle for uplifting and supporting families or harming them.¹¹² Providers need to pay attention to their body language as well as to what the environment is communicating (e.g., are the signs, picture, furniture, toys, books representative of the diversity of Latin Americans served?). In addition, programs and providers must engage in cultivating self-awareness and critical self-reflection¹¹³ to identify and dismantle biases and the reproduction of oppressive practices (e.g., implementing IMH strategies that are Eurocentric and not attuned to the values and knowledge of the families served). In order to truly hold antiracist and decolonization principles, organizations, consultants, and providers must open their minds and pathways to the integration of non-dominant bodies of knowledge¹¹⁴ used by families to make meaning of and recover from loss, pain and adversity (e.g., healing practices based on ancestral and cultural traditions) as well as joy, togetherness, and prosperity.

Another common theme in programmatic consultation for Latin American families is that of workforce

preparation and development. Many times, as consultants explore deeper into the program practices and policies they discover that there has not been a lot of reflection about contemporary marginalization and racism that Latin American families face, which varies based on several factors, including race, income, disability, language, immigration status, etc., that each impacts mental health. These topics are often seen as difficult to discuss and are frequently avoided. However, consultants should strive to find opportunities to have these conversations, especially those who work with programs that serve children and families of minoritized groups. Conversations like these should be normalized. Programs can start by viewing and reflecting together on the CoE's Equity in IECMHC Webinar: Culture, Identity, and History as Sources of Strength and Resilience for Latino Children and Families referenced earlier.

A significant emphasis should be placed on reflection about cultural humility. The work of consultation should not only be about the community being served but also about the consultees, recognizing that these two may overlap in many cases. Anyone working with others should begin the work with a thorough examination about individual beliefs and cultural identity. One technique that a consultant may suggest being used in the early stages of this work may be a self-report checklist such as the *Cultural and Linguistic Competence Self-Assessment Checklist* from the Center of Excellence or the *Cultural Genogram*.¹¹⁵

Lastly, it is important that IECMHC reach not only child care centers and family child care providers, but also home-based settings (e.g., family, friend and neighbor (FFN) care, home visiting programs), as Latin American families often choose these settings to care for their children.¹¹⁶ Historically, more recognition and resources are provided to licensed child care centers and, to a lesser extent, licensed family child care programs. Comparably less attention and

resources have been given to smaller home-based programs, including FFN care. These decisions often fail to recognize that these programs may provide an environment more similar to their home, such that they may be more likely to be culturally and linguistically aligned, which may decrease child stress.¹¹⁷ Is it important to highlight that these home-based child care settings may also allow for more flexibility and

accommodation for Latin American children and families, particularly those who work nights and weekends. Most importantly, home-based child care may enable closer caregiver-child attachment, which research shows is a significant protective factor for many children who have or are currently experiencing marginalization.¹¹⁸

COMPETENCY 7 Promising Practices

- Conduct a critical assessment of the workforce, including the cultural, organizational, and individual barriers that may be adversely impacting the recruitment, retention, and promotion/leadership of Latin American individuals within the program.
- Create safe, brave spaces for Latin American staff to connect, such as culturally specific affinity groups to build community and increase morale within the workplace. Be mindful of putting individuals in a position where they are expected to be a "token" representative for an entire racial, ethnic, national, or cultural group and educate others about anti-Latin American racism and rhetoric. Encourage and provide opportunities for all staff to deepen their knowledge of Latin American cultures and instill that cultural learning and humility are lifelong practices.
- Explore program practices and policies with an eye on how they may contribute to or intersect with the marginalization and racism that Latin American families face based on race/ethnicity, gender, socioeconomic status, disability, language, immigration status, etc. Normalize conversations about dismantling marginalizing or harmful practices and policies within the ECE program and invite providers across the program to identify ways that their practices and policies can better support Latin American children and families specifically. Programs might wish to start by viewing and reflecting together on the CoE's Equity in IECMHC

Webinar: Culture, Identity, and History as Sources of Strength and Resilience for Latino Children and Families referenced earlier.

- Consider your own and the consultee program's use of coded or deficit-based language to refer to Latin American children and families, such as 'vulnerable,' 'marginalized,' 'low-income,' 'at-risk,' and 'limited English proficient.' Conduct an audit of language use about Latin American children and families in materials and by people across the program (e.g., sampling language use in classrooms and noting the words used to describe Latin American children and adults).
- Help programs normalize and destigmatize mental health. First, seek to understand the potential stigma around mental health and how mental health is viewed and discussed within Latin American families. Consider how certain terms may be used in Spanish or other languages spoken by Latin American families to convey mental health concerns without explicitly referencing medical/western conceptualizations of mental health (e.g., describing a child as "*nervioso*" or "*tímido*" instead of "anxious," expressing "*me duele el corazón*" convey being heartbroken or depressed). Encourage consultees to follow families' lead and use the terminology they use to help them feel heard and understood. Help consultees learn, practice, and apply validation and share validation skills with families. When supporting

programs to integrate mental health content into the curriculum, consider describing “mental health” in more developmentally responsive terms, such as “social-emotional development,” “social-emotional learning,” or “infant and early childhood mental health consultation.”

- Increase the program's capacity to collect and use data disaggregated by children's race/ethnicity, gender, home language, and receipt of early intervention services to identify disparities, celebrate accomplishments, and create targeted policies that advance equity in Latin American children's opportunities, experiences, and outcomes.
- Work with administrators to remove and replace practices and policies which disproportionately harm Latin American, Black, Brown, and Indigenous children (i.e., harsh or exclusionary discipline,

disparities in referrals, lack of resource allocation or even emotional investment in these children's learning as a result of biases related to their potential, or whether or not they will be able to remain in the country in the case of undocumented families/children).

Programmatic consultation is typically focused on the administrators and professional leaders in child serving systems and programs, like child care programs.

COMPETENCY 8

Systems-Wide Orientation

“Systems-wide orientation works within and across systems, integrating mental health concepts and supports into environments where infants and young children spend time in ways that respect their cultures”.¹¹⁹ A systems-wide orientation for MHCs means having a familiarity with the culture and systems of the community in which one works and using this awareness to inform consultative work with providers and children and make referrals or warm handoffs as needed. This framing enables the consultant to have a better understanding of the environments and communities in which young children are cared for and spend their time. It is important for IECMH consultants to understand how historical and systemic inequities can have an impact on the experiences of

Latin American communities and families as well as the interdependence among systems. For instance, it is important to recognize biases that may exist within Latin American population within their own culture (e.g., colorism within the community that prefers lighter skin over darker skin; fears or biases developed against white teachers, staff, or communities because of negative experiences of Latin American families with that population or those institutions that may be predominantly white). It is also crucial to acknowledge and recognize linkages that may exist between identifying as both Indigenous and Latin American, given the sometimes overlapping history they have due to colonization. IECMH consultants should be aware of the experiences within some Latino

communities — especially those widely marginalized within their communities like Latin American who are also Indigenous (i.e., Garífuna, Mayan, Aztec, Kichwa, Zapotec, etc.) — who may take a “subservient” stance towards professionals where parents, families, or teachers may automatically see the consultant as “the expert” and find it challenging to accept a “partner” role with providers and teachers.

IECMH consultants can promote cohesion of services by encouraging systems and programs to integrate comprehensive services or strong linkages to other services that may be a high priority for Latin American families. Programs should talk with families about what services they want and need and work with systems partners to create safe linkages. Further, programs that include the full continuum of care from prevention to intervention can provide opportunities for Latin American families to work with the same

program and service provider to ensure a continuity of care and trust-building. IECMHC programs that may not have the full continuum of seamless care can develop partnerships, contracts, or other working relationships with other service providers that offer intervention or more intensive services so that they create a continuity of services with “warm hand-offs” to other service providers (e.g., co-location can facilitate an easier transition with families already familiar with the program). As part of efforts to increase continuity of care, IECMH consultants should also indicate how programs may successfully integrate fathers or other family members in their programs or if they lack integrative efforts in engaging fathers or grandparents and extended family and consider providing them with options to participate (e.g., late hours, convening with other fathers or family members, having male consultants, etc.).

COMPETENCY 8 Promising Practices

- Learn how historical and contemporary systemic inequities have an impact on the experiences of Latin American families and communities, as well as the interdependence among systems. For instance, it is important to recognize biases that may exist within Latin American populations (e.g., colorism, fears of white staff or predominantly-white institutions because of past harms perpetrated by white people or systems). It is also crucial to recognize the relationship Indigenous and Latin American cultures in the context of a history of colonization. Seek to understand the experiences and unique needs of Indigenous Latin American communities in the U.S. (e.g., Garífuna, Mayan, Aztec, Kichwa, Zapotec). Consider how to thoughtfully partner with and elevate the expertise of caregivers and families who may take a deferential stance towards professionals within ECE systems and feel uncomfortable accepting a partner role alongside providers and teachers. It

is important to not impose a partnership as this can feel overwhelming to some parents, especially when they are looking for support and answers to their concerns related to their children or their own lives. Expecting or working hard to partner with the family in this case can respond more to the needs of the provider and their views rather than to respond to how the family wants to be supported. It can end up being oppressive and another way of colonizing the family.

- 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.

- Expand your practice beyond child care centers and family child care providers and partner with local family child care networks to provide IECMHC in home-based settings, such as family, friend, and neighbor (FFN) care and home visiting programs, as Latin American families often choose these settings to care for their children. Comparably less attention and resources have been given to smaller home-based programs relative to licensed child care centers and licensed family child care programs, even though home-based programs may provide a more culturally and linguistically aligned setting that decreases child stress. Home based child care settings may also allow for more flexibility and accommodation for Latin American families, particularly those who work nights and weekends. Most importantly, home-based child care may enable closer caregiver-child attachment, which research shows is a significant protective factor for many children who have or are currently experiencing marginalization.
- Strive to help ECE programs offer, in partnership with a range of other community-based organizations, comprehensive services along the full continuum of care—from prevention to intervention. Facilitate dialogue between families and programs about what services families want and need, and work with programs to develop strong and safe linkages with culturally responsive community partners and build practices and policies to enable coordination of care (e.g., developing partnerships, contracts, care coordination team meetings, or other working relationships with other service providers). Consider how multiple systems can communicate, complete referrals and "warm handoffs," coordinate, co-locate, and/or integrate services to increase ease of access for Latin American families and promote trust-building with a select team of providers. Examine the extent to which programs and systems actively engage fathers, grandparents, extended family members, and provide suggestions

for improving multi-system engagement among these family members (e.g., later hours, convening with other fathers or family members, having male consultants, etc.).

Systems-wide orientation works within and across systems, integrating mental health concepts and supports into environments where infants and young children spend time in ways that respect their cultures.



SECTION 3

SCENARIOS BASED ON REAL-WORLD EXPERIENCES IN IECMHC

The following scenarios are based on real-world experiences with Latin American children and families of primarily Hispanic origin, who represent the largest Latin American group in the U.S.

As mentioned previously, given the diversity of Latin American histories and culture, it is imperative that IECMHC leaders, consultants, and practitioners get to know the individual strengths, unique challenges, and lived experiences of the Latin American children and families they serve to create anti-racist, trauma-informed, and culturally responsive environments where children and families can thrive.



SCENARIO 1

Eddy and Cruz

Eddy and Cruz are living in Honduras. Eddy is 14 and Cruz is 4. Their grandparents migrated to the U.S. a long time ago. Their mother struggled working 3 jobs to make ends meet, and the boys were home alone a lot. Gang violence had also plagued their community in recent years, making it increasingly dangerous for the boys to live, play, and go to school. Eddy and his mom decided that he and Cruz would migrate to the U.S. to be with their grandparents. They travel from Honduras to the U.S. as unaccompanied minors. Once they crossed the border, they were processed and then taken to a crowded shelter. The shelter workers are not kind to the children staying there and don't speak any Spanish to them. Eddy doesn't want to stay at the shelter and feels mad at himself that Cruz is at this shelter.

Eddy and Cruz are appointed a case manager responsible for identifying and screening a sponsor that the boys can be released to live with. Because their grandparents were older and had lower incomes, their placement was delayed as case workers determined the fit. After three months, the boys are finally released to their grandparents. Their grandparents both work and enroll Cruz in a local child care program where most of the staff only speaks English. The boys are still getting adjusted to their new home and recovering from the trauma of migration, including their time in *la hielera* and the shelter for unaccompanied children. In child care, Cruz cries a lot and is withdrawn from other children. The staff have difficulty connecting with him and with his grandparents. There are discussions among teachers and staff that this setting may not be the right place for Cruz.

SCENARIO 1 QUESTIONS

Personal Reflection Questions

- What are your reactions to this scenario?
- In what ways can you empathize with the children? With the grandparents? With the advocate? With the child care providers?
- Once reunified with their grandparents, what dynamics may exist for this family?

Questions for Discussion and Action

- How might the children's experiences with unaccompanied migration, the shelter, and transitioning into life in the U.S. show up in their child care and education experiences?
- Can you identify ways in which your current and typical consultation practices may be potentially harmful or helpful for families with similar immigration experiences?
- Which of the promising practices discussed could be utilized when conducting consultation with the programs serving this family?
- What steps could you take to learn about this family's experiences, culture, and values?
- How might you work with this family and across both the teacher/child care provider and director/principal levels to best support Cruz and Eddy?
- What practices might you implement? What policies at the program and school levels might need to be revised?

SCENARIO 2

Two Sisters

Two sisters, ages 3 and 4, have relocated to Phoenix, AZ from Mexico with their mother. The two sisters do not speak English. The preschool program they attend, like many centers, has separate classes for children of different ages. Day after day, the older sister tries to come to the younger sister's classroom to check on her. Each time, the teacher sends the older sister back without allowing her to have contact with the younger sister. The younger sister cries throughout the day and providers have not been able to comfort her.

The mental health consultant suggested the sister's mother be contacted by a Spanish speaking adult to ask if she could provide any insight into the girls' behavior. Once contacted, the mother explained that the girls have always been together and never separated - they sleep together, eat together, play together, and have been together before, during, and after the migration process. The older daughter has always watched over the younger one. The mother stated they must feel unsafe being separated and not speaking the language that the other children and teachers do.

SCENARIO 3

Jessica

Jessica earned her degree in Child and Family Development and was excited to begin working in an infant/toddler classroom in a predominantly Spanish-speaking Latin American community. She was responsible for the primary care of three infants — Thomas, Ricardo, and Eliana. While in school, Jessica remembered learning about the importance of infants' development of autonomy, adherence to routines, and play. In the first few months of caring for these infants, Jessica noticed a few parenting behaviors that concerned her. Eliana was picked

SCENARIO 2 QUESTIONS

Personal Reflection Questions

- What are your reactions to this scenario?
- In what ways can you empathize with the older sister's desire to be with her sister?
- What biases may arise in staff regarding this scenario?
- How can we think about the default structure of early childhood programs - for example, separation by age and of siblings as a rule - and how it might conflict with children's emotional health, secure attachments, cultural norms, and trauma-informed care?

Questions for Discussion and Action

- What reflective practices can the consultant promote or integrate to encourage program leaders' approach to programming for children from diverse cultural backgrounds to support their strengths and individual lived experiences with trauma?
- How can a program integrate initial information gathering efforts to increase cultural sensitivity and responsiveness?
- What practices can be embedded to support the girls' emotional wellbeing, feelings of belonging, and connection to each other?
- What policies or practices can the program consider to support this family?
- What strategies can the program use to conduct ongoing evaluation and monitoring of anti-racist, culturally responsive, and trauma-informed practices?

up from child care by a different person each day, and they called her things like “*gorda*” (fat). Jessica decided to discuss this with Eliana’s mother at the end of the day. She let her know that it was important for Eliana’s development for her to have a routine for who would pick her up, and she provided a list of positive phrases to use with infants. To Jessica’s surprise, Eliana’s family called the director and asked to be switched to a different room; they were very upset and felt that their culture was being attacked. The director decided to call their mental health consultant to help facilitate the conversation between the family and teachers.

SCENARIO 4

Yeilin

Yeilin is a four-year-old who was raised by her grandmother in the northeastern countryside of the Dominican Republic. There, she spent most of her days playing with her cousins and helping her aunts and uncles harvest cassava, sweet potatoes, and plantains. She has twelve cousins who all live along the same farmland road as her grandmother, and Yeilin enjoyed running freely from house to house. She especially enjoyed daily gatherings with the whole family for *la comida*, the biggest meal of the day.

Yeilin moved to New York City three months ago to be reunited with her mother, Xiomara. Yeilin was 11 months old when she last saw Xiomara. Over the past three years, they built a relationship over the phone, but Yeilin still seems to be confused about the move with her mother. She misses her family in the DR very much as they were her primary caregivers for most of her life, and often asks for them and cries for them. She frequently asks to call her family in the Dominican Republic. When she gets off the phone with them, she cries and tells Xiomara that she wants to go back to live with her grandmother. Xiomara feels guilty for

SCENARIO 3 QUESTIONS

Personal Reflection Questions

- What are your initial feelings and reaction to this scenario?
- What are your beliefs about nicknames for infants and young children? What have you learned about continuity of care? What are the potential benefits or consequences of having multiple caregivers?
- From the information provided in ‘Practice Implications,’ what potential cultural values were at play in this scenario?
- How would you respond as the MHC in this situation?

Questions for Discussion and Action

- What potential cultural biases can you identify in this scenario?
- How could Ms. Jessica build her capacity to critically reflect and embrace cultural humility in this situation?
- What can be done to rebuild trust and affirm/respect this family's cultural beliefs?
- How might the consultant work with the program leader to embed this lesson learned into future onboarding and professional development opportunities, and hiring practices?

leaving Yeilin behind as a baby, but felt it was the best decision to offer Yeilin a better future.

At preschool, Yeilin enjoys being outdoors in the playground. But she is withdrawn and seldom interacts with other children, even though she attends a bilingual preschool. She also falls asleep during morning meetings and story time. Every day during lunch, Yeilin puts her head down on the table and sobs. She refuses to eat anything.

When the teachers share these things with Xiomara, Xiomara begins to cry and tells them that she herself has always been a timid and nervous person and speculates that Yeilin inherited those traits from her. She also shares that she has no child care, so Yeilin accompanies her to her second job cleaning banks at night. She explains that Yeilin misses her grandmother's cooking, and that it is difficult for Xiomara to cook because she rents a bedroom in a three-bedroom apartment and gets home too late to use the kitchen at a time that would not disturb the other tenants.

It is imperative that IECMHC leaders, consultants, and practitioners get to know the individual strengths, unique challenges, and lived experiences of the Latin American children and families they serve.

SCENARIO 4 QUESTIONS

Personal Reflection Questions

- What are your initial feelings and reaction to this scenario?
- What cultural values are at play in this scenario?
- What structural issues are affecting this family?

Questions for Discussion and Action

- What practices can be embedded to support Yeilin's emotional wellbeing, feelings of belonging, and adjustment to a new environment?
- How can the consultant and program partner to support Xiomara and her wellbeing?
- Which of the promising practices discussed could be utilized when conducting consultation with the programs serving this family?
- What policies might enable or inhibit the program from responding to this family's needs through a culturally responsive, trauma informed, lens?

CONCLUSION

The Latin American community in the United States is diverse by every measure—nationality, heritage, race, income, immigration status and generation, language, family structure, and so on.

Latin American children and families live in every state in the nation and in U.S. territories, in rural, urban, and suburban communities. There are shared strengths and challenges and unique strengths and challenges. It is critical to understand the historical and contemporary contexts experienced by communities, families, and children served by the IECMHC system. This includes the diverse array of experiences and unique histories of Latin American children and families.

Being informed of historical and contemporary inequities and experiences of racism, discrimination, and marginalization; understanding the community and its values, priorities, preferences and dreams for their children; hiring the appropriate leaders and staff who reflect the communities served; and approaching services with the utmost cultural humility is essential to ensuring that Latin American children and families receive quality, culturally affirming, and linguistically responsive services.

The heart of this work is in building relationships and designing environments where children and their families feel safe, seen and heard, loved, and cared for in a way that is affirming of culture, anti-racist, and attentive to specific traumas.

However, IECMHC work must go beyond practices and consultant–consultee interactions and extend to policies at the program/school, local, and state levels, to truly create spaces that embrace and support Latin American children families.



The heart of this work is in building relationships and designing environments where children and their families feel safe, seen and heard, loved, and cared for in a way that is affirming of culture, anti-racist, and attentive to specific traumas.

Policy Considerations

1. Ensure that children and early care and education providers in marginalized Latin American communities have meaningful access to IECMHC—this includes the culturally-tailored expansion of IECMHC beyond licensed early care and education settings.
2. Commit to build, recruit, retain and promote a more robust Latin American IECMHC workforce that is diverse and reflects the Latin American communities served by IECMHC.
3. Intentionally match the cultural and linguistic identities of consultants with those of the families and early care and education providers they serve.
4. Provide enhanced professional development opportunities for mental health consultants, their supervisors, and program leaders. This includes an explicit and purposeful integration of history, unique experiences of racism and trauma, and culturally and linguistic responsive practice into IECMHC in order to meet the needs and uplift the strengths of Latin American children and families, in all of their diversity—socio-cultural, economic, racial, ethnic, and linguistic.
5. Demonstrate community- and state-wide leadership in advancing equity for Latin American children and families across adjacent systems like K-12 education, housing, nutrition, health care, child welfare, transportation, and so on.
6. Support reflective supervisors' capacity to discuss equity issues, including systemic racism, bias, and resulting disparities experienced by Latin American families.
7. Integrate Latin American community, teacher, and family perspectives during service delivery.
8. Promote effective transitions or seamless systems of care from consultation to intervention to help decrease barriers to early childhood mental health care for Latin American families given their historical experiences with oppressive systems, which can create challenges in creating a sense of trust and rapport building.
9. Build knowledge and awareness of the importance of maintaining and growing children's home language across families, providers, and systems leaders and make intentional efforts to connect children and families to dual language learning opportunities across early learning and K-12 systems.



SUPPLEMENTARY MATERIALS

DEFINITIONS

Antiracism

“The work of actively opposing racism by advocating for changes in political, economic, and social life.”¹²⁰

Consultative Stance

Consultant's "way of being" in relationship-based work; it is the belief that the ways in which people are treated influence their views of themselves, and in turn, their relationships with others.¹²¹

Decolonization

The process of freeing an institution, sphere of activity, etc. from the cultural or social effects of colonization.¹²²

Internalized Oppression

The results of a process by which members of an oppressed group come to believe and act as if the oppressors' belief system, values, and way of life were correct.

Reframe

Express words, concepts, or a plan differently.

Cultural Humility

A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of their own beliefs and cultural identities.¹²³

CHILDREN'S BOOKS

that center Latin American children, families, and communities through an anti-racist, trauma-informed, and culturally-responsive lens

Lee and Low Books

leeandlow.com

Piñata Books/ArtePublicoPress

artepublicopress.com/pinata-books

Teaching for Change

teachingforchange.org

TABLE S1: THE FOUR STAGES OF IMMIGRATION

1 Pre-migration trauma exposure

Experiences in the country of origin that were a determinant of relocation. Latin American children and their parents may experience political persecution, ethno-racial trauma, gang violence, kidnappings, life threats, physical and sexual assaults, extreme poverty. For individuals and families historically oppressed in their countries of origin with limited access to legal mechanisms (e.g., indigenous communities, women), informal avenues to emigrate may be their only option, placing them at increased vulnerability to trauma exposure during their immigration journey.^{124,125}

2 Trauma exposure during transit

This stage involves the journey to the new country, here Latin American immigrants can experience robbery, extortion, and exploitation at the hands of “coyotes,” physical injuries, illness, witnessing the death of travel companions, harsh environmental conditions (hypo or hyperthermia), deprivation of basic needs (lack food, water), and accidental or forced separation from family members.

3 Trauma exposure during resettlement

This stage involves experiences in detention centers or refugee camps that can include chronic deprivation of basic needs, a state of limbo, and discrimination. Latin American immigrant children and women are particularly vulnerable to sexual trauma during transit and resettlement and to family separation.^{126,127,128}

4 Post-migration trauma

Once in the U.S. many Latin American immigrants may face poverty, language barriers, community violence, racism, nativism, isolation, substandard housing and overcrowding, and vulnerability to exploitation and violence.^{129,130,131,132} Here is another instance where Latin American women are particularly vulnerable to exploitation, sexual and physical violence.¹³³

TABLE S2: ADDITIONAL BARRIERS TO MENTAL HEALTH CARE FOR LATIN AMERICAN CHILDREN AND FAMILIES

Income, Unemployment, and Insurance

Poverty, employment, and lack of comprehensive health insurance have for decades been and continue to be among the most pervasive obstacles limiting access to mental health services for Latin American families.^{134,135,136}

Anti-Immigration Policies

Structural factors such as anti-immigration policies impact Latin American families’ mental health and service accessibility. Fear of immigration authorities impacts Latin American children’s access to health care healthcare, early childhood education, and other psychosocial services.^{137,138,139} and to the fabric of society increasing isolation and marginalization.

Limited Research on Best Practices

The limited availability of programs that are socio-culturally modified¹⁴⁰ and inconsistent research on the outcomes of socio-culturally modified mental health services¹⁴¹ are significant obstacles for accessing appropriate and effective mental health care for Latin American families.¹⁴²

Medical Abuse & Health Care Bias

Many Latin American communities distrust the healthcare system. This distrust is often grounded within cultural norms and strategies that Latin American communities developed over generations in order to protect themselves against medical abuse from the healthcare system (e.g., sterilization abuse)¹⁴³ and unethical clinical trials of birth control.^{144,145} Discrimination and implicit bias from providers also play an important role in underutilization of mental health services.¹⁴⁶

Lack of Trauma/Culturally-Responsive Interventions

There is limited availability of programs and interventions designed to include the sources of strength and meaning in the communities served into service programming and delivery. Providers usually do not represent the ethnic, linguistic and racial background of the families served or there is limited resource allocation to promote the ongoing development of skills (including critical self-awareness), knowledge and competencies necessary to meet the specific and diverse needs of Latin American families. Often Eurocentric intervention models are imposed onto these communities.

Accessibility and Knowledge of Resources

Limited knowledge about mental health services, programs and treatments and difficulties in navigating an often-complex healthcare system, and transportation difficulties impede Latin American families from accessing mental health interventions.¹⁴⁷

Inappropriate Screening

Accessibility in mental health is hindered by inappropriate screening of mental health issues. Barriers for screening in mental health in the medical setting include limited time of providers, discomfort from providers in managing positive screens, parents with limited English proficiency (LEP), literacy limitations, and lack of availability or a long waitlist for services.¹⁴⁸

Language Barriers

Research has found that the lack of bilingual mental health providers is a major obstacle in accessibility and participation. Relatedly, limited English language proficiency is a predictor of lower mental health service participation.^{149,150}

Cultural Beliefs and Values

Cultural beliefs, values and expectations influence the way in which Latin American families access mental health services, including the stigmatization of mental health conditions, and perceptions that mental health services are not relevant or cannot meet their needs.¹⁵¹ In addition, familialism might delay or prevent families from seeking outside support and traditional spiritual beliefs and practices grounded in community healing may be utilized.^{152,153,154,155,156}



REFERENCES

- 1 Turner-Trujillo, E., Del Toro, M., & Ramos, A. (2017). *An overview of Latino and Latin American identity*. The Getty. <https://www.getty.edu/news/an-overview-of-latino-and-latin-american-identity/>
- 2 Ash, J., Mackrain, M., & Johnston, K. (2013). Early childhood mental health consultation: Applying central tenets across diverse practice settings. *Zero to Three*, 33(5), 28-33.
- 3 Turner-Trujillo, E., Del Toro, M., & Ramos, A. (2017). *An overview of Latino and Latin American identity*. The Getty. <https://www.getty.edu/news/an-overview-of-latino-and-latin-american-identity/>
- 4 Ibid.
- 5 Academy for Cultural Diplomacy. (n.d.). *Cultural diplomacy in Latin America (CDLA). European - Latin American relations: The state of relations*. Retrieved from https://www.culturaldiplomacy.org/academy/index.php?en_cdea_european-latin-american-relationship
- 6 McFarlane, A. (2004). Pre-columbian and colonial Latin America (pp. 9-28). In John King (ed.), *The Cambridge Companion to Modern Latin American Culture*. Cambridge, Cambridge University Press.
- 7 Burkholder, M., & Johnson, L. (2010). *Colonial Latin America*. 10th Edition. Oxford University Press.
- 8 Brown University Library. (n.d.). *Elements of Caribbean history. Modern Latin America*. Retrieved from <https://library.brown.edu/create/modernlatinamerica/chapters/chapter-4-cuba/elements-of-caribbean-history/>
- 9 McFarlane, A. (2004). *Pre-columbian and colonial Latin America* (pp. 9-28). In John King (ed.), *The Cambridge Companion to Modern Latin American Culture*. Cambridge, Cambridge University Press.
- 10 Gonzalez-Barrera, Ana (2022). About 6 million U.S. adults identify as Afro-Latino. Pew Research Center. Accessed at <https://www.pewresearch.org/short-reads/2022/05/02/about-6-million-u-s-adults-identify-as-afro-latino/>
- 11 National Archives. (n.d.). Treaty of Guadalupe Hidalgo (1848). Retrieved from <https://www.archives.gov/milestone-documents/treaty-of-guadalupe-hidalgo>
- 12 Neiva, R. C. (2022). La Guerra del Pacífico, la cuestión indígena y los intelectuales del XIX. *Yuyaykusun*, 12. <https://doi.org/10.31381/yuyaykusun12.5453>
- 13 Smith, R. S. (1963). Financing the Central American Federation, 1821-1838. *Hispanic American Historical Review*, 43(4), 483-510.
- 14 Coatsworth, J. (2005). *United States interventions. What for?* ReVista: Harvard Review of Latin America. Retrieved from <https://revista.drclas.harvard.edu/united-states-interventions/>
- 15 Mapping History. (n.d.). *Latin American summary*. Retrieved from <https://mappinghistory.uoregon.edu/english/LA/summary.html>
- 16 Ibid.
- 17 Staudenmaier, R. (2018). *Europe's overseas territories: What you need to know*. Deutsche Welle. Retrieved from <https://www.dw.com/en/europes-overseas-territories-what-you-need-to-know/a-46145298>
- 18 Office of the Historian, U.S. Department of State. (n.d.). *Foreign relations of the United States, 1952-1954, United Nations Affairs, Volume III*. Retrieved from <https://history.state.gov/historicaldocuments/frus1952-54v03/d902#:~:text=On%20July%2025%2C%201952%2C%20after,Rico%20under%20the%20new%20constitution>
- 19 Academy for Cultural Diplomacy. (n.d.). *Cultural diplomacy in Latin America (CDLA). European - Latin American relations: The state of relations*. Retrieved from https://www.culturaldiplomacy.org/academy/index.php?en_cdea_european-latin-american-relationship
- 20 Ibid.
- 21 UNHCR UN Refugee Agency and UNICEF. (2020). *Death threats and gang violence forcing more families to flee northern Central America – UNHCR and UNICEF survey*. Retrieved from <https://www.unhcr.org/news/news-releases/death-threats-and-gang-violence-forcing-more-families-flee-northern-central>

- 22 Zepeda, R. (2023). *How the drug wars impact Latin America and the Caribbean development?* King's College London. Retrieved from <https://www.kcl.ac.uk/how-the-drug-wars-impact-latin-america-and-the-caribbean-development#:~:text=With%20minor%20successes%20and%20no,criminalisation%20of%20communities%20on%20the>
- 23 Peña, J., Álvarez Figueroa, M., Rios-Vargas, M., & Marks, R. (2023). *One in every four children in the United States were of Hispanic origin in 2020*. U.S. Census Bureau. Retrieved from [https://www.census.gov/library/stories/2023/05/hispanic-population-younger-but-aging-faster.html#:~:text=Number%20of%20Hispanic%20Children%20Grew,\(17.1%20million\)%20in%202010](https://www.census.gov/library/stories/2023/05/hispanic-population-younger-but-aging-faster.html#:~:text=Number%20of%20Hispanic%20Children%20Grew,(17.1%20million)%20in%202010).
- 24 The Annie E. Casey Foundation. (2019b). *Child population by race and age group*. Kids Count Data Center Data. Retrieved from <https://datacenter.kidscount.org/data/tables/8446-child-population-by-race-and-age-group?loc=1&loct=1#detailed/1/any/false/1729,37,871,870,573,869,36,868,867,133/68,69,67,12,70,66,71,13%7C62/17077,17078>
- 25 National Center for Education Statistics. (2019, February). *Indicator 2: Nativity*. Retrieved from https://nces.ed.gov/programs/raceindicators/indicator_RAB.asp.
- 26 U.S. Census Bureau, C. P. S. (2019). FAM4 Children of at least one foreign-born parent: percentage of children age 0-17 by nativity of child and parents, a parent's education, poverty status, and other characteristics, selected years 1994–2019. Retrieved from <https://www.childstats.gov/americaschildren/tables/fam4.asp#h>
- 27 The Annie E. Casey Foundation. (2019a). *Child population by race*. Kids Count Data Center Data. Retrieved from <https://datacenter.aecf.org/#detailed/1/any/false/1729,37,871,870,573,869,36,868,867,133/68,69,67,12,70,66,71,72/423,424>
- 28 Moslimani, M., Lopez, M.H., & Noe-Bustamante, L. (2023). *11 facts about Hispanic origin groups in the U.S.* Pew Research Center. Retrieved from <https://www.pewresearch.org/short-reads/2023/08/16/11-facts-about-hispanic-origin-groups-in-the-us/>
- 29 Galdámez, M, Gomez, M., Perez, R. et al. (2023). *Centering Black Latinidad: A profile of the U.S. Afro-Latinx population and complex inequalities*. UCLA Latino Policy & Politics Institute. Retrieved from <https://latino.ucla.edu/research/centering-black-latinidad/>
- 30 Noroña, C. R., Velasco-Hodgson, C., Flores, L., & Eiduson, R. (2018). Historical, sociopolitical and mental health implications of forcible separations in young migrant Latin American children and their families. *Zero to Three*, 39(1), 8-20.
- 31 Foster, R. P. (2001). When immigration is trauma: Guidelines for the individual and family clinician. *American Journal of Orthopsychiatry*, 71(2), 153-170.
- 32 Ewing, W. A., Martínez, D. E., & Rumbaut, R. G. (2015). *The criminalization of immigration in the United States*. American Immigration Council. https://www.americanimmigrationcouncil.org/sites/default/files/research/the_criminalization_of_immigration_in_the_united_states.pdf
- 33 Foster-Frau, S. (2021). *Latinos are disproportionately killed by police but often left out of the debate about brutality, some advocates say*. Washington Post. Retrieved from https://www.washingtonpost.com/national/police-killings-latinos/2021/05/31/657bb7be-b4d4-11eb-a980-a60af976ed44_story.html
- 34 Lopez, M. H., Gonzalez-Barrera, A., & Krogstad, J. M. (2018). *More Latinos have serious concerns about their place in America under Trump*. Pew Research Center. Retrieved from https://www.pewresearch.org/hispanic/wp-content/uploads/sites/5/2018/10/Pew-Research-Center_Latinos-have-Serious-Concerns-About-Their-Place-in-America_2018-10-25.pdf
- 35 Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. (2003). Barriers to community mental health services for Latinos: Treatment considerations. *Clinical Psychology: Science and Practice*, 10(4), 394.
- 36 Hall, G. C. N., Ibaraki, A. Y., Huang, E. R., Marti, C. N., & Stice, E. (2016). A Meta-Analysis of Cultural Adaptations of Psychological Interventions. *Behavior Therapy*, 47(6), 993–1014. <https://doi.org/10.1016/j.beth.2016.09.005>
- 37 Hurtado-de-Mendoza, A., Gonzales, F. A., Serrano, A., & Kaltman, S. (2014). Social isolation and perceived barriers to establishing social networks among Latina immigrants. *American Journal of Community Psychology*, 53(1-2), 73–82. <https://doi.org/10.1007/s10464-013-9619-x>
- 38 Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. (2003). Barriers to community mental health services for Latinos: Treatment considerations. *Clinical Psychology: Science and Practice*, 10(4), 394.

- 39 Rubio-Hernandez, S. P., & Ayón, C. (2016). Pobrecitos los niños: The emotional impact of anti-immigration policies on Latino children. *Children and Youth Services Review*, 60, 20-26.
- 40 Dreby, J. (2012). *How today's immigration enforcement policies impact children, families, and communities: A view from the ground*. Center for American Progress.
- 41 Rubio-Hernandez, S. P., & Ayón, C. (2016). Pobrecitos los niños: The emotional impact of anti-immigration policies on Latino children. *Children and Youth Services Review*, 60, 20-26.
- 42 Menjívar, C., & Cervantes, A. G. (2016). The effects of parental undocumented status on families and children. In *CYF News*. Retrieved from <http://www.apa.org/pi/families/resources/newsletter/2016/11/undocumented-status>
- 43 Yoshikawa, H., & Kalil, A. (2011). The effects of parental undocumented status on the developmental contexts of young children in immigrant families. *Child Development Perspectives*, 5(4), 291-297.
- 44 Lieberman, A. F., & Bucio, G. O. (2018). When migration separates children and parents. *Zero to Three*, 55.
- 45 Noroña, C. R., Velasco-Hodgson, C., Flores, L., & Eiduson, R. (2018). Historical, sociopolitical and mental health implications of forcible separations in young migrant Latin American children and their families. *Zero to Three*, 39(1), 8-20.
- 46 Osofsky, J., Wieder, S., Noroña, C. R., Lowell, D., & Worthy, D. (2018). Effective mental health interventions and treatments for young children with diverse needs. *Zero To Three*, 38(3).
- 47 The National Child Traumatic Stress Network. (2016). *Children with traumatic separation*. Retrieved from <https://www.nctsn.org/resources/children-traumatic-separation-information-professionals>
- 48 Bronstein, I., & Montgomery, P. (2011). Psychological distress in refugee children: A systematic review. *Clinical Child and Family Psychology Review*, 14, 44-56.
- 49 Evans-Campbell, T., Walters, K. L., Pearson, C. R., & Campbell, C. D. (2012). Indian boarding school experience, substance use, and mental health among urban two-spirit American Indian/Alaska natives. *The American Journal of Drug and Alcohol Abuse*, 38(5), 421-427. <https://doi.org/10.3109/00952990.2012.701358>
- 50 Hummingbird, L. M. (2011). The Public Health Crisis of Native American Youth Suicide. *NASN School Nurse*, 26(2), 110-114. <https://doi.org/10.1177/1942602X10397551>
- 51 Suarez-Orozco, C., Todorova, I. L. G., & Louie, J. (2002). Making up for lost time: The experience of separation and reunification among immigrant families. *Family Process*, 41(4), 625-643. <https://doi.org/10.1111/j.1545-5300.2002.00625.x>
- 52 Yoshikawa, H., & Kalil, A. (2011). The effects of parental undocumented status on the developmental contexts of young children in immigrant families. *Child Development Perspectives*, 5(4), 291-297.
- 53 Cuevas, A. G., Dawson, B. A., & Williams, D. R. (2016). Race and skin color in Latino health: An analytic review. *American Journal of Public Health*, 106(12), 2131.
- 54 Cerdeña, J. P., Rivera, L. M., & Spak, J. M. (2021). Intergenerational trauma in Latinxs: A scoping review. *Social Science & Medicine*, 270, 113662. <https://doi.org/10.1016/j.socscimed.2020.113662>
- 55 Cardel, M. I., Chi, X., Min, Y. I., Sims, M., Musani, S. K., Dulin, A., Gravlee, C. C., Smith, S. M., DeBoer, M. D., Gurka, M. J. (2021). Experiences of discrimination are associated with worse metabolic syndrome severity among African Americans in the Jackson Heart Study, *Annals of Behavioral Medicine*, 55(3), 266-279.
- 56 Drenkard, C., & Lim, S. S. (2019). Update on lupus epidemiology: advancing health disparities research through the study of minority populations. *Current Opinion in Rheumatology*, 31(6), 689.
- 57 Urquhart, A., & Clarke, P. (2019). U.S. racial/ethnic disparities in childhood asthma emergent health care use: National Health Interview Survey, 2013-2015. *Journal of Asthma* 57(5). 510-520. <https://doi.org/10.1080/02770903.2019.1590588>
- 58 Todd, M. & Martin, E. (2020). *Children of immigrants and their mental health needs: We should create more comprehensive, accessible, and culturally sensitive initiatives for U.S. children of immigrants*. Think Global Health. Retrieved from <https://www.thinkglobalhealth.org/article/children-immigrants-and-their-mental-health-needs>
- 59 Alba, R., Logan, J., Lutz, A., & Stults, B. (2002). Only English by the third Generation? Loss and preservation of the mother tongue among the grandchildren of contemporary immigrants. *Demography*, 39(3), 467-484.

- 60 Mora, L. & Lopez, M. H. (2023). *Latinos' views of and experiences with the Spanish language*. Pew Research Center. <https://www.pewresearch.org/race-ethnicity/2023/09/20/latinos-views-of-and-experiences-with-the-spanish-language/>
- 61 Cabrera, N., Alonso, A., Chen, Y., Ghosh, R. (2022). *Latinx families' strengths and resilience contribute to their well-being*. National Research Center on Hispanic Children & Families. <https://www.hispanicresearchcenter.org/research-resources/latinx-families-strengths-and-resilience-contribute-to-their-well-being>
- 62 Meek, S., Iruka, I. U., Allen, R., Yazzie, D., Fernandez, V., Catherine, E., McIntosh, K., Gordon, L., Gilliam, W., Hemmeter, M. L., Blevins, D., & Powell, T. (2020). *Fourteen priorities to dismantle systemic racism in early care and education*. The Children's Equity Project. Retrieved from: <https://childandfamilysuccess.asu.edu/cep>
- 63 Williams, C. P., Meek, S., Marcus, M., & Zabala, J. (2023). Ensuring Equitable Access to Dual-Language Immersion Programs: Supporting English Learners' Emerging Bilingualism. *Century Foundation*.
- 64 Müller, L. M., Howard, K., Wilson, E., Gibson, J., & Katsos, N. (2020). Bilingualism in the family and child well-being: A scoping review. *International Journal of Bilingualism*, 24(5-6), 1049-1070. <https://doi.org/10.1177/1367006920920939>
- 65 Falicov, C. J. (2007). Working with transnational immigrants: Expanding meanings of family, community, and culture. *Family Process*, 46(2), 157-171.
- 66 Machado-Casas, M. (2012). Pedagogías del camaleón/ Pedagogies of the chameleon: Identity and strategies of survival for transnational indigenous Latino immigrants in the US South. *The Urban Review*, 44, 534-550.
- 67 Ayón, C., Marsiglia, F. F., & Bermudez-Parsai, M. (2010). Latino family mental health: exploring the role of discrimination and familismo. *Journal of Community Psychology*, 38(6), 742-756. <https://doi.org/10.1002/jcop.20392>
- 68 Esparza, P., & Sánchez, B. (2008). The role of attitudinal familism in academic outcomes: a study of urban, Latino high school seniors. *Cultural Diversity and Ethnic Minority Psychology*, 14(3), 193.
- 69 Gamble, W. C., & Modry Mandell, K. (2008). Family relations and the adjustment of young children of Mexican descent: Do family cultural values moderate these associations? *Social Development*, 17(2), 358-379.
- 70 Valdivieso-Mora, E., Peet, C. L., Garnier-Villarreal, M., Salazar-Villanea, M., & Johnson, D. K. (2016). A systematic review of the relationship between familism and mental health outcomes in Latino population. *Frontiers in Psychology*, 7, 1632.
- 71 Murphey, David, Guzman, L., & Torres, A. (2014). *America's Hispanic children: Gaining ground, looking forward*. Child Trends. Retrieved from <http://www.childtrends.org/?publications=americas-hispanic-children-gaining-ground-looking-forward>
- 72 Ibid.
- 73 Lee, J., Hong, J., Zhou, Y., & Robles, G. (2020). The Relationships between Loneliness, Social Support, and Resilience among Latinx Immigrants in the United States. *Clinical Social Work Journal*, 48(1), 99-109. <https://doi.org/10.1007/s10615-019-00728-w>
- 74 Sanchez, M., Diez, S., Fava, N. M., Cyrus, E., Ravelo, G., Rojas, P., ... Rosa, L. (2019). Immigration stress among recent Latino immigrants: The protective role of social support and religious social capital. *Social Work in Public Health*, 34(4), 279-292. <https://doi.org/10.1080/19371918.2019.1606749>
- 75 Lopez, C., Vazquez, M., & McCormick, A. S. (2023). Familismo, respeto, and bien educado: Traditional/ cultural models and values in Latinos. In J. E. Gonzalez, J. Liew, G. A. Curtis, & Y. Zou, (Eds.), *Family literacy practices in Asian and Latinx families. Critical cultural studies of childhood* (pp. 87-102). Palgrave Macmillan.
- 76 Calzada, E. J., Fernandez, Y., & Cortes, D. E. (2010). Incorporating the cultural value of respeto into a framework of Latino parenting. *Cultural Diversity and Ethnic Minority Psychology*, 16(1), 77.
- 77 Tamis LeMonda, C. S., Caughy, M. O. B., Rojas, R., Bakeman, R., Adamson, L. B., Pacheco, D., ... & Pace, A. (2020). Culture, parenting, and language: Respeto in Latine mother- child interactions. *Social Development*, 29(3), 689-712.
- 78 Center of Excellence for IECMHC. (2016). *Center of Excellence equity statement*. Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/center-excellence-equityframing-statement.pdf
- 79 Johnston, K. & Brinamen, C. (2006). *Mental health consultation in child care: Transforming relationships among directors, staff, and families*. Washington, DC. ZERO TO THREE Press.

- 80 Ash, J., Mackrain, M., & Johnston, K. (2013). Early Childhood Mental Health Consultation: Applying central tenets across diverse practice settings. *Zero to Three*, 33(5), 28-33.
- 81 Lee, J., Hong, J., Zhou, Y., & Robles, G. (2020). The Relationships between loneliness, social support, and resilience among Latinx immigrants in the United States. *Clinical Social Work Journal*, 48(1), 99-109. <https://doi.org/10.1007/s10615-019-00728-w>
- 82 Center of Excellence for Infant and Early Childhood Mental Health Consultation (2021). Theory of Change for Infant and Early Childhood Mental Health Consultation. <https://www.iecmhc.org/documents/CoE-Theory-of-Change-Descriptions.pdf>
- 83 Raskin, E & Noroña, C.R. (2021). *The diversity-informed tenets for work with infants, children and families and practice: Implications for serving Latin American families*. Manuscript submitted for publication.
- 84 Ibid.
- 85 Ibid.
- 86 Johnston, K. & Brinamen, C. (2006). *Mental health consultation in child care: Transforming relationships among directors, staff, and families*. Washington, DC. ZERO TO THREE Press.
- 87 Raskin, E & Noroña, C.R. (2021). *The diversity-informed tenets for work with infants, children and families and practice: Implications for serving Latin American families*. Manuscript submitted for publication.
- 88 Ibid.
- 89 Ibid.
- 90 Thomas, K., Noroña, C. R., & St. John, M. S. (2019). Cross-sector allies together in the struggle for social justice: Diversity-informed tenets for work with infants, children, and families. *Zero to Three Journal*, 39(3), 44-54.
- 91 Raskin, E & Noroña, C.R. (2021). *The diversity-informed tenets for work with infants, children and families and practice: Implications for serving Latin American families*. Manuscript submitted for publication.
- 92 Ibid.
- 93 Ibid.
- 94 Ibid.
- 95 Ibid.
- 96 Thomas, K., Noroña, C. R., & St. John, M. S. (2019). Cross-sector allies together in the struggle for social justice: Diversity-informed tenets for work with infants, children, and families. *Zero to Three Journal*, 39(3), 44-54.
- 97 Raskin, E & Noroña, C.R. (2021). *The diversity-informed tenets for work with infants, children and families and practice: Implications for serving Latin American families*. Manuscript submitted for publication.
- 98 Liu, W. M., Liu, R. Z., Garrison, Y. L., Kim, J. Y. C., Chan, L., Ho, Y., & Yeung, C. W. (2019). Racial trauma, microaggressions, and becoming racially innocuous: The role of acculturation and White supremacist ideology. *American Psychologist*, 74(1), 143.
- 99 Raskin, E & Noroña, C.R. (2021). *The diversity-informed tenets for work with infants, children and families and practice: Implications for serving Latin American families*. Manuscript submitted for publication.
- 100 Livas-Dlott, A., Fuller, B., Stein, G. L., Bridges, M., Figueroa, A. M., & Mireles, L. (2010). Commands, competence, and cariño: Maternal socialization practices in Mexican American families. *Developmental Psychology*, 46, 566-578.
- 101 Johnston, K. & Brinamen, C. (2006). *Mental health consultation in child care: Transforming relationships among directors, staff, and families*. Washington, DC. ZERO TO THREE Press.
- 102 Thomas, K., Noroña, C. R., & St. John, M. S. (2019). Cross-sector allies together in the struggle for social justice: Diversity-informed tenets for work with infants, children, and families. *Zero to Three Journal*, 39(3), 44-54.
- 103 Vanderzee, K. L., Sigel, B. A., Pemberton, J. R., & John, S. G. (2019). Treatments for early childhood trauma: Decision considerations for clinicians. *Journal of Child & Adolescent Trauma*, 12(4), 515-528.
- 104 Fabes, R.A., Quick, M., Musgrave, A., Meek, S., & Catherine, E., (2020, October). *Exclusionary discipline in U.S. public pre-K programs: An initial look at the 2017-2018 CRDC data*. The Preschool Exclusionary Discipline Project: Research Briefs (Issue 1). Tempe, AZ: Arizona State University. <https://childandfamilysuccess.asu.edu/sites/default/files/2021-01/PEDS%20RESEARCH%20BRIEF%201.pdf>
- 105 Garcia Coll, C., Garcia Miranda, A., Buzzetta Torres, I., & Noguera Bermúdez, J. (2018). On becoming cultural beings: A focus on race, gender, and language. *Research in Human Development*, 15(3-4), 332-344. <https://doi.org/10.1080/15427609.2018.1491217>

- 106 Raskin, E & Noroña, C.R. (2021). *The diversity-informed tenets for work with infants, children and families and practice: Implications for serving Latin American families*. Manuscript submitted for publication.
- 107 Noroña, C. R., Raskin, E., Flores, E., Fernández-Pastrana, I., Anderson-Phou, S., & Saulnier, M. (2023). Diversity-informed reflective consultation and radical healing: A new paradigm for infant and early childhood mental health providers serving immigrant families. *Zero to Three*, 43(3).
- 108 Raskin, E & Noroña, C.R. (2021). *The diversity-informed tenets for work with infants, children and families and practice: Implications for serving Latin American families*. Manuscript submitted for publication.
- 109 Ibid.
- 110 Liu, W. M., Liu, R. Z., Garrison, Y. L., Kim, J. Y. C., Chan, L., Ho, Y., & Yeung, C. W. (2019). Racial trauma, microaggressions, and becoming racially innocuous: The role of acculturation and White supremacist ideology. *American Psychologist*, 74(1), 143.
- 111 Raskin, E & Noroña, C.R. (2021). *The diversity-informed tenets for work with infants, children and families and practice: Implications for serving Latin American families*. Manuscript submitted for publication.
- 112 Thomas, K., Noroña, C. R., & St John, M. S. (2019). Cross-sector allies together in the struggle for social justice: Diversity-informed tenets for work with infants, children, and families. *Zero to Three Journal*, 39(3), 44-54.
- 113 Noroña, C. R., Raskin, E., Flores, E., Fernández-Pastrana, I., Anderson-Phou, S., & Saulnier, M. (2023). Diversity-informed reflective consultation and radical healing: A new paradigm for infant and early childhood mental health providers serving immigrant families. *Zero to Three*, 43(3).
- 114 Thomas, K., Noroña, C.R., St. John, M.S. (2019). Cross-sector allies together in the struggle for social justice Diversity-Informed Tenets for Work with Infants, Children and Families. *Zero to Three Journal*, 39(3), 44-54.
- 115 Hardy, K. V., & Laszloffy, T. A. (1995). The cultural genogram: Key to training culturally competent family therapists. *Journal of Marital and Family Therapy*, 21(3), 227-237.
- 116 Shivers, E. M. (2016). *Arizona's smart support evaluation: The first four years*. Prepared for Southwest human development, with support from First Things First. https://www.swhd.org/wp-content/uploads/2015/02/Indigo-AZ-Smart-Support_FNL_2015_2.pdf
- 117 Shivers, E. M., & Sanders, K. (2011). Measuring culturally responsive early care and education (T. R. Westbrook, Contributor). In M. Zaslow, I. Martinez-Beck, K. Tout, & T. Halle (Eds.), *Quality measurement in early childhood settings* (pp. 191-225). Paul H. Brookes Publishing Co.
- 118 Shivers, E. M. & Farago, F. (2016). Where the children are: Exploring quality, community, and support for family, friend and neighbor child care. In K. Sanders & A. Wishard (Eds.), *The culture of child care: Attachment, peers, and child care in the 21st Century: Where we have been and where are we headed*. In C. Garcia Coll & P. Miller (Series Eds.), *Child development in cultural contexts* (pp. 64-85). Oxford, UK: Oxford University Press.
- 119 Center of Excellence for Infant and Early Childhood Mental Health Consultation (CoE). (n.d.). *Consultation competencies*. Substance Abuse and Mental Health Services Administration (SAMHSA). Accessed here at: https://www.iecmhc.org/wp-content/uploads/2024/05/IECMHC-competencies_w-copyright-updated.pdf
- 120 National Education Association Center for Social Justice (2021). *Racial justice in education: Key terms and definitions: Key terms and definitions to sharpen our racial analysis and conversations about race*. Retrieved on May 16, 2024 from <https://www.nea.org/professional-excellence/student-engagement/tools-tips/racial-justice-education-key-terms-and-definitions>
- 121 Johnston, K. & Brinamen, C. (2006). *Mental health consultation in child care: Transforming relationships among directors, staff, and families*. Washington, DC. ZERO TO THREE Press.
- 122 Oxford Dictionary. (2022). Retrieved on May 9, 2024 from <https://www.oed.com/search/dictionary/?scope=Entries&q=decolonization>
- 123 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.
- 124 Riosmena, F., & Massey, D. S. (2012). Pathways to El Norte: Origins, destinations, and characteristics of Mexican migrants to the United States 1. *International Migration Review*, 46(1), 3-36

- 125 Donato, K. M., & Armenta, A. (2011). What we know about unauthorized migration. *Annual Review of Sociology*, 37, 529-543.
- 126 Bowen, K. A., & Marshall, W. N. (2008). Deaths of Mexican and Central American children along the US border: the Pima County Arizona experience. *Journal of Immigrant and Minority Health*, 10, 17-21.
- 127 Fortuna, L. R., Noroña, C. R., Porche, M. V., Tillman, C., Patil, P. A., Wang, Y., ... & Alegría, M. (2019). Trauma, immigration, and sexual health among Latina women: Implications for maternal-child well-being and reproductive justice. *Infant Mental Health Journal*, 40(5), 640-658.
- 128 Kaltman, S., Green, B. L., Mete, M., Shara, N., & Miranda, J. (2010). Trauma, depression, and comorbid PTSD/depression in a community sample of Latina immigrants. *Psychological Trauma: Theory, Research, Practice, and Policy*, 2(1), 31-39. <https://doi.org/10.1037/a0018952>
- 129 Aranda, E., & Vaquera, E. (2015). Racism, the immigration enforcement regime, and the implications for racial inequality in the lives of undocumented young adults. *Sociology of Race and Ethnicity*, 1(1), 88-104.
- 130 Chavez-Dueñas, N. Y., Adames, H. Y., Perez-Chavez, J. G., & Salas, S. P. (2019). Healing ethno-racial trauma in Latinx immigrant communities: Cultivating hope, resistance, and action. *American Psychologist*, 74(1), 49.
- 131 Noroña, C. R., Velasco-Hodgson, C., Flores, L., & Eiduson, R. (2018). Historical, sociopolitical and mental health implications of forcible separations in young migrant Latin American children and their families. *Zero to Three*, 39(1), 8-20.
- 132 Foster, R. P. (2001). When immigration is trauma: Guidelines for the individual and family clinician. *American Journal of Orthopsychiatry*, 71(2), 153-170.
- 133 Fortuna, L. R., Noroña, C. R., Porche, M. V., Tillman, C., Patil, P. A., Wang, Y., ... & Alegría, M. (2019). Trauma, immigration, and sexual health among Latina women: Implications for maternal-child well-being and reproductive justice. *Infant Mental Health Journal*, 40(5), 640-658.
- 134 American Psychiatric Association. (2017). *Mental Health Disparities: Hispanics and Latinos*. Retrieved from <https://www.psychiatry.org/getmedia/5d5b46c3-9b28-4e50-9b73-7c738e0901d8/Mental-Health-Facts-for-Hispanic-Latino.pdf>
- 135 Cabassa, L. J., Zayas, L. H., & Hansen, M. C. (2006). Latino adults' access to mental health care: A review of epidemiological studies. *Administration and Policy in Mental Health and Mental Health Services Research*, 33, 316-330.
- 136 Hispanic Health in the United States. (1991). *JAMA*, 265(2), 248-252. <https://doi.org/10.1001/jama.1991.03460020102037>
- 137 Cholera, R., Falusi, O. O., & Linton, J. M. (2020). Sheltering in place in a xenophobic climate: COVID-19 and children in immigrant families. *Pediatrics*, 146(1).
- 138 Perreira, K. M., Yoshikawa, H., & Oberlander, J. (2018). A new threat to immigrants' health - The public-charge rule. *The New England Journal of Medicine*, 379(10), 901-903.
- 139 Shattell, M. M., & Villalba, J. (2008). Anti-immigration rhetoric in the United States: Veiled racism? *Issues in Mental Health Nursing*, 29(5), 541-543.
- 140 Hall, G. C. N., Ibaraki, A. Y., Huang, E. R., Marti, C. N., & Stice, E. (2016). A meta-analysis of cultural adaptations of psychological interventions. *Behavior Therapy*, 47(6), 993-1014. <https://doi.org/10.1016/j.beth.2016.09.005>
- 141 McCabe, K. M., Yeh, M., Garland, A. F., Lau, A. S., & Chavez, G. (2005). The GANA program: A tailoring approach to adapting parent child interaction therapy for Mexican Americans. *Education and Treatment of Children*, 111-129.
- 142 Huey Jr, S. J., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child & Adolescent Psychology*, 37(1), 262-301.
- 143 Ko, L. (2016). *Unwanted sterilization and eugenics programs in the United States | No más bebés*. Public Broadcasting Service. Retrieved April 12, 2021 from <https://www.pbs.org/independentlens/blog/unwanted-sterilization-and-eugenics-programs-in-the-united-states/>
- 144 The Puerto Rico Pill Trials. (n.d.). Retrieved April 13, 2021 from PBS website: <https://www.pbs.org/wgbh/americanexperience/features/pill-puerto-rico-pill-trials/>
- 145 Silliman, J., Gerber Fried, M., Ross, L., Gutiérrez, E. R., & Solinger, R. (2005). Undivided rights: Women of color organize for reproductive justice. *NWSA Journal*, Vol. 17, pp. 239-241. <https://doi.org/10.1353/nwsa.2005.0020>

- 146 Korthuis, P. T., Berkenblit, G. V., Sullivan, L. E., Cofrancesco, J., Cook, R. L., Bass, M., ... Sosman, J. M. (2011). General internists' beliefs, behaviors, and perceived barriers to routine HIV screening in primary care. *AIDS Education and Prevention*, 23(3_supplement), 70–83. https://doi.org/10.1521/aeap.2011.23.3_sup.70
- 147 Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. (2003). Barriers to community mental health services for Latinos: Treatment considerations. *Clinical Psychology: Science and Practice*, 10(4), 394.
- 148 Korthuis, P. T., Berkenblit, G. V., Sullivan, L. E., Cofrancesco, J., Cook, R. L., Bass, M., ... Sosman, J. M. (2011). General internists' beliefs, behaviors, and perceived barriers to routine HIV screening in primary care. *AIDS Education and Prevention*, 23(3_supplement), 70–83. https://doi.org/10.1521/aeap.2011.23.3_sup.70
- 149 Hurtado-de-Mendoza, A., Gonzales, F. A., Serrano, A., & Kaltman, S. (2014). Social isolation and perceived barriers to establishing social networks among Latina immigrants. *American Journal of Community Psychology*, 53(1-2), 73–82. <https://doi.org/10.1007/s10464-013-9619-x>
- 150 Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. (2003). Barriers to community mental health services for Latinos: Treatment considerations. *Clinical Psychology: Science and Practice*, 10(4), 394.
- 151 Lu, W., Todhunter-Reid, A., Mitsdarffer, M. L., Muñoz-Laboy, M., Yoon, A. S., & Xu, L. (2021). Barriers and facilitators for mental health service use among racial/ethnic minority adolescents: A systematic review of the literature. *Frontiers in Public Health*, 9, 641605. <https://doi.org/10.3389/fpubh.2021.641605>
- 152 Harrison, M. E., McKay, M. M., & Bannon, W. M. (2004). Inner-city child mental health service use: The real question is why youth and families do not use services. *Community Mental Health Journal*, 40, 119-131.
- 153 Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. (2003). Barriers to community mental health services for Latinos: Treatment considerations. *Clinical Psychology: Science and Practice*, 10(4), 394.
- 154 Yeh, M., McCabe, K., Hough, R. L., Dupuis, D., & Hazen, A. (2003). Racial/ethnic differences in parental endorsement of barriers to mental health services for youth. *Mental Health Services Research*, 5, 65-77.
- 155 Nadeem, E., Lange, J. M., Edge, D., Fongwa, M., Belin, T., & Miranda, J. (2007). Does stigma keep poor young immigrant and US-born Black and Latina women from seeking mental health care? *Psychiatric Services*, 58(12), 1547-1554.
- 156 Villatoro, A. P., Morales, E. S., & Mays, V. M. (2014). Family culture in mental health help-seeking and utilization in a nationally representative sample of Latinos in the United States: The NLAAS. *American Journal of Orthopsychiatry*, 84(4), 353.