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IMPACT OF A CULTURALLY-RELEVANT SUPPORT PROGRAM AND LATINX
IMMIGRANT ADOLESCENTS' HELP SEEKING SERVICES: AN ACADEMIC-LATINX
COMMUNITY SERVICE PARTNERSHIP TO ENHANCE CULTURALLY RESPONSIVE
SERVICES FOR LATINX IMMIGRANT YOUTH

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science
at Virginia Commonwealth University.

by

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Table of Contents

Acknowledgment.....	3
Abstract.....	4
Introduction.....	5
Mental Healthcare Among Latinxs.....	5
Attitudes Around Mental Health & Mental Health Services.....	6
Why are Utilization Efforts Needed for Latinx Youth?.....	8
Pre-, During-, Trauma/Stressors.....	8
Acculturative Stress.....	9
Perceived Discrimination.....	11
Undocumented Status.....	12
Community-Based Interventions: Efforts to Increase Utilization.....	13
Gaps in Literature.....	15
Current Study.....	17
Theoretical Orientation: A Contextualist Framework.....	18
Methods.....	22
A Local University and Community Partnership.....	22
Participants.....	23
Participant Characteristics.....	23
Gatekeepers.....	24
Research Design.....	25
Procedure.....	27
Ethic, Trustworthiness, and Rigor.....	28
Analytic Strategy.....	29
Results.....	31
Reflexivity.....	38
Discussion.....	40
Program and Community Implications.....	44
Strengths and Limitations.....	47
Conclusion.....	48
References.....	49
Appendices.....	66
Research Participant Information & Consent Form- English.....	66
Research Participant Information & Consent Form- Spanish.....	70
Youth Assent Form- English.....	74
Youth Assent Form- Spanish.....	76
Interview Questions.....	79

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Abstract

Latinxs, in general, report logistical barriers that contribute to utilizing fewer healthcare services and/or not knowing how to navigate the healthcare system. In addition to underutilizing healthcare services, Latinx immigrant youth also report higher levels of negative attitudes towards mental health. However, little is still known regarding factors that impact these attitudes with Latinx immigrant youth, as well as the community support efforts that are available to this specific group. Using a semi-structured interview on 12 Latinx immigrant youth, this master's thesis explored: (1) the attitudes towards mental health, (2) attitudes towards mental health services, (3) and the experiences of participating in a local community-based program for Latinx immigrant youth. Results found that most participants (83%) held positive attitudes toward mental health and all participants (100%) described positive attitudes towards mental health services. In addition, all participants reported having positive experiences with a culturally-sensitive youth program that promotes psychological well-being while integrating to the United States and noted that it had benefited them socially, culturally, and psychologically. Given the rise of Latinxs in the U.S., and the stigma surrounding mental health attitudes, it is important to continue to explore this area to better serve Latinx immigrant youth and connect them to mental health services they may need. Also, it is important to have community programs, such as this local youth program, that provide support and meet the needs of Latinx immigrant youth.

Keywords: Latinx, immigrant, youth, attitudes towards mental health, attitudes towards mental health services

Introduction

Latinxs are currently the largest ethnic minority in the United States (U.S.) and consist of 17.8 percent of the general population (Pew Research Center, 2016; U.S. Census Bureau, 2016). It is also estimated that by 2050, Latinxs will increase to 30% (Pew Research Center, 2016; Cisneros et. al., 2009). Not only are Latinxs the largest ethnic minority group in the U.S., but they are also the youngest (Pew Research Center, 2016). Approximately one-third of U.S. Latinxs are under the age of eighteen. These census data call out attention to the mental health needs of immigrant and undocumented Latinx youth especially given that they are considered a vulnerable population and are less likely to engage in mental health services (Kessler, 2005). In addition to underutilizing healthcare services, undocumented Latinx youth also report higher levels of negative attitudes towards mental health (primarily due to social factors like stigma; DeFreitas et al., 2018). However, little is still known regarding factors that impact these attitudes with Latinx immigrant youth. This master's thesis, therefore, explored (1) the attitudes that adolescents have towards mental health, (2) attitudes that adolescents have towards mental health services, (3) the experiences of participating in a local community-based program for Latinx immigrant youth. It is important to note that even though logistical barriers and overall disparities, Latinx immigrant youth do not only consist of heartbreak and hardship but also strength and resilience. This community should, therefore, be viewed as a powerful community. Despite their difficulties, they continue to push through.

Mental Healthcare among Latinxs.

Among the general Latinx communities, Latinxs are more likely to underutilize healthcare services (Moreno & Cardemil, 2013; Ortega et al., 2018, Ortega et al., 2015;

Rodriguez et al., 2009; Alegria et al., 2006). Specifically, Latinxs from all age groups had the lowest percentage for regularly attending a healthcare facility or having a regular doctor (Ortega et al. 2008). Among immigrant Latinxs, the layer of immigration and undocumented status serve as additional barriers that contribute to this underutilization. For example, Latinx immigrants are less likely to have psychoeducational knowledge around available resources in regards to healthcare and other social services (Gresenz et al., 2009; Garces et al., 2006, Moreno et al., 2020). This lack of knowledge may directly impact overall help-seeking behaviors when needed. Another key barrier is the exclusion of undocumented immigrants from government programs such as health insurance (Ortega et al., 2018; Wallace et al., 2012). Most recently, the Affordable Care Act (ACA), formerly known as Obamacare, has helped provide insurance coverage to uninsured individuals. However, undocumented immigrants received little to no benefits from this reform law, as undocumented immigrants are excluded from being able to obtain and purchase health coverage through their state's coverage exchange (HHS, 2011). In addition to the exclusion of government programs and lack of knowledge, several studies have found that undocumented Latinxs reported other barriers such as language, transportation, finances, time, different cultural norms, anxiety, and fear as risk factors that reduce healthcare utilization for this community (Luque et al., 2018; Martinez et al., 2015; Maldonado et al., 2013). Overall, as identified in the literature, Latinx undocumented immigrants face many barriers that contribute to the underutilization of healthcare services. Many of these barriers are also experienced by Latinx immigrant youth, which also prevents their general access to the healthcare system (Gelatt, 2016).

Attitudes Around Mental Health & Mental Health Services.

Another reason Latinx may underutilize mental health services is due to their overall negative perceptions of mental health and overall mental health services (Moreno, Nelson, & Cardemil, 2017; Nadeem et al, 2008; Sleath et al., 2005). Many studies suggest that Latinx youth report more negative attitudes towards mental health than their non-Latinx counterparts (Dupont-Reyes et al., 2019; Nadeem et al., 2008; Sleath et al., 2005; Cooper et al., 2003). These findings suggest that cultural and demographic factors, like acculturation, are associated with less stigma and negative attitudes towards mental health and mental health services (Nadeem et al., 2007; Hodgkin et al., 2007). For example, Ramos-Sanchez and Atkinson (2009) found that among Mexican American youth, those more acculturated to mainstream culture reported fewer negative attitudes towards seeking mental health services. Additionally, the literature suggests that gender may also invoke different attitudes around mental health. For example, in eight focus groups with fifty-three Latinx adolescent males and their fathers, Garcia and Lingren (2009) found both fathers and their adolescent sons to minimize mental health problems and also reported more negative attitudes towards mental health services. In another study, Torres and colleagues (2012) highlighted how Latinx youth males, specifically, may disregard mental health services as it may fall under unacceptable male roles. This is of no surprise given that Latinx males may feel threatened by their gender and cultural identities as Latinx males and so this threat may invoke more negative attitudes (Gil & Vazquez, 1996). These cultural norms and gender expectations may be a contributing factor of why some studies demonstrate Latinx males have more negative attitudes towards mental health than Latinx women (Feldman & Matjasko, 2007), however, Latinx women may also report some negative attitudes towards specific mental health outcomes like suicide ideation (De Luca et al., 2015). More research is needed to

continue to examine cultural and demographic factors that shed more light on the attitudes towards mental health and mental health services among Latinx immigrant youth. Due to the unique stressors that Latinx youth experience and the impact that it may have on their mental health, it is important to examine these attitudes on mental health and mental health services to increase the utilization of such services when needed.

Why are Utilization Efforts Needed for Latinx Youth?

The fact that Latinx youth generally underutilize mental health services is worrisome. Not only is this the largest subgroup within the largest ethnic minority group, but Latinx youth also encounter many risk factors for mental health. This underutilization therefore may promote more healthcare disparities. In the next section, we outline key risk factors that the Latinx youth are confronted with. They include pre- and during migration stressors, acculturative stress, perceived discrimination, and undocumented legal status. Each is now discussed.

Pre-, During-, Trauma/Stressors. Additional stressors associated with immigration puts Latinx immigrant youth at risk for PTSD, anxiety, and/or depression (Potochnick & Perriera, 2010; Perreira et al., 2013). Regarding the pre-migration stage, Keller et al. (2017) conducted a study in which participants from El Salvador, Honduras, and Guatemala reported experiencing various traumatic events in their home countries. Many participants described experiences related to homicides in the family, extortion, receiving death threats, violent acts, sexual violence, and kidnapping. Cleary and colleagues (2018), using a sample size of 104 Latinx immigrant youth, found that about 66% of participants reported experiencing at least one traumatic event and 59% of participants reported experiencing a traumatic event in their home country. Due to the traumatic events that some Latinx immigrants experienced before migrating,

Fortuna and colleagues (2008), using a sample of 1,630 Latinx immigrants, found that this has a direct impact on the mental health of Latinx immigrants and also increases their chances of developing posttraumatic stress disorder (PTSD) or experiencing PTSD symptoms. Specifically, on Latinx immigrant youth, Cleary and colleagues (2018) found that experiencing traumatic events was associated with comorbid disorders such as depression, anxiety, and PTSD.

Given Latinx immigrant youth may experience trauma in the pre-migration stage, others continue to experience trauma/traumatic events during the migration process, which can have a negative impact on mental health outcomes (Cleary et al., 2018; Foster, 2001, Moreno, et al., 2020). The process of migrating to the U.S. is different for those that migrate without proper documentation. The journey of coming to the U.S. can be difficult, as it can include extreme physical fatigue and exposure to violence (Pereira et al., 2013). Undocumented immigrant youth that arrive in the U.S. through crossing the U.S.-Mexico border, for example, may face many physical hazards. These hazards include dehydration, encounters with wild animals, and injuries due to extreme weather conditions (e.g. heat and cold; Keller et al., 2017). In addition to physical hazards that Latinx immigrant youth may be exposed to, some face threats, verbal abuse, run the risk of being put in a detention center, and may experience being physically and sexually assaulted (Sapkota, 2006). Experiencing trauma and/or traumatic events during the migration stage, also puts Latinx immigrant youth at a higher risk of developing psychiatric disorders such as depression (Ornelas & Perreira, 2011) and PTSD (Sangalang et al., 2018; Perreira et al., 2013; Pole et al. 2008).

Acculturative Stress. It is of vital importance that a focus on Latinx immigrant youth is emphasized as many of these youth deal with stressors that are unique to them. Such stressors

include grieving the loss of their home country (i.e., friends and family they will not be able to see; Young & Pebley, 2017; Ko & Perreira, 2010), hardships and barriers caused by their documentation status (Martinez, 2014; Abrego & Gonzalez, 2010), less educational and career opportunities (Gonzalez et al., 2014; Abrego 2006), and living with the uncertainty of their futures (Gonzales, 2011; Storlie, 2012; Levers & Hyatt-Burkhart, 2012; Martinez, 2014), which can further be fueled by the political climate. Additionally, as Latinx immigrant youth settle in the U.S., many may experience acculturative stress (DaSilva et al., 2017; Smart & Smart, 1995), psychological and social stress that is experienced in the new host country, which can be triggered by living in a new country, different lifestyle, a new language, unknown cultural norms, incongruent values and beliefs (DaSilva et al., 2017; Smart & Smart, 1995). According to Berry (1987), acculturative stress is a result of the acculturation process that may include feeling confused, isolated, marginalized, feeling out of place, feeling anxious, and depressed, as they are faced with cultural differences in the host country. Language barriers are part of the acculturation process that can cause strain to Latinx immigrant youth. Acculturative stress caused by language barriers can be intensified for those that arrive in the U.S. at an older age, as they have less English proficiency. Lueck & Wilson (2011) in a quantitative study of 2,059 Latinxs, found that having more proficiency in Spanish was associated with high levels of acculturative stress in Latinx immigrants. For Latinx who attend elementary, middle, or high school, without knowing English, acculturative stress is positively associated with feelings of, isolation (Talleyrand & Vojtech, 2019; Cervantes & Cordova, 2010), unwelcomed (Torres et al, 2012), and a lack of sense of belonging at their school (Tummala-Narra & Sathasivam-Rueckert, 2016; Gonzales et. al., 2013). Identifying how and if Latinx immigrant youth experience acculturative stress is

important, as the psychological literature has found that acculturative stress has been linked to depression, anxiety, and uncertainty in identity (Elles & Chen, 2013, Potochnick & Perriera, 2010).

Perceived Discrimination. In addition to language barriers, perceived discrimination also adds to the Latinx immigrant youth's experiences around acculturative stress (Cobb et al., 2017; Torres et. al., 2012). Perceived discrimination is defined as interpreting certain actions, by others, to be disrespectful, unfair, prejudiced, and/or unjust (Williams et al., 1997; Pager & Shepherd, 2008). Latinx immigrant youth may experience discrimination in a variety of settings (such as educational settings) and their daily life (Lopez et al., 2010; Perez et al., 2008). Perceived discrimination can have a significant impact on health and pose a risk factor (Garcia Coll et al., 1996; Williams et al., 2003). Additionally, approximately 61% of Latinx youth report that experiencing discrimination hinders their academic performance (Benner & Graham, 2011; Lopez et al., 2010). It has also been consistently theorized that higher levels of discrimination are associated with negatively impacting mental health outcomes, especially when compared to those that do not experience discrimination (Lorenzo-Blanco & Cortina, 2013; Pascao & Smart-Richmand, 2009). For example, Pérez and colleagues (2008), using a sample of 2,554 Latinxs, from the National Latino and Asian American Study (NLAAS) dataset, found that half of the Latinx adult participants reported experiencing discrimination in their daily lives, and so these experiences impacted their overall physical and mental health (Hagiwara et al, 2020; Lorenzo-Blanco & Cortina, 2013; Pascao & Smart-Richmand, 2009). Empirical data continues to show that experiencing discrimination is stressful and has an impact on their mental health (Potochnick et al., 2010; Pascoe & Smart-Richman, 2009), such as increased depressive

symptomatology (Potochnick et al., 2010; Moradi & Risco, 2006), in addition to lower self-esteem (Panchanadeswaran & Dawson, 2011; Edwards & Romero, 2008), and lower educational outcomes (Benner & Graham, 2011). Overall, there are many factors that Latinx youth report that contributes to being discriminated against (especially from peers, teachers, etc.; Cordoba & Cervantes, 2010) including fluency in English, undocumented status, and skin color (Cobb et al., 2016). These forms of discrimination seem to impact their wellbeing, especially given that Latinx youth in general feel criminalized, oppressed, and objectified (Germignani & Hernandez-Albujar, 2015).

Undocumented Status. Latinx youth, especially those that report undocumented status, are more likely to report higher levels of depressive symptoms (Centers for Disease Control and Prevention, 2017; Potochnick & Perreira, 2010), due to facing barriers such as having limited access to health care, more likely to experience poverty, unique stressors (e.g. migration), and their undocumented status (Suarez-Orozco, 2017; Potochnick & Perreira, 2010; Sullivan & Rehm, 2005). For example, Vaquera and colleagues (2017), using a sample of 53 Latinxs, found that undocumented individuals were more likely to report feeling lonely, sad, trapped, and enduring pain. These feelings are related to their experiences before their migration and/or after the migration (Garcini et al. 2017).

Undocumented Latinx youth may frequently experience fear of being deported. The fear of deportation can affect those without proper documentation residing in the U.S. as their future is uncertain. It has also been associated with negative outcomes such as depression, anxiety, stress, and feeling socially isolated (Becerra et al., 2015, Arbona et al, 2010, Capps et al., 2007). Staying in a constant state of fear of being deported can be maintained by the continual media

coverage of new immigration policies, ICE sweeping specific neighborhoods, demonstrating undocumented immigrants being arrested and deported, and feeling unwanted due to the political climate (Kristen & Boneparth, 2017; Messing et al., 2015). Fear of deportation can impact undocumented Latinx in several ways such as not taking public transportation and how often they go to school and work (Talleyrand et al. 2019). Specific laws and policies that highlight these youths' illegality have a direct impact on the lives of Latinx immigrant youth. For example, fear of deportation influences how these students navigate their school environment. Through an ethnographic study, using a sample size of twelve undocumented Latinx youth, Jefferies (2014) found that the fear of deportation creates a cycle of silence, in which students are hesitant and afraid to disclose their documentation status and school staff are unaware of how to best support them. These students constantly faced the fear of being afraid of being treated differently by others and being reported to the authorities (Menjivar & Abrejo, 2012). Without school administration knowing how to cater to the needs of their undocumented students, this impacts the level of support they received (e.g., legal help and college counseling; Jefferies, 2014). Furthermore, the fear of deportation can shape how undocumented immigrant parents interact with school systems, often delaying enrolling their children (Castaneda & Melo, 2014; Jefferies, 2014). This added layer of stress (e.g., the possibility of being detained or deported) while seeking certain services creates additional health disparities among undocumented Latinx (Castaneda & Melo, 2014; Mendoza, 2009).

Community-Based Interventions: Efforts to Increase Utilization

One way to increase utilization efforts among the Latinx communities is by promoting community-based interventions for this population. Community-based interventions for Latinx

immigrant youth, however, are scarce. Even though these services are limited, few community-based interventions have shown improvements in mental health outcomes for Latinx immigrant youth and increased their access to mental health services (Ginossar & Nelson, 2010). For example, Dumka et al. (2007) created a culturally responsive program that included a family-based training program to prevent school disengagement and mental health problems in Latinx youth. The program included home visits and nine weekly sessions that included parent-child interactions and a school liaison component. Results found that the intervention group led to lower high school dropout rates, less substance use, and a decrease in reporting depressive symptoms. Furthermore, Kataoka and colleagues (2003) also developed a small cognitive-behavioral therapy (CBT) intervention for Latinx immigrant youth in efforts to reduce trauma and/or trauma-related depression. Most participants, who participated in the intervention, reported a decrease in PTSD symptomatology, suggesting promising results in improving mental health outcomes for Latinx immigrant youth who have PTSD or trauma-related depression.

Additional community-based interventions developed in efforts to address the mental health needs of Latinx include *Promotoras* (Johnson et al., 2013). *Promotoras*, which describes community health workers, is designed to train Latinx community members to provide basic mental health information to the Latinx communities (Koskan, 2013). In other words, the *promotora* is a trusted member of the community that serves as a liaison, link, and intermediary between health and social services (Ginossar & Nelson, 2010). *Promotoras* have been shown to reduce mental health stigma, increase knowledge and awareness of mental health, and improve the utilization of mental health services (Ginossar & Nelson, 2010; McCloskey, 2009). The use

of *promotoras* has helped bridge the gap between community needs and health resources (Johnson et al., 2013; Otiniano et al., 2012).

Another community-based effort is the SAFER (Seguridad, Apoyo, Familia, Educación y Recursos) Latinx Project. This intervention includes a multi-level youth participatory to reduce violence specifically among Central American immigrants (Edburg et al., 2010). SAFER includes intervention activities such as (1) having a drop-in center where many services are provided to youth and adults, (2) *Promotoras*, who help families with communication, and connect with schools and neighborhoods, (3) peer advocates, (4) a variety of community events and media activities that provide information about the drop-in center and other services. These efforts are meant to act as mediating factors to increase knowledge about services and increase utilization, improve school performance, decrease violent beliefs, improve family and community cohesion, and have supervised activities provided for youth to have an impact on the number of youth joining gangs and involvement in violent acts (Edberg et al., 2010). Results from SAFER indicate that implementing a multilevel approach is beneficial to best address health concerns for Latinx immigrant youth. More of these services are needed especially for Latinx immigrant youth.

Gaps in Literature.

The overall psychological literature indicates that Latinx, as a whole, are undertreated for their mental health (Garcia & Lindgren, 2009). To help shape positive attitudes towards mental health and mental health services, cultural adaptations of community-based interventions are needed to increase utilization. Cultural modifications in a Latinx community setting appear to be effective in retention, showing improvement, and reporting satisfaction (Lau, 2006; Miranda et

al., 2005). Although some research has demonstrated that community-based practices have many benefits, research on this topic, specifically for Latinx immigrant youth, is limited. Another key gap in psychological literature includes the lack of differentiation of Latinx immigrant youth based on legal status (perhaps due to the sensitivity of the topic). As Latinx undocumented youth deal with unique stressors (Li, 2016), additional research can therefore explore specific interventions that will be effective in meeting their needs.

Additionally, community-based support programs for Latinx immigrant youth are limited (Kataoka et al., 2003; Dumka et al., 2009). That is, few studies examine culturally responsive community-based support programs and the mental health impact they have on Latinx immigrant youth and their new communities in the U.S. However, to my understanding, little to no studies examine the ongoing community-based support programs for Latinx immigrant youth in general. Given the challenges that Latinx immigrant youth face, it is important to provide Latinx immigrant youth with adequate community-based support programs that will help mitigate barriers that impact health outcomes. Informal social support can include parents, other family members, non-family members, adults, friends, and acquaintances in the home, school, and/or community setting (Demaray & Malecki, 2002). These supports tend to have a positive impact on Latinx immigrant youths' academic performance, social, and emotional functioning (Crean, 2004). However, existing gaps remain especially in the areas of formal community-based social support infrastructures that are provided for Latinx immigrant youth in their communities (Perez et al., 2008).

Another key gap that is worthy to mention is the stigma literature around Latinx youth. That is most research lumps Latinx homogeneously by addressing multiple Latinx groups into

one (i.e. Hispanic and Latina/o/x, Alegria, et al., 2004). Due to the Latinx population being very diverse and heterogeneous, different groups within the Latinx population (based on Latin American countries, or unique experiences based on different cultural and demographic factors) may shed light on different experiences - both structural and cultural barriers - to mental health and mental health services in different ways (Keyes et al., 2012; Moreno, Nelson, Perrin, 2020; Villatoro et al., 2014). Therefore, more psychological literature can examine the heterogeneity of Latinx groups to gain specific contextual knowledge around unique factors that may be contributing to the attitudes towards mental health, mental health services, and their experiences with community-based support programs. In doing so, mental health services would be more specific and more likely to attend to the needs of each group within the Latinx population (DuPont-Reyes et al., 2019).

Finally, with the rise of the Latinxs immigrant population in the southeastern states (Pew Research Center, 2016), it is important to focus on the needs and unique challenges that this population faces locally (Corona et. al., 2009). Specifically, it is key to explore the unique challenges that Latinx youth experience as they are confronted with unique stressors when they arrive in the U.S. This can be heightened for Latinx youth that live in non-traditional immigrant destinations in the southeast (Brietzke & Perreira, 2016). Due to the growing numbers of Latinx youth in the U.S. and the southeast, it is important to examine research that focuses on how to develop effective services that cater to the needs of this population.

Current Study

Given the gaps that exist in current literature, this qualitative study, therefore, aims to gain a better understanding and explore: (1) the attitudes towards mental health, (2) attitudes

towards mental health services, (3) the overall experiences of local community-based service for Latinx immigrant youth in their Latinx neighborhoods. Since the current study is exploratory, no prior hypotheses were established, instead, conclusions and interpretations from these interviews were data-driven (Braun & Clarke, 2006). This data provided a foundational understanding and conceptual frameworks of the unique stressors and multi-layered barriers that Latinx immigrant youth face and how the development of culturally responsive community-based programs that are critical to better address the needs of this population.

Theoretical Framework: Contextualist Framework

Adolescence can be a difficult time-frame where many changes occur. For Latinx immigrant youth, this time-frame can be more challenging, as they are experiencing different levels (e.g., systems) while migrating to a new country, as well as adapting to a new host country (Borjas, 2011; Alba & Nee, 2003). Bronfenbrenner's (1986; 1979) ecological systems theory proposes that interactions between the individual and their environment shapes their development over time, and therefore provides more in-depth insight into the process of how Latinx undocumented youth adjust and adapt in the U.S., as well as uphold attitudes towards mental health and service utilization. Furthermore, Bronfenbrenner (1986) describes five levels of systems (i.e., microsystem, mesosystem, exosystem, macrosystem, and chronosystem) that inevitably influence and interact within a child's life. Bronfenbrenner's (1986; 1979; 1977) ecological system provides a deeper understanding of the different systems immigrant youth interact with, as well as how these youth are impacted at each system.

Bronfenberner's (1986) ecological system theory was used as a theoretical framework that guided my research questions in efforts to understand not only their experiences

post-migration but how these systems may interact to impact Latinx immigrant youth's attitudes towards mental health, mental health services, as well as their overall experiences with community-based support programs for Latinx immigrant youth. Each system is now described below.

Microsystem. The first system (i.e., microsystem) includes family and peers. This system is identified as the most immediate system that youth are confronted with (Bronfenbrenner, 1986; Bronfenbrenner, 1979; Bronfenbrenner, 1977). For this study, immigrant youth interact with their caregivers (family here in the United States and may interact with relatives in their native countries via phone). This family unit plays an important role in the socialization of Latinx immigrant youth, especially when experiencing family relations, as they may be confronted with psychologically acculturating and adjusting to a new country. (Henry et al., 2006; Cox & Paley, 2003). It is important to note that family can influence how much or how little youth assimilate and how they navigate two new cultures, languages, customs, and norms (Yok-Fong, 2013).

Peers also play an important role in the socialization of adolescents. For Latinx immigrant youth, peers can provide social support, influence their experience at school and with their classmates, contribute to their belief system and influence their identity formation (Bacallao & Smokowski, 2009). Overall, this system can provide insight into the attitudes that these youth have on mental health and mental health services. This system can also shed light if any regarding their experiences with community-based support programs, as their family and peers may play a key role in these experiences. That is, some of these attitudes and experiences may be learned by their parents, siblings, other family members, and/or peers.

Mesosystem. The following system (i.e., the mesosystem) involves the interaction of different microsystems (e.g. interaction between home, school, peers, and family) (Bronfenbrenner, 1986; Bronfenbrenner, 1979). For Latinx immigrant youth, interactions between home/school, as well as peer groups/family, can impact their lived experiences while in the U.S. (e.g., how welcomed they feel), as well as shape their attitudes in regards to their acculturation process. These interactions can also contribute to the amount of time that Latinx immigrant youth interact with mainstream society (Portes & Zhou, 1993). This system can also shed light on the experiences of community-based youth programs by Latinx immigrant youth. Partnerships between schools and community organizations can help build a bridge to provide additional services for these youth. This system allows a deeper insight into what Latinx immigrant youth think and feel within these groups and how susceptible they are to attend to them or not. Taking a deeper look at this system can also provide insight into how attitudes around mental health and mental health services are being shaped, as they are interacting with different microsystems.

Exosystem. The following system pertains to the interaction that exists between two or more settings, one that does not necessarily involve the youth but affects them indirectly (Bronfenbrenner, 1989). Within the Latinx immigrant youth framework, this system allows for a broader view of the role that neighborhoods, for example, play in their lives (Bygren & Szulkin, 2010; Massey & Denton, 1993). Specifically, neighborhoods can serve as another way of socialization for immigrant adolescents. In other words, the neighborhood they reside in can influence experiences around safety, perceived similarities, as well as the types of networks they will have around them (Wang, 2010; Portes & Zhou, 1993).

Macrosystem. The following system consists of the youth's dominant belief and idea in addition to political and economic systems (Bronfenbrenner, 1986; Bronfenbrenner, 1979). The macrosystem can impact how Latinx immigrant youth and their families adjust to the U.S. (Yok-Fong, 2013). Latinx immigrants are at a social disadvantage as the language, culture, practices, and social norms are unfamiliar to them. If members of society and immigration laws are perceived as welcoming, these youth are more likely to feel welcomed in the U.S. The opposite also applies, if members of society and immigration laws are viewed by immigrant youth and their families as unwelcoming, they are more likely to feel a low sense of belonging. This system allows for a deeper insight into what factors play into how and if Latinx youth assimilation and acculturation to the U.S., their communities, and schools.

Chronosystem. Lastly, the chronosystem, which includes transitions and shifts that occur (Bronfenbrenner, 1986; Bronfenbrenner, 1979), can give insight into immigrant adolescent's transition to adulthood, the timing of their migration, and other many life events (Yok-Fong, 2013; Portes & Rumbaut, 2001). Looking through this system can give insight into the type of psychological, emotional, cognitive, social, and interpersonal transitions that Latinx immigrant youth face. As they are younger, they face certain transitions, such as: adapting to their new life in the U.S., making new friends, learning a new school system, and learning English. As these youth continue to grow, they face new transitions, such as thinking about what comes next after high school. These youth may also be confronted with the uncertainty of higher education (due to social-cultural factors) or entering into the workforce (Zhou, 2001; Portes & Rumbaut, 2001). The chronosystem allows for a broader view of the types of transitions that go through and why it is different for everyone.

Overall, these five systems are all interconnected and can shed light on how each system impacts the Latinx immigrant youth experience in different and complex ways. Latinx immigrant youth exist among large and small systems. Using the Bronfenbrenner framework provides a holistic view of how all these systems work together to better understand the Latinx immigrant's youth trajectory, attitudes, and experiences with community-based programs aimed to assist them while in the U.S. Also, it provides further understanding of how attitudes around mental health and mental health services are being shaped during the interaction of each system.

Methods

A Local University and Community Partnership

A well-established non-profit Latinx community center in an urban city in the Southeast supported the Latinx community through multiple programs that assisted with English literacy, case management, citizenship, and overall health services. Members from La Esperanza's Research Program (a VCU's psychology department research lab) partnered with this Latinx community center in a university-Latinx community service partnership to develop, evaluate, and implement more culturally sensitive and evidence-based services for the Latinx community in this urban city. One of the support programs that this organization housed was specifically for Latinx immigrant youth. This program was developed in 2018 as a culturally responsive program for Latinx immigrant youth and an after-school program for high-school ESOL (English Speaker of Other Languages) students. This program also provided academic and emotional support while participating in a variety of social, cultural, and interpersonal activities. Most importantly, this program was developed as a support group that is designed to be culturally appropriate and appealing to Latinx immigrant youth. The program met once a week for nearly three hours.

Before joining the program, students filled out an application and obtained parental consent. Once parental consent was obtained, the organization provided transportation to the program. About twenty students arrived each week before the COVID-19 pandemic. During the COVID-19 pandemic, the program only allowed six-eight students for in-person sitting. However, the program allowed for an unlimited number of participants to virtually join. During program hours, the group usually engaged in ice-breaker activities and check-ins, followed by a main activity (e.g. bicycle riding, dancing, cooking, music class, playing the drums, being outdoors, sports, etc.) The session usually ended by asking participants to reflect on their experiences. Additionally, a mental health consultant provided psychoeducation and/or information about psychological well-being on a biweekly basis. After the session ended, the last thirty minutes were dedicated to eating dinner with the students (provided by the organization) while socializing.

Participants.

Due to the rapport that was established through this youth program, convenience sampling was used for this study. To be considered in the inclusion of this study, participants met the following criteria, (1) identify as a Latinx immigrant youth (2) originate from Central, America, South America, Mexico, Dominican Republic, Cuba or Puerto Rico (3) range from 14-17 years of age, and (4) speak Spanish or English.

Participant Characteristics:

Participants (n=12) all lived in an urban city in the southeast. In regards to the country of origin, four participants (33%) were from El Salvador, two from Guatemala (16%), two from Honduras (16%), two from Puerto Rico (16%), one (8%) from the Dominican Republic, and one

(8%) from Venezuela. Two participants (16%) were 15 years of age, five (41%) were sixteen years of age, and the other five (41%) were seventeen years of age. Ten participants (83%) identified as females. All participants were in high school; specifically, six (50%) were in the 10th grade, four (33%) were in 11th grade, and two (16%) had recently graduated. Also, six (50%) reported not being religious, four (33%) were evangelicals, and two (16%) were catholic. Lastly, ten (83%) participants reported being heterosexual and two (16%) reported being bisexual.

Gatekeepers.

Research with youth required alliance and communication with other adults, such as gatekeepers (Schelbe et al., 2015; Mishna et al., 2004). The gatekeeper of the program met with the research team to discuss weekly planning and mental health sessions for the program. A strong professional relationship was established with gatekeepers from both the program and organization to address challenges that may have presented themselves while interviewing participants. The gatekeepers of the program had many conversations with the first author about how to proceed with this study. The gatekeepers suggested the interviews take place at the center of the organization during program hours, however, with the COVID-19 pandemic, some interviews took place over the phone.

Given that Latinx immigrant youth are considered a vulnerable population and youth participants may be more susceptible to adult suggestion (Fisher et al., 2013; Laenen, 2009), the gatekeepers were worried that participants may have felt pressured to participate, overshare, and/or felt triggered by sharing a part of their story. To address these concerns, the gatekeepers and research team came up with a plan for interviewing participants, that involved emphasized

the voluntary nature of participating in this study, having several check-ins during the interview, reminding participants they can discontinue at any moment/can skip any question they did not want to answer, and that they could share as much or as little their comfortable allowed them to (Kirk, 2007; Mishna et al., 2004). Finally, grounding and relaxation techniques were available for participants when needed. All participants received a \$10 gift-card for participating in the study.

Research Design.

A qualitative methodology was used to obtain a deeper understanding of the lived experiences of Latinx youth in the program. In general, a qualitative research design allows researchers to gain a deeper understanding of an unexplored topic (Morgan, 1998). Unlike quantitative research, which oftentimes uses survey batteries with predetermined responses that limit the response of participants, qualitative research allows participants to tell their story and share their experiences, which allows for a more accurate representation of participants' experience within a certain topic (Rumsey & Marks, 2004; Hughes & DuMont, 1993). A major advantage of the qualitative design is that this research design allows for the exploration of under-researched populations and topics. Therefore, a qualitative research design is an appropriate research design for this proposed study, given the lack of knowledge of the role that culturally responsive support groups play in the lives of Latinx immigrant youth.

Within a qualitative design, a phenomenological approach was used. The purpose of phenomenology is to describe a certain phenomenon (Teherami et al., 2015; Speziale & Carpenter, 2007). A phenomenological approach focused on the lived experiences of the “now” and attempts to set aside the biases and assumptions about human experiences, feelings, and

reactions to a situation (Creswell & Poth 2018; Teherani et al., 2015). A phenomenological analysis does not aim to explain or discover but clarify the meanings of a phenomenon from the lived experiences of a specific group (Welman & Kruger, 1999; Giorgi, 1997). A major advantage of incorporating a phenomenological approach into research is that it can provide a profound and detailed understanding of a single phenomenon (Creswell & Poth, 2018). Given the gaps that exist within this topic, a phenomenological approach is appropriate to gain insight into the attitudes towards mental health, mental health services, as well as the lived experiences of Latinx immigrant youth within this local youth program and explore whether it is being beneficial to them.

Through the phenomenological study, a contextualist framework (i.e., Bronfenbrenner's framework) was used to guide the semi-structured interviews through open-ended questions. A contextualist framework is a good fit for this study, as it focused on how individuals make meaning of their life experiences and took into consideration how broad social contexts helped shape those meanings (Braun & Clarke, 2006). Additionally, semi-structured interviews were selected as the method of collection of the proposed study. Semi-structured interviews are an effective method for data as it allowed (1) open-ended data, (2) explored the thoughts, feelings, and beliefs regarding a specific topic, and (3) dove deeper into personal and sometimes sensitive experiences (Morgan, 1998; Giorgi, 1997). Semi-structured interviews were deemed appropriate for this study for a variety of reasons, such as offering a more flexible approach during the interview process and allowing the exploration of spontaneous issues that emerge (Creswell & Poth, 2018; Tod, 2006). Using semi-structured interviews (see appendix), this study gathered

information about participants who have personal experiences, attitudes, perceptions, and beliefs in regards to mental health and on the youth program.

Procedure.

As established with the gatekeeper, the last 5 minutes of the youth program was used to talk about the study to participants. The purpose of the study was explained and questions were answered. Also, consent was needed before taking part in the interview. The consent form included an overview of the study, the child's involvement in the study, risks and discomforts, the cost of participating in the study, participant payment for their participating in the study, their child's right to withdraw at any moment from the interview, and an overview of privacy and confidentiality (Schelbe et al., 2015; MacDonald & Greggans, 2008).

Once parental consent was granted, interviews were scheduled during program hours, as discussed with gatekeepers. Before beginning the interview, positionality lived experiences with the youth program were outlined (Creswell & Poth, 2018). Assent was then obtained. The assent form included the same information as the consent form for the guardian. An overview of the project and the significance of it, limits of confidentiality, risks, and possible discomforts was then outlined, emphasizing that they had the right to withdraw at any moment from the interview and choose to not answer anything they did not want to. After the participants gave their assent, interviews were conducted over the phone due to COVID-19 research restrictions.

During the interview, as established with the gatekeepers, periodic checked-ins with participants were conducted to ensure they still wanted to continue with the interview. During the study, field notes about the interview process with the participants were conducted. Field notes served to record activities that have been observed (Kawalich, 2005). The field notes were

intended to be read by the interviewer as evidence that provided meaning and helped in understanding the phenomenon (Neuman, 2011).

Materials that were collected during this study (e.g. consent forms, assent forms, audio recordings, transcriptions, researcher's field notes) were locked and secured in a folder in the research laboratory. The key research personnel was the only one that had access to all materials. Also, the interviews and audio recordings were identified by ID numbers, not by names. This qualitative study was approved by VCU's IRB (HM20018340).

Ethics, Trustworthiness, and Rigor.

In working with this population, there are a variety of ethical considerations to keep in mind. For starters, Latinx immigrant youth are considered a vulnerable population, especially since many participants are undocumented. Due to the political climate and the constant feeling of fear and worry that many Latinx experience (Kristen & Boneparth, 2017; Messing et al., 2015), the research team proceeded with caution during interviews. To be sensitive, no questions were asked regarding legal status. Protecting the privacy and confidentiality of participants is crucial (Schelbe et al., 2015). To protect the privacy and provide confidentiality of participants, individual interviews were conducted over the phone with no one around and in a separate room at the organization, as requested by the gatekeepers. As noted in the literature, youth are more likely to be influenced by adults (Mason & Hood, 2011; Mishna et al., 2004), therefore, it was of importance for me to conduct check-ins throughout the interview to reduce the chances of participants continuing the interview due to power dynamics. Additionally, to be sensitive to the participants' cultural background and age as minors, the research team ensured to make the parents a part of this process by talking to them over the phone, answering questions they had in

regards to the study, and further explained the role of their children in participating in this study. Lastly, many program participants have previously reported experiencing trauma before migrating to the United States, during their migration process, and experiencing further trauma or distress post-migration. This added to the multiple layers that exist that further make these participants vulnerable. To avoid triggering participants and/or having them disclose stories they did not wish to tell, participants were periodically reminded of their rights and their autonomy to disclose as much or as little information.

Member checking served the dual purpose of increasing the validity of the researcher's interpretations as well as ensuring participants' experiences were genuinely captured (Creswell & Miller, 2000; Creswell & Poth, 2018). Member-checking was, therefore, accomplished by meeting with different participants and going over findings. Once a rough draft of the results was ready, different appointments were set up with participants to go over themes with them. The results aligned with the lived experiences of the participants; therefore, all willing participants were asked to review the codebook, themes, and participant interpretations. This process was described in more detail in the analytic strategy section.

Analytic Strategy

Creswell and Poth's (2018) simplified version of Mousakas's (1994) phenomenological analysis was used. Upon the completion of transcriptions, the research team (three trained bilingual research assistants and myself) read each transcript in detail to get even more familiar with the data. Afterward, transcripts were read again. This time, we read the transcripts at a slower pace, to start thinking about signing statements. In reading over the transcripts for the third time, significant statements about participants' lived experiences within the program and

their attitudes towards mental health and mental health services were highlighted. After significant statements were developed for each transcript, significant statements were grouped into major themes. The research team proceeded to write a description of what the participants in the study experienced within the phenomenon and how the experience happened. The research team also went over field notes and analyzed how they aligned with the participants' responses.

After the principal investigator and the coding team finished analyzing the data, all twelve participants were invited to attend an optional meeting where we would debrief and discuss preliminary findings from the interviews. Member checking is a technique to improve accuracy, credibility, and validity (Creswell & Miller, 2000; Lincoln & Guba, 1986; Stake, 1995). Results are usually reviewed with several participants to ensure accuracy and confirm or deny whether the preliminary results align with their experiences. This process was also embedded as it is consistent with culturally-sensitive research practices (Creswell & Miller, 2000; Creswell & Poth, 2018). A final list of themes with at least three de-identified quote examples and generated a summary of the experiences and attitudes was then established (Braun & Clarke, 2006).

All participants decided to be a part of the member-checking process. Due to scheduling conflicts, four participants attended the additional meeting. During this meeting, the primary investigator met with participants and their parents. Together, the purpose of the study, the process of the qualitative study, and the preliminary results were discussed. Both participants and parents had questions about the study, how results were generated, and the process of what happens after the interview, however, participants agreed with the preliminary results. The four

participants reported that the findings accurately represented their voices and their lived experiences. Also, they agreed with the title of the themes that were picked.

Results:

Participants provided key themes around attitudes towards mental health, attitudes towards mental health services, and their experiences with the local youth program. Themes around the attitudes towards mental health are first discussed, followed by themes around attitudes towards mental health services. Finally, the themes for participants during their time in the youth program are then discussed. To protect the privacy and confidentiality of participants, all names have been changed.

Attitudes Towards Mental Health

Ten participants (83%) described having a positive attitude towards overall mental health. Two key themes emerged, which are seeing mental health in a positive light and understanding that there is a reason why someone develops mental health problems. They noted that they believed that there was nothing wrong with those who are suffering from their mental health. Also, participants conveyed an understanding that there is a reason (e.g. lived experiences) why people experience mental health symptomatology.

Mental Health as a Positive Light. Eighty-three percent of participants mentioned that they see people with mental health problems in a positive light. Participants stated that regardless of what peers and other family members may think and believe, they do not see people who have a mental health problem as any different. Participants also described a willingness to help peers by offering advice and their support. Angela is a 17-year-old from El Salvador. She immigrated

to the U.S. as her aunt and uncle, who were already in the U.S., wanted better educational opportunities for her. She stated the following,

“No son pensamientos negativos, mejor dicho positivos para ayudar a la persona...”

Also, Oscar is a 16-year-old from El Salvador. He immigrated to the U.S. with his family due to safety concerns and to reduce contact with different street gangs. He reported that if someone has a mental health problem, he does not see them differently. For him, it is important to not think or speak negatively about those who may be struggling with their mental health. He mentioned the following,

“Yo las miro normal, como personas que somos- no los puedo ver de otra manera”.

Attitudes towards Mental Health Origin. Participants' understanding of how people develop a mental health problem also contributed to their attitudes towards mental health. Participants perceived developing mental health concerns depending on their life experiences. Participants also described experiencing traumatic events. They perceived these experiences as a contribution to experiencing certain symptomatology. Others perceived that when experiencing domestic abuse or when treated badly at a very young age, this may also contribute to experiencing certain mental health symptoms. Additionally, it was expressed that when experiencing family problems and conflict, it is a proxy for mental health problems. All these factors contribute to positive attitudes towards mental health services.

Patricia is a 16-year-old from Venezuela. She and her family immigrated to the U.S. due to the political climate in her home country. She stated the following,

“...por alguna experiencia traumática que no ha podido superar. O, también por la familia o a veces cosas así...que como causa depresión, cosas así creo...”

Similarly, Lola, a 17-year-old from Honduras, who immigrated to the U.S. due to many problems in her country, also described that childhood and familial stressful experiences may contribute to additional mental health symptomatology. She expressed the following,

“...dependiendo la situaciones que pasen...por ejemplo si se ha criado desde niño viendo problemas, peleas y todo en su familia...um puede ser también que desde niño le digan cosas y lo ofenden desde niño y lo traten mal...”

Attitudes Towards Mental Health Services

Participants mostly described positive attitudes toward mental health services. Two major themes emerged, positive attitudes towards receiving professional help and seeing a utility in mental health services. Eleven out of the twelve (91%) participants reported when people an individual is having mental health problems that treatment includes seeing a professional, such as a psychologist. Also, all participants mentioned that seeing a psychologist is important as they are specialists who can help you improve your mental health.

Positive Attitudes Towards Receiving Professional Mental Health Support.

Eleven out of twelve (91%) participants described positive attitudes towards mental health services, especially for those with prior history with mental health services. Participants stated when someone is experiencing elevated mental health symptomatology, they perceive professional mental health services as beneficial and efficacious due to their training skills on

how to navigate these situations, and so can help reduce certain symptomatology. Daniel, a 16-year-old from El Salvador, who immigrated to the U.S. to avoid gang violence, noted,

“Te llevan a un psicólogo para que te oriente.”

Also, Carmen a 17-year-old from Guatemala, who immigrated to the U.S. with her family for “a better life”, stated that although she was not completely sure how the process worked, she perceived overall positive attitudes towards mental health specialists,

“...creo que tal vez yendo con algún especialista, para que les pueda ayudar el algo.”

Utility in Mental Health Services. One of the key indicators of their attitudes towards mental health services is the perceived utility in mental health services. Specifically, 100% of participants described that mental health services play an important role in getting better, especially talk therapy like psychology. Participants also reported that receiving mental health services is salient because it allows others to have space where they can express what they are thinking and feeling. Participants also described that receiving help can assist in unloading a heavy burden. Participants also noted that this process was also important to have professionals help overcome struggles. It was noted that professionals can help you understand more in-depth about the issues that you are experiencing and can provide additional support. Patricia, a 16-years-old from Venezuela noted that professional therapy plays a principal role in helping a person get better:

“...es el papel principal porque es lo que te está ayudando a, como a sobrellevar, ese, eso que tienes. Y te ayuda a superarlo- o a curarlo- de alguna forma.”

Cielo a 16-year-old from Guatemala, who immigrated to the U.S. with her family for better opportunities, also stated that by talking to a psychologist, they can help with the problems they are going through,

“... estaría bien porque, le cuentas que está pasando y ellos pueden decirte que puedes hacer y, y te puedan ayudar.”

Experiences with Youth Program

All participants described the youth program as “fun” and, therefore, looked forward to attending all sessions. While the program served as an afterschool activity where they strengthened friendships, for many, this program had a deeper impact. Some participants expressed that this youth program helped them feel a sense of belonging to the U.S. and served as a place that allowed them to feel accepted. Overall, three themes emerged. The first theme was positive relationships with program leaders, experiencing positive program experiences, and positive program benefits.

Positive Relationship with Program Leaders. All participants also described having meaningful relationships with this youth program. Participants also expressed that many leaders were animated and had charisma. Participants described that these leaders made them feel comfortable and part of a family. They also described that they could have fun with the leaders and talk about personal life if they came up. Most importantly, participants described that leaders would constantly motivate them to adhere to the weekly program by their continued support and their overall transparency. Diana, a 17-year-old, from the Dominican Republic, who immigrated

to the U.S. with her family for economic reasons, expressed that she got along with various group leaders and that they made her feel like family. Diana expressed that she got along really well with every leader and that they all continuously motivated her to keep coming to the program. She mentioned having a strong bond with everyone, especially the main program leader, who she described as “animado”.

“Si! todos los maestros, Alfonso con su carisma...Luis, usted, Miriam, Lyons también, todos, todos...nos hacían sentir a uno en familia.”

Similarly, Dulce from Puerto Rico, who immigrated to the U.S. with her family due to economic reasons and better educational opportunities, stated that she was able to spend a good time with leaders and talk to them about different things. Dulce expressed immediately feeling good within the program and how the program leaders played a role in her feeling that way,

“Porque eran como- como unas personas con lo que una persona pudiera pasar un buen rato, hablando de muchas cosas y así...”

Positive Experiences in the Youth Program. 100% of participants described various positive experiences within the program. They noted that the program allowed them to experience going to a new place in their new culture. Participants reported that they had a lot of fun doing different activities each week, from riding a bicycle to cooking, dancing, and more. Some participants described that it helped them get to know more people they did not talk to beforehand. They also viewed this as a place to meet other Latinx adolescents from different countries. Some students expressed that it was nice having a healthy space to go to after school instead of going directly home and not engaging in any beneficial activities. Cielo, a 16-year-old

from Guatemala mentioned that she loved the bicycle session during the program where they got to ride bikes in different parts of the city. She noted that going to new places with the members of the program was one of her favorite things as it allowed her to visit places she had never visited before and was able to take her family there afterward,

“a pues me gusto cuando estuvimos en bicicleta, la bicicleta...me gusto bastante porque pudimos ir a diferente lugares y conocí un poquito más que realmente no conocía”

Similarly, Sergio, a 15-year-old El Salvador expressed that he enjoyed himself a lot during the program. He enjoyed the different sessions, especially dance. He noted that the program helped him distract his mind, which he needed at times,

“Me ayudo a distraerme, a tener ratos divertidos, a veces a despejar mi mente.”

Overall Impact of Youth Program. 100% of participants described that the local youth program had positively impacted them. Participants mentioned that this program allowed them to interact more with others. This program also made them feel as if they were back in their country of origin. Other participants described feeling accepted and that the program made them feel as if they are part of a group. Participants also noted that the program helped them become culturally diverse. As students are from different countries in Central and South America and the Caribbean, they were able to learn about different cultures and connect to other students by listening to their stories. Participants stated that the program helped them feel more part of the U.S. by creating a sense of belonging. Patricia de Venezuela stated the youth program helped her feel a sense of belonging, which helped her feel more part of the U.S.,

“Me hace sentir que soy parte de un grupo...”

Dulce from Puerto Rico expressed that the program has provided support and helped her get to know other students who have also recently arrived from their country,

“Pues me han dado apoyo que a lo mejor no hubiera recibido si estuviera como- como sola...allí también había otras personas que habían llegado recientemente de su su país, eso también ayudó.”

Rosa, a 17-year-old from El Salvador, immigrated to the U.S. with her family for safety concerns and fear of local street gangs, reported that the program impacted her by providing a safe space where she can go after school ends. She mentioned not feeling scared in the youth program, in contrast to her home country,

“No siento miedo como el miedo que sentíamos allí en mi país...”

Reflexivity.

Through the work of qualitative research, it is important to engage in reflexivity. Reflexivity is the process of continual reflection upon the research process by a researcher. The center of reflexivity is the idea of self-awareness (Creswell & Poth, 2018). As Rodgers (2009, p.130) describes, objectivity throughout this process is not a reasonable expectation. Therefore, it was important to examine the position as an intervention leader in the youth program, the biases that would arise, and the actions that were taken to address the biases.

The principal investigator has been part of this youth program team since 2018. The principal investigator helped with program planning, activities, and am present for the group

meetings that take place every week. Also, the principal investigator provided support, mental health consultation, and psychoeducation around psychological well-being at the end of each activity. The principal investigator also held spaces for more psychological awareness for the group every month. Taking this into consideration, it can be easy for me to assume that this program has had a positive impact on youth, that it has helped reduce culturally relevant stressors, and that youth have only had good experiences within the program. To address these biases, non-leading nor probing questions were asked. Additionally, the principal investigator refrained from giving my opinion on questions and kept a journal to document my thought process throughout the study. The journal provided data for my reflections on the research process and provided data on my ideas, beliefs, and own responses to the research (Creswell & Poth, 2018; Janesnick, 1999).

As an intervention leader for the youth program, the principal investigator started the study with a lot of assumptions about the answers that would be given by participants. Demonstrating neutrality was harder than it originally was believed. During the interview, when participants needed further explanations, there were a few times, when leading questions were asked to invoke certain responses. Once becoming aware of this, neutral open-ended questions were then asked by sticking to the questions that were presented. Also, it was hard not to over-identify with participants. The participants and the research team are from similar backgrounds and have similar identities. The research team can relate to some of the stories that the participants shared. In the journal, many paragraphs were written on mutual shared identities with the youth in regards to some of the things they shared and the follow-up questions that were asked..

To acknowledge any potential biases that the research team contributed to the study, member checking was implemented with participants to verify that the participants' experiences as program participants had been captured and not the principal investigator's experiences with the program as an intervention leader.

Discussion

The purpose of this study was to gain a better understanding of the attitudes Latinx immigrant youth have around mental health and mental health services. The purpose of this study was to also gain knowledge around participants' lived experiences in a culturally-relevant program in a southeastern state. Results indicated participants generally held positive attitudes toward mental health. Ten participants (83%) described feeling empathy towards those who were experiencing mental health symptoms. Participants expressed seeing these individuals in normal or positive light and noted a willingness to help if the opportunity presented itself. Also, participants described an understanding of how individuals may develop a problem with their mental health. All participants also noted that adverse child events (e.g. a difficult childhood, traumatic events, family stress) may also contribute to overall mental health outcomes.

For the Latinx community, mental health is stigmatizing (Benuto et al., 2019; Dueweke et al., 2017). Various studies consistently show that Latinx individuals reported negative attitudes toward mental health, and they are less likely to seek professional help (Jimenez et al., 2013; Ojeda & McGuire, 2006). However, our study demonstrates that many Latinx youths from the program had positive attitudes towards mental health. Our results may be due to a variety of factors including exposure to mental health. For example, a few participants mentioned being exposed to mental health knowledge assisted in fostering a more empathetic view of those with

mental health concerns. In addition, the youth program helps with this exposure around mental health, as a big part of the focus is providing participants with information around psychological well-being. This information has helped them gain more knowledge about mental health. This youth program specifically aims to increase emotional support, raise mental health awareness, and learn about mental health to positively impact and empower Latinx immigrant youth. Their personal experiences and the exposure from the program may explain the positive attitudes towards mental health among this group of Latinx immigrant youth. From a Bronfenours perspective, the youth program played a key role in influencing Latinx immigrant youths' cognitive development by helping them obtain new information and knowledge around mental health through various systems. For example, one participant mentioned that the youth program helped him learn that going to a psychologist is not just for "crazy" people, but rather a health outcome as a result of various experiences with different systems.

Latinx immigrant youth often face unique barriers, both on a micro- and macro-level, such as traumatic experiences in their country of origin, during migration, acculturation, political climate, adapting to a new school environment, and additional minority stressors (Carrielo et al., 2020; DaSilva et al., 2017; Young & Pebley, 2017; Martinez, 2014; Ko & Perreira, 2010; Abrego & Gonzalez, 2010). Mental health stigma is important to explore and understand, particularly among ethnic minorities. In exploring this construct among Latinx immigrant youth, mental health scholars can continue to aim to reduce mental health stigma, through mental health promotion, and improve help-seeking behaviors through similar community programs for Latinx immigrant youth. Since results indicated that participants held positive attitudes towards mental health, it would be beneficial to continue to explore the likelihood of Latinx immigrant youth

seeking professional help, current symptoms they may be experiencing, current knowledge they possess about mental health services, and any barriers that impede them from seeking those services.

The second aim of the study explored the attitudes towards mental health services among Latinx immigrant youth. Results indicated that 91% of participants described positive attitudes towards mental health services. Specifically, participants perceived the course of treatment involved seeking a health professional, such as a therapist, psychologist, and/or a psychiatrist. Also, all participants stated that talking to a therapist and/or psychologist plays an important role in getting better. Participants noted that trained professionals know what strategies to use for symptom reduction. As mentioned above, research indicates that there are a variety of factors, such as stigma, that impact whether someone from the Latinx community seeks professional mental health (Benuto et al., 2020; Mendoza et al., 2015, Moreno & Cardemil, 2013). Our findings, however, suggest that Latinx immigrant youth from the program did not highlight stigma, but rather indicated seeking professional help as important and useful. In addition, they indicated that mental health professionals also play a significant role in generally improving mental health. Results from this study are important as it demonstrates that Latinx immigrant youth have some prior knowledge of the role of mental health professionals and value the work they do, their expertise, and the field. This is valuable in closing the gap for improving help-seeking services. The literature demonstrates that stigma may get in the way of seeking professional help for Latinx community members (Benuto et al., 2020; Mendoza et al., 2015). However, this study indicates low rates of mental health stigma, and therefore it is important to explore other factors that continue to work as a barrier for Latinx immigrant youth.

One possible explanation for these findings may be due to the personal experiences that youth may have been confronted with. For example, a few participants reported having a history of mental health services or knowing someone who has gone to behavioral services. These participants also described the benefit of these services. Directly or indirectly experiencing positive results from mental health services, within their microsystem (e.g., going to a therapist for themselves or hearing experiences from friends), may influence the attitudes that youth are forming around mental health services. Furthermore, the youth program may also be playing an important role in shaping these positive attitudes. With a mental health consultant as part of the program team, they provide emotional support and also provide psychoeducation around different mental health services. During different sessions in the youth program, the mental health consultant provided knowledge, support, and awareness. In addition, on a group level, the mental health consultant provided psychoeducation around different disorders, the benefits of disorders, and mental health stigma. In regards to the interactions with the mesosystem, the overall program and personnel may have contributed to these attitudes and overall psychological impact. This may be related to the educational information they received while participating in the local youth program. Future research can gain more insight into how additional programs, like this youth program, helps shape attitudes around mental health services and explore how possible barriers may impede seeking professional help.

The third and final aim of this study sought to explore the experiences of participants in a culturally-relevant program. Overall, Latinx immigrant youth reported very positive experiences. One of the positive experiences was due to their positive experience with their group leaders. The youth noted that leaders were motivating, interpersonal, charismatic, nice, fun, and so they

felt they could talk to them about personal things. Youth also described that they had positive experiences within the program by having this program provide a space where they could engage in different activities, hang out with friends, meet new people, and act as a distraction.

Additionally, youth expressed that the program healthily impacted them by helping them feel as if they are in a family, a sense of belonging, more accepted in the U.S., and learn more about different cultures in Latin America.

Findings from the current study suggest that participants prefer support groups that have leaders that speak Spanish, a space where they can receive emotional support if they need it, a place where they can enjoy fun culturally relevant activities, a place where peers also speak Spanish and are from similar countries and background, being able to eat Latin American food, and being in a stress-free zone. Participants described that having all the elements mentioned above make this youth program more culturally appealing and was a key contributor to the efficacy and acceptability of it. As highlighted in many studies, embedding a cultural component to intervention has had significant positive effects (Ginossar et al, 2010; Corona et al., 2009). The participants in this study expressed an appreciation for this local youth program and their desire for the continuation of such a program. The lived experiences of Latinx immigrant youth attending culturally-relevant support groups remains largely unexplored (Ginossar et al, 2010), but with the continual growth of Latinx and the presence of many Latinx immigrants, it is important to continue to explore this area of research to provide meet the needs of this population.

Program and Community Implications.

Results from this study have several implications worth noting. By incorporating a trained bilingual Latina researcher into the community program, the trained bilingual Latina researcher provided psychoeducational information as part of the program. This collaboration may have influenced attitudes towards mental health and mental health services positively. In addition, participants seem to have increased knowledge about where bilingual services are offered. Using community programs, such as this local youth program may generally help increase mental health service utilization by reducing stigma and connecting them to other community mental health organizations. Also, although some youth may benefit and need professional mental health care, others may not. This does not negate the fact that they still may need emotional and psychosocial support as Latinx immigrant youth. Embedding a mental health component to culturally-relevant programs, such as this youth program may be important for such reasons. Given the stressors that Latinx immigrant youth may experience before and after coming to the U.S., these programs, like this local youth program, can provide the psychological support that youth may need by opening the conversation in groups and also having them meet with the trained mental health scholar.

Based on these findings, the primary investigator recommends the continual growth of culturally-relevant programs, such as this local youth program. This local youth program tailored its program to specifically attract Latinx immigrant youth, to celebrate their diversity, and provide support based on their unique needs. Given the diverse backgrounds of Latinxs, different individuals may be experiencing different and specific stressors depending on their country of origin. This youth program considers this by having a mental health consultant as part of the team, who meets with them individually and addresses common themes on a group level. This

academic-community partnership allows for such a team effort that aims to provide a fun and safe place where Latinx immigrant youth can actively engage in, learn, and thrive. Additionally, Latinx immigrant youth who participated in the youth program continued to gain a stronger emotional support system from other Latinxs in a safe place that allowed for difficult dialogues (if they wish to do so). Participants stated that they love attending the program and that it helps foster a stronger sense of belonging.

Overall, programs like this youth program are important, as they can help Latinx immigrant youth transition more smoothly to the U.S., gain more confidence, and reduce acculturative stressors. Based on our findings, programs such as this local youth program may also help in improving attitudes toward mental health and mental health services. Most importantly, community programs, like this youth program, can continue to embed a mental health and/or psychological wellbeing component to their programs. By doing so, participants can continue to receive information about distinct mental health disorders, as a result of their unique Latinx immigrant experiences. They can also gain insight into mental health services/systems in the U.S. Furthermore, they can receive a list of local community services. Overall, community programs, like this youth program, are needed within the community. Academic scholars can continue to partner with community partners to work together to bring such a high impact for the Latinx immigrant communities. Together, they can continue to foster places where Latinx immigrant youth enjoy being and a place that positively impacts them. These programs can also foster a place where Latinx immigrant youth feel like family and feel supported by everyone involved. These academic-community programs, like this local youth

program, can continue to attend to the needs of Latinx immigrant youth in a way that is fun and easily understandable and accepted by the Latinx immigrant youth.

Strengths and Limitations

This study has a few strengths that are worth noting. First, using a qualitative research design was beneficial in capturing the experiences and voices of Latinx immigrant youth. Given that participants have arrived in the past few years in the U.S. and since they are participating in a group that was designed to specifically provide support to them, their voices were highlighted in efforts to gain a better understanding of their experience with these programs. Another strength is that the primary investigator fluently spoke Spanish and was able to interview in the native tongue of participants. Also, member checking was incorporated as a means to increase trustworthiness and rigor. This was key, not only in increasing the credibility and validity of the study, but also to ensure that the participants' experience was genuinely understood. Also, even though the sample size of the study was small ($N=12$), there was representation from different countries in Latin America, such as El Salvador, Honduras, Guatemala, Puerto Rico, Venezuela, and the Dominican Republic. Lastly, the academic-community partnership is a strength for establishing evidenced-based services that have a high impact on Latinx communities. Together, both academic scholars and community leaders continue to bring high impact programs to the Latinx immigrant communities.

Although this study has several strengths, it is also important to note the limitations. Even though this study focused on the lived experiences of participants from a local youth program, these results are not representative of other support groups that are also available to Latinx immigrant youth in the community. Also, due to the small sample size, the results of this study

are not generalizable. All Latinx immigrant youth have their own unique stories and future research direction should gain a deeper insight into the lived experiences of Latinx youth from a variety of Latin American countries. Lastly, although participants were asked questions around attitudes towards mental health, a limitation of this study is not asking about any symptomatology, nor gaining information about their attitudes at the beginning of joining this youth program. Given the overview of the literature on mental health disparities among Latinx immigrant youth, it would be important to ask participants what they are experiencing in efforts to assess their needs and further explore the etiology of present symptoms pre- and post- these community programs.

Conclusion

This study demonstrated the lived experiences of Latinx immigrant youth in a culturally relevant support group and positive attitudes towards mental health and mental health services. Participants clearly stated a need for a support group that embeds multiple cultural components that are important to them as Latinx immigrant youth. Participants also note that these programs are provided in a fun and safe space. Results from this study can be useful to improve this local youth program, and other community programs, by adding more mental health content and providing more emotional support when needed. By drawing additional attention to these areas, academic and community leaders can continue to partner together to develop and implement more culturally responsive programs that will help Latinx immigrant youth reduce levels of distress, as a result of their Latinx immigrant experience.

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Appendix

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

STUDY TITLE: Impact of a culturally-relevant support program and Latinx immigrant adolescents' help-seeking services: An academic-Latinx community service partnership to enhance culturally responsive services for Latinx immigrant youth.

PURPOSE OF STUDY

The purpose of this study is to understand the experiences that Latinx adolescents have while they attend a local support group, as well as to explore the overall attitudes towards mental health and mental health services. The local social support group is hosted at a local organization. This program is an after-school program for high-school ESOL (English to Speaker of Other Languages) students to receive school and mental health support while participating in a variety of activities. The youth program is set up to be a support group that is designed to be culturally appropriate and therefore more appealing to Latinx immigrant youth.

The researcher will conduct a private individual semi-structured interview where they will ask the participants (your child) a series of questions. The theme of questions ranges on topics such as the participant's experiences within the youth program and views on mental health. These are semi-structured, meaning all questions are not planned, and open-ended questions may lead to discussions that lead to new questions. This will last from 45 minutes to 1 hour and will be audio recorded with a device for data collection purposes. Your child may withdraw at any time during the interview and does not have to answer questions they do not feel comfortable answering. During this time a member from the local organization will be available at all times.

DESCRIPTION OF THE STUDY AND YOUR CHILD'S INVOLVEMENT

If you decide to grant permission for your child to participate in this study, your child will first be asked to sign their consent form after you both have had all your questions answered and understand what will happen during their involvement. Their role will consist of participating in a 45-60 minute interview that will be audio recorded. No names will be used during the audio recording to keep anonymity.

This study will take about 1 hour total to complete. Your child does not have to answer any questions or participate in any activities that they do not wish to. Your child may withdraw, or you may withdraw your child from the study at any time without penalty. All of your child's data will be kept strictly confidential and will be viewed by the research study personnel only. We plan to enroll up to 20 participants in our study.

RISKS AND DISCOMFORTS

There are no physical risks involved in this study. Non-physical risks include your child feeling vulnerable from the interview process and from if they choose to disclose personal information. There is a risk to your child concerning the possibility of their identity being linked with their study data. However, we take many precautions to keep all information we collect from you and your child strictly confidential. The interview records including recordings will be stored with an anonymous study ID number, without a name, and kept in a secure location. The anonymous study ID number and associated study data will be stored in password-protected computer files. All research analyses will be done without names attached to data, and data will only be reported in aggregate form, so individuals will not be identifiable from any research report. Your identity will not be revealed in any publication or presentation that may result from this study.

In sum, there is a minor risk of loss of confidentiality; however, the information about you will be kept as confidential as possible

BENEFITS TO YOU AND YOUR CHILD

There are no direct benefits besides your child feeling support during the process. Resources will be shared if you or your child wishes to find counseling services. However, results from this study can benefit the Latinx community by having a better understanding of the attitudes towards mental health and mental health services for recently arrived youth, as well as the feasibility and acceptability of a local youth support group for recently arrived youth. This understanding will assist in developing and modifying services to make them more culturally sensitive for the Latinx communities.

ALTERNATIVES

The alternative is to not participate in the study. If interested in resources for counseling services will be provided for you and your child.

COSTS

There are no costs for you or your child to participate in this study, only the time that your child will lose during their involvement in the interview.

PAYMENT

Your child will be paid \$10 by gift card after they participate in 1 interview.

CONFIDENTIALITY

Virginia Commonwealth University has established secure research databases and computer systems to store information and to help with monitoring and oversight of research. Your information may be kept in these databases but are only accessible to individuals working on this study or authorized individuals who have access to specific research-related tasks.

Identifiable information in these databases is not released outside VCU unless stated in this consent or required by law. Although the results of this research may be presented at meetings or in publications, identifiable personal information about participants will not be disclosed. In general, we will not give you any individual results from the study. Once the study is completed, the information gathered will be stored for up to 5 years, where it will be destroyed after this time.

We will not tell anyone the answers your child gives us. However, if your child tells us that someone is hurting her or him, or that she might hurt herself or someone else, the law says that we must let people in authority know so they can protect your child.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

Your child does not have to participate in this study and refusal to participate will result in no penalty or loss of benefits to which you or your child are otherwise entitled. If your child chooses to participate, they may stop at any time without any penalty. Your child may also choose not to answer particular questions that are asked in the study. Withdrawal from the study will not affect you or your child's involvement with the organization or the youth program.

Your participation in this study may be stopped at any time by the study staff without your consent. The reasons might include:

- the study staff thinks it necessary for your health or safety;
- you have not followed study instructions;
- administrative reasons require your withdrawal.

QUESTIONS ABOUT THE STUDY?

In the future, you may have questions about your participation in this study. If you have any questions, complaints, or concerns about the research, contact:

Oswaldo Moreno, Ph.D.
Virginia Commonwealth University
Department of Psychology
Telephone: (804)-828-2237
oamoreno@vcu.edu

The researcher named above is the best person to call for questions about your participation in this study.

If you have any general questions about your rights as a participant in this or any other research, you may contact:

Office of Research
Virginia Commonwealth University
800 East Leigh Street, Suite 3000
Box 980568
Richmond, VA 23298

Telephone: (804) 827-2157

You may also contact this number for general questions, concerns, or complaints about the research. Please call this number if you cannot reach the research team or wish to talk to someone else. Additional information about participation in research studies can be found at <http://www.research.vcu.edu/irb/volunteers.htm>.

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

CONSENT

I have been given the chance to read this consent form. I understand the information about this study. Questions that I wanted to ask about the study have been answered. My signature says that I am willing to allow my child to participate in this study. I have received a copy of the consent form once I have agreed to my child's participation.

Parent/Guardian Permission:

Name of Child/Youth Participant

Name of First Parent/Legal Guardian (Printed)

Study team – verify that this individual is the child's parent or legal guardian.

Required First Parent/Legal Guardian Signature

Date

Principal Investigator Signature

Date

INFORMACIÓN DEL PARTICIPANTE Y FORMULARIO DE CONSENTIMIENTO

TÍTULO DEL ESTUDIO: Servicios de ayuda para adolescentes inmigrantes Latinx: Una asociación de servicio comunitario académico para mejorar los servicios culturalmente responsables para los jóvenes inmigrantes Latinx.

PROPÓSITO DEL ESTUDIO

El propósito de este estudio es comprender las experiencias que tienen los adolescentes Latinx mientras asisten a un grupo de apoyo local en Richmond, así como explorar las actitudes generales hacia la salud mental y los servicios de salud mental. El grupo local de apoyo social, se lleva a cabo en una organización local. Este programa extracurricular es para estudiantes de ESOL (inglés a hablante de otros idiomas) para recibir apoyo escolar y de salud mental mientras participan en una variedad de actividades. El programa fue hecho para ser un grupo de apoyo diseñado para ser culturalmente apropiado y, por lo tanto, más atractivo para los jóvenes inmigrantes Latinx.

El investigador llevará a cabo una entrevista semiestructurada individual privada en la que hará una serie de preguntas a los participantes (su hijo(a)). El tema de las preguntas abarcan temas como las experiencias de los participantes dentro del programa y las opiniones sobre la salud mental. Esto será semiestructurado, lo que significa que todas las preguntas no están planificadas, y las preguntas abiertas pueden conducir a diálogos que conducen a nuevas preguntas. Esto durará de 45 minutos a 1 hora y se grabará en audio con un dispositivo para fines de recopilación de datos. Su hijo(a) puede retirarse en cualquier momento durante la entrevista, y no tiene que responder preguntas que no se siente cómodo(a) respondiendo. Durante este tiempo, un miembro de la organización local estará disponible en todo momento.

DESCRIPCIÓN DEL ESTUDIO Y LA PARTICIPACIÓN DE SU HIJO

Si decide otorgar permiso para que su hijo(a) participe en este estudio, primero se le pedirá a él o ella que firme su propio formulario de asentimiento después de que todas sus preguntas hayan sido respondidas. La participación de su hijo(a) consistirá en participar en una entrevista de 45-60 minutos que se grabará en audio. No se utilizarán nombres durante la grabación de audio para mantener el anonimato.

Este estudio tomará aproximadamente 1 hora en total para completar. Su hijo(a) no tiene que responder ninguna pregunta o participar en actividades que no desea. Su hijo(a) puede retirarse, o usted puede retirar a su hijo(a) del estudio en cualquier momento sin penalidad. Todos los datos de su hijo(a) se mantendrán estrictamente confidenciales y serán vistos solo por el personal del estudio de investigación. Planeamos inscribir hasta 20 participantes en nuestro estudio.

RIESGOS E INCOMODIDADES

No hay riesgos físicos involucrados en este estudio. Los riesgos no físicos incluyen que su hijo(a) se sienta vulnerable por el proceso de la entrevista y por si elige revelar información personal. Existe un riesgo para su hijo(a) con respecto a la posibilidad de que su identidad se vincula con sus datos del estudio. Sin embargo, tomamos muchas precauciones para mantener toda la información que recopilamos de usted y su hijo(a) estrictamente confidencial. Los registros de la entrevista, incluidas las grabaciones, se almacenarán con un número de identificación de estudio anónimo, sin nombre, y se guardarán en un lugar seguro. El número de identificación de estudio anónimo y los datos de estudio asociados se almacenarán en archivos de computadora protegidos con contraseña. Todos los análisis de investigación se realizarán sin nombres adjuntos a los datos, y los datos sólo se informarán en forma agregada, por lo que los individuos no serán identificables en ningún informe de investigación. Su identidad no será revelada en ninguna publicación o presentación que pueda resultar de este estudio.

En resumen, existe un riesgo menor de pérdida de confidencialidad; sin embargo, la información sobre usted se mantendrá lo más confidencial posible

BENEFICIOS PARA USTED Y SU HIJO(A)

No hay beneficios directos además de que su hijo(a) sienta apoyo durante el proceso. Se compartirán recursos si usted o su hijo(a) desean encontrar servicios de asesoramiento. Sin embargo, los resultados de este estudio pueden beneficiar a la comunidad Latinx al comprender mejor las actitudes hacia la salud mental y los servicios de salud mental para los jóvenes recién llegados, así como la viabilidad y aceptabilidad de un grupo local de apoyo para jóvenes recién llegados. Este conocimiento ayudará a desarrollar y modificar servicios para hacerlos más sensibles culturalmente para las comunidades Latinx.

ALTERNATIVAS

La alternativa es no participar en el estudio. Si está interesado(a) en recursos para servicio de asesoramiento, se le proporcionarán a usted y a su hijo(a).

COSTOS

No hay costos para que usted o su hijo(a) participe en este estudio, solo el tiempo que su hijo(a) perderá durante su participación en la entrevista.

PAGO

A su hijo(a) se le pagará \$10.00 con tarjeta de regalo después de su participación en 1^{na} entrevista.

CONFIDENCIALIDAD

Virginia Commonwealth University (VCU) ha establecido bases de datos de investigación y sistemas informáticos seguros para almacenar información y ayudar con el monitoreo y la supervisión de la investigación. Su información puede mantenerse en estas bases de datos, pero

solo está accesible para las personas que trabajan en este estudio o las personas autorizadas que tienen acceso para tareas específicas relacionadas con la investigación.

La información identificable en estas bases de datos no se divulga fuera de VCU a menos que se indique en este consentimiento o lo exija la ley. Aunque los resultados de esta investigación pueden presentarse en reuniones o publicaciones, no se divulgará información personal identificable sobre los participantes.

En general, no le daremos ningún resultado individual del estudio. Una vez que se complete el estudio, la información recopilada se almacenará durante un máximo de 5 años, donde se destruirá después de este tiempo.

No le diremos a nadie las respuestas que nos de su hijo(a). Sin embargo, si su hijo(a) nos dice que alguien lo(a) está lastimando, o que podría lastimarse a sí mismo(a) u otra persona, la ley dice que debemos informar a las personas con autoridad para que puedan proteger a su hijo(a).

PARTICIPACIÓN VOLUNTARIA Y RETIRADA

Su hijo(a) no tiene que participar en este estudio y el rehusar a participar no dará lugar a ninguna sanción o pérdida de beneficios a los que usted o su hijo(a) tienen derecho. Si su hijo(a) elige participar, puede detenerse en cualquier momento sin ninguna penalidad. Su hijo(a) también puede optar por no responder preguntas particulares que se hacen en el estudio. El retirarse del estudio no afectará su participación ni la de su hijo(a) con la organización ni el programa.

El personal del estudio puede suspender su participación en este estudio en cualquier momento sin su consentimiento. Las razones pueden incluir:

- El personal del estudio lo considera necesario para su salud o seguridad;
- Usted no ha seguido las instrucciones del estudio;
- Razones administrativas requieren su retiro.

¿PREGUNTAS SOBRE EL ESTUDIO?

En el futuro, es posible que tenga preguntas sobre su participación en este estudio. Si tiene alguna pregunta, queja o inquietud sobre la investigación, comuníquese con:

Dr. Oswaldo Moreno
Virginia Commonwealth University
Departamento de Psicología
Número de teléfono: (804)-828-2237
oamoreno@vcu.edu

El investigador mencionado arriba es la mejor persona para hacer preguntas sobre su participación en este estudio.

Si tiene alguna pregunta general sobre sus derechos como participante en esta o cualquier otra investigación, puede comunicarse con:

Office of Research
Virginia Commonwealth University

800 East Leigh Street, Suite 3000
Box 980568
Richmond, VA 23298
Teléfono: (804) 827-2157

También puede comunicarse con este número para preguntas generales, inquietudes o quejas sobre la investigación. Llame a este número si no puede comunicarse con el equipo de investigación o si desea hablar con alguien más. Se puede encontrar información adicional sobre la participación en estudios de investigación en <http://www.research.vcu.edu/irb/volunteers.htm>.

No firme este formulario de consentimiento a menos que haya tenido la oportunidad de hacer preguntas y haya recibido respuestas satisfactorias a todas sus preguntas.

CONSENTIMIENTO

Se me ha dado la oportunidad de leer este formulario de consentimiento. Entiendo la información sobre este estudio. Se han respondido las preguntas que quería hacer sobre el estudio. Mi firma dice que estoy dispuesto(a) a permitir que mi hijo(a) participe en este estudio. Recibiré una copia del formulario de consentimiento una vez que haya aceptado la participación de mi hijo(a).

Permiso del padre/o tutor legal:

Nombre del niño/joven participante

Nombre del padre/tutor legal (impreso)

Equipo de estudio – verifique que esta persona sea el padre o tutor legal del niño.

Se requiere la firma del padre/tutor legal

Fecha

YOUTH ASSENT FORM

STUDY TITLE: Impact of a culturally-relevant support program and Latinx immigrant adolescents' help-seeking services: An academic-Latinx community service partnership to enhance culturally responsive services for Latinx immigrant youth.

Why are we meeting with you?

You are being asked to be a part in a research study because you attend the support group of this local community organization. Please ask me to explain any words that you do not know. You may take this form home to think about and talk to your parents before you decide to be in this study.

What is this study about?

The purpose of this study is to understand the experiences that Latinx adolescents have while they attend a local support group in Richmond, as well as to explore the overall attitudes towards mental health and mental health services. The local social support group is hosted at a local community organization. The program is an after-school program for high-school ESOL (English to Speaker of Other Languages) students to receive school and mental health support while participating in a variety of activities. The program is set up to be a support group that is designed to be culturally appropriate and therefore more appealing to Latinx immigrant youth.

What will happen to me if I choose to be in this study?

If you wish to participate, I will conduct an interview that will last about 45-60 minutes and ask questions about your involvement with the program. Everything that we talk about will be completely confidential and will not be shared with anyone else. There is only one exception to this. If you were to tell me that you have plans to harm or kill yourself, then I would have to notify your parents. I would not like to break your trust but I would notify your parents to keep you safe. The interview will be recorded but no names will be asked. To keep everything private, everything will be stored without your name and in a place with limited access.

If at any moment you would like to discontinue from participating in the interview, you can just let me know. You need to know that you can stop participating at any moment. Also, you are not required to answer every question. If there is a question that you would like to skip, that is also okay.

Will any parts of this study make me feel bad?

Sometimes talking about these things makes people upset. You do not have to talk about anything you do not want to talk about. You can leave the interview at any time. If you do become upset, the people running the interview will help you. There is also someone the local organization that will be available for you the whole time.

There is a minor risk that your personal information will be linked to your name, however, the information about you will be kept as private as possible, and will be stored without your name or other identifying information.

How will this study help me?

We don't know if being in this study will help you, besides possibly feeling support. We may learn something that will help other children in the Latinx community in the future.

What do I get if I am in this study?

You get a \$10.00 gift card after your 1 interview.

Will you tell anyone what I say?

We will not tell anyone the answers you give us. We will not share your answers with your teachers, parents, or friends. During the interview, we will not use first names to keep your information private. We will not keep any information that is connected to who you are.

If you tell us that someone is hurting you, the law says that we have to let other people know so they can help you. If you tell us that you might hurt yourself or someone else, then we have to let people know, so we can keep you safe.

Do I have to be in this study?

You do not have to be in this study. It is up to you. You can say okay now and change your mind later. No one will blame you or get mad at you if you don't want to do this. All you have to do is tell us you want to stop.

Do you have any questions?

You can ask questions at any time. You can ask now or later. Just tell the researcher when you see them or ask your parent/s or another adult to call Dr. Oswaldo Moreno, assistant professor of psychology, at 804-828-6624. Before you say **yes or no** to being in this study, we will answer any questions you have now. **If you don't want to be in this study, just say so, and don't sign this form.**

Youth Participant's Name (Printed)

Date

Youth Participant's Signature

Date

Name of Person Conducting Assent Discussion (Printed)

Signature of Person Conducting Assent Discussion

Date

Principal Investigator Signature (if different from above)

Date

FORMULARIO DE ASENTIMIENTO JUVENIL

TÍTULO DE ESTUDIO: Servicios de ayuda para adolescentes inmigrantes Latinx: Una asociación de servicio comunitario académico para mejorar los servicios culturalmente responsables para los jóvenes inmigrantes Latinx

¿Por qué nos reunimos contigo?

Se te pide que participes en un estudio de investigación porque asististe al grupo de apoyo en una organización local. Por favor, pídemme que te explique cualquier palabra que no entiendas. Puedes llevarte este formulario a casa para pensar y hablar con tus padres antes de decidir participar en este estudio.

¿De que se trata este estudio?

El propósito de este estudio es comprender las experiencias que tienen los adolescentes Latinx mientras asisten a un grupo de apoyo local en Richmond, así como explorar las actitudes generales hacia la salud mental y los servicios de salud mental. El grupo local de apoyo social, se lleva acabo en una organización local. Este programa extracurricular es para estudiantes de ESOL (inglés a hablante de otros idiomas) para recibir apoyo escolar y de salud mental mientras participan en una variedad de actividades. El programa fue hecho para ser un grupo de apoyo diseñado para ser culturalmente apropiado y, por lo tanto, más atractivo para los jóvenes inmigrantes Latinx.

¿Qué me pasará si elijo participar en este estudio?

Si deseas participar, te haré una entrevista que durará entre 45 y 60 minutos con preguntas sobre tu participación en el programa. Todo lo que hablemos será completamente confidencial y no se compartirá con nadie más. Solo hay una excepción a esto. Si me dijeras que tienes planes de hacerte daño o suicidarte, entonces tendría que notificar a tus padres. No me gustaría romper tu confianza, pero notificará a tus padres para mantenerte a salvo. La entrevista se grabará, pero no se preguntarán nombres. Para mantener todo privado, todo se almacenará sin tu nombre y en un lugar con acceso limitado.

Si en algún momento deseas dejar de participar en la entrevista, puedes avisarme. Es importante que sepas que puedes dejar de participar en cualquier momento. Además, no estás obligado(a) a responder todas las preguntas. Si hay una pregunta que deseas pasar, también está bien.

¿Alguna parte de este estudio me hará sentir mal?

A veces hablar de estas cosas hace que la gente se moleste. No tienes que hablar de algo que no quieres hablar. Puedes parar la entrevista en cualquier momento. Si algo te molesta, las personas que realizan la entrevista te ayudarán. También habrá alguien de la organización local que estará disponible para ti todo el tiempo. Existe un riesgo mínimo de que tu información personal se

conecte con tu nombre, como sea, tu información se mantendrá lo más privada posible y se almacenará sin tu nombre u otra información de identificación.

¿Cómo me ayudará este estudio?

No sabemos si participar en este estudio te ayudará, aparte de que posiblemente te sientas apoyado(a). Podemos aprender algo que ayudará a otros niños, especialmente en la comunidad Latinx, en el futuro.

¿Qué obtengo si estoy en este estudio?

Te daremos una tarjeta de regalo de \$10.00 después de tu entrevista.

¿Le dirás a alguien lo que digo?

No le diremos a nadie las respuestas que tu nos des. No compartiremos tus respuestas con tus maestros, padres o amigos. Durante la entrevista, no usaremos nombres para mantener tu información privada. No guardaremos ninguna información relacionada con tu identidad.

Si nos dices que alguien te está haciendo daño, la ley dice que debemos informar a otras personas para que puedan ayudarte. Si nos dices que podrías lastimarte a ti mismo u otra persona, entonces tenemos que infórmale a alguien más para que podamos mantenerte a salvo.

¿Tengo que estar en este estudio?

No tienes que estar en este estudio. Es tu decisión. Puedes decir que sí ahora y cambiar de opinión más tarde. Nadie te culpará ni se enojará contigo si no quieres hacer esto. Todo lo que tienes que hacer es decirnos que quieres parar.

¿Tienes alguna pregunta?

Puedes hacer preguntas en cualquier momento. Puedes preguntar ahora o más tarde. Solo dile a la investigadora cuando la veas o pídele a tus padres u otro adulto que llame al Dr. Oswaldo Moreno, profesor asistente de psicología, al 804-828-6624

Antes de decir **sí** o **no** para participar en este estudio, responderemos cualquier pregunta que tengas ahora.

Si no deseas participar en este estudio, simplemente dilo y no firmes este formulario

Asentimiento de Joven

****Si firmas aquí, significa que aceptas participar en este estudio.**

Nombre del joven participando (impreso)

Fecha

Firma del joven participando

Fecha

Nombre de la persona que realiza el asentimiento (impreso)

Firma de la persona que realiza el asentimiento

Fecha

Firma del investigador principal (si es diferente a la anterior)

Fecha

INTERVIEW QUESTIONS:**Demographics:**

1. What is your age?
2. What is your gender identity?
3. What is your ethnicity?
4. What grade are you in?
5. Where do you live?
6. Are you currently employed?
7. How many hours a week do you work?
8. How would you describe your religious/spiritual worldview?
9. What is your sexual orientation?

Attitudes towards mental health:

10. What is a mental health disorder?
11. Describe how someone gets a mental health disorder?
12. How do you see individuals who have a mental health disorder?
13. What does your family say about individuals who have mental disorders?
14. What do your friends say about individuals who have mental disorders?

Attitudes towards mental health services:

15. How does one receive care for mental health?
16. What are some reasons people go to a psychologist or a counselor?
17. How helpful is it to talk about your feelings with a psychologist or counselor?
18. Can you describe some ways you think it might be helpful to go to adults, doctors, or other people when you are sad, mad or scared?
19. What role does professional therapy play in feeling better for mental health?

Feasibility and acceptability of the youth program:

20. What group leaders made it possible for you to arrive every week?
21. What were some obstacles that made it harder for you to be in this program?
22. What were some things that made it easier for you to be in this program?
23. What benefits, or good things, have you experienced from being in the program?
24. What challenges, or hard things, have you experienced from being in the program?

Impact of the youth program:

25. Tell me about ways the program has impacted you.
26. Tell me about your experiences with the other participants from the program.
27. What kind of support (if any) has the program provided you with?

28. What role does the program play (if any) in belonging to the U.S.?
29. How did this program assist you as a Latinx youth who just arrived to this country?

Lisa Fuentes
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 Richmond, VA 23224
 240-543-4898
 FuentesLs@mymail.vcu.edu

EDUCATION

- | | |
|----------------|---|
| 2018 - Present | Doctorate of Philosophy in Counseling Psychology
Virginia Commonwealth University (VCU), Richmond, Virginia
APA accredited, anticipated graduation May 2023 |
| 2016 - 2018 | Master of Art, Clinical Mental Health Counseling
University of Denver, Denver, Colorado |
| 2010 - 2013 | Bachelor of Science, Sociology
Brigham Young University-Idaho, Rexburg, Idaho |

PUBLICATION

- Moreno, O., **Fuentes, L.**, Ortiz, M. & Hernandez, R. (under review). "Vaya con Dios:" How religiosity shapes the immigration process and U.S. living experiences for Mexican-born immigrants.
- Moreno, O., **Fuentes, L.**, Rodriguez-Garcia, I., & Corona, R. (in preparation). Early immigration, immigration policies, and psychological impact among emerging adult Latinx immigrants.
- Moreno, O. Garcia-Rodriguez, **Fuentes, L.**, F., Hernandez, K., Carranza, J., Fuellen, K., Hobgood, S Sargent, L. (in preparation). *Healthcare Provider's Perceptions of Geriatric Clinical Health Needs: A Focus Group Study of the Latinx Elderly in the Southeast.*
- Moreno, O. Garcia-Rodriguez, I, **Fuentes, L.** (in preparation). *Family Acculturation.* (In Halpern-Felsher) Encyclopedia of Child and Adolescent Health.

RESEARCH PRESENTATIONS

- Fuentes, L.**, Ortiz, M., Moreno, O. (2020, October). *Attitudes Towards Mental Health and Mental Health Services Among Undocumented Latinx Youth.* Poster presented at the 2020 Latinx Psychological Association, Denver, CO.
- Moreno, O., **Fuentes, L.**, Ortiz, M., Garcia-Rodriguez, I., & Corona, R. (2020, May). *Latinx cultural factors around the immigration political climate among first-generation emerging adults.* In R. Corona (chair), Navigating a sense of "otherness:" The experiences of Latinx adolescents and emerging adults. Symposium to be presented at the 2020 SRCD Special Topic Meeting: Construction of the 'Other': Development, Consequences, and Applied Implications of Prejudice and Discrimination, San Juan, Puerto Rico. (Conference postponed due to COVID-19).

- Moreno, O., **Fuentes, L.**, & Garcia-Rodriguez, I. (2020, October). *Nativity group's differences, cultural factors, alcohol and drug disparities among U.S. Latinxs. In Reducing Latinx Health Disparities and Promoting Health Equity in Latinx Communities* (Chair: Lisa Sanchez-Johnsen). Symposium to be presented at the 2020 Latinx Psychological Association, Denver, Colorado.
- Argueta-Contreras, J., Rodriguez, J., **Fuentes, L.**, Garcia-Rodriguez, I.A., & Moreno, O. *Adverse childhood experiences and psychological outcomes among recently arrived Latinx immigrant youth in the Southeastern United States*. Poster presented at the 2020 Latinx Psychological Association, Denver, CO.
- Moreno, O., **Fuentes, L.**, Ortiz, M., & Argueta-Contreras, J. (2019, October). *Recent immigration policies and healthcare disparities among first-generation Latinx college students*. Roundtable presented at the 2019 National Latinx Psychological Association, Miami, FL.
- Moreno, O., **Fuentes, L.**, & Ortiz, M. (2019, October). *Early immigration, policy and psychological impact among first-gen Latinx college students: Risks, strengths and resilience 'mientras la lucha continúa'*. Poster presented at the 2019 National Latinx Psychological Association, Miami, FL.
- Fuentes, L.**, Moreno, O. (2019). *Religiosity, Gender and Negative Attitudes Towards Professional Mental Services*. Poster presented at the annual meeting of Society of Cross-Cultural Research, Jacksonville, FL.
- Hernandez, R., **Fuentes, L.**, Moreno, O., Ortiz, M. (2019). *Religious Engagement and Adversity During The Immigration Process: A Qualitative Approach That Explores The Latinx Immigrant Experience*. Poster to be presented at the annual meeting of Society of Cross-Cultural Research, Jacksonville, FL.
- Tirado, C., **Fuentes, L.**, & Moreno, O. (2019, March). *Cultural related stress and coping mechanisms among first generation Latinx immigrants: A qualitative approach*. Poster presented at National Conference for McNair Scholars and Undergraduate Research, Baltimore, Maryland.
- Ortiz, M., Moreno, O., **Fuentes, L.**, Callejas, P., Hernandez, R. (2018). *Latino/a's Cognitive & Affective Processes in Relation to Immigration & Living Experiences in the United States*. Poster presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, Washington, D.C.
- Callejas, P., Moreno, O., **Fuentes, L.**, Ortiz, M., Hernandez, R. (2018). *Religious Socialization and its Impact on Latinx's Expression of Cognition, Affect, and Behaviors*. Poster presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, Washington, D.C.

PROFESSIONAL EXPERIENCES

2019-Present	Graduate Psychology Education Trainee, Clinical Psychology Department, Virginia Commonwealth University, Richmond, VA
2018 - 2019	Graduate Research Assistant, Counseling Psychology Department, Virginia Commonwealth University, Richmond, VA
2015 - 2016	Program Director, The Family Place, Washington, DC
2015 -2016	Home-Instruction Specialist, The Family Place, Washington, DC
2013 - 2015	Official Representative of The Church of Jesus Christ of Latter Day Saints (LDS)

RESEARCH EXPERIENCE

- 2019-Present **Graduate Psychology Education Trainee**
Supervisors: Bruce Rybarczyk, Ph.D and Paul Perrin, Ph.D.
- Attend data collection trainings
 - Collect data and paperwork on initial visit, established visit data, problem list information
 - Collect data on different measures such as GAD-2/GAD-7, PHQ-2/PHQ-9, PCL-5, MOCA
- 2018 - Present **Graduate Research Assistant**, La Esperanza Research Program at VCU
Supervisor: Oswaldo Moreno, Ph.D
- Understand and address health care disparities in the United States
 - Engaged in community-based participatory research
 - Conducted literature reviews
 - Translation and Back-translations
 - Engaged in semi-structured interviews
 - Engaged in Qualitative Coding
 - Supervised undergraduate research assistants
- 2018-Present **Graduate Research Assistant**, La Semilla at VCU
Supervisor: Rosalie Corona, Ph.D
- Engage in MI Training
 - Translated modules, measures and other materials from English to Spanish
 - Participate in looking for measures to include in the study
- 2017 - 2018 **Research Assistant**, Health Disparities Lab, University of Denver
Supervisor: Julia Roncoroni, Ph.D
- Conducted community-engaged and patient-centered research that aims to promote health and culturally sensitive health care, particularly in racial/ethnic minority, low-income, and medically underserved communities
 - Engaged in academic-community partnership research approach and the community-based participatory research model
 - Conducted literature reviews
 - Translation and Back-translations
 - Interviewed Spanish speaking clients and had them complete questionnaires with culturally sensitivity indicators
- 2017 - 2018 **Research Assistant**, Education and Equity Lab at the University of Denver
Supervisor: Patton Garriott, Ph.D
- Engaged in issues of economic, racial justice, social class and classism, first-generation college students, and social cognitive career theory.
 - Engaged in social class content analysis
 - Assisted qualitative coding
 - Conducted literature reviews

CLINICAL EXPERIENCE

2019-Present

Graduate Psychology Education Trainee

Supervisors: Bruce Rybarczyk, Ph.D and Paul Perrin, Ph.D.

- Provide Spanish-speaking behavioral health services at Crossover primary care clinic
- Provide behavioral health services in primary care unit at VCU Medical Center Ambulatory Care Center
- Interventions used: Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Transcending Self Therapy (TST), Telehealth, Seeking Safety
- Assessments: Montreal Cognitive Assessment (MoCA), Suicidal/Homicidal Ideation (SI/HI) Assessment

2019-Present

University of Counseling Services Practicum Student

Supervisors: Christine Strasser, Ph.D, Dan Elreda, Ph.D., Oluwatofunmi Oni, M.S., Mae-Lynn Germany, M.S.

- Engage in 5 direct clinical hours of individual therapy
- Attend 1 hour of weekly group supervision
- Attend 2 hour practicum class
- Participate in 5 outreach activities
- Complete administrative tasks of telephone encounters, note writing, scan paperwork
- Interventions used:

2017 - 2018

Clinical Mental Health Intern, Denver Indian Health and Family Services, Denver, CO

Supervisor: Shelly Solopow, LPC

- Completed year-long practicum in an integrated health setting
- Diagnose and create treatment plans for all clients
- Provide culturally appropriate services to American Indian individuals, families and couples in the Denver area
- Provide crisis management and suicide risk assessment as needed
- Attend American Indian cultural ceremonies and community events

2016 - 2017

Clinical Mental Health Intern, Servicios De La Raza, Denver, CO

Supervisor: Dellena Aguilar, Ph.D

- Completed year-long practicum to Mexican, Mexican Americans, Chicano/a and Latinx clients in the Denver area
- Provided weekly individual therapy to Spanish and English speaking clients
- Engaged in weekly individual therapy at Escuela Thlalelolco to Spanish and English speaking students
- Maintained a caseload of 10 individual clients/week
- Diagnosed and created treatment plans for all clients
- Provided crisis management and suicide risk assessment as needed

- Attended agency presentations and community events
- Maintained agency system updated with client information and therapy sessions
- Utilized a variety of interventions to address presenting issues which include: depression, trauma, substance use, interpersonal conflict and anxiety

2013-2015

Official Representative of LDS, Guayaquil, Ecuador

Supervisor: William Riggins, Ph.D

- Partnered with local mental health facilities
- Conducted home visits to local community members
- Screened for depression, trauma, domestic violence, anxiety and stress levels.

2012 –2013

Intern, Family Crisis Center, Rexburg, ID

Supervisor: Diana West, M.A.

- Assisted all Spanish speaking families who came to the Family Crisis Center
- Translated information from English to Spanish, helped families fill out police and court paperwork
- Created safety plans for domestic violence

COMMUNITY ENGAGEMENT

2019-Present

Latinx Mental Health Volunteer at Sacred Heart

Supervisor: Alfonso Perez

- Provide psychoeducation about mental health and mental health services to Latinx adolescents on a weekly basis
- Lead mental health group sessions on a biweekly basis
- Provide emotional to support to Latinx youth on a weekly basis
- Engage in program planning for the school year on a weekly basis
- Connect youth to community referrals as needed

June 2019- Present
(Summers only)**HOMBRE (The Humanitarian Outreach Medical Brigada Relief Effort)
Volunteer and Medical Translator**

Supervisor: Mark Ryan, MD

- Attended multiple training sessions related to how to provide medical service to Dominican Republic community members, learning medical terms and medications needed for certain medical conditions (e.g. diabetes and hypertension).
- Provide Spanish translation between medical doctors/medical students and patients
- Provide psychoeducation on how to adapt to medical conditions (e.g. changes in diet, lifestyle, increasing exercise, increasing water intake, etc.)
- Help collect data on substance use among community members

AWARDS

- Outstanding Counseling Psychology Student, University of Denver, 2018
- Setsuko Oka Scholars Scholarship, University of Denver, 2016-2018
- Graduate Interim Scholarship, University of Denver, 2017

- Hispanic Symposium, Writing 1st Place Winner: “How Have You Been a Leader In Your Community?”, Washington, DC, 2013
- Kiwanis International Outstanding Community Service Volunteer Award, Washington, DC, 2013

PROFESSIONAL MEMBERSHIPS

- American Psychological Association (APA), Student Affiliation (SA)
- Society for the Psychology of Religion and Spirituality, Division 36
- Society for the Psychological Study of Culture, Ethnicity and Race, Division 45
- The National Latina/o Psychological Association