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LOYOLA UNIVERSITY CHICAGO

UNDERSTANDING STRESS, STRENGTHS, AND STRATEGIES TO SUPPORT
IMMIGRANT YOUTH: A BUNDLED DISSERTATION

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

PROGRAM IN CLINICAL PSYCHOLOGY

BY

SARAH JOLIE

CHICAGO, IL

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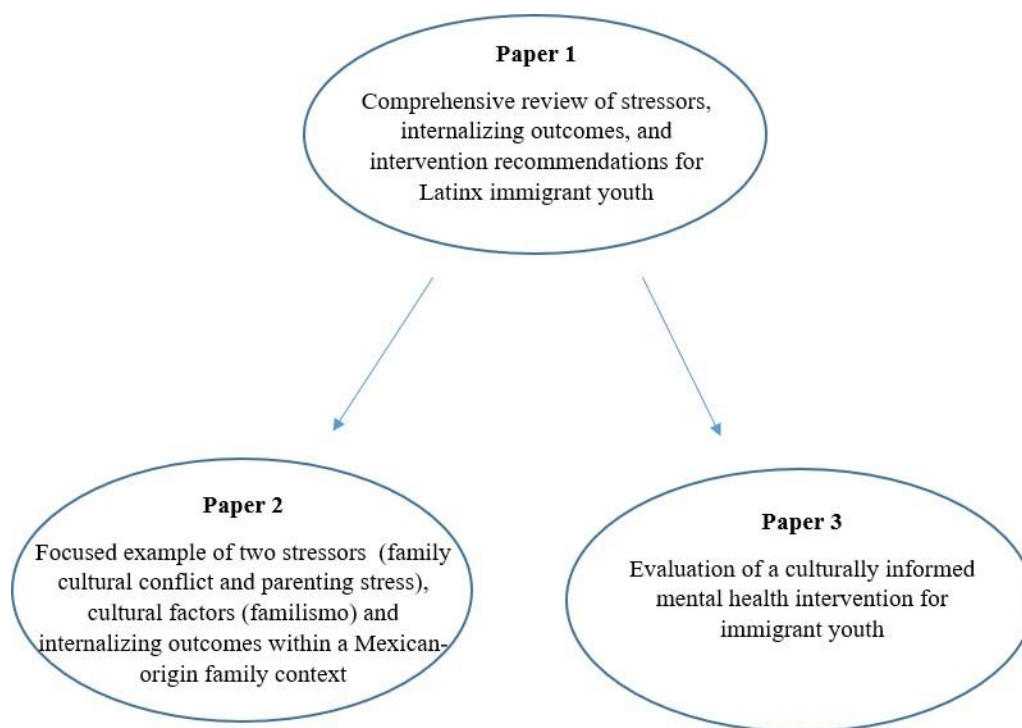
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CHAPTER ONE

OVERVIEW OF THE CURRENT PROPOSALS AND STUDIES

The current defense aims to enhance the knowledge on the experiences of immigrant and Latine families. The three manuscripts together span two important developmental stages: middle childhood (Paper 2), and adolescence (Paper 1 and Paper 3) (see Figure 1 for the model on the factors addressed in the three studies). First, with the comprehensive review in Paper 1, researchers expanded the understanding on children's immigration experiences, the effects of multiple stressors, cultural factors, and intervention implications that are relevant for immigrant youth. Paper 2 supplemented this broad review with a narrower examination of the impact of two stressors among Mexican-origin families, to provide more nuanced understanding. Both Paper 1 and Paper 2 offered implications for intervention relevant to immigrant experiences during resettlement. Third, Paper 3 focused on an evaluation of a mental health intervention designed for immigrant youth. Ultimately these three studies in this field are important as they emphasized the role of context in the mental health of children of immigrant families.

Figure 1. Dissertation model of factors addressed in “Understanding Stress, Strengths, and Interventions to Support Immigrant Youth”



In the first published study (Paper 1), titled “Violence, Place, and Strengthened Space: A Review of Immigration Stress, Violence Exposure, and Intervention for Immigrant Latine Youth,” enhances the knowledge on the effects of multiple stressors and traumas among immigrant Latine youth through a review of the present literature. This study provided more knowledge on the immigration journey to the United States, the related stressors and trauma exposure in each aspect of migration, and the impact of these stressors on Latine immigrant children’s internalizing outcomes. This review not only expands knowledge on the impact of stressors, but also resilience factors that are culturally relevant for Latine immigrant youth across individual, family, and community levels. For example, this review focuses on individual resilience factors such as coping, family resilience factors such as familismo, and community

engagement that promotes advocacy and empowerment for Latine immigrant youth (Jolie et al., 2021). This information is then applied to a review of present intervention efforts and how they could be applied to Latine immigrant youth. Through this review, culturally informed intervention recommendations are provided in addition to recommendations to professionals in psychology in how they could use their roles to improve societal conditions for Latine immigrants. However, this review does leave the opportunity for additional studies to explore further in depth the impact of family related stressors such as family cultural conflict and parenting stress, as well as parenting behaviors on the mental health of Latine immigrant families.

Thus, the second study, titled “Understanding the Effects of Familismo on Children’s Mental Health in the Context of Stress among Latine Immigrant Families” complements the broad review provided in the first paper. This second study focuses more narrowly on two culturally relevant stressors experienced by Latine immigrant families after resettlement in the U.S. It examines the effects of family cultural conflict and parenting stress on children’s internalizing outcomes in Mexican-origin families. In order to better understand cultural factors, it also explores whether familismo serves as a protective factor against these stressors on children’s mental health. Furthermore, it examines whether parenting behaviors mediate the effects of parenting stress and family cultural conflict on children’s internalizing outcomes. This study will provide further insight on a specific sample of Mexican-origin families living in a metropolitan area in the Midwest and their family processes. The specificity of this study is important, as it can help provide information for more tailored interventions for Mexican-origin families with children at risk of internalizing symptoms and can also inform parenting recommendations. Research currently emphasizes that Latine experiences and trajectories for

internalizing outcomes and outcomes can be mixed based on specific Latine groups, documentation status, the contexts they are in, and even generational status among immigrant groups (Ramos Olazagasti et al., 2013; Kim et al., 2018; Tilley et al., 2021; Arizaga et al., 2020). Thus, there is utility in learning outcomes among a specific sample of Mexican-origin families (Cruz et al., 2021). Information learned from Mexican-origin families and their experiences can also help supplement the knowledge needed for mental health interventions for immigrant children.

In the third study, titled “Pandemic School Closures and School-based Interventions: Learning from a Pilot of Supporting Transition Resilience of Newcomer Groups,” the experiences of immigrant students participating in a mental health intervention are examined. STRONG was specifically developed to support immigrant children as they resettle and adjust to their new environments (Crooks et al., 2020). The development of tailored interventions such as STRONG is promising and has important implications on intervention research and how to best support immigrant children and their families. Broad reviews on all interventions for immigrant youth demonstrate that mental health is a priority (Charbonneau et al., 2022), but there are many benefits to providing more specific analyses on what factors of socioemotional interventions benefit youth and how relevant they are to context of their lives. Reviews on mental health intervention efforts for immigrant youth in particular demonstrates that it is important to consider cultural factors to make interventions relevant to their experiences while also emphasizing relevant strengths from individual, family, and community levels (Jolie et al., 2021). The present study has unique strengths in which it aims to evaluate the impact of a school-based intervention on mental health outcomes, the relevancy of the intervention to the immigrant experience, and it emphasizes the voices of immigrant families by utilizing their feedback to inform intervention

practices in the future. This study will also provide unique insight on the resettlement stressors of immigrant students that have recently resettled. Furthermore, it includes a diverse sample of ethnic and racial backgrounds, across the ages of middle childhood through adolescence. This will provide important insight into a more heterogeneous immigrant experience, which will have important implications for youth group interventions.

All three studies will strengthen the research field of stress and the effects of cultural factors and context on children's mental health. This is especially important among immigrant families and youth as these populations continue to grow within an anti-immigrant context in the U.S. These studies recognize the dangers that stress related to the immigrant experience can cause not only to families but to children in the important stages of development of middle childhood and adolescence. Furthermore, these studies emphasize the role of culture in the lives of immigrant families and the benefits it can provide to mental health. The three studies provide important snapshots from broad to specific levels, which acknowledges the heterogeneity in the immigrant experience in the U.S. Thus, findings from across all three studies can provide more tailored recommendations in how to best support immigrant youth mental health based on relevant stressors, cultural values, and influences, based on present risks for the development of internalizing outcomes.

CHAPTER TWO

VIOLENCE, PLACE, AND STRENGTHENED SPACE:

A REVIEW OF IMMIGRATION STRESS, VIOLENCE EXPOSURE, AND INTERVENTION FOR IMMIGRANT LATINX YOUTH AND FAMILIES

Abstract

Latinx immigrant families are greatly impacted by U.S. policies and practices that limit immigrant families' and children's rights. This article reviews the effects of such policies and the growing literature examining migration experiences. Latinx immigrant youth and parents may encounter multiple stressors across the stages of migration, including physical and structural violence, fear, poverty, and discrimination, which contribute to higher rates of mental health problems in this population. Despite significant trauma exposure, immigrants demonstrate incredible resilience within themselves, their families, and their communities and through movements and policies aimed at protecting their rights. Numerous culturally relevant universal, targeted, and intensive interventions were developed to magnify these protective factors to promote healing, advance immigration reform, and provide trauma-informed training and psychoeducation. Psychologists play a crucial role in implementing, evaluating, and advocating for accessible and collaborative approaches to care so that Latinx immigrant families have the resources to combat the harmful sequelae of immigration stress.

Introduction

Approximately 18% of the U.S. population is composed of Latinx individuals, with one-third of the U.S. immigrant population composed of Latinx people (Batalova et al., 2020; Noe-

Bustamante, 2019). For some Latinx individuals, the migration experience can cause significant distress due to the risk of experiencing traumatic events, such as violence exposure. It is important to recognize how violence exposure can impact immigrant families, as there is a heightened risk of exposure for individuals who have recently migrated (Gudiño et al., 2011). Violence exposure can be experienced at any point of the migration stages, including premigration, migration, postmigration, and resettlement (Gudiño et al., 2011). In addition, Latinx immigrants may also experience immigration stress such as fears of deportation, family separation, discrimination, and potential legal troubles (Falconier et al., 2016, Suárez-Orozco et al., 2018).

This article examines the impact of violence exposure across the different migration stages as well as the structural violence of immigration stress (e.g., fear of deportation, language conflicts, mistrust, and legal and social difficulties) experienced postmigration by Latinx immigrant individuals. Moreover, it examines the intersection of violence, accumulation of stressors and immigration stress, and the potential harmful impacts on mental health. Importantly, the article recognizes that Latinx immigrants have a remarkable ability to cope with and heal from these challenges despite the heightened risk of these experiences (Chavez-Dueñas et al., 2019). A final goal of the article is to review interventions, particularly those focused on resilience, that address the needs of immigrant Latinx youth and families.

Current State of Immigration

There are 11 million undocumented immigrants in the United States, and Mexican and Central Americans make up 67% of the undocumented population (Batalova et al., 2020). Of Latinx immigrants, Cruz Mexican-origin immigrants compose the largest immigrant group in the United States (Batalova et al., 2020). Most Latinx individuals are U.S. citizens (79%). The

incredible richness of culture and diversity in the Latinx immigrant experience (Noe-Bustamante, 2019) contributes to the cultural, economic, and professional fabric of the United States (APA, 2012). Although many immigrants face challenges, the experiences and stressors discussed in this article do not represent the entirety of the diverse experiences of all Latinx immigrants.

Immigration Policy Overview

The shifting immigration climate and overarching policies in the United States contribute significantly to the mental health and welfare of Latinx immigrants. The ramifications resulting from the sociopolitical climate are especially important to explore, given the divisive nature of immigration reform and the day-to-day fears many families may face (Salas et al., 2013). Therefore, it is important to identify landmark immigration policies as well as current policies and procedures that continue to shape the immigrant experience in the United States. Two seminal immigration policies are important to note: the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA) and the Personal and Work Opportunity Reconciliation Act of 1996 (PRWORA). In sum, IIRIRA introduced new grounds of inadmissibility and expanded enforcement measures, resulting in more deportations (Torres et al., 2018). In the same year, PRWORA was passed and restricted access to public benefits for noncitizens and undocumented immigrants (Torres et al., 2018). These two initiatives set the stage for future restrictive policies, such as Operation Streamline in 2005 (Argueta 2016; Torres et al., 2018).

Immigration policies and procedures are at the forefront of the Trump administration. Since 2016, several executive orders, including expanding a subset of individuals eligible for deportation and implementing a zero-tolerance policy, have led to the forced separation of thousands of migrant families (Artiga & Ubri 2017; Pierce et al., 2018). Refugees have been a

target of anti-immigrant policy as well, with President Trump reducing the number of refugees allowed into the United States and terminating the Central American Minors (CAM) refugee and parole program as well as Temporary Protected Status (TPS) (Pierce et al., 2018). Moreover, President Trump issued an order to effectively end Deferred Action for Childhood Arrivals (DACA). However, the U.S. Supreme Court ruled in June 2020 that the administration had not provided necessary legal justification for ending the DACA program (NIJC, 2020). These policies and procedures represent only a fraction of the immigration climate and policies that continue to shift and change over time.

The public charge rule is particularly important, as it impacts many Latinx immigrant families. The public charge rule allows for denial of a green card, visa, or admission if that individual is deemed to depend on government benefits (i.e., become a public charge; U.S.CIS 2020). Public charge is not new; however, in 2019, President Trump changed the definition of public charge to include Supplemental Security Income, Temporary Assistance for Needy Families, the Supplemental Nutrition Assistance Program, Medicaid, and public housing assistance (Straut-Eppsteiner, 2020). Thus, immigrants may be denied a green card or visa if it is determined they are likely to use these types of services. Importantly, the public charge rule excludes certain individuals, including refugees, asylees, T and U visa applicants, and self-petitioners under the Violence Against Women Act of 1994 (U.S.CIS, 2020). Overall, these changes make it more difficult for low-income immigrants to become citizens. Furthermore, news of the changes to public charge caused widespread fear among immigrant and refugee communities, leading many to disenroll or opt out of needed benefits out of fear and confusion (Straut-Eppsteiner, 2020).

It is critical to mention the impact of COVID-19 on immigration policies and immigrant

communities. President Trump issued restrictions for immigrants entering the United States who do not have an approved visa and “present risk to the U.S. labor market” as well as limited travel from certain countries during COVID-19 (White House, 2020). Moreover, immigrants with undocumented status or in mixed-status families were not eligible for the federal stimulus paycheck under the Coronavirus Aid, Relief, and Economic Security (CARES) Act (NIJC, 2020). Individuals with undocumented status do not hold a permanent resident visa or a work permit, which creates significant barriers for families to access resources and employment opportunities. Overall, immigrants may be at increased risk of contracting COVID-19, given immigrants may live in communities with higher rates of infection and are more likely to hold jobs in essential industries (e.g., food production; Capps et al., 2020). Immigrants who are undocumented and lack health insurance may also have greater difficulty accessing COVID-19 testing and treatment (Capps et al., 2020). Within the community, fears surrounding COVID-19 testing, immigration status, and public charge may limit willingness to access testing. At this time, it is not considered a public charge to access COVID-19 testing and it is generally safe to visit a clinic or hospital even if that individual is undocumented (Capps et al., 2020).

Families, particularly those with undocumented parents, children, or both, may be disproportionately impacted by the immigration climate under the Trump administration. Unaccompanied minors present in the United States with no legal status or no legal guardian face immense challenges because they do not have the right to court-appointed counsel and are often held in inhumane conditions in detention centers, which are largely unregulated (NIJC, 2020). Undocumented youth face additional barriers due to their status, including limited work and educational opportunities, less access to public programs, and risk of deportation (Yoshikawa et al., 2017). Even citizen children in mixed-status families (e.g., families with at least one U.S.-

born child) face a host of stressors related to immigration policies and practices (Rojas-Flores et al., 2017). Regardless of documentation status, anti-immigration policies have a reverberating impact across Latinx communities.

Migration Stages

In addition to policy-level impacts, migration itself presents multiple stressors. Researchers emphasize the role of stress, trauma, and violence exposure within the stages of migration. Foster (2001) put forth several stages of immigration trauma, including premigration stress (stress occurring in one's home country), stress during migration, stress during resettlement, and postmigration stress (stress occurring in one's host country). Across these migration stages, Latinx individuals may experience high levels of stress and trauma (Torres et al., 2018). Oftentimes, traumatic and adverse experiences like violence exposure and threats of violence motivate immigrant Latinx individuals, families, and youth to migrate to ensure their safety and survival (Concepcion Zayas et al., 2019). Exposure encompasses both direct victimization and indirect forms of witnessing or hearing about violence (Cooley-Quille et al., 1995). In addition, psychological violence, which encompasses the chronic uncertainty of safety and constant threat of family separation due to anti-immigrant policies and societal beliefs, may be a significant source of distress (Barajas-Gonzalez et al., 2018).

Although violence affects all groups, its impact is often greater for urban populations of color (Stein et al., 2003a). The vulnerable populations conceptual model posits that ethnic groups of color, immigrants, women, and children are more likely to experience a dearth of social and environmental resources in the United States. Studies suggest that this vulnerability can be related to increased exposure to risk factors, such as violence (Heilemann et al., 2005; Stein et al., 2003b). In addition to community violence exposure, groups that are more vulnerable are

exposed to greater structural violence, defined as social structures or social institutions that create harm or prevent people from meeting basic needs. Studies suggest that immigrant children are at increased risk of violence exposure due to experiences before, during, and after migration, which cumulatively contribute to mental health challenges across many stages of development (Jaycox et al., 2002).

Premigration Stress and Mental Health

Among Latinx immigrants, premigration stressors such as violence exposure, poverty, political turmoil, and limited resources within one's home country motivate migration (Gudiño et al., 2011, Torres et al., 2018). Half of Latinx immigrants reported experiencing at least one premigration stressor (Li, 2016). These findings are common for Latinx immigrant youth as well. In a study of Central American immigrant adolescents, researchers found that the common traumas experienced in the youth's home countries were natural disasters (39%), serious accident and injury (34%), and violence exposure (21%) (Cleary et al., 2018). Similarly, Jaycox et al. (2002) found that 53% of predominantly poor recent immigrant students ages 8 through 15 experienced violence in their home country prior to migration.

Among refugee children who have left their country due to war or persecution, violence in their country of origin presented a critical risk factor for trauma exposure (Jaycox et al., 2002, Seddio, 2017). Moreover, nonrefugee immigrants from areas rife with crime, poverty, and structural unrest also experience premigration violence exposure (Alvarado & Massey, 2010; Partida, 1996). For example, Keller et al., (2017) interviewed 234 Central American immigrant caregivers in Texas about their premigration histories and found that 77.8% of families fled their country due to concerns about violence, and 87.2% reported some form of trauma exposure. The vast majority of those who fled from violence (96.7%) did not believe police intervention was

sufficient (or helpful given fears of retaliation), and 91.2% were too fearful to return to their home. Trauma exposure varied across each country of origin, with migrants from El Salvador and Honduras reporting more exposures than migrants from Guatemala. These exposures included many forms of violence, specifically physical violence, death threats, murder of family members, sexual violence, extortion, kidnapping, and domestic violence (Keller et al., 2017).

These traumatic experiences and stressors significantly impact well-being, with research demonstrating that experiencing such stressors not only diminishes mental health but also has an effect during settlement (Gudiño et al., 2011, Torres et al., 2018). For example, evidence demonstrates premigration violence exposure increases the risk of depression among Latinx immigrants in resettlement (Concepcion Zayas et al., 2019). In a study of 164 low-income, urban Latinx youth ages 11 through 13, violence exposure was the most robust predictor of psychopathology compared with other immigration stressors (Gudiño et al., 2011). Li (2016) explains that stress proliferation makes one stressor promote other stressors. For Latinx immigrants, this means that premigration traumas can contribute to the effects of other stressors in resettlement, such as legal status stress and race-based discrimination (Li, 2016).

Stress and Mental Health During Migration

Migration can also be dangerous and stressful. Unfortunately, the experience of migration is not safe for many individuals, with families crossing the border at increased risk of violence exposure (Concepcion Zayas et al., 2019). Additionally, exposure to violence threatens immigrant youth during migration, because of high rates of violent crime and assault during the journey to the United States (Alvarado & Massey 2010; Nazario, 2007). For instance, *coyotes* (individuals hired to smuggle people into the United States) take advantage of migrating families by robbing them, extorting them, and even murdering the clients they are paid to smuggle

(Fulginiti, 2008). Kidnapping and sexual assault are also common during these trips, with rates as high as 60% for females (Kaltman et al., 2011). Border crossings present numerous hazards beyond accidental injuries, including assault, robberies, and other violence related to organized crime (Desjonquères, 2015). Immigrant youth may also be harassed or chased by U.S. Border Patrol as they near or cross the border, even after resettlement (Clark-Ibáñez, 2015). Central American and Mexican immigrant families may also present themselves to Border Patrol at the U.S. border requesting political asylum, an incredibly stressful experience due to the increasingly restrictive policies that make asylum difficult to attain (Heyman et al., 2018). Researchers note a shift over time, with more Central American families than Mexican families presenting themselves at the border than U.S. Border Patrol has previously seen before. Finally, many immigrants enter the United States with authorization (e.g., temporary visa) but may still experience trauma on their migration journey to the United States.

Stress and Mental Health During Resettlement and Postmigration

Postmigration stress, the stress experienced in one's host country, further exacerbates the stress many immigrants may have already faced in one's home country and in transit to the United States. Postmigration stress and structural violence can include abusive conditions and family separation in detention, fear of deportation, legal difficulties, lack of education and job opportunities, discrimination, community- and authority-caused violence, and language-related conflicts (Cervantes et al., 1991, Cervantes et al., 2016).

COVID-19

In 2020, COVID-19 became a significant stressor impacting people worldwide. Research on the impacts of pandemics and social isolation on well-being, outlining their detrimental effects, is available. Of increased concern, however, is how a pandemic such as COVID-19

affects immigrant youth in the United States. For immigrant families, undocumented status or being low income can create additional barriers to accessing health care and resources that were accessible pre-COVID-19 (Endale et al., 2020). Research on the total impact of COVID-19 on Latinx immigrants is limited; however, mental health providers in Chicago have noted how COVID-19 disrupted, essentially overnight, the services immigrants and refugees receive (Endale et al., 2020). Furthermore, COVID-19 highlights the inequities that impact Latinx immigrants, such as limited resources and testing in Latinx communities as well as the heightened number of Latinx individuals who compose the essential workforce (Liu & Modir 2020). In addition, immigrants currently in detention are also at increased risk of contracting COVID-19. The Centers for Disease Control and Prevention reports in a 2020 document that of the 69% of jurisdictions that shared COVID-19 data, 86% of those jurisdictions had at least one confirmed case (Wallace et al., 2020). Of the 420 detention facilities in those jurisdictions, more than half of the cases initially reported were correction officers, which creates a significant risk for detained individuals (Wallace et al., 2020).

Detention Stress

Policy-level action and the enforcement of anti-immigrant regulations have led to the criminalization of undocumented communities and have contributed to unprecedented detention threat and stress. In 2010, an “immigration detention quota” (Barajas-Gonzalez et al., 2018) directive was adopted by the Department of Homeland Security Appropriations Act of 2010, requiring the U.S. Immigration and Customs Enforcement (ICE) to maintain 33,400 immigrant detention beds daily (U.S. Congress, 2009). This quota largely increased the ICE detainee population, of which Latinx individuals make up 95% of the arrests (Barajas-Gonzalez et al., 2018; Simanski, 2014). The fear of detention often presents as psychological violence, creating

high-stress environments of uncertainty that victimize the Latinx community (Asad, 2020; Barajas-Gonzalez et al., 2018).

For those who are detained, significant concerns regarding the treatment, support (or lack thereof), and management of adults and children in detention facilities have been documented (American Orthopsychiatric Association 2010; Asad 2020; Barajas-Gonzalez et al., 2018; von Werthern et al., 2018). Latinx immigrant families can be exposed to harrowing circumstances in detention centers, with women and children especially susceptible to abuse in these settings (Corlett et al., 2012; Linton et al., 2017; von Werthern et al., 2018). In particular, the policy statement by the American Academy of Pediatrics (Linton et al., 2017) synthesizes the negative consequences of detention on the mental health and development of immigrant children and advocates for community-based alternatives to detention (Linton et al., 2017).

Family Separation and Deportation

Immigrant Latinx families may live in fear of deportation and of governmental institutions, directly stemming from immigration policies (Becerra et al., 2020). Latinx immigrants may also face parent-child separation due to serial migration or forced removal as well as loss of social support (Rusch & Reyes, 2013; Sanchez et al., 2019). Researchers propose to define this threat of deportation and family separation as psychological violence, which can take a significant toll on family and child functioning (Barajas-Gonzalez et al., 2018). Some parents discuss this threat in the context of a family member's undocumented status, while some may connect it to anti-immigrant contexts (Balderas et al., 2016). Unfortunately, parents report that the threat of family separation damages the mental health of their children, with heightened symptoms of sadness, depression, and hypervigilance (Rubio-Hernandez & Ayón 2016). Among children who had a parent deported, researchers found that the children experienced trauma

symptoms, emotional distress, and behavioral changes (Lovato, 2019). In a review of the threat of immigration enforcement, researchers outlined that the threat of family separation and deportation impacts children's lives at different systemic levels, from the society level to the community and family levels, significantly restricting families' lives. These are related to worse mental health outcomes (Barajas-Gonzalez et al., 2018). Additionally, worries regarding potential deportation significantly impact everyday life for undocumented Latinx immigrants. Such worries can influence family routines, access to medical services, and reporting of crimes (Chavez-Deñías et al., 2019). As such, the American Academy of Pediatrics has called for the end of family separation due to the multiple detrimental effects it can have on children's health (Linton et al., 2017).

Violence Exposure

Given the numerous stressors experienced, Latinx immigrants are at high risk of experiencing adverse mental health outcomes, particularly in relation to violence exposure. Among a sample of Central American caregivers that recently completed their migration, one-third of adults endorsed posttraumatic stress disorder (PTSD) symptoms and one-fourth reported symptoms of major depressive disorder (Keller et al., 2017). This cycle of violence can continue further once they are resettled in new homes in the United States, as these families are more likely to live in impoverished, urban areas with high rates of community violence (Suárez-Orozco et al., 2006). During resettlement, undocumented, immigrant Latinx women also face multiple risks of violence exposure. For undocumented women who have experienced sexual and domestic violence in the United States, they are unlikely to report these crimes to authorities due to fears of deportation (Chavez-Deñías et al., 2019). Latinx immigrant children also face potential violence exposure and negative mental health consequences during their resettlement.

This effect is illustrated in a study of Latinx students ages 11 through 13 from a California middle school (Gudiño et al., 2011). The immigrant youth reported more exposure to violence in the United States, followed by their country of origin and during migration, with boys experiencing higher rates of lifetime victimization than girls. When compared with nonimmigrant youth, immigrant youth were exposed to more weapon-related violence. Similarly, in another study 49% of immigrant youth reported victimization by violence and 80% had witnessed violence in the past year in the United States (Jaycox et al., 2002). Furthermore, resettled youth and families must constantly be primed for danger as they navigate the psychological violence associated with changing immigration policies that have ramped up immigration enforcement, as discussed in a 2018 social policy report by Barajas-Gonzalez et al. (2018).

Discrimination

One common stressor related to immigration status and immigration stress is discrimination. Experiences of discrimination as a result of one's ethnicity, immigrant status, or both are connected to worse mental health outcomes. Discrimination during the settlement period of Latinx immigrant parents has contributed significantly to the development of depressive symptoms (Ornelas & Perreira, 2011). Moreover, a 2020 study indicated that discrimination toward Latinx immigrants has been widespread in the U.S. sociopolitical climate (Lee & Zhou, 2020) and can manifest as prejudice, social attitudes, and restriction of equal opportunities (Ayón 2015; Brittian et al., 2013). Undocumented status also heightens discrimination experiences, as individuals face intolerant societal views or restrictive policies. Among undocumented Latinx immigrants, daily experiences of discrimination are associated with increased depression (Cobb et al., 2017).

Discrimination due to documentation status also impacts children. Children often become aware of these experiences, learning in the process how to avoid questions regarding documentation status to avoid discrimination or persecution (Barajas-Gonzalez et al., 2018). This chronic fear leads to a heightened risk of distress among mixed-status families, particularly for those living within anti-immigrant environments (Ayón et al., 2017). Experiences of discrimination may also motivate parents to discuss their undocumented status with their children to help them understand their individual and family circumstances. These discussions are unique to families of mixed or undocumented status, as they may need to prepare for a potential emergency that could disrupt the entire family system. For example, some parents create a safety plan in case a caregiver is deported, which may include financial and caregiving responsibilities for children, which can cause significant distress (Balderas et al., 2016).

Consequently, discrimination has direct links to mental health. Among children of immigrant caregivers, discrimination is directly related to children's distress and symptoms of depression (Berkel et al., 2010; Rubio-Hernandez & Ayón, 2016). Some researchers have further explored the experiences of discrimination and found that children are also impacted by interpersonal and institutional discrimination, which similarly resulted in children's emotional distress (Ayón & Philbin, 2017).

Legal Difficulties

Legal matters can cause significant distress for Latinx immigrant families, particularly as anti-immigrant views in society escalate. Latinx immigrant families may have difficulty securing work due to legal status and are more likely to be underpaid and suffer work-related abuse (Goodman et al., 2017). Undocumented status can cause many challenges for families. This may mean increased challenges due to exploitation, limited work opportunities, and restricted income

(Cleary et al., 2018). Documentation status can also impact access to services for families, therefore creating a barrier that may heighten distress (Cleary et al., 2018). Under the Trump administration, legal difficulties related to immigration have grown, leading to a different type of structural violence. Unfortunately, one's legal status often is connected with experiences of discrimination, such that parents must learn to navigate how to discuss and explain to children why they experience discrimination based on documentation status (Ayón & Philbin, 2017).

Accumulation of Immigration Stress

For Latinx immigrants, one prevalent stressor related to their experiences within the United States is immigration stress. Immigration stress can encompass fears of deportation, family separation, and potential legal troubles (Falconier et al., 2016; Suárez-Orozco et al., 2018). These stressors are cumulative and can exacerbate each other, resulting in increasing levels of stress. This accumulation of stress during postmigration/resettlement negatively impacts the mental health of caregivers within families (Ornelas & Perreira, 2011; Santiago et al., 2018). Research on adult Latinx immigrants suggests how the suffering endured due to immigration laws impacts symptoms of anxiety and depression (Becerra et al., 2020). Not only is this accumulation of stress detrimental to caregivers' mental health, but it can also indirectly impact children's mental health. Research shows this indirect effect among Mexican-origin families, demonstrating the clear links between immigration stress and family mental health (Santiago et al., 2018).

Relatedly, immigration stress can also directly impact children's mental health. Children's experiences while detained can impact mental health, as negative effects appear to intensify as the detention stay increases, contributing to even greater risk of psychological disorders such as anxiety, depression, and PTSD (Keller et al., 2003; Steel et al., 2006). Youth in

detention facilities are also more likely to develop psychopathology related to seeing their distressed parents and lacking access to healthy developmental interactions such as education and play (Mares et al., 2002).

Children of immigrant caregivers experiencing immigration stress may experience internalizing symptoms, including anxiety and depression (Berkel et al., 2010; Concepcion Zayas et al., 2019; Rubio-Hernandez & Ayón, 2016). In Latinx immigrant youth, research shows that immigration stress increases the risk of anxiety and depressive symptoms (Potochnick & Perreira 2010). However, the risk is not solely limited to internalizing issues. Evidence demonstrates that immigration stress can have an indirect effect on externalizing symptoms in children by way of caregivers' mental health symptoms as well (Santiago et al., 2018). Overall, the accumulation of stress related to immigration can diminish the well-being and mental health of Latinx immigrants (George et al., 2015; Sirin et al., 2020).

Furthermore, experiencing these multiple stressors can make acculturation, the multidimensional process of adjustment related to adapting to a new host culture, even more challenging and stressful. Acculturation is often studied in relation to acculturative stress, the stress experienced during acculturation (e.g., learning a new language). Acculturative stress can affect individuals' trajectories through its impact on physical and mental health outcomes (Cleary et al., 2018). In a longitudinal study of immigrant adolescents, researchers found that reports of acculturative stress were continuously related to psychological outcomes, with increased stress related to worse outcomes such as depressive symptoms and lower self-esteem (Romero et al., 2020). Thus, it is important to emphasize that the experiences of immigration stress and the cumulative effect of other stressors can make acculturation much more difficult and increase the risks of acculturative stress.

Resilience and Interventions

Despite the many potential stressors that may be experienced, immigrant Latinx families and children demonstrate resilience in a variety of ways. Resilience is understood as one of the factors that support the adaptation to stressful or adverse events. Masten (2014) describes resilience as a dynamic process, presenting a bidirectional relationship between the system (ranging from human organisms to larger organizations) and its capacity to adapt to the disturbances that threaten its optimal functioning. Vesely et al. (2017) emphasize that across individual, family, and community levels, ecological factors, such as restrictive immigration policies, exposure to trauma, and decreasing community resources, significantly influence the resiliency of immigrant Latinx families. Acknowledging the power of these factors also addresses how resilience does not solely rely on individual- or family-level factors (Chavez-Dueñas et al., 2019; Vesely et al., 2017). Despite these challenges, many factors support resilience among Latinx immigrant families. Similarly, intervention and community programs also have the potential to build resilience, especially when they attend to essential cultural values.

Individual Resilience

At the individual level, many Latinx immigrant youth demonstrate resilience and adaptive coping skills. Coping is a goal-oriented way for an individual to manage stress and emotional reactions, which can provide an individual with a sense of more autonomy. Coping is conceptualized to include engagement coping (i.e., primary and secondary control coping) and disengagement coping (Connor-Smith et al., 2000). Primary control coping encompasses emotional regulation, emotional expression, and problem-solving, actions that the individual can take (Santiago et al., 2017). Of course, taking these actions is challenging due to the many

systemic barriers Latinx immigrants face, in which primary control coping is difficult. When an individual is not able to take direct action, secondary control coping is useful because it uses cognitive mechanisms that support adaptation, such as cognitive restructuring, acceptance, distraction, and positive thinking (Santiago et al., 2017). In addition, disengagement coping, such as wishful thinking, avoidance, and denial, may be temporarily helpful, though it can contribute to mental health symptoms over time (Santiago et al., 2017). For Latinx immigrants, it is incredibly important to promote various coping skills due to the anti-immigrant sociopolitical climate. More specifically, coping skills must be developed in a context that acknowledges the impact of xenophobia, racism, and oppression (Chavez-Dueñas et al., 2019). This requires an understanding and willingness to learn about the history and heterogeneous Latinx immigrant experiences within the U.S. context (Chavez-Dueñas et al., 2019). Adames and Chavez-Dueñas (2017) outline the seven strengths that should inform treatment guidelines while working with Latinx immigrants: determination, *esperanza* (hope), adaptability, strong work ethic, connectedness to others, collective emotional expression, and resistance. Determination refers to the drive to do what is needed and the courage to survive, and *esperanza* is the faith Latinx individuals feel, even within difficult contexts. Adaptability is the ability to thrive in different circumstances, and a strong work ethic refers to valuing work and taking pride in one's work. Connectedness to others is the value of human connection, or collective emotional expression, and the resulting joy that it can bring. Resistance focuses on the power to stand for one's beliefs. These strengths form culturally and historically relevant foundations from which to promote resilience and create supportive contexts among Latinx immigrants (Chavez-Dueñas et al., 2019).

Furthermore, the development of positive ethnic and racial identities benefits Latinx

immigrants in many ways. Ethnic and racial identity membership refers to the extent to which an individual's self-appraisal is derived from their ethnicity and the related cultural value and significance (Phinney, 1992; Utsey et al., 2002). Ethnic identity and racial identity are imperative components of self-concept and development. It is important to foster in youth identity exploration and development because ethnic and racial identities often intertwine with an individual's sense of self, thus impacting how the individual appraises different situations and copes with stressors (Carter & Reynolds 2011; Mandara et al., 2009). Many studies support this notion, suggesting that ethnic and racial identity membership is related to psychological well-being, positive self-evaluation, lower rates of depressive symptoms, and self-esteem (Mandara et al., 2009; Phinney, 1993).

Family Resilience

Family cohesion is crucial in parent, caregiver, and child functioning, often operating as a protective factor for individuals experiencing chronic environmental stress. Family cohesion is the emotional bond and level of connectedness among family members (Olson et al., 1983; Rivera et al., 2008). This family characteristic draws on positive relationships between family members and can serve as an indicator of family effectiveness in responding to adverse conditions (Gorman-Smith et al., 2004). High levels of perceived family cohesion are associated with lower externalizing and internalizing symptoms (Deane et al., 2018; Rivera et al., 2008). For example, family cohesion is associated with lower reports of juvenile delinquency (Kliewer et al., 2006).

Family cohesion is a hallmark dimension of Latinx family characteristics. Resilience among Latinx immigrant families and youth should connect to healing, through the practice of traditions and honoring ethno-racial roots (Chavez-Dueñas et al., 2019). Cultural values such as

familismo promote resilience and have positive effects for Latinx families. *Familismo* refers to the Latinx cultural value that promotes family unity and a shared responsibility of all family members to prioritize family needs (Calzada et al., 2013). Linked with positive outcomes, *familismo* is associated with lower negative mood among adolescents coping with family and economic stressors (Torres & Santiago 2018). *Familismo* is associated with lower reports of internalizing symptoms over time in youth (Zeiders et al., 2013). On the basis of the positive effects of these factors on the well-being of Latinx immigrants, interventions should incorporate these aspects into their approaches and efforts. Such interventions can promote positive mental health outcomes, positive sense of self, and value for one's culture (Ellis et al., 2020).

Furthermore, there should be a focus on fostering an identity free of shame in regard to documentation status. Some parents have emphasized the value of a person regardless of documentation status not only to instill values in the family but also to address the complexities of mixed-status children growing up in the United States (Balderas et al., 2016). Thus, even though children may receive discriminatory messages within society due to their own or family members' undocumented status, the family can foster a more supportive identity.

Community Resilience

Resilience building within communities fosters connections and sources of support for individuals. Strengthening connections among community members provides many benefits to Latinx immigrants families. For example, it can help Latinx immigrant youth adjust to a new school culture, and it can also increase the sense of safety within communities (Ellis et al., 2020). Community building creates the space for immigrants to become involved in social justice work and become civic leaders. A study of Latinx first- and second-generation young adults followed the development of political engagement in youth as they dealt with injustices based on

documentation status (Suárez-Orozco et al., 2015). The youth explained that being politically engaged helped them find their voices and, importantly, know that they matter. Thus, it is crucial to create connected communities that encourage and foster this development and autonomy among Latinx immigrant families and youth.

Sanctuary Spaces

Communities can also help create sanctuary spaces, or havens of safety for immigrants. The Sanctuary Movement led to greater efforts to create more sanctuary spaces for immigrants that address the impact of immigration policies and affirm and acknowledge stressful and traumatic experiences (Chavez-Dueñas et al., 2019). In sanctuary cities, laws and ordinances are set in place such that an immigrant will not be persecuted solely on the basis of their documentation status (Chouhy & Madero-Hernandez 2019). Schools can also become sanctuary spaces, where schools do not collaborate with ICE but instead take steps to protect undocumented families from deportation while on school grounds (Patel, 2018). Churches have also provided safety to immigrants, with the 1980s marking the beginning of the Sanctuary Movement for congregations, in which churches in the Southwest provided refuge to Central American refugees (Scott & Caceres, 2018). In 2007, the New Sanctuary Movement emerged, in which churches publicly supported immigrants in danger of deportation (Scott & Caceres, 2018). This new movement among congregations is distinct in that it supports immigrants who are long-term residents and have complex cases that may not be classified as political asylum, in contrast to the previous movement that primarily supported recently arrived immigrants (Scott & Caceres, 2018). Public support of sanctuary spaces is particularly important in order to confront the negative rhetoric about Latinx immigrants.

Deferred Action for Childhood Arrivals

Deferred Action for Childhood Arrivals (DACA) is an administrative policy that protects eligible undocumented individuals, who arrived to the United States as children, via work authorizations and deportation protection (Siemons et al., 2017). Since the creation of DACA in 2012 under the Obama administration, nearly 800,000 individuals have become DACA recipients (Uwemedimo et al., 2017). DACA eligibility entails a rigorous application process in which several criteria must be met, including reapplication every two years. In 2017, President Trump and the executive branch rescinded DACA, which resulted in upheavals for the Latinx immigrant community and the end of new applications. This caused significant distress for Latinx immigrant families, which negatively impacted the mental health of many due to the constant uncertainty it caused (Uwemedimo et al., 2017). However, DACA supporters have nationally advocated for the rights of DACA recipients. Recently, the Supreme Court ruled that the Trump administration cannot end the DACA program, an important victory for undocumented Latinx immigrants and their families (NIJC 2020). However, there continue to be limits on the DACA program and immigration policies are quickly changing. Thus, it is important to highlight the multiple beneficial effects of DACA, as many recipients that are now DACA-mented report a sense of relief, a decline in stress, and an increase in a sense of autonomy (Siemons et al., 2017).

Know Your Rights

Many communities have also devoted efforts to grassroot movements that provide Latinx immigrants information on their legal rights. This is important for undocumented Latinx immigrants, as without information, fear can escalate and significantly impact families' lives and sense of well-being. Many communities have rallied to provide information, for example,

through Know Your Rights presentations, provided by individuals with legal backgrounds or knowledge (Ford-Paz et al., 2020). This information can help give power back to individuals at risk of being deported.

Intervention Frameworks

Community interventions should build on resilience while also acknowledging the effects of stress and trauma. One framework that can guide community interventions specifically for Latinx immigrant groups is the Healing Ethnic And Racial Trauma (HEART) framework (Chavez-Dueñas et al., 2019). The HEART framework has four phases: establish sanctuary spaces for those who have experienced ethno-racial trauma (phase I), acknowledge and cope with the symptoms of this trauma (phase II), connect individuals, families, and communities to coping strategies and cultural traditions that promote healing (phase III), and promote liberation and resistance (phase IV) (Chavez-Dueñas et al., 2019). This framework recognizes that these four phases can be implemented across individual, family, and community levels. This allows for the fostering of resilience and support from the individual to the family to the community, thus connecting all in the cohesive efforts to address injustices faced by Latinx immigrants with an approach that is cognizant of the injustices they face. Following the HEART framework guidelines, many interventions aimed at assisting Latinx immigrant youth and families can provide the support necessary to process and cope with the multiple stressors experienced with immigration, especially the exposure to violence during migration and resettlement.

A community participatory framework also supports community sustainability and builds on the expertise and knowledge of community members (Collins et al., 2018). Research-based interventions have begun to utilize community participatory approaches and collaborations to better create interventions that accurately serve community needs. Thus, researchers and

developers strive to involve community members and supporters into the creation, implementation, evaluation, and dissemination of an intervention (Jones & Wells 2007). The prioritization of insider cultural and community knowledge allows the development of an intervention that can better meet the needs of communities rather than one based solely on the intentions of developers from outside the community. This creates an important framework that emphasizes the value of the multiple viewpoints and stakeholders involved in the development of research within communities, thereby creating stronger research aims and interventions (Collins et al., 2018). Furthermore, prioritizing insider knowledge can better support sustainability even without the long-term involvement of the researchers, as the community has already invested in the development and procedures.

Universal Interventions

Universal interventions are implemented at a wider level within community settings, commonly within schools or across communities. Following liberation psychology guidelines, one important way to foster connection of communities is through social justice work, which involves *concientización* (consciousness), as communities learn about the disadvantages and oppression they experience as Latinx immigrants (Chavez-Dueñas et al., 2019). Importantly, Latinx immigrants should be encouraged to participate in social justice as outlined by Chavez-Dueñas et al., as it connects individuals and highlights how individual struggles are community problems and part of a larger system. Guided by liberation psychology, the collectivism that social justice fosters can also help with healing from traumatic experiences (Chavez-Dueñas et al., 2019). As part of universal intervention efforts, professionals should also advocate for policy changes with their interventions and at the community level. This may mean advocating for immigration reform, such as ceasing detentions and family separations, or sharing empirical

evidence that demonstrates how to support immigrant family and child mental health in anti-immigrant environments (Ellis et al., 2020). Thankfully, these important elements are being included in many interventions.

You Are Not Alone

You Are Not Alone (YNA) provided important psychoeducation and immigration information after the 2016 presidential election, which helped train educators, community providers, mental health professionals, and community members on how to better support immigrant youth and families (Ford-Paz et al., 2020). The trainings and materials were developed in collaboration with a diverse array of community partners to best meet the needs of immigrant families coping with xenophobia and an escalating anti-immigrant climate (Ford-Paz et al., 2020). The trainings improved participants' trauma knowledge, refugee-/immigrant-specific knowledge, positive attitudes toward trauma-informed care, attitudes toward immigrants, and knowledge of recommended supportive strategies, especially for educators (Ford-Paz et al., 2023). Additional evaluation is needed to examine whether these changes translated to improved adjustment for immigrant/refugee youth. Still, these types of trainings are important to create more welcoming environments for immigrants, to foster community building, and to recognize how immigrants are marginalized in society.

Project SHIFA

Project SHIFA (Supporting the Health of Immigrant Families and Adolescents) was designed at the universal, targeted, and intensive levels to support the Somali immigrant community in New England (CHHCS, 2016; Ellis et al., 2013). At the universal level, the project fosters community resilience, education, and outreach through engagement of community members (Ellis et al., 2013). The project team collaborated with cultural brokers to offer

psychoeducation opportunities to community members. Education of key figures in the community (e.g., parents, teachers, and doctors) is crucial to the implementation of the program, as they are the individuals who are most likely to refer children for services (Ellis et al., 2011). Thus, research staff and community partners provide information on mental health and well-being, to help reduce the barriers stigma creates, and on community-based resources (Ellis et al., 2013). A trusted organization that is part of the Somali community initiates the psychoeducation gatherings, such as during religious social events or individual meetings with other social services, where referrals for group-based or individual mental health care treatment are provided (Ellis et al., 2011). In addition, a parent advisory council continuously provides recommendations to the project team (Ellis et al., 2011). Following the guidelines of the HEART framework, Project SHIFA helps with community building that is culturally connected for the families (Chavez-Dueñas et al., 2019). However, research on the efficacy of this intervention is limited, suggesting a need for continued evaluation and study.

Targeted Interventions

Targeted interventions address the needs of individuals, primarily within group-based settings, who need more focused intervention efforts than universal interventions can provide (Ellis et al., 2013). Intervention developers also call for targeted interventions that not only address symptomatology and distress but also foster resilience to prevent future distress (Masten & Barnes, 2018). This is critical because it helps address the needs of Latinx immigrants and their families in a promotive and protective manner. Following the recommendations of the HEART framework, Chavez-Dueñas et al. (2019) propose that this can be done by creating sanctuary spaces that recognize how societal factors impact the psychological well-being of Latinx immigrants, such that individuals who have experienced trauma can process, cope, and

heal.

¡Unidos Se Puede!

¡Unidos Se Puede! is a community-based participatory research project designed to assist Latinx immigrant families and involve parents in their children's academic and social matters. The developers explain that for some Latinx immigrant families, the expectations of the parent–school relationship in their home countries may be different from those in the U.S. school system, where more parental involvement is expected (Cox, 2017). Thus, the Unidos program was developed to encourage parental involvement, decrease stress among Latinx immigrant families, and promote resilience within a six-week workshop program, with seven monthly follow-up sessions. The program does this by including three core components—family engagement, child agency, and positive peer affiliations—under the recommendations of community members and agencies. Participating families provided feedback, noting that the program helped reduce feelings of social isolation within environments that may hold anti-immigrant views. Findings demonstrate that the program helped children with their academic engagement, resulting in improvements in grade point average (GPA) and reductions in absences (Cox, 2017). These findings have important implications because they demonstrate the dyadic relationship between Latinx immigrant community members and service providers. The community-building effect of the program provides a significant benefit for families that settle within the United States, particularly in regions that do not have established immigrant Latinx communities. The Unidos developers have examined the feasibility of this intervention and have reported promising results with Latinx immigrant parents and their school-age children, highlighting the positive effects of the intervention on family engagement, with additional research needed to better understand the effects on academic performance and family

relationships.

Cognitive Behavioral Intervention for Trauma in Schools

The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is a school-based small-group intervention. The intervention clarified that trauma exposure impacts social-emotional and academic functioning, highlighting a need for a trauma intervention within school settings where families can more readily access services (Jaycox, 2003; Kataoka et al., 2014). Children are screened for trauma symptoms and then meet for six to eight weekly group sessions, in addition to individual trauma narrative sessions and psychoeducational meetings with parents and teachers (Kataoka et al., 2014). Although CBITS has been implemented with diverse populations, it was originally piloted with a sample of immigrant Latinx youth and showed significant reductions in PTSD symptoms and depression compared with youth on a waitlist (Kataoka et al., 2003). Further research adds to the available evidence, including a randomized control trial to evaluate its effectiveness (Stein et al., 2003b) and implementation of CBITS in New Orleans, Louisiana, after Hurricane Katrina demonstrating PTSD symptom reduction in the participating children, who had multiple experiences of trauma (Jaycox et al., 2010). These findings are particularly important when considering intervention programs for Latinx youth, due to the potential exposure to trauma throughout the multiple stages of migration. The CBITS intervention provides critical evidence for how to conduct trauma-focused interventions for immigrant children to reduce distress and symptoms that may be due to multiple trauma experiences.

Cultural Adjustment Trauma Services

The Cultural Adjustment and Trauma Services (CATS) model was created to provide trauma- and culture-informed school-based mental health services for immigrant youth with

trauma experiences or cultural adjustment needs (Beehler et al., 2012). Cultural brokers were embedded into different resource services and agencies that immigrant families commonly used in order to discuss the benefits of the CATS program and enroll participants. The staff also provided psychoeducation presentations to school staff and other community members. Group-based services, such as cognitive behavioral therapy, were provided to children if their needs were best served in this format. The researchers found that these services led to a reduction in PTSD symptoms among their participants, who commonly experienced complex trauma. The researchers also found that although the CATS model was effective, more research is needed to examine which components of the model drive this efficacy.

Support Transition Resilience of Newcomer Groups

The Support Transition Resilience of Newcomer Groups (STRONG) program is designed for newcomer students who can benefit from resiliency-skill-building groups. Versions are available for elementary-age and high school-age youth (Hoover, 2018). The program is designed in a group format, where children strengthen their social-emotional skills and share their cultures and traditions. In addition, each child has the opportunity to individually discuss with the group clinician their journey narrative, in which the child can note the positive and challenging aspects of their journey to the United States. Although the journey narrative is not designed as a trauma narrative, clinicians are prepared to manage disclosure in addition to highlighting children's strengths. Moreover, the STRONG program is designed for children to share their cultures in order to promote children's cultural identities and inclusion. This intervention follows many of the guidelines of the HEART framework Chavez-Dueñas et al. (2019), as it encourages children's cultural identities during their resettlement, helps children process their adverse experiences in a strengths-based manner, and supports community building

among the participating children (Crooks et al., 2020). Recently, researchers provided evidence for the feasibility of this intervention in Canada, demonstrating that it is an appropriate intervention to reduce stress levels among refugee students (Crooks et al., 2020). This finding serves as promising evidence for its implementation with Latinx immigrant children and their families.

Bridges

The family intervention Bridges addresses school engagement, substance use, and internalizing/externalizing symptoms through coping and family-strengthening strategies (Gonzales et al., 2012). The program not only helps facilitate academic engagement but also makes school accessible to more students and families. Bridges includes nine sessions for parents and students, in which families learn skills that promote coping, communication, mental health, and academic engagement. A randomized controlled trial of Bridges was conducted with Mexican American adolescents and was found to decrease many problematic outcomes, dependent on the reporter. For example, parents and adolescents self-reported a decrease in externalizing symptoms, and the teacher reports demonstrated a decrease in internalizing symptoms and improvements in GPA. Researchers noted that language intervention also had an impact, with the Spanish-dominant group showing more school involvement and coping efficacy than the English-dominant group, the specific targets of the intervention (Gonzales et al., 2012). The English-dominant group also showed improvements distinct from those of the Spanish-dominant group, such as a positive effect on maternal monitoring and family cohesion. Thus, the evidence demonstrates that this is a beneficial intervention among Mexican American adolescents from immigrant families.

Project SHIFA

Project SHIFA includes interventions at multiple levels. At the targeted intervention level, Project SHIFA aims to support all Somali immigrant youth who are in English Language Learner classrooms, where children learn strategies to manage acculturative stress and emotions (Ellis et al., 2011). Project SHIFA has a third level, which is for students referred from the skills-building group whose needs are better met by trauma-informed group psychotherapy (Ellis et al., 2013). At this level, the youth learn strategies to regulate their emotions and potentially process adverse experiences. More evaluations are needed to understand the efficacy of this intervention for immigrant youth. However, this intervention provides important insights into how to help the development of skills to cope with trauma among Latinx immigrant youth.

Somatic Soothing and Emotional Regulation Skill Development

Somatic Soothing and Emotional Regulation Skill Development (SSERD) is a pilot school-based trauma intervention that aims to reduce the severity of somatic and physiological symptoms of trauma among young immigrant and refugee youth (e.g., ages 6–11) who may not have the language capacities to discuss their traumatic experiences (Mancini, 2019). Over eight sessions, children learn multiple self-soothing and self-regulating strategies, such as mindfulness, breathing exercises, and relaxation techniques. Researchers found that the treatment program reduced depression, anxiety, and trauma symptoms; in addition, teachers observed diminished trauma responses within the classroom (e.g., hypervigilance and distracted behavior). Because this is a pilot trial of the intervention, more information on the efficacy of this program is needed. Despite this, the SSERD developers noted that this intervention may be particularly useful among children with comorbid mental health conditions, and for children living within neighborhoods experiencing community violence. This intervention is useful not only for young

children but also for those who have been significantly affected by trauma and may struggle to communicate the impact. The sole focus on reduction of symptoms may be beneficial and still follows the HEART framework to acknowledge and cope with trauma (Chavez-Dueñas et al., 2019).

Intensive Interventions

Intensive interventions are designed to meet the specific needs of individuals that cannot be adequately addressed within targeted intervention settings. At this level of support, trauma-informed services should be utilized to respectfully include the experiences of the individual while also addressing ways to alleviate symptoms and distress (Beehler et al., 2012). In addition to developing treatment goals, strong connections to the individual's culture and ethnic and racial identities must form the foundation for therapeutic success (Chavez-Dueñas et al., 2019). Further, efforts should be made to create safe spaces for Latinx immigrant individuals, as Latinx immigrants' safety is continuously threatened due to structural violence that includes experiences of discrimination, racism, violence, and other traumas (Chavez-Dueñas et al., 2019). A more individualized setting of intensive interventions can allow for the development of a safe space to process trauma, which can be incredibly helpful for trauma exposed Latinx immigrants.

Project SHIFA

The team of Project SHIFA designed an intensive level, which is made for youth needing more individualized services (Ellis et al., 2013). At this intervention level, youth could receive home-based services, such as legal or mental health services, including advocacy from the team (Ellis et al., 2013). This way, children and families could receive the resources and services they need that are not encompassed in the other intervention levels. Furthermore, this level of intervention practices the HEART guidelines of acknowledging trauma symptoms in addition to

fostering social justice work within the community (Chavez-Dueñas et al., 2019). Of note, more research is needed to understand the efficacy of this intervention among immigrant youth and families. Despite this knowledge gap, it still provides promising insight into how intensive interventions can be tailored for Latinx immigrants.

Cultural Adjustment and Trauma Services

At the intensive intervention level, the CATS model includes individual treatment for youth and families that need additional services that school-based group programs cannot address. Services include individual cognitive behavioral therapy, trauma-focused cognitive behavioral therapy, family therapy, and relaxation techniques (Beehler et al., 2012). The developers of this model emphasize the importance of creating a model that is flexible to the needs of immigrant youth in order to improve treatment outcomes for children and to address the multiple potential barriers immigrant families may face. Thus, researchers found that clinicians were likely to offer individual services for immigrant youth if the treatment focus was suicidality and self-harming behaviors. This flexibility allows children to receive increased services that are not better offered in group settings. In addition, the CATS model included individualized family support, such as access to and coordination of other services, which many families were unaccustomed to but benefitted from. This intervention incorporates multiple HEART framework guidelines that are beneficial for Latinx immigrant youth and their families. Due to the flexibility of the program, it allows for tailored treatment plans that not only address trauma symptoms and mental health problems but also call for community building through the coordination of services for families. At this intensive level CATS was found to be effective for PTSD symptoms, although more research is needed to understand the impact of outcomes at this tailored level.

Intervention Implications for Families

Interventions can help promote adjustment during the resettlement period that is mindful of the environmental contexts within which immigrant Latinx families reside. These interventions can help nurture community building, shine light on the injustices faced by the Latinx immigrant community in the United States and encourage culturally relevant strengths and resilience among Latinx immigrant youth and families.

Conclusion

Immigrant youth and families may experience violence, stress, and trauma across all stages of migration. An accumulation of exposure to violence and stress places children and adults at high risk of mental health difficulties. Immigrant youth who have experienced stressors such as exposure to violence, family separation or loss, detention, and discrimination (APA, 2019; Torres et al., 2018) are at increased risk of mental health disparities, including high rates of anxiety, depression, and PTSD (Agudelo-Suárez et al., 2011; Lustig et al., 2004; Smokowski et al., 2007). Violence, and the damage it instills, comes in many forms, and some forms are less visible than others. Along with the clear damage created by exposure to community violence, the damage caused by psychological violence and structural violence must be recognized and addressed. Many elements of the immigration experience in this country today contribute to less blatant violence exposure such as the daily terror of deportation of oneself or a family member by the U.S. government. Additionally, inability to access health care or to gain employment in a safe space (e.g., exposure to COVID-19 in meatpacking plants) are forms of structural violence that place individuals and their families at risk of serious disease and death. Less dire, but equally important, are the mental health consequences of these forms of violence. The only real solutions to these types of violence are changes in policies, legislation, and practice (Torres et

al., 2018). As advocates for the mental health of immigrant communities, psychologists must devote time to shift federal, state, and local government procedures that create and maintain toxic environments.

In addition to advocating for policy changes, psychologists play a critical role in the design, evaluation, and dissemination of interventions that support immigrant youth and families. Drawing from resilience-based, culturally sensitive, and trauma-informed approaches, psychologists can contribute to interventions across universal, targeted, and intensive tiers. Indeed, positive reception and support of immigrant youth, their families, and their communities can be protective and promote long-term adjustment (Beiser, 2006). Moreover, individual, family, and community resilience often buffer the impacts of stress on mental health. Thus, consistent with the HEART framework (Chavez-Dueñas et al., 2019), interventions should continue to build on strengths and to support community building. In addition, psychologists can advocate the continued evaluation of interventions designed to support immigrant youth and families. Building evidence for effectiveness of community interventions will facilitate broader adoption and dissemination.

Intervention efforts designed for immigrant populations demonstrate the clear need for streamlined services to improve mental health outcomes among children. Interventions need to be relevant and accessible to Latinx immigrant families. This may involve improving access to mental health services through schools. School-based interventions increase access to intervention for children who may not have access to these supports otherwise and often reduce barriers related to stigma, cost, and transportation (Jaycox et al., 2010; Santiago et al., 2013). In addition to schools, community-based organizations offer another opportunity to embed mental health supports in contexts that immigrant families readily access and trust (Rusch et al., 2020).

Creative solutions that support non-mental health workers as well as trained mental health providers may improve access to supports for immigrant populations (Rusch et al., 2020). Moreover, support for Latinx immigrants across urban and rural settings is critical. As Latinx immigrants settle into U.S. regions typically not popular with Latinx populations, service providers of those regions must adapt to the needs of those who are resettling (Cox, 2017). Due to the diversity and history of different regions of the United States, it is important to address these contexts when developing accessible interventions. Thus, this may mean that in areas with intolerant views of immigrants, a social component of interventions for local families may benefit and promote community building as people resettle (Cox, 2017).

Furthermore, interventions that foster well-being and resilience in Latinx immigrant families require collaboration. All the interventions that were effective with immigrant populations collaborated with community agencies and services that already met the needs of the community, many of which were driven by social justice principles (Chavez-Dueñas et al., 2019). With the support of immigrant families, interventions can be created that best fit their current needs. This should also be done in collaboration with cultural brokers and community members to make interventions culturally relevant for immigrant Latinx families and to foster community building and consciousness (Chavez-Dueñas et al., 2019). Under these guidelines, Latinx immigrant youth and their families can receive the appropriate services as well as grow within a community that instills healing.

Importantly, interventions must be trauma informed. Continuous reports demonstrate the negative toll that trauma, often stemming from multiple incidents of violence exposure, has on immigrant children and families (Beehler et al., 2012; Park & Katsiaficas, 2019). When interventions as well as contexts (e.g., classroom setting) are trauma informed, Latinx immigrant

youth are better supported and have the appropriate tools to help them cope. Trauma-informed approaches can also be integrated with action planning devoted to addressing race and equity more broadly in school and community settings. This can be balanced with the inclusion of current stressors and traumas, such as acculturative stress and potential violence exposure during resettlement (Beehler et al., 2012).

In summary, psychologists have key roles across research, advocacy, and clinical intervention. Researchers can continue to document the effects of policy and climate on the mental health of immigrant youth and families in order to advocate for change. Equally important, research examining the positive effects of policies and programs (e.g., DACA) builds additional support for their retention and expansion. Translating such psychological research and knowledge to advocacy efforts is consistent with the mission statement of the American Psychological Association (APA, 2013): “to advance the creation, communication and application of psychological knowledge to benefit society and improve people’s lives.” Consistent with advocacy to shift the socioecological context for immigrant youth, intervention efforts must recognize inherent strengths and resilience, consider setting and access, include collaboration, and draw from trauma-informed approaches.

CHAPTER THREE

UNDERSTANDING THE EFFECTS OF FAMILISMO ON CHILDREN'S MENTAL HEALTH IN THE CONTEXT OF STRESS AMONG MEXICAN-ORIGIN FAMILIES

Abstract

Latine immigrant families make up a large portion of the immigrant population in the U.S., warranting a focus on the experiences of their families and children. Present literature demonstrates that there are many culturally relevant stressors that impact Latine immigrant families due to their immigrant experiences, which ultimately can impact children's mental health. More specifically, the impacts of family cultural conflict and parenting stress are of concern due to their association to internalizing disorders among children of Mexican-origin families. Within the context of these stressors, parenting has also been identified as a factor that can directly and indirectly impact children's mental health negatively. Despite these negative effects, research also demonstrates there are cultural strengths, such as *familismo*, that can provide protective effects for children within these stressful contexts. The present study provides a specified examination of the impacts of family cultural conflict, parenting stress, and parenting behaviors on children's internalizing outcomes among Mexican-origin families and their children. Participants included 104 Mexican-origin families with a child aged 6-10 years ($M_{age} = 8.40$, 61% female). Most primary caregivers ($M_{age} = 37.13$) were mothers (97.1%), and more than half (56.70%) of secondary caregivers identified as fathers ($M_{age} = 43.14$). Caregivers completed surveys on children's mental health, parenting stress, family cultural conflict, and familismo across three timepoints. The study revealed a direct effect of family cultural conflict

on children's internalizing outcomes, and an association between family income and children's internalizing outcomes. Additionally, two trending interactions were present between family cultural conflict and familismo, and parenting stress and familismo, impacting children's internalizing outcomes among Mexican-origin families.

Introduction

Latina/e/o/x (Latine) immigrants make up approximately 44% of the immigrant population in the United States (Batalova et al., 2020). The Latine population in the United States is about 62.1 million as of 2020, making Latine individuals one of the largest ethnic minority groups in the country, growing 23% since the last census (U.S. Census Bureau, 2020). Furthermore, Mexican individuals make up a significant portion of the Latine and immigrant communities in the U.S, warranting a focus on the well-being of Mexican-origin families in the U.S. (Guzman et al., 2021). As the population grows, a focus on supporting Latine and Mexican-origin families and healthy child development is needed. Latine children comprise about ¼ of children in the U.S., and the majority of them (~94%) were born in the U.S. (Chen & Guzman, 2021). Among these families, the immigrant experience can be quite salient and impact how families interact and cope with life stressors. Although more parents are more likely to be immigrants than children, U.S.-born children of immigrants may also be influenced by the immigration stressors experienced by their parents, which may hold great weight in impact due to the sociopolitical climate in the U.S. towards Latine people and immigrants. It is estimated that about one in four Latine children in the U.S. have at least one parent who is an undocumented immigrant, which can heighten safety concerns for the family in fear of a family member deportation (Clarke et al., 2017). In addition to these safety concerns, Latine children of immigrants may also face other culturally relevant stressors. Family cultural conflict, which

includes disagreements between different family members due to differences in cultural expectations, can contribute to the stress among Latine youth and their families (Romero et al., 2018). Furthermore, parenting stress is also important to consider for immigrant parents who may be navigating a new environment with limited social supports (Grau et al., 2017). Evidence suggests that many Latine parents deal with stressors that impact their parenting styles, which may contribute to using more negative styles in times of stress that are associated with child adjustment problems (Parke et al., 2004). It is necessary to examine how these stressors impact children's wellbeing due to the risk of mental health disorders among Latine children.

Internalizing disorders, including major depression and anxiety disorders, are among the most prevalent conditions impacting Latine youth (Potochnick & Perreira, 2010). It is notable that Latine youth exhibit more depressive symptoms (22%) than their peers from different ethnic backgrounds (Potochnick & Perreira, 2010). Due to this prevalence, it is helpful to contextualize the effects of stress on Latine children's mental health within their family and cultural context. Specifically, there is evidence that family cultural conflict and parenting stress are related to mental health problems among children (Lui, 2014; Kochanova et al., 2022).

Further, research demonstrates that parenting is influenced by culture, suggesting these stressors may also impact children through parenting (Driscoll et. al, 2008). Despite these stressors and prevalence of internalizing disorders, there are important cultural factors that can provide beneficial effects, even within these contexts. *Familismo*, a Latine and Mexican-origin cultural value that prioritizes the family and its needs, has been found to have positive effects on children's mental health and may buffer the impact of stress (Hernández & Bámaca-Colbert, 2016).

Ecological Framework

Bronfenbrenner (1986) posited that the family is the primary context in which development takes place, which is then nested among other larger environments (e.g., community, school, etc.). An ecological framework posits that these environments influence each other and shape the child's development. Garcia-Coll and colleagues (1996) expanded on Bronfenbrenner's model through their Integrative Model, which included more factors relevant to minoritized children's experiences. This includes social position factors (i.e., race, ethnicity, gender, etc.) and social injustices such as discrimination, prejudice, racism can impact how children and their families are treated in their environments and society (Garcia-Coll et al., 1996). Social position factors and social injustices ultimately impact whether the environment is promotive or inhibitive for development (Garcia Coll et al., 1996). Due to the many injustices families of Latine backgrounds may face, how children and families respond to these injustices can shape the course of development, which has been defined as adaptive culture. Adaptive culture includes family practices that are different from the "dominant culture" within the U.S. (Garcia Coll et al., 1996; Perez-Brena et al., 2018). Adaptive culture is dependent on context and influenced by societal conditions (Garcia Coll et al., 1996; Perez-Brena et al., 2018). Thus, this adaptive culture can inform Latine family practices and values, such as familismo.

Stressors Influencing Latine Family Processes

Latine immigrant families may face many stressors in the U.S. due to systemic challenges such as discrimination, racism, and xenophobia (Jolie et al., 2021). Furthermore, Latine immigrant parents may adjust their parenting due to these U.S. specific contexts, striving to find a balance of parenting practices that are culturally informed within the context of the U.S. Family cultural conflict and parenting stress have been identified as two stressors that can impact

children's mental health and parenting among Latine immigrant families (Molina et al., 2016; Ceballos & Bratton, 2010).

Family cultural conflict, which is characterized by factors such as generational differences in cultural frame of reference and conflict between collectivism and individualism among family members, puts immigrant youth at risk for poor mental health (Lui, 2014). For youth that grow up in the U.S., this may mean they face the challenge of balancing the pursuit of individual goals while balancing their family's cultural values and notions of family cohesion (Rivera et al., 2008). Family cultural conflict is linked to heightened psychological distress and risk of internalizing outcomes in Latine immigrant populations (Molina et al., 2016; Lui, 2014). Thus, this may indicate that the balance of Latine family cultural values and culturally relevant stressors, during important stage of child development in the dominant culture may cause tension or challenges for Latine children, which poses concerns for their mental health. However, these stressors may not only impact children. Family cultural conflict may also strain the family environment, potentially impacting parenting behaviors and contributing to a ripple effect on children's mental health. One study found among Asian American college students that reports of high permissive parenting among highly acculturated parents resulted in less family cultural conflict (Park et al., 2010). However, more research is needed on the associations between different parenting behaviors and family cultural conflict, especially among Mexican-origin families.

Additionally, parenting stress, the stress parents experience related to parenting responsibilities, can also impact both parenting behaviors and children's wellbeing. Increased parental stress has been linked to negative child behavioral outcomes and can detrimentally influence the parent-child relationship among Latine families (Ceballos & Bratton, 2010).

Research has also linked parenting stress to children's internalizing outcomes in middle childhood in a sample of African American, White European, and Latine families, but more studies are needed that focus on Latine families specifically (Kochanova et al., 2022). Parenting stress has also been associated with parenting practices. More specifically, parental stress has been linked to negative family processes such as harsh parenting practices, which can negatively impact the adjustment and wellbeing of Latine children (Conger et al., 1995; Cappa et al., 2011). Thus, for children of immigrants, distressing events, which may be chronic in nature, experienced by parents may impact parenting attitudes and behaviors, which then influence family processes—as a result, the psychological wellbeing of children of immigrants could be impacted (Santiago et al., 2018). It is important to study both parenting stress and parenting behaviors due to the potential link between these two parenting factors, and the direct and indirect effects they may have on children's internalizing outcomes.

Parenting

Parenting is an important influence in the context of children's environments that can influence their mental health outcomes. Parenting behaviors are often determined by cultural norms, including environmental context (López-Zerón et al., 2020). Three components of parenting frequently cited in the literature are warmth, monitoring, and consistent/inconsistent discipline (Yap & Jorm, 2015; Gil-Rivas et al., 2003; Domenech Rodríguez et al., 2009). There is evidence that Mexican-origin parents favor authoritarian (i.e., high control and low warmth) and authoritative styles (i.e., high control and high warmth) (Driscoll et. al, 2008). Research has also shown the importance of culture in its intersection with other parenting behaviors and children's well-being, further highlighting the importance of context in determining children's outcomes (Varela et al., 2004). For example, parental monitoring, parents' efforts to be informed

and involved in their children's lives are found to decrease adolescent substance use among Latine families (Chen et al., 2010). This is especially important to consider given that some families may be living in environments in which their children may be exposed to stressors and harmful factors that can negatively impact them. In addition, parenting inconsistency, in which parents may inconsistently apply rules and disciplines in the household has also been found to impact children's outcomes and wellbeing. In studies among depressed mothers and their children, researchers have called for further examination on the effects of inconsistent parenting on children's socioemotional health (Goodman & Tully, 2008). Therefore, it is important to explore further how different parenting styles impact family functioning and their children, informed by the relevant contextual factors for Latine immigrant families.

Research has also demonstrated that it is helpful to understand the associations between different stressors, parenting, and child internalizing symptoms. Parenting may be a key mechanism through which stressors impact children. For example, a longitudinal study found that parenting in toddlerhood mediates the effects of parenting stress on children's aggressive behaviors in adolescence. This demonstrates the long-term effects of parenting stress and parenting on children's outcomes. However, more information is needed to understand these associations in middle childhood and with internalizing symptoms (Streit & Davis, 2022).

Familismo

Familismo, a cultural value that promotes family cohesion and the prioritization of family needs for the wellbeing of the family unit (Taylor & Jones, 2020). Familism encompasses two domains: attitudinal familismo and behavioral familismo. Attitudinal familismo focuses on loyalty and solidarity, the value of family obligations and support, and the belief that family should be prioritized over individual (Valdivieso-Mora et al., 2016). Behavioral familismo refers

to contact with family, mutual support, and actions that prioritize family over individual (Hernández & Bámaca-Colbert, 2016). Familismo is considered a core value in Latine culture (Hernández & Bámaca-Colbert, 2016). There is evidence that familismo may act as a protective factor against the detrimental psychological effects of immigration stressors on family processes via reliance on the family as a source of support (Hernández & Bámaca-Colbert, 2016; Valdivieso-Mora et al., 2016). In a study of adolescents, high parent reports of familismo were associated with lower depression symptoms (Arizaga et al., 2020). These findings are promising and highlight the need to examine how it may buffer the effects of other stressors. However, some research also recognizes that although familismo has primarily been recognized as a protective factor, it may play a more complex role under certain circumstances. Rodriguez et al. (2007) found that in the presence of stressors such as acculturation difficulties, familismo may not play a supportive role and may even serve as a source of conflict. Thus, more research is needed to understand the role of familismo in the mental health of Latine children.

Current Study

The present study aims to understand the associations of parenting stress and family/cultural conflict stress to children's mental health, while also considering the context of cultural values (e.g., familismo) as a moderator of these effects. The present study will focus on Mexican-origin families to increase knowledge on a significant portion of the Latine population in the U.S. Thus, researchers examined whether familismo in Mexican-origin families served as a protective factor of stressors relevant to the immigrant experience (i.e., parental stress and family cultural conflict) on children's internalizing outcomes. Furthermore, the study examined how parenting behaviors mediate the effects of parenting stress on children's internalizing outcomes. Hypotheses of the current study include (1) high reports of parenting stress and family

cultural conflict will be positively associated with children's internalizing symptoms across one year; (2) high levels of familismo will weaken the impact of high levels of parental stress and family cultural conflict on children's internalizing outcomes; and (3) parenting behaviors such as warmth, monitoring, and inconsistency, will mediate the association between parenting stress and internalizing outcomes as well as family cultural conflict and internalizing outcomes. This information can further advance understanding and how to best support children from Mexican-origin families at risk of developing internalizing symptoms.

Methods

Participants

Data for the current study were collected as part of a longitudinal study conducted with 104 families recruited from Chicagoland community centers and human service organizations. Families needed to have at least one caregiver that was a Mexican-origin immigrant, a child between the ages of 6-10 at baseline, and have a family income lower than 150% of federal line. At Time 1, 104 primary caregivers, 104 children, and 72 secondary caregivers participated.

A majority of primary caregivers ($M_{age} = 37.13$) were mothers (97.1%). More than half of secondary caregivers (56.70%) were fathers ($M_{age} = 43.14$), and of those fathers 60.60% were immigrants. The ethnic racial composition of the participants was primarily Latine, in which 98.1% of the primary caregivers identified as Latine, and 1% as Caucasian, and 91% were immigrants. In addition, 97.1% of the secondary caregivers identified as Latine, 1.9% as African American. At Time 1, 61% of the children were female ($M_{age} = 8.40$) and 97% of the children were born in the U.S. Regarding child ethnicity, 96.2% identified as Latine, 1.9% as African American and Latine, and 1% as Caucasian. The average monthly income reported by families is \$1,806.53, for an average family size of four members. Additionally, 31.7% of primary

caregivers did not finish high school, 26% received a high school diploma or GED, 1.9% received a training certificate, 16.3% attended some college, 16.40% earned their associates or college degree, 2% earned an advanced degree and 4.8% were currently enrolled in classes.

Procedure

From 2013-2015, families participated in three home visits (each 3-4 hours long) every six months. Families were recruited through community partnerships and other community locations. Bilingual research assistants were trained to administer the questionnaires orally to the caregivers and children in their preferred language. During the home visits, parent and child questionnaires were completed, and the families participated in interactive tasks that were audio and video recorded. Families were compensated with a \$100 gift card after every visit.

Measures

Demographics

Caregivers reported on their family's demographic information. They were asked questions regarding age, race and ethnicity, income, and education.

Parenting Stress

Caregivers reported on their parenting stress on the subscale of the HSI (Cervantes et al., 1991). The parenting stress subscale focuses on the stressors related to parenting and supporting the development of children (e.g., "I have thought that my children want their independence before they are ready; Because of American ideas about children, it has been difficult for me to decide how strict to be with my children"). Caregivers respond first whether they have experienced stressful events. If they have experienced a stressor, they are then asked to report how much distress the event caused. Parents can indicate their responses on a range from 1-5, with higher numbers indicating higher distress related to parenting stress. Time 1 sum reports of

the level of distress reported for family cultural conflict will be utilized for the study's analyses.

The Cronbach's alpha for the Parenting Stress subscale has internal reliability of .79.

Family Cultural Conflict

In addition to reporting on their experiences regarding parenting stress, caregivers also responded to items regarding family cultural conflict on the subscale of the HSI (Cervantes et al., 1991). The family cultural conflict subscale pertains to conflict due to differences in cultural expectations (e.g., "Because we have different customs, I have had arguments with other members of my family," "Some members of my family have become too individualistic").

Caregivers first answer whether they have experienced stressful events. If they have experienced a stressor, they are then asked to report how much distress the event caused. Parents can indicate their responses on a range from 1-5, with higher numbers indicating higher distress related to family cultural conflict. Time 1 sum reports of the level of distress reported for family cultural conflict will be utilized for the study's analyses. The Cronbach's alpha for Family Cultural Conflict subscale has internal reliability of .80.

Familismo

Parents also provided their report of their family's attitudinal familismo through their report on the Familism Scale (Gil et al., 2000). The measure has a total of seven items, and parents can indicate their responses on a range from 1-5 (Not at all true to Very much true), with higher numbers indicating a higher level of familismo. Parents provide their responses to items such as "We are proud of our family; Family members feel loyal to the family." Time 2 sum reports of familismo will be utilized for the present study. The Cronbach's alpha for the Time 2 familismo has internal reliability of .92.

Parenting Styles

Caregivers also answered questions regarding their parenting styles using the Parent version of Child's Report on Parental Behavior Inventory (CRPBI; Schaefer, 1965). The CRPBI includes 18 items that assess the different styles of parenting caregivers may use, using a 3-point scale that ranges from 1 (not like you) to 3 (like you). The measure encompasses the subscales of warm parenting, parental inconsistency, and parental monitoring. An example of Warm Parenting included: "I always speak to my child in a warm, friendly voice." An example of Parental Inconsistency included items such as "I only keep rules when it suits me", and Parental Monitoring had items such as "I keep a careful check on my child to make sure that they have the right friends". For the purposes of this study, the Time 2 means of warm parenting, parental inconsistency, and parental monitoring styles were utilized. The Cronbach's alpha for the Time 2 parenting warmth has internal reliability of .68, parent inconsistency of .68, and parental monitoring of .59.

Internalizing Outcomes

Caregivers provided ratings of their children's emotional and behavioral state in the Child Behavior Checklist for ages 6-18, either in English or Spanish (CBCL; Achenbach, 1999). The CBCL has a total of 113 items, in which the internalizing problems broadband was specifically selected, which included statements regarding withdrawn symptoms, depression and anxiety (e.g., "unhappy, sad, depressed"). Scoring of this measure was completed with the Assessment Data Manager software (ADM). Higher scores indicate higher reports of internalizing problems. A Time 3 score was calculated with the raw scores of internalizing problems. The Cronbach's alpha for the Time 3 internalizing outcomes has internal reliability of .89. Time 1 reports of

children's internalizing symptoms will be utilized as a covariate for Time 3 internalizing outcomes analyses.

Results

Preliminary Analyses

The psychometric properties of the measures were evaluated. Associations with child age, child gender, caregiver gender, and other demographic factors were examined. A significant negative association was found with Time 1 income and Time 3 child internalizing outcomes ($r = -.34, p < .001$) and was included as covariate in the analyses in addition to Time 1 internalizing outcomes. Additional correlations are included in Table 1 below.

Multiple Regression Analyses

Linear regression analyses were conducted to determine the effect of Time 1 family cultural conflict, Time 1 parenting stress, and Time 2 familismo on Time 3 child internalizing outcomes, with family income and Time 1 reports of internalizing outcomes as covariates (included in Table 2 below). A significant regression was found in which Time 1 family cultural conflict had a significant effect on Time 3 children's internalizing outcomes ($\beta = -.19, p < .05$). This effect was in the opposite direction hypothesized.

Table 1. Correlations and Descriptive Statistics

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1 Time 1 Child Age	---													
2 Time 1 Child Gender	.02	---												
3 Time 1 Caregiver Gender	.18 ⁺	-.02	---											
4 Time 1 Caregiver age	.31**	.09	-.01	---										
5 Time 1 Caregiver education	-.07	-.07	.06	-.04	---									
6 Time 1 Monthly Income	-.04	.07	.07	-.07	.26**	---								
7 Time 1 Sum Parenting Stress	-.05	-.12	-.05	.25*	-.06	-.19	---							
8 Time 1 Sum Family Cultural Conflict	-.16	-.83	.02	-.01	.23*	-.10	.41**	---						
9 Time 2 Familism	-.02	.05	.06	.08	-.08	.19 ⁺	-.07	-.12	---					
10 Time 1 Child Internalizing Outcomes	-.02	-.01	.01	-.10	-.003	-.29**	.18 ⁺	.22*	-.23*	---				
11 Time 2 Mean Parenting Warmth	.01	-.06	.01	-.19	.04	.16	-.34**	-.22*	.36**	-.18 ⁺	---			
12 Time 2 Mean Parenting Inconsistency	.01	.22*	-.09	-.09	-.24*	-.21*	.05	.16	-.03	.38**	-.08	---		
13 Time 2 Mean Parenting Monitoring	.01	-.03	-.04	-.16	.08	.12	-.21	.03	.21*	-.02	.38**	.21*	---	
14 Time 3 Child Internalizing Outcomes	-.08	-.03	.02	.05	-.14	-.34**	.15	.01	-.13	.70**	-.24*	.26*	-.03	---
<i>Mean</i>	8.39	1.61	1.97	37.13	3.08	1806.53	16.54	20.76	30.88	7.29	2.72	1.69	2.58	6.18
<i>SD</i>	1.33	.49	.17	5.61	2.26	928.05	6.00	8.87	4.59	7.10	.26	.48	.37	6.24

Table 2. Multiple Linear Regressions on Internalizing Outcomes

Time 3 Internalizing Outcomes					
Model	B	SE	Standard Coefficient Beta	<i>t</i>	Sig.
Time 1 Family Cultural Conflict	-.13	.06	-.19	-2.31	.02*
Time 1 Parenting Stress	.12	.08	.12	1.46	.15
Time 2 Familism	.13	.11	.10	1.23	.22
Time 1 Internalizing Outcomes	.65	.08	.71	8.58	<.001**
Time 1 income	-.00	.00	-.11	-1.36	.18

Note. ⁺*p* < .10; **p* < .05; ***p* < .01.

Moderation Analyses

Moderation analyses were conducted utilizing PROCESS (Hayes, 2018) to determine whether familism at Time 2 moderated the effect of parental stress at Time 1 on children's internalizing outcomes as Time 3. A trending interaction was found between parental stress and familism on children's internalizing outcomes. This trending interaction revealed that at high levels of parental stress at Time 1 and high levels of familism at Time 2 predict high levels of child internalizing symptoms at Time 3 ($B = .03$, $t(86) = 1.96$, $p = .0538$). Similarly, a moderation was conducted to determine whether familism moderated the effects of Time 1 family cultural conflict on Time 3 internalizing outcomes. A trending interaction was also found between Time 1 high levels of family cultural conflict and Time 2 low levels of familismo impacting children's low Time 3 internalizing outcomes ($B = .02$, $t(86) = 1.66$, $p = .0993$).

Table 3. Interaction of Parent Stress and Familism on Internalizing Outcomes

Time 3 Internalizing Outcomes				
Model	Coeff.	SE	<i>t</i>	<i>p</i>
Constant	3.27	1.28	2.56	.01*
Parenting Stress	.11	.08	1.30	.20
Familism	.15	.11	1.41	.16
Parent Stress X Familism	.03	.02	1.96	< .10 ⁺
Time 1 Child Internalizing Outcomes	.60	.08	7.99	.00
Time 1 Income	-.00	.00	-1.55	.13

Note. ⁺*p* < .10; **p* < .05; ***p* < .01.

Table 4. Interaction of Family Cultural Conflict and Familism on Internalizing Outcomes

Time 3 Internalizing Outcomes				
Model	Coeff.	SE	<i>t</i>	<i>p</i>
Constant	3.13	1.27	2.47	.02*
Family Cultural Conflict	-.077	.05	-1.49	.14
Familism	.13	.11	1.19	.24
Family Cultural Conflict X Familism	.02	.01	1.66	.10 ⁺
Time 1 Child Internalizing Outcomes	.64	.07	8.61	.00
Time 1 Income	-.00	.00	-1.72	.09

Note. ⁺*p* < .10; **p* < .05; ***p* < .01.

Mediation Analyses

Mediation analyses were conducted utilizing PROCESS (Hayes, 2018) to determine whether Time 2 parenting behaviors (i.e., warmth, monitoring, inconsistency) mediated the effects of family cultural conflict at Time 1 on Time 3 children's internalizing outcomes. Mediation analyses were nonsignificant. Additionally, mediation analyses were also conducted to determine whether Time 2 parenting behaviors (i.e., warmth, monitoring, inconsistency) mediated the effects of parenting stress at Time 1 on Time 3 children's internalizing outcomes. These mediation analyses were also nonsignificant.

Discussion

The present study examined the associations between family cultural conflict, parenting stress, familismo, parenting behaviors, and children's mental health outcomes among children ages 6 to 10 in Mexican-origin families. Researchers found a direct effect of income on children's internalizing outcomes, a direct effect of family cultural conflict on children's internalizing outcomes, and a trending interaction between family cultural conflict and familismo associated with internalizing outcomes. In contrast to hypotheses, family cultural conflict was negatively associated with internalizing symptoms. Focus on children in this age group from Mexican-origin families is needed as from this study research has focused primarily on the among adolescents and older aged youth.

Impact of Income on Children's Mental Health

The analyses revealed a negative correlation between family's income and children's internalizing outcomes. Research demonstrates that when families experience financial strain it can have an impact on children's mental health. Mexican-origin families may face significant financial challenges which can limit resources available and contribute to mental health difficulties for children such as internalizing symptoms and behaviors (Leach, 2014; Mendoza et al., 2017; Garcia & Lindgren, 2009; Guzman et al., 2021). Researchers also highlight the importance of examining context when focusing on the association of income and children's mental health outcomes as it may contribute to symptoms (Mendoza et al., 2017). When Latine immigrant families experience financial strain, it can also create many financial and logistical barriers to access support for their children's mental health (Garcia & Lindgren, 2009). Furthermore, among Latine immigrant families documentation status and English proficiency have a direct effect on families socioeconomic status (Guzman et al., 2021). Conversely, when

Latine immigrant families can access necessary resources and do not experience financial strain, evidence demonstrates it can have many beneficial effects. Notably, research also highlights that economic security can indirectly benefit family and child well-being through the direct positive effect it can have on parents' mental health (Genetian & Tienda, 2021). In reviewing the effects of risk such as economic hardship, there is also important research that demonstrates how Latine immigrant families function when facing economic strain. For example, among Latine immigrant families that experience financial hardships, they may rely on social supports from extended family members by living in intergenerational households and relying on family for help with childcare (Cabrera et al., 2021). The socialization and relationship with extended family as caregivers can have beneficial for children's development, while also providing social support when families have limited financial resources (Cabrera et al., 2021). Thus, it provides further evidence that it is important to examine context further when understanding the effects of income on children's mental health such as with the families included in the present study.

Associations with Family Cultural Conflict

Contrary to hypotheses, there was a negative association between family cultural conflict and children's internalizing outcomes. There are benefits to understanding the nuanced effects of family cultural conflict on children's mental health. The findings suggest that the experience of family cultural conflict may be common, and stressful for youth, but that families are able to navigate this stress in a way that is supportive of the child. A family's ability to navigate this particular cultural stressor likely indicates the sense of adaptive culture, a part of the typical development for youth of minoritized backgrounds, such as those from Mexican-origin families (Garcia-Coll et al., 1996). Adaptive culture is the response to societal conditions of the dominant culture through cultural practices. Examples of adaptive culture are family stories and cultural

histories communicated to youth within their sociopolitical contexts to help them learn how to navigate their environment (Perez-Brena et al., 2018). For the families in the present study, their experiences of family cultural conflict though stressful, might also be a normative component of their development that families are aware of and navigate. It might also indicate that there are important implications on families' coping processes that can ultimately support children's coping processes with relevant cultural stressors (Santiago et al., 2021). Thus, children may see how their families navigate and cope with family cultural conflict, and then feel comfortable communicating about this stress and thereby receive support that helps decrease internalizing symptoms.

Additionally, there was a trending interaction between high levels of family cultural conflict and low levels of familismo impacting low reports of children's internalizing outcomes. There is evidence that demonstrates that youth experiences of this conflict in Latine families can have association with mental health outcomes. In a study examining substance use trajectories among youth ages 10 to 17 in families of Mexican-origin, youth that reported earlier age and consistent substance use also reported higher family cultural conflict and lower reports of familism at age 16 (Cruz et al., 2018). Additionally, research on adult populations has also identified family cultural conflict as associated with other mental health outcomes such as psychological distress, providing evidence that there are connections (Rivera et al., 2008). However, research is limited that examines these associations particularly among youth ages 6 to 10 in Mexican-origin families. Due to the limited nature of this research, there are no present studies that utilize child reports of family cultural conflict of this age range. Thus, the present findings may also be finite as they are not completely representative of children's perceived views of family cultural conflict.

Furthermore, there still remains a need for research that further explores the unique differences among different Latine nationalities and their experiences with family cultural conflict. Research that explores these contexts in Latine families and youth is limited. A research study conducted on Latine adults of Mexican, Cuban, and Puerto Rican descent found some variance in effects on family cultural conflict on mental health based on family country of origin (Rivera et al., 2008). Their findings provide important evidence on the heterogeneity of Latine groups. Results in adult samples then suggest that there should be a focus on any potential differences among Latine children. Focus in this area can also promote additional research on any potential differences based on developmental stage. For the present study, findings with family cultural conflict were unexpected for the youth in middle childhood. Research with culturally relevant stressors such as family cultural conflict has primarily focused on adolescents and young adults, notably due to social, cognitive, and identity processes that occur in these stages of development (McCord et al., 2019). Continued focus on the developmental stage of middle childhood may help inform efforts in how to utilize family and cultural strengths in adolescence and into adulthood, based on how families navigated cultural stressors before. Although the present findings with family cultural conflict are unanticipated, it affirms that more nuanced approaches and focus is needed to determine the potential effects of this stress on children's outcomes.

Parenting Stress

The present study findings did not reveal an association between parenting stress and child internalizing outcomes as hypothesized. The literature on the experiences of parenting stress among Latine immigrant parents varies, though researchers agree on the importance on accounting for nativity status in parenting and stress experiences (Cabrera et al., 2021). In a

study conducted on Latine parents seeking marriage support from federal programs, researchers found that overall, Latine U.S. born, and immigrant parents reported low levels of parenting stress. They also found differences in parenting stress experiences among Latina immigrant mothers specifically (Cabrera et al., 2021). In this sample, researchers found that immigrant Latina mothers reported more parenting stress than U.S. born Latina mothers (Cabrera et al., 2021).

Furthermore, there is evidence that demonstrates how examining particular stressful contexts that can impact parenting stress can also reveal impacts of parent stress on children's mental health. More specifically, a study conducted on Latine parents with children enrolled in Head Start during the initial school closures in the COVID-19 pandemic found that parental stress was positively related with children's internalizing outcomes in the children (Zambrana & Hart, 2022). Of note, the researchers did not examine differences between U.S. born Latine parents and immigrant Latine parents, though both were included in the sample. The researchers explained that acknowledging the particular COVID-19 context for Latine parents was important due to increased health and economic risks experienced by this population during the pandemic (Zambrana & Hart, 2022). Thus, their findings provide important insight in which there is value in examining different stressful contexts and how it impacts parenting experiences as well as children's internalizing outcomes. Although the present study did not find these associations with parenting stress with children middle childhood, it may reveal insights into which stressors to continue examining effects of in different developmental stages. Ultimately, more research is needed to explore parenting stressors that are relevant for the development of youth in middle childhood. The present study however also identified an association that demonstrates that

family income may be more predictive for mental health outcomes in comparison to other areas of focus for the present study.

Parenting Context

Although the present study did not find parenting behaviors mediated the association between stressors and children's mental health outcomes, there is still value in exploring parenting among Mexican-origin families. As a result of this focus, the literature highlights that parenting is cultural, contextually influenced, and that there are unique experiences among Latine and Mexican-origin parents. The present study did not find significant effects of different parenting behaviors on children's internalizing outcomes, or that parenting behaviors significantly mediated the effects of family cultural conflict or parenting stress on internalizing outcomes. There are important considerations for what the present findings may indicate. There is limited variability on the parenting behaviors reported in the present sample, and overall participants rated high use of parenting warmth, parenting monitoring, and lower use of parenting inconsistency. High reports of use of parenting behaviors such as parenting warmth have been found similarly rated among other Latine parent samples that are of low socioeconomic status (Cabrera et al., 2021). Furthermore, the present study utilized reports primarily from mothers. Research demonstrates that among Latine immigrant families that are of low socioeconomic status, they may rely on other social supports, such as extended family, to help with childcare (Cabrera et al., 2021). The exposure to other caregivers likely has important benefits and implications for children's development across time and requires additional study. The present findings also reveal that family income plays a larger role in children's mental health outcomes than anticipated. As discussed, families that fall within lower socioeconomic status face challenges and barriers that can contribute to mental health difficulties. Therefore, these

factors may impact the present limited effects of reported parenting behaviors on children's internalizing outcomes. Lastly, researchers also continue to recognize that additional focus is needed to determine the differences in effects of other environmental factors in comparison to parent and family factors. For example, in a study on the effects of economic stress among families of Mexican-origin, parenting was not a mediator on the children's mental health outcomes (Garcia et al., 2014). Researchers explained that within high-risk settings, parenting and family factors may have a smaller effect. Thus, it is helpful to continue examining the effects of parenting and family factors across contexts.

Familismo

Regarding familismo, although the findings were not significant, the trending moderation does provide insight into additional areas of focus. There is value in assessing further how different levels of the value of familism interact in different contexts, specifically in contexts of stress. One study among adolescents from Mexican-origin families found that low reports of familism moderated the association between high intergenerational acculturative conflict (which encompassed family cultural conflict and acculturation conflict) and high depressive symptoms (Piña-Watson et al., 2019). Although their findings are contradictory to the trending result of the present study, their findings are important as it provides additional information that different levels of reported familism values can have different effects on mental health outcomes in the context of stress, which is why it requires additional examination. Furthermore, the study was conducted on adolescents, and it does highlight the importance of considering how in different developmental stages, such as middle childhood and adolescence, different stressors and cultural values may have different effects. Additionally, for the present study parents provided their reports of familism but do not account to what extent the children hold those values as well

(Arizaga et al., 2020). Previous studies have also demonstrated that parent reports of familism as the predictor for children's mental health outcomes can provide less consistent results (Stein et al., 2014). In studies focused on adolescents of Mexican-origin families some studies have found a negative association, while many others did not find a significant association between familism and mental health outcomes, such as the present study (Arizaga et al., 2020; Baumann et al., 2010). Based on these varied results, it further highlights the importance of understanding different contexts and perspectives to understand when and how certain cultural factors can provide protective effects.

Limitations and Future Directions

The present study provides evidence that further research is needed on different family and cultural processes, stressful circumstances, and their impact on children's mental health among families of Mexican origin. The study included some limitations that may have impacted findings. Due to the age group of the children, they provided limited self-reports and thus, did not provide reports on their reports of stressors, familism, or parenting. Additionally, further research is needed on how many stressors and cultural factors are measured. For example, the field inconsistently identifies family culture by its specific domains, such as focusing on cultural disagreement and generational disagreement, but rarely use a consistent definition that encompasses all domains. Thus, there is a need to focus further on how to measure and account for the different domains of this stress across studies. Additionally, a closer focus on the measurement of parenting stress among Mexican-origin families may be useful, especially among parents of children in middle childhood. The present study utilized a measure that included many items about parenting stress related to children's delinquent behavior, but that might not encompass which parenting stressors are relevant for children ages 6 to 10. Similarly,

for familismo, it would be helpful to study in detail conceptualization of family, such as nuclear and extended family. Even how children and their parents understand and rate familismo may differ, as some literature has noted. It is recommended that future studies enrich the field by developing qualitative studies to understand children's and parents' perceptions of these factors, and even explore how they change across children's developmental span. A qualitative focus like this can also explore understanding of mental health among Latine and Mexican-origin families, as stigma could also play a role in present findings. It would also provide significant value to explore differences in reports even among parents, such as mothers and fathers. It is recommended that the present research is expanded in the future and include father reports in the analyses. With these recommendations, stress, culture, and deserve further exploration in these formats. Continued focus on context is vital and provides a more culturally informed understanding of family processes and children's mental health. Thus, research should continue to examine how different stressors interact with parenting, cultural processes, and contribute to children's mental health outcomes. It can reveal further insight that can help professionals and families understand how to support the wellbeing of children from Mexican-origin families.

CHAPTER FOUR

PANDEMIC SCHOOL CLOSURES AND SCHOOL-BASED INTERVENTIONS: LEARNING FROM A PILOT OF SUPPORTING TRANSITION RESILIENCE OF NEWCOMER GROUPS

Abstract

Research demonstrates that the migration journey and resettlement experience can include many stressful and traumatic experiences for immigrant youth, which can lead to mental health challenges. In addition to these challenges, many youths do not receive services due to limited resources and lack of intervention relevancy to the immigrant and refugee youth experience. Thus, the present study evaluates the culturally informed intervention STRONG (Supporting Transition Resilience of Newcomer Groups), to determine its relevance, acceptability, and usefulness among immigrant, refugee youth and their families. The study aims to provide this examination through analysis of children's mental health outcomes and through a review of children and parent feedback on their intervention experiences. Participants included 21 students of ages 11 to 18 ($M_{age} = 14.35$; 74% male), and 22 parents ($M_{age} = 39.23$; 81.80% mothers) that completed surveys. At baseline, caregivers completed surveys on their children's resettlement stressors and coping. Children completed measures at two timepoints on their mental health, coping, resilience, school climate and connectedness, and skills learned in the intervention. Parents and children also completed individual interviews in which they provided feedback on their experience with the STRONG intervention. Although this intervention was disrupted by the COVID-19 pandemic, it provides important insight into the potential benefits of mental health interventions for immigrant youth within the stressful contexts they may live in.

Introduction

It was estimated that over 84 million people were forcibly displaced across the globe in 2021, of which 42% were children (The U.N. Refugee Agency, 2021). In addition, there are 44.9 million immigrants living in the United States (U.S.), comprising 13.7% of the population (Batalova et al., 2021). For refugee and immigrant youth fleeing violence, war, and/or poverty, trauma exposure across the migration process is common (Perreira & Ornelas, 2013; Torres et al., 2018). For example, among recent immigrant students from Mexico, El Salvador, Guatemala, Korea, Russia, and Armenia, over half report violence exposure in their country of origin prior to migration (Jaycox et al., 2002). Similarly, among refugee youth, multiple trauma exposures were common, with over 60% of reporting traumatic loss or separation and over 50% reporting forced displacement traumas (Betancourt et al., 2017). These stressors and traumas are robust predictors of mental health functioning for immigrant and refugee youth and exacerbate the effects of other stressors during resettlement (Gudiño et al., 2011; Li, 2016). Though immigrants and refugee youth may have some differences in the type of traumas experienced, research does demonstrate that both of these populations are at risk for stress and trauma exposure (Betancourt et al., 2017). Therefore, in the present study we use the term newcomer to be inclusive of youth who are experiencing resettlement challenges, including those who have come to the U.S. fleeing violence and instability in their home countries. Once newcomer youth resettle in the U.S., there may be some differences in how immigrant and refugee individuals are received, largely dependent on the influences of sociopolitical contexts on society's perceptions on migration. Findings are mixed on the differences of reception among immigrants and refugees in the U.S, which researchers also note emphasizes how attitudes change over time. Researchers have observed that though there have been efforts to increase warm reception of newcomers as a

response to the Trump administration, there is also an increase of prejudice and suspicion of these populations (Kotzur et al., 2018).

Once newcomer youth have arrived in a new host country, they often experience continued stress related to acculturation, discrimination, and poverty (Montgomery & Foldspang, 2007; Simich et al., 2006; Ellis et al., 2020; Sirin et. al, 2019). These stressors increase the risk for mental health disparities (Fazel et al., 2005; Smokowski et al., 2007; Ellis et. al, 2020). Resettlement and acculturative stressors also independently predict increases in mental health problems across adolescence, suggesting continued impact on development (Sirin et al., 2019). Therefore, it is important to intervene and support children during resettlement to buffer the multiple stressors they may experience as newcomer youth in the U.S.

Despite a critical need for mental health interventions, newcomer youth are less likely to receive services (Derr, 2015), which further exacerbates psychological distress (Torres et al., 2018). Barriers such as lack of health insurance, culturally and linguistically appropriate services, costs, fear, and stigma impact service access (APA Presidential Task Force on Immigration, 2012; Derr, 2015). Integrating services into schools is one way to reduce logistical barriers and offer support and services in a less stigmatizing environment. Schools serve as a key access point for mental health services, with ethnic minorities and low-income students being less likely to access services outside of school (Ali et al., 2019). There is a need for interventions to be provided in settings that are easily accessible to newly arrived youth and families, considering the presence of financial and structural barriers that prevent newcomers from receiving services (Tyrer & Fazel, 2014).

One school-based intervention is the Supporting Transition Resilience of Newcomer Groups (STRONG) program, which can be useful in overcoming barriers, such as the cost and

stigma around mental health services (Crooks et al., 2020; Hoover et al., 2019). STRONG was developed by Hoover and colleagues (2019) and piloted in Ontario, Canada with the purpose of implementing a school-based intervention for newcomer children during resettlement (Crooks et al., 2020). The program is designed for newcomer students in grades K-12 who are displaying difficulties in adjustment, academic functioning, or coping, as determined by the school staff.

The STRONG intervention incorporates 10 clinician-guided weekly sessions, approximately one hour each, with a small group of newcomer children in schools. STRONG aims to promote resilience, individual strengths and provide a sense of belonging for newcomer families.

Despite strong evidence for the effectiveness of school-based interventions for trauma (e.g., Jaycox et al., 2018; Langley et al., 2015), these programs have not been specifically adapted for newcomer groups. STRONG builds on evidence-based strategies and best practices contextualized in a culturally responsive framework specific to newcomer experiences. Although schools offer a critical environment to reach children who may not otherwise receive mental health services, programs that do not examine school and community context may fail to match the need of the students and community or the capacity of the school providers (Atkins et al., 2016). Therefore, it is essential to work with local stakeholders to understand the feasibility and acceptability of the program. A feasibility study of STRONG was conducted in Ontario, Canada (Crooks et al., 2020). Clinicians highlighted the high levels of acceptability and utility of STRONG for supporting newcomer youth. Clinicians underscored the increased level of connectedness among students and school staff as well as improved coping and more optimism for the future as benefits (Crooks et al., 2020). Although some challenges to implementation were noted (competing demands, time), overall, the study supported the feasibility of STRONG

in schools in Ontario. The STRONG intervention in Ontario primarily served Syrian refugee students, due to the influx of Syrian refugees resettling in Canada because of the Syrian crisis (Crooks et al., 2020). Notably, there was also an increase in refugees in Canada due to their policies at the time that supported refugee resettlement (Crooks et al., 2020). The context and circumstances in Canada are different in comparison to the pilot implementation in the U.S. The U.S. STRONG implementation included a more diverse sample of refugee and immigrant participants, within a country with increasingly more restrictive immigration policies as a result of the Trump administration (Pierce et al., 2018). Thus, recognizing differences in multiple levels of ecological context (e.g., school context, sociopolitical context), additional examination of feasibility and acceptability in an urban setting in the United States (U.S.) is needed.

Furthermore, the COVID-19 pandemic and associated challenges and distress has highlighted the importance of schools for children's mental health (Stark et al., 2020; Golberstein et al., 2020). Pandemic remote learning was associated with poorer mental health outcomes, especially among older students of minoritized backgrounds (Hawrilenko et al., 2021). Furthermore, the pandemic could worsen pre-existing mental health concerns and contribute to more problems (Golberstein et al., 2020), which may put newcomer youth at risk if they are coping with stressors in their resettlement. Although support is clearly needed, many schools are struggling to meet high levels of need and are at capacity in providing further resources. Thus, understanding treatment intensity or the number of sessions needed for significant effects (Coddington & Lane, 2015) could help schools align resources and capacity. Although not ideal, even some treatment, especially during emergency situations such as natural disasters and COVID-19, may be particularly useful in providing coping skills to children during times of high stress. This has important implications not only in emergency situations, but also

within the contexts of overburdened schools. Many schools had difficulty meeting needs during the pandemic, especially for newcomer families needing COVID-19 information in languages other than English or support with technology needed for remote learning (Sugarman & Lazarín, 2020; Budiman, 2020). The lessons learned from the current study may inform future endeavors that may also be disrupted by other emergencies and provide information on the helpfulness of abbreviated interventions.

The present study examined acceptability and initial promise of the STRONG intervention with parents and students during the COVID-19 pandemic. STRONG was disrupted by school closures, which offered the opportunity to explore how the partially delivered intervention was received during a global emergency. STRONG was delivered in an urban setting with a high newcomer population, in which schools are an important access point for resources. Through this evaluation, the study examined quantitative data on student resilience, coping, school connectedness, and climate, to determine any potential effects from the partially delivered STRONG intervention. Qualitative interviews with students and parents were also conducted to gather feedback on this intervention for areas of improvement. The COVID-19 pandemic also provided an opportunity to examine how STRONG could support students in a time of stress, even when the intervention was not completed. Researchers hypothesized that students would show improvements in resilience, coping, strengths and difficulties, school connectedness, and school climate, from baseline to after receiving some STRONG sessions. Researchers also addressed the following questions with the qualitative data that was collected:

- (1) Do newcomer students find the STRONG intervention relevant to their newcomer experiences, and are they satisfied?
- (2) What is the acceptability of the STRONG intervention within school contexts with high newcomer populations?
- (3) Is the STRONG intervention

helpful and beneficial to newcomer students even though it was disrupted due to a global pandemic? The interviews of parents and students were explored to extract themes to answer these questions. Researchers hypothesized that the STRONG intervention is relatable for students, enjoyed by students, acceptable to implement within school settings, and importantly, helpful, and beneficial to students despite the pandemic disruption.

Method

Participants

In total 29 newcomer students and 28 parents were recruited to the STRONG intervention. Of these students and parents, 21 students of ages 11 to 18 ($M = 14.35$), and 23 parents ($M_{age} = 39.23$) consented/assented to surveys and completed the baseline measures. Students needed to be 11 years or older in order to complete surveys for themselves, which limited the research participation of students 10 years or younger. 74% of students identified as male, and 87% of their caregivers identified themselves female, of which 81.80% reported their relationship to the student as mothers. The average time in the U.S. reported was 2.60 years, and 55.60% of students identified as refugees, and 44.40% as immigrants. More information on demographics of parents and students is included in Table 1. It is important to note that two students and their parents were referred and then enrolled in the study even though they identified as Puerto Rican. The Puerto Rican participants reported the intervention was applicable to their experience and they would benefit from support. Of the students enrolled in STRONG, 16 students and 22 parents provided consent and assent to participate in the intended focus groups for spring 2020, that were later revised and approved by the IRB into individual interviews due to the COVID-19 pandemic. Individual interviews were conducted via Zoom, in which parents and students were asked about their experience with STRONG, as well as how

they were coping during the COVID-19 pandemic (parents) and coping with school closures (students). In total, 14 parents and 13 students were interviewed, the remaining parents and students that originally consented/assented were not able to be contacted. Attrition analyses were conducted, and it was found that there were no significant differences between the participants that participated and did not participate.

Table 5. Parent and Student Demographics

Demographic Information	Students (<i>n</i> =21)	Parents (<i>n</i> =23)
Average age	14.35	39.23
Female	26%	87%
Latine/Hispanic	43.50%	43.50%
Arab	17.40%	17.40%
African	8.70%	8.70%
Asian	30.40%	30.40%
Birthplace/country (<i>n</i>)		
Ecuador	1	1
Egypt	1	0
El Salvador	1	1
Ghana	1	1
Guatemala	2	2
Honduras	1	1
India	3	4
Iraq	1	1
Malaysia	2	0
Myanmar	0	2
Mexico	1	2
Nepal	1	1
Puerto Rico	2	1
Sudan	0	1
Syria	3	3
USA	1	1
Venezuela	1	1
Declined/Missing	3	3
Average time spent in the U.S. (years)	2.51 years	3.06 years (mother); 3.33 (father)
Parent immigrant or refugee (%)		
Immigrant	--	44.40%

Refugee	--	55.60%
Parent Current Status (%)		
Unsure, don't know, prefer not to answer	--	21.10%
U.S. citizen, permanent resident, or have a green card	--	57.90%
Asylum or refugee status	--	15.80%
Temporary protected immigrant status, student/ tourist visa, another document	--	5.30%
Average monthly family income	--	\$1,963.90
Parent education (%)		
Did not finish high school	--	30.40%
High school/GED	--	26.10%
Some college	--	4.30%
Associate/College/master's degree	--	39.10%

Note. Incomes supported four–five people. The federal poverty guideline for a four-person household is \$26,200 (U.S. Department of Health & Human Services, 2020). GED = General Educational Development.

Intervention and Training

STRONG is composed of 10 small group sessions that utilize cognitive behavioral therapy strategies to help students learn how to manage stress and emotions, such as cognitive reframing and relaxation techniques. The 10 sessions covered following topics: “My inside strengths and outside supports” (session 1), “understanding stress” (session 2), “common stress reactions and identifying feelings” (session 3), “using helpful thoughts” (session 4), “steps to success” (session 5), “problem solving” (session 6), “steps to success” (session 7), “problem solving” (session 8), “my journey” (sessions 8 and 9), and a graduation/celebration (session 10) for completion of the program. STRONG has unique aspects in its design, such as the session opportunities for students to share about their cultures in order to promote cultural pride, and the ability for students to discuss their journeys to the U.S. individually with clinicians and with group members. Similar to the structure of a trauma narrative, in the individual journey session

students can process the potentially stressful/traumatic circumstances and recognize their strengths that helped them make it throughout their journey to the present day. After this individual meeting, students could then share in their group parts of their journey they would like their peers to learn about. In this way, clinicians can best address the needs of students individually and in the group based off what is shared.

In the fall of 2019, 17 clinicians and school staff, along with community partner clinicians were trained in either the elementary or secondary format of the intervention over the span of two days. In the first day, trainers presented information on STRONG, its development and benefit in school-based contexts. Clinicians and school staff also learned more about immigration process for immigrants and refugees, and the experiences they may have as they resettle in their new environments. In-depth information of the effects of trauma on students' well-being and resilience was also reviewed. The importance and strategies for self-care for clinicians and school staff was also included in Day 1. The training team then presented recruitment strategies, overview of the first half of sessions, and materials needed (i.e., training manual, feelings thermometer, research measures, etc.). In the second day of training the clinicians and school staff learned about the research component of the intervention and the second half of sessions. Throughout the training the clinicians and school staff had the opportunity to practice the skills and ask implementation questions. Due to a teachers' strike in October 2019, the second day of training was delayed by approximately one month, which shifted the intervention timeline.

Procedure

STRONG was implemented across three elementary and three high schools (6 public schools) in Chicago in the 2019-2020 school year. The inclusion criteria included the age range of 7-18+ (to accommodate school disruptions), newcomer status, and difficulties in functioning or coping as assessed by school staff. The exclusion criteria for the pilot year of STRONG are students that are U.S. born (Puerto Rican students were invited to participate if interested), and students with significant PTSD symptoms. If their symptoms were significant, they may be referred for individual services first, before receiving the group intervention. Clinicians sought referrals from teachers and school staff to help identify newcomer students that would benefit from group-based mental health support. Once students were identified, clinicians contacted parents (or spoke to students that were 18 years old) and explained the STRONG intervention and sought permission to share contact information with the research team. Individual meetings with the research team were then scheduled at schools with parents or adult students to further explain STRONG and complete the informed consent and assent process. Communication took place in the preferred language of students and parents (Arabic, English, Spanish, Urdu). Surveys were administered pre-intervention and post-intervention, to determine the potential impact STRONG had on student functioning. Due to the COVID-19 pandemic, implementation was disrupted across all schools, which meant schools delivered in between 0-5 sessions of STRONG to participants. Students who completed 3 sessions or more completed post-intervention surveys.

The research team consisted of 12 female research assistants, 11 of which were bilingual in English and Arabic/Spanish/Urdu, one team member was a monolingual English speaker. Of the team members, six were undergraduate students, two completed bachelor's degrees, and four received their master's degrees. The research team was trained in 2019 to conduct consent/assent

and collect data with students and caregivers. Training included survey administration, safety protocol, cultural humility, and confidentiality protocols for data handling and entry.

Measures

Demographic Information

Parents completed a demographic questionnaire in a pre-intervention survey that asked questions about country of origin, race/ethnicity, time spent in the U.S, income, and current status. For current status parents had the option to answer: (1) unsure, don't know, or prefer not to answer, (2) United States citizen, permanent resident or have a green card, (3) asylum status or refugee status, or (4) temporary protected immigrant status, student or tourist visa, or another document permitting to stay in the U.S. for a limited time. The research team emphasized to parents this information was voluntary to provide, to further assure safety and comfort.

Coping Efficacy

Students and parents completed the Coping Efficacy measure (Sandler et al., 2000), which assessed students' beliefs about their abilities to handle difficult situations. Participants rated students' sense of coping efficacy on a rating scale of 1-4, (Not at all to well). The mean score of Coping Efficacy was utilized for analyses. Cronbach's alpha for Coping Efficacy has internal reliability of .74.

Strengths and Difficulties Questionnaire (SDQ)

Students completed the Strengths and Difficulties Questionnaire (SDQ) measure to determine student functioning. Students reported on the following subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviors on a rating scale of not true to certainly true. For the current analyses, the

mean scores of the subscales, as well as total difficulties score (mean of all subscales) were used.

The Cronbach's alpha for the SDQ has internal reliability of .64.

School Climate

Students reported on their sense of school climate from The California Healthy Kids Survey (CHKS; WestEd, 2000). Students rated the items on a rating scale from 1 to 4 (Not at all true to very much true). The mean score was utilized for analyses. Cronbach's alpha for School Climate has internal reliability of .80.

School Connectedness Scale

Students completed the School Connectedness Scale (SCS; Furlong et. al, 2011), which measured students' feelings of attachment and connection toward their school. A rating scale of 1-5 was used (Strongly disagree to strongly agree). The mean score was utilized for analyses. Cronbach's alpha for School Connectedness has internal reliability of .84.

Connor-Davidson Resilience Scale

Students completed the Connor-Davidson Resilience Scale, which examined students' resilience and strengths when they face adversity (Connor & Davidson, 2003). Students responded on a rating scale of 0-4 not true at all to true nearly all of the time. The mean score was utilized for analyses. The Cronbach's alpha for the Connor-Davidson Resilience Scale has internal reliability of .89.

STRONG Skills

Students also answered items that measured STRONG skills, cognitive and behavioral coping strategies taught and practiced in STRONG (Crooks et al., 2020). Students responded on a rating scale of not true at all to true nearly all of the time. The mean score was utilized for analyses. Cronbach's alpha for STRONG Skills has internal reliability of .62.

Responses to Stress Questionnaire: Resettlement Stress

Parents completed the Responses to Stress Questionnaire, Parent Version (RSQ; Connor-Smith et al., 2000) at baseline only. This measure was modified to be specific to resettlement stress in consultation with the Stress and Coping Research Lab at Vanderbilt University. It included a list 12 of relevant resettlement stressors, for which parents responded on rating scale from 1 to 4 (Not at all to Very) of how stressful these stressors have been for their child in the last six months. Example items of the stressors include, “She/he was separated or continues to be apart from some family members,” and “She/he disagreed with her/his parents over cultural expectations.” The measure then assessed student coping and responses to stress during the resettlement period with 57 items. Parents responded on a rating scale of 1 to 4 (Not at all to very) to these items. Baseline descriptive statistics were presented.

Qualitative Interview

Students and parents were asked about their experiences with the STRONG intervention. For example, parents were asked: “How could the program have done a better job of engaging parents and meeting their needs?”; while students were asked: “What made you decide to join STRONG? Was there anything you were worried about before starting?” Parents and students were asked about their perceptions of their communities and schools. For example, parents were asked: “How can schools best support newcomer immigrant and refugee families?” As another example, students were asked: “How do you think immigrants and refugees are viewed at your school [i.e., by staff and students]?” Parents were also asked how they were coping during the COVID-19 pandemic, and students were asked about how they were coping with school closures, though these topics are explored in a separate paper (Author et al., 2021).

Analytic Strategy

Preliminary Analyses

Before the hypotheses were tested, the psychometric properties of the measures were examined. Cronbach's alpha was calculated for the study variables. Associations with child age, gender, and income with study variables were examined through correlational analyses or *t*-tests and considered as covariates.

Baseline Descriptive Statistics and Correlations

Descriptive statistics were conducted to describe participant demographics, as well as resettlement stressors endorsed by parents. Correlational analyses were conducted to determine if there were any significant associations between baseline parent reports of demographics, baseline parent report of resettlement stressors, parent and student reports of coping, student reports of resilience, student functioning, student climate, student school connection, and knowledge of STRONG skills.

Changes over Time

Paired samples *t*-tests were conducted to determine differences in baseline and follow-up measures completed by students. *T*-tests were conducted with the following outcomes: coping efficacy, resilience, student functioning (strengths and difficulties), school climate, school connectedness, and knowledge of STRONG skills.

Qualitative Analyses

The interview audio recordings were transcribed and translated by a professional transcription service, which were then reviewed by native speakers (Arabic, English, Spanish, and Urdu) of the research team. The first step of the review was for accuracy in native language transcription and English translation. In this review all transcripts were also deidentified. The

transcripts were then segmented and uploaded to Dedoose for coding, a qualitative data coding software. The codebook was created using an integrative approach in which literature on the newcomer experiences of students was reviewed to help inform codes and themes (Bradley et al., 2007). Codes were conceptualized into levels to encompass first level large codes which then included smaller nested subcodes. The codebook was then discussed and reviewed by the team. Interviews were double coded by a team of four coders. Coders then met to discuss any potential discrepancies and review for missing codes. To calculate reliability, a random selection of 25% of codes were examined for agreement. In the levels of codes larger themes were at 96% agreement, second level subcodes at 76% agreement, and third level subthemes at 69% agreement. The coding team consisted of four female coders, of which two participated in conducting interviews in the pilot year. All four coders identified as Latina, three as multiracial (one as Afro- Latina, two as Latina and White). Two coders identified as immigrants and two as children of immigrants, and all four are clinical psychology doctoral students. The coding team was led and supervised by the primary investigator, who identified as third-generation European American.

Qualitative Data Analysis Strategy

Once the preliminary coding was completed, two members of the coding team reviewed the coding independently to search for patterns in the codes applied and identify potential themes. The two coders also identified multiple examples quotes as evidence for the themes they identified. The two coders discussed these themes and came to an initial consensus. These themes were then shared with the larger coding team and primary investigator for further discussion and consensus.

Results

Descriptive Information

Information on parent and student ages, gender, nationality, and immigration status, is included in Table 1. Across the six participating schools, average group sessions (including a virtual check-in for some schools) were 2.50 sessions. Average sessions were impacted by one school that was not able to begin group due to school closures during lockdown. Among the 13 students that participated in the focus group specifically, the average number of sessions was 2.92 sessions.

Resettlement Stressors

Caregivers completed the resettlement stressors RSQ and provided information on relevant resettlement stressors. See Table 2 below for further information.

Correlations

Correlational analyses were conducted with demographic variables such as age, child gender, and immigration status. Bivariate correlation analyses revealed significant correlations among monthly income and follow up total student report peer problems ($r = -.80, p < .05$), follow up total student report of difficulties and student's gender ($r = .69, p < .05$), student's gender and follow up total STRONG skills learned ($r = -.84, p < .05$), refugee or immigrant status follow up and average student report of coping efficacy ($r = .74, p < .05$), and refugee or immigrant status and follow up total student report of resilience ($r = .80, p < .05$). Independent samples t-tests were then conducted with these variables to determine potential differences based on gender and immigration status. Interpretations of findings were limited as there were no significant differences in means, which was likely impacted by small and unbalanced sample sizes across groups compared.

Table 6. Resettlement Stress

	Not at All	A Little	Somewhat	Very
Separated or continues to be apart from some family members	18.20%	18.20%	22.70%	40.90%
Had to learn how to do U.S-style daily activities (e.g., transportation, technology, appliances)	22.70%	13.60%	27.30%	36.40%
Struggled to learn English	38.10%	4.80%	23.80%	33.30%
Had to help interpret or translate English for the family	40.90%	22.70%	9.10%	27.30%
Had to adjust to U.S expectations and rules at school	9.50%	38.10%	28.60%	23.80%
There was not enough money for everyone in family	33.30%	19%	28.60%	19%
Had to assist in additional family responsibilities at home	40.90%	31.80%	13.60%	13.60%
Unsure whether we will have to move again	42.90%	23.80%	23.80%	9.50%
Faced discrimination at school and/or neighborhood	68.20%	13.60%	9.10%	9.10%
Continues to think about stressful events experienced before or during the journey to the U.S	40.90%	36.40%	18.20%	4.50%
Disagreed with her/his parents over cultural expectations	50%	18.20%	31.80%	---
Difficulty finding important cultural items or activities (e.g., food, clothing, cultural events/celebrations)	40.90%	40.90%	18.20%	---

Paired *T*-Tests

Coping Efficacy. Paired samples *t*-tests of students' reports of coping efficacy were completed, see full results in Table 3. Student's average self-report of coping efficacy increased significantly ($t = -3.06$; $p < .05$) between baseline ($M = 2.94$) and follow-up ($M = 3.23$).

SDQ. Paired samples *t*-tests of students' reports of strengths and difficulties were completed. Overall, student's self-report of emotional difficulties increased between baseline ($M = 3.85$) and follow-up ($M = 8.00$), and these changes were significant ($t = -8.24$; $p < .01$).

Additionally, student's self-report of hyperactivity and inattention difficulties decreased between baseline and ($M = 4.46$) follow-up ($M = 2.69$), and these changes were significant ($t = 3.25$; $p < .01$). Finally, student's self-report of total difficulties (sum of means) decreased between baseline ($M = 14$) and follow-up ($M = 10.23$), and these changes were significant ($t = 2.95$; $p < .05$).

School Climate. Paired samples t -tests on student school climate ratings were completed to determine potential changes before and after group participation. The average report of school climate at baseline was 3.05 and in follow-up was 3.22, which was not a significant change.

School Connectedness. Paired samples t -tests were completed on students' reports on school connectedness. Student's self-report of school connectedness increased significantly ($t = -2.80$; $p < .05$). between baseline ($M = 3.48$) and follow-up ($M = 4.18$).

Resilience. Paired samples t -tests were completed on students' reports on resiliency and strengths when facing adversity. Student's total self-report of resilience did not significantly increase between baseline ($M = 69.31$) and follow-up ($M = 73$).

STRONG Skills. Paired samples t -tests were completed on students' reports on total STRONG skills knowledge. There was not a significant change in STRONG skills knowledge in the comparison between baseline ($M = 37.30$) and follow-up ($M = 40.13$) student responses.

Table 7. Paired *T*-Tests

	Mean (M)	Std Dev (SD)	S.E.	Paired <i>t</i> -test	
				<i>t</i>	<i>p</i>
Coping Efficacy	--	--	--	--	--
Coping Efficacy Baseline	2.94	.44	.12	-3.06	≤ .01**
Coping Efficacy Follow Up	3.23	.41	.11		
SDQ	--	--	--	--	--
Emotional Difficulties Baseline	3.85	1.68	.47	-8.24	< .01**
Emotional Difficulties Follow Up	8.00	2.08	.58		
Conduct Problems Baseline	2.00	1.35	.38	.56	.57
Conduct Problems Follow Up	1.77	1.10	.30		
Hyperactivity and Inattention Difficulties Baseline	4.46	1.56	.43	3.25	< .01**
Hyperactivity and Inattention Difficulties Follow Up	2.69	1.70	.47		
Peer Relationship Problems Baseline	3.69	1.89	.52	1.76	.10 ⁺
Peer Relationship Problems Follow Up	2.77	1.92	.53		
Prosocial Behavior Baseline	7.85	1.63	.46	-1.24	.24
Prosocial Behavior Follow Up	8.38	1.66	.43		
Total Difficulties (sum of means) Baseline	14	4.60	1.28	2.95	< .05*
Total Difficulties (sum of means) Follow Up	10.23				
School Climate	--	--	--	--	--
School Climate Baseline	3.05	.57	.16	-.26	.80
School Climate Follow Up	3.22	.58	.16		
School Connectedness	--	--	--	--	--
School Connectedness Baseline	3.48	1.00	.28	-2.80	< .05*
School Connectedness Follow Up	4.18	.66	.18		
Resilience	--	--	--	--	--
Resilience Baseline	69.31	.65	.18	-1.85	.09 ⁺
Resilience Follow Up	73	.42	.12		
STRONG Skills	--	--	--	--	--
STRONG Skills Baseline	37.30	.49	.17	-1.55	.17
STRONG Skills Follow Up	40.13	.35	.12		

Note. ⁺*p* < .10; **p* < .05; ***p* < .01.

Qualitative Results

STRONG Benefits and Outcomes Themes

Expanding U.S. Knowledge and Horizons with Support

Table 4 below includes the full qualitative results. Parents ($n = 7$), and students ($n = 1$), identified a gain of knowledge, particularly about life in the U.S. as benefits of their participation in STRONG. Parents explained that they wanted their children to gain more knowledge about life in the U.S. and develop and join community within the schools. One student discussed their experiences, which focused on the learning opportunities provided about life in the U.S. Many parents identified the group as a helpful source for their students to learn about life in the U.S. and receive support from others in their adaptation process. Parent responses highlight the importance of the school setting to connect with newcomer students and support them in their arrivals and adjustments to U.S. life.

Benefits for Life: Connection and Culture

Parents ($n = 4$) and students ($n = 6$) identified connection to others as a significant benefit of STRONG. Parents shared that they wanted their children to find people that care for them, either through listening and validation, or through the framework of mental health treatment. One parent shared,

It is nice to have people from this country who talk to us, talk to the children who are came recently to this country, they have a wider experience here in all fields, they make them aware about things and help them overcome the difficulties they might face.

The parent explained that the school is a helpful access point for students and their families for support across professional fields, such as academics and mental health. Students also shared that joining the group was a way to meet friends, learn from others' experiences, and have new experiences themselves. In addition to connection, students also shared that the group provided a

safe space to talk about themselves and specifically share their culture with other group members. For example, one student discussed how he shared information about his cultural customs in the group session designed for students to talk about their cultural backgrounds and cultural pride.

STRONG Skills Helped with Real-Life Practice

Students ($n = 4$) also discussed the ways the skills learned in the group helped them. For example, some students shared how they used stress management skills, relaxation skills, cognitive reframing to change their thoughts to be more realistic and developed an understanding of emotions. Students also reported how they independently utilized the skills outside of the group and how the skills helped them, such as improving sleep and relaxation. Parents did not discuss which specific skills their students learned. Parents were provided letters after each group session with a summary of the skills learned. However, their unfamiliarity with the skills learned is expected, as parents were not provided parent meetings throughout the progression of the group due to scheduling difficulties, particularly related to the disruption of typical school routines during the COVID-19 pandemic in 2020.

Socioemotional Improvements

Parents ($n = 3$) and students ($n = 4$) also identified the ways STRONG group participation led to socioemotional improvements. Improvements discussed included increased focus, remaining positive, completion of tasks, emotional expression, and a sense of freedom. One parent shared that her son was reserved and limited his emotional expression, but by participating in the group, he was able to open up about his experiences and emotions with the group clinician. Students also echoed the sentiments of parents, as one student shared, he “has been really open to people recently” in ways he has not before.

Table 8. Qualitative Themes, Endorsed by Parents and Students

Theme	Parent Example Quotations	Student Example Quotations
Expanding U.S. knowledge and horizons with support	N=7 P405 Parent: So that he may gain knowledge about the things here (US), like school itself is helping you to get the required information, so you have to go, you should go forward, and do whatever you can to help the school. When the school is doing something for us then you should also do something for them, that's why I told him to join. I also participated thereafter.	N=1 P300 Student: I want to learn more about America.
Benefits for life: connection and culture	N=4 P604 Parent: ...it may be beneficial for my son, he receives encouragement, he finds people around him who are willing to listen to him. He can benefit from the program, if he doesn't benefit, it won't be bad for him. This is how I think about it	N=4 P106 Student: I did it because I had not been here for that long when I arrived at this school. I feel it helped me; it was supposed to help me. When I first got here, I didn't have many friends, but when I was there, or for the time I was there, I was motivated or taught to feel free.
STRONG skills helped with real-life practice	--	N=4 P601 Student: I'm still doing it sometimes. And so [clinicians] were doing the exercise that was called is help your thinking and help you to relax. Or if you can't sleep at night, you can try do this [relaxation technique] and then see how better you can get. So I like doing that. So they give us a paper, every meeting, and then we have to complete the paper every day. We do the exercise, how we feel. And most days I try for one week and, but it was really good. It helped me.
Socioemotional improvements	N=3 P105 Parent: He's more expressive, he's sharing his views with the other children and with his teachers more. That's mainly it. Like I said, (child's name) was a child that never said anything. Now that's not the case, he's able to speak up a bit more now.	N=4 P600 Student: I have been really open to people recently. I've not been a really open person before but after the program I'm talking to people, asking for help and everything.
Group enjoyment	N=1 P201 Parent: Because she is learning, as I was telling her. She is learning, and she was very happy to be there. She would always come home and said, "Mommy, they called me. Mommy, they	N=5 P601 Student: So well, I was just going to think it's going to be a really boring there and just sitting, we're not going to do anything, just going to be talking. And then when I see someone we just talking, I just get

	taught me this." She was really happy. She likes it very much.	really bored. So I don't like that, but I didn't know it was going to turn out like fun. We're going to do games and activities and stuff.
Better communication and more information	N=6 P601 Parent: They could tell them more about the 'phases' of this program, and -the parents- then could explain and discuss it with their kids, and they should explain to/teach the kids how to deal with situations.	--
STRONG parent meetings	N=9 "P105 Parent: I think yes, that if children are going to be in this for six months, that at least we'd meet once a month, so they tell us what's going on, how the child is progressing. The parent can see his progress at home in some way, but the person giving him the lectures or the meetings can see him progressing in a different way. That's it, giving the pros and cons on what's going on, what we could do better or not, what we could change."	--
Group structure	N=1 "P201 Parent: Having more experience with more children."	N=3 P106 Student: I feel it was all right. Maybe the time could have been different because it was-- The time was fine because it was once a week, but still, I was in class, and I had to get out in the middle of it. It could have been better because leaving the class earlier or before recess-- I don't know. I could have been there longer, maybe twice per week.

Group Enjoyment

Additionally, a parent ($n = 1$) and students ($n = 5$) talked about how students enjoyed their group participation and how they wished for the group to continue. A mother expressed that her student would come home to discuss what was learned in group and that she appeared happy. Some students described games and activities that were part of the group. Notably, students also expressed that they wished they continue their participation, encouraged more students to participate, and that the group should continue to be offered in the pilot schools, in addition to expanded to more schools across the city.

STRONG Suggestions Themes

Better Communication and More Information

Parents ($n = 6$) also shared important feedback on how to improve STRONG for families. Improved communication of the structure of the program was requested, in addition to increased general information. One parent explained that it was easy to forget the information that was shared in the beginning of the consent process and initial group participation. One parent also expressed interest in receiving information on what was learned from the research study. Importantly, one parent explained that with more information they would feel more empowered in their decision to participate.

STRONG Parent Meetings

In context with the feedback shared of improved communication on the details of the STRONG group, parents ($n = 9$) also shared that parent meetings throughout the course of group sessions would be useful. Within these parent meetings, parents suggested that information is reviewed with parents on what skills they are learning so that parents and clinicians can collaborate on the progress of the students. One parent also recommended that families that have

previously participated should engage in the meetings as a way to share wisdom and build trust.

The parent shared that it would help hearing previous parents express what challenges they were facing, that they coped, and that STRONG helped them through that process.

Group Structure

Some students ($n = 3$) and a parent ($n = 1$) also provided suggestions on group format. More specifically, suggestions were made to meet more frequently than once a week. Students also identified the value of making the groups bigger than five to six students, with one student providing consideration to begin the group small to build confidence, and then transition into a larger group.

Discussion

The present study used a mixed-methods approach to assess the relevancy, satisfaction, acceptability, and potential benefits of a school-based mental health group intervention for newcomer students. Despite the disruption to the intervention, student quantitative outcomes revealed that students reported increased coping skills, increased emotional difficulties, decreased hyperactivity and inattention, increased school connectedness, and decreased overall problems. Parents and students also identified themes of socioemotional improvements, increased coping knowledge, increased connections, and discussion of culture. Parents and students also provided essential feedback on how to better tailor the STRONG intervention to meet the needs of newcomer families.

Student Mental Health

Research demonstrates mental health groups in school settings are beneficial for the mental health of newcomer students, as it can help them develop coping skills to suit their psychological needs (Mancini, 2019). In a systematic review of refugee student mental health, a

supportive school environment and peers can provide protective effects against negative mental health outcomes (Scharpf et al., 2021). In addition to a supportive environment, interventions also need to be relevant to newcomer student experiences in order to increase engagement (Place et al., 2021). Among the students that participated in the groups, there was a positive effect through increased knowledge on coping skills, as well as decreased overall problems, and decreased inattention and hyperactivity. Furthermore, students shared how the intervention was relevant to their experiences as immigrants and refugees. Students even discussed the ways they incorporated their coping skills into their lives, such as improving sleep and stress-management. In the discussion of the many benefits of the intervention for students that participated, attention is also needed on the lower average of group ($M = 2.50$) sessions completed in the present study. A majority of students did not receive the full intervention as it was intended to be delivered, though did receive stress psychoeducation (session 2 material). Thus, it is important to consider if the effects captured in the data reflect the strength of the full intervention, or rather the intervention material within the first few sessions. There is evidence that even singular sessions can provide positive mental health effects for students (Schleider & Weisz, 2017), and the 2-3 sessions focused on stress management received in the present study likely influenced outcomes among the students. Due to these findings, more research should focus on the effects of brief interventions to help improve outcomes and also help inform the format of treatment delivery. For example, brief interventions focused on stress may be helpful for newcomer students. These findings also suggest that even brief psychoeducation on the effects of stress and how to manage it may be helpful for children's coping. Thus, additional research is needed to explore targeted stress management resources and interventions with this population of students.

Interestingly, though there was a significant change on many positive outcomes, students also self-reported increased emotional problems. There may be a couple of potential contributing factors to this increase. Students may have increased knowledge on their emotional experiences as a result of their participation, thereby more accurately reporting on symptoms. Additionally, research also demonstrates that in resettlement, immigrant and refugee youth may continue to experience emotional difficulties as a result of previous experiences, and potentially stressful resettlement experiences (Sirin et al., 2019). Furthermore, students provided a follow-up report of their mental health during the initial months of COVID-19 pandemic and lockdown, which likely impacted their mental health (Author et al., 2021). Thus, their reports in that time period may capture the stressors and their coping experiences related to adjusting to staying at home.

Some students also provided feedback that an increase in sessions, continued participation, and even expansion of the groups is needed. The important context to these findings is that student participation was disrupted, where some only had a few sessions and were looking forward to the completion of the group. The disruption may have affected their sense that more of the groups should be offered, since that was not possible for them due to COVID-19. Despite this, their feedback still highlights their approval of the program and how schools are an important access point.

School Context and Mental Health Group Access

Notably, mental health groups in school settings can also help children connect to their school environment which has valuable benefits. In a mental health intervention for elementary aged children, teachers qualitatively noticed the students socially interact more with group members and gain a sense of confidence (Mancini, 2019). Importantly, supportive school settings can serve as a protective role against the stress related to the migration experience and

help in the adaptation process (Patel et al., 2023). As part of the protective effect, social connections contribute to student well-being. Connection to students in the U.S. can help protect students from stressors related to their adjustment experience as immigrants and refugees (Sirin et al., 2019). Research has also shown that students that report greater support from peers may not exhibit mental health challenges related to their adaptation (Sirin et al., 2019). Even moderate levels of peer social support can have a positive effect in comparison to students with no perceived social support (Sirin et al., 2019). School staff, such as school clinicians and teachers also play a crucial role in helping immigrant and refugee students develop positive, supportive relationships in their school communities (Patel et. al, 2023), as noted by STRONG participants as well. A systematic review of refugee student mental health supports these findings, in which school social support and peer support are useful in student connection and adaptation (Scharpf et al., 2021). Thus, the importance of the school setting for mental health groups for immigrant and refugee students is further magnified.

The findings are encouraging and highlight the importance of the consideration of session quantity in group-based intervention delivery. Research on the effects of session quantity is a developing field in group and individual treatment but agrees on the benefits of school-based environment for delivery. Researchers note that even one session as intervention can have positive effects and may be worth considering within schools where mental health providers are limited (Schleider & Weisz, 2017). Accessibility can increase by delivering smaller quantity of sessions if it appropriately meets the needs of students. The benefits of single session interventions seem dependent on mechanism-targeted interventions, such skills learning, and that they are tailored for specific populations (Schleider & Weisz, 2017). Notably, the content of the earlier STRONG sessions focused on stress included skills learning and was focused on

immigrant and refugee population, following the guidelines highlighted by Schleider and Weisz. Present research comparing single sessions to multiple sessions demonstrates however that multiple session interventions ($M = 14.06$) have slightly bigger effect sizes (Schleider & Weisz, 2017). In comparison, the present study had a lower average of group meetings but still may indicate that 2-3 sessions can still provide benefits. Overall, it highlights more data is needed to determine the level of effects of different session quantities on treatment outcomes. The present study provides promising initial exploratory data on what even brief, focused, small quantity of group-based intervention sessions can still be beneficial for immigrant and refugee youth.

Parent Involvement, Cultural Implications

During the interviews, parents identified unique aspects about the intervention that can be improved for better participant engagement. Overall, the consent and explanation process for mental health group participation can be changed for immigrant and refugee family access and understanding. Other researchers have noted how even consent procedures need to be updated so that they do not depend on parents internalizing U.S. conceptualizations of psychopathology (McNeely et al., 2020). STRONG parents discussed how more details and information would help to understand and remember what group participation consisted of not just for the students, but parents as well. Thus, it would be useful to re-envision the initial consent and explanation process for parents so that it is more comprehensible based on their funds of knowledge on what a school-based mental health intervention is and how it can support their students' well-being. Immigrant and refugee families may have varying degrees of understanding on U.S. school-based mental health services, in addition to holding different cultural values that may impact their sense of comfort in engaging in the program. For example, in a qualitative study on the perception of student mental health and support among Chinese immigrant parents, few parents

were aware of school mental health services or staff as resources, and some noted concerns of privacy and respect if their students sought help from psychologists (Li & Li, 2017). To help parents gain familiarity and comfort with utilization of school mental health services, it may be useful to hold initial informational meetings with trusted community members, such as previous participating parents. This was a suggestion made by one participating parent, as she recommended previous participating parents and students of STRONG could join the initial meetings to share their experiences when they participated and how it helped them. Parents also highlighted their interest and likely engagement in meetings and groups that better inform them in their students' group participation. Individual parent meetings are included in the STRONG intervention; however, the COVID-19 pandemic completely disrupted the planned group format and clinicians did not meet individually with parents. Furthermore, in addition to the pandemic there can be many barriers in scheduling and holding parent meetings with immigrant and refugee parents. Limited meeting times, lack of flexibility in scheduling, can make it difficult for parents to come into the schools for parent meetings (Place et al., 2021). Additionally, some families may experience discomfort in discussing the mental health of their students and family with individuals outside of their family, thereby causing hesitation in joining the type of meetings STRONG initially planned for (Place et al., 2021). In a review of qualitative studies of barriers to mental healthcare for migrant children and young adults, researchers found stigma, fear, and mistrust of services as significant barriers to treatment (Place et al., 2021).

With the context of the barriers for parent meetings, there are still a number of benefits to incorporating parents more into the STRONG program through meetings. Parent meetings that include psychoeducation on the skills learned throughout the group could help parents not only understand their students more, but also support them in practicing their skills at home.

Currently, research demonstrates that there is a lack of information on mental health provided to parents of newcomer students, especially that is culturally informed (Place et al., 2021). Thus, there is a clear need to enhance psychoeducation in order to improve understanding in the services offered and provided at schools. Furthermore, parent-focused school-based mental health programming is possible and a beneficial way to engage families. One study found that among immigrant parents of Latine and Chinese adolescents, a brief parent school-based psychoeducation group on adolescent mental health was seen as acceptable and effective for the participating parents (Rao et al., 2023). Therefore, future groups can consider how to best engage families and develop the community and knowledge parents and students seek, specifically for newcomer families.

Furthermore, mental health interventions can also be enhanced to better meet the needs of students and their families across domains of life, such as access to resources, adaptation, and family engagement (McNeely et al., 2020). Researchers have noted the importance of providing additional resources such as social services and financial support, which likely includes collaboration with other community partnerships (McNeely et al., 2020). When the needs of newcomer students and their families are better addressed, it allows the students and the families the opportunity to focus on the students' mental health.

Limitations

The present study had limitations. To begin, the referrals of students for the STRONG group depended on staff observations of students. School staff referrals are necessary and useful, however, may also be impacted by bias. More specifically, it is possible that students that expressed or externalized more of their mental health symptoms were more likely to be referred than students that were reserved or did not disclose their mental health experiences to staff. Some

parents and students participated in the STRONG intervention but denied participation in the research study, and so their feedback and outcome data are not included in the present study. Additionally, the COVID-19 pandemic disrupted and changed the study design due to the sudden nature of the lockdown from March 2020-June 2020, in which follow-up data collection was planned for. Therefore, only students that completed three or more sessions participated in the follow-up surveys. Thus, quantitative outcome measures data are not available for the students that did not start the STRONG group before the lockdown or participated in two sessions or less. Despite these limitations, the findings highlight incredible opportunities of intervention to support newcomer students and their families during their resettlement experience in the U.S.

Future Directions

The findings from the present study are promising and provide important implications for future school-based mental health interventions for newcomer youth. Importantly, the present study provides further evidence that this intervention is relevant and necessary for newcomer students and their families. Additionally, it is useful and beneficial to provide mental health services to students within school settings, and that overall parents and students are satisfied by the intervention. Future school-based interventions should continue to engage immigrant and refugee families through multiple strategies to address concerns, enhance psychoeducation, and provide information and resources that is culturally informed. This can help empower families in their adaptation process to life in the U.S. in a way that is culturally affirming and provides support for mental health. Additionally, efforts should continue in enhancing cultural knowledge of different cultures to better suit the needs of the diverse newcomer student population that resettle in the U.S. This not only includes enhanced knowledge on different cultural groups, but also knowledge on the unique experiences of immigrants and refugees specifically, to best tailor

interventions for their experiences. With this approach, more newcomer students can receive the necessary support in their adaptation in the U.S. to not only adapt but thrive in their new homes.

CHAPTER FIVE

DISCUSSION

Integrated Discussion

The present study aimed to understand how different contexts, specifically cultural factors, parenting processes, and stressors impacted children's mental health outcomes among immigrant, refugee, and Latine children. Research demonstrates that it is important to understand how these different factors impact children's mental health to better meet needs and inform intervention efforts (Ellis et al., 2020). Furthermore, the immigrant and refugee population represent a large portion of the U.S., thereby emphasizing the need to focus on their experiences and support their well-being. The present studies highlight how different stressors impact mental health, and what factors are relevant for cultural and family processes are relevant to mental health among youth from immigrant and refugee families. Additionally, this information can help inform intervention efforts to make them relevant and helpful. Ultimately, it is important that context and cultural factors are taken into account for considerations on impacts on mental health and wellbeing, and recommendations for intervention.

Summary of Findings

The first study, "Violence, Place, and Strengthened Space: A Review of Immigration Stress, Violence Exposure, and Intervention for Immigrant Latine Youth," was a review different stressors and traumas experienced by Latine immigrant adolescents, and the impact on their internalizing outcomes (Jolie et al., 2021). The paper also examined how different cultural and resilience factors affect coping and healing. Important implications are made to interventions for

youth across the individual, family, community, and systemic level that emphasize liberation and empowerment. Across intervention levels, healing from trauma is interwoven into the focus of treatment. It is also beneficial to incorporate a strong family and community component in interventions to help children and families utilize their social supports. Access to this knowledge and the use of resources developed for their needs can be empowering to youth as they navigate different stressors in their environments.

The second study, “Understanding the Effects of Familismo on Children’s Mental Health in the Context of Stress among Latine Immigrant Families,” assessed the impact of cultural conflict and parenting stress on children’s internalizing outcomes in Mexican-origin families. Furthermore, the study explored whether familismo played a protective role against the stressors on children’s mental health. Additionally, the study examined whether parenting behaviors mediated the associations between stressors and children’s mental health outcomes. The study found a significant negative correlation between family income and children’s internalizing outcomes. Multiple linear regression analyses also identified a direct negative association between family cultural conflict and children’s internalizing outcomes. Findings imply that experiences of family cultural conflict do not necessarily translate into worse mental health. This research also highlights the need for children’s reports of their experiences with these stressors to further contextualize findings. The findings in relation to stress provide further evidence that developmental considerations in this context warrant further attention. Thus, it is recommended that future studies explore in closer detail how different stressors interact with parenting, cultural processes, and contribute to children’s mental health outcomes. This information can help inform intervention efforts among Mexican-origin families.

Finally, the third study titled “Pandemic School Closures and School-based Interventions: Learning from a Pilot of Supporting Transition Resilience of Newcomer Groups,” evaluated the experiences of immigrant and refugee students participating in a school-based mental health intervention. The study focused on the examining the impact of a school-based intervention on mental health outcomes and the relevancy of the intervention to the immigrant experience with the use of qualitative data. The study provided additional insight on the different stressors relevant to the resettlement experiences of immigrant and refugee families and the mental health benefits of group participation. The study also provided further context on how interventions are relevant and helpful for newcomer youth, based on suggestions from parents and students in how to improve the intervention for future families. This also included important considerations on the effects of frequency and duration of sessions on mental health outcomes given that the intervention was disrupted by COVID-19 and not delivered in its entirety.

Discussion of Findings

The present studies provided more information on the associations between different cultural factors, family processes, and stressors impact children from immigrant and refugee families. The three studies focused on different factors that contribute to context in order to better understand the unique experiences of migration and resettlement in the U.S., which can then help better inform approaches and interventions to mental health treatment. Across the studies, themes emerge on the lasting impacts of stressors on children’s well-being and how culture and parenting can play a role. For example, the migration experience among families impacts children’s mental health. Families and their children may experience immigration stress, discrimination, legal difficulties, violence exposure, family separation and deportation, family cultural conflict, parenting stress, and financial difficulties. These different stressors can have

varying effects on children's mental health, which may have different trajectories dependent on cultural factors such as familismo. Although the findings vary across study, they highlight further the importance of context to understand the multiple factors that contribute to different resettlement experiences in the U.S. Despite the prevalence of stress among immigrant and refugee families, there are also important cultural strengths that can benefit youth and require continued focus. Attention to cultural factors and experiences can enrich understanding, treatment efforts, and accessibility to treatment.

Family

In consideration of well-being of youth in immigrant and refugee families, the family context is important in understanding positive effects and potential stressors that can contribute to mental health outcomes. From early childhood, families and parents help create children's environments in which they develop, understand the world, and understand themselves through their families and culture (López-Zerón et al., 2020). The first paper (Jolie et al., 2021) highlights family as an important context for understanding both resilience and stress. For example, parenting behaviors and parenting stress have been examined in their impacts on internalizing outcomes (Goodman & Tully, 2008; Chen et al., 2010; Varela et al., 2004). However, the second paper did not find a direct effect of parenting stress on children's mental health outcomes as predicted. A trending interaction was found instead, with high parenting stress and high familism values impacted higher internalizing outcomes. These findings suggest that when families experience high rates of familism, for parents and children it may be difficult to navigate and discuss the impact of parenting stress on the family unit, which then could contribute to internalizing symptoms. Since these findings are trending, it also indicates a need for additional exploration as further interpretation in the of the present study is limited. It may imply that future

studies should consider the different levels of effects of parenting stress and account for its potential impact on families based on their values of family unity and family functioning. If families, particularly parents, perceive themselves with high values of familism, but also experience high stress of parenting, those opposing forces may create greater pressure which then may contribute to experiences of internalizing symptoms among their children. Ultimately, these findings highlight that careful, continuous evaluation and appreciation of the family environment can contribute to positive mental health outcomes of children.

These findings are echoed in the third study that explored the effects of a school-based mental health intervention on immigrant and reduce children's mental health. Like the other studies, the third study did find that the family context was also important for children's mental health. More specifically, the parents of students found the mental health group relatable and applicable to the lives of immigrant and refugee students. Parents also underscored the need to incorporate parents into the group further through parent meetings and improved communication. The feedback from parents demonstrates their interest in how they value their children's well-being, especially through their willingness to participate in a new experience to do so. Ultimately, the three studies found that across contexts, giving attention and consideration to the family environment can greatly benefit and enhance understanding of the well-being of youth from immigrant and refugee families. The family environment should be considered in the context of culture, stressors, and across developmental stages, as it may have different effects across time.

Culture

The recognition of culture and its role in children's development and outcomes continues to be studied across populations. This focus is vital, as more information provides more nuanced

understanding on experiences across populations, as even the immigrant and refugee population in the U.S. is diverse. Thus, knowledge on different cultures and cultural factors continues to increase in the field. The present findings provide further evidence that context and stress are important when considering the effects of cultural factors on children's mental health. The finding with family cultural conflict demonstrated a negative effect on internalizing outcomes, which was unexpected. These findings, however, encourage further reflection on how all aspects of culture belong in the full span of development. For children from Mexican-origin families, their experiences of family cultural conflict may be a normative aspect of their development that their families are equipped to handle. The Integrative Model of children's development created by Garcia-Coll and colleagues (1996) calls attention to how culture is an essential component of development across a variety of systems for youth of minoritized backgrounds. One important component of the model is adaptive culture, which are family's cultural practices and processes that are reactive to social conditions of the dominant culture. Researchers provide the examples of preparation for discrimination and bias Mexican-origin youth may experience as adaptive culture, which might also include documentation status difficulties for some families (Perez-Brena et al., 2018). For the present families, this suggests that though they may experience family cultural conflict, a culturally relevant stressor such as discrimination, they are at the same time prepared to communicate about and navigate this stress. This process with family cultural conflict may be beneficial for youth and likely contribute to positive outcomes within their environments. The study also found trending interactions with familism and family cultural conflict, and familism and parenting stress. These trending interactions suggest more research among these associations is needed, to provide more evidence to the literature on the effects of cultural factors in children's environments.

Thus, it is recommended that when cultural factors are incorporated into understanding and mental health treatment for youth in immigrant and refugee families, that the context for each child is examined carefully to better predict potential effects and interactions. This can help strengthen intervention efforts that are relevant for youth experiences, as evidenced in the third paper. The third paper focuses on an intervention developed specifically for immigrant and refugee youth, and therefore emphasizes in the group treatment that culture is discussed to support children's strengths. The intervention was designed to promote cultural pride due to research that demonstrates the benefits of incorporating culture into treatment. Thus, the intervention was found to be relatable and applicable to the lives of students, not just by the participating students but their parents as well. In sum, all three studies demonstrated the clear need to address, incorporate, and appreciate culture in the lives of children from immigrant and refugee families.

School Mental Health Supports

Moreover, the present studies added to the literature by highlighting the beneficial effects of connecting immigrant and refugee youth to their community supports to access mental health treatment. As found among intervention research on Latine immigrant youth reviewed in the first study, youth are at risk of exposure to a variety of stressors and traumas that can contribute to mental health difficulties (Gudiño et al. 2011, Torres et al. 2018; Concepcion Zayas et al. 2019; Rubio-Hernandez & Ayón 2016; Berkel et al. 2010). Due to the age considerations for children, schools are a valuable access point to provide group-based and individual treatment. In the first study, the benefits of connecting youth to their broader communities are introduced, as it can equip them with social connections and assist self-empowerment. Additionally, a crucial context of community for youth in the U.S. is the school environment, as it is an area children develop

friendships, learn about U.S. culture, and have access to other resources. Specifically, schools are an essential access point for resources such as mental health services that support immigrant and refugee youth and family well-being. The first study reviewed multiple interventions and many of them are delivered in the school setting as it is accessible treatment setting for students and parents.

Furthermore, the third study provides more evidence to the field that schools provide accessible and relatable mental health treatment that is beneficial for youth of immigrant and refugee backgrounds. It not only benefits students, but the third study also found that it was well-received by parents as well. Thus, school-based mental health groups are a valuable intervention method that should be encouraged across schools. In an international systematic review of mental health treatment among immigrant youth, it was found that school-based counseling was the most used treatment (Dombou et al., 2023). Importantly, interventions that include the family members of immigrant and refugee youth is limited, though found to be relevant to the interest of parents when presented in the appropriate circumstances (Ellis et al., 2020; Li & Li, 2017). More school-based mental health treatment is needed with family inclusion, in order to increase parent understanding and further support children's mental health. Additionally, in order to enhance the quality and increase the access to group-based mental health treatment, more research is needed on examining the quantity of session participation on mental health outcomes. This can help further tailor interventions down to duration and frequency, as noted by some participants, and likely further improve positive effects.

Stress Context

The studies also examined how different stressors can impact the mental health of youth from immigrant and refugee backgrounds. Ultimately, various stressors are relevant to the

immigrant and refugee experience in the U.S. across the lifespan. For children, this places greater importance in recognizing the effects of various stressors across their development, not only to be more informed of potential risks, but also informed on response and intervention methods. This way, approaches to mental health for youth are more relevant to their stress experiences. In particular, the studies explored the effects of family cultural conflict and parenting stress on children's mental health outcomes. Overall, family cultural conflict is associated with negative outcomes, though the second study demonstrated that the associations may be more nuanced with the inclusion of other relevant contextual factors (Rivera et al., 2008; Cruz et al., 2018). Although not an intended area of focus, the second study also found that family income can negatively impact children's mental health. Additionally, the systematic review explored the effects of other relevant stressors to the immigration experience, such as discrimination, resettlement stress, trauma exposure, and family separation. The third study on the school-based intervention also provided additional insight into relevant stressors in the resettlement experience for immigrant and refugee families. The findings across the studies provide evidence that immigrant and refugee families do face a variety of stressors and should be addressed in treatment to enhance applicability and benefits. Ultimately, all three studies illustrate that children from immigrant and refugee backgrounds face a variety of stressors that should be addressed in tailored approaches.

Systemic Oppression

With a focus on environment and stress, systemic issues are further accentuated. The experiences of stress and adversity reflect a larger framework of systemic oppression in the U.S., which benefits from the marginalization of those of immigrant and refugee backgrounds. Systemic oppression is a consistent exposure to risks that pose challenges for youth growing up

in the U.S. For example, long-term exposure to systemic racism and discrimination has impacts across development and mental health (Torres et al., 2022). Notably, discrimination and racism can have intersecting and direct effects across structural, institutional, community, and individual, factors (Torres et al., 2022). Thus, it further emphasizes the need to focus on supporting the well-being of youth from immigrant and refugee families across their lifespans across levels of systems.

Across the studies, systemic issues were factors of focus to determine the impact on youth. In the systemic review in the first study, a thorough analysis is provided on the multiple inequities Latine immigrant youth face premigration, during migration, and post-migration, once they resettle in the U.S. The study found that across these stages of migration, Latine immigrant youth are at risk of a variety of trauma exposures, which can include acute (e.g., singular events, such as an accident), or chronic (e.g., constant exposure, such as poverty). Recognition of the systemic inequities Latine immigrant youth are at greater risk of experiencing is important as it can inform treatment efforts, as discussed in the mental health interventions that have been developed for this youth. Notably, this information can not only improve mental health treatment, but the knowledge can also help empower youth and their families. As youth resettle in the U.S., it can be overwhelming to navigate and understand the complexities of the interaction of social and political history of a new country. Thus, when youth are provided the opportunities to learn about the inequities they face, it not only allows for room to include them in the efforts to make societal changes, but importantly, gives them the freedom to choose their involvement in self-advocacy efforts.

Similarly, the second study was informed on the effects of systemic inequities and oppression. The second study explored how stressors and cultural factors relevant to Mexican-

origin families impacted children's mental health. First, the concept of family cultural conflict among Mexican-origin families is commonly rooted in differences related to generational status in the U.S. and degree of acculturation among families. Among Latine families in the U.S., family members' degree of biculturalism with the host culture of the U.S. fully influences experiences. For children of Mexican-origin families, it further highlights that though indirect, there are larger level pressures for immigrant individuals to adapt and to accommodate and may deal with consequences such as conflict with their children. These are pressures ultimately influenced by identity and expectations of immigrants and refugees in the U.S, indicating that these are experiences they are uniquely at risk for. Additionally, the families included in the study were 150% below the federal poverty line, signaling that the families had limited financial resources. This financial inequity was further evidenced in the results of the study, in which family income was associated with children's mental health outcomes, though in an unexpected way. The findings ultimately highlight however that examination of these associations is needed to determine how experiences of risk and adversity impact outcomes across aspects of well-being for youth. This can help inform not only how systemic oppression affects families and children, but also how families and children respond and ultimately resist oppression. Recognizing these subtle, dyadic effects between systemic oppression and families' responses provides room for intervention from the individual to the systemic level.

Relatedly, in the third study systemic oppression was embedded within the stressors experienced by families due to the sociopolitical nature of migration and the common challenges faced in resettlement in the U.S. Immigrants and refugees are at greater risk of trauma exposure, which can have significant developmental and socioemotional consequences for children. The third study demonstrated that immigrant and refugee youth experience a variety of different

resettlement stressors. These students also benefitted from mental health support within a school context, which suggests this format of intervention can help decrease barriers to mental healthcare among a population at risk, even when treatment is brief.

This nuanced approach ultimately highlights adaptive culture as it is dependent on the social conditions of the dominant culture. Thus, family, and cultural histories shared by family members with youth likely prepare them for growing up in the sociopolitical context in the U.S., especially within the context of oppression (Perez-Brena et al., 2018; Torres et al., 2022). Overall, more research is needed on adaptive culture to explore in closer analysis its effects across a variety of contexts. There is justification for this as a recent literature review on adaptive culture identified that while it can contribute to many positive outcomes, it can also have no effect in the context of risks, or even enhance risks in certain circumstances (Perez-Brena et al., 2018).

The continuous adversities faced by youth from immigrant and refugee backgrounds call for equal levels of attention on the implications for positive, systemic changes. At the systemic level, environments can welcome youth, thereby supporting adaptation and resettlement by enhancing culturally beneficial processes, such as ethnic and racial identity development and pride (Suárez-Orozco et al., 2018). Environments can also be promotive for families and support values that encourage family support and unity, such as familismo. Gentle promotion of these values, informed by the stressful experiences of families, can provide significant benefits for children and their families. Individuals across systems can also advocate for this change. Importantly, as discussed in the first study, psychologists can honor their principles and assist in advocacy efforts to help decrease inequities and promote growth and healing,

Limitations

Although the present studies provide further context on different experiences of youth in immigrant and refugee families in the U.S., there are limitations that are important to acknowledge. Each manuscript discusses the limitations further. The first study focused on Latine immigrant adolescent youth and therefore is not fully generalizable across immigrant and refugee populations, and even across age ranges. Notably, the second study relied on parent reports due to developmental and longitudinal participation considerations. Additionally, the measurement of some of the concepts studied, such as family cultural conflict, need further focus and standardization within the psychological field to improve use. Likewise, the third study includes certain limitations. Referrals for the STRONG group were dependent on staff, and like all referrals are at risk of bias. Additionally, there were STRONG participants that did not participate in research, and so their insight is not included in the findings. Moreover, the final stage of data collection occurred during the beginning of the COVID-19 pandemic which not only disrupted the research timeline and protocol for quantitative and qualitative data collection, but students' participation in the group as well. Additionally, data collection for two of the studies was limited to the Midwest and included smaller sample sizes. Finally, an important limitation to address is that the findings across the three studies are not fully generalizable across immigrant and refugee populations living in the U.S. Though a limitation, it is also a strength when at the same time the literature field embraces the heterogeneity of the immigrant and refugee experience for youth in the U.S. Given these points, future research should continue to focus on children from immigrant and refugee families. Continued focus and study can help determine further the effects of different relevant stressors, how to recognize different cultural factors, and how to highlight the role of culture on children's mental health outcomes.

Recommendations

Recommendations are made in the three studies in what to address and incorporate in understanding and treatment of mental health in youth in immigrant and refugee families. To support the well-being and mental health of youth in immigrant and refugee families, it is important to incorporate cultural and family processes, and stress.

The three studies help contextualize understanding on the stress experiences of immigrant and refugee families, their cultural and family experiences, and their associations with children's mental health outcomes. First, it is essential that family functioning and processes are considered and incorporated into the conceptualization of children's mental health. It can help provide understanding of relevant stressors and values to youth and how they interact. An understanding of family can help inform approaches to mental health treatment, such as examining parental stress. Thus, it is recommended that the inclusion of families is emphasized as a crucial need as part of treatment recommendations and overall recommendations that support the well-being of youth.

Relatedly, the studies also demonstrate that culture is interwoven into the developmental processes of children. Cultural values should be explored with children from immigrant and refugee families to determine how to incorporate them as strengths, and also understand how certain values may interact with different contexts and contribute to mental health outcomes. The first study explored how different cultural factors can positively contribute to mental health outcomes among Latine immigrant youth. For example, familismo, has been found across many studies as beneficial and protective to children's mental health. The results from the second study also provided interesting implications on the effects of cultural factors on the relationships between stress and children's mental health. For example, as found in the second study, high

reports of family cultural conflict contributed to lower reports of internalizing symptoms. This unexpected finding highlights the need for additional research on culturally relevant stressors and how they may link to child mental health. The findings on culture across the studies emphasize the importance of adaptive culture, which recognizes the dyadic relationship between families and their environments.

Additionally, the first study provides evidence that there are multiple avenues of exposure to stress that negatively impact life experiences and mental health experiences among Latine immigrant youth. Thus, individuals that work with youth from refugee and immigrant families should be well-versed on relevant stressors and how to communicate with youth and their families about them. The second study demonstrated nuanced effects of stressors such as family cultural conflict and parenting stress on children's internalizing symptoms in Mexican-origin families. It is recommended that in the assessment of stress, the different contexts of children's lives, such as family processes and cultural values are also examined. This can ensure that the psychoeducation provided to families does not contribute further to adverse mental health outcomes or add to pressure or sense of inadequacy if families are placing high value on family functioning. The third study provided additional evidence that among a diverse sample of immigrant and refugee youth, there are a variety of immigration related stressors that they experience, which is why a group-based mental health group was relatable and beneficial to them. Thus, it is recommended that interventions that are informed on the relevant stressful experiences to youth are offered to them in their school environments.

Conclusion and Future Directions

Thus, future research should continue to examine further protective and promotive effects of culture on children's mental health outcomes. Furthermore, research should also examine how

the interaction of different contexts and cultural factors can impact children's mental health negatively. This provides a more nuanced, informed approach to treatment and intervention dependent on the experiences of youth from immigrant and refugee families. The findings also demonstrate that involvement of families is essential when working with youth from immigrant and refugee families. Involvement of families can be presented in a variety of formats. For example, enhanced psychoeducation on the role of families on children's mental health can provide significant benefits, as evidenced in all three studies. The benefits are also evidenced in the intervention stage of treatment, as seen in the first and third study. Therefore, even when there are varying degrees of treatment dosage and duration, there is still great value in acknowledging the role of families in children's mental health. Ultimately, increased knowledge on family contexts can help improve current intervention efforts to make them more applicable to the experiences of youth in immigrant and refugee families. Future studies should also continue studying and supporting the development and well-being within U.S environments. Additionally, future research should engage further with youth and their families to integrate their voices into the interpretation of findings. Their increased roles in research could help provide recommendations and suggestions for development that are the most relevant and helpful for their needs.

APPENDIX A
HISPANIC STRESS INVENTORY

Hispanic Stress Inventory

Version I (Immigrant)

Please read each of the statements below. Indicate whether or not you have experienced the stressor in the past six months, by circling either *yes* or *no*.

If you circle “yes,” please then indicate **how stressful** of an event it was for you, using the 5-point scale (1 = *not at all stressful*; 2 = *somewhat stressful*; 3 = *moderately stressful*, 4 = *very stressful*; 5 = *extremely stressful*).

	Have you experienced this stressor?		If yes, <u>how stressful</u> of an event was it for you?				
			Not at all	Somewhat	Moderately	Very	
				Extremely			
1. I have seen my son/daughter behave delinquently.	YES	NO	1	2	3	4	5
2. I have questioned the idea that “marriage is forever”.	YES	NO	1	2	3	4	5
3. I have felt unaccepted by others due to my Latino culture.	YES	NO	1	2	3	4	5
4. Because I do not know enough English, it has been difficult for me to interact with others.	YES	NO	1	2	3	4	5
5. My children have been influenced by bad friends.	YES	NO	1	2	3	4	5
6. Others have been too worried about the amount and quality of work I do.	YES	NO	1	2	3	4	5
7. I have not been able to forget the last few months in my home country.	YES	NO	1	2	3	4	5
8. My spouse has been drinking too much alcohol.	YES	NO	1	2	3	4	5
9. I have thought that my children used illegal drugs.	YES	NO	1	2	3	4	5
10. My children have been drinking alcohol.	YES	NO	1	2	3	4	5
11. I have been discriminated against.	YES	NO	1	2	3	4	5
12. My spouse has expected me to be more traditional in our relationship.	YES	NO	1	2	3	4	5
13. My spouse and I have disagreed on how to bring up our children.	YES	NO	1	2	3	4	5
14. My spouse and I have disagreed on the importance of religion within our family.	YES	NO	1	2	3	4	5
15. I have been criticized about my work.	YES	NO	1	2	3	4	5

16. My spouse and I have had disagreements about who should control the household money.	YES	NO	1	2	3	4	5
17. I have thought a lot about the fact that my son/daughter left home to live independently.	YES	NO	1	2	3	4	5
	Have you experienced this stressor?		If yes, how stressful of an event was it for you? Not at all Somewhat Moderately Very Extremely				
18. Because of American ideas about children, it has been difficult for me to decide how strict to be with my children.	YES	NO	1	2	3	4	5
19. Because of my poor English, people have treated me badly.	YES	NO	1	2	3	4	5
20. I have felt that being too close to my family interfered with my own goals.	YES	NO	1	2	3	4	5
21. I have thought that my children want their independence before they are ready.	YES	NO	1	2	3	4	5
22. I have felt that members of my family are losing their religion.	YES	NO	1	2	3	4	5
23. My children have not respected my authority the way they should.	YES	NO	1	2	3	4	5
24. Because we have different customs, I have had arguments with other members of my family.	YES	NO	1	2	3	4	5
25. Members of my family have considered divorce as a solution to their marital problems.	YES	NO	1	2	3	4	5
26. Because of the lack of family unity, I have felt lonely and isolated.	YES	NO	1	2	3	4	5
27. Because I am Latino, I have been expected to work harder.	YES	NO	1	2	3	4	5
28. It has been difficult for me to understand why my spouse wishes to be more Americanized.	YES	NO	1	2	3	4	5
29. My spouse and I have disagreed on which language is spoken by our children at home.	YES	NO	1	2	3	4	5

66. I have been forced to accept low paying jobs.	YES	NO	1	2	3	4	5
67. There have been conflicts among members of my family.	YES	NO	1	2	3	4	5
68. I have been questioned about my legal status.	YES	NO	1	2	3	4	5
69. I have had difficulty finding legal services.	YES	NO	1	2	3	4	5
70. I have felt that I might lose my job to newly arriving immigrants.	YES	NO	1	2	3	4	5
71. I have felt pressured to learn English.	YES	NO	1	2	3	4	5
72. Some members of my family have become too individualistic.	YES	NO	1	2	3	4	5
73. I have felt that my spouse and I have not been able to communicate.	YES	NO	1	2	3	4	5

Familism

Family

Please rate how true the following statements are for your family.

1. Family members respect one another.				
Not at all true		Somewhat true		Very much true
1	2	3	4	5
2. We share similar values and beliefs as a family.				
Not at all		Somewhat true		Very often
1	2	3	4	5
3. Things work out well for us as a family.				
Not at all true		Somewhat true		Very much true
1	2	3	4	5
4. We really do trust and confide in each other.				
Not at all true		Somewhat true		Very much true
1	2	3	4	5
5. Family members feel loyal to the family.				
Not at all true		Somewhat true		Very much true
1	2	3	4	5
6. We are proud of our family.				
Not at all		Sometimes		Very often
1	2	3	4	5
7. We can express our feelings with our family.				
Not at all		Sometimes		Very often
1	2	3	4	5

APPENDIX B
QUESTIONNAIRES

Strengths and Difficulties Questionnaire (SDQ)

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

	Not True	Somewhat True	Certainly True
1. I try to be nice to other people. I care about their feelings			
2. I am restless, I cannot stay still for long			
3. I get a lot of headaches, stomach-aches or sickness			
4. I usually share with others, for example CD's, games, food			
5. I get very angry and often lose my temper			
6. I would rather be alone than with people of my age			
7. I usually do as I am told			
8. I worry a lot			
9. I am helpful if someone is hurt, upset or feeling ill			
10. I am constantly fidgeting or squirming			
11. I have one good friend or more			
12. I fight a lot. I can make other people do what I want			
13. I am often unhappy, depressed or tearful			
14. Other people my age generally like me			
15. I am easily distracted, I find it difficult to concentrate			
16. I am nervous in new situations. I easily lose confidence			
17. I am kind to younger children			
18. I am often accused of lying or cheating			
19. Other children or young people pick on me or bully me			
20. I often offer to help others (parents, teachers, children)			
21. I think before I do things			
22. I take things that are not mine from home, school or elsewhere			
23. I get along better with adults than with people my own age			
24. I have many fears, I am easily scared			
25. I finish the work I'm doing. My attention is good			

COPING

Instructions: Please read each question carefully and circle the number that agrees with your experience.				
	Not at All	A Little	Some What	Well
1. The things people do to handle stressful problems sometimes work well to make the situation better and sometimes they don't work at all. How well do you think that the things you do to cope work to make <i>situations better</i> ?	1	2	3	4
2. The things people do to handle stressful problems sometimes work really well to make them feel better and sometimes they don't work at all. How well do you think that the things you do to cope work to make you <i>feel better</i> ?	1	2	3	4
3. How satisfied are you with the way you cope with stress?	1	2	3	4
4. Compared to other people, how well do you handle stress?	1	2	3	4
5. In the coming months, how well do you think you will cope with/handle the problems and stress that comes up?	1	2	3	4
6. In the coming months, how good do you think you will be at handling your feelings when problems come up?	1	2	3	4

Connor-Davidson Resilience Scale
(CD-RISC)

*For each item, please mark an "X" in the box below that best indicates how much you agree with the following statements as they apply to you over the last **month**. If a particular situation has not occurred recently, answer according to how you think you would have felt.*

	<u>Not True At All</u>	<u>Rarely True</u>	<u>Sometimes True</u>	<u>Often True</u>	<u>True Nearly All of the Time</u>
1. I am able to adapt when changes occur.	0	1	2	3	4
2. I have at least one close and secure relationship that helps me when I am stressed.	0	1	2	3	4
3. When there are no clear solutions to my problems, sometimes fate or God can help	0	1	2	3	4
4. I can deal with whatever comes my way.	0	1	2	3	4
5. Past successes give me confidence in dealing with new challenges and difficulties.	0	1	2	3	4
6. I try to see the humorous side of things when I am faced with problems.	0	1	2	3	4
7. Having to cope with stress can make me stronger.	0	1	2	3	4
8. I tend to bounce back after illness, injury, or other hardships.	0	1	2	3	4
9. Good or bad, I believe that most things happen for a reason	0	1	2	3	4
10. I give my best effort no matter what the outcome may be.	0	1	2	3	4
11. I believe I can achieve my goals, even if there are obstacles.	0	1	2	3	4
	<u>Not True At All</u>	<u>Rarely True</u>	<u>Sometimes True</u>	<u>Often True</u>	<u>True Nearly All of the Time</u>
12. Even when things look hopeless, I don't give up.	0	1	2	3	4

13. During times of stress/crisis, I know where to turn for help.	0	1	2	3	4
14. Under pressure, I stay focused and think clearly.	0	1	2	3	4
15. I prefer to take the lead in solving problems rather than letting others make all the decisions.	0	1	2	3	4
16. I am not easily discouraged by failure.	0	1	2	3	4
17. I think of myself as a strong person when dealing with life's challenges and difficulties.	0	1	2	3	4
18. I can make unpopular or difficult decisions that affect other people, if it is necessary.	0	1	2	3	4
19. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	0	1	2	3	4
20. In dealing with life's problems, sometimes you have to act on a hunch without knowing why.	0	1	2	3	4
21. I have a strong sense of purpose in life.	0	1	2	3	4
22. I feel in control of my life.	0	1	2	3	4
23. I like challenges.	0	1	2	3	4
24. I work to attain my goals no matter what roadblocks I encounter along the way.	0	1	2	3	4
25. I take pride in my achievements.	0	1	2	3	4

School Climate Scale

For each item, circle the response that best indicates how much you agree with the following statements.

	Not at all true	A Little True	Pretty Much True	Very Much True
1. At my school, there is a teacher or some other adult who really cares about me.	1	2	3	4
2. At my school, there is a teacher or some other adult who tells me when I do a good job.	1	2	3	4
3. At my school, there is a teacher or some other adult who notices when I am not there.	1	2	3	4
4. At my school, there is a teacher or some other adult who wants me to do my best.	1	2	3	4
5. At my school, there is a teacher or some other adult who listens to me when I have something to say.	1	2	3	4
6. At my school, there is a teacher or some other adult who believes I will be a success.	1	2	3	4
7. I do interesting things at school.	1	2	3	4
8. At school I help decide things like class activities or rules.	1	2	3	4
9. At school I do things that make a difference.	1	2	3	4

School Connectedness Scale

How strongly do you agree or disagree with the following statements about your school?

	<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u>	<u>Neither</u> <u>Disagree</u> <u>Nor Agree</u>	<u>Agree</u>	<u>Strongl</u> <u>y Agree</u>
1. I feel close to people at my school.	1	2	3	4	5
2. I am happy to be at this school.	1	2	3	4	5
3. I feel like I am part of this school.	1	2	3	4	5
4. The teachers at my school treat students fairly.	1	2	3	4	5
5. I feel safe in my school.	1	2	3	4	5

STRONG Student Skills

For each item, please mark an “X” in the box below that best indicates how much you agree with the following statements as they apply to you over the last **month**.

Statements	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
1. I am able to identify my strengths.					
2. I can identify people and/or places where I can receive support.					
3. I understand common reactions to stress.					
4. I understand how to reduce my stress.					
5. I understand how to relax and stay calm.					
6. I can identify and manage my feelings.					
7. I can distinguish unhelpful from helpful thoughts.					
8. I understand how thoughts, feelings, and actions are connected.					
9. I understand how to set goals.					
10. I understand how to problem solve.					

STRONG Student Satisfaction

The STRONG program is made to help students who are newcomers to the U.S. It is supposed to help students learn new coping skills and promote adjustment during resettlement.

Question	(0) Not at all “no”	(1) A Little Bit “kind of”	(2) Very Much “yes”
1. How much did you like the STRONG program?	(0) Not at all “no”	(1) A Little Bit “kind of”	(2) Very Much “yes”
2. Have you noticed any changes in how you handle stress or difficult situations?	(0) Not at all “no”	(1) A Little Bit “kind of”	(2) Very Much “yes”
3. Have you been able to manage your feelings more?	(0) Not at all “no”	(1) A Little Bit “kind of”	(2) Very Much “yes”
4. Would you tell your friends they should participate in the program?	(0) Not at all “no”	(1) A Little Bit “kind of”	(2) Very Much “yes”

5. What did you like about the STRONG program?

6. What didn't you like about the program?

7. Do you think the STRONG program helped you learn how to manage stress, strong feelings, or difficult situations?

8. Do you think STRONG has changed the way you think or feel about school?

9. Do you think STRONG is helpful for newcomer refugee or immigrant students?

Thank you for taking the time to talk with me today. The information that you provided is valuable and will help to make positive changes to STRONG.

RESPONSES TO STRESS – [RS] (SR-C)

This is a list of things about resettlement that children and teenagers sometimes find stressful or a problem to deal with. Please circle the number indicating how stressful the following things have been for your child in the past 6 months.

Note: Resettlement is when people move to a new country to live.

	Not at All	A Little	Somewhat	Very
a. She/he was separated or continues to be apart from some family members	1	2	3	4
b. She/ he had to assist in additional family responsibilities at home	1	2	3	4
c. There was not enough money for everyone in her/his family	1	2	3	4
d. She/he faced discrimination at school and or in her/his neighborhood	1	2	3	4
e. She/he had to help interpret or translate English for the family	1	2	3	4
f. She/he struggled to learn English	1	2	3	4
g. She/he is unsure whether we will have to move again	1	2	3	4
h. She/he had to adjust to U.S expectations and rules at school	1	2	3	4
i. She/he continues to think about stressful events experienced before or during the journey to the U.S	1	2	3	4
j. She/he had to learn how to do U.S-style daily activities (e.g., transportation, technology, appliances)	1	2	3	4
k. She/he disagreed with her/his parents over cultural expectations	1	2	3	4
l. Difficulty finding important cultural items or activities (e.g., food, clothing, cultural events/celebrations)	1	2	3	4

Circle the number that shows how much control she/he generally thinks she/he has over these problems.

1 2 3 4
 None A little Some A lot

Below is a list of things that children and teenagers sometimes do, think, or feel when [something stressful happens OR they are dealing with resettlement]. Everyone deals with problems in their own way – some people do a lot of the things on this list or have a bunch of feelings, other people just do or think a few of these things.

Think of all the stressful parts of resettlement that you indicated above. For each item below, circle **one** number from 1 (not at all) to 4 (a lot) that shows **how much** your child does or feels these things when He/she [has the problems with the resettlement] like the ones you indicated above. Please let us know about everything He/she does, thinks, and feels, even if you don't think it helps make things better.

WHEN DEALING WITH THE STRESS OF RESETTLEMENT:	How much does your child do this?			
	Not at all	A little	Some	A lot
1. He/she tries not to feel anything.	1	2	3	4
2. When [dealing with the stress of resettlement], HE/SHE feels sick to his/her stomach or get headaches.	1	2	3	4
3. HE/SHE tries to think of different ways to change or fix the situation.	1	2	3	4
Write one plan your child thought of: _____				

ID: _____
Date: _____

RESPONSES TO STRESS – [RS] (SR-C)

This is a list of things about resettlement that children and teenagers sometimes find stressful or a problem to deal with. Please circle the number indicating how stressful the following things have been for your child in the past 6 months.

Note: Resettlement is when people move to a new country to live.

	Not at All	A Little	Somewhat	Very
a. She/he was separated or continues to be apart from some family members	1	2	3	4
b. She/he had to assist in additional family responsibilities at home	1	2	3	4
c. There was not enough money for everyone in her/his family	1	2	3	4
d. She/he faced discrimination at school and/or in her/his neighborhood	1	2	3	4
e. She/he had to help interpret or translate English for the family	1	2	3	4
f. She/he struggled to learn English	1	2	3	4
g. She/he is unsure whether we will have to move again	1	2	3	4
h. She/he had to adjust to U.S. expectations and rules at school	1	2	3	4
i. She/he continues to think about stressful events experienced before or during the journey to the U.S.	1	2	3	4
j. She/he had to learn how to do U.S.-style daily activities (e.g., transportation, technology, appliances)	1	2	3	4
k. She/he disagreed with her/his parents over cultural expectations	1	2	3	4
l. Difficulty finding important cultural items or activities (e.g., food, clothing, cultural events/celebrations)	1	2	3	4

Circle the number that shows how much control she/he generally thinks she/he has over these problems.

1 2 3 4
None A little Some A lot

Below is a list of things that children and teenagers sometimes do, think, or feel when [something stressful happens OR they are dealing with resettlement]. Everyone deals with problems in their own way – some people do a lot of the things on this list or have a bunch of feelings, other people just do or think a few of these things.

Think of all the stressful parts of resettlement that you indicated above. For each item below, circle one number from 1 (not at all) to 4 (a lot) that shows **how much** your child does or feels these things when He/she [has the problems with the resettlement] like the ones you indicated above. Please let us know about everything He/she does, thinks, and feels, even if you don't think it helps make things better.

WHEN DEALING WITH THE STRESS OF RESETTLEMENT:

How much does your child do this?

	Not at all	A little	Some	A lot
1. He/she tries not to feel anything.	1	2	3	4
2. When [dealing with the stress of resettlement], HE/SHE feels sick to his/her stomach or get headaches.	1	2	3	4
3. HE/SHE tries to think of different ways to change or fix the situation. Write one plan your child thought of: _____	1	2	3	4

WHEN DEALING WITH THE STRESS OF RESETTLEMENT:	How much does your child do this?			
	Not at all	A little	Some	A lot
4. When [faced with the stress of resettlement] happens, HE/SHE doesn't feel anything at all, it's like HE/SHE has no feelings.	1	2	3	4
5. HE/SHE wishes that HE/SHE was stronger and less sensitive so that things would be different.	1	2	3	4
6. HE/SHE keeps remembering what happened with resettlement or can't stop thinking about what might happen.	1	2	3	4
7. HE/SHE lets someone or something know how HE/SHE feels. (<i>remember to circle a number.</i>) → Check all your child has talked to: <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Pet <input type="checkbox"/> Clergy Member <input type="checkbox"/> Teacher <input type="checkbox"/> God <input type="checkbox"/> Stuffed Animal <input type="checkbox"/> Other Family Member <input type="checkbox"/> None of these	1	2	3	4
8. HE/SHE decides he/she is okay the way HE/SHE is, even though they are not perfect.	1	2	3	4
9. When around other people HE/SHE acts like resettlement never happened.	1	2	3	4
10. HE/SHE just has to get away from everything when HE/SHE is dealing with the stress of resettlement.	1	2	3	4
11. HE/SHE deals with the stress of resettlement by wishing it would just go away, that everything would work itself out.	1	2	3	4
12. HE/SHE gets really jumpy when HE/SHE is dealing with the stress of resettlement.	1	2	3	4
13. HE/SHE realizes that HE/SHE just has to live with things the way they are.	1	2	3	4
14. When HE/SHE is dealing with the stress of resettlement, HE/SHE just can't be near anything that reminds him/her of [the situation/the problem/what is happening].	1	2	3	4
15. HE/SHE tries not to think about it, to forget all about it.	1	2	3	4
16. When HE/SHE is dealing with the stress of resettlement, HE/SHE really doesn't know what HE/SHE feels.	1	2	3	4
17. HE/SHE asks other people or things for help or for ideas about how to make things better. (<i>remember to circle a number.</i>) → Check all your child talked to: <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Pet <input type="checkbox"/> Clergy Member <input type="checkbox"/> Teacher <input type="checkbox"/> God <input type="checkbox"/> Stuffed Animal <input type="checkbox"/> Other Family Member <input type="checkbox"/> None of these	1	2	3	4
18. When HE/SHE is trying to sleep, HE/SHE can't stop thinking about the stressful aspects of resettlement or HE/SHE has bad dreams about resettlement.	1	2	3	4
19. HE/SHE tells himself/herself that HE/SHE can get through this, or that HE/SHE will [be okay OR do better next time].	1	2	3	4
20. HE/SHE lets his/her feelings out. (<i>remember to circle a number.</i>) → HE/SHE does this by: (Check all that your child did.) <input type="checkbox"/> Writing in his/her journal/diary <input type="checkbox"/> Drawing/painting <input type="checkbox"/> Complaining to let off steam <input type="checkbox"/> Being sarcastic/making fun <input type="checkbox"/> Listening to music <input type="checkbox"/> Punching a pillow <input type="checkbox"/> Exercising <input type="checkbox"/> Yelling <input type="checkbox"/> Crying <input type="checkbox"/> None of these	1	2	3	4

You're half done. Before you keep working, look back at the first page so you remember the aspects of your child experiencing resettlement that have been stressful for her/him lately. Remember to answer the questions below thinking about these things.

WHEN DEALING WITH THE STRESS OF RESETTLEMENT:		How much does your child do this?			
		Not at all	A little	Some	A lot
21.	HE/SHE gets help from other people or things when he/she is trying to figure out how to deal with his/her feelings. (<i>remember to circle a number.</i>) → Check all that you went to: <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Pet <input type="checkbox"/> Clergy Member <input type="checkbox"/> Teacher <input type="checkbox"/> God <input type="checkbox"/> Stuffed Animal <input type="checkbox"/> Other Family Member <input type="checkbox"/> None of these	1	2	3	4
22.	HE/SHE just can't get himself/herself to face the stress of resettlement.	1	2	3	4
23.	HE/SHE wishes that someone would just come and take away the stressful aspects of resettlement.	1	2	3	4
24.	HE/SHE does something to try to fix the stressful parts of resettlement. Write one thing your child did: _____	1	2	3	4
25.	Thoughts about resettlement just pop into his/her head.	1	2	3	4
26.	When HE/SHE is dealing with [resettlement or the stress of resettlement], HE/SHE feels it in his/her body. (<i>remember to circle a number.</i>) → Check all that happens: <input type="checkbox"/> HIS/HER heart races <input type="checkbox"/> HIS/HER breathing speeds up <input type="checkbox"/> None of these <input type="checkbox"/> HE/SHE feels hot or sweaty <input type="checkbox"/> HIS/HER muscles get tight	1	2	3	4
27.	HE/SHE tries to stay away from people and things that make him/her feel upset or remind him/her of [resettlement or the stressful aspects of resettlement or the problem].	1	2	3	4
28.	HE/SHE doesn't feel like himself/ herself when HE/SHE is dealing with [resettlement or the stress of resettlement], it's like HE/SHE is far away from everything.	1	2	3	4
29.	HE/SHE just take things as they are; HE/SHE go with the flow.	1	2	3	4
30.	HE/SHE thinks about happy things to take his/her mind off [resettlement of the stressful parts of resettlement], or how He/she is feeling .	1	2	3	4
31.	When something stressful happens related to resettlement, HE/SHE can't stop thinking about how HE/SHE is feeling.	1	2	3	4
32.	HE/SHE gets sympathy, understanding, or support from someone. (<i>remember to circle a number.</i>) Check all your child went to: <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Pet <input type="checkbox"/> Clergy Member <input type="checkbox"/> Teacher <input type="checkbox"/> God <input type="checkbox"/> Stuffed Animal <input type="checkbox"/> Other Family Member <input type="checkbox"/> None of these	1	2	3	4
33.	When something stressful happens related to resettlement, HE/SHE can't always control what HE/SHE does. (<i>remember to circle a number.</i>) → Check all that happen: <input type="checkbox"/> HE/SHE can't stop eating <input type="checkbox"/> HE/SHE can't stop talking <input type="checkbox"/> HE/SHE does dangerous things <input type="checkbox"/> HE/SHE has to keep fixing/checking things <input type="checkbox"/> None of these	1	2	3	4
34.	HE/SHE tells himself/herself that things could be worse.	1	2	3	4

WHEN DEALING WITH THE STRESS OF RESETTLEMENT:	How much does your child do this?			
	Not at all	A little	Some	A lot
35. His/her mind just goes blank when something stressful happens related to resettlement, HE/SHE can't think at all.	1	2	3	4
36. HE/SHE tells himself/herself that it doesn't matter, that it isn't a big deal.	1	2	3	4
37. When HE/SHE is faced with the stressful parts of resettlement, right away HE/SHE feels really: (<i>remember to circle a number.</i>) → Check all that your child feels: <input type="checkbox"/> Angry <input type="checkbox"/> Sad <input type="checkbox"/> None of these <input type="checkbox"/> Worried/anxious <input type="checkbox"/> Scared	1	2	3	4
38. It's really hard for him/her to concentrate or pay attention when something stressful happens related to resettlement.	1	2	3	4
39. HE/SHE thinks about the things he/she is learning from [resettlement or the situation], or something good will come from it.	1	2	3	4
40. After something stressful happens related to resettlement, HE/SHE can't stop thinking about what HE/SHE did or said.	1	2	3	4
41. When stressful parts of resettlement happen, HE/SHE says to himself/herself "This isn't real."	1	2	3	4
42. When he/she is dealing with the stressful parts of resettlement, HE/SHE ends up just lying around or sleeping a lot.	1	2	3	4
43. HE/SHE keeps his/her mind off stressful parts of resettlement by: (<i>remember to circle a number.</i>) → Check all that your child does: <input type="checkbox"/> Exercising <input type="checkbox"/> Seeing friends <input type="checkbox"/> Watching TV <input type="checkbox"/> Playing video games <input type="checkbox"/> Doing a hobby <input type="checkbox"/> Listening to music <input type="checkbox"/> None of these	1	2	3	4
44. When something stressful happens related to resettlement, HE/SHE gets upset by things that don't usually bother him/her.	1	2	3	4
45. HE/SHE does something to calm himself/herself down when he/she is dealing with the stress of resettlement. (<i>remember to circle a number.</i>) → Check all that your child does: <input type="checkbox"/> Take deep breaths <input type="checkbox"/> Pray <input type="checkbox"/> Walk <input type="checkbox"/> Listen to music <input type="checkbox"/> Take a break <input type="checkbox"/> Meditate <input type="checkbox"/> None of these	1	2	3	4
46. HE/SHE just freezes when HE/SHE is dealing with stressful parts of resettlement, HE/SHE can't do anything.	1	2	3	4
47. When stressful things happen related to resettlement, HE/SHE sometimes acts without thinking.	1	2	3	4
48. HE/SHE keeps his/her feelings under control when HE/SHE has to, then lets them out when they won't make things worse.	1	2	3	4
49. When something stressful happens related to resettlement, HE/SHE can't seem to get around to doing things he/she is supposed to do.	1	2	3	4
50. HE/SHE tells himself/herself that everything will be all right.	1	2	3	4
51. When something stressful happens related to resettlement, HE/SHE can't stop thinking about why this is happening.	1	2	3	4
52. HE/SHE thinks of ways to laugh about it so that it won't seem so bad.	1	2	3	4
53. His/her thoughts start racing when HE/SHE is faced with the stressful parts of resettlement.	1	2	3	4

You're half done. Before you keep working, look back at the first page so you remember the aspects of your child experiencing resettlement that have been stressful for her/him lately. Remember to answer the questions below thinking about these things.

WHEN DEALING WITH THE STRESS OF RESETTLEMENT:	How much does your child do this?			
	Not at all	A little	Some	A lot
54. HE/SHE imagines something really fun or exciting happening in his/her life.	1	2	3	4
55. When something stressful happens related to resettlement, HE/SHE can get so upset that HE/SHE can't remember what happened or what HE/SHE did.	1	2	3	4
56. HE/SHE tries to believe that it never happened.	1	2	3	4
57. When HE/SHE is dealing with the stress of resettlement, sometimes HE/SHE can't control what HE/SHE does or say.	1	2	3	4

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VITA

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