The Relationship Between Mental Health Problems, Acculturative Stress, and Academic Performance in Latino English Language Learner Adolescents

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by

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For my loving and supportive parents, Gloria and Edward Albeg, and loving
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ABSTRACT OF THE DISSERTATION

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Doctor of Philosophy, Graduate Program in Education
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Latino adolescents, especially English language learners (ELLs) are considered to be a highly vulnerable group in our schools today. Despite their apparent need for additional social-emotional and academic learning (SEAL) supports, there is very little research to inform the type of cultural modifications (if any) needed to make SEAL interventions more appropriate for this population. Accordingly, this study focused on identifying the effects of acculturative stress (a culturally specific stressor) and general mental health problems on students' academic performance. More specifically, this study aimed to identify which factor (mental health problems or acculturative stress) best explains Latino adolescent ELLs’ academic performance. This study defined mental health problems as being comprised of internalizing and externalizing symptoms and acculturative stress as being comprised of perceived discrimination, immigration related stress, parent-child acculturative gap, and school belonging. Hierarchical multiple regression was used to examine the effects of mental health problems and acculturative stress on the academic performance of Latino adolescents. Although both mental health problems and
acculturative stress explained significant variance in academic performance, acculturative stress was the stronger contributing variable. Interactions between ELL status and mental health problems and ELL status and acculturative stress were examined to determine whether ELL status influenced the degree to which these two contributing constructs explained academic performance. Non-significant interactions between ELL status and mental health problems and ELL status and acculturative stress suggest that ELL status was not a moderating factor. Although ELL status was not a moderating factor in the relationship between acculturative stress and academic performance, independent sample t-tests suggest that acculturative stress levels were significantly higher for Latino adolescent ELLs than for Latino adolescent non-ELLs. The results of this study suggest that while generic mental health problems are still important to address in SEAL interventions for Latino students, it may be of equal or even more importance to also address acculturative stress. Addressing acculturative stress in SEAL interventions for ELLs has been supported by the results of this study and previous research.
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The Relationship Between Mental Health Problems, Acculturative Stress, and Academic Performance in Latino English Language Learner Adolescents

Latino children are one of the most diverse and significant groups in American schools today. In the U.S., 21% of school-age children are of Latino origin (Aud, Fox, & KewalRamani, 2010). This percentage is even higher in the state of California: an estimated 50% (Aud et al., 2010). By 2050 the percentage of Latino children in need of schooling in the U.S. is projected to increase by 166% (Fry & Gonzales, 2008), with a substantial proportion, based on current estimates, being classified as English language learners (ELLs). Current estimates indicate that sixty-nine percent of Latino youth enrolled in the public school system speak Spanish at home (Aud et al., 2010), 15% of whom have difficulty speaking English (Federal Interagency Forum on Child and Family Statistics, 2012). As Latino youth make up a significant portion of the American school system, it is especially important to consider whether their educational needs are being appropriately addressed. Accordingly, the comparatively high number of Latino students who are at risk for socioemotional and academic problems, suggests that the current educational practices are not appropriately meeting their needs (Kominski, Elliott, & Clever, 2009).

Latino students, alongside their Black peers, are more segregated than they have been in the more than four decades that have passed since Brown v. Board of Education (1954) (DeBlassie & DeBlassie, 1996; Orfield, 2009). Latinos are more likely to attend ill-equipped schools in poorly funded and underprivileged school districts (Orfield, 2009; Peske & Haycock, 2006), which are more likely to have insufficient educational materials
and inexperienced teachers (Conchas, 2001; Orfield, 2009). Latinos are also more likely to face discrimination in school (Gordon, Piana, & Keleher, 2000). In their examination of racial discrimination in U.S. schools, Gordon et al. (2000) cited reports that suggest that Latinos (along with African Americans and Native Americans) are disproportionately suspended and/or expelled; more likely to drop out of school and experience the negative effects of academic tracking; and less likely to have access to advanced classes. Not surprisingly then, Latino students are performing significantly lower in math and reading than non-Latino White and Asian American students (Ream, Ryan, & Espinoza, 2012; U.S. Department of Education [DOE], 2009, 2011). In addition to lower performance on math and reading, Latino students, alongside Black students, are more likely than White students to be expelled or externally suspended (out-of-school suspension) for displaying equivalent or analogous problem behaviors (Skiba, Horner, Chung, Rausch, May, & Tobin, 2011), which equates to the loss of valuable instructional time (Constenbader & Markson, 1998). A report from the National Center for Education Statistics (NCES) indicates that Latino students are more likely to drop out of school than White and Black American students (NCES, 2008, 2011). Only 57% of Latino students who enter high school graduate on time with a regular diploma compared to White and Asian American students who graduate at rates of 78% and 82% respectively (Education Week, 2011).

In addition to being at higher risk for negative academic performance, Latino youth are also at higher risk for negative social and emotional outcomes. Compared to their non-Latino peers, Latino youth are more likely to experience symptoms related to
separation anxiety disorder and to attempt suicide (Ginsburg & Silverman, 1996; National Coalition of Hispanic Health and Human Services Organizations, 1994). They also report higher levels of maladaptive behaviors and lower levels of resiliency than their white, African American and Asian peers (Castro-Olivo & Begum, submitted). Although Latino youths’ needs necessitate attention, there is evidence to suggest that they are less likely to seek and receive appropriate, culturally sensitive, and high quality mental health related services and insurance coverage (Alegria et al., 2002; Mather & Foxen, 2010; McMiller & Weisz, 1996).

To begin examining how to address the needs of Latino students, it is important to acknowledge the diverse group constituting this population. Latino students in the United States vary widely in terms of generational status, conditions of immigration, socioeconomic status (SES), country of origin, English language proficiency (ELP), and even culture and language. One particular subgroup of Latino students, who are often overlooked by researchers, is English language learners (ELLs). More than two thirds of U.S. Latino students are ELLs (Aud et al., 2010). In the American school system, where English is the predominant language used for instruction, ELLs face many challenges. When compared to non-ELLs, ELLs are more likely to drop out of school (NCES, 2006; Suarez-Orozco & Suarez-Orozco, 2001). Latino ELLs, in particular, consistently underperform on standardized tests and are at higher risk for socioemotional difficulties (Albeg, 2010; Castro Olivo, Preciado, Sanford, & Perry, 2011; Fry, 2007; NCES, 2010).
Examining Risks in a Latino ELL Population Through a Sociocultural and Ecological Lens

As Latino ELLs are one of the most significant and at-risk groups in U.S. schools today, it is especially critical to examine the factors that may be interfering with their education. When considering the potential factors that affect the welfare of this group of students, it is important to consider their many environments and contexts, both academic and non-academic (Bernard, 2006; Blanco-Vega, Castro Olivo, & Merrell, 2008; Elias, Wang, Weissberg, Zins, & Walberg, 2002; Vincent, Randall, Cartledge, Tobin, & Swain-Bradway, 2011). Blanco-Vega et al. (2008) offer a sociocultural perspective that examines the effects of sociocultural factors on Latino adolescents’ outcomes through the lens of Bronfenbrenner’s ecological systems model (1977, 1979). Bronfenbrenner’s model (1977, 1979) includes four classes of ecological systems that directly and indirectly affect how the individual experiences the world: the microsystem reflects the individual’s immediate environments (e.g. child, school, home, etc.); the mesosystem reflects the relationships between the individual’s various microsystems (e.g. relationship between school and home); the exosystem reflects the external settings (outside of the individual’s immediate microsystems) in which events occur that affect the microsystem (e.g. public policy decisions regarding issues like immigration); and the macrosystem reflects the nations’ institutions and traditions that are deeply rooted in mainstream culture and values (e.g. economic and legal).

Blanco-Vega et al. (2008) propose that the interaction between sociocultural/contextual experiences (e.g. cultural pressures, immigration related stress,
perceived discrimination, school belonging, acculturation, etc.) and individual characteristics (e.g. social skills, coping skills, etc.) can negatively affect Latino adolescents’ outcomes. Moreover, the interplay between school and home, parent and child (e.g. Bronfenbrenner’s mesosystem), and decisions that are made from the top down can make Latino adolescents more vulnerable to mental health related problems such as anxiety, depression, and aggression, which can in turn affect other outcomes such as academic performance (Blanco-Vega et al., 2008; Horn & Packard, 1985; Mistry, Benner, Tan, & Kim, 2009; President's New Freedom Commission on Mental Health, 2003; Schwartz & Gorman, 2003). For example, the formation of a policy, informed by a fearful public during economic downturn (macrosystem), that tightens immigration law (exosystem) may make undocumented Latino immigrant children or children of Latino undocumented immigrants fearful of deportation (microsystem) (Chaudry et al., 2010). The resulting anxiety may, in turn, interfere with their ability to focus on schoolwork (Blanco-Vega et al., 2008).

**Mental Health Issues**

In addition to anxiety, other mental health issues that may occur as a result of the person-environment interaction are symptoms of depression and loneliness as well as aggressive and hyperactive behaviors (Blanco-Vega et al., 2008; Schwartz, Zamboanga, & Jarvis, 2007; Roche & Kuperminc, 2012), all of which have been found to negatively affect the academic performance of children and adolescents (Schwartz & Gorman, 2003; Juvonen, Nishina, & Graham, 2000). Although various studies have documented the effects of mental health problems on the academic performance of children and
adolescents, relatively few have examined this relationship in Latino youth, and even fewer have examined this relationship in Latino adolescent ELLs.

**Acculturative Stress as a Culturally Specific Mental Health Issue**

Although the literature almost exclusively reflects conventional mental health issues (e.g. depression, anxiety, aggression, hyperactivity, etc.) as the sole contributors to poor academic performance, culturally focused researchers argue that these symptoms may not fully capture the mental health of ethnic minority groups like Latinos (Alva & de los Reyes, 1999; Blanco-Vega et al., 2008). This is of particular interest for school psychologists and other school-based mental health care providers who may find themselves in need of providing services to students in need of non-traditional mental health interventions. Acculturative stress has been proposed as reflecting a culturally specific and unique aspect of the mental health of ethnic minority groups and unique contributor to the poor academic performance of Latino youth (Albeg & Castro Olivo, submitted; Alva & de Los Reyes, 1999; Blanco-Vega et al., 2008; Schwartz, Zamboanga, & Jarvis, 2007). Historically, acculturative stress has been defined as the psychological stressors that can occur as a result of the processes involved in acculturating to a new culture (e.g. learning the language of the host culture, coping with new cultural demands and values, etc.; Williams & Berry, 1991). Alternatively, Mena, Padilla, and Maldonado (1987), offer a more comprehensive definition of acculturative stress, defining acculturative stress as the psychosocial stressors associated with being part of two conflicting cultures and the perceived need to conform to the host or majority culture to avoid discrimination (Mena, Padilla, & Maldonado, 1987). According to Blanco-Vega et
al. (2008), Castro Olivo et al. (in press), and Gil, Vega, & Dimas (1994), acculturative stress can be captured by four factors: Lack of Sense of School and Community Belonging, Perceived Discrimination, Immigration Related Stress, and Familial Acculturative Gap.

Although acculturative stress has not been widely studied, I posit that it is similar to the conventional understanding of stress in that it can be brief and situational or more persistent and complex (American Psychological Association, 2013; Baum, 1990). General stress is a negative emotional experience that may increase irritability, lead to fatigue or difficulty concentrating (American Psychological Association, 2013; Baum, 1990). Even though acculturative stress may manifest as general stress, it’s more contextual and cultural in nature (Blanco-Vega et al., 2008). Accordingly, coping with acculturative stress may require different skills than are required for coping with general stress (Blanco-Vega et al., 2008).

For many ethnic and linguistic minority children and adolescents, like Latino ELLs, the local school and community are the primary channels through which the process of acculturation occurs. Accordingly, when students of different cultural and linguistic backgrounds are made to feel unwelcome and encounter discrimination in their local school and community, the process of acculturation can be more stressful (Olsen, 2000). For ethnic minority students who are themselves immigrants or the children of immigrants, immigration related stress and differences between parents’ level of acculturation and their own may make the process of acculturation more stressful (Blanco-Vega et al., 2008). Immigration related stress includes the stress caused by
homesickness for one’s own country, separation from friends and family, having to acquire a new language, and awareness of being different due to attributes such as having an accent, enrollment in ELD classes, etc. (Blanco-Vega et al., 2008; Cervantes, Fisher, Córdova, & Napper, 2012; Suarez-Morales, Dillon, & Szapocznik, 2007).

**Mental Health and Acculturative Stress in Early Adolescence**

Although both acculturative stress and other mental health issues have been examined in both pre-adolescent and adolescent youth, there is evidence to suggest the particular importance of examining these issues in early adolescent middle school students. Early adolescence is a particularly vulnerable time due to the physiological, social, and psychological changes that take place in this developmental stage (Kuperminc, Leadbeater, & Blatt, 2001; Roeser & Eccles, 1998). It is a critical period of development when youth become increasingly self-aware and experience increases in psychological problems and decreases in academic motivation and performance (Kuperminc, Leadbeater, & Blatt, 2001; Roeser & Eccles, 1998). With this increased self-awareness and newfound drive for autonomy comes a stronger awareness and concern with the type of issues addressed by acculturative stress (e.g. perceived discrimination and parent-child acculturative gap) (Quintana, 1998; Szapocznik & Kurtines, 1993; Szapocznik et al., 1986). For this reason, studying culture related issues that could contribute to the development and wellbeing of adolescent Latino ELLs should be a priority for educators. Having a clearer idea of these factors would inform educators and mental health care providers on how to best serve the diverse needs of this population.
Improving Current Educational Practices

While schools are often the backdrop to the plethora of developmental changes that occur during the transition from childhood to adolescence, schools are also the place where children learn how to be American. As the gateway to American society (Olsen, 1997), schools may focus too much of their attention on the values and policies set forth by the macro- and exosystem, overlooking students’ unique sociocultural experiences, which can result in mental health related problems (e.g. symptoms of anxiety, depression, aggression, and acculturative stress, etc.) and poorer academic performance (Albeg & Castro Olivo, submitted; Alva & de Los Reyes, 1999; Horn & Packard, 1985; Mistry et al., 2009; Schwartz & Gorman, 2003; Schwartz et al., 2007). The pressure of the No Child Left Behind-led accountability movement under the conditions of limited funding (due to the recent economic downturn), may lead schools to adopt a one-size-fits-all approach to academic performance that may not suit the needs of all of their students (Tye, 2000). Leaving the immediate contexts of at-risk students such as Latino ELLs unaddressed can undermine their academic performance, which can ultimately lead to other negative consequences (Blanco-Vega et al., 2008; Chapman et al., 2011; Levin & Belfield, 2007; Pleis et al., 2010).

To facilitate improving outcomes in education, Fullan (2000) and Tye (2000) recommend a localized process that acknowledges the unique qualities of the students inhabiting the school (Blanco-Vega et al., 2008) and changes school practice based on assessment data. Although the need for culturally and student responsive practices in schools is evident, more research is needed to identify and validate the different
constructs to be targeted in such practices (Castro, Barrera, & Martinez, 2004).

Modifying evidence-based interventions to be more culturally relevant may increase the
efficacy and social validity for Latino adolescent ELLs (Castro Olivo, 2010; Castro Olivo

To begin the process of improving the educational outcomes of Latino adolescent
ELLs, the present study aimed to empirically examine the factors (e.g. mental health
problems and acculturative stress) that may be uniquely interfering with Latino
adolescent ELLs’ education from a sociocultural and ecological perspective for the
ultimate purpose of making school a more culturally relevant and effective learning
environment for Latino adolescent ELLs (Blanco-Vega et al., 2008). More specifically
this study aimed to identify which factors, mental health problems or acculturative stress,
most strongly explain Latino adolescent ELLs’ academic performance, to ultimately
inform the modification of socioemotional and academic learning (SEAL) interventions
for Latino adolescent ELLs.

The following sections provide a brief description of the extant literature on the
relationship between English language proficiency and mental health issues in Latino
ELLs, and the relationships of mental health problems and acculturative stress with
academic performance.

**English Language Proficiency and Mental Health Issues In Latino Adolescents:**

**Review of Current Research**

In the United States, Latino ELLs have consistently been identified as being at
higher risk for socioemotional difficulties (Albeg, 2010; Castro Olivo et al., 2011; Fry,
The literature, although limited in breadth, suggests that Latino ELLs may be more likely to experience elevated levels of acculturative stress and mental health problems than their Latino non-ELL counterparts (Dawson & Williams, 2007; Kulis, Marsiglia, & Nieri, 2009; Lueck & Wilson, 2011). In a longitudinal study of Latino children (entry level through third grade), Dawson and Williams (2007) found that limited English proficiency was positively associated with externalizing behaviors in the classroom; limited English proficiency was not significantly related to internalizing symptoms. Similarly, in a study of Latino adults, Lueck and Wilson (2011) found that English language proficiency alongside native language proficiency, discrimination, family cohesion, and the context of migration exit, significantly predicted acculturative stress levels. In a study of 5th grade Latino youth, Kulis, Marsiglia, and Nieri (2009) found that linguistic acculturation was inversely associated with acculturative stress; less linguistically acculturated individuals reported higher levels of acculturative stress. A limitation of the current research that has examined acculturative stress in relation to English language proficiency is that the researchers have mainly used unpublished, non-validated, and unreliable measures of acculturative stress. For example, Kulis et al. (2009) used an unpublished and non-validated acculturative stress measure with a Cronbach’s α equal to .69, which is below the recommended value of .80 (Salvia, Ysseldyke, & Bolt, 2010). Using unpublished, non-validated and unreliable measures limits the implications and recommendations that can be made based on these results. While these three studies suggest that Latino ELL children and adults may be at higher risk for elevated levels of acculturative stress and mental health related problems like
externalizing behaviors, the results of these studies cannot be generalized to Latino adolescents. Finally, as none of these studies ran comparative analyses to examine differences in levels of acculturative stress and mental health problems by ELL status, the scope of these findings are limited to a discussion of association rather than group differences.

**Mental Health Problems and Academic Performance: Review of Current Research**

When examining the relationship between mental health problems and academic performance, it is important to consider how the construct of mental health problems is defined. For this study, the construct of mental health problems is defined as being a continuous variable that can be captured by a spectrum of symptoms/behaviors that range in severity and include both internalizing and externalizing symptoms (Cohen et al., 1993; Cummings, Davies, & Campbell, 2000; Leadbeater, Kuperminc, Blatt, & Hertzog, 1999). Researchers have examined both internalizing and externalizing symptoms in relation to the academic performance of children and adolescents. In a meta-analysis of 58 studies, Horn and Packard (1985) found that alongside attention/distractibility, language, and intelligence, internalizing and externalizing behavior problems in kindergarten and first grade were among some of the best predictors of elementary school reading achievement. While internalizing behavior was among the best overall predictors of first, second, and third grade reading achievement, externalizing behavior was among the best predictors of second and third grade reading achievement. In their discussion, the authors noted that while the mean correlation for externalizing behavior problems and second and third grade reading achievement was large, the standard deviation was also
large \((SD = .19)\), suggesting there was a considerable amount of variation across studies. The authors also noted that the results should be viewed in light of the fact that not all studies included reliability data on their measures. Other limitations of this meta-analysis include its date of publication and failure to include data on statistical significance and demographics.

Since Horn and Packard’s meta-analytic review (1985), there have been many empirical studies that have refined the examination of the relationship between mental health problems and academic performance in children and adolescents. The following is a discussion of some of these studies, organized in chronological order, according to the publication date.

Fauber, Forehand, Long, Burke, and Faust (1986) explored the relationship between depressive symptoms and GPA in 89 adolescents, 11 to 15 years old, from low to upper middle class backgrounds. The Children’s Depression Inventory (CDI) was used to measure depressive symptoms. Correlational analyses demonstrated an inverse relationship between depressive symptoms and GPA \((r = -.35, p < .01)\). In other words, adolescents who reported more depressive symptoms also demonstrated lower GPAs.

Chen and Li (2000) found a similar relationship between depressive symptoms and school functioning in 431 Chinese adolescents in China. At the beginning of the study, participants were an average age of 11 years old and were enrolled in the sixth grade. Measures included the CDI, teacher ratings of learning problems and school competence, and grades in Chinese and math. Measures were administered twice over a two-year period. In the first year of the study, concurrent correlational analysis
demonstrated an inverse relationship between depressive symptoms and grades ($r = -.38$, $p < .001$), depressive symptoms and school competence ($r = -.26$, $p < .001$), and a positive relationship between depressive symptoms and learning problems ($r = .33$, $p < .001$). The direction of these relationships was maintained in the second year. Longitudinal correlational analysis demonstrated that depressive symptoms in the first year were inversely correlated with grades ($r = -.25$, $p < .001$) and school competence ($r = -.26$, $p < .001$) and positively correlated with learning problems ($r = .27$, $p < .001$) in the second year. In other words, students who reported more depressive symptoms had lower grades, lower school competence, and greater learning problems.

Juvonen, Nishina, and Graham (2000) concurrently explored the relationships between psychological adjustment and academic performance in 243 ethnically diverse middle school students. Participants ranged from 12 to 15 years old. Measures included the Self-Perception Profile for Children, items measuring loneliness, CDI, GPA, and absenteeism. Correlation analyses demonstrated an inverse relationship between depression and GPA ($r = -.36$, $p < .001$), and a positive relationship between depression and absenteeism ($r = .20$, $p < .05$). Structural equation modeling (SEM) demonstrated that psychological adjustment (self-worth and lack of depressive symptoms and loneliness) positively predicted school functioning (GPA and absenteeism). In other words, students who reported higher psychological adjustment also reported higher levels of school functioning.

Vitaro et al. (2001) explored the relationship between early disruptive behaviors and academic performance in 751 boys from Canada. All participants were Caucasian.
Teachers used the Social Behavior Questionnaire to rate participants’ disruptive behaviors at ages 6 and 10. Disruptive behaviors at ages 6 and 10 were averaged to yield one early disruptive behavior score. Academic performance at ages 7 and 10 was gauged using grades in French (e.g. reading, writing) and math. Grades at age 7 and 10 were averaged to yield one academic performance composite score. Later academic performance was measured according to whether participants dropped out before the expected high school graduation date. Early dropout status was defined as dropping out at age 15 or 16, and late dropout status was defined as dropping out at age 17. Correlation analyses demonstrated an inverse association between early disruptiveness and academic performance ($r = -0.35, p < .05$). In other words, students who demonstrated higher levels of early disruptive behaviors demonstrated lower levels of academic performance.

French and Conrad (2001) longitudinally examined the relationship between aggressive behavior and academic performance in adolescents. There were 516 participants in eighth grade and 1,157 participants in 10th grade. Twenty-eight percent of participants in the 10th grade assessment were from the original eighth grade assessment. Participants who partook in both the eighth and 10th grade assessments tended to be higher achieving and less aggressive. The majority of participants were White (94%) and middle class. Measures included the peer nomination measure of aggressive behavior, California Achievement Test scores, and dropout status. Correlational analyses demonstrated inverse relationships between eighth grade aggression and achievement ($r = -0.31, p < .01$), eighth grade aggression and 10th grade achievement ($r = -0.27, p < .01$), and 10th grade aggression and achievement ($r = -0.32, p < .01$). In other words, adolescents
who were perceived of as aggressive demonstrated lower levels of academic achievement. One-tailed $t$ tests demonstrated that aggressive youth were more likely to dropout than non-aggressive youth in both eighth and 10th grade.

In a study of the effects of both internalizing and externalizing behaviors on academic achievement, Risi et al. (2003) longitudinally investigated the relationship between aggression and withdrawal behaviors and academic performance in 524 children. Participants consisted of low and middle class White and Black American students. Data were collected twice over the course of this study: first in grades 3, 4, or 5, and then one year following participants’ expected high school graduation date. At time 1, peers rated participants on aggression and withdrawal using the Pupil Evaluation Inventory (PEI). The Comprehensive Assessment Program (CAP) was used to measure participants’ academic achievements. At time 2, academic performance was measured according to whether participants graduated at the expected time. Correlation analyses demonstrated inverse relationships between aggressiveness and academic achievement ($r = -.30, p < .01$) and withdrawal and academic achievement ($r = -.14, p < .01$), and positive relationships between aggressiveness and negative graduation outcomes (not graduating at the expected time) and withdrawal and negative graduation outcomes ($r = .28, p < .01; r = .11, p < .01$, respectively). In other words, children who were perceived of as aggressive and/or withdrawn demonstrated lower academic achievement; these same children were also less likely to graduate at the expected time. Logistic regression analyses demonstrated that after adjusting for time 1 achievement and various
demographic variables, aggression was the only significant predictor of negative graduation outcomes.

In 2003, Schwartz and Gorman investigated the relationship between disruptive behavior, depressive symptoms, and academic achievement in 237 elementary school children who had been exposed to community violence. Participants averaged an age of 9.5 years old and were in grades 3, 4, and 5. The majority of participants were Latino. All participants were fluent in English. Measures included the Social Behavior Rating Scale, a peer nomination inventory of aggression, the CDI, the Stanford Achievement Test-Ninth Edition (SAT-9), and GPA. Predictor variables were measured in the fall and outcome variables were measured toward the end of the school year. Correlational analyses demonstrated inverse relationships between teacher-rated aggression and SAT-9 ($r = -.23, p < .001$), teacher-rated hyperactivity and SAT-9 ($r = -.35, p < .001$), peer-nominated aggression and SAT-9 ($r = -.22, p < .001$), and depressive symptoms and SAT-9 Math ($r = -.24, p < .001$). Inverse relationships were also documented between teacher-rated aggression and GPA ($r = -.31, p < .001$), teacher-rated hyperactivity and GPA ($r = -.50, p < .001$), peer-nominated aggression and GPA ($r = -.28, p < .001$), and depressive symptoms and GPA ($r = -.32, p < .001$). SEM was used to examine the relationships between disruptive behaviors (as measured by aggression and hyperactivity), depressive symptoms, and academic achievement (as measured by SAT-9 and GPA). Disruptive behavior and depressive symptoms inversely predicted academic achievement. In other words children who displayed higher levels of disruptive behaviors and depressive symptoms also demonstrated lower levels of academic achievement.
Similarly, Mistry et al. (2009) longitudinally examined the relationship between depressive symptoms and academic achievement in 444 Chinese American adolescents living in Northern California. The average age of participants was 13 years old at wave 1 and 17 years old at wave 2. The majority of participants were second generation (U.S. born children of immigrants). At wave 1, most participants received free or reduced lunch. Participants were administered the Center for Epidemiologic Studies Depression Scale (CES-D) and items measuring self-reported grades, school engagement, and positive attitudes about education. SEM was used to cross-sectionally examine the relationships between depressive symptoms and academic achievement variables. After accounting for relationships between adolescent and parent demographic variables and their relationships to depressive symptoms at waves 1 and 2, depressive symptoms at waves 1 and 2 negatively predicted self-reported grades at waves 1 and 2, school engagement at waves 1 and 2, and positive attitudes about school at waves 1 and 2. In other words, adolescents who reported higher levels of depressive symptoms, reported lower grades, less engagement in school, and less positive attitudes about school.

Matthews, Dempsey, and Overstreet (2009) explored the relationship between posttraumatic stress (PTS) symptoms and school functioning in 47 Black American children who had been exposed to community violence. Participants ranged in age from 10 to 13. The Checklist of Children’s Distress Symptoms (CCDS) was used to measure PTS symptoms. School functioning was measured using an academic performance composite of GPA and the Iowa Test of Basic Skills (ITBS), and school absences. Correlational analyses were used to explore the relationship between PTS symptoms and
school functioning. PTS symptoms were inversely associated with academic performance ($r = -.53, p < .01$) and positively associated with school absences ($r = .39, p < .01$). In other words, children who reported higher levels of PTS symptoms demonstrated lower academic performance and higher rates of school absences.

The results of these nine studies suggest that students who report higher levels of internalizing and/or externalizing symptoms also report/demonstrate lower levels of academic performance. Although these results suggest the importance of considering internalizing and externalizing symptoms when examining academic performance, these results need to be considered with caution as they were limited in terms of sample size (e.g. Matthews et al., 2009) and the ethnicity/race and language of participants (e.g. Chen & Li, 2000; Fauber et al., 1986; French & Conrad, 2001; Matthews et al., 2009; Mistry et al., 2009; Risi et al., 2003; Vitaro et al., 2001). In addition, because Mistry et al. (2009)’s measure of academic performance was limited to the perception of adolescents (e.g. self-reported grades), their results should be considered with caution. Finally, although both Risi et al. (2003) and Schwartz and Gorman (2003) examined the extent to which internalizing symptoms and externalizing symptoms independently related to academic performance, neither of these two studies examined the overall construct of mental health problems (the more commonly used indicator/screener for mental health problems in the schools) in relation to academic performance.

**Acculturative Stress and Academic Performance: Review of Current Research**

To encapsulate the construct of acculturative stress in children and adolescents, researchers have used widely varying definitions and measures (varying in reliability and
validity) including: the Hispanic Children’s Stress Inventory (as used by Alva & de Los Reyes; 1999), the Societal, Attitudinal, Familial, and Environmental Acculturative Stress Scale for Children (SAFE-C) (as used by Schwartz et al., 2007), the Acculturative Stress Inventory for Children (ASIC; Suarez-Morales et al., 2007), the Culture Shock Questionnaire of Mumford (as used by Tartakovsky, 2007), the Coping With Acculturative Stress in American Schools (CASAS) scale (as used by Albeg & Castro Olivo, submitted), and the SAFE scale for adults (as used by Roche & Kuperminc, 2012). Of these six measures, I argue that the CASAS scale most closely captures the definition of acculturative stress as defined by Blanco-Vega et al. (2008), Castro Olivo et al. (in press) and Gil, Vega, & Dimas (1994). According to Blanco-Vega et al. (2008), Castro Olivo et al. (in press), and Gil, Vega, & Dimas (1994), acculturative stress can be captured by four components: Lack of Sense of School and Community Belonging, Perceived Discrimination, Immigration Related Stress, and Familial Acculturative Gap. Although each of these four factors has been independently examined in relation to academic performance (Battin-Pearson et al., 2000; Benner, Graham, & Mistry, 2008; Bodkin-Andrews, Seaton, Nelson, Craven, & Yeung, 2010; Chavous, Smalls, Rivas-Drake, Griffin, & Cogburn, 2008; Chun & Dickson, 2011; Farver et al., 2002; Le-Croy & Krysik, 2008; Schwartz et al., 2007; Shrake & Rhee, 2004; Smalls, White, Chavous, & Sellers, 2007), the present study focuses on the relationship between the overall construct of acculturative stress and academic performance.

To add to the ambiguity caused by the discrepant definitions and measures of acculturative stress, researchers have used the term acculturative stress interchangeably
with the terms culturally specific stressors and culture shock (Alva and de Los Reyes, 1999; Tartakovsky, 2007). The resulting ambiguity, in conjunction with the paucity of research on the relationship between acculturative stress and academic performance, make it difficult to discern the nature of this relationship. The following discussion is chronologically organized and covers studies examining the relationship between acculturative stress and academic performance.

Alva and de Los Reyes (1999) investigated the relationship between culturally specific stressors (later referred to by the authors as acculturative stressors), internalizing symptoms, and GPA in 171 Latino ninth grade students. Participants ranged in age from 14 to 16 years old. The majority of participants were immigrants. Participants’ English language proficiency was not mentioned. Measures included the Hispanic Children’s Stress Inventory, RCMAS, CDI, and GPA. The authors of this study defined culturally specific stressors as describing the stress that can sometimes result from the process of acculturating into the dominant culture. Correlation and hierarchical multiple regression analyses were used to examine the relationships between culturally specific stressors, internalizing symptoms, and GPA. Inverse relationships were found between culturally specific stressors and GPA and depressive symptoms and GPA ($r = -.20, p < .01; r = -.31, p < .001$, respectively). In other words, adolescents who reported higher levels of culturally specific stressors and depressive symptoms had lower GPAs. The relationship between symptoms of anxiety and GPA was not significant ($r = -.06, p > .05$). After accounting for the variance explained by demographic variables, culturally specific stressors accounted for a $6\%$ increase in variance explained in GPA ($\Delta R^2 = .06, p < .01$).
In agreement with Alva and de Los Reyes (1999), Schwartz et al. (2007) found evidence supporting the link between acculturative stress and academic achievement. This relationship was concurrently examined in 347 Latino adolescents. Participants were in grades 6 through 8. Most participants were born in the U.S. Half of participants had at least one parent born in the U.S. Students with very limited English proficiency were excluded from the study. Measures included the Process-Oriented Stress subscale of the SAFE-C, the Rosenberg Self-Esteem Scale, the U.S. orientation subscale of the Acculturation Rating Scale for Mexican Americans II (modified to Hispanic/Latino), and self-reported grades. Correlational and SEM techniques were used to examine the relationship between acculturative stress and academic achievement. Correlations demonstrated an inverse relationship between acculturative stress and self-reported grades ($r = -.15, p < .01$). In other words, adolescents who reported higher levels of acculturative stress also reported lower grades. SEM results demonstrated that acculturative stress together with self-esteem double mediated the relationship between U.S. orientation and self-reported grades.

In 2007, Tartakovsky examined the relationship between acculturative stress and school competence in 211 recent-immigrant high school students. Participants immigrated, without their parents, from Russia and the Ukraine to Israel. Participants entered the Israeli school system through a special newcomers program in the 10th grade. To be selected for this program, participants had to have demonstrated sufficient academic achievement, high motivation for immigrating to Israel, and lack of psychopathological symptoms. Most participants were from ethnically diverse families.
Hebrew language proficiency of participants was not mentioned. Measures included the Culture Shock Questionnaire of Mumford and 10 items from the multifaceted academic self-concept scale. Correlational analysis found an inverse relationship between acculturative stress and perceived school competence \((r = -.34, p < .05)\) approximately six months after immigrating to Israel. In other words, students who reported higher levels of acculturative stress also reported lower levels of school competence.

Roche and Kuperminc (2012) examined the relationship between acculturative stress constructs (perceived discrimination and immigration related stress) and GPA in 199 Latino seventh and eighth grade students. The middle school from which participants were drawn was ethnically diverse. Twenty percent of participants were U.S. born. The English language proficiency of participants was not mentioned. Participants were categorized as U.S. born, U.S. reared (if immigrated before age 5), child immigrants (if immigrated between ages 5 and 12), and adolescent immigrants (if immigrated after age 12). Measures included the SAFE and GPA. Students were surveyed in English and Spanish. Correlational analyses demonstrated an inverse relationship between perceived discrimination and GPA \((r = -.25, p < .01)\). In other words adolescents who reported perceiving more discrimination had lower GPAs. The relationship between immigration related stress and GPA was not significant.

Similarly, Albeg and Castro Olivo (submitted) examined the association between acculturative stress and academic performance in 94 Latino middle school students. Participants were enrolled in grades 6 through 8, averaged 12.9 years old. The majority of participants were born in the U.S. \((n = 81)\). In terms of primary language(s) spoken in the
home, approximately half of participants reported their primary language as Spanish, while the remainder of participants reported English or both Spanish and English. Measures included the CASAS scale, A Brief Mental Health Symptoms Test, and Teacher Report on Students' Observed Academic Engagement Behaviors. Correlational analyses demonstrated an inverse relationship between acculturative stress and academic performance ($r = -.32, p < .01$). Hierarchical multiple regression analyses demonstrated that after controlling for the effects of mental health problems on academic performance, acculturative stress inversely predicted current academic performance, accounting for a 7% increase in variance explained ($\Delta R_{adj}^2 = .07, p < .05$). In other words, students who reported higher levels of acculturative stress demonstrated lower levels of academic performance.

The results of these four studies (excluding the results of Roche & Kuperminc, 2012) suggest that students who report higher levels of acculturative stress tend to have lower academic performance. Although these results suggest the importance of considering acculturative stress when examining academic performance, these results need to be considered with caution, as there were limitations to each study.

In Alva and de Los Reyes (1999), the authors concluded that their results made a strong case for the association between culturally specific stressors and academic achievement in Latino adolescents. However the acculturative measure used in this study (Hispanic Children’s Stress Inventory) does not fully capture the four defining components theorized to encapsulate acculturative stress (Blanco-Vega et al., 2008; Castro Olivo et al., in press; Gil et al., 1994).
In Schwartz et al. (2007), limited English proficient students, an important subgroup of Latino adolescents, were excluded from the study and grades were self-reported and limited to the perception of adolescents. According to the meta-analytic findings by Kuncel, Credé, and Thomas (2005), using self-reported grades as the primary indicator of academic performance should be approached with caution as they have been found to be heavily moderated by students’ cognitive abilities and school-reported GPAs. More specifically, students with lower cognitive abilities and lower school-reported GPAs are less accurate in reporting their grades than students with higher cognitive abilities and higher school-reported GPAs. Another significant limitation of this study was the use of the Process-Oriented Stress subscale of the SAFE-C, which not only underrepresents the construct of acculturative stress, but also, according to a principal-axis factor analysis performed by Suarez-Morales et al. (2007) does not accurately measure process-oriented stress.

In Tartakovsky (2007), results need to be considered with caution when generalizing to Latino students as this study was conducted with Russian and Ukrainian adolescents who immigrated to Israel. Similarly, for Albeg and Castro Olivo (submitted), results need to be considered with caution as the measurement of mental health problems is brief (10 items) and only examines internalizing symptoms, which overlooks an important dimension of mental health problems: externalizing symptoms.

Although the study by Roche and Kuperminc (2012) was unique in that it sought to distinguish the differential effects of the defining components of acculturative stress on the academic performance of Latino adolescents, the authors did not examine the
relationship of acculturative stress, as an overall construct, to academic performance. In addition, only two of the four defining components, theorized to encapsulate acculturative stress (Blanco-Vega et al., 2008; Castro Olivo et al., in press; Gil et al., 1994), were examined in relation to academic performance.

Gaps in the Literature

English Language Proficiency and Mental Health Issues In Latino Adolescents

Few studies have examined English language proficiency and mental health issues (including acculturative stress) in Latino ELLs. Although there have been studies that have examined the relationship between mental health issues (including acculturative stress) and English language proficiency in other ethnic groups (e.g. Dowdy, Dever, DiStefano, & Chin, 2011; Nicassio, Solomon, Guest, & McCullough, 1986; Poyrazli, Kavanaugh, Baker, & Al-Timimi, 2004; Yeh & Inose, 2003), these studies have not exclusively examined this relationship in Latino adolescents. The studies that have examined this relationship in Latino ELLs have neither examined these issues in adolescent populations (Dawson & Williams, 2007; Kulis et al., 2009; Lueck & Wilson, 2011) nor used measures that fully represent the construct of acculturative stress (Kulis et al., 2009; Lueck & Wilson, 2011). Both Kulis et al. (2009) and Lueck and Wilson (2011) used unpublished and presumably non-validated measures of acculturative stress; thus, limiting the interpretability of their results for informing the development of culturally appropriate SEAL interventions. As none of these studies ran comparative analyses to examine differences in levels of acculturative stress and mental health problems by ELL status, the scope of these findings are limited. In order to improve the effectiveness of
interventions for Latino adolescent ELLs and non-ELLs, it is important to directly examine differences in their experiences of mental health issues using reliable and valid measures.

**Mental Health Problems, Acculturative Stress and Academic Performance**

Several gaps can be identified in the literature on the effects of mental health problems and acculturative stress on academic performance. While there are many more studies examining the effect of mental health problems on academic performance than studies examining the effect of acculturative stress on academic performance, there are even fewer studies that simultaneously examine the effect of both of these variables on academic performance (Albeg & Castro Olivo, submitted; Alva & de Los Reyes, 1999; Schwartz et al., 2007). To gain a clearer understanding of the unique contributions of mental health problems and acculturative stress in accounting for variance in academic performance, it is important to concurrently examine these two variables.

**Construct Definition**

Another limitation in the literature is that studies have not always used comprehensive definitions of the constructs of mental health problems and acculturative stress, which can limit the interpretability and applicability of the results (Battin-Pearson et al., 2000; Farver et al., 2002; Horn & Packard, 1985; Lueck & Wilson, 2011; Schwartz et al., 2007; Smalls et al., 2007). Current studies in the literature have utilized various definitions of these two constructs that have often only partially captured these constructs, which presents the limitation of construct under-representation. In regards to studies examining the relationship between acculturative stress and academic
performance, one study by Roche and Kuperminc (2012) examined the effects of two of the four defining components of acculturative stress (e.g. perceived discrimination and immigration related stress) on academic performance. Other studies have exclusively examined the effects of a single component of acculturative stress (e.g. school belonging or perceived discrimination) on academic performance (Battin-Pearson et al., 2000; Benner et al., 2008; Bodkin-Andrews et al., 2010; Chavous et al., 2008; Chun & Dickson, 2011; LeCroy & Krysiv, 2008; Shrake & Rhee, 2004; Smalls et al., 2007). Due to the fact that there are no studies in the literature that examine both the effects of mental health problems and acculturative stress (as it is defined in the present study) on academic performance, it is difficult to make conclusions regarding the relative importance of each of the constructs in explaining academic performance and determining the focus they should play in the development of adapted SEAL interventions.

**Target Population**

Finally, the last limitation in the literature is that although there have been various studies documenting the effects of mental health issues on the academic performance of children and adolescents, very few have examined this relationship in Latino youth, and even fewer have examined this relationship in Latino adolescent ELLs. Accordingly, it is difficult to generalize the results of these studies to this population. As Latino youth have demonstrated a particular need for mental health related and academic services (Alegria et al., 2002; DOE, 2009, 2011; Ginsburg & Silverman, 1996; Mather & Foxen, 2010; McMill & Weisz, 1996; NCES, 2008, 2011; National Coalition of Hispanic Health and Human Services Organizations, 1994), more research examining the relationship between
mental health issues and academic performance in Latino youth, especially Latino adolescent ELLs whose needs have been vastly understudied, is necessary.

**Purpose of Study**

The limitations of the current literature along with the particular needs of Latino youth for mental health related and academic services (Alegría et al., 2002; DOE, 2009, 2011; Ginsburg & Silverman, 1996; Mather & Foxen, 2010; McMiller & Weisz, 1996; NCES, 2008, 2011; National Coalition of Hispanic Health and Human Services Organizations, 1994), necessitate more research examining whether Latino adolescent ELLs and non-ELLs differ in their experiences of mental health issues and more research examining the relationship between mental health issues and academic performance in Latino youth, especially Latino adolescent ELLs whose needs have been vastly understudied. The purpose of this study was to empirically examine the factors that may be uniquely interfering with Latino adolescent ELLs’ academic performance from a sociocultural and ecological perspective for the ultimate purpose of making school a more culturally relevant and effective learning environment for Latino ELLs. More specifically, this study aimed to inform the modification of socioemotional and academic learning (SEAL) interventions for Latino adolescent ELLs by identifying which factor, mental health problems or acculturative stress, best explains Latino adolescent ELLs’ academic performance. To begin addressing this agenda, this study used reliable and valid measures of mental health problems, acculturative stress, and academic performance to approach the following research questions:
1) Do Latino adolescent ELLs report significantly different levels of acculturative stress and mental health problems than Latino adolescent non-ELLs?

2) Is there a significant relationship between mental health problems and academic performance and acculturative stress and academic performance for Latino adolescent ELLs and Non-ELLs?

3) After controlling for mental health problems, to what extent does acculturative stress account for additional variance in the academic performance of Latino adolescents?

4) To what extent does ELL status (e.g. ELL versus non-ELL) influence the degree to which acculturative stress explains additional variance in academic performance?

5) After controlling for acculturative stress, to what extent do mental health problems account for additional variance in the academic performance of Latino adolescents?

6) To what extent does ELL status (e.g. ELL versus non-ELL) influence the degree to which mental health problems explain additional variance in academic performance?

Method

Participants

Four hundred and five participants were drawn from 43 7th and 8th grade classrooms from two different public middle schools (named School One and School Two to protect the privacy of the schools and their students) within the same school district in southern
California. During the 2012-2013 school year, 84% of the students in the district were eligible for free or reduced price lunch and 41% were classified as English language learners (ELLs). Both schools were in Program Improvement (PI) due to failure to make Adequate Yearly Progress (AYP) for two consecutive years under the Elementary and Secondary Education Act and No Child Left Behind (NCLB). During the 2012-2013 school year, School One was in year 3 of PI and School Two was in year 5 of PI. At School One, 81% of the student population identified as Latino, 8% as African-American, 5% as Caucasian, 4% as Asian/Pacific Islander, and 1% as biracial/non-Latino. Fourteen percent of the school staff at School One identified as Latino, 11% as Asian/Pacific Islander, 3% as African-American, and 60% as Caucasian. At School Two, 71% of the student population identified as Hispanic/Latino, .2% as Native American, 11% as Asian/Pacific Islander, 13% as African-American, 3% as Caucasian, and 2% as biracial/non-Latino. Twenty-four percent of the school staff at School Two identified as Latino, 7% as Asian, 10% as African-American, and 51% as Caucasian.

Four hundred and five Latino middle school students, grades 7 (n=227) and 8 (n=178), were surveyed during the 2012-2013 school year. The average age of participants was 13 years old. One hundred and eighty-two participants were males and 223 were females. Eighty-eight percent (n=355) of participants were born in the U.S. and 10% (n=41) were born outside of the U.S.; nine participants did not specify their place of birth. The majority of participants (79%, n=321) were children of immigrants (with at least one parent born outside of the U.S.). Thirty-four percent of participants were non-ELLs and 66% were ELLs.
For the purpose of this study, students who reported to speak Spanish at home and received ELD services for any period of time were classified as ELLs. As a result, reclassified students (previously considered limited English proficient, who entered California schools as ELLs) were considered ELLs. While the decision to dichotomously group students into ELLs and non-ELLs was based on the common practice of California school and research, the decision to group reclassified students with ELLs rather than non-ELLs was based on theory and research that suggests that they are more similar to ELLs (in their past experiences with being limited English proficient) than non-ELLs, both academically (Gándara & Rumberger, 2007; Gándara, Rumberger, Maxwell-Jolly, & Callahan, 2003; Parrish et al., 2002) and socioemotionally (Blanco-Vega et al., 2008). Despite research and theory suggesting more similarities between reclassified students and ELLs than between reclassified students and non-ELLs, California schools and researchers (with the exception of Parrish et al., 2002) commonly group reclassified with non-ELLs. Unfortunately, those schools and researchers (who group reclassified students with non-ELLs) who are interested in assessment practices such as the targeted screening of at risk groups such as ELLs for mental health and academic related issues, may overlook the important needs of reclassified students.

Gándara & Rumberger (2007) and Gándara et al. (2003) reported various findings indicating that during the middle school years, reclassified students’ academic performance (as measured by the California Standards Test in English Language Arts) drops significantly below English only students, making their academic trajectory more similar to that of ELLs. These findings suggest that by middle school, the needs of
reclassified students (for continued English language support) are more similar to that of ELLs than non-ELLS. These findings may further suggest that some ELLs are being misclassified as *reclassified* due to the use of standardized tests that are normed on mostly English only students and the perceived pressure to reclassify students before entering middle school. Similarly, Blanco-Vega et al. (2008) suggest that reclassified students are more similar to ELLs in that they often share a common background related to experiences with being limited English proficient and being the children of immigrants or immigrants themselves. Both reclassified students and ELLs are more likely to speak a language other than English in the home, have fewer resources, and heightened levels of acculturative stress due to experiences such as having parents that are unable to be fully involved in the schooling of their children due to language barriers, fear of deportation, navigating between two cultures, acculturation differences between children and parents, discrimination from peers and/or adults, feeling shame or fear of being teased for speaking English with an accent, etc. (Blanco-Vega et al., 2008).

**Procedure**

Students were recruited during regular school hours from participating 7th and 8th grade classrooms. Parent consent and student assent forms were sent home with students from the 43 participating classrooms. Only students who returned signed parental consent and student assent forms were allowed to participate. Consent/assent forms and surveys were made available in both English and Spanish. Trained researchers/research assistants administered the surveys in a standardized manner. Survey administration took place in a group setting during regular school hours in participating students' classrooms. Four
hundred and two participants opted for English surveys. Although three participants opted for Spanish surveys, their scores were not significantly different from the remainder of participants who opted to take their surveys in English. Upon completion, all participating students were given a pencil with the university emblem. Funds were also provided toward a pizza party for the two classes that returned the highest percentage of consent forms. Each participating teacher was also provided with a five-dollar gift card upon completion of the data collection. District and school administrators provided access to the following student data: California English Language Development Test (CELDT) level and GPA.

Measures

BASC-2 behavioral and emotional screening system student form (BESS student). The BESS Student form (Kamphaus & Reynolds, 2007; BESS Student) was used to measure mental health problems. The BESS Student Form is a self-reported 30-item behavior rating scale that is used to screen third-12th grade students for risk for developing behavioral and emotional problems. Students rate their behavioral and emotional problems on a four-point scale (e.g. never, sometimes, often, almost always). Convergent validity was established by examining correlations with the Achenbach System of Empirically Based Assessment Youth Self-Report (ASEBA-YSR; .66 to .77), Conners Rating Scales (.51 to .68), CDI (.51), and the RCMAS (.55). Construct validity was established using exploratory factor analysis (EFA) and two confirmatory factor analyses (CFAs). These analyses yielded four factors: Personal Adjustment, School Problems, Internalizing Problems, and Inattention/Hyperactivity (Dowdy et al., 2011).
Split-half reliability coefficients range from .90 to .93.

For the purpose of this study, only items related to internalizing (internalizing problems) or externalizing symptoms (inattention/hyperactivity) were used (e.g. 2, 3, 5, 7, 8, 10, 13, 14, 16, 20, 23, 24, 25, 27, and 28). From these 15 items, a raw score was calculated; higher scores are indicative of more problems. For the present study, the reliability of these 15 items was $\alpha = .84$.

**Coping with acculturative stress in American schools scale (CASAS).** The CASAS measure (Castro Olivo, Palardy, Albeg, & Williamson, in press) was used to measure participants’ overall experience of acculturative stress symptoms. CASAS is a 16-item likert scale designed to identify/screen school-age children, from sixth to 12th grade, who may be experiencing acculturative stress from the cultural interactions/conflicts between their school and home social networks. Students rate their acculturative stress symptoms on a five-point scale (e.g. does not apply, never, sometimes, often, always or almost always). All items are negatively worded with the exception of item 10, which is positively worded. Accordingly, item 10 must be reverse coded before it is included in the overall score. Higher scores are indicative of higher levels of acculturative stress. CASAS has been found to be a valid and reliable measure with internal consistency at $\alpha = .88$, test-retest reliability at $r = .84$, and concurrence [validity] with the Acculturative Stress Inventory for Children [(ASIC), Suarez-Morales et al., 2007] at $r = .66$, $p < .001$. CASAS has a factor structure that is consistent with its design as established by the following fit indices: $\text{CFI} = 0.985$, $\text{TLI} = 0.982$, and $\text{RMSEA} = 0.058$. CFA confirmed four factors: Lack of Sense of School and Community
Belonging, Perceived Discrimination, English Language Learner Related Stress, and Familial Acculturative Gap.

**Grade point average (GPA).** Student’s cumulative GPA (Trimesters 1 and 2) for the current school year only was used to measure academic performance. GPA is a socially valid and widely used measure that reflect students overall level of academic performance in different subject matters (Dornbusch et al, 1987; Paulson, 1994). GPA has been linked with a number of outcomes such as high school completion (Bishop & Mane, 2001; Driscoll, 1999; Lloyd, 1978), college admission, employment, and income (Chapman, Laird, Ifill, & KewalRamani, 2011; Pleis, Ward, & Lucas, 2010). Attaining passing grades in state mandated high school courses is a common requirement of obtaining a high school diploma. In the United States, having a high school diploma has been linked with a number of positive life outcomes such as higher incomes, higher employment rates, and better health outcomes (Chapman, Laird, Ifill, & KewalRamani, 2011; Pleis, Ward, & Lucas, 2010). GPA has also been linked with a number of negative outcomes such as substance use (Dewey, 1999), violence perpetration (Resnick, Ireland, & Borowsky, 2004), delinquency (Magain & Loeber, 1996), suicide attempts (Borowsky, Ireland, & Resnick, 2001), and dropping out of high school (Suh, Suh, & Houston, 2007).

**Student demographics survey (SDS).** The SDS (see Appendix A) is a researcher-developed measure that surveys students about their backgrounds (e.g. ethnicity, gender, grade, age, immigration history (if applicable), country of origin, English language proficiency, etc.).
Results

Description of Data

Participants consisted of 405 Latino middle school students. Table 1 summarizes the mean, standard deviation, kurtosis, skewness, and range of scores for each of the measures of interest: BESS, CASAS, and GPA. The data is organized by ELL status. Before proceeding with the analyses, the following statistical assumptions were examined separately by ELL status and jointly with all participants: normality, linearity, homoscedasticity, independence, and lack of multicollinearity. These assumptions were examined for the following variables: BESS, CASAS, and GPA. The normality assumption was examined using skewness and kurtosis values. Analyses of skewness and kurtosis indicated moderately adequate normality. With the exception of kurtosis values for the CASAS variable for all participants and ELLs (kurtosis range: 1.61 – 1.96), all variables yielded skewness and kurtosis values between +1 and –1. The linearity assumption was examined using scatter plots. Scatterplot analyses indicated that the relationships between scores on all measures and GPA were linear. The homoscedasticity assumption was examined using residual plots. Residual plot analyses revealed no clear residual patterns indicating that the residuals possessed homogenous variances across predictive values. The multicollinearity assumption was examined using correlational analyses between the two predictive variables, BESS and CASAS. Correlational analyses indicated no evidence of multicollinearity ($r < .70$).
Research Question 1

To examine whether ELLs report significantly different levels of acculturative stress and mental health problems, two separate independent samples t-tests were conducted. Results from the first independent samples t-test indicated that acculturative stress levels were significantly higher for Latino adolescent ELLs ($M = 18.13$) than for Latino adolescent non-ELLs ($M = 13.84$), $t(370) = -4.89$, $p < .001$, $d = .55$. Results from the second independent samples t-test indicated that there were no significant differences in mental health problems between Latino adolescent ELLs ($M = 25.94$) and Latino adolescent non-ELLs ($M = 26.34$), $t(364) = 0.54$, $p = .59$. Tables 1 and 2 summarize the scores for the overall CASAS and BESS scales and their subscales.

Research Question 2

Pearson correlations were used to examine the relationships between mental health problems and academic performance and acculturative stress and academic performance. These analyses were performed jointly for all participants and separately for ELLs and non-ELLs. Correlational results are reported in Table 3. Correlations ranged from $r = -0.21$ to $r = -0.29$ for mental health problems and academic performance, and $r = -0.21$ to $r = -0.28$ for acculturative stress and academic performance. Across all groups, correlations were statistically significant for both mental health problems and academic performance, and acculturative stress and academic performance.

Research Question 3

To determine the extent to which acculturative stress accounts for additional variance in the academic performance of Latino adolescents, a hierarchical multiple
regression analysis was performed. Independent/explanatory variables were entered separately in the following order: 1) mental health problems (MH), and 2) acculturative stress (AS). The outcome variable was academic performance as measured by GPA. This model is represented in the following formula: \( Y_i = B_0 + B_1MH_{1i} + B_2AS_{2i} + e_i \). The order of variable entry was informed by the extant literature. As there is greater support in the literature for mental health problems explaining academic performance (relative to acculturative stress), mental health problems were entered first as the primary control variable. Acculturative stress was entered second to examine its unique contribution in explaining academic performance. The proportion of variance explained was evaluated after each independent/explanatory variable was entered. See Table 4 for the proportion of variance explained by each contributing explanatory variable.

In Step 1, mental health problems accounted for significant variance explained in academic performance \( (R_{adj}^2 = .05) \). For every one unit increase in mental health problems, there was a .24 decrease in academic performance \( (\beta_i = -.24, p < .001) \). In Step 2, the addition of acculturative stress accounted for significant variance explained in academic performance \( (R_{adj}^2 = .09, f^2 = .10) \), a 4% increase in variance explained in academic performance \( (\Delta R_{adj}^2 = .04, p < .001, f^2 = .04) \). For every one unit increase in acculturative stress, there was a .21 decrease in academic performance \( (\beta_i = -.21, p < .001) \). Although mental health problems continued to be a significant contributing variable (even after acculturative stress was entered into the model), its contribution decreased to \( (\beta_i = -.18, p < .05) \).
Research Question 4

To determine the extent to which ELL status influences the degree to which acculturative stress explains additional variance in academic performance, a hierarchical multiple regression analysis was performed. Independent/explanatory variables were entered separately in the following order: 1) mental health problems (MH), 2) acculturative stress (AS), and 3) acculturative stress by ELL status (ELL). The outcome variable was academic performance as measured by GPA. This model can be represented by the following equation: \( Y_i = B_0 + B_1MH_1i + B_2AS_{2i} + B_3AS*ELL_{3i} + e_i \). For the first and second step of this model, the logic behind the order of variable entry was identical to the previous research question. Unique to this model is its third step, which examines whether ELL status moderates the degree to which acculturative stress explains additional variance in academic performance by entering the interaction between acculturative stress and ELL status. The proportion of variance explained was evaluated after each independent/explanatory variable was entered. See Table 5 for the proportion of variance explained by each contributing explanatory variable.

In Step 1, mental health problems accounted for significant variance explained in academic performance \( (R_{adj}^2 = .05) \). For every one unit increase in mental health problems, there was a .24 decrease in academic performance \( (\beta_i = -.24, p < .001) \). In Step 2, the addition of acculturative stress accounted for a 4% increase in variance explained in academic performance \( (\Delta R_{adj}^2 = .04, p < .001) \). For every one unit increase in acculturative stress, there was a .21 decrease in academic performance \( (\beta_i = -.21, p < .001) \). Although mental health problems continued to be a significant contributing
variable (even after acculturative stress was entered into the model), its contribution decreased to \( \beta_i = -.18, p < .05 \). In Step 3, the interaction between acculturative stress and ELL status did not explain any additional variance in academic performance \( (\Delta R_{adj}^2 = .00) \), indicating that ELL status did not moderate the relationship between acculturative stress and academic performance.

**Research Question 5**

To determine the extent to which mental health problems account for additional variance in the academic performance of Latino adolescents, a hierarchical multiple regression analysis was performed. Independent/explanatory variables were entered separately in the following order: 1) acculturative stress (AS), and 2) mental health problems (MH). The outcome variable was academic performance as measured by GPA. This model is represented in the following formula: \( Y_i = B_0 + B_1AS_{1i} + B_2MH_{2i} + e_i \). The extant literature and the guidelines issued by Cohen, Cohen, West, and Aiken (2003) informed the order of variable entry. Cohen et al. (2003) recommended that when it is unclear which independent variable takes causal priority in explaining the outcome variable, it is advisable to enter the variables in different sequences and consider the results in conjunction. As there is a dearth of literature on the degree to which acculturative stress explains academic performance, it is unclear which variable (acculturative stress or mental health problems) explains more variance for Latino adolescents (e.g. the causal priority of these two independent variables in explaining academic performance is unclear). Thus, acculturative stress was alternatively entered first as the primary control variable. Mental health problems were entered second to
examine its unique contribution in explaining academic performance. The proportion of variance explained was evaluated after each independent/explanatory variable was entered. See Table 6 for the proportion of variance explained by each contributing explanatory variable.

In Step 1, acculturative stress accounted for significant variance explained in academic performance ($R_{adj}^2 = .06$). For every one unit increase in acculturative stress, there was a .26 decrease in academic performance ($\beta_i = -.26$, $p < .001$). In Step 2, the addition of mental health problems accounted for significant variance explained in academic performance ($R_{adj}^2 = .09$, $f^2 = .10$), a 3% increase in variance explained in academic performance ($\Delta R_{adj}^2 = .03$, $p < .05$, $f^2 = .03$). For every one unit increase in mental health problems, there was a .18 decrease in academic performance ($\beta_i = -.18$, $p < .05$). Although acculturative stress continued to be a significant contributing variable (even after mental health problems were entered into the model), its contribution decreased to ($\beta_i = -.21$, $p < .001$).

**Research Question 6**

To determine the extent to which ELL status influences the degree to which mental health problems explain additional variance in academic performance, a hierarchical multiple regression analysis was performed. Independent/explanatory variables were entered separately in the following order: 1) acculturative stress (AS), 2) mental health problems (MH), and 3) mental health problems by ELL status (ELL). The outcome variable was academic performance as measured by GPA. This model is represented in the following formula: $Y_i = B_0 + B_1 AS_{1i} + B_2 MH_{2i} + B_3 MH*ELL_{3i} + e_i$. The logic behind
the order of variable entry in the first and second step of this model is identical to that of the previous research question. The addition of the third step (the interaction between mental health problems and ELL status) examines whether ELL status moderates the degree to which mental health problems explain additional variance in academic performance. The proportion of variance explained was evaluated after each independent/explanatory variable was entered. See Table 7 for the proportion of variance explained by each contributing explanatory variable.

In Step 1, acculturative stress accounted for significant variance explained in academic performance ($R_{adj}^2 = .06$). For every one unit increase in acculturative stress, there was a .26 decrease in academic performance ($\beta_i = -.26, p < .001$). In Step 2, the addition of mental health problems accounted for a 3% increase in variance explained in academic performance ($\Delta R_{adj}^2 = .03, p < .05$). For every one unit increase in mental health problems, there was a .18 decrease in academic performance ($\beta_i = -.18, p < .05$). Although acculturative stress continued to be a significant contributing variable (even after mental health problems were entered into the model), its contribution decreased to ($\beta_i = -.21, p < .001$). In Step 3, the interaction between mental health problems and ELL status did not explain any additional variance in academic performance ($\Delta R_{adj}^2 = .00$), indicating that ELL status did not moderate the relationship between mental health problems and academic performance.

**Discussion**

The main purpose of this study was to examine the effects of general mental health problems and acculturative stress on the academic well being of Latino adolescent ELLs.
and non-ELLs. This study compared the results by ELL status in an attempt to better understand the unique needs of ELL students, a high-risk group who have been vastly understudied. Using reliable and valid measures of mental health problems, acculturative stress, and academic performance, this study examined two main objectives: 1) whether Latino adolescent ELLs experienced different levels of acculturative stress and mental health problems than their non-ELL peers; and 2) if the level of influence of acculturative stress and mental health problems on academic performance differed by ELL status. The following is a discussion of the findings related to these objectives.

**ELLs and Mental Health Issues In Latino Adolescents**

**Acculturative stress.** Findings related to the first research question “Do Latino adolescent ELLs report significantly different levels of acculturative stress and mental health problems than Latino adolescent non-ELLs?” indicated that acculturative stress levels were significantly higher for Latino adolescent ELLs ($M = 18.13$) than for Latino adolescent non-ELLs ($M = 13.84$). This finding suggests that for Latino adolescents, the experience of being limited English proficient, past or present, may be linked to elevated levels of acculturative stress. This finding is supported by findings from Kulis et al. (2009) and Lueck and Wilson (2011) indicating an inverse association between English proficiency and acculturative stress for Latinos. It is also supported by Castro Olivo et al. (2011), which found that Latino ELLs were at high risk for experiencing socioemotional difficulties.

For ELLs, elevated levels of acculturative stress may be due to the unique challenges associated with attending schools in which English is the predominant
language (Blanco-Vega et al., 2008; Olsen, 2000; Suarez-Morales et al., 2007). These challenges may translate to higher levels of ELL related stress, perceived discrimination, parent-child acculturation differences, and a lower sense of belonging. More specifically, ELLs may worry and stress about learning English and/or speaking English with an accent. They may feel that they cannot access certain resources due to their limited English proficiency. These perceived barriers may prevent them from participating in class and school related activities and accessing school resources, native English speaking peer groups, and advanced classes, which could in turn lead to a perception of discrimination and disconnectedness from school. Finally, as these students are often the children of immigrants or immigrants themselves they may also experience differences in acculturation between family members and themselves that can cause additional stress (Blanco-Vega et al., 2008; Olsen, 2000; Suarez-Morales et al., 2007).

**Mental health problems.** In contrast to the finding on acculturative stress, there were no significant differences in mental health problems between Latino adolescent ELLs ($M = 25.94$) and Latino adolescent non-ELLs ($M = 26.34$). When considered alongside the significant differences documented in acculturative stress levels, these results provide further validation that acculturative stress is indeed tapping a unique construct that is different from that of general mental health problems. Furthermore, these results suggest that the ELL status of these students is irrelevant to their general mental health; the risks of Latino ELLs are not inherently linked with being Latino, immigrant, or Spanish speaking, but with being different in the context of these schools and the broader community. These results further suggest that for Latino adolescents, there may
be little to no link between the experience of being limited English proficient and mental health problems: ELLs and non-ELLs reported to experience similar levels of mental health problems. Alternatively, it may also be that middle school students, regardless of their English proficiency, may be more adjusted and familiar with school rules and expectations due to experience, maturity, and/or knowledge of the English language. Thus, for middle school students, it may be that English language proficiency experiences may not be as directly influential on mental health problems, especially those related to externalizing behaviors, as other factors such as acculturative stress.

Regardless of how this finding is interpreted, these results contrast that of Dawson and Williams (2007), which found a positive association between limited English proficiency and externalizing behaviors in early elementary Latino children. This difference in findings may be due to differences between the two studies on factors such as measurement and age group. While Dawson and Williams (2007) used teacher reports of externalizing behaviors, the present study used students’ self-reports of internalizing and externalizing symptoms. As the literature suggests that teachers often over-report minority students’ externalizing behaviors due to cultural mismatch, implicit bias or negative expectations (Gregory, Skiba, & Noguera, 2010), the present study’s use of self-reports ensures that this did not occur in the present study. Although the present study did not exclusively focus on externalizing symptoms, a reference to Table 2 in the present study, indicates no significant differences in externalizing symptoms between ELLs and non-ELLs. In addition, while the present study grouped students according to ELL status (including students who had been reclassified as ELLs), Dawson and Williams (2007)
grouped students according to English language proficiency levels, which did not include reclassified students as limited English proficient. These differences in classification along with differences in age groups between the two studies (early elementary versus middle school) may have also contributed to the two different findings.

**Acculturative stress and mental health problems.** To ensure that the above findings for both acculturative stress and mental health problems were not confounded by the different subscales of the BESS and CASAS measures (e.g. certain subscales may have had higher loadings), the mean scores on both BESS and CASAS were analyzed by subscale and ELL status (refer to Table 2). As evidenced by the results listed in Table 2, there were no significant differences in mean subscale scores by ELL status. The data listed in Tables 1 and 2 suggest that differences detected in acculturative stress levels between ELLs and non-ELLs, were not confounded by any of the CASAS subscales. ELLs consistently reported higher levels of acculturative stress across CASAS subscales.

The present study uniquely contributes to the current literature on Latino ELLs in that it directly compared the levels of acculturative stress and mental health problems between ELLs and non-ELLs in an adolescent population. By using reliable and valid measures of acculturative stress and mental health problems, the results of this study help to further confirm and support previous research suggesting that Latino ELLs may be more likely to experience higher levels of acculturative stress than their non-ELL peers. These results also call into question the relevance [for Latino adolescents] of previous findings suggesting that Latino ELLs may be more likely to experience higher levels of mental health problems than their non-ELL peers. Given that ELL students reported to
experience higher levels of a socioemotional problem (e.g. acculturative stress) rarely addressed in any current socioemotional intervention, another valuable contribution of this study is its implication of the importance of addressing acculturative stress in the modification of socioemotional interventions for Latino adolescent ELLs.

**Acculturative Stress, Mental Health Problems, and Academic Performance**

Findings related to the second research question “Is there a significant relationship between mental health problems and academic performance and acculturative stress and academic performance for Latino adolescent ELLs and non-ELLs?” indicated statistically significant inverse associations between mental health problems and academic performance and acculturative stress and academic performance for both Latino adolescent ELLs and non-ELLs. In summary, students who reported higher levels of mental health problems and/or acculturative stress had lower levels of GPA or academic performance. These findings are congruent with previous research on the relationship between acculturative stress and academic performance (Albeg & Castro Olivo, submitted; Alva & de Los Reyes, 1999; Schwartz et al., 2007; and Tartakovsky, 2007) and the relationship between mental health problems and academic performance (Chen & Li, 2000; Fauber et al., 1986; French & Conrad, 2001; Horn & Packard, 1985; Juvonen et al., 2000; Matthews et al., 2009; Mistry et al., 2009; Risi et al., 2003; Schwartz & Gorman, 2003; and Vitaro et al., 2001), suggesting that as mental health problems and/or acculturative stress increase academic performance decreases.

Findings related to the third research question “After controlling for mental health problems, to what extent does acculturative stress account for additional variance in the
academic performance of Latino adolescents?” indicate that even after controlling for mental health problems, acculturative stress accounted for a 4% increase in variance explained in academic performance. While mental health problems alone accounted for 5% of the variance in academic performance, including acculturative stress in the model accounted for 9% of the variance in academic performance. After controlling for the effects of mental health problems, it was determined that for every one unit increase in acculturative stress, there was a .21 decrease in academic performance. Although mental health problems continued to be a significant contributing variable (even after acculturative stress was entered into the model), its contribution decreased. Accordingly, between mental health problems and acculturative stress, acculturative stress was the stronger contributing variable in explaining academic performance.

Findings related to the fifth research question “After controlling for acculturative stress, to what extent does mental health problems account for additional variance in the academic performance of Latino adolescents?” indicate that even after controlling for acculturative stress, mental health problems accounted for a 3% increase in variance explained in academic performance. While acculturative stress alone explained 6% of the variance in academic performance, including mental health problems in the model accounted for 9% of the variance in academic performance. After controlling for the effects of acculturative stress, it was determined that for every one unit increase in mental health problems, there was a .18 decrease in academic performance. Although acculturative stress continued to be a significant contributing variable (even after mental health problems were entered into the model), its contribution decreased. Regardless,
acculturative stress remained the stronger contributing variable in explaining academic performance.

The findings from these three research questions are aligned with the extant literature on the relationship between acculturative stress and academic performance (Albeg & Castro Olivo, submitted; Alva & de Los Reyes, 1999; Schwartz et al., 2007; and Tartakovsky, 2007) and findings on the relationship between mental health problems and academic performance (Chen & Li, 2000; Fauber et al., 1986; French & Conrad, 2001; Horn & Packard, 1985; Juvonen et al., 2000; Matthews et al., 2009; Mistry et al., 2009; Risi et al., 2003; Schwartz & Gorman, 2003; and Vitaro et al., 2001), indicating that as mental health problems and/or acculturative stress increase academic performance decreases and raising awareness of the importance of acculturative stress, in addition to mental health problems, to the academic performance of Latino adolescents.

Although these results were congruent with the findings of previous studies, many of which used GPA as an indicator of academic performance, the average GPA in this study was a B- average: 3.09 for all participants, 3.07 for ELLs and 3.11 for non-ELLs. This is incongruent with studies that have found Latino adolescents to be at risk for lower academic performance (Ream et al., 2012; DOE, 2009, 2011). This suggests that this sample of participants is different from Latino adolescents at large and may further suggest the existence of protective factors such as resiliency, coping skills, and/or other factors specific to the two middle schools and the surrounding community in southern California (Blanco-Vega et al., 2008). Regardless, these results collectively suggest that for Latino adolescents’ academic performance, acculturative stress may play a more
influential role than mental health problems.

**Acculturative Stress, Mental Health Problems, ELL Status, and Academic Performance**

Findings related to the fourth research question “To what extent does ELL status (e.g. ELL versus non-ELL) influence the degree to which acculturative stress explains additional variance in academic performance?” indicate that ELL status did not moderate the relationship between acculturative stress and academic performance. In other words, entering the interaction between acculturative stress and ELL status did not explain any additional variance. Similarly, findings related to the sixth research question, “To what extent does ELL status (e.g. ELL versus non-ELL) influence the degree to which mental health problems explains additional variance in academic performance?” indicate that ELL status did not moderate the relationship between mental health problems and academic performance; adding the interaction between mental health problems and ELL status did not explain any additional variance.

While an independent samples t-test and correlational analysis respectively revealed significantly higher levels of acculturative stress and what appeared to be a stronger relationship between acculturative stress and academic performance for ELLs, the non-significant interaction indicated that ELL status did not significantly influence the degree to which acculturative stress explains variance in academic performance. Similarly, while a correlational analysis revealed what appeared to be a stronger relationship between mental health problems and academic performance for non-ELLs, the non-significant interaction indicated that ELL status did not significantly influence
the degree to which mental health problems explain variance in academic performance. This suggests that for Latino adolescents, the experience of being limited English proficient may not play an influential role in moderating the relationships between acculturative stress and academic performance and mental health problems and academic performance. In other words, these findings suggest that both acculturative stress and mental health problems are important to the academic performance of both Latino ELLs and non-ELLs.

Alternatively, this finding may simply be an artifact of how students were assigned to ELL categories (e.g. ELLs and non-ELLs). In the present study, students who had been reclassified as English proficient were included in the ELL group because they were theorized to be more similar to ELLs (in their past experiences with being limited English proficient) than non-ELLs both academically (Gándara & Rumberger, 2007; Gándara, et al., 2003; Parrish et al., 2002) and socioemotionally (Blanco-Vega et al., 2008). However, categorizing students in this way does not account for when students were reclassified. It may be that the majority of reclassified students in this study may have been reclassified in early elementary school. As CASAS and BESS measured present levels of acculturative stress and mental health problems, the stress of being reclassified may have significantly decreased over the years since reclassification and thus less relevant to their academic performance. Accordingly, the inclusion of reclassified students in the ELL group may have masked ELL-related differences in the degree to which acculturative stress and/or mental health problems explain variance in academic performance. In addition, the context of the schools from where participating students
were recruited could have also played a role in these findings. Schools where students feel welcomed and supported may partially protect students from feeling the full effects of their socioemotional problems (Blanco-Vega et al., 2008). From the relatively high GPAs of students in the present study and the interactions with the staff that presumably facilitated the inclusion of these students in this study, it may be argued that these two middle schools were highly welcoming and supportive of both Latino ELLs and non-ELLs, which may have further masked the influence of ELL status on the relationships between acculturative stress and/or mental health problems and academic performance.

Regardless of the interpretation of these findings, the present study helped to further the credibility of the current literature by using reliable and valid measures of acculturative stress, mental health problems, and academic performance with a Latino adolescent population that included both ELLs and non-ELLs. Other valuable contributions of this study include its simultaneous examination of the relationships between acculturative stress and academic performance and mental health problems and academic performance and the influence of ELL status on these relationships. Collectively, these findings indicate the importance of both acculturative stress and mental health problems to the academic performance of both Latino ELLs and non-ELLs. In particular, the contribution of acculturative stress in explaining the academic performance of Latino adolescent ELLs and non-ELLs has especially important implications for the modification of socioemotional and academic interventions for Latino adolescent ELLs and non-ELLs in that it emphasizes the importance of addressing acculturative stress (in addition to mental health problems) for this population.
Limitations

Although this study addressed many of the limitations of previous studies that examined acculturative stress, mental health problems, and academic performance, there are some limitations that merit mention. As participants were selected based on their prompt return of parental consents, this study’s findings were a product of a sample of convenience and possibly self-selection bias. As is the nature of a sample of convenience, the nesting of students in classrooms and lack of random sampling led to the likely violation of the assumption of independence. Since all participants were Latino adolescents from southern California schools with student populations that were predominantly Latino and low SES, these findings cannot be generalized to Latinos in other areas of the U.S. or non-Latino immigrants/children of immigrants. Moreover, conclusions regarding comparisons between ELLs and non-ELLs are limited due to there being no other comparison groups outside of Latino ELLs and non-ELLs.

Future Directions

To examine intergroup differences between Latino students and other students and intragroup (Latino) differences between ELL, reclassified, and non-ELL students in acculturative stress and mental health problems and how these differences affect academic outcomes, future studies should focus on recruiting a sample that is more diverse and representative of more ethnic groups and English language development levels. Given that the data collection was limited to a sample of convenience in southern California, future data collection and recruitment should involve out-of-state recruitment to allow for the possibility of random sampling and a broadening of generalizability.
Future studies may also consider the use of multiple reporters (e.g. teacher/parent reports in addition to student self-report) to more comprehensively assess mental health problems. As Merrell (2010) suggested that researchers interested in examining the impact/relationship of mental health on other outcomes should also factor in the effect of students' social-emotional resiliency, future studies should also explore the possibility of resiliency and/or coping skills as protective factors in moderating the relationships between acculturative stress and academic performance and mental health problems and academic performance. Finally, future studies should examine whether explicitly addressing acculturative stress (along with the appropriate coping skills) in SEAL interventions helps to increase resiliency and promote success for Latino ELLs and non-ELLs.

**Implications**

Even with the limitations of this study, sufficient evidence was obtained to support the need for practitioners to begin addressing the significant role of acculturative stress (alongside mental health and academic issues) for Latino adolescent ELLs and non-ELLs. Explicitly addressing the experience of acculturative stress in SEAL interventions may help to increase resiliency and promote success in Latino adolescents; this may be especially important for ELLs who reported to experience higher levels of acculturative stress. Modifying SEAL interventions to better serve the socioemotional needs of Latino adolescent ELLs and non-ELLs is aligned with the position of the National Association of School Psychologists (NASP, 2008) which endorses the provision of culturally
competent school-based mental health programs that teach children how to cope with difficult experiences such as acculturative stress.
References


Bernard, M. E. (2006). It’s time we teach social-emotional competence as well as we teach academic competence. *Reading and Writing Quarterly, 22*(2), 103-119. doi: 10.1080/10573560500242184


Table 1

*Descriptive Statistics for BESS, CASAS, and GPA*

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>Range</th>
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<tbody>
<tr>
<td><strong>BESS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>All Participants</td>
<td>26.07</td>
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<tr>
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<td><strong>CASAS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Participants</td>
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<td>54.00</td>
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<td>ELLs</td>
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<td>54.00</td>
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<td><strong>GPA</strong></td>
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Table 2

*Mean Statistics by Subscales: BESS and CASAS*

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<th>Subscale</th>
<th>All Participants</th>
<th>ELLs</th>
<th>Non-ELLs</th>
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<td><strong>BESS</strong></td>
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<tr>
<td>Externalizing</td>
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<td>8.53</td>
<td>8.58</td>
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<tr>
<td>Internalizing</td>
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<td><strong>CASAS</strong></td>
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<td>English Language Learner Related Stress</td>
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<tr>
<td>Perceived Discrimination</td>
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<td>3.75</td>
</tr>
<tr>
<td>Familial Acculturation Gap</td>
<td>3.14</td>
<td>3.35</td>
<td>2.74</td>
</tr>
<tr>
<td>Lack of Sense of School and Community Belonging</td>
<td>4.67</td>
<td>4.99</td>
<td>4.06</td>
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</table>

Table 3

*Correlations for BESS, CASAS, GPA, and ELL Status*

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<th></th>
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<th>CASAS &amp; GPA</th>
<th>BESS &amp; CASAS</th>
<th>BESS &amp; ELL Status</th>
<th>CASAS &amp; ELL Status</th>
</tr>
</thead>
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<tr>
<td>All Participants</td>
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<td>-.26**</td>
<td>.29**</td>
<td>-.03</td>
<td>.25**</td>
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<td>-.28**</td>
<td>.30**</td>
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<td>---</td>
</tr>
<tr>
<td>Non-ELLs</td>
<td>-.29**</td>
<td>-.21*</td>
<td>.31**</td>
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* p < .05; **p < .01
Table 4

Hierarchical Multiple Regression Analyses, Research Question 3

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<th>Explanatory Variable</th>
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*p < .05; **p < .001
Table 5

*Hierarchical Multiple Regression Analyses, Research Question 4*

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*p < .05; **p < .001
Table 6

Hierarchical Multiple Regression Analyses, Research Question 5

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*p < .05; **p < .001
Table 7

*Hierarchical Multiple Regression Analyses, Research Question 6*

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*p < .05; **p < .001
Appendix A

Student Demographics Survey (SDS)

Please do not write your name on this form. Remember, your answers will be not be shared with anyone. All the information will be stored separately and will not be linked with your responses in any way. The information will allow us to have a better idea of who was part of this study.

For the following items, please select the one response (unless asked to do differently) that best describes you or fill in the blank as appropriate.

Age: ______

Grade: ______

Gender:  Male  Female

Ethnicity:  
Check the box(es) that you most identify with.

☐ Caucasian/White  ☐ Hispanic/Latino
☐ African-American  ☐ Asian/Pacific Islander
☐ Native American  ☐ Puerto Rican
☐ Middle-Eastern  ☐ Asian Indian
☐ Other (specify) ______________________

Preferred Language (for writing, reading, and speaking):

☐ English
☐ Spanish
☐ Other ______________________

Primary Language(s) Spoken at Home:

☐ English
☐ Spanish
☐ Other ______________________
What was your first language: Spanish or English?
☐ Spanish
☐ English
☐ Other ______________________
Place of Birth (Country): __________________

If you were not born in the U.S., at what age did you move to the U.S.? ________
Number of Years You Have Lived in the United States (if you have only lived in the U.S. then this will be equal to your age): ________

Number of Middle Schools You Have Attended: ________
Number of Elementary Schools You Have Attended: ________
Number of Years You Have Attended This School: ________

Mother’s Place of Birth (Country): _________________

Father’s Place of Birth (Country): _________________

Maternal Grandparents’ (Mother’s Parents) Place of Birth (country): _________________

Paternal Grandparents’ (Father’s Parents) Place of Birth (country): _________________
Encuesta de Demografía Estudiantil (EDE)

Por favor, no escriba su nombre en esta forma. Recuerda, tus respuestas no serán compartidas con nadie. Toda la información será guardada separadamente y no será vinculada a tus respuestas en ninguna manera. Esta información nos dará una mejor idea de quien está participando en este estudio.

Para las siguientes preguntas, por favor selecciona la opción que mejor te describa (a menos que se especifique lo contrario) o llena el espacio donde sea apropiado.

Edad: ______

Grado: ______

Género:    Masculino □  Femenino □

Grupo étnico
Señale la(s) opción(es) con las que más te identifiques.

□ Caucásico/Blanco  □ Hispano/Latino
□ Afro-Americano  □ Asiático/Islas del Pacífico
□ Nativo Americano  □ Puertorriqueño
□ Mediooriental  □ Indio Asiático
□ Otro (especifique) ____________________

Idioma Preferido (para la escritura, lectura, y el habla):

□ Inglés
□ Español
□ Otro ____________________

Idioma(s) Principal(es) Utilizado(s) en Casa:

□ Inglés
□ Español
□ Otro ____________________
Cuál fue su primer idioma: Español o Inglés?
☐ Español
☐ Inglés
☐ Otro ______________________

Lugar de Nacimiento (País): ________________

Si no nació en los Estados Unidos de Norteamérica, ¿a qué edad te mudaste a los EE.UU.? _________

Número de años que has vivido en los Estados Unidos (si sólo has vivido en los EE.UU. entonces esto va ser igual a su edad): _________

Número de escuelas secundarias que has asistido: _______
Número de escuelas primarias que has asistido: _______
Número de años que has asistido a ésta escuela: _______

Lugar de nacimiento de tu madre (país): __________________

Lugar de nacimiento de tu padre (país): __________________

Lugar de nacimiento de tus abuelos maternos (los padres de tu madre) (país): _______________

Lugar de nacimiento de tus abuelos paternos (los padres de tu padre) (país): _______________
Casas

Directions: Below is a list of items that describe how people sometimes feel, think, and/or act. Read each item and mark the number that best describes how you feel, think, and/or act. There are no right or wrong answers. Please answer each question as best as you can.

1. I feel bad when I have a hard time making friends with kids who do not speak the same language as me.  
2. I get upset when other kids say bad things about people in my ethnic group.  
3. I feel bad when my family members do not understand the cultural changes that I am experiencing in school.  
4. I feel bad when my family members want me to act more — American (from the United States).  
5. I wish I had more good friends at school.  
6. I feel uncomfortable speaking English at school.  
7. It is difficult for me to be far from my country.  
8. It bothers me when people in my school say that I am shy because I’m very quiet. The reality is that I’m not shy; I’m quiet because I don’t speak English well.  
9. I feel that my family members do not want me to act like an — American (from the United States).  
10. I enjoy living in this country.  
11. It bothers me when kids at school make fun of me because of the way I speak English.  
12. I feel that some teachers would pay more attention to me if I spoke English better.  
13. I feel I do not belong to the culture of this country.  
14. I feel that I will never be able to speak English correctly.  
15. I wish I could speak my native language with all of my teachers.
16. I feel ashamed of being part of my ethnic group when I hear bad things about us at my school.
**Instrucciones:** Aquí hay una lista de oraciones que explican como las personas a veces se sienten, piensan, o actúan. Lee cada una de las oraciones y circula la letra que mejor te describa a ti. No hay respuestas correctas o incorrectas. Por favor contesta cada una de las oraciones y haz lo mejor que puedas en calificar cada punto.

<table>
<thead>
<tr>
<th></th>
<th>1 Nunca</th>
<th>2 pocas veces</th>
<th>3 seguido</th>
<th>4 casi siempre o siempre</th>
<th>0 No aplica</th>
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<tbody>
<tr>
<td>1. Me siento mal cuando me cuesta conseguir amigos con niños que no hablan mi mismo idioma.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>2. Me siento mal cuando otros niños dicen cosas malas acerca de personas de mi mismo grupo étnico.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>3. Me siento mal cuando algunos miembros de mi familia no entienden los cambios culturales que estoy viviendo en mi escuela.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>4. Me siento mal cuando mi familia quiere que me vuelva muy “americano.”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>5. Deseo tener más buenos amigos en mi escuela.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>6. Me siento incómodo hablando inglés en mi escuela.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>7. Es difícil para mi estar tan lejos de mi país.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>8. Me molesta que la gente de mi escuela piense que soy tímido cuando en realidad casi nunca hablo porque mi inglés todavía no es muy bueno.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>9. Siento que mi familia quiere que no me acostumbre a la cultura de los Estados Unidos.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>10. Me gusta vivir en este país.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>11. Me molesta cuando otros niños de mi escuela se burlan de mi por la forma en que hablo inglés.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>12. Siento que algunos maestros me pondrían más atención si hablará mejor inglés.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>13. Me molesta sentir que no pertenezco a la cultura de los Estados Unidos.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>14. Siento que nunca voy a hablar inglés bien.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>
15. Deseo hablar en mi idioma nativo con todos mis maestros. | 1 | 2 | 3 | 4 | 0

16. Me siento avergonzado de ser Latino cuando oigo cosas malas acerca de los Latinos en mi escuela. | 1 | 2 | 3 | 4 | 0

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BESS

Directions: Listed below are sentences that young people may use to describe how they think or feel or act. Read each sentence carefully.

Mark N if the sentence never describes you or how you feel.
Mark S if the sentence sometimes describes you or how you feel.
Mark O if the sentence often describes you or how you feel.
Mark A if the sentence almost always describes you or how you feel.

Give the best answer for you for each sentence, even if it is hard to make up your mind. There are no right or wrong answers. Please do your best, tell the truth, and respond to every sentence.

<table>
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<tr>
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<th>2 Sometimes</th>
<th>3 Often</th>
<th>4 Almost Always</th>
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<tr>
<td>1.</td>
<td>I am good at making decisions.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>2.</td>
<td>I talk while other people are talking.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>3.</td>
<td>I worry but I don't know why.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>4.</td>
<td>I like the way I look.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>5.</td>
<td>I feel out of place around people.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>6.</td>
<td>I feel like I want to quit school.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>7.</td>
<td>People get mad at me, even when I don't do anything wrong.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>8.</td>
<td>I have trouble paying attention to the teacher.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>9.</td>
<td>I am liked by others.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>10.</td>
<td>I feel like my life is getting worse and worse.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>11.</td>
<td>I have trouble sitting still.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>12.</td>
<td>School is boring.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>13.</td>
<td>I feel like people are out to get me.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>14.</td>
<td>I worry about what is going to happen.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>15.</td>
<td>My parents trust me.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>16.</td>
<td>I am left out of things.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>17.</td>
<td>I hate school.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>18.</td>
<td>My parents listen to what I say.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>19.</td>
<td>Teachers are unfair.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>20.</td>
<td>I want to do better, but I can't.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>21.</td>
<td>People think I am fun to be with.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>22.</td>
<td>Teachers make me feel stupid.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
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<td></td>
<td>Statement</td>
<td>N</td>
<td>S</td>
<td>O</td>
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<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>23.</td>
<td>I get blamed for things I can't help.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>24.</td>
<td>People tell me that I am too noisy.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>25.</td>
<td>I get into trouble for not paying attention.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>26.</td>
<td>My parents are proud of me.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>27.</td>
<td>Even when I try hard, I fail.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>28.</td>
<td>I have trouble standing still in lines.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>29.</td>
<td>My school feels good to me.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
<tr>
<td>30.</td>
<td>Others have respect for me.</td>
<td>N</td>
<td>S</td>
<td>O</td>
</tr>
</tbody>
</table>
**Instrucciones:** Más abajo aparecen frases que los jóvenes pueden usar para describir cómo piensan, se sienten o actúan. Lee cada frase cuidadosamente.

Marca la N si la frase nunca te describe a ti o cómo te sientes.
Marca la A si la frase a veces te describe a ti o cómo te sientes.
Marca la F si la frase frecuentemente te describe a ti o cómo te sientes.
Marca la S si la frase casi siempre te describe a ti o cómo te sientes.

Marca la respuesta que mejor te describa a ti en cada frase, aunque se te haga difícil decidir. No hay respuestas correctas ni incorrectas. Por favor contesta lo mejor que puedas, di la verdad, y contesta todas las frases.

<table>
<thead>
<tr>
<th></th>
<th>1 Nunca</th>
<th>2 A Veces</th>
<th>3 Frecuentemente</th>
<th>4 Casi Siempre</th>
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<tbody>
<tr>
<td>1</td>
<td>N</td>
<td>A</td>
<td>F</td>
<td>S</td>
</tr>
<tr>
<td>2</td>
<td>N</td>
<td>A</td>
<td>F</td>
<td>S</td>
</tr>
<tr>
<td>3</td>
<td>N</td>
<td>A</td>
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<tr>
<td>21. A los demás les gusta estar conmigo.</td>
<td>N</td>
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<tr>
<td>22. Los maestros me hacen sentir estúpido(a).</td>
<td>N</td>
<td>A</td>
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<td>23. Me culpan de cosas que no puedo evitar.</td>
<td>N</td>
<td>A</td>
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<tr>
<td>24. La gente me dice que soy muy escandaloso(a).</td>
<td>N</td>
<td>A</td>
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<td>25. Me meto en problemas por no prestar atención.</td>
<td>N</td>
<td>A</td>
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<td>26. Mis padres están orgullosos de mí.</td>
<td>N</td>
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<td>27. Fracaso aun cuando me esfuerzo.</td>
<td>N</td>
<td>A</td>
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<td>28. Me cuesta trabajo estar parado(a) y quieto(a) en las filas.</td>
<td>N</td>
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<td>29. Me siento a gusto en la escuela.</td>
<td>N</td>
<td>A</td>
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<td>30. Los demás me tienen respeto.</td>
<td>N</td>
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