THE PROTECTIVE ROLE OF CULTURAL VALUES ON PTSD SYMPTOMS IN LATINX IMMIGRANT YOUTH

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by

Betsy E. Galicia

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APPROVED:

Amanda Venta, PhD
Thesis Director

Jorge G. Varela, PhD
Committee Member

Hillary Langley, PhD
Committee Member

Alfonso Mercado, PhD
Committee Member

Abbey Zink, PhD
Dean, College of Humanities and Social Sciences

DEDICATION

This thesis is dedicated to my mother, Adriana, whom I affectionally call Madriana. Thank you for loving me and for making me laugh. To my little sister Alison, the sweetest nephew Liam (and the-soon-to-born baby Rivera Martinez), and Pancho. Thanks for supporting me and taking me out to eat. To my grandparents, Mamá Lola, Papá Lucio, and Abuelito Galicia. Thank you for your patience and understanding. And for always believing in me. My whole life is centered in all of you.

Esta tésis esta dedicada a mi mama, Adriana, a quien con cariño le llamo Madriana. Gracias por quererme y hacerme reír. A mi hermanita Alison, a mi sobrino tan dulce Liam (y al bebé Rivera Martínez que ya viene), y a Pancho. Gracias por apoyarme y darme de comer. A mis abuelos, mi Mamá Lola, mi Papá Lucio, y a mi Abuelito Galicia. Gracias por su paciencia y por entenderme. Y por siempre creer en mi. En ustedes se encierra toda mi vida.

ABSTRACT

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The number of Latinx immigrant children in the United States (U.S.) continues to rise (U.S. Customs Border Patrol [CBP], 2015; U.S. CBP, 2016). Latinx immigrant youth are exposed to significant trauma in their home countries and on their journey to the U.S., and as such, are at risk for developing posttraumatic stress disorder (PTSD). However, not every youth exposed to traumatic events is at equal risk for developing PTSD, thus indicating there may be other factors affecting or tempering the subsequent development of PTSD. Within the Latinx culture, there are cultural values that may serve as buffers against mental health problems, such as familismo, respeto, and simpatía. To date, there is little empirical data regarding the association between cultural values and the development of PTSD after traumatic exposure in Latinx immigrant children. Thus, the current study analyzed data from a sample of Latinx immigrant youth (N= 81) interviewed at a respite center at the U.S.-Mexico border. Binary logistic regressions revealed that higher levels of trauma exposure were linked to a higher likelihood of reporting elevated PTSD symptoms. Additionally, higher levels of familismo were associated with a lower likelihood of reporting elevated PTSD symptoms, thus suggesting familismo is a protective factor. Finally, endorsing clinically significant PTSD symptoms was associated with a higher likelihood of reporting elevated PTSD functional impairment. No significant findings emerged regarding respeto and simpatía. Future research should further explore whether familismo, respeto, and simpatía, and other cultural values serve as protective factors on PTSD in Latinx immigrant youth.

KEY WORDS: PTSD; Youth; Latinx, Immigration; Cultural Values, Protective Factors.

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CHAPTER I

The Protective Role of Cultural Values on PTSD Symptoms in Latinx Immigrant Youth

There are approximately three million immigrant children between the ages of 0 and 17 residing in the United States (U.S. Census Bureau, 2010), with over half being of Latin American or Caribbean origin (Acosta & De La Cruz, 2011). By the year 2060, approximately 40% of the youth population in the U.S. will be Latinx (U.S. Census Bureau, 2012). The majority of Latinx immigrant children entering the U.S. come from El Salvador, Guatemala, and Honduras, an area commonly known as the "Northern Triangle" (Council on Foreign Relations, 2018; Women's Refugee Commission, 2012), and Mexico (Kandel et al., 2014). Although the number of unauthorized immigrants entering the U.S. has decreased (Paris et al., 2018), the number of unaccompanied immigrant children traveling into the U.S. continues to grow. In 2014, there was a spike in the number of unaccompanied children entering the U.S., with 68,541 unaccompanied minors detained at the U.S.-Mexico border (U.S. Customs Border Patrol [CBP], 2015). Between 2015 and 2016, there was an approximately 131% increase in the number of youth and families migrating from Central America (U.S. CBP, 2016). To reflect the staggering rise in the number of unaccompanied and separated children coming into the U.S. since 2011, specifically from the Northern Triangle, the phenomenon was called "the surge" (Paris et al., 2018). Indeed, immigrant children continue to migrate in large numbers, with recent news reports indicating approximately 2,300 children are traveling to the U.S. as part of the Central American 'caravan' (United Nations International Children's Emergency Fund [UNICEF], 2018).

Immigrant children are prompted to migrate to the U.S. by societal, familial, historical, and governmental factors (Paris et al., 2018). Societal reasons for migration include exposure to extreme violence, sexual assault, gang violence and the pressure to join a gang, social exclusion, and limited access to quality education and employment opportunities (American Academy of Pediatrics, 2018; Chapman & Perreira, 2005; Council on Foreign Relations, 2018; Kandel et al., 2014; Paris et al., 2018; Women's Refugee Commission, 2012). Familial reasons for leaving include the experience of abuse/violence at home, neglect, and separation from caregivers, including the desire for reunification with caregivers who have previously migrated to the U.S. (American Academy of Pediatrics, 2018; Kandel et al., 2014; United Nations High Commissioner for Refugees [UNHCR], 2014). Historical reasons for migration include civil war and escaping from chronic poverty and economic strain (Chapman & Perreira, 2005; Council on Foreign Relations, 2018; Kandel et al., 2014; Paris et al., 2018; Women's Refugee Commission, 2012). Governmental reasons for migration include the mass governmental inaction in protecting its citizens against rampant violence and state corruption (Council on Foreign Relations, 2018; Paris et al., 2018; Women's Refugee Commission, 2012). According to the United Nations High Commissioner Refugee Agency (UNHCR, 2014), 58% of the 404 unaccompanied children interviewed from the Northern Triangle and Mexico who immigrated to the U.S. were "forcibly displaced because they suffered or faced harms that indicated a potential or actual need for international protection" (Executive Summary, p. 6). The study identified violence by organized crime and state officials, as well as violence in the home, as the main reasons children migrated seeking

international protection (UNHCR, 2014). Undoubtedly, many immigrant children leave their home country to survive and escape hardships and danger (UNHCR, 2014).

Immigrant children are exposed to dangers along the journey as well, such as being victims of assault, theft, rape, and other forms of victimization by criminals, traffickers, and corrupt government officials (American Academy of Pediatrics, 2018). Moreover, immigrant children risk experiencing severe dehydration, exposure to the elements (i.e., crossing rivers, traveling across the desert, traveling by train, etc.), other health risks and hardships (Baily, 2017; Eschbach, Hagan, Rodriguez, Hernandez-Leon, & Bailey, 1999; Paris et al., 2018), and even death on their journey (Casillas, 2006). Although family members may resort to paying coyotes (i.e., smugglers) to guide and travel with children to the U.S., it not uncommon for coyotes to take advantage of the vulnerability of children and demand more money or abandon them along the way (Baily, 2017; Paris et al., 2018). Despite the myriad of dangers children are likely to face on their journey to the U.S., the possibility of surviving and thriving in a new country outweighs the hardships and life-threatening experiences they endured in their home country, continuing to prompt youth migration.

Trauma and Posttraumatic Stress Disorder (PTSD)

The process of immigration, especially for undocumented individuals, can be stressful and potentially traumatic (de Arellano et al., 2017). The American Psychiatric Association (APA, 2013) broadly defined trauma as "exposure to actual or threatened death, serious injury, or sexual violence", either by "directly witnessing the event" or by "witnessing the event, in person, as it occurred to others" (p. 271). Trauma experiences may include, but are not limited to, experiencing or witnessing natural disasters

(including fire, floods, hurricanes), war, rape or sexual assault, childhood abuse or neglect, injury, or witnessing a murder (National Collaborating Centre for Mental Health, 2005). Individuals who are exposed to traumatic events are at risk for developing PTSD, depression, and other negative mental health outcomes (Kilpatrick et al., 2003). Indeed, PTSD represents one of the most likely mental health outcomes following the experience of violent and nonassaultive traumatic events (Cisler et al., 2012; Kilpatrick et al., 2003; López et al., 2016). According to the Diagnostic and Statistical Manual Fifth Edition (DSM-5; APA, 2013), PTSD may include the following symptom presentation, beginning after the traumatic event(s) occurred and in association with the traumatic event(s): intrusive symptoms; persistent avoidance of stimuli; negative alterations in mood; and marked alterations in arousal and reactivity. Children with PTSD typically experience nightmares, concentration difficulties, hypervigilance, psychosomatic symptoms (e.g., headaches, stomachaches, other pains, and enuresis), and affective difficulties (e.g., frequent crying, depression, withdrawal behavior, isolation from peers and a decreased desire to go to school) as a reaction to trauma experiences (Wiese, 2010). Experiencing trauma "can result in a break in the psychological protector shield against negative stimuli, exposing the frequently vulnerable child and putting at risk his mental health" (Wiese, 2010, p. 146).

Given the overwhelming exposure to danger and violence common among Mexican and Central American youth immigrants, it is not surprising that PTSD symptoms are also a significant concern. First, the literature on Latinx youth, in general, confirms high rates of exposure to trauma and PTSD symptoms. For example, in a randomized control trial of 200 Latinx youth (M_{age} = 8.5-11) referred to mental health

treatment, 79% reported experiencing a traumatic event (Suarez-Morales, Mena, Schlaudt, & Santisteban, 2017). Nearly a quarter of the sample reported experiencing a traumatic accident on a mode of transportation (e.g. boat or car) and 18% reported experiencing physical abuse (Suarez-Morales et al., 2017). Approximately 12% of the sample reported PTSD scores that fell within the clinical range (Suarez-Morales et al., 2017).

Second, immigrant children, specifically, have an increased risk for trauma exposure and the development of PTSD given the potential risks they encounter in the immigration journey (Perreira & Ornelas, 2013). For example, recently immigrated youth from Central America endorsed high rates of trauma exposure (an average of four traumatic events) with community violence emerging as the most frequently endorsed event, experienced by 64% of an adolescent sample and 39% of a children sample (Venta & Mercado, 2018). Erolin, Wieling, and Parra (2018) also found that community violence the most frequently endorsed traumatic event in Mexican children, however, the average number of traumatic events in this sample was lower. Such differences in number of traumatic events may indicate that Central American immigrant youth may be at higher risk of traumatic exposure even amongst Latinos (Venta & Mercado, 2018). In another study, newly immigrated Mexican children from violent homes and Central American children exposed to political violence experienced higher levels of psychological distress than children from nonviolent homes (McCloskey, Southwick, Fernandez-Esquer, & Locke, 1995). Jaycox and colleagues (2002) surveyed 1,004 recently arrived children immigrants between the ages of 8 and 15, mostly originating from Mexico, Central America, and South America. The children reported exposure to violence in the U.S. and

in their country of origin in the past year and in their lifetime; this exposure was found to be highly correlated with the presence of distress (Jaycox et al., 2002). Thirty-two percent of the children in the sample reported scores within the clinical range of the Child PTSD Symptom Scale (CPSS; Foa et al., 1997), and 29% of the children reported symptoms consistent with a PTSD diagnosis (Jaycox et al., 2002). The authors concluded that "immigrants, not necessarily refugees, have high levels of posttraumatic stress symptoms, comparable with or higher than other high-risk samples of inner-city, minority youths" (Jaycox et al., 2002, p. 1108).

Traumatic experiences and the subsequent development of PTSD symptoms can have significant detrimental effects on children's mental health and daily functioning in the short and long-term, spilling into adolescence and even into adulthood (Wiese, 2010). Trauma exposure may result in higher rates of delinquency (e.g., Ford, Elhai, Connor, & Frueh, 2010; López et al., 2017) and substance use in youth (e.g., Begle et al., 2011). Children who self-reported PTSD symptoms were also likely to experience other symptoms of psychopathology (McCloskey & Walker, 2000). In regards to academics, a study found that nine percent of Latino students reported being unable to attend school and 17% reported an academic decline as a result of experiencing PTSD symptoms (Kataoka et al., 2009), thus suggesting that these students' performance in academics is negatively affected. However, it is important to note that not every child who experiences traumatic events goes on to develop PTSD; in fact, the majority of do not develop full-blown PTSD symptoms (Cox, Kenardy, & Hendrikz, 2008). PTSD symptoms can be transient or fluid (Cox et al., 2008; McCloskey et al., 1995), and "not all youth exposed to violence are at equal risk for developing PTSD" (Schneider & Gudiño, 2018, p. 503),

thus indicating that there may be other factors which affect or temper the subsequent development of PTSD.

Cultural Values and Their Role in Latinx Mental Health

Latinx mental health research has identified salient cultural values that may serve as buffers against mental health problems. For instance, a study of 598 seventh grade students of Mexican origin found that endorsement of cultural values was linked with lower levels of externalizing behaviors and higher levels of academic engagement, thus suggesting cultural values had broad protective effects for Latinx youth (Gonzales et al., 2008). The three cultural values examined in the current study are: familismo, respeto, and simpatía.

Familismo is a Latinx cultural value referring to the strong emphasis on family and its significant role in providing emotional and social support when needed (Kapke, Grace, Gerdes, & Lawton, 2016; Sabogal, Marin, Otero-Sabogal, Marin & Perez-Stable, 1987). Familismo reflects a deep sense of belonging, obligation, and responsibility to an individual's family, and dictates prioritizing the needs of the family over those of the individual (Sabogal et al., 1987). An extensive research base suggests familismo plays a role in Latinx mental health (Calzada et al., 2012); however, this finding is not consistent across the literature. For example, in regards to depression and other internalizing symptoms, some studies suggest familismo is a buffer against these experiences, while other studies do not (Valdivieso-Mora et al., 2016). Generally, studies have found that lower levels of familismo were associated with poor mental health (Ornelas and Perreira, 2011), whereas other studies indicated that higher levels of familismo were associated with a decrease in mental health symptoms (Ayón, Marsiglia, & Bermudez-Parsai, 2010;

Campos, Ullman, Aguilera, & Dunkel Schetter, 2014). Another study analyzed data from a longitudinal sample of 168 Latinx adolescents between the ages of 11 and 15 found that Latino cultural values (including familismo and respeto) moderated the association between behavioral inhibition (a risk factor for developing PTSD; Gudiño, Nadeem, & Lau, 2012) and PTSD avoidance symptoms (Schneider & Gudiño, 2018). However, familismo has been found be an inconsistent moderator, such that it was found to moderate at low levels of discrimination, but not at high levels of discrimination and economic hardship (Umaña-Taylor, Updegraff, & Gonzales-Backen, 2011). Thus, more research is required to address the inconsistencies in existing research (Valdivieso-Mora et al., 2016) and to investigate the role of familismo in buffering PTSD symptoms in the context of trauma exposure because, to our knowledge, this area is under-researched in Latinx immigrant children. We know of only one study examining the protective effect of familismo in the context of PTSD symptoms.

Respeto is a Latinx cultural value suggested to be one of the most important values in Latinx communities according to the literature (Tafoya, 2016). It refers to the expectation that children should defer and be highly considerate of other individuals, in particular, older individuals, because of age, sex, and status within the family (Calzada et al., 2010). Further, respeto provides a framework for children to understand the boundaries of appropriate and inappropriate behavior within the family structure, overall emphasizing the importance of teaching children to be respectful, and attempting to maintain familial harmony in this way (Calzada et al., 2010). Simpatia is another Latinx cultural value that refers to the value individuals place on interpersonal harmony, such as

being easygoing, friendly, trusting, and polite (Pole, Gone, & Kulkarni, 2008; Ramirez-Esparza, Gosling, & Pennebaker, 2008).

Empirical research is scarce in addressing whether respeto and simpatía play a role in the mental health outcomes of Latinxs, despite the recognition of their importance in the Latinx culture. Respeto and simpatía may serve as personal protective factors empowering youth to avoid high risk behaviors (Ma et al., 2014). In a sample of Southern California adolescents in the seventh grade (n = 2281), smoking was negatively associated with respeto and simpatía (Unger et al., 2006). In a study of 226 Latinx adolescents between the ages of 13 and 16, higher levels of simpatía were associated with sexual abstinence and higher level of sexual self-efficacy (Ma et al., 2014). Undoubtedly, the extant research is limited in regards to respeto and simpatía and their association with trauma-exposed Latinx immigrant youth and the development of PTSD. To our knowledge, respeto has been examined in one previous study in relation to PTSD symptoms among Latinx youth, while simpatía has not been investigated in this context.

Limitations in Existing Research

Despite the continued growth in the number of Latinx immigrant youth entering the U.S., there is a dearth of research in understanding the factors that may impact the development of psychopathology in this population. The available research is mixed in regards to whether cultural factors mitigate mental health symptoms (e.g., Valdivieso-Mora et al., 2016). Furthermore, the existing research on cultural factors in Latinx youth has primarily focused on depressive symptoms (e.g., Crockett et al., 2007; Grau et al., 2016; Lorenzo-Blanco et al., 2012, etc.), internalizing and externalizing factors, substance use (see Valdivieso-Mora et al., 2016 for a meta-analysis), and various risk

factors (see Cox et al., 2007 for a meta-analysis). Culturally-sensitive research is needed to explore the function of cultural values in the development of psychopathology in Latinx youth (Kapke et al., 2016), specifically in regards to PTSD given the high potential for trauma exposure in this population.

Current Study

In summary, little is known about the association between cultural factors and the development of PTSD after traumatic exposure among Latinx immigrant children. The current study provided an empirical test of whether cultural values, specifically, familismo, respeto, and simpatía, were associated with reduced PTSD symptoms in the face of being exposed to trauma in Latinx immigrant children. We arranged hypotheses around the central premise that increased trauma exposure was related to an increased PTSD symptoms in Latinx immigrant youth. We additionally hypothesized that familismo moderated the relation between trauma exposure and PTSD symptoms, such that this relation was attenuated in the presence of high familismo. Second, we hypothesized that respeto moderated the relation between trauma exposure and PTSD symptoms, such that this relation was attenuated in the presence of high respeto. Third, we hypothesized that simpatía moderated the relation between trauma exposure and PTSD symptoms, such that this relation was attenuated in the presence of high simpatía. Fourth, we hypothesized that higher levels of cultural values moderated the relation between PTSD symptoms and functional impairment. Research in this area is timely given the growth of Latinx immigrant youth in the U.S. Findings are expected to provide mental health practitioners with information on developing culturally-sensitive

interventions aimed at promoting factors that mitigate the risk of experiencing PTSD symptoms in trauma exposed youth.

CHAPTER II

Method

Participants

The current study examined data collected as part of a larger study funded by the University of Texas System, Office of Global Engagement (Venta & Mercado, 2018). Participants included a total of *N*= 123. From the broad sample of *N*=123, there were 42 participants that were missing data on the variables of interest, thus, these participants were excluded from subsequent analyses. The final sample was *n*= 81 for subsequent analyses. Data on immigrant children were obtained from the parent with whom they voluntarily arrived at a respite center at the U.S.-Mexico border. The respite center is for recently arrived immigrants (i.e., individuals who have spent less than 24 hours within the borders of the U.S.) and it provides individuals with food, water, clothing, shoes, baby supplies, grooming supplies, showers, temporary housing, information regarding the bus system, emergency medical services, and legal consultation. Parents were included if they were 18+ years old, were fluent in Spanish, and traveled with at least one child (only one parent per child, with questionnaires focusing on the eldest child traveling with the parent). Parents (and their children) were excluded from the study if they reported having previously lived in the U.S.

Measures

Demographics. Participants were asked to provide standard demographic information such as the child's age, gender, and country of origin. This measure was completed utilizing parent report.

Latinx Cultural Values. The Mexican American Cultural Values Scale (MACVS; Knight et al., 2010) was used to assess parents' familismo and respeto. The MACVS is a 50-item self-report that assesses themes of both Mexican and Mexican American beliefs, behaviors, and traditions (i.e., familismo support, familismo obligations, familismo referents, respeto, religion, and traditional gender roles), and contemporary mainstream American beliefs (i.e., material success, independence and self-reliance, and competition and personal achievement). The measure is scored on a six-point Likert scale (0 = not at all, 5 = completely) with higher scores representing higher presence of cultural values. The familismo support (emotional support), familismo obligations, and familismo referents subscales each yield a total score, and can be added to yield a total familismo score as seen in previous research (German, Gonzales, & Dumka, 2008; Lin, 2007). The respeto subscale yields a total score as well. Knight et al. (2010) reported Cronbach's alphas of .67 for the familismo support subscale, a .65 for the familismo obligations subscale, and .61 for the familismo referents subscale, and .75 for the respeto subscale in an adolescent sample. The Familismo total subscale (familismo obligation, familismo referent, and familismo support; α = .88) and the respeto subscale (α = .78) demonstrated adequate internal consistency in this study.

The Simpatía Scale (Griffith, Joe, Chatham, & Simpson, 1998) was used to assess parents'simpatía. The Simpatía Scale is a 17-item self-report measure of agreeableness, respect of others, and politeness as social attributes in the past three months. There are three subscales (Agreeableness, Respect, and Politeness) that are added to yield a total Simpatía score. The full measure is scored on a five-point Likert scale (0 = never, 4 = always) with total scores ranging between 0-68. Higher scores

indicate higher levels of simpatía. In an ethnically-diverse sample of 187 individuals, including Latinxs, a study reported the Simpatía scale had a Cronbach's alpha of .75 (Griffith et al., 1998). The Cronbach's alphas for the three subscales (agreeableness, respeto, and politeness) for the same study were .72, .71, and .70, respectively. The Simpatía Scale's internal consistency was acceptable in this sample (α = .79).

Trauma Exposure and Symptoms. Part I of the UCLA PTSD Index Trauma Screen-Revision 1 (UCLA; Pynoos, Rodriguez, Steinberg, Studber, & Frederick, 1998) was used as a measure of children's trauma exposure based on parental-report. The UCLA PTSD comprises 15 yes-no items related to community violence, abuse, and witnessed violence, and an additional question asking the respondent to identify the event that is bothering him or her the "most now." If a potentially traumatic event is endorsed, the respondent is asked to indicate whether he or she has fear of being hurt badly, fear that someone else would be hurt badly, and feelings of shame, helplessness, and disgust. Previous research with recently immigrated Spanish-speaking adolescents found a Cronbach's alpha of .75 to .78 for the UCLA (Venta & Mercado, 2018). Another study reported high internal consistency (α = .90-.91) in a sample of 148 students of whom half were immigrants (Beehler, Birman, & Campbell, 2012). The UCLA measure is often used with Spanish-speaking and immigrant samples and appears to perform adequately in such populations (Venta & Mercado, 2018). The UCLA's internal consistency was acceptable in this sample (α = .76).

The Child PTSD Symptoms Scale (CPSS; Foa et al., 2001) was used to assess each child's exposure to traumatic events and current symptoms based on parental-report. The CPSS is a 24-item measure, with the first 17 items asking participants to rate the

frequency of symptoms of PTSD on a frequency scale (0 = not at all, 1 = once a week or less/once in a while, 2 = two to four times a week/half the time, 3 = five or more times a week/almost always). The remaining seven questions ask participants about functional impairment in specific areas of life (i.e., saying prayers, doing chores, friendships, hobbies, schoolwork, family relationships, and general happiness) and are scored dichotomously as absent (0) or present (1). Scores range from zero to seven, with higher scores indicating greater functional impairment. The CPSS was administered in Spanish via parent-report to the guardians of the children enrolled in the study. The CPSS has been found to have high internal consistency (*alpha* = .90) in a sample of recently immigrated adolescents (Venta & Mercado, 2018). In a sample of Latinx students in the U.S., internal consistency was reported to be .75 (Gudiño & Rindlaub, 2014), thus suggesting it is appropriate to use with Latinx youth. The CPSS' internal consistency in this sample was adequate (α =.95).

Procedure

The study utilized a subset of data collected as part of a larger study conducted at a respite center located at the U.S.-Mexico border. Appropriate IRB and respite center approvals were obtained prior to data collection (see Appendix A). Informed consent of the children's parents was obtained in Spanish. Data was collected in one sitting, in person, from the parents through questionnaire-based measures administered in Spanish by a bilingual Clinical Psychologist. Participation was completely voluntary and anonymous. Participants were advised they could decline participation at any time. Participants were compensated for their time with a $20 gift card.

CHAPTER III

Results

Demographics

Participants included 81 parents reporting on their children, selected from a from a larger study (Venta & Mercado, 2018). Participants' average age was 9.64 (*SD*= 5.40) and approximately half (50.4%) were male (see full descriptive statistics on Table 1). Of these, 44.4% were from El Salvador, 37.0% from Honduras, 16.0% from Guatemala, and 2.5% from Mexico. Regarding trauma exposure, the most commonly endorsed traumatic events in the sample included seeing someone in the community get slapped, punched, or beat up (37%), experiencing a natural disaster (29.6%), and witnessing violence perpetrated against a family member (28.4%). About 34% of the sample met the clinical cutoff for PTSD (a cutoff of 11 on the Child PTSD Symptoms Scale; Foa et al., 2001).

Table 1

Descriptive Statistics for Caregiver Participants and Children Participants (N=81)

Variable	*M or Frequency*	*SD or Percentages*
Age of Caregivers	32.79	7.75
Gender of Caregivers		
Male	27	33.3%
Female	52	64.2%
Country of Origin		
El Salvador	36	44.4%
Honduras	30	37.0%
Guatemala	13	16.0%
Mexico	2	2.5%

Amount of people the participants traveled with to the U.S.		
Zero	2	2.5%
One	47	58.0%
Two	25	30.9%
Three	7	8.6%
Four	0	0.0%
Age of Children Participants	9.64	5.40
Gender of Children Participants		
Male	38	46.9%
Female	37	45.7%
Meeting PTSD criteria (cutoff of 11)		
No	47	58%
Yes	34	42%
Most Commonly Endorsed Traumatic Events		
Seeing someone in the community, punched, or beat up	30	37.0%
Experiencing a natural disaster	24	29.6%
Witnessing violence perpetrated against a family member	23	28.4%

Data Screening

Planned analyses included conducting four moderation analyses utilizing the PROCESS Macro for SPSS (Hayes, 2017). In models one, two, and three, parent-reported trauma exposure was planned to be the independent variable; with parent-reported PTSD symptoms in children as the dependent variable; and familismo, respeto, and simpatía as moderators in each model, respectively. In the fourth model, parent-reported PTSD symptoms in children was planned to be independent variable; PTSD functional impairment as the dependent variable; and familismo, respeto, and simpatía

(the cultural values) as moderators. However, the dependent variable of interest, parent-reported PTSD symptoms (as measured by the CPSS), demonstrated significant non-normality, precluding parametric tests utilizing it as a continuous dependent variable. To remedy this, a square root transformation was performed on this variable though problematic non-normality remained. We also tried to fit Poisson and Negative Binomial models, however, neither fit the data adequately. The parent-reported PTSD symptoms variable was therefore dichotomized: participants were classified as either "no PTSD" or "PTSD", with scores less than or equal to 10 classified as "no PTSD" and scores greater than or equal to 11 classified as "PTSD". A cutoff of 11 was used to classify participants into the PTSD symptoms group as used in prior literature, consistent with moderate clinical levels of PTSD symptoms (Foa et al., 2011; Gudiño & Rinlaub, 2014; Jaycox et al., 2002; Kataoka et al., 2003; Venta & Mercado, 2018).[1] In the following results, parent-reported PTSD will refer to the dichotomized version of this variable. It should be noted that planned (pre-registered) analyses could not be conducted due to this unanticipated transformation in the dependent variable. Table 2 shows a correlation matrix of the continuous variables of interest to determine any associations.

Following prior literature (German, Gonzales, & Dumka, 2008; Lin, 2007), the three familismo variables (familismo referent, familismo obligation, and familismo support) were collapsed into one variable: familismo total. In the following results, familismo will refer to the summation of all three familismo variables.

[1]Findings were not different for this study when utilizing a different cutoff (i.e., 16 as the cutoff)

Table 2

Correlations Among Parent-reported Age, Trauma Exposure, Familismo, Respeto, and Simpatía

		1	2	3	4
1. Age					
2. Parent- reported trauma	exposure	0.357*			
3. Familismo		0.015	-0.189		
4. Respeto		-0.122	-0.048	0.491**	
5. Simpatía		0.060	0.038	0.471**	0.294*

Note. *$p < .05$; ** $p <. 01$

A positive relation between parent-reported trauma exposure and age, familismo and respeto, familismo and simpatía, and respeto and simpatía emerged. Notably, no association was found between age and familismo, age and respeto, or age and simpatía. Moreover, no association was found between parent-reported trauma exposure and familismo, parent-reported trauma and respeto, or parent-reported trauma exposure and simpatía.

Preliminary Analyses

In identifying potential confounds as part of the planned analyses, the relation between gender and parent-reported PTSD symptoms (as measured by the CPSS) was investigated using a Pearson Chi-Square analysis. Results did not provide a significant relation between gender and parent-reported PTSD symptoms, $X^2(1) = 1.07$, $p = .301$, thus, it was not included in subsequent analyses.

Additionally, to identify if age was a potential confound as part of the planned analyses, an independent-samples t-test was conducted to compare the participants' age and the "no PTSD" and "PTSD" groups. There was a significant difference in scores for

"no PTSD" (*M*= 7.97, *SD*= 5.60) and "PTSD" groups (*M*= 11.94, *SD*= 4.20); *t* (78.88) = -3.64, $p < .01$, two-tailed); thus, we controlled for age in subsequent analyses.

Exploratory Analysis: Binary Logistic Regression Analysis

Binary logistic regression analysis served as an exploratory analysis utilizing parent-reported PTSD symptoms (dichotomous) as the outcome variable (see Table 3). The model included five independent variables (age, parent-reported trauma exposure, familismo, respeto, and simpatía) and three interactions (parent-reported trauma exposure by familismo, parent-reported trauma exposure by respeto, and parent-reported trauma exposure by simpatía). In step one, age was entered into the analysis, whereas variables of interest, including parent-reported trauma exposure, familismo, simpatía, and respeto were included in step two. To assess hypothesized moderation effects, parent-reported trauma exposure by familismo, parent-reported trauma exposure by respeto, and parent-reported trauma exposure by simpatía were entered in step three. Step one was statistically significant, $X^2(1) = 11.42$, $p = .001$, Nagelkerke $R^2 = .177$, and revealed participants' age ($p = .002$) significantly predicted placement in the PTSD group, with older children more likely to display elevated PTSD symptoms. Familismo, respeto, and simpatía were included in step two. Step two emerged as statistically significant, $X^2(5)= 33.59$, $p < .001$, Nagelkerke $R^2 = .457$. A main effect of parent-reported trauma exposure on parent-reported PTSD symptoms was significant, such that higher levels of trauma exposure were linked to a higher likelihood of reporting elevated PTSD symptoms, $b=.407$, $p< .05$. A main effect of familismo on parent-reported PTSD symptoms was significant, such that higher levels of familismo were associated with a lower likelihood of reporting elevated PTSD symptoms, $b= -0.811$, $p = .037$. No evidence of significant

main effects of respeto, *b*= 1.204, *SE*= .862, *p*= .162, or simpatía, *b*= .095, *SE*= .078, *p*= .223, were noted. Step three included two-way interactions— parent-reported trauma exposure by familismo, parent-reported trauma exposureby respeto, and parent-reported trauma exposure by simpatía.Step three emerged as significant, $X^2(8)= 36.17$, $p< .001$, Nagelkerke $R^2 = .485$. though the results did not suggest significant interaction effects for parent-reported trauma exposure by familismo, *b*= .03, *SE*= .197, *p* = .894, parent-reported trauma exposure by respeto, *b*= -.06, *SE*= .895, *p* = .174, or parent-reported trauma exposure by simpatía, *b*= -.05, *SE*= .043, *p* = .212. The Nagelkerke R^2 for this model was .49. Overall, 80.2% of cases were correctly classified into PTSD groups by the binary logistic regression.

Table 3

Results of binary logistic regression models of parent-reported PTSD symptoms

Model	Predictor	*B*	*Std. Error*	*OR*	*p*	*95% CI for OR*	
Step 1	(Constant)	-1.87	0.57	0.15	**.001**		
	Age	.154	0.05	1.17	**.002**	1.06	1.284
Step 2	(Constant)	-0.38	3.64	0.68	.917		
	Age	.140	0.06	1.15	.024	1.01	1.300
	Parent-reported trauma exposure	0.40	0.12	1.50	**.002**	1.17	1.933
	Familismo	-0.81	0.39	0.44	**.037**	0.20	0.951
	Respeto	1.204	0.862	3.33	.162	0.61	18.054
	Simpatía	0.10	0.08	1.09	.223	0.94	1.281
Step 3	(Constant)	-4.78	6.49	.008	.461		
	Age	.150	0.07	1.16	**.021**	1.02	1.320

Parent-reported trauma exposure	2.07	1.95	7.95	.286	.176	359.83
Familismo	-0.96	0.700	0.39	.174	.098	1.522
Respeto	1.473	1.589	4.36	.354	.194	98.15
Simpatía	0.25	0.15	1.28	.104	0.95	1.718
Parent-reported trauma exposure by Familismo	0.03	0.197	1.03	.894	0.698	1.510
Parent-reported trauma by Respeto	-0.06	0.417	0.95	.895	0.418	2.144
Parent-reported trauma by Simpatía	-0.05	0.043	0.95	.212	0.872	1.031

Note. Values in boldface are statistically significant. Abbreviations: CI, confidence interval; OR, odds ratio; SE, standard error.

Confirmatory Analysis: Binary Logistic Regression

Likewise, a second binary logistic regression was conducted with PTSD functional impairment as the dependent variable (see Table 4). The model included five independent variables (age, parent-reported PTSD symptoms, familismo, respeto, and simpatía) and three interactions (parent-reported PTSD symptoms by familismo, parent-reported PTSD symptoms by respeto, and parent-reported PTSD symptoms by simpatía). In step one, age was entered into the analysis; step two included parent-reported PTSD symptoms, familismo, respeto, and simpatía, whereas variables of interest, including PTSD by familismo, parent-reported PTSD symptoms by respeto, and parent-reported PTSD symptoms by simpatía were entered in step three. Step one did not emerge as statistically significant, $X^2(1) = .81$, $p = .37$, Nagelkerke $R^2 = .013$. Familismo, respeto, and simpatía were included in step two. The step two model emerged as statistically significant, $X^2(5) = 18.90$, $p = .002$, Nagelkerke $R^2 = .278$. A link between parent-reported PTSD symptoms and functional impairment emerged, $b = 2.168$, $p = .000$, though the

significance of this effect was reduced in the presence of interaction terms. Step three included two-way interactions— parent-reported PTSD symptoms by familismo, parent-reported PTSD symptoms by respeto, and parent-reported PTSD symptoms by simpatía. The step three model emerged as statistically significant, $X^2(8) = 20.54$, $p = .008$, Nagelkerke $R^2 = .299$. The interaction terms were not significant for parent-reported PTSD symptoms by familismo, $b = -.873$, $SE = .806$, $p = .279$, parent-reported PTSD symptoms by respeto, $b = .966$, $SE = 1.902$, $p = .612$, or parent-reported PTSD symptoms by simpatía, $b = -.006$, $SE = .174$, $p = .975$. The Nagelkerke R^2 for this model was 0.30. Overall, 72.8% of the cases were correctly classified into PTSD functional areas of impairment by the binary logistic regression.

Table 4

Results of binary logistic regression models of parent-reported PTSD functional impairment

Model	Predictor	*B*	*Std. Error*	*OR*	*p*	*95% CI for OR*	
Step 1	(Constant)	-0.237	0.459	0.79			
	Age	0.038	0.042	1.038	.368	0.957	1.127
Step 2	(Constant)	1.792	3.155	6.004	.570		
	Age	-0.028	0.051	0.972	.582	0.880	1.074
	Parent-reported PTSD symptoms	2.168	.610	8.74	**.000**	2.646	28.90
	Familismo	-.112	.328	0.894	.732	.470	1.699

Continued...

	Respeto	.207	.696	1.231	.766	.314	4.818
	Simpatía	-.050	.065	0.952	.444	.838	1.081
Step 3	(Constant)	-.288	3.721	0.750	.938		
	Age	-.026	0.051	0.975	.613	.882	1.077
	Parent-reported PTSD symptoms	10.077	7.736	23794	.193	.006	9.1E+10
	Familismo	.096	.383	1.101	.802	.519	2.334
	Respeto	.061	.776	1.063	.936	.237	4.771
	Simpatía	-.056	.073	.946	.445	.820	1.091
	Parent-reported PTSD symptoms by Familismo	-.873	0.806	.418	.279	.086	2.028
	Parent-reported PTSD symptoms by Respeto	.966	1.902	2.626	.612	.063	109.16
	Parent-reported PTSD symptoms by Simpatía	-.006	.174	.994	.975	.707	1.400

Note. Values in boldface are statistically significant. Abbreviations: CI, confidence interval; OR, odds ratio; SE, standard error

CHAPTER IV

Discussion

The current study examined whether Latinx cultural values, specifically familismo, respeto, and simpatía, could serve as moderators in the relation between PTSD symptoms and trauma exposure in Latinx immigrant youth. The dependent variable, parent-reported PTSD symptoms, was not normally distributed; consequently, the planned parametric tests could not be conducted as originally planned and the findings should be interpreted as exploratory in nature. The study's original four hypotheses were arranged around the central premise that increased trauma exposure was related to increased PTSD symptoms in Latinx immigrant youth. First, we hypothesized that familismo would moderate the relation between trauma exposure and PTSD symptoms, such that the relation was attenuated in the presence of high familismo; this hypothesis was not supported. Second, we hypothesized that respeto would moderate the relation between trauma exposure and PTSD symptoms, such that this relation was attenuated in the presence of high respeto; this hypothesis was not supported. Third, we hypothesized that simpatía would moderate the relation between trauma exposure and PTSD symptoms, such that this relation was attenuated in the presence of high simpatía; this hypothesis was not supported. Fourth, we hypothesized that higher levels of cultural values (i.e., familismo, respeto, and simpatía) would moderate the relation between PTSD symptoms and functional impairment; this hypothesis was not supported.

Bivariate analyses did not provide evidence of a significant association between gender and parent-reported PTSD symptoms. Past research has not found significant differences between gender in a Latinx immigrant youth sample which suggests that the

experience of PTSD symptoms may be due to "very high rates of trauma symptoms in these samples" regardless of gender (Venta & Mercado, 2018, p. 88). However, it is not consistent with past studies that indicate that girls are more likely to report both higher levels of PTSD symptoms than boys (La Greca, Lai, Joormann, Auslander, & Short, 2013). Past research suggests girls report witnessing violence less than boys, yet are more likely to report symptoms falling within the PTSD diagnosis criteria, thus denoting there is a gender difference between both (Jaycox et al., 2002). This difference may be attributed to manner in which girls and boys report symptoms. For example, when exposed to violence, girls are more likely to report internalizing symptoms (i.e., symptoms more consistent with a depression diagnosis) and boys are more likely to display externalizing symptoms, such as having conduct issues or displaying aggression (Buckner, Beardslee, & Bassuk, 2004; Foster, Kuperminc, & Price, 2004). Further, boys and girls may be exposed to different trauma such that girls report being victims of sexual assault more than boys do, but boys report being exposed to more violence than girls (Hanson et al., 2008; Suarez-Morales et al., 2017).

At the bivariate level, there was evidence of a relation between age and being classified into the "no PTSD" or "PTSD" group. This finding is not consistent with previous research, in which children of different ages did not differ in levels of PTSD symptoms in an immigration schoolchildren sample (Jaycox et al., 2002). However, a majority of the research supports including age as a covariate in this population (de Arellano et al., 2017; Kilpatrick et al., 2003; La Greca et al., 2013; Schneider & Gudiño, 2018). In a study comprised of Latinx immigrant participants, including children (M_{age}= 9.2) and adolescents (M_{age}= 19, *SD*= 2), adolescents reported a higher percentage of

trauma exposure (i.e., 64% of youth reported community violence compared to 39% of children; Venta & Mercado, 2018). The differences in trauma exposure between children and adolescents is likely because adolescents experience more years of exposure in a violent region. Undoubtedly, more research is needed to understand whether there are age differences in experiencing PTSD in this population.

Three hypothesized significant main effects emerged. First, a significant main effect emerged in which higher levels of trauma exposure were associated with greater likelihood of elevated PTSD symptoms. This finding is unsurprising given that an extensive amount of literature suggests that trauma exposure may lead to negative mental health outcomes, including PTSD (Kilpatrick et al., 2003; Suarez-Morales et al., 2017). Likewise, being exposed to community violence, another form of trauma exposure often experienced by Latinx immigrant youth, has been suggested as a risk factor for PTSD (Schneider & Gudiño, 2018). Immigrant youth are exposed to high amounts of trauma and often meet clinical cutoffs for PTSD symptoms. This may be attributed to the instability and violence in their home countries and their journey to the U.S. These effects may be exacerbated and lead to PTSD symptomatology because of the underutilization of mental health services among Latinxs (Kouyoumdjian, Zamboanga, & Hansen, 2003).

Likewise, the parent-reported PTSD functional impairment conferred by PTSD symptoms was considered as a dependent variable. There was a link between endorsing clinically significant PTSD symptoms and impairment, though this was reduced in the presence of interaction terms. Indeed, this mirrors previous research regarding the impairing effect PTSD symptomatology can have on children's everyday functioning,

which typically manifests in nightmares, concentration difficulties, depression, being isolated and withdrawn, etc. (Wiese, 2010).

Third, a significant main effect was found in which higher levels of familismo were linked with lower likelihood of endorsing clinically significant PTSD symptoms. This finding is in line with aforementioned research on familismo and psychopathology, which suggested that higher levels of familismo were associated with a decrease in mental health symptoms, therefore indicating it may serve as a protective factor for Latinx youth (Ayon et al., 2010; Campos et al., 2014; Lorenzo-Blanco et al., 2012). Familismo is generally regarded as a positive factor for Latinx youth, however, it can also emerge as a stressor for youth who are concerned with meeting the needs and expectations of the family or other social networks (Kapke et al., 2016; Smokowski et al., 2014). According to Kapke et al. (2016), the influence of familismo on the development of psychopathology in this population is difficult to summarize, with some studies providing mixed results on the association between familismo and internalizing symptoms. Indeed, the current study adds to the existing complexity by indicating that familismo acted as a protective factor overall, rather than by moderating the effect of trauma exposure on PTSD.

The current study did not find evidence of significant main effects linking respeto and parent-reported PTSD symptoms or simpatía and parent-reported PTSD symptoms. Both of these variables have been under researched, especially in regards to psychopathology in Latinx youth. Indeed, most of the available research on these variables focuses on predicting high risk behaviors, such as smoking, and in promoting healthy behaviors, such as sexual abstinence and sexual efficacy (Ma et al., 2014; Unger

et al., 2006). The absence of significant findings could suggest that either respeto or simpatía are not relevant protective factors in PTSD symptomatology or that they serve a protective effect against risky behaviors (that arise from psychopathology) or as a promoter of healthy behaviors—variables not included in the current analyses.

There were several interactions analyzed, parent-reported trauma exposure x familismo, parent-reported trauma exposure x respeto, and parent-reported trauma exposure x simpatía, all which emerged as nonsignificant in relation to parent-reported PTSD symptoms and functional impairment. These findings are surprising given that cultural values have been described as possible protective factors. Notably, some of the research available in describing cultural values as buffers has focused on behaviors in Latinx. This warrants further investigation as to whether cultural values serve a specialized role as buffers. Given the limitations of the current study (e.g., sample size), the absence of significant findings should not be interpreted as suggesting the absence of clinically meaningful relations between cultural values and PTSD. Indeed, limited power to detect existing effects is likely a significant limitation of the current study.

The results discussed must be interpreted in light of several additional study limitations. The current study utilized parent-reported trauma exposure and PTSD symptoms, thus this information was not directly provided from the youth participants. The current data relied on parent participants' reconstructive memory and/or knowledge of whether their children experienced trauma or PTSD symptoms. The parent responses may be not be truly indicative of children participants' true experiences because of under or over reporting of trauma experiences and PTSD symptoms. Some studies report that parents underestimate PTSD symptoms in their children, and that there is low

concordance between both parents and children in the types of symptoms reported (Scheeringa, Wright, Hunt, & Zeanah, 2010). Other studies report that although parents have difficulty accurately reporting their children's symptoms immediately following a traumatic experience, as time elapsed, there was a convergence between the parents' and youths' reports of symptoms (Schreier, Ladakakos, Morabito, Chapman, & Knudson, 2005). Moreover, parents who had more than one child were only asked about the eldest child due to available research resources (i.e., time and staff).

Two of the measures utilized in this study, the Simpatía Scale and the MACVS, the MACVS and the Simpatía Scale have not been validated in Central American individuals to date. It is also important to consider that the parents were asked about their cultural values, not their children's cultural values. Thus, it is possible that the children have not been exposed to these cultural values as long as their parents have, thereby highlighting an age or generational difference. Likewise, it could be possible that the children do not endorse these cultural values in the same magnitude as their parents. Study researchers decided to ask the parents about the variables of interests to prevent asking the children about sensitive topics after having recently endured a long journey to the U.S. and because some of the children within the sample were very young, with the youngest being one month old.

In assessing PTSD symptoms, the current study utilized the CPSS with a cutoff of 11 as supported by previous research (Foa et al., 2011; Gudiño & Rinlaub, 2014; Jaycox et al., 2002; Kataoka et al., 2003; Venta & Mercado, 2018); however, Nixon et al. (2013) recommended using a cutoff of 16 to maximize sensitivity and specificity. Nixon and colleagues (2013) utilized a structured clinical interview as the validity criterion in

determining an appropriate cutoff point. Similarly, the International Society for Traumatic Stress Studies (ISTSS; 2013) developed guidelines based on clinical experience and intervention studies suggested using a cutoff of 14 or 15; the higher cutoff was presumed to be a better indicator of children with severe PTSD. In using two different cutoffs for the CPSS, Jaxcox et al. (2002) found that 52.8% of a sample of immigrant elementary children (*n*=1004) were identified as having probable PTSD when using 11 as the cutoff, whereas 32.3% were identified as having probable PTSD when using 16 as the cutoff. As Gudiño and Rinlaub (2014) stated, more research is needed to identify the most appropriate cutoff that maintains both sensitivity and specificity for PTSD symptoms in "racially/ethnically diverse children, children exposed to various types of traumas, and children exposed to multiple traumas" (p. 32). It should be noted, however, that analyses for this study were replicated utilizing a cutoff score of 16, in line with this prior research, and findings were unchanged. Finally, because the PTSD symptoms variable was not continuous, researchers dichotomized the variable and used non-parametric testing for data analyses. However, had the variable been normally distributed and amenable to parametric analyses, this variable could have been more conducive to moderation analyses.

Still, this study has notable strengths. Although the overall sample size is modest, this sample is nonetheless also a strength in our study given the uniqueness of this population. Additionally, participants were interviewed in person by a bilingual clinical psychologist, thus, participants were able to ask for clarification if needed, both factors that bolster the quality of the data collected. Likewise, data was collected from Latinx immigrant families who have recently arrived to the U.S., a unique characteristic given

that most of U.S. immigrant research includes immigrants who have lived in the U.S. for some time. To our knowledge, this is the first study to have analyzed cultural values, trauma exposure, and PTSD symptoms in this population.

To date, there is little research focusing on potential protective factors, such as cultural values, in the face of trauma within the Latinx immigrant children population. Indeed, most of the research has focused on depression and risk factors within immigrant populations. Research in this area is much needed given the increase in Latinx immigrant children in the U.S. and the significant amount of violence and trauma in Latin American countries. Future research should focus on investigating trauma exposure and PTSD symptoms directly from youth participants and identifying whether there might be a potential discrepancy between parent-report symptoms and youth-reported symptoms in this population. Further, of particular interest might be exploring whether other cultural values within the Latinx serve as protective factors in PTSD symptoms, such as fatalismo, religiosity, traditional gender roles, and ethnic pride because research suggests these may play a role in other psychopathology or risky behaviors in Latinx individuals (Lorenzo-Blanco et al., 2012; Ma et al., 2014; Trepasso-Grullon, 2012). In sum, identifying protective factors against PTSD is vital to incorporate these into culturally-sensitive therapy techniques and to understand the development of psychopathology in Latinx immigrant youth.

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APPENDIX A

The University of Texas Rio Grande Valley

The Institutional Review Board for Human Subjects Protection (IRB) Division of Research, Innovation, and Economic Development Office of Research Compliance

February 14, 2017

To: Alfonso Mercado,

Ph.D. From:

Institutional Review

Board

Subject: Approval of a New Human Research Protocol

IRBNet ID: 1002249-1

IRB# 2016-245-12

Project Title: NEW QUESTIONS FOR THE HISPANIC HEALTH PARADOX: INVESTIGATING THE ROLES OF CULTURAL VALUES AND TRAUMA

Dear Researcher,

The IRB protocol referenced above has been reviewed and **APPROVED ON February 9, 2017**. Basis for approval: Full Review

Approval expiration date: February 8, 2018

Recruitment and Informed Consent: You must follow the recruitment and consent procedures that were approved. If your study uses an informed consent form or study information handout, you will receive an IRB-approval stamped PDF of the document(s) for distribution to subjects.

Modifications to the approved protocol: Modifications to the approved protocol (including recruitment methods, study procedures, survey/interview questions, personnel, consent form, or subject population), must be submitted to the IRB for approval. Changes should not be implemented until approved by the IRB.

Approval expiration and renewal: Your study approval expires on the date noted above. Before that date you will need to submit a continuing review request for approval. Failure to submit this request will result in your study file being closed on the approval expiration date.

Data retention: All research data and signed informed consent documents should be retained for a

minimum of 3 years after *completion* of the study.

Closure of the Study: Please be sure to inform the IRB when you have completed your

study, have graduated, and/or have left the university as an employee. A final report should be submitted for completed studies or studies that will be completed by their respective expiration date.

Approved by: Dr. Wendy Lawrence Fowler
Vice Chair/Acting Chair, Institutional Review Board

APPENDIX B

Demographics Form: Spanish

Información Personal

1. **Edad _____**
2. **Genero**
   - Masculino
   - Femenino
   - Prefiero no contestar

3. **País de nacimiento**

4. **País de salida**

5. **Lugar de destino _____**

6. **Estado Civil**
   - Soltero/a
   - Casado/a
   - Union Libre
   - Viudo/a
   - Separado/a
   - Prefiero no contestar

7. **Nivel de educación terminada**
   - Ninguna
   - Primaria
   - Secundaria
   - Preparatoria/Bachillerato
   - Otro
   - Prefiero no contestar

8. **Con cuentas personas viajo**
   - Solo
   - Con 1 mas
   - Con 2 mas
   - Con 3 mas
   - Con 4 o mas
   - Prefiero no contestar

Demographics Form: English

Personal Information

Age _____

Gender

- Male
- Female
- Prefer not to answer

Country of Origin

Country of Departure

Destination _____

Marital Status

- Single
- Married
- Union Libre
- Widowed
- Separated
- Prefer not to answer

Level of Completed Education

- None
- Elementary School
- Middle School
- High School
- Other
- Prefer not to answer

With how many people did you travel with?

- Alone
- With 1 more
- With 2 more
- With 3 more
- With 4 more
- Prefer not to answer

APPENDIX C

Mexican American Cultural Values Scale: English and Spanish
Knight, Gonzales, Saenz, Bonds, Germán, Deardorff, ... & Updegraff, 2010)

English Version	Spanish Version
The next statements are about what people may think or believe. Remember, there are no right or wrong answers. Tell me how much you believe that . . .	*Las siguientes frases son acerca de lo que la gente puede pensar o creer. Recuerda, no hay respuestas correctas o incorrectas. Dime que tanto crees que.*
Response Alternatives	
1 = *Not at all*	1 = *Nada*
2 = *A little*	2 = *Poquito*
3 = *Somewhat*	3 = *Algo*
4 = *Very much*	4 = *Bastante*
5 = *Completely*	5 = *Completamente*
1. One's belief in God gives inner strength and meaning to life. (Religion: .74, .72)	1. *La creencia en Dios da fuerza interna y significado a la vida.*
2. Parents should teach their children that the family always comes first. (Familism support: .39, .28)	2. *Los padres deberían enseñarle a sus hijos que la familia siempre es primero.*
3. Children should be taught that it is their duty to care for their parents when their parents get old. (Familism obligation: .41, .42)	3. *Se les debería enseñar a los niños que es su obligación cuidar a sus padres cuando ellos envejezcan.*
4. Children should always do things to make their parents happy. (Familism referent: .46, .39)	4. *Los niños siempre deberían hacer las cosas que hagan a sus padres felices.*
5. No matter what, children should always treat their parents with respect. (Respect: .46, .46)	5. *Sea lo que sea, los niños siempre deberían tratar a sus padres con respeto.*
6. Children should be taught that it is important to have a lot of money. (Material success: .52, .59)	6. *Se les debería enseñar a los niños que es importante tener mucho dinero.*
7. People should learn how to take care of themselves and not depend on others. (Independence and self-reliance: .37, .47)	7. *La gente debería aprender cómo cuidarse sola y no depender de otros.*
8. God is first; family is second. (Religion: .44, .55)	8. *Dios está primero, la familia está segundo.*
9. Family provides a sense of security because they will always be there for you. (Familism support: .51, .51)	9. *La familia provee un sentido de seguridad, porque ellos siempre estarán allí para usted.*
10. Children should respect adult relatives as if they were parents. (Respect: .56, .53)	10. *Los niños deberían respetar a familiares adultos como si fueran sus padres.*
11. If a relative is having a hard time financially, one should help them out if possible. (Familism obligation: .52, .51)	11. *Si un pariente está teniendo dificultades económicas, uno debería ayudarlo si puede.*

English Version	Spanish Version
12. When it comes to important decisions, the family should ask for advice from close relatives. (Familism referent: .47, .49)	*12. La familia debería pedir consejos a sus parientes más cercanos cuando se trata de decisiones importantes.*
13. Men should earn most of the money for the family so women can stay home and take care of the children and the home. (Traditional gender roles: .60, .64)	*13. Los hombres deberían ganar la mayoría del dinero para la familia para que las mujeres puedan quedarse en casa y cuidar a los hijos y* el hogar.
14. One must be ready to compete with others to get ahead. (Competition and personal achievement: .52, .71)	*14. Uno tiene que estar listo para competir con otros si uno quiere salir adelante.*
15. Children should never question their parents' decisions. (Respect: .42, .30)	*15. Los hijos nunca deberían cuestionar las decisiones de los padres.*
16. Money is the key to happiness. (Material success: .70, .77)	*16. El dinero es la clave para la felicidad.*
17. The most important thing parents can teach their children is to be independent from others. (Independence and self-reliance: .46, .42)	*17. Lo más importante que los padres pueden enseñarle a sus hijos es que sean independientes de otros.*
18. Parents should teach their children to pray. (Religion: .61, .51)	*18. Los padres deberían enseñarle a sus hijos a rezar.*
19. Families need to watch over and protect teenage girls more than teenage boys. (Traditional gender roles: .50, .55)	*19. Las familias necesitan vigilar y proteger más a las niñas adolescentes que a los niños adolescentes.*
20. It is always important to be united as a family. (Familism support: .52, .38)	*20. Siempre es importante estar unidos como familia.*
21. A person should share their home with relatives if they need a place to stay. (Familism obligation: .44, .43)	*21. Uno debería compartir su casa con parientes si ellos necesitan donde quedarse.*
22. Children should be on their best behavior when visiting the homes of friends or relatives. (Respect: .52, .51)	*22. Los niños deberían portarse de la mejor manera cuando visitan las casas de amigos o familiares.*
23. Parents should encourage children to do everything better than others. (Competition and personal achievement: .61, .74)	*23. Los padres deberían animar a los hijos para que hagan todo mejor que los demás.*
24. Owning a lot of nice things makes one very happy. (Material success: .50, .65)	*24. Tener muchas cosas buenas lo hace a uno muy feliz.*
25. Children should always honor their parents and never say bad things about them. (Respect: .57, .52)	*25. Los niños siempre deberían honrar a sus padres y nunca decir cosas malas de ellos.*
26. As children get older their parents should allow them to make their own decisions. (Independence and self-reliance: .26, .23)	*26. Según los niños van creciendo, los padres deberían dejar que ellos tomen sus propias decisiones.*

English Version	Spanish Version
27. If everything is taken away, one still has their faith in God. (Religion: .69, .68)	*27. Si a uno le quitan todo, todavía le queda la fe en Dios.*
28. It is important to have close relationships with aunts/uncles, grandparents, and cousins. (Familism support: .59, .52)	*28. Es importante mantener relaciones cercanas con tíos, abuelos y primos.*
29. Older kids should take care of and be role models for their younger brothers and sisters. (Familism obligations: .54, .52)	*29. Los hermanos grandes deberían cuidar y darles el buen ejemplo a los hermanos y hermanas menores.*
30. Children should be taught to always be good because they represent the family. (Familism reference: .57, .54)	*30. Se le debería enseñar a los niños a que siempre sean buenos porque ellos representan a la familia.*
31. Children should follow their parents' rules, even if they think the rules are unfair. (Respect: .43, .41)	*31. Los niños deberían seguir las reglas de sus padres, aún cuando piensen que no son justas.*
32. It is important for the man to have more power in the family than the woman. (Traditional gender roles: .60, .66)	*32. En la familia es importante que el hombre tenga más poder que la mujer.*
33. Personal achievements are the most important things in life. (Competition and personal achievement: .35, .40)	*33. Los logros personales son las cosas más importantes en la vida.*
34. The more money one has, the more respect they should get from others. (Material success: .71, .66)	*34. Entre más dinero uno tenga, más el respeto que uno debería recibir.*
35. When there are problems in life, a person can only count on him or herself. (Independence and self-reliance: .34, .47)	*35. Cuando hay problemas en la vida, uno sólo puede contar con sí mismo.*
36. It is important to thank God every day for all one has. (Religion: .68, .68)	*36. Es importante darle gracias a Dios todos los días por todo lo que tenemos.*
37. Holidays and celebrations are important because the whole family comes together. (Familism support: .43, .43)	*37. Los días festivos y las celebraciones son importantes porque se reúne toda la familia.*
38. Parents should be willing to make great sacrifices to make sure their children have a better life. (Familism obligation: .46, .35)	*38. Los padres deberían estar dispuestos a hacer grandes sacrificios para asegurarse que sus hijos tengan una vida mejor.*
39. A person should always think about their family when making important decisions. (Familism referent: .48, .46)	*39. Uno siempre debería considerar a su familia cuando toma decisiones importantes.*
40. It is important for children to understand that their parents should have the final say when decisions are made in the family. (Respect: .46, .45)	*40. Es importante que los niños entiendan que sus padres deberían tener la última palabra cuando se toman decisiones en la familia.*
41. Parents should teach their children to compete to win. (Competition and personal achievement: .72, .81)	*41. Los padres deberían enseñarle a sus hijos a competir para ganar.*

English Version	Spanish Version
42. Mothers are the main people responsible for raising children. (Traditional gender roles: .54, .60)	*42. Las madres son la persona principal responsable por la crianza de los hijos.*
43. The best way for a person to feel good about him or herself is to have a lot of money. (Material success: .77, .80)	*43. La mejor manera de sentirse bien acerca de uno mismo es tener mucho dinero.*
44. Parents should encourage children to solve their own problems. (Independence and self-reliance: .40,.47)	*44. Los padres deberían animar a sus hijos a que resuelvan sus propios problemas.*
45. It is important to follow the Word of God. (Religion: .79, .78)	*45. Es importante seguir la palabra de Dios.*
46. It is important for family members to show their love and affection to one another. (Familism support: .54, .56)	*46. Es importante que los miembros de la familia muestren su amor y afecto unos a los otros.*
47. It is important to work hard and do one's best because this work reflects on the family. (Familism referent: .48, .51)	*47. Es importante trabajar duro y hacer lo mejor que uno pueda porque el trabajo de uno se refleja en la familia.*
48. Religion should be an important part of one's life. (Religion: .65, .58)	*48. La religión debería ser una parte importante de la vida.*
49. Children should always be polite when speaking to any adult. (Respect: .46, .51)	*49. Los niños siempre deberían ser amables cuando hablan con cualquier adulto.*
50. A wife should always support her husband's decisions, even if she does not agree with him. (Traditional gender roles: .51, .49)	*50. Una esposa debería siempre apoyar las decisiones de su esposo, aunque no esté de acuerdo con él.*

APPENDIX D

La Escala de Simpatía
(Griffith, Joe, Chatham, & Simpson, 1998)

Por favor lee las siguientes oraciones mientras piensas en ti mismo y en tus relaciones personales. Después, marca cada oración en términos de qué tan importante el enunciado te describe a ti en tus interacciones con otras personas. Por favor lee cada oración muy cuidadosamente considerando su importancia para ti.

		Nada Importante	**Un poco Importante**	**Algo Importante**	**Muy Importante**	**Extremadamente Importante**
1.	Compartir abiertamente tus sentimientos.	0	1	2	3	4
2.	Mostrar respecto a los demás.	0	1	2	3	4
3.	Evitar conflictos a toda costa.	0	1	2	3	4
4.	Controlar tus emociones.	0	1	2	3	4
5.	Mostrar lealtad.	0	1	2	3	4
6.	Obedecer o satisfacer los deseos o solicitudes de los demás.	0	1	2	3	4
7.	Mostrar acuerdo con las opiniones de los otros aún cuando sean diferentes de las tuyas.	0	1	2	3	4
8.	Tener educación y buenos modales siempre.	0	1	2	3	4
9.	Hacer que los demás se sientan cómodos.	0	1	2	3	4
10.	Evitar ser rudo o insultar a los otros.	0	1	2	3	4

Simpatía Scale: English
(Griffith, Joe, Chatham, & Simpson, 1998)

Please read the following sentences and decide how each sentence describes yourself and the way you think about interpersonal relationships. Please choose a number that represents how you feel about that description and how important it is to you.

		Not Important	A little important	Somewhat Important	Very Important	Extreme Important
1.	To be able to openly share with your feelings.	0	1	2	3	4
2.	For you to show respect to others.	0	1	2	3	4
3.	To avoid conflicts at all costs.	0	1	2	3	4
4.	To control your emotions.	0	1	2	3	4
5.	To show loyalty.	0	1	2	3	4
6.	To obey or fulfill others' wishes or requests.	0	1	2	3	4
7.	To show agreement with opinions that are different from your own.	0	1	2	3	4
8.	To show good manners and be polite no matter what.	0	1	2	3	4
9.	To make others feel comfortable.	0	1	2	3	4
10.	To avoid being rude or insulting.	0	1	2	3	4

APPENDIX E

Spanish Trauma Screen + CPSS: Caregiver completed
(Pynoos, Rodriguez, Steinberg, Studber, & Frederick, 1998)

Trauma Screen + CPSS - Caregiver Completed

Nombre del niño/a_____ Fecha_____ **Parte 1**

Muchos niños pasan por eventos espantosos o estresantes. Abajo es una lista de eventos espantosos o estresantes que pueden suceder. Porfavor de contestar las preguntas lo mejor que puede. Marca SI, si es que el evento le sucedio a su hijo/a. Marca NO, si el evento no le sucedio a su hijo/a

1. Desastre natural que fue grave, como un inundación, tornado, huracán, terremoto o incendio/lumbre.	Si	No
2. Accidente grave o herida seria casuado por un choque de autos o bicicletas, ser mordido por un perro, o herida causado por jugando un deporte	Si	No
3. Ser robado con amenaza, fuerza o arma.	Si	No
4. Cacheteado/a, puñeteado/a o golpeado/a por un familiar.	Si	No
5. Cacheteado/a, puñeteado/a o golpeado/a por alguien desconocido	Si	No
6. Ver un familiar ser cacheteado/a o, puñeteado/a o golpeado/a.	Si	No
7. Ver alguien en tu comunidad ser cacheteado/a o, puñeteado/a o golpeado/a.	Si	No
8. Ser tocado por un adulto o alguien mayor en tus partes sexuales/ privadas cuando no debieron	Si	No
9. Ser forzado/a o presionado/a en tener sexo o en un tiempo en cuando no pudiste decir no.	Si	No
10. Un familiar o persona cercana moriendose de repente o de una manera violenta.	Si	No
11. Ser atacado, cucheteado, disparado o lastimado gravemente.	Si	No
12. Ver alguien ser atacado, cucheteado, disparado, lastimado gravemente, o matado.	Si	No
13. Procedimiento médico estresante o atemorizante.	Si	No
14. Estar al rededor de una guerra.	Si	No
15. Algun otro evento estresante o espantoso? Describa: _____	Si	No

Cual de estos eventos molesta mas a su hijo/a? _____

Si contestaste **NO** a las preguntas arriba, ***PARA***. Si es que contestaste **SI** para algunas de las preguntas arriba, porfavor contesta las siguientes preguntas

Que es lo que sintio su hijo/a cuando sucedio este evento?

Miedo que moriera o que fuera gravemente herido.	Si	No
Miedo que alguien mas moriera o fuera lastimado.	Si	No
Sin poder ayudarse a si mismo/a	Si	No
Verguenza o asco.	Si	No

Si es que contesto SI para alguna de las preguntas 1 a 15, porfavor de contestar las preguntas de los dos lados de este cuestionario.

Parte 2

Child PTSD Symptom Scale CPSS (4-17 years) Caregiver Completed

Coloque cuantas veces su hijo/a a sido molestado por las siguientes cosas en los últimos dos Semanas. Las opciones son :

0 = Nunca
1 = De vez en cuando
2 = La mitad del tiempo
3 = Casi siempre

1. Su hijo/a ha tenido, sin querer, pensamientos o imagenes molestas sobre el evento	0	1	2	3
2. Su hijo/a ha tenido sueños malos o pesadillas.	0	1	2	3
3. Su hijo/a ha actuado o ha sentido como si el evento estuviera pasando de nuevo.	0	1	2	3
4. Su hijo/a se ha sentido mal cuando piensa o escucha algo sobre el evento (por ejemplo: sintiéndose asustado(a), enojado(a), triste o culpable).	0	1	2	3
5. Su hijo/a ha tenido sensaciones en su cuerpo cuando piensa o escucha algo acerca del evento (por ejemplo: sudando de repente, el corazón palpitando rápido).	0	1	2	3
6. Su hijo/a ha tratado de no pensar, hablar, o de tener sentimientos acerca del evento.	0	1	2	3
7. Su hijo/a ha tratado de evadir actividades, personas, o lugares que le hacen recordar el evento (por ejemplo, no querer jugar afuera o ir a la escuela).	0	1	2	3
8. Su hijo/a ha tenido dificultad en recordar una parte importante del evento.	0	1	2	3
9. Su hijo/a ha tenido mucho menos intéres o no a hecho las cosas que acostumbraba hacer.	0	1	2	3
10. Su hijo/a ha tenido dificultad en sentirse cercano a las personas que están a su alrededor.	0	1	2	3
11. Su hijo/a ha tenido dificultad en tener sentimientos fuertes (no poder llorar o sentirse muy feliz).	0	1	2	3
12. Su hijo/a se ha sentido como si sus planes del futuro o sus esperanzas no se harán realidad	0	1	2	3
13. Su hijo/a ha tenido dificultad en quedarse o mantenerse dormido(a).	0	1	2	3
14. Su hijo/a se ha sentido irritable o a tenido momentos de enojo.	0	1	2	3
15. Su hijo/a ha tenido dificultad en concentrarse.	0	1	2	3
16. Su hijo/a ha estado demasiado cuidadoso(a) y atento(a).	0	1	2	3
17. Su hijo/a se ha asustado facilmente ó se ha sorprendido/a facilmente.	0	1	2	3

Ahora dí si los problemas que acabas de mencionar en la Parte 1 te han molestado conlas siguientes cosas. Marque [Si] o [No].

1. Cuándo reza	Si	No	5. Tarea de la escuela	Si	No
2. Que haceres y obligaciones en casa	Si	No	6. En llevarse bien con la familia	Si	No
3. Llevarse bien con sus amigos(as)	Si	No	7. Ser feliz con su vida	Si	No
4. Hacer cosas divertidas/ de gusto	Si	No			

APPENDIX F

Youth-report questionnaire UCLA PTSD Index Trauma Screen
(Pynoos, Rodriguez, Steinberg, Studber, & Frederick, 1998)

Stressful or scary events happen to many kids. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark No if it didn't happen to you.

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire. ☐ Yes ☐ No
2. Serious accident or injury like a car/bike crash, dog bite, sports injury. ☐ Yes ☐ No
3. Robbed by threat, force or weapon. ☐ Yes ☐ No
4. Slapped, punched, or beat up in your family. ☐ Yes ☐ No
5. Slapped, punched, or beat up by someone not in your family. ☐ Yes ☐ No
6. Seeing someone in your family get slapped, punched or beat up. ☐ Yes ☐ No
7. Seeing someone in the community get slapped, punched or beat up. ☐ Yes ☐ No
8. Someone older touching your private parts when they shouldn't. ☐ Yes ☐ No
9. Someone forcing or pressuring sex, or when you couldn't say no. ☐ Yes ☐ No
10. Someone close to you dying suddenly or violently. ☐ Yes ☐ No
11. Attacked, stabbed, shot at or hurt badly. ☐ Yes ☐ No
12. Seeing someone attacked, stabbed, shot at, hurt badly or killed. ☐ Yes ☐ No
13. Stressful or scary medical procedure. ☐ Yes ☐ No
14. Being around war. ☐ Yes ☐ No
15. Other stressful or scary event? ☐ Yes ☐ No
    Describe: _____

Which one is bothering you the most now? _____

If you answered **NO** to all of the above questions, ***STOP***
If you answered **YES** to any of the above questions, please complete the rest of this form.

When the event happened what were your feelings?

Afraid I would die or be hurt badly. ☐ Yes ☐ No

Afraid someone else would die or be hurt badly. ☐ Yes ☐ No

Helpless to do anything. ☐ Yes ☐ No

Ashamed or disgusted. ☐ Yes ☐ No

Youth-report questionnaire Child PTSD Symptoms Scale
(Foa, Johnson, Feeny, & Treadwell, 2001)

Mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:

0 Not at all
1 Once a week or less
2 2 to 4 times a week
3 5 or more times a week

1.	Having upsetting thoughts or images about the event that came into your head when you didn't want them to.	0	1	2	3
2.	Having bad dreams or nightmares.	0	1	2	3
3.	Acting or feeling as if the event was happening again.	0	1	2	3
4.	Feeling upset when you think about or hear about the event.	0	1	2	3
5.	Having feelings in your body when you think about or hear about the event. (Heart beating fast, upset stomach, breaking out in a sweat)	0	1	2	3
6.	Trying not to think about, talk about or have feelings about the event.	0	1	2	3
7.	Trying to avoid activities or people, or places that remind you of the event.	0	1	2	3
8.	Not being able to remember an important part of the upsetting event.	0	1	2	3
9.	Having much less interest or not doing the things you used to do.	0	1	2	3
10.	Not feeling too close to the people around you.	0	1	2	3
11.	Not being able to have strong feelings (being able to cry or feel really happy).	0	1	2	3
12.	Feeling as if your future hopes or plans will not come true.	0	1	2	3
13.	Having trouble falling or staying asleep.	0	1	2	3
14.	Feeling irritable or having fits of anger.	0	1	2	3
15.	Having trouble concentrating.	0	1	2	3
16.	Being overly careful (checking to see who is around you).	0	1	2	3
17.	Being jumpy or easily startled.	0	1	2	3

Please mark YES or NO if the problems you marked interfered with:

1. Saying prayers	☐ Yes	☐ No	5. Schoolwork	☐ Yes	☐ No
2. Doing chores	☐ Yes	☐ No	6. Family relationships	☐ Yes	☐ No
3. Friendships	☐ Yes	☐ No	7. General happiness	☐ Yes	☐ No
4. Hobbies/Fun	☐ Yes	☐ No			

VITA

EDUCATION

Sam Houston State University *Expected 2022*
Ph.D. in Clinical Psychology
Current GPA: 4.0

John Jay College of Criminal Justice June 2016
M.A. in Forensic Psychology
Final GPA: 4.0

University of Houston May 2013
B.S. in Psychology; minor in biology; graduated *magna cum laude*
Final GPA: 3.54

MANUSCRIPTS UNDER REVIEW

Bailey, C. A., **Galicia, B. E.,** Salinas, K. Z., Briones, M., Hugo, S., Hunter, K., & Venta, A. C. Racial and gender disparities in probation conditions. Submitted, *Law and Human Behavior*.

Venta, A., **Galicia, B.E.**, Bailey, C.A., Abate, A., Marshall, K., & Long, T. (under review). *Attachment and loss in the context of U.S. immigration: Caregiver separation and characteristics of internal working models of attachment in high school students.*

Galicia, B.E., Bailey, C.A., Salinas, K.Z., & Briones, M. (under review). *Finding your own voice: Supervisees' experiences of clinical work with unauthorized Latinx immigrant minors.*

Galicia, B. E., Weiss, R. A., & Rosinski, A. (under review). *Analyzing ataques de nervios and related disorders in an ethnically diverse student sample from the United States.*

NON-REFEREED PUBLICATIONS

Bailey, C. A., **Galicia, B. E.**, & Venta, A. C. (2018). Working with unauthorized immigrant minors. *Texas Psychologist, 77*(1),11-15.

OTHER PUBLICATIONS

Translated (English to Spanish): Bailey, C. A. (under review). Growing up too fast. In Venta, A. C. & Montse Feu, M. (Eds.), *Detained voices.*

CONFERENCE PRESENTATIONS

Galicia, B. E., Bailey, C. A., Zetino, Y. L., & Venta, A. C. (2019). The protective role of cultural values on PTSD symptoms in Latinx immigrant youth. Paper presentation submitted to the 2019 Annual Texas Psychological Association (TPA), San Antonio, TX.

Bailey, C. A., Salinas, K. Z., Briones, M., **Galicia, B. E.**, Hugo, S., Hunter, K., Johnson, D., & Venta, A. C. (2019). *Racial and gender disparities in probation conditions.* Paper presented at the 2019 Annual American Psychology-Law Society Conference, Portland, OR.

Long, T., **Galicia, B.E.**, Francis, J., & Varela, J.G. (2019, February). *Cultural plunges: A holistic discussion on implementing cultural trainings.* Workshop session presented at the Sam Houston State University 15th Annual Diversity Leadership Conference, Huntsville, TX.

Bailey, C. A., **Galicia, B. E.**, Briones, M., Salinas, K., & Venta, A. C. (2018, November). *Culture shock: How differences between Latino and U.S. care systems affect clinical and forensic practice.* Symposium presented at the 2018 Annual Texas Psychological Association (TPA). Frisco, TX.

Galicia, B.E., Long, T., & Venta, A. (2018, November). *Perceived Social Support in Citizen, Documented, DACA, and Undocumented Latinx Immigrant Undergraduates.* Poster presented to the 2018 Annual Texas Psychological Association (TPA). Frisco, TX.

Long, T., **Galicia, B. E.**, & Venta, A. (2018, July). *Association of Cultural Values and Drinking in Latino Immigrant Undergraduates.* Poster presented at the 5th Biennial APA Division 45 Research Conference (APA Div45). Austin, TX.

Ball Cooper, E., Abate, A., Waymire, K., **Galicia, B.E.**, Malchow, A., & Venta, A. (2018, March). *The longitudinal impact of parental hostility and exposure to violence on borderline personality features among justice-involved youth*. Paper presented at the American Psychology-Law Society Annual Meeting, Memphis, TN.

Galicia, B.E., Weiss, R.A., Rosinski, A. (2017, August). *Analyzing ataque de nervios and related disorders in an ethnically diverse student sample*. Poster presented at the 124th American Psychological Association Annual Convention, Washington, D.C.

Mehta, R. H., **Galicia, B. E.**, Malkan, R., & Stone, C. B. (2016, July). *The mnemonic consequences of co-witnesses selectively recalling details of a crime scene.* Poster presented at the International Conference on Memory, Budapest, Hungary.

Weiss, R. A, Rosinski, A., Tellez, D., & **Galicia, B. E.** (2016, March). *Language and culture in forensic assessment: Appropriate normative data in a Hispanic sample.* Paper presented at the Annual Meeting of the American Psychology-Law Society, Atlanta, GA.

Galicia, B. E., Weiss, R. A, Sevilla, K., & Schweizer, J. R. (2015, August). *Translation and adaptation considerations: The use of the Spanish SIRS.* Poster presented at the 123rd American Psychological Association Annual Convention, Toronto, Canada.

Galicia, B. E., Weiss, R. A., Levitz, A. H., Schweizer, J. R., & Rodriguez, J. (2015, May). *Cultural variables predict treatment utilization in a representative Hispanic sample.* Poster presented at the 27th Association for Psychological Science Annual Convention, New York, NY.

Galicia, B. E., & Weiss, R. A. (2015, May). *Is Ataque de Nervios distinct from panic disorder and anxiety?* Poster presented at the 11th annual John Jay Master's Student Research conference, New York City, NY.

OTHER PRESENTATIONS

Burbank Middle School Feb. 2019

Career Day Speaker- English and Spanish

RESEARCH EXPERIENCE

Sam Houston State University Aug. 2017-Present

Youth and Family Studies Laboratory

Graduate Research Assistant (supervisor: Dr. Amanda Venta)

- Leading a project titled "Longitudinal Data on Psychopathology in Recently Immigrated Teens" and supervising a team of Master and undergraduate research assistants
- Interviewing participants using the Child Attachment Interview, the SAVRY, and the Migration Experiences Interview in Spanish and English and recruiting participants
- Conducting independent research on immigration and youth mental health, as well as collaborating with colleagues on writing research proposals

John Jay College of Criminal Justice Sept. 2014-May 2016
Forensic Assessment Laboratory
Graduate Research Assistant (supervisor: Dr. Rebecca Weiss)

- Conducted independent research and wrote a manuscript titled "Analyzing Anxiety and Anxiety-Related Disorders in an Ethnically Diverse Student Sample"
- Interviewed participants in English and Spanish using the Dot-Counting Test (DCT), Test of Memory Malingering (TOMM), and the Structured Interview of Reported Symptoms (SIRS)
- Administered the Personality Assessment Inventory (PAI), the Hopkins Symptom Checklist-25 (HSCL-25), and the Abbreviated Multidimensional Acculturation Scale (AMAS)

John Jay College of Criminal Justice Sept. 2014-Aug. 2015
Forensic Training Academy
Graduate Research Assistant (supervisor: Dr. Patricia Zapf)

- Wrote "translating research into practice" (TRiP) articles for the Consolidated Continuing Education & Professional Training (CONCEPT) website
- Gathered and prepared a survey and other resources to incorporate into the Cultural Competence training for the Summer Training Institute held at John Jay College, June 2015

University of Houston June 2013-Dec. 2013
Personality across Development Laboratory
Senior Research Assistant (supervisor: Dr. Jennifer L. Tackett)

- Interviewed mothers using the Computerized Diagnostic Interview Schedule for Children (C-DISC) and used the Trier Social Stress test (TSST) for children
- Translated and edited all recruitment materials, including consent forms and recruitment scripts, from English to Spanish for a study on gaming and gambling
- Recruited youth participants for a study on gaming and gambling, focusing on participants whose parents only spoke Spanish

Baylor College of Medicine Jan. 2013-May 2013
School of Allied Health Sciences
Research Assistant (supervisor: Dr. Robert J. McLaughlin)

- Trained to a criterion of inter-rater reliability in coding Motivational Interviewing Skills

- Coded audio recordings of "simulated patient" encounters conducted by Physician Assistant students using the MITI (*Motivational Interviewing Treatment Integrity*) and Global Scale

CLINICAL EXPERIENCE

Student Clinician June 2018-Present

Psychological Services Center (supervisor: Dr. Craig Henderson)

- Conducting clinical intakes and writing reporting making diagnoses when applicable and treatment recommendations
- Providing therapy services and conducting psychological assessments to children and adults in English and Spanish and providing a written report

Student Evaluator Dec. 2017- Present

Office of Refugee Resettlement (supervisor: Dr. Amanda Venta)

- Conducting general psychological assessments on unaccompanied immigrant minors under the care of the Department of Unaccompanied Children Services, in Spanish, for the purposes of making treatment recommendation and to inform on placement

Memorial Private High School Aug. 2016-Aug. 2017

Dean of Student Life

- Provided counseling to students who experience anxiety or who have difficulties concentrating, including students on the autism spectrum or with attention deficit disorder, attention deficit hyperactivity disorder
- Created and implemented student leadership opportunities by mentoring the Student Council, overseeing the National Honor Society Chapter, setting guidelines for the Honor Roll
- Guided students in the college transition process, including college applications and scholarships

The Bronx Defenders June 2015-May 2016

Pinkerton Graduate Community Fellow 641 hours completed (supervisor: Julie Smyth, LMSW)

- Advocated for adolescents in criminal court cases with the collaboration of attorneys by providing representation at court
- Guided adolescents into entering social service programs in order to receive adequate mental health and educational services
- Led a "Parent Support Group" once a month that focused on providing support to parents with incarcerated youth by discussing topics of relevance, such as self-care, how to support youth, educational needs

TEACHING EXPERIENCE

Instructor, Sam Houston State University Aug. 2018- Present

- Responsible for creating lectures and administering exams in an undergraduate Introduction to Psychology course

SPECIALIZED TRAININGS

- Child Attachment Interview Reliability Certified Coder (English and Spanish) Feb. 2018-Present

HONORS

- Road to Ph.D. Scholar June 2018- Present
- Sam Houston State University 3 Minute Thesis Top 12 Finalist Feb. 2019
- Office of Graduate Studies Scholarship ($1,000) Aug. 2018, Jan. 2019
- Sam Houston State University Student Research Travel Grant ($1,000) March 2018
- Pinkerton Graduate Community Fellowship (Prisoner Reentry Institute) June 2015-May 2016
- Cheryl Williams Student Presentation Scholarship ($1,000) Dec. 2015
- The Young Scholars Award ($1,000) Dec. 2015
- United Airlines Scholarship Fund ($1,500) April 2015
- John Jay Student Research Travel Grant ($300) March 2015
- Houston Livestock Show and Rodeo Scholarship ($15,000) Aug. 2009

ACTIVITIES

- Latinx Graduate Student Organization (Communications Officer) Nov. 2018- Present
- Peer Mentor to Incoming Doctoral Student Grace Boland June 2018-Present
- Diversity Committee- Sam Houston State University Feb. 2018- Present

PROFESSIONAL ASSOCIATION MEMBERSHIP

- American Psychological Association (APA) Division 45, Society for the Psychological Study of Culture, Ethnicity and Race
- National Latinx Psychological Association (NLPA)
- American Psychology-Law Society (Division 41)
- Texas Psychological Association (TPA)

LANGUAGES

- **Fluent in written and spoken Spanish; seeking to optimize cultural and linguistic sensitivity in assessments**