RISK AND PROTECTIVE FACTORS FOR WELL-BEING IN LATINX IMMIGRANTS IN REMOVAL PROCEEDINGS

_____

A Dissertation

Presented to

The Faculty of the Department of Psychology and Philosophy

Sam Houston State University

_____

In Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

_____

by

Cassandra A. Bailey

May, 2020

RISK AND PROTECTIVE FACTORS FOR WELL-BEING IN LATINX IMMIGRANTS IN REMOVAL PROCEEDINGS

by

Cassandra A. Bailey

_____

APPROVED:

Amanda Venta, PhD
Dissertation Director

Jorge Varela, PhD
Committee Member

Temilola Salami, PhD
Committee Member

Chelsea Ratcliff, PhD
Committee Member

Jeffrey Gardner, PhD
Committee Member

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

DEDICATION

My dissertation is dedicated to my Grandma and Grandpa, Livia and Ernest Kalman. They are my original dreamers and inspire me to pursue research on immigrant populations with the hope that I will affect change, of any size, on our immigration system and policies. Imádlak a nagymamát és a nagyapámat.

ABSTRACT

Bailey, Cassandra A., *Risk and protective factors for well-being in Latinx immigrants in removal proceedings*. Doctor of Philosophy (Clinical Psychology), May, 2020, Sam Houston State University, Huntsville, Texas.

Recent figures estimate roughly 12 million undocumented immigrants live in the U.S. (Baker, 2018; Capps, Fix, & Zong, 2016), 1,101,061 of which have pending immigration court cases, and over 80% of which are Latinx (TRAC, 2020a). Despite legal protections in other areas of the U.S. justice system, there is little opportunity for relief for adults going through deportation proceedings (Koh, 2017a) and no right to government-funded representation (Hausman & Srikantiah, 2016). There is little research on the effect of immigration court on the well-being of immigrants, and no empirical data on risk and protective factors in the court context. Against this background, this study aimed to examine how hopelessness and helplessness (i.e., risk factors) and social, religious, and legal support (i.e., protective factors) relate to the emotional and physical well-being of Latinx individuals facing removal proceedings. All participants (n = 157; 31.2% male) were adult (18 to 69 years old) respondents with an active immigration court case. Overall, results indicated higher levels of hopelessness and helplessness (individually and cumulatively) were associated with poorer outcomes, while social and religious aggregate support did not serve as a protective factor attenuating the relation between risk and outcome variables. Finally, contrary to hypotheses, legal support served as a risk factor for individuals high on helplessness, such that more legal support was associated with worse outcomes. Several explanations for results are offered. While findings inform immigration-related policy, results also have implications for our nation's economy, healthcare system, and citizens.

KEYWORDS: Latinx, Undocumented, Immigration court, Spanish, Well-being

ACKNOWLEDGEMENTS

I would like to acknowledge Melissa Briones, Estrella Godinez, Aleyda Areolla, Kalin Salinas, Sonia Delgante, and Betsy Galicia who helped in the translation of measures; Lauren Rubenstein, Brenda Soto, Stephanie Gonzalez, Jazmine Rivera, and Megan DeBrabander who helped with data collection; and Courtney Moore who helped with data entry. Special thank you to Connor Carlton for helping me think of words when my brain gave out, bringing me food and keeping me company when I worked on this project for hours on end, and for being my rock. I also extend my gratitude to my family for always supporting me. Finally, this project could not have been possible without Amanda Venta's effort in setting up the connections needed for this project, guiding me along the way, and providing funding.

TABLE OF CONTENTS

LIST OF TABLES

Table **Page**

LIST OF FIGURES

Figure **Page**

CHAPTER I

Introduction

Immigration is integral to our nation's existence. Indeed, the writers of the Declaration of Independence (U.S. 1776, para. 9) grieved that "[King George III] endeavored to prevent the population of these States; for that purpose obstructing the Laws for Naturalization of Foreigners; refusing to pass others to encourage their migration hither…" Two hundred and forty-two years later, our nation faces similar problems, which some have termed an "immigration crisis" (Greene & Bowman, 2018). This "crisis" has resulted in stricter immigration policies officially commencing with the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (Arbona et al., 2010; Hagan & Rodriguez, 2002; Summers, 2017), and most recently preserved by new immigration policies enacted under the Trump Administration (Pierce & Selee, 2017).

Recent estimates suggest 12 million undocumented immigrants live in the U.S. (Baker, 2018), yet with more stringent policies, there has been an increase in individuals facing removal from the U.S. (Greene & Burnett, 2018). As such, although the total number of deportations has decreased from rates reported during f2 yearormer President Obama's administration, the severe backlog ubiquitous to immigration court underestimates the increase in apprehensions and removal proceedings that has taken place under the current administration, results of which we may not see for years to come (Greene & Burnett, 2018; TRAC, 2020a). Indeed, as of January 2020, there were 1,101,061 pending immigration court cases, 172,999 of which were held in Texas (TRAC, 2020a), where this research took place. Further, Texas leads the nation in deportations, having removed 31,899 people during the first 4 months of Fiscal Year

(FY) 2020, most of whom are from Latin American countries (TRAC, 2020a; 2020b). The broad aim of this study was to examine putative risk and protective factors in relation to the emotional and physical wellbeing of this immigrant group—Latinx[1] individuals in Texas facing removal proceedings.

A Public Health Concern

Understanding how immigration court affects well-being is a significant public health concern with implications for our nation's economy and citizens (Mathema, 2017). Indeed, the World Health Organization (2009; 2013) asserts poor mental and medical health has an adverse impact on the economy and health care systems, such that poor medical and mental health are related to increases in unemployment rates, poor job performance, and remedial resource consumption (e.g., acute hospitalization). Additionally, research has clearly demonstrated for decades that parental stress affects child well-being (e.g., Elkind, 1982), including specifically that of undocumented immigrant parents on U.S. citizen children (Brabeck, Lykes, & Hunter, 2015; Delva, Horner, Sanders, Lopez, & Doering-White, 2013; Yoshikawa, 2011; Yoshikawa, Suárez-Orozco, & Gonzales, 2017). This is problematic considering links between legal status and stress (Cavazos-Rehg, 2007), and the fact that nearly 80% of undocumented adults have at least one U.S. citizen child (Capps, Fix, & Zong, 2016), providing estimates that 25% of all U.S. citizen children live with at least one undocumented immigrant parent (Zong & Batalova, 2015).

[1] Latinx is a gender-neutral term including Latino and Latina. The plural of Latinx is Latinxs.

Predisposition to Mental/Medical Health Problems

Although there are 190 countries to which the U.S. deported people in the last few years, four countries dominate removal proceedings (Greene & Burnett, 2018; TRAC, 2020a). In fact, people from Mexico as well as from El Salvador, Guatemala, and Honduras (also known as "The Northern Triangle") account for 9 out of 10 removals, making Latinx immigrants the largest group of immigrants facing removal from the U.S. (Greene & Burnett, 2018). Most undocumented Latinxs emigrate from these four countries because of the violence, gang presence, poverty, and war prevalent there, and their geographic proximity to the U.S. (Garcini et al., 2016; Kirmayer et al., 2011). Indeed, because most undocumented immigrants from Mexico and The Northern Triangle experienced some type of trauma while living in their home country or on their migration journey (Keller, Joscelyne, Granski, & Rosenfeld, 2017), the risk for developing mental health problems is higher in this population than is found among the U.S. citizen population (Garcini et al., 2017). Yet, their predisposition to mental health problems does stop once they have reached the U.S., as they continue to face stress related to acculturation, discrimination, and fear of deportation (Arbona et al., 2010; Garcini et al., 2017; Schutrum-Boward, 2017).

Further, a review of the literature finds a direct link between Latinx immigrants' time spent in the U.S. and increased risk for physical health problems and risky health behaviors, including obesity (Delavari, Sonderlund, Swinburn, Mellor, & Renzaho, 2013), unsafe sex (Ma et al., 2014), and sleep problems (Hale, Do, & Rivero-Fuentes 2010). In sum, research findings on mental and physical health in Latinx immigrants

demonstrate a manifold relation between immigration and health (Cavazos-Rehg, Zayas, & Spitznagel, 2007; Franzini, Ribble, & Keddie, 2001).

Additionally, mental and medical healthcare disparities are widespread within the undocumented Latinx community, including access to culturally competent providers, insurance or financial resources in general, bilingual mental/medical health professionals or translation services, and knowledge navigating the health care system (Bauer, Chen, & Alegría, 2012; Garcini et al., 2016; Hacker, Anies, Folb, & Zallman, 2015; Siskin & Lunder, 2016). Indeed, undocumented immigrants are not eligible for public health care or insurance, and may go untreated due to fear of deportation when seeking services, resulting in greater use of emergency services, increased likelihood of disabilities, and greater risk of death due to medical ailments within this population (Garcini et al., 2016; Martinez et al., 2015; USCIS, 2020). These mental and medical health care disparities among undocumented Latinxs, coupled with a greater level of stigma surrounding mental health care service utilization than is held by the general population, makes it less likely that undocumented Latinxs have their mental and medical health needs met (Derr, 2016).

Notwithstanding these population-specific risk factors, research on Latinx immigrants has identified several protective factors closely related to cultural values (e.g., strong sense of family and religiosity; Cardoso & Thompson, 2010). Yet, most research on risk and protective factors for mental and medical health in Latinxs has either examined protective factors without explicit presence of risk, did not examine risk and protective factors simultaneously (Morote, Hjemdal, Martinez Uribe, & Corveleyn, 2017; Mulvaney-Day, Alegría, & Sribney, 2007), or was not clearly performed on *undocumented* immigrants (e.g., Cavazos-Rehg et al., 2007). Indeed, a recent literature

review found a total of 24 studies of mental health in adult "undocumented immigrants," 13 of which did not actually address the question "are you undocumented?" (Garcini et al., 2016). Finally, no such studies exist that have endeavored to understand risk and protective factors related to removal proceedings.

Removal Proceedings as a Form of Stress

In addition to the ongoing stress related to immigration (e.g., barriers to employment, public service utilization, and language, as well as discrimination/prejudice; Brabeck, Sibley, & Lykes, 2016), many undocumented immigrants will eventually face removal proceedings, and the possibility of deportation has been repeatedly linked to emotional distress (Cavazos-Rehg et al., 2007; Zarza & Prados, 2007). Although the U.S. is commonly referred to as the "Land of Opportunity," there is little opportunity for relief for adults going through deportation proceedings (Koh, 2017a), and no right to government funded representation (Hausman & Srikantiah, 2016). In fact, in Texas, 71.3% of individuals in Fiscal Year 2019 did not have legal representation in immigration proceedings, and 96.3% of adjudicated cases resulted in removal from the U.S. (Koh, 2017a; TRAC, 2019). Research demonstrates that immigrants with representation are 5.5 times more likely to be provided relief from removal than unrepresented immigrants arguing cases with similar merits (Eagly & Shafer, 2015).

As immigration policy becomes stricter, and cooperation between local, state, and federal law enforcement agencies grows, many legal scholars, adjudicators, and researchers advocate for increases in due process, specifically government funded legal counsel, including a public defender system for undocumented immigrants that cannot afford a lawyer (Eagly & Shafer, 2015; Hausman & Srikantiah, 2016; Koh, 2017a;

Korngold, Ochoa, Inlender, McNiel, & Binder, 2015; Zadvydas v. Davis, 2001). Indeed, most undocumented immigrants come from low-resource backgrounds and acquire large debts immigrating to the U.S. (Brabeck et al., 2016; C. Suárez-Orozco, Yoshikawa, Teranishi, & M. Suárez-Orozco, 2011), making it unlikely that they will be able to afford legal representation when facing removal proceedings (Hausman & Srikantiah, 2016). As such, most immigrants facing removal proceedings rely on pro-bono organizations to provide counsel at no cost; however, recent figures reveal a mere 2% of immigrants facing deportation actually secure pro-bono representation (Eagly & Shafer, 2015). While the number of undocumented immigrants claiming asylum (i.e., fear of returning to one's home country due to persecution) has more than doubled in recent years, the number of asylum claims granted by the U.S. has not seen the same increase (Arthur, 2017). As such, the president of the National Association of Immigration Judges wrote in a memorandum that the adjudication of immigration court cases is comparable to "death penalty cases,…in a setting that most closely resembles traffic court" (Marks, 2010, p. 5), suggesting immigration court decisions have grave consequences and most respondents do not have legal counsel, respectively (Koh, 2017a).

Furthermore, research suggests immigration legislation contributes to distress among individuals facing immigration proceedings, an effect that is exacerbated by the long wait time between receiving a notice to appear (i.e., beginning of immigration court proceedings; Summers, 2017) and their individual hearing (i.e., trial during which they present the evidence against their removal; Arbona et al., 2010; TRAC, 2015; TRAC, 2020a). In fact, despite nationwide hiring of immigration court judges, the national average wait time before presenting one's case before an immigration court judge is 1

year and 11 months (TRAC, 2015; 2020c). More specifically, at an immigration court located in Houston, Texas, where data was collected, the average wait time before an individual hearing was 2 years and 1 month, with some having no court date set at all and others never receiving their day in court due to expedited removal proceedings (TRAC, 2017; 2020c).

The Current Study

As each individual faces removal proceedings (i.e., a key life turning point; Rutter, 1987) the presence, absence, and interaction of risk (i.e., elements that increase the probability of a negative outcome) and protective (i.e., elements that increase the possibility of a positive outcome) factors should theoretically influence mental and physical health outcomes (Cardoso & Thompson, 2010; Cicchetti, 2016). Yet, despite the prevalence of mental and physical health needs within the undocumented community, mental/medical health research on this population is scant (Cavazos-Rehg et al., 2007; Chang, Yu, Kahle, Jeglic, & Hirsch, 2013; Derr, 2016). Still, no research has examined the relation of risk and protective factors on mental and medical health within the context of immigration court.

Thus, the current study examined the relation between researched cognitive risk factors (i.e., hopelessness, helplessness), and possible protective forms of support (i.e., social, legal, and religious) on depression, anxiety, stress, and overall mental and physical well-being in the context of removal proceedings. Particularly, we are guided by a risk-protective framework in which protective factors buffer the effect of risk factors, and risk and protective factors are cumulative—conferring additive effects on outcome variables (see Figure 1; Cardoso & Thompson, 2010; Fergus & Zimmerman, 2005; Rutter, 1987;

Salami, Brooks, & Lamis, 2015). This model has recently been supported as a viable model for Puerto Rican youth living in the contiguous U.S. (Jennings et al., 2016), Latinx American adults (Chang, Sanna, Hirsch, & Jeglic, 2010; Chang et al., 2013), and Mexican immigrants (Marsiglia, Kulis, Perez, & Bermudez-Parsai, 2011), but has not yet been examined specifically in undocumented immigrants.

Figure 1

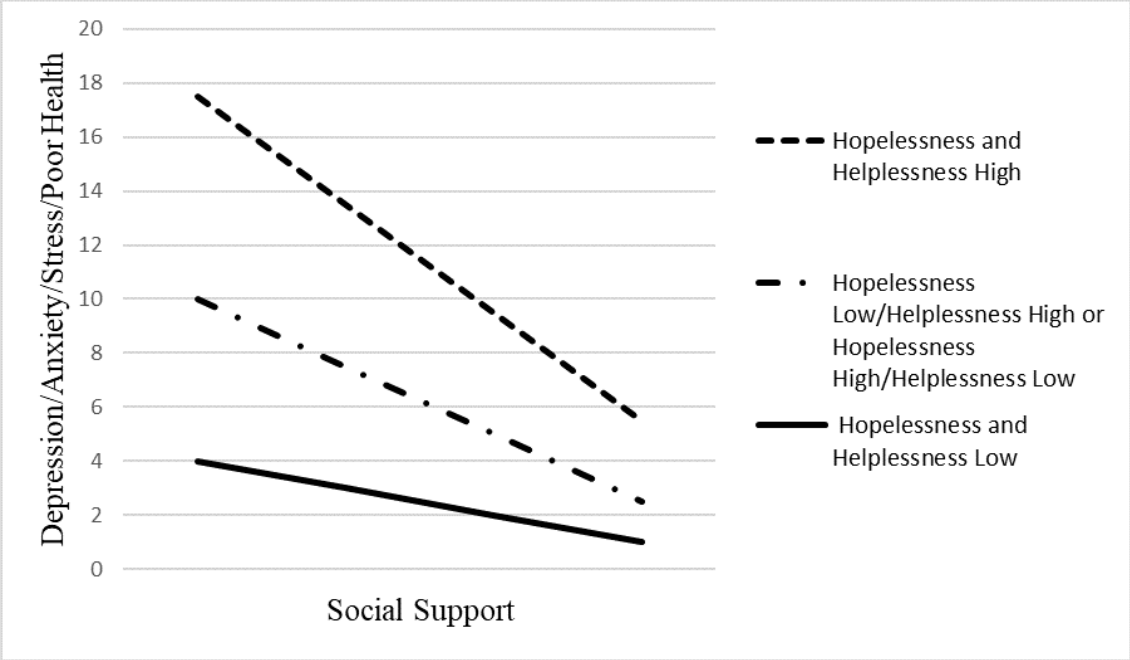

Figure 1. Graphic representation of risk-protective/interactive model adopted from Fergus and Zimmerman's (2005) models of resilience.

Outcome variables were identified based on their impact on the economy and health care systems (World Health Organization, 2009; 2013). Specifically, internalizing symptoms were chosen as the focus for the current study due to the common finding that depressive and anxiety symptoms are the most frequently endorsed mental health symptoms among Latinxs (Camacho et al., 2015; Garcini et al., 2017). General stress was also included in this study to reduce the possibility of floor effects from only including symptoms of mental health disorders. Lastly, physical health symptoms, especially those

typically related to internalizing disorders, were included as an outcome variable in analyses.

Indeed, extant literature suggests a link between non-western/non-Anglo-Saxon cultures and somatization of mental health symptoms (Angel & Guarnaccia, 1989; for a review see Tófoli, Andrade, & Fortes, 2011). Research indicates the more stigma that is associated with mental health within a culture, the more physical symptoms that patients report (Derr, 2016; Ryder et al., 2008). In fact, somatization among Latinx immigrants is so widespread, Achotegui (2002) coined the term "Syndrome of the Immigrant with Multiple Chronic Stressors" to describe the physical presentation of symptoms that accompanies depression and anxiety among immigrants. Additionally, the decision to include physical symptoms in analyses is in line with recommendations made by individuals in the psychiatric community who call for a paradigm shift in examining mental health symptoms in minorities (Guthrie, 2000; Henningsen, Zimmermann, & Sattel 2003). Such shift suggests the inclusion of physical health symptoms when considering symptoms of mental illness within non-western/non-Anglo-Saxon patients.

Risk and Protective Factors Included

Hopelessness. Hopelessness can broadly be defined as the reduced belief in the probability of attaining one's goal, decreased expectation of achievement and success, and feelings of uselessness and lack of ability to affect the future (Hirsch, Visser, Chang, & Jeglic, 2012). Hopelessness is considered a risk factor for mental health outcomes in Latinxs of all ages. For example, hopelessness has been associated with higher suicide risk (Chang et al., 2013; Hirsch et al., 2012; Polanco-Roman & Miranda, 2013) and symptoms of anxiety and depression (Carter & Grant, 2012; Hirsch et al., 2012; Karel &

Moye, 2002; Kennard, Stewart, Hughes, Patel, & Emslie, 2006; Meyers et al., 2002). Differences have been found, however, in prevalence rates of hopelessness among Latinxs depending on gender. That is, Latinas more frequently endorse hopelessness than Latinos (Atienza, Stephens, & Townsend, 2004).

Research also shows that hopelessness is significantly positively correlated with adverse life events (Chang et al., 2010), and that adverse life events are related to symptoms of anxiety and depression when studied longitudinally, but only at high levels of hopelessness (Carter & Grant, 2012). This suggests removal proceedings may only be related to depressive and anxiety symptoms within the context of high levels of hopelessness. Yet, nascent research has demonstrated a link between hopelessness and legal status such that Latinx youth were more hopeless when talking about a hypothetical undocumented peer than when talking about a "typical" peer or the participant themselves (Gonzalez, Stein, Prandoni, Eades, & Magalhaes; 2015). Against this background, it was hypothesized that hopelessness would be positively related to depression, anxiety, and stress in the context of immigration court.

Helplessness. Helplessness differs from hopelessness in that helplessness is a feeling of lack of control, reduced confidence in one's abilities, decreased perceived ability to make decisions, and lack of self-efficacy (Morote et al., 2017). In other words, hopelessness may be described as more future-oriented (i.e., given up), whereas helplessness is more present-focused (i.e., giving up; Stern, Dhanda, & Hazuda, 2009). Little research has explored helplessness in Latinx populations, though more research has examined the converse of helplessness— self-efficacy (Rutter, 1987). Specifically, helplessness and decreased self-efficacy in Latinxs have been positively linked to

depression, anxiety, and stress (Kennard et al., 2006; Morote et al., 2017), as well as physical health problems (Stern et al., 2009). Finally, researchers have found a cumulative effect of negative cognitions on internalizing symptoms, such that decreased sense of hope and perceived lack of control over one's situation was related to increased symptomatology (Dueweke, Hurtado, & Hovey, 2015). Therefore, it was hypothesized helplessness would be positively related to mental (i.e., depression, anxiety, stress) and physical health symptoms, and that there would be a cumulative effect of hopelessness and helplessness on outcome measures beyond the main effect of each variable alone.

Social Support. Social support has been studied in terms of family support, significant other support, and peer support. Yet, studies show Latinxs tend not to differentiate significant other and family support, possibly due to the strong sense of kinship, both nuclear and extended, within Latinx families (Cobb & Xie, 2015). Indeed, higher endorsement of familism (i.e., interconnectedness, reliance on, respect of, confidence in, and loyalty to family members) is protective against psychological stress, depression, and anxiety (Cardoso & Thompson, 2010; Garcini et al., 2016; Smokowski, Chapman, & Bacallao, 2007; Young, 2016). Comparably, actual family support (i.e., rather than the cultural value of family) has been shown to protect against the presence of suicidal ideation, anxiety symptoms, depressive symptoms, and stress in general (Ai et al., 2015; Corona et al., 2017; Priest & Denton, 2012; Rodríguez Carrión, Montalvo, & Martínez-Taboas, 2011; Smokowski et al., 2007; Zarza & Prados, 2007). However, when a series of studies examined Latinas and Latinos separately, researchers demonstrated that lack of family support and family discord were linked to the diagnosis of Major

Depressive Disorder in men but not women (Ai, Pappas, & Simonsen, 2015), and Generalized Anxiety Disorder in women but not men (Ai, Weiss, & Fincham, 2014). Indeed, investigators proposed gender differences in the relation between social support and mental health can be explained by the differing gender roles central to Latinx cultural values (Ai, Pappas, & Simonsen, 2015; Zarza & Prados, 2007). One such explanation concludes that Latinos more often present as depressed rather than anxious due to the more egalitarian nature of families in the U.S. (i.e., need for both male and female to work), resulting in a perceived lack of male dominance. While Latinas more often present as anxious due to the increased demand on females as responsible for domestic obligations in addition to maintaining employment, suggesting gender is an important factor to be included in analyses (Ai, Pappas, & Simonsen, 2015). Finally, family support was demonstrated as protecting against risky health behaviors (e.g., less condom use, more sexual partners, and substance use; Hernández, Plant, Sachs-Ericsson, & Joiner, 2005; Ma et al., 2014) and positively correlated to self-reported physical health (Mulvaney-Day et al., 2007).

With regard to peer support, researchers have recognized it as a protective factor promoting mental and physical health among Latinxs (Hernández et al., 2005; Mulvaney-Day et al., 2007; Rodríguez Carrión et al., 2011). Yet, similar to familial support, demographic variables, such as preferred language of speech (used as a proxy for measuring acculturation), have been shown to influence relations between peer support and mental and physical health variables (Mulvaney-Day et al., 2007). Indeed, the significance of social support is hypothesized to be advantageous particularly for individuals that value the nature of collectivist cultures (i.e., are less acculturated to the

U.S.'s individualistic culture; Marsiglia et al., 2011). Nonetheless, intervention programs that increase social support have been found successful in reducing behaviors detrimental to physical heath (De La Rosa & White, 2001) and increasing mental well-being (Peers for Progress, 2014).

Finally, and most relevant to the current study, social support (i.e., familial and peer) has been found to be protective against hopelessness (Dueweke et al., 2015; Marsiglia et al., 2011). Indeed, both through questionnaire (Marsiglia et al., 2011) and interview (Dueweke et al., 2015), researchers found increased endorsement of familial support to be negatively related to endorsement of hopelessness in Mexican immigrants. It is from these studies that we hypothesized the effect of negative cognitions (i.e., hopelessness and helplessness) on mental and physical health would depend on the quality of social support reported by participants. Specifically, more social support would buffer the negative effect of hopelessness and helplessness on depression, anxiety, stress, and physical and mental well-being.

Religious Support. Similar to social support, research has found religiosity to be negatively related to anxiety symptoms, depressive symptoms, and stress in general (Cardoso & Thompson, 2010; Corona et al., 2017; Garcini et al., 2016; Zarza & Prados, 2007), and significantly associated with gender (i.e., women report higher levels of religiosity; Austin & Falconier, 2013). Indeed, Robinson, Bolton, Rasic, and Sareen, (2012) found that report of religious attendance alone was associated with reduction of anxiety and suicidal ideation. Additionally, two qualitative studies about Latinx immigrants revealed participants felt their belief in God helped them cope with life's hardships (Hernández & García-Moreno, 2014), a finding that was more robust when

combined with family support, peer support, a sense of self-efficacy, and hope for the future (Dueweke et al., 2015). Further, multiple studies have found involvement in religious institutions protects against risky health behaviors (i.e., alcohol and drug use; De La Rosa & White; 2001; De Santis, Provencio-Vasquez, Mancera, & Mata, 2016; Nguyen & Newhill, 2016) and relates to improved physical well-being (Abraído-Lanza, Vásquez, & Echeverría, 2004; Rodríguez Carrión et al., 2011). Against this background, it was hypothesized that religious support would also help buffer the effects of hopelessness and helplessness on mental and physical well-being.

Although most studies have examined religiosity/spirituality as a protective factor, similar to Rodríguez Carrión and colleagues (2011) this study aimed to examine quality of religious support (i.e., rather than belief in value of religion, attendance, or identification as religious) as a protective factor. That is, in the current study, religious support was operationalized as perceived support from religious leaders, religious group members, and God. The decision to include an in-depth study of religious support rather than using reported affiliation and participation was made due to mixed findings when religious affiliation and attendance are used as a proxy for measurement of religiosity/spirituality in examining their relation to mental health outcomes (e.g., De Santis et al., 2016; Rodríguez Carrión et al., 2011).

Legal Support. Even though researchers have demonstrated that fear of deportation, legal status (i.e., undocumented), and the prospect of facing legal proceedings are negatively related to well-being (Arbona et al., 2010; Cavazos-Rehg et al., 2007; Garcini et al., 2016; Zarza & Prados, 2007), no study has examined the effect of legal support on mental or physical health outcomes. Legal support has been

operationalized for this study to mean (1) educational classes/presentations regarding removal proceedings, (2) help filling out and filing required documents for court, (3) legal representation, and any combination of the three.

The most closely related research on this topic comes from a study of Latin American immigrant narratives on their migration to and life in Spain (Hernández & García-Moreno, 2014). Narratives suggest a positive effect of family, friends, and church members in providing logistical, fiscal, and emotional support, which in turn helped said individuals meet legal needs (Hernández & García-Moreno, 2014). Thus, it was hypothesized that receiving legal support would interact with helplessness and hopelessness to increase mental and physical well-being. This study was preregistered with the Open Science Foundation.

Hypotheses

In sum, hypotheses were as follows:

1. There would be main effects of hopelessness and helplessness on outcome variables.
2. There would be a significant interaction between hopelessness and helplessness such that higher hopelessness and helplessness would be associated with poorer outcomes.
3. Social, religious, and legal support (together) would moderate the effect of hopelessness and helplessness on outcome variables.

CHAPTER II

Methods

Participants

Participants were non-detained, Spanish-speaking undocumented immigrant adults from Latin America who were involved in removal proceedings at a Houston-area immigration court. All participants were over the age of 17 and able to consent for themselves. I, or a trained research assistant, solicited participation face-to-face during Friday court screenings at the immigration court, through collaboration with several non-profit organizations[2]: Tahirih, Human Rights First, YMCA, Catholic Charities, and Houston Immigration Legal Services Collaborative. These organizations offer legal representation, legal consultation, and general legal information, and, thus, have a mutual interest in this line of research. Participants were at court for the sole purpose of seeking legal services or to support a friend/family member who was seeking legal services. A priori power analyses suggest 157 participants would provide adequate power to detect a small to medium effect size of main effects at the traditional .05 significance level (GPOWER; Erdfelder, Faul, & Buchner, 1996).

Measures

Demographic Questionnaire. Like the independent variables in this study, differing rates of reported mental and physical health symptoms have also been linked to demographic variables, including gender (i.e., females more than males), age (i.e., 18-25), lower SES, country of origin, English proficiency, unemployment, and longer time in the U.S. (Ai et al., 2015; Alegría et al., 2007; Garcini et al., 2017; Kennard et al., 2006;

[2] Recruitment also occurred with the help of an immigration court lawyer from a Houston-area law-firm, but none of the lawyer's clients consented to participation.

Ulla Díez, & Pérez-Fortis, 2010). Thus, questions related to gender, age, employment, income, education, country of origin, time in U.S., immigration court involvement, and English proficiency were included in the demographic form.

Legal Support. Finally, legal support, in the absence of any available measures, was assessed with a question (i.e., #30) inquiring whether the participant had received 1) educational classes/presentations regarding removal proceedings, (2) help filling out and filing required documents for court, or (3) legal representation. Scoring for this item followed similar scoring guidelines delineated by Brabeck and Xu (2010) in their work with Latino immigrants. Zero items endorsed represented *no legal support*; 1 item represented *educational classes/presentations*; 2 represented *help filing out or filing documents*; 3 represented *educational presentations* and *help with forms*; 4 represented *legal counsel*; 5 represented *educational presentations* and *legal counsel*; 6 represented *help with forms* and *legal counsel*; 7 represented the combination of all three. This scoring system was created based on the incremental value of each service for a legal defense. The full list of English items on the demographic questionnaire can be found in Appendix A. Most participants (68.8%) had no prior legal assistance, 4.5% had attended legal orientation/know your rights programs, 10.2% had received help filling out and filing required documents for court, 7.6% had legal representation, and 8.9% had some combination of the three.

Beck Hopelessness Scale (BHS; Beck, Weissman, Lester, & Trexler, 1974). The Beck Hopelessness Scale is a self-report, 20-item, true/false questionnaire that aims to measure pessimistic cognitions, such as negative expectations for the future and lack of probability for success, during the past week. Originally made for use with 17- to 80-

year-olds, the BHS has been validated in psychiatric (Beck et al., 1974) and non-clinical samples (Steed, 2001). Important for the current study, the BHS has been translated to Spanish and validated for use in both psychiatric and non-clinical Latinx populations (Aguilar et al., 1995). Internal consistency, as measured by Cronbach's alpha, is between .82 and .84 for the Spanish version of the BHS (Aguilar et al., 1995). Additionally, the BHS has adequate convergent validity with measures of suicidal ideation and depressive symptoms (Aguilar et al., 1995). The BHS takes approximately 5 to 10 minutes to administer, and higher scores indicate greater levels of hopelessness (Beck et al., 1974). The full list of English items on the BHS can be found in Appendix B. For data analyses, we used the BHS total score ($\mu = 3.13$; $SD = 2.33$; range [0, 12]), which had a Cronbach's alpha of .61. Although Cronbach's alpha for the BHS was lower than all other measures, the BHS has many reverse coded items. Previous research has shown that reverse items often contaminate data due to confusion on the part of the participant (van Sonderen, Sanderman, & Coyne, 2013), particularly in Spanish-speaking populations (Bailey et al., 2018).

General Self Efficacy Scale (GSES; Jerusalem & Schwarzer, 1992). General self-efficacy is operationalized as confidence in one's abilities, sense of control, and feelings of competence in the face of adversity (i.e., the opposite of helplessness, Brady, 2003; Schwarzer et al., 1997). The General Self Efficacy Scale was originally created in German as a 20-item measure but has since been reduced to 10 items and translated to and validated in various languages, including Spanish (Jerusalem & Schwarzer, 1992; Schwarzer, 1993; Schwarzer, BäBler, Kwiatek, Schröder, & Xin Zhang, 1997). The Spanish version of the GSES is a 10-item, unitary, self-report measure that takes

approximately three minutes to administer (Brady, 2003; Schwarzer, 1997). The GSES's items are measured on a four-point Likert-type scale (i.e., "1," "Not at all true;" "2," "Barely true;" "3," "Moderately True;" and "4," Exactly True") with higher scores signifying higher levels of self-efficacy. The GSES was chosen as a measure of helplessness in this study because of its strong psychometric value (i.e., validated in 25 difference countries) and use in Latinx populations (Brady, 2003; Kennard et al., 2006). Indeed, internal consistency on the GSES for Latinxs living in the U.S. was found to be .88 (Kennard et al., 2006). Additionally, Schwarzer and colleagues (1997) found convergent validity with the expected constructs of depression (-.42), anxiety (-.43), and hope (.57). The full list of English items can be found in Appendix C. In this study, we used the GSES total score reverse coded as a measure of helplessness in data analyses. The Cronbach's alpha for the GSES ($\mu = 14.11$; $SD = 4.80$; range [10, 33]) in this sample was .82.

Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988). The Multidimensional Scale of Perceived Social Support is a self-report, 12-item questionnaire that aims to measure quality of social support from family, friends, and significant other (Zimet, Powell, Farley, Werkman, & Berkoff, 1990). The measure has been translated and validated for use in Spanish-speaking non-clinical populations (Landeta & Calvete, 2002) and populations with serious mental illnesses (Ruiz Jiménez, Saiz Galdós, Montero Arredondo, & Navarro Bayón, 2017), as well as specifically in undocumented Latinx immigrants (Cobb & Xie, 2015). The MSPSS's items are measured on a seven-point Likert-type scale: "Very Strongly Disagree," "Strongly Disagree," "Mildly Disagree," "Neutral," "Mildly

Disagree," "Strongly Agree," and "Very Strongly Agree" (Zimet et al., 1988). Although the English MSPSS has three subscales (i.e., family, peer, and significant other support), analyses reveal the Spanish version has only two subscales when used with undocumented immigrants (i.e., family/significant other and peer support; Cobb & Xie, 2015). The internal consistency as measured by Cronbach's alpha for the MSPSS when used with undocumented Latinxs was .92 for the total score, .93 for the family/significant other subscale and .91 for the friends subscale (Cobb & Xie, 2015). Higher scores on the MSPSS represent a higher quality of social support (Zimet et al., 1988). The full list of English items on the MSPSS can be found in Appendix D. In this study, we used the MSPSS total score (μ = 64.35; *SD* = 18.30; range [15, 82]). Cronbach's alpha in this sample was .87 for the total score, .85 for the family/significant other subscale and .92 for the friends subscale.

Multi-Faith Religious Support Scale (MFRSS; Bjorck & Maslim, 2011). The Multi-Faith Religious Support Scale is a measure of religious support by fellow participants in the religion, religious leaders, and God. The MFRSS originated as the Religious Support Scale (RSS; Fiala, Bjorck, & Gorsuch, 2002) for members of the Christian faith, but was adapted by Bjorck and Maslim (2011) after difficulties using the measure with various faith groups due to religion specific language (e.g., church, church leader, congregation). Indeed, the only substantial content difference between the two measures is the substitution of the phrase "other participants in my religious group" in lieu of "congregation," and "religious leader" in lieu of "church leader" (Bjorck & Maslim; 2011). The MFRSS begins with five "yes/no" questions assessing the contestant's ascription to a particular faith group, and various details about their religion;

these questions are not involved in the scoring of the measure but exist to provide more information on the participant (Bjorck & Maslim; 2011). Similar to the RSS, the MFRSS has 3 subscales composed of 7 items each, for a total of 21 items (Bjorck & Maslim; 2011; Fiala, Bjorck, & Gorsuch, 2002). Items are measured on a five-point Likert-type scale from 1 (i.e., strongly disagree) to 5 (i.e., strongly agree) with higher values signifying greater religious support. The MFRSS has demonstrated adequate internal consistency, as measured by Cronbach's alpha, across subscales (i.e., leader support: .94; God support: .77; participant support: .93) and for total score (.94; Bjorck & Maslim; 2011). These values are nearly identical to RSS subscale and total score internal consistency (church leader: .90; God support: .75; participant support: .91; and total score: .91; Fiala, Bjorck, & Gorsuch, 2002). Also similar to the RSS, the MFRSS revealed convergent validity with theoretically related constructs (i.e., depression, life satisfaction, spirituality, and prayer frequency; Bjorck & Maslim; 2011). Although the MFRSS had not previously been translated or normed on a Spanish-speaking immigrant population, the MFRSS was chosen due to its status as the only cross-religious measure publicly available for use, allowing comparison between participants in the event of multiple faith designations (Bjorck & Maslim; 2011). For use in this study, MFRSS items were translated separately by two bilingual, native Spanish speakers, the results of which were integrated by a bilingual, native English speaker with formal mental health training in Spanish. Subsequently, and separately, two bilingual native Spanish-speakers reviewed the wording of the integrated translated measure and translated it back to English (i.e., following the guidelines of Brislin, 1970). The acceptability of differences between the resulting and original items were further examined, and discrepancies were rectified. The

full list of English items can be found in Appendix E. In this study, we used the MFRSS total score (μ = 70.38; *SD* = 24.05; range [29, 105]). Cronbach's alpha in this sample was .96 for the total score, .99 for the leader support subscale, .88 for the God support subscale, and .98 for the participant support subscale.

Depression Anxiety Stress Scale-21 (DASS-21; Lovibond & Lovibond, 1995). The Depression Anxiety Stress Scale is a self-report, 21-item questionnaire that aims to measure depression, anxiety, and stress. The DASS-21's items are measured on a four-point Likert-type scale: "Did not apply to me at all," "Applied to me to some degree, or some of the time," "Applied to me a considerable degree or a good part of time" and "Applied to me very much or most of the time." Increasing scores on each of the three subscales (i.e., depression, anxiety, stress) are related to greater symptom presence (Lovibond & Lovibond, 1995). The DASS-21 has been used in both clinical and non-clinical samples (Antony, Bieling, Cox, Enns, & Swinson, 1998), and translated to and validated in Spanish (Daza, Novy, Stanley, & Averill, 2002). Indeed, the validation study in Spanish found psychometric properties comparable to those in English. The internal consistency for the Spanish DASS-21 (Daza et al., 2002) as measured by Cronbach's alpha was .96 for the total score, .93 for depression, .86 for anxiety, and .91 for stress (.94, .87, and .91, respectively for subscales in English; Antony et al., 1998). Furthermore, convergent validity, as measured by other depression and anxiety assessment tools was as expected with the depression subscale correlating more with other depression measures than other anxiety measures, and the anxiety subscale correlating more with other anxiety measures than depressive ones. Meanwhile, the stress scale correlated moderately with both measures of anxiety and depression (Daza et al.,

2002). The full list of English items on the DASS-21 can be found in Appendix F. In this study, we used the DASS-21 depression (μ = 8.50; *SD* = 9.43; range [0, 38]), anxiety (μ = 9.76; *SD* = 10.56; range [0, 42]), and stress (μ = 11.83; *SD* = 10.46; range [0, 42]), subscale scores in data analyses. Cronbach's alpha in this study was .93 for the total score, .82 for depression, .85 for anxiety, and .84 for stress

Patient Health Questionnaire-15 (PHQ-15; Kroenke, Spitzer, & Williams, 2002). The Patient Health Questionnaire-15 is a short measure of physical symptoms commonly related to internalizing disorders. The PHQ-15 uses a self-report, Likert-type questionnaire format to ask individuals how bothered they have been by a list of physical problems ranging from "1," "Not bothered at all," to "2," "Bothered a little," to "3," "Bothered a lot." The PHQ-15 has also been validated in Spanish and named a culturally sound measure of somatic symptoms for Spanish-speaking individuals (Ros Montalbán, Comas Vives, & Garcia-Garcia, 2010). Both the Spanish version and the English version have adequate internal consistency (i.e., .78 and .80, respectively), as well as convergent and discriminant validity with theoretically related and unrelated measures, respectively (Kroenke, 2002; Ros Montalbán et al., 2010). The full list of English items can be found in Appendix G. In this study, we used the PHQ-15 total score (μ = 6.06; *SD* = 5.42; range [0, 27]) in data analyses, which had a Cronbach's alpha of .86.

12-Item Short Form Health Survey (SF-12; Ware, Kosinski, & Keller, 1996). The 12-Item Short Form Health Survey (SF-12), is a short-form questionnaire that aims to measure quality of life related to mental and physical health (Ware, Kosinski, & Keller, 1996). It has been translated and validated for use in various Spanish-speaking populations (Monteagudo Piqueras, Hernando Arizaleta, & Palomar Rodríguez, 2011;

Tuesca Molina & Muñoz, 2015). The internal consistency as measured by Cronbach's alpha for the SF-12 when used with Latinxs was .73 for the total score (Tuesca Molina & Muñoz, 2015). Higher scores on the SF-12 represent a higher quality of life as related to health (Ware, Kosinski & Keller, 1998). Research supports the use of a quality of life measure of mental health over a measure wherein participants are asked to endorse mental health symptoms in Latinx populations due to the stigma associated with mental health in this population (Ai et al., 2015). The full list of English items on the SF-12 can be found in Appendix H. In this study, we used both the SF-12 physical ($\mu = 50.01$; *SD* = 8.16; range [20.55, 66.67]) and mental ($\mu = 47.86$; *SD* = 11.94; range [17.82, 67.71]) health well-being total scores in data analyses. Cronbach's alpha for the current sample was .82 for SF-12 items.

Procedure

Prior to the commencement of data collection IRB approval was obtained. Participants were explained the purpose, risks, and benefits of the study verbally, in easy to understand language, as is suggested by Garcini et al. (2016), and then given a cover letter for their records. Given that the main risk to participants is loss of confidentiality, a waiver of signed informed consent was acquired. Instead, consent to participate was obtained verbally (cover letter provided) and each participant was assigned a code for identification. Participation in the current study took place at the Houston immigration courthouse. Once consent had been obtained, a demographic questionnaire containing questioning about legal support, the BHS, GSES, MSPSS, MFRSS, DASS-21, PHQ-15, and SF-12 (i.e., 146 questions total) was administered one-on-one, in Spanish, by myself or trained bilingual graduate and undergraduate students in the Youth and Family Studies

Lab at Sam Houston State University. Although these are self-report questionnaires, illiteracy is common among this population, therefore a research assistant was present to assist individuals and answer any questions they had during the survey. All participants (proposed n = 157) were compensated with a $10 gift card to Target for their time. Self-report packets were kept in a locked filing cabinet in a locked room; no identifying data was collected.

CHAPTER III

Results

Demographic Results

One hundred and seventy-one immigrants participated in this study. One participant was demographically dissimilar from the rest (i.e., from Egypt, did not speak Spanish), and one was not actively in removal proceedings; thus, those participants were removed from analyses. Of the remaining 169 participants, data was missing for at least one key variable for 12 participants, leaving 157 participants retained for analyses. Participants ranged in age from 18 to 69 years old (M = 33.4; SD = 9.5). Out of the 157 participants, 31.2% were male (n = 49) and 68.8% were female (n = 108). All participants were either from Mexico (n = 5), Guatemala (n = 20), Honduras (n = 68), El Salvador (n = 29), Venezuela (n = 13), Cuba (n = 21), or the Dominican Republic (n = 1) and had been in the U.S. for an average of 2.22 years (SD = 3.67; range = .01 to 22 years). Of the 157 participants, 84.1% (n = 132) were seeking asylum, with the next largest group (n = 10; 0.06%) seeking cancellation of removal as a form of deportation relief. Majority of participants (n = 111; 77.1%) had a high school education or less, were unemployed (n = 101; 64.3%), and had an estimated yearly household income of $20,000 or less ($n$ = 120; 76.4%). Of the 56 employed participants, 82.1% (n = 42) worked in the food, cleaning, or construction industries.

Preliminary Analyses

Prior to examining relations between key study variables, we explored relations with study variables and demographic variables. Bivariate correlations (e.g., age, income, educational attainment, language proficiency, time in the U.S., and fear of deportation),

independent samples t-tests (e.g., gender and employment status), and Analyses of Variance (ANOVA) (e.g., country of origin and employment status) were used to examine potential covariates, depending on the nature of the variables being tested.

Age was significantly correlated with the SF-12 Physical Well-Being (r = -.17, p = .035) and MSPSS (r = .17, p = .035) scores, such that older age was related to more physical health problems and more perceived social support, respectively. Education was significantly correlated with BHS (r = -.23, p = .003) and MFRSS (r = -.17, p = .032), such that higher educational attainment was correlated with less hopelessness and less perceived religious support, respectively. Time living in the U.S. was significantly correlated with Legal Support (r = .24, p = .005), such that the longer an individual had been living in the U.S., the more likely they were to have received help for their immigration court case. Finally, fear of deportation was significantly correlated with PHQ-15 (r = .18, p = .027), DASS-21 stress (r = .19, p = .018), and DASS-21 Depression (r = .20, p = .010) such that a higher fear of deportation was correlated with higher reported physical problems, stress, and depression, respectively. Income and language proficiency were not significantly correlated with any study variables.

Regarding independent samples t-tests, gender was only significantly related to MSPSS, such that women (M = 5.24, SD = 1.33) endorsed less perceived social support on average, than men (M = 5.64, SD = 0.90, t[132.01] = 2.19, p = .030). Employment was not significantly related to any study variables.

Before running ANOVA analyses for country of origin, Dominican Republic and Cuba were collapsed into a category labeled “Caribbean”, as the Dominican Republic cell had too few items (n = 1) to stand alone. Results indicated that country of origin affected

participants' Legal Support (F[5, 151] = 5.21, $p < .001$, $\eta^2_p = .02$), MSPSS (F[5, 151] = 3.68, $p = .004$, $\eta^2_p = .49$), MFRSS (F[5, 151] = 4.98, $p < .001$, $\eta^2_p = .31$), and BHS (F[5, 150] = 3.50, $p = .005$, $\eta^2_p = .13$) scores. No other relations were statistically significant. Four Tukey honestly significant difference (HSD) *post-hoc* analyses were carried out to better understand these main effects. Results indicated that participants from El Salvador had more legal support (M = 2.10, SD = 2.24) than participants from Guatemala (M = 0.15, SD = 0.49), Honduras (M = 0.84, SD = 1.51), and the Caribbean (M = 0.59, SD =1.22). Additionally, results indicated that participants from the Caribbean perceived themselves to have more social support (M = 6.15, SD = 0.67) than participants from Honduras (M = 5.13, SD = 1.23) and El Salvador (M = 4.99, SD = 1.40). Regarding the MFRSS, results indicated that participants from the Caribbean perceived themselves to have less religious support (M = 51.91, SD = 15.57) than participants from Guatemala (M = 80.80, SD = 23.83) and Honduras (M = 75.78, SD = 24.59). Finally, results indicated that participants from El Salvador were more hopeless (M = 4.13, SD = 1.85) than participants from Venezuela (M = 1.83, SD = 1.85) and the Caribbean (M = 2.00, SD = 2.09). Variables related to independent and dependent variables (i.e., age, education, time lived in the U.S., fear of deportation, gender, and country of origin) were retained for multivariate analyses.

Hypothesized Analyses

Principle components analysis (PCA) was attempted to reduce the protective factor measures (i.e., Legal Support, MSPSS, and MFRSS) into one component broadly representing "Support." This step was taken to control for family-wise error, reducing the number of models performed and variables entered into the model. However, basic

assumptions for PCA could not be met, as the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy was below the recommended minimum of 0.60 (*KMO* = 0.50) and Bartlett's Test of Sphericity did not reject the null hypothesis ($\chi^2 = 3.15$, df = 3, p = .370; UCLA: Statistical Consulting Group, n.d.). Further examination of the data revealed that the legal support variable was too dissimilar from the social ($r = .01$, $p = .890$) and religious ($r = .01$, $p = .953$) support measures to be readily combined into one variable. Due to the lack of similarity, multivariate analyses examined hypothesized relations using only MSPSS and MFRSS in the Support composite variable, while separate exploratory analyses examined the relation between Legal Support and key study variables. Separate analyses were undertaken as this was what most closely resembled what was preregistered with the Open Science Foundation. The Support composite variable was computed by converting MSPSS and MFRSS total scores into z-scores, so as to not weigh one variable differently than the other, then adding together the MSPSS and MFRSS total z-scores. This method was used rather than PCA because the latter requires more than two variables (Gray, 2017).

Support component. Six general linear models were conducted using MLR to determine the influence of each variable on outcome variables (Baron & Kenny, 1986). Step 1 included covariates identified in preliminary analyses (i.e., age, education, fear of deportation, gender, and country of origin) with Anxiety, Depression, and Stress subscale scores from the DASS-21, and PHQ-15, SF-12 Physical, and SF-12 Mental total scores as the outcome variables. Separate models were conducted for each outcome variable. Step 2 added BHS, GSES, and the Support component as predictor variables to determine the influence of key variables beyond demographic variables alone. Finally, Step 3

introduced the two-way and three-way interactions among predictor variables (i.e., BHS, GSES, and the Support component) to determine the incremental value of the cumulative effect of key variables. Note that variables were centered before calculating interaction terms and multicollinearity was assessed using detection-tolerance and the variance inflation factor (VIF) (Tabachnick & Fidell, 2001). Evidence of multicollinearity was not detected with tolerance greater than .2 and a VIF less than 4 in all cases (Aikin & West, 1991; Holmbeck, 2002).

With PHQ-15 serving as the outcome variable, demographic variables accounted for 6.6% of the variance ($F(5, 150) = 2.12$, $p = .066$). Neither key study variables nor interaction terms made a significant incremental contribution in Step 2 (*Fchange*[3, 147] = 2.54, $p = .059$) or Step 3 (*Fchange*[4, 143] = 0.86, $p = .493$), respectively. Results of this model are presented in Table 1.

With DASS-21 Stress serving as the outcome variable, demographic variables accounted for 6.3% of the variance ($F(5, 150) = 2.03$, $p = .078$). Variables of interest made a significant incremental contribution in Step 2 (*Fchange*[3, 147] = 7.82, $p < .001$), with all variables together accounting for 19.2% of the variance. The addition of interaction terms also made a significant incremental contribution in Step 3 (*Fchange*[4, 143] = 3.44, $p = .010$), with all variables together accounting for 26.3% of the variance. There was a significant main effect of BHS ($b = .261$, $SE = .080$, $p = .001$) and GSES ($b = .232$, $SE = .078$, $p = .003$) in relation to DASS-21 Stress. Additionally, there was a significant interaction between BHS and GSES ($b = -.248$, $SE = .077$, $p = .002$), individuals high on helplessness reported more stress than individuals low on

helplessness at low levels of hopelessness, yet there was no difference for individuals at high levels of hopelessness. Results of this model are presented in

Table 2 while a graphical representation can be found in Figure 2.

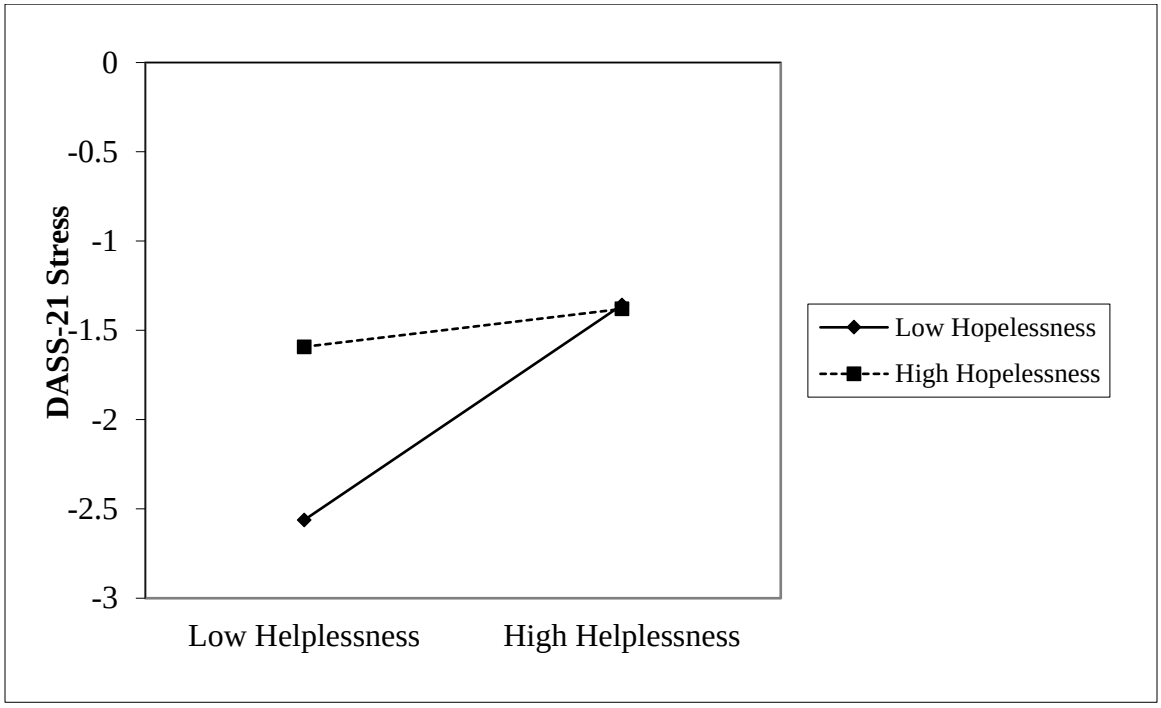

Figure 2. Graphic representation of the interaction between Hopelessness and Helplessness on Stress. The y-axis reflects negative values as variables were centered. Actual DASS-21 scores range from 0 to 42.

Table 1
Hypothesized regression results with PHQ-15 as the outcome variable

	Step 1 (Covariates)				Step 2 (Main Effects)				Step 3 (Interactions)			
	B	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2
Age	.011	.009	.221	.009	.011	.009	.231	.009	.011	.009	.237	.009
Gender	.212	.174	.227	.009	.205	.173	.240	.008	.226	.175	.198	.010
Education	.021	.048	.666	.001	.027	.048	.575	.002	.039	.049	.430	.004
Country of origin	-.100	.055	.071	.021	-.097	.056	.082	.018	-.099	.056	.078	.019
Fear of deportation	.087	.037	.020*	.035	.090	.037	.016*	.036	.105	.038	.006*	.047
Hopelessness	-	-	-	-	.088	.084	.299	.007	.089	.091	.332	.006
Helplessness	-	-	-	-	.149	.082	.069	.020	.222	.092	.017*	.035
Support	-	-	-	-	-.055	.054	.307	.006	-.051	.056	.364	.005
Hopeless*Helpless	-	-	-	-	-	-	-	-	-.141	.084	.097	.017
Hopeless*Support	-	-	-	-	-	-	-	-	-.015	.059	.798	.000
Helpless*Support	-	-	-	-	-	-	-	-	.049	.049	.320	.006
Three-way term	-	-	-	-	-	-	-	-	-.028	.047	.557	.002

Notes. Hopelessness refers to the Beck Hopelessness Scale. Helplessness refers to the General Self Efficacy Scale. Three-way term refers to the interaction of Hopelessness, Helplessness, and the Support composite. * indicates $p < .05$

Table 2

Hypothesized regression results with DASS-21 Stress as the outcome variable

	Step 1 (Covariates)				Step 2 (Main Effects)*				Step 3 (Interactions)*			
	B	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2
Age	.018	.009	.045*	.026	.013	.009	.133	.013	.012	.008	.156	.010
Gender	.026	.174	.881	.000	.064	.165	.696	.001	.098	.161	.544	.002
Education	-.003	.048	.945	.000	.021	.045	.644	.001	.037	.045	.410	.003
Country of origin	-.024	.055	.667	.001	.006	.053	.913	.000	.005	.051	.925	.000
Fear of deportation	.104	.037	.005*	.050	.101	.035	.005*	.046	.127	.035	<.001*	.068
Hopelessness	-	-	-	-	.261	.080	.001*	.059	.237	.084	.005*	.041
Helplessness	-	-	-	-	.232	.078	.003*	.049	.354	.084	<.001*	.091
Support composite	-	-	-	-	.032	.051	.538	.002	.050	.051	.336	.005
Hopeless*Helpless	-	-	-	-	-	-	-	-	-.248	.077	.002*	.053
Hopeless*Support	-	-	-	-	-	-	-	-	-.019	.054	.732	.001
Helpless*Support	-	-	-	-	-	-	-	-	.063	.045	.170	.010
Three-way term	-	-	-	-	-	-	-	-	-.085	.043	.052	.020

Notes. Hopelessness refers to the Beck Hopelessness Scale. Helplessness refers to the General Self Efficacy Scale. Three-way term refers to the interaction of Hopelessness, Helplessness, and the Support composite. * indicates $p < .05$

With DASS-21 Anxiety serving as the outcome variable, demographic variables accounted for 7.8% of the variance ($F(5, 150) = 2.53$, $p = .031$). Variables of interest made a significant incremental contribution in Step 2 (*Fchange*[3, 147] = 6.39, $p < .001$), with all variables together accounting for 18.4% of the variance. There was a significant main effect of BHS ($b = .271$, $SE = .081$, $p = .001$) and GSES ($b = .174$, $SE = .078$, $p = .028$) in relation to DASS-21 Anxiety. The addition of interaction terms did not make a significant incremental contribution in Step 3 (*Fchange*[4, 143] = 2.20, $p = .072$). Results of this model are presented in Table 3.

With DASS-21 Depression serving as the outcome variable, demographic variables accounted for 6.9% of the variance ($F(5, 150) = 2.23$, $p = .054$). Variables of interest made a significant incremental contribution in Step 2 (*Fchange*[3, 147] = 8.94, $p < .001$), with all variables together accounting for 21.3% of the variance. There was a significant main effect of BHS ($b = .332$, $SE = .079$, $p < .001$) in relation to DASS-21 Depression. The addition of interaction terms did not make a significant incremental contribution in Step 3 (*Fchange*[4, 143] = 1.52, $p = .199$). Results of this model are presented in Table 4.

With SF-12 Physical Well-Being serving as the outcome variable, demographic variables accounted for 6.6% of the variance ($F(5, 150) = 2.13$, $p = .065$). Neither key study variables nor interaction terms made a significant incremental contribution in Step 2 (*Fchange*[3, 147] = 1.07, $p = .365$) or Step 3 (*Fchange*[4, 143] = 0.36, $p = .837$), respectively. Results of this model are presented in Table 5.

Table 3

Hypothesized regression results with DASS-21 Anxiety as the outcome variable

	Step 1 (Covariates)*				Step 2 (Main Effects)*				Step 3 (Interactions)			
	B	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2
Age	.022	.009	.016*	.036	.016	.009	.064	.019	.016	.009	.075	.017
Gender	-.001	.173	.998	.000	.047	.166	.778	.000	.077	.165	.643	.001
Education	-.058	.048	.227	.009	-.033	.046	.470	.003	-.020	.046	.671	.001
Country of origin	-.059	.055	.287	.007	-.026	.053	.632	.001	-.027	.053	.609	.001
Fear of deportation	.086	.037	.021*	.033	.079	.035	.026*	.028	.102	.036	.005*	.043
Hopelessness	-	-	-	-	.271	.081	.001*	.063	.251	.086	.004*	.046
Helplessness	-	-	-	-	.174	.078	.028*	.028	.278	.087	.002*	.056
Support composite	-	-	-	-	.039	.052	.453	.003	.052	.053	.323	.005
Hopeless*Helpless	-	-	-	-	-	-	-	-	-.202	.079	.012*	.035
Hopeless*Support	-	-	-	-	-	-	-	-	-.013	.056	.814	.000
Helpless*Support	-	-	-	-	-	-	-	-	.060	.047	.202	.009
Three-way term	-	-	-	-	-	-	-	-	.071	.045	.115	.013

Notes. Hopelessness refers to the Beck Hopelessness Scale. Helplessness refers to the General Self Efficacy Scale. Three-way term refers to the interaction of Hopelessness, Helplessness, and the Support composite. * indicates $p < .05$

Table 4
Hypothesized regression results with DASS-21 Depression as the outcome variable

	Step 1 (Covariates)				Step 2 (Main Effects)*				Step 3 (Interactions)			
	B	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2
Age	.011	.009	.207	.010	.007	.009	.408	.004	.006	.009	.514	.002
Gender	.039	.173	.824	.000	.084	.162	.607	.001	.079	.162	.629	.001
Education	-.058	.048	.229	.009	-.034	.045	.454	.003	-.047	.046	.310	.005
Country of origin	-.026	.055	.637	.001	.009	.052	.862	.000	.001	.052	.987	.000
Fear of deportation	.103	.037	.006*	.049	.091	.035	.009*	.037	.102	.035	.004*	.045
Hopelessness	-	-	-	-	.332	.079	<.001*	.095	.270	.085	.002*	.054
Helplessness	-	-	-	-	.112	.076	.144	.011	.172	.085	.045*	.022
Support composite	-	-	-	-	-.072	.051	.160	.011	-.052	.052	.319	.005
Hopeless*Helpless	-	-	-	-	-	-	-	-	-.041	.078	.600	.001
Hopeless*Support	-	-	-	-	-	-	-	-	-.047	.055	.395	.004
Helpless*Support	-	-	-	-	-	-	-	-	.070	.046	.128	.012
Three-way term	-	-	-	-	-	-	-	-	-.086	.044	.053	.020

Notes. Hopelessness refers to the Beck Hopelessness Scale. Helplessness refers to the General Self Efficacy Scale. Three-way term refers to the interaction of Hopelessness, Helplessness, and the Support composite. * indicates $p < .05$

Table 5
Hypothesized regression results with SF-12 Physical Well-Being as the outcome variable

	Step 1 (Covariates)				Step 2 (Main Effects)				Step 3 (Interactions)			
	B	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2
Age	-.026	.009	.005*	.050	-.027	.009	.004*	.053	-.027	.009	.004*	.053
Gender	.066	.174	.707	.001	.087	.176	.620	.002	.108	.179	.548	.002
Education	-.032	.048	.508	.003	-.030	.049	.537	.002	-.032	.050	.525	.003
Country of origin	.118	.055	.034*	.029	.126	.056	.028*	.031	.123	.057	.033*	.029
Fear of deportation	-.055	.037	.135	.014	-.060	.037	.110	.016	-.054	.039	.167	.012
Hopelessness	-	-	-	-	.004	.085	.966	.000	-.024	.093	.795	.000
Helplessness	-	-	-	-	-.092	.083	.268	.008	-.065	.094	.492	.003
Support composite	-	-	-	-	.060	.055	.274	.008	.055	.057	.338	.006
Hopeless*Helpless	-	-	-	-	-	-	-	-	.010	.086	.907	.000
Hopeless*Support	-	-	-	-	-	-	-	-	.042	.060	.485	.003
Helpless*Support	-	-	-	-	-	-	-	-	.045	.051	.370	.005
Three-way term	-	-	-	-	-	-	-	-	-.043	.048	.379	.005

Notes. Hopelessness refers to the Beck Hopelessness Scale. Helplessness refers to the General Self Efficacy Scale. Three-way term refers to the interaction of Hopelessness, Helplessness, and the Support composite. * indicates $p < .05$

With SF-12 Mental Well-Being serving as the outcome variable, demographic variables accounted for 4.3% of the variance ($F(5, 150) = 1.34$, $p = .253$). Variables of interest made a significant incremental contribution in Step 2 ($Fchange[3, 147] = 7.17$, $p < .001$), with all variables together accounting for 17.3% of the variance. There was a significant main effect of BHS ($b = -.175$, $SE = .081$, $p = .033$) and GSES ($b = -.232$, $SE = .079$, $p = .004$) in relation to SF-12 Mental Well-Being. The addition of interaction terms did not make a significant incremental contribution in Step 3 ($Fchange[4, 143] = 0.49$, $p = .744$). Results of this model are presented in Table 6.

Finally, no exploratory analyses were undertaken to examine the contribution of each form of social support (i.e., MSPSS and MFRSS total or subscale scores) separately on outcome variables, as support was not significantly related to outcome variables in any model.

Table 6

Hypothesized regression results with SF-12 Mental Well-Being as the outcome variable

	Step 1 (Covariates)				Step 2 (Main Effects)*				Step 3 (Interactions)			
	B	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2
Age	-.012	.009	.201	.011	-.011	.009	.228	.008	-.010	.009	.268	.007
Gender	-.191	.176	.281	.007	-.189	.168	.262	.007	-.196	.170	.253	.008
Education	-.006	.049	.895	.000	-.019	.046	.679	.001	-.012	.048	.801	.000
Country of origin	.043	.056	.441	.004	.033	.054	.545	.002	.038	.055	.492	.003
Fear of deportation	-.078	.037	.039*	.028	-.080	.036	.027*	.028	-.087	.037	.020*	.032
Hopelessness	-	-	-	-	-.175	.081	.033*	.026	-.135	.089	.131	.013
Helplessness	-	-	-	-	-.232	.079	.004*	.049	-.270	.089	.003*	.052
Support composite	-	-	-	-	.080	.052	.130	.013	.074	.054	.177	.011
Hopeless*Helpless	-	-	-	-	-	-	-	-	.009	.082	.911	.000
Hopeless*Support	-	-	-	-	-	-	-	-	.002	.057	.978	.000
Helpless*Support	-	-	-	-	-	-	-	-	-.052	.048	.286	.007
Three-way term	-	-	-	-	-	-	-	-	.057	.046	.217	.009

Notes. Hopelessness refers to the Beck Hopelessness Scale. Helplessness refers to the General Self Efficacy Scale. Three-way term refers to the interaction of Hopelessness, Helplessness, and the Support composite. * indicates $p < .05$

Legal support. Six exploratory general linear models were conducted using MLR to determine the influence of Legal Support on outcome variables (Baron & Kenny, 1986). Step 1 included covariates identified in preliminary analyses (i.e., age, education, time lived in the U.S., fear of deportation, and country of origin) with Anxiety, Depression, and Stress subscale scores from the DASS-21, and PHQ-15, SF-12 Physical, and SF-12 Mental total scores as the outcome variables. Note that gender was removed from the list of covariates as it was not significantly related to any variable in the exploratory models, while time in the U.S. was added due to its relation with Legal Support in preliminary analyses. Separate models were conducted for each outcome variable. Step 2 added BHS, GSES, and the Legal Support as predictor variables to determine the influence of key variables beyond demographic variables alone. Finally, Step 3 introduced the two-way and three-way interactions among predictor variables (i.e., BHS, GSES, and Legal Support) to determine the incremental value of the cumulative effect of key variables. Variables were centered before calculating interaction terms and multicollinearity was assessed using detection-tolerance and the variance inflation factor (VIF) (Tabachnick & Fidell, 2001). Evidence of multicollinearity was not detected with tolerance greater than .2 and a VIF less than 4 in all cases (Aikin & West, 1991; Holmbeck, 2002).

With PHQ-15 serving as the outcome variable, demographic variables accounted for 5.7% of the variance ($F(5, 150) = 1.83$, $p = .111$). Variables of interest made a significant incremental contribution in Step 2 ($Fchange[3, 147] = 2.99$, $p = .033$), with all variables together accounting for 11.2% of the variance. The addition of interaction terms also made a significant incremental contribution in Step 3 ($Fchange[4, 143] = 2.51$, $p =$

.045), with all variables together accounting for 17.0% of the variance. There was a significant main effect of GSES (*b* = .037, *SE* = .017, *p* = .026) in relation to PHQ-15. Additionally, there was a significant interaction between GSES and Legal Support (*b* = .032, *SE* = .013, *p* = .019), such that individuals high on helplessness reported more physical health problems than individuals low on helplessness at high levels of legal support, yet there were no differences for individuals at low levels of legal support. Results of this model are presented in Table 7 and a graphic representation of the interaction can be found in Figure 3.

With DASS-21 Stress serving as the outcome variable, demographic variables accounted for 6.5% of the variance (*F*(5, 150) = 2.08, *p* = .071). Variables of interest made a significant incremental contribution in Step 2 (*Fchange*[3, 147] = 8.37, *p* < .001), with all variables together accounting for 20.1% of the variance. The addition of interaction terms also made a significant incremental contribution in Step 3 (*Fchange*[4, 143] = 4.00, *p* = .004), with all variables together accounting for 28.2% of the variance. There was a significant main effect of BHS (*b* = .111, *SE* = .034, *p* = .001) and GSES (*b* = .047, *SE* = .016, *p* = .003) in relation to DASS-21 Stress. In addition to the significant interaction between BHS and GSES (*b* = -.022, *SE* = .007, *p* = .002) reported previously, there was a significant interaction between GSES and Legal Support (*b* = .033, *SE* = .012, *p* = .009), such that individuals high on helplessness reported more stress than individuals low on helplessness at high levels of legal support, yet there were no differences for individuals at low levels of legal support. Results of this model are presented in Table 8 and a graphic representation of the interaction between GSES and Legal Support can be found in Figure 4.

With DASS-21 Anxiety serving as the outcome variable, demographic variables accounted for 8.0% of the variance ($F(5, 150) = 2.60$, $p = .027$). Variables of interest made a significant incremental contribution in Step 2 (*Fchange*[3, 147] = 7.61, $p < .001$), with all variables together accounting for 20.4% of the variance. The addition of interaction terms also made a significant incremental contribution in Step 3 (*Fchange*[4, 143] = 2.70, $p = .033$), with all variables together accounting for 26.0% of the variance. There was a significant main effect of Legal Support ($b = .095$, $SE = .047$, $p = .048$), BHS ($b = .116$, $SE = .034$, $p = .001$), and GSES ($b = .034$, $SE = .016$, $p = .032$) in relation to DASS-21 Anxiety. Additionally, there was a significant interaction between BHS and GSES ($b = -.016$, $SE = .007$, $p = .021$) and GSES and Legal Support ($b = .027$, $SE = .013$, $p = .002$). Individuals high on helplessness reported more anxiety than individuals low on helplessness at low levels of hopelessness, yet there was no difference for individuals at high levels of hopelessness. Moreover, individuals high on helplessness reported more anxiety than individuals low on helplessness at high levels of legal support, yet there were no differences for individuals at low levels of legal support. Results of this model are presented in Table 9 and a graphic representation of the interactions can be found in Figure 5 and Figure 6.

Table 7
Exploratory regression results with PHQ-15 as the outcome variable

	Step 1 (Covariates)				Step 2 (Main Effects)*				Step 3 (Interactions)*			
	B	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2
Age	.010	.009	.286	.007	.010	.009	.295	.007	.008	.009	.400	.004
Education	.024	.048	.612	.002	.033	.048	.487	.003	.051	.048	.293	.006
Country of origin	-.105	.055	.059	.023	-.107	.056	.057	.022	-.109	.055	.049*	.023
Fear of deportation	.092	.037	.014*	.039	.094	.037	.011*	.040	.102	.037	.006*	.045
Time in the U.S.	.007	.022	.763	.001	.001	.022	.948	.000	.000	.022	.992	.000
Hopelessness	-	-	-	-	.035	.036	.333	.006	.037	.036	.306	.006
Helplessness	-	-	-	-	.037	.017	.026*	.031	.053	.017	.003*	.054
Legal Support	-	-	-	-	.076	.050	.130	.014	.082	.052	.119	.014
Hopeless*Helpless	-	-	-	-	-	-	-	-	-.010	.007	.179	.011
Hopeless*Legal Sup	-	-	-	-	-	-	-	-	-.020	.024	.400	.004
Helpless*Legal Sup	-	-	-	-	-	-	-	-	.032	.013	.019*	.033
Three-way term	-	-	-	-	-	-	-	-	.000	.006	.951	.000

Notes. Hopelessness refers to the Beck Hopelessness Scale. Helplessness refers to the General Self Efficacy Scale. Three-way term refers to the interaction of Hopelessness, Helplessness, and Legal Support. * indicates $p < .05$

Table 8
Exploratory regression results with DASS-21 Stress as the outcome variable

	Step 1 (Covariates)				Step 2 (Main Effects)*				Step 3 (Interactions)*			
	B	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2
Age	.019	.009	.040*	.027	.015	.009	.084	.016	.013	.008	.111	.013
Education	-.001	.048	.984	.000	.023	.045	.615	.001	.057	.045	.205	.008
Country of origin	-.028	.055	.618	.002	-.007	.053	.897	.000	-.014	.051	.790	.000
Fear of deportation	.104	.037	.005*	.050	.099	.035	.005*	.045	.120	.034	.001*	.062
Time in the U.S.	-.012	.022	.595	.002	.015	.021	.479	.003	-.017	.020	.392	.004
Hopelessness	-	-	-	-	.111	.034	.001*	.059	.119	.033	<.001*	.065
Helplessness	-	-	-	-	.047	.016	.003*	.048	.070	.016	<.001*	.094
Legal Support	-	-	-	-	.068	.047	.154	.011	.092	.049	.059	.018
Hopeless*Helpless	-	-	-	-	-	-	-	-	-.022	.007	.002*	.049
Hopeless*Legal Sup	-	-	-	-	-	-	-	-	-.012	.022	.583	.002
Helpless*Legal Sup	-	-	-	-	-	-	-	-	.033	.012	.009*	.035
Three-way term	-	-	-	-	-	-	-	-	-.007	.006	.242	.007

Notes. Hopelessness refers to the Beck Hopelessness Scale. Helplessness refers to the General Self Efficacy Scale. Three-way term refers to the interaction of Hopelessness, Helplessness, and Legal Support. * indicates $p < .05$

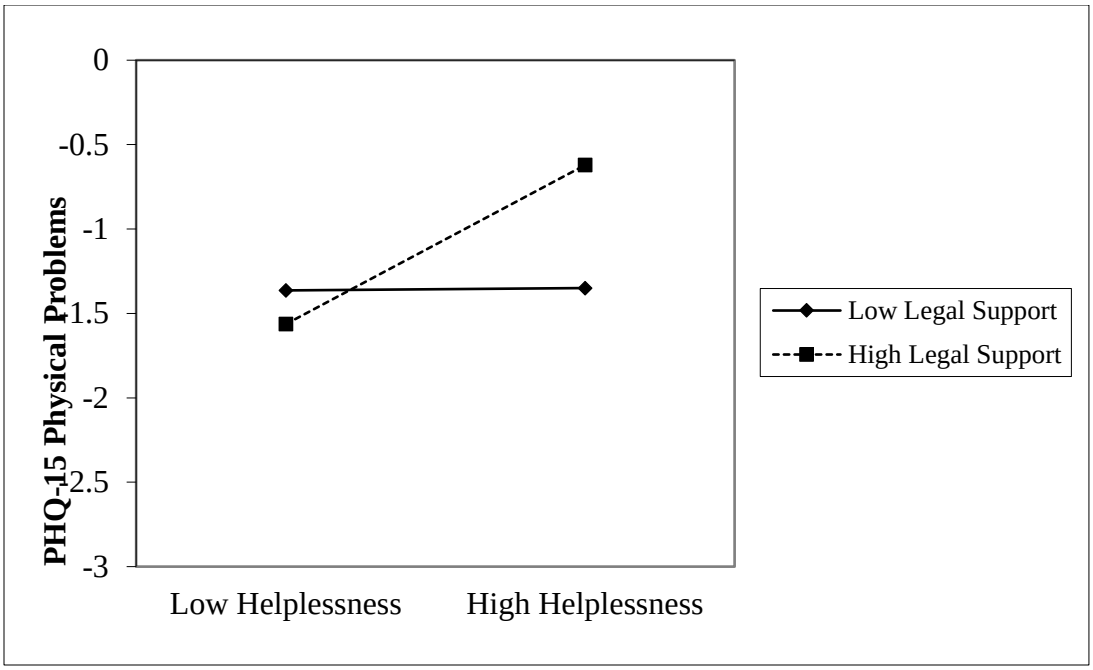

Figure 3. Graphic representation of the interaction between Helplessness and Legal Support on PHQ-15 physical problems. The y-axis reflects negative values as variables were centered. Actual PHQ-15 scores range from 0 to 27.

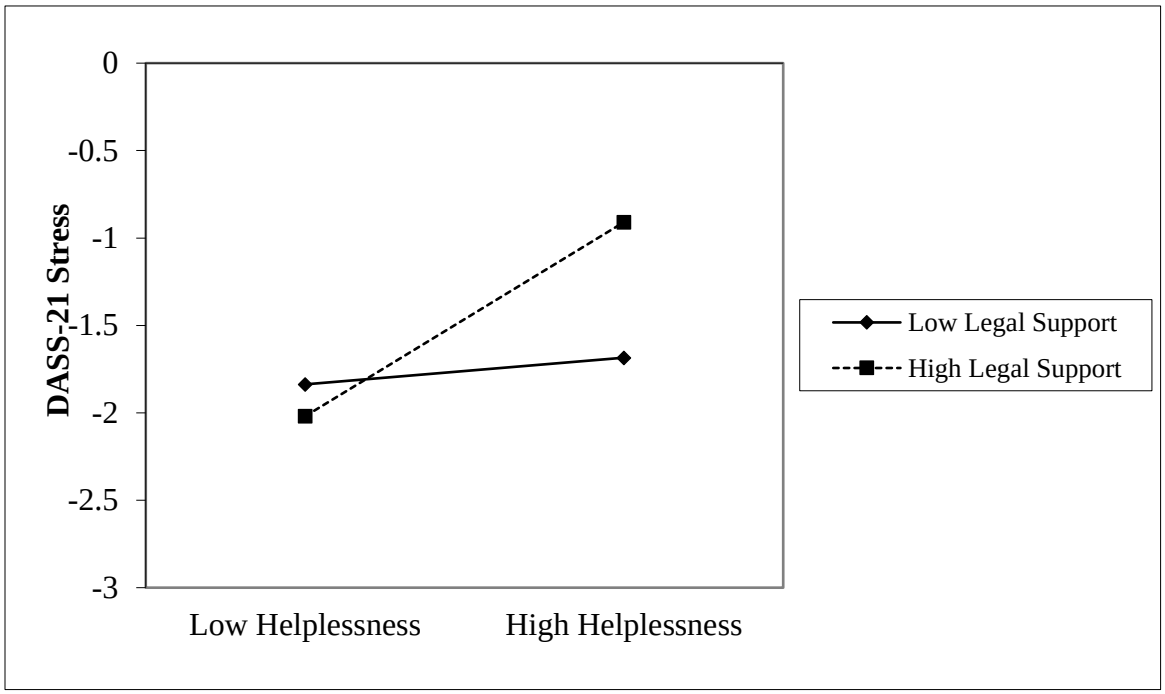

Figure 4. Graphic representation of the interaction between Helplessness and Legal Support on DASS-21 Stress. The y-axis reflects negative values as variables were centered. Actual DASS-21 scores range from 0 to 42.

Table 9

Exploratory regression results with DASS-21 Anxiety as the outcome variable

	Step 1 (Covariates)*				Step 2 (Main Effects)*				Step 3 (Interactions)*			
	B	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2
Age	.023	.009	.013*	.038	.019	.009	.030*	.026	.018	.009	.036*	.023
Education	-.056	.048	.241	.008	-.032	.045	.487	.003	-.006	.046	.895	.000
Country of origin	-.062	.055	.261	.008	-.041	.053	.439	.003	-.046	.052	.377	.004
Fear of deportation	.085	.036	.021*	.033	.077	.035	.029*	.026	.094	.035	.008*	.038
Time in the U.S.	-.012	.022	.570	.002	-.019	.021	.357	.005	-.020	.021	.333	.005
Hopelessness	-	-	-	-	.116	.034	.001*	.064	.124	.034	<.001*	.070
Helplessness	-	-	-	-	.034	.016	.032*	.026	.052	.017	.002*	.052
Legal Support	-	-	-	-	.095	.047	.048*	.022	.111	.049	.027*	.026
Hopeless*Helpless	-	-	-	-	-	-	-	-	-.016	.007	.021*	.028
Hopeless*Legal Sup	-	-	-	-	-	-	-	-	.003	.022	.903	.000
Helpless*Legal Sup	-	-	-	-	-	-	-	-	.027	.013	.037*	.023
Three-way term	-	-	-	-	-	-	-	-	-.004	.006	.504	.002

Notes. Hopelessness refers to the Beck Hopelessness Scale. Helplessness refers to the General Self Efficacy Scale. Three-way term refers to the interaction of Hopelessness, Helplessness, and Legal Support. * indicates $p < .05$

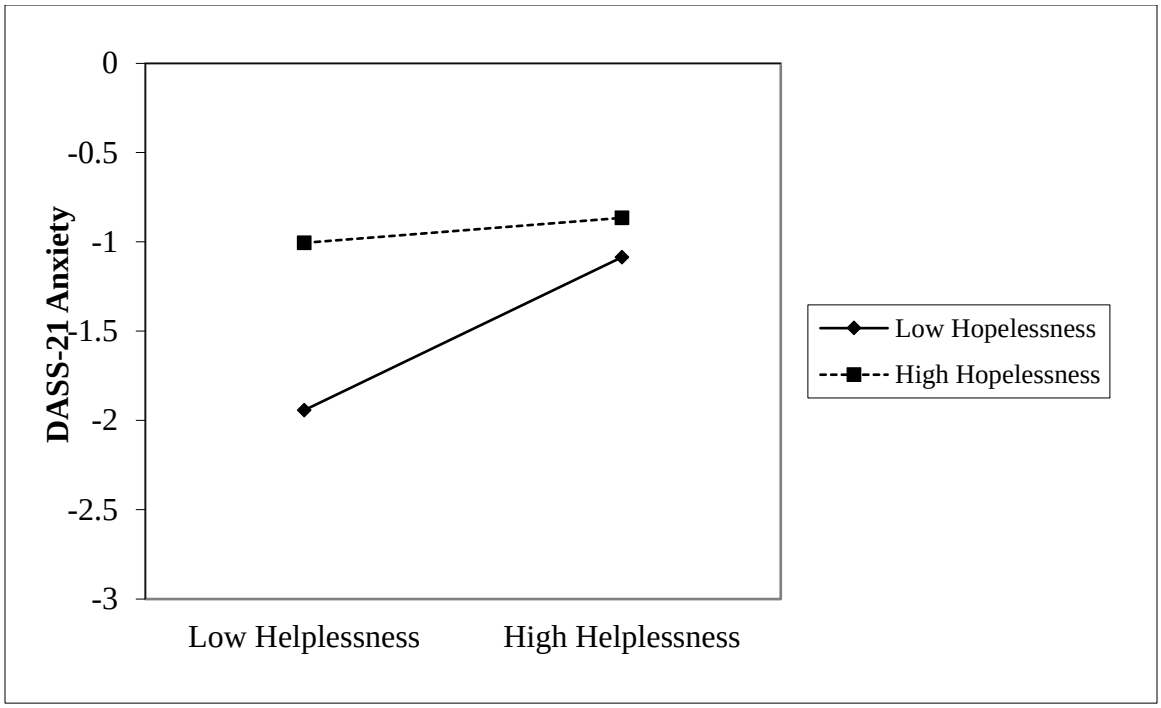

Figure 5. Graphical representation of the interaction between Hopelessness and Helplessness on DASS-21 Anxiety. The y-axis reflects negative values as variables were centered. Actual DASS-21 scores range from 0 to 42.

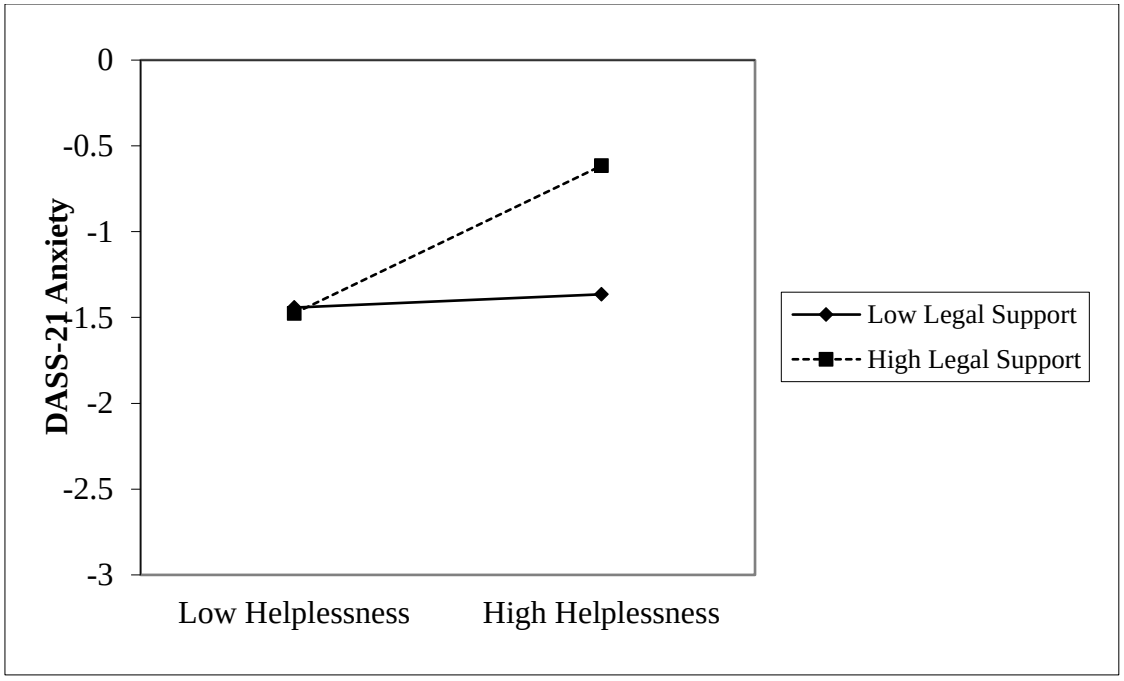

Figure 6. Graphical representation of the interaction between Helplessness and Legal Support on Dass-21 Anxiety. The y-axis reflects negative values as variables were centered. Actual DASS-21 scores range from 0 to 42

With DASS-21 Depression serving as the outcome variable, demographic variables accounted for 3.8% of the variance ($F(5, 150) = 2.23$, $p = .054$). Variables of interest made a significant incremental contribution in Step 2 ($Fchange[3, 147] = 9.75$, $p < .001$), with all variables together accounting for 22.4% of the variance. The addition of interaction terms did not make a significant incremental contribution in Step 3 ($Fchange[4, 143] = 1.95$, $p = .106$). There was a significant main effect of Legal Support ($b = .097$, $SE = .046$, $p = .038$) and BHS ($b = .143$, $SE = .033$, $p < .001$) in relation to DASS-21 Depression. Results of this model are presented in Table 10.

With SF-12 Physical Well-Being serving as the outcome variable, demographic variables accounted for 6.8% of the variance ($F(5, 150) = 2.18$, $p = .060$). Variables of interest made a significant incremental contribution in Step 2 ($Fchange[3, 147] = 2.90$, $p = .037$), with all variables together accounting for 12.0% of the variance. The addition of interaction terms did not make a significant incremental contribution in Step 3 ($Fchange[4, 143] = 1.43$, $p = .228$). There was a significant main effect of Legal Support ($b = -.128$, $SE = .050$, $p = .011$) in relation to SF-12 Physical Well-Being. Results of this model are presented in

Table 11.

With SF-12 Mental Well-Being serving as the outcome variable, demographic variables accounted for 4.6% of the variance ($F(5, 150) = 1.46$, $p = .208$). Variables of interest made a significant incremental contribution in Step 2 ($Fchange[3, 147] = 6.24$, $p = .001$), with all variables together accounting for 15.4% of the variance. The addition of

interaction terms did not make a significant incremental contribution in Step 3 (*Fchange*[4, 143] = 2.01, *p* = .096). There was a significant main effect of BHS (*b* = -.072, *SE* = .035, *p* = .040) and GSES (*b* = -.054, *SE* = .016, *p* = .001) in relation to SF-12 Mental Well-Being. Results of this model are presented in

Table 12.

Table 10

Exploratory regression results with DASS-21 Depression as the outcome variable

	Step 1 (Covariates)				Step 2 (Main Effects)*				Step 3 (Interactions)			
	B	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2
Age	.011	.009	.206	.010	.007	.008	.435	.003	.005	.008	.569	.002
Education	-.056	.048	.242	.008	-.026	.044	.553	.002	-.022	.045	.621	.001
Country of origin	-.028	.055	.605	.002	.000	.052	.993	.000	-.008	.052	.874	.000
Fear of deportation	.103	.036	.005*	.050	.091	.034	.009*	.038	.092	.034	.008*	.037
Time in the U.S.	-.005	.022	.815	.000	-.013	.021	.539	.002	-.017	.021	.407	.004
Hopelessness	-	-	-	-	.143	.033	<.001*	.097	.136	.033	<.001*	.086
Helplessness	-	-	-	-	.030	.015	.056	.020	.038	.016	.022*	.028
Legal Support	-	-	-	-	.097	.046	.038*	.023	.112	.049	.024*	.027
Hopeless*Helpless	-	-	-	-	-	-	-	-	.000	.007	.960	.000
Hopeless*Legal Sup	-	-	-	-	-	-	-	-	-.014	.022	.541	.002
Helpless*Legal Sup	-	-	-	-	-	-	-	-	.033	.013	.010*	.035
Three-way term	-	-	-	-	-	-	-	-	-.004	.006	.548	.002

Notes. Hopelessness refers to the Beck Hopelessness Scale. Helplessness refers to the General Self Efficacy Scale. Three-way term refers to the interaction of Hopelessness, Helplessness, and Legal Support. * indicates $p < .05$

Table 11
Exploratory regression results with SF-12 Physical Well-Being as the outcome variable

	Step 1 (Covariates)				Step 2 (Main Effects)*				Step 3 (Interactions)			
	B	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2
Age	-.025	.009	.006*	.048	-.027	.009	.003*	.054	-.029	.009	.002*	.060
Education	-.028	.048	.556	.002	-.031	.048	.512	.003	-.035	.049	.468	.003
Country of origin	.113	.055	.043*	.026	.127	.055	.023*	.031	.130	.056	.021*	.032
Fear of deportation	-.055	.037	.138	.014	-.056	.036	.127	.014	-.062	.037	.095	.017
Time in the U.S.	-.013	.022	.549	.002	-.001	.022	.951	.000	-.001	.022	.949	.000
Hopelessness	-	-	-	-	-.003	.036	.925	.000	-.007	.036	.841	.000
Helplessness	-	-	-	-	-.025	.016	.138	.013	-.021	.018	.233	.008
Legal Support	-	-	-	-	-.128	.050	.011*	.040	-.141	.053	.008*	.042
Hopeless*Helpless	-	-	-	-	-	-	-	-	.004	.008	.575	.002
Hopeless*Legal Sup	-	-	-	-	-	-	-	-	-.020	.024	.410	.004
Helpless*Legal Sup	-	-	-	-	-	-	-	-	.018	.014	.177	.011
Three-way term	-	-	-	-	-	-	-	-	.006	.006	.363	.005

Notes. Hopelessness refers to the Beck Hopelessness Scale. Helplessness refers to the General Self Efficacy Scale. Three-way term refers to the interaction of Hopelessness, Helplessness, and Legal Support. * indicates $p < .05$

Table 12

Exploratory regression results with SF-12 Mental Well-Being as the outcome variable

	Step 1 (Covariates)				Step 2 (Main Effects)*				Step 3 (Interactions)			
	B	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2	*B*	*SE*	*p*	r_{sp}^2
Age	-.012	.009	.186	.011	-.010	.009	.276	.007	-.007	.009	.412	.004
Education	-.015	.048	.753	.001	-.031	.047	.502	.003	-.034	.047	.475	.003
Country of origin	.057	.056	.312	.007	.045	.054	.413	.004	.050	.054	.353	.005
Fear of deportation	-.080	.037	.032*	.030	-.083	.036	.022*	.031	-.081	.036	.027*	.028
Time in the U.S.	.029	.022	.188	.011	.028	.022	.193	.010	.033	.022	.130	.013
Hopelessness	-	-	-	-	-.072	.035	.040*	.025	-.064	.035	.068	.019
Helplessness	-	-	-	-	-.054	.016	.001*	.065	-.062	.017	<.001*	.073
Legal Support	-	-	-	-	-.033	.049	.504	.003	-.042	.051	.417	.004
Hopeless*Helpless	-	-	-	-	-	-	-	-	-.001	.007	.889	.000
Hopeless*Legal Sup	-	-	-	-	-	-	-	-	.030	.023	.201	.009
Helpless*Legal Sup	-	-	-	-	-	-	-	-	-.033	.013	.014*	.034
Three-way term	-	-	-	-	-	-	-	-	.002	.006	.786	.000

Notes. Hopelessness refers to the Beck Hopelessness Scale. Helplessness refers to the General Self Efficacy Scale. Three-way term refers to the interaction of Hopelessness, Helplessness, and Legal Support. * indicates $p < .05$

CHAPTER IV

Discussion

The current study aimed to examine hypothesized risk (i.e., negative cognitions) and protective (i.e., external support) factors related to well-being (i.e., mental and physical health) among undocumented Latinx immigrants facing removal proceedings. Understanding how these factors contribute to the experience of emotional and medical symptoms can help aid in the understanding of areas of intervention. Due to the increasing number of immigrants facing deportation proceedings (TRAC, 2020a), the effect of mental and medical health problems on our nation's economy and healthcare system, and the proximal effect that removal proceedings may have on a quarter of U.S. citizen children with at least one undocumented parent (Zong & Batalova, 2015), this topic is of critical public health concern.

Support Component

It was hypothesized that there would be main effects of hopelessness and helplessness on outcome variables, such that higher levels of hopelessness and helplessness, independently, would be associated with higher levels of mental and medical health problems. In general, hypotheses regarding main effects were supported for mental health problems, but not for medical health problems. Similar to extant findings, higher reported hopelessness was significantly related to higher reported stress, anxiety, depression, and overall poorer mental well-being (Carter & Grant, 2012; Hirsch et al., 2012; Karel & Moye, 2002; Kennard, 2006; Meyers et al., 2002). Similarly, higher reported helplessness was significantly related to higher reported stress, anxiety, and overall poorer mental well-being (Kennard et al., 2006; Morote et al., 2017). Yet,

helplessness, unlike hopelessness, was not related to higher levels of depression. This finding may be a function of the method of sampling, as participants were in court seeking legal advice or supporting a friend. Participants who felt so helpless that it produced symptoms of depression may have been less likely to seek services or support a friend seeking services, selecting themselves out of participating in the current study. Indeed, amotivation, social withdraw, and lack of energy are common symptoms of depression (APA, 2013), while anxiety and stress may motivate an individual to seek help (Xu, González-Vallejo, & Xiong, 2016). No other relations between putative risk factors and physical health as measured by PHQ-15 or SF-12 were significant. Although we predicted that participants would somaticize mental health symptoms (Angel & Guarnaccia, 1989; Tófoli et al., 2011), the lack of relations between physical health and predictor variables is in line with research suggesting the form of data collection affects symptom reporting. That is, research has demonstrated the difference between Western and non-Western reports of somatic symptoms is attenuated when participants are asked to report symptomatology via a questionnaire, as was used in the current study, rather than in open-ended or interview format (Bauer et al., 2012; Ryder et al., 2008).

It was also hypothesized that the effects of hopelessness and helplessness would be cumulative, such that higher levels of hopelessness and helplessness would be associated with the poorer outcomes. This hypothesis was partially supported, such that there was an interaction effect of hopelessness and helplessness for stress, with individuals endorsing both low hopelessness and low helplessness reporting the least amount of stress. This relation was also replicated for anxiety, but should be interpreted with caution because the third step in the model with anxiety as the outcome variable did

not add significantly to the model. Other hypothesized relations may not have been present as participants who felt both helpless and hopeless may have been less likely to engage in behaviors that can make a difference in their case, such as seeking help, self-selecting out of participation in this study (Stern et al., 2009).

Finally, it was hypothesized that support (as a composite variable comprised of social and religious support) would moderate the effect of hopelessness and helplessness on outcome variables as would be suggested by the risk-protective/interactive model (Fergus & Zimmerman, 2005). In addition to examining the moderating effect of support on the relation between hopelessness or helplessness and mental/medical outcome variables, separately (i.e., via two-way interactions), we examined a moderated-moderation framework with a three-way interaction term. This allowed examination of the moderating role of helplessness on the relation between hopelessness and mental/medical outcome variables at different levels of social support. Analyses revealed that social support did not attenuate the effect of risk factors in any model. There are several possible explanations for these results. First, results may suggest that support from others is not an effective means of coping with concerns related to immigration court. This may be due to the loss of ability to fully utilize social supports following separation from family, friends, significant others, religious leaders, and congregation members, who may remain in participant's home country, despite maintained perceived support (Arbona et al., 2010; Zarza & Prados, 2007). Alternatively, social supports may be utilized appropriately, but are ultimately ineffective, as individuals with immigration court-related concerns are not getting their legal needs met. That is, participant's social networks may be validating and supportive, but unable to help with legal concerns, such

as completing court documents, understanding what form of relief to pursue in court, translating legal documents, or help understanding court proceedings (Eagly & Shafer, 2015). Finally, insignificant results may be a function of collapsing several different forms of support (i.e., friend, significant other, familial, religious leader, religious group member, and Godly), across two measures (i.e., MSPSS and MFRSS) into one variable.

Legal Support

In addition to the aforementioned significant findings, which remained in the models containing legal support rather than the support component, there was a main effect of helplessness on physical health as measured by the PHQ-15 and an interaction effect of helplessness and hopelessness on symptoms of anxiety. Although models containing the support component rather than legal support indicated no significant increment in the amount of variance explained by helplessness on physical health or by the combined effect of helplessness and hopelessness on symptoms of anxiety, relations were significant in the final step of each respective model. These findings may be spurious, or they may just be underpowered considering the extremely small effect sizes. Indeed, the relation between helplessness and physical health may be related to participants' somatization of mental health symptoms as found in the literature (Angel & Guarnaccia, 1989; Tófoli et al., 2011). Support for the latter is maintained by the fact that the PHQ-15 rather than the SF-12 was elevated, as the PHQ-15 measures physical symptoms commonly related to internalizing disorders, whereas the SF-12 more measures quality of life related to health (Kroenke et al., 2002; Ros Montalbán et al., 2010; Ware, Kosinski, & Keller, 1996). Similarly, the significant interaction between hopelessness and helplessness on anxiety, such that higher levels of hopelessness and

helplessness were associated with worse anxiety, may be a genuine finding in line with extant literature (Duewek et al., 2015).

Moreover, analyses revealed that legal support alone significantly predicted reported symptoms of anxiety, depression, and physical well-being. Yet, contrary to hypotheses, legal support performed as a risk factor, such that individuals with more legal support reported more anxiety, more depression, and poorer physical well-being. This relation cannot be fully understood without examining the interaction between helplessness and legal support. Indeed, legal support moderated the relation between helplessness and outcome variables in all models except one. Yet, this finding should be interpreted with caution because the third step only added significantly to the models containing anxiety, stress, and physical symptoms, respectively, as outcome variables. At low levels of helplessness, legal support performed as a protective factor, with individuals endorsing the fewest symptoms at high levels of legal support. While, individuals at high levels of helplessness and high levels of legal support endorsed the greatest number of symptoms. Several explanations may help understand these seemingly counterintuitive findings. First, it may be that helpless feeling participants sought legal help thinking it would increase their chances of winning their case (Bailey, Venta, Crosby, Varela, & Boccaccini, 2018), but then when they actually obtained help they were confronted with the reality of the low chance for remaining in the U.S. This hypothesis is supported by statistics on rates of deportation in Texas, which leads the nation in removal orders. In Houston specifically, 92.6% of individuals facing removal proceedings are deported, which is 20% higher than the national average (TRAC 2020d). Thus, helpless individuals who took steps to increase their legal support (i.e., obtained a

lawyer, leaned about their rights and the immigration court process, received pro bono assistance in completing forms) were faced with the harsh reality that there is little chance they will remain in the U.S.

Relatedly, a third explanation considers that the only people who obtained legal support were those who waited until they felt so helpless there was no other option but to obtain support. This would be similar to the use of emergency medical services in this population and may be similarly explained by a fear of deportation and lack of financial resources (Garcini et al., 2016; Martinez et al., 2015; USCIS, 2020).

Finally, results may be greatly affected by the method of sampling. All participants were at court for the sole purpose of seeking legal services or to support a friend/family member who was seeking legal services. As such, helpless feeling participants may have been seeking legal assistance in addition to the legal support already obtained because of a rapport or trust problem with prior sources of legal support. The Managing Attorney at Tahirih (J., Howton, personal communication, February 29, 2020) indicated that individuals who already have legal assistance but are seeking pro bono assistance either do not trust their counsel, do not feel comfortable bringing up issues, or have some other breach of rapport, and search for adequate help elsewhere. Additionally, organizations and individuals exist that fraudulently pose as legal counsel, and then do not assist the consumer in their legal battle (American Bar Association, 2018). As such, legal support may become a source of financial stress rather than a form of relief, augmenting symptoms experienced by participants. Indeed, participants in this study who paid for legal support (n = 16), paid on average over $3,600, while most lived below the U.S. poverty line. If true, this finding strengthens the continued argument

advocating for a sort of public defender system for immigrants facing removal proceedings (Hausman & Srikantiah, 2016). Future research is needed, however, to more fully understand the relation between legal support and mental/medical health, as this is the first study to examine this effect.

Strengths, Limitations and Future Directions

This study has several strengths. It reports on the first data examining risk and protective factors in the context of immigration court in immigrants with ongoing legal proceedings. Indeed, no study to date has examined the effect of legal support on mental and medical health outcomes. Further, all data were collected one-on-one with a trained research assistant allowing participants to ask for word definitions, or clarification when needed, augmenting the quality of data collected. Still, data from this study was collected using exclusively self-report measures and cannot be used to establish cause and effect relations. Future studies should examine the temporal relation of predictor and outcome variables using a longitudinal design or through the use of intervention in the form of an experiment.

Another limitation of this study is convenience sampling and the geographical containment of our data to one immigration court in Houston, Texas. Although immigration laws are federal (i.e., the same across the country) and Houston alone handles more immigration court cases than the majority (i.e., 45) of the states in the U.S., our site-specific data collection limits generalization to immigrants facing removal proceedings in different cities and states. Similarly, these results may not generalize to non-Latinx populations, but we do not consider this a weakness, rather a venture for future research. Future research should aim to examine both risk and protective factors in

non-Latinx populations, and within Latinx populations due to the heterogeneity among Latinx individuals (Browning, Dirlam, & Boettner, 2016). Indeed, more participants and replication are needed to strengthen and clarify current findings.

Finally, future studies should parse out the individual contribution of particular forms of social (e.g., social, familial, significant other) and religious (e.g., religious leader, member of religious group, Godly) support as protective factors. Although aggregate support was not protective, a different picture may exist when sources of support are examined in their own right. These analyses were not examined for the current study as preregistered but are a planned next step for future research.

Conclusion

Emotional distress associated with fear of deportation has been well documented in the literature (Cavazos-Rehg et al., 2007; Garcini, 2016; Zarza & Prados, 2007). We replicated and extended these findings to show particular risk factors (i.e., hopelessness and helplessness) that exacerbate mental and physical health in the context of immigration court. We hoped to identify areas of support through which immigrants facing removal proceedings may ameliorate symptoms of distress, as current policy is not immigrant centered and even potentially traumatizing for respondents. Legal support was the only examined variable affecting stress, anxiety, and physical malaise, and in the opposite direction than hypothesized, suggesting the larger issue lies with immigration statutes, precedent, and policies (Hausman & Srikantiah, 2016). The mental and physical health of Latinx individuals facing deportation is clearly affected by feelings of hopelessness and helplessness, which is exacerbated by the unkind reality that no form of legal support can help them overcome the odds of deportation. These findings have

several implications. If not to reduce the adverse impact on the economy and health care systems (World Health Organization, 2009; 2013), immigration reform is needed to protect the millions of U.S. citizen children affected by their parent's immigration case (Zong & Batalova, 2015). The immigration court process has been compared to a "slow death" ending with family separation (Lee, 2019); and, for many, deportation is actually a death sentence (Koh, 2017a). Similar to the effects of having a terminally ill parent, children living with one or more distressed parents facing family separation may experience significant stress, interpersonal problems, reduced academic achievement, economic hardship, housing instability, food insecurity, and mental and physical ill health (Brabeck et al., 2015; Lee, 2019; Saldinger, Cain, Kalter, & Lohnes, 1999; Sikes, & Hall, 2017; Society for Community Research and Action, 2018). Until positive reform to the immigration system is made, health professionals may be able to provide therapeutic relief to reduce cognitive risk factors and related mental and medical health problems. "Although there are many challenges to providing services to underserved populations, the protective nature of resilience and its positive influence on psychological, academic, and health outcomes make these services a necessary investment" (Berger Cardoso & Thompson, 2010, p.6).

REFERENCES

Abraído-Lanza, A. F., Vásquez, E., & Echeverría, S. E. (2004). En las manos de Dios [in God's hands]: Religious and other forms of coping among Latinos with arthritis. *Journal of Consulting and Clinical Psychology, 72*(1), 91-102. doi: 10.1037/0022-006X.72.1.91

Achotegui, J. (2002). *La depresión en los inmigrantes: una perspectiva transcultural.* Barcelona: Editorial Mayo

Aguilar, E., Hidalgo, M., Cano, R., López, J., Campillo, M., & Hernández, J. (1995). Estudio prospectivo de la desesperanza enpacientes psicóticos de inicio: Características psicométricas de la Escala de Desesperanza de Beck en este grupo. *Anales de Psiquiatría*, *11*(4), 121-125.

Ai, A. L., Pappas, C., & Simonsen, E. (2015). Risk and protective factors for three major mental health problems among Latino American men nationwide. *American Journal of Men's Health, 9*(1), 64-75. doi:10.1177/1557988314528533

Ai, A. L., Weiss, S. I., & Fincham, F. D. (2014). Family factors contribute to general anxiety disorder and suicidal ideation among Latina Americans. *Women's Health Issues: Official Publication of The Jacobs Institute of Women's Health*, *24*(3), e345-e352. doi:10.1016/j.whi.2014.02.008

Aiken, L. S., West, S. G. (1991). Multiple regression: Testing and interpreting interactions. Sage Publications Inc. Thousand Oaks.

Alegría, M., Mulvaney-Day, N., Torres, M., Polo, A., Cao, Z., & Canino, G. (2007). Prevalence of psychiatric disorders across Latino subgroups in the United States. *American Journal of Public Health, 97*(1), 68-75.

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Angel, R., & Guarnaccia, P. J. (1989). Mind, body, and culture: Somatization among Hispanics. *Social Science & Medicine*, *28*(12), 1229-1238.

Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., & Swinson, R. P. (1998). Psychometric properties of the 42-item and 21-item versions of the depression anxiety stress scales in clinical groups and a community sample. *Psychological Assessment*, 10, 176–181. doi:10.1037/1040-3590.10.2.176.

Arbona, C., Olvera, N., Rodriguez, N., Hagan, J., Linares, A., & Weisner, M. (2010). Acculturative stress among documented and undocumented Latino immigrants in the United States. *Hispanic Journal of Behavioral Sciences*, *32*(3). 362-384. doi:10.1177/0739986310373210

Arthur, A. R. (2017). *Fraud in the "credible fear" process: Threats to the integrity of the asylum system.* Retrieved from https://cis.org/sites/cis.org/files/arthur-credible-fear-4-17_0.pdf

Atienza, A. A., Stephens, M. A. P, & Townsend, A. L. (2004). Role Stressors as predictors of changes in women's optimistic expectations. *Personality and Individual Differences*, 31, 471-484.

Austin, J. L., & Falconier, M. K. (2013). Spirituality and common dyadic coping: Protective factors from psychological aggression in Latino immigrant couples. *Journal of Family Issues*, *34*(3), 323-346. doi:10.1177/0192513X12452252

Bailey, C. A., Venta, A., Crosby, J., Varela, J., & Boccaccini, M. (2018). The effect of unpreparedness for immigration court on psychopathology. *Journal of International Migration and Integration. 20*(2), 419-435. doi:10.1007/s12134-018-0614-9

Baker, B. (2018, December). *Population* e*stimates: Illegal alien population in the United States: January 2015*. Retrieved from https://www.dhs.gov/sites/default/files/publications/18_1214_PLCY_pops-est-report.pdf

Baron, R.M. & Kenny, D.A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic and statistical considerations. *Journal of Personality and Social Psychology, 51*(6), 1173-1182.

Bauer, A. M., Chen, C., & Alegría, M. (2012). Associations of physical symptoms with perceived need for and use of mental health services among Latino and Asian Americans. *Social Science & Medicine*, *75*(6), 1128-1133. doi:10.1016/j.socscimed.2012.05.004

Beck, A. T., Weissman, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: The Hopelessness Scale. Journal of Consulting and Clinical Psychology, 42, 861–865. doi:10.1037/h003756.

Bjorck, J. P., & Maslim, A. A., (2011). The Multi-Faith Religious Support Scale: Validation with a sample of Muslim women. *Journal of Muslim Mental Health*, 6(1), 62-80. doi:10.3998/jmmh.10381607.0006.105

Brabeck, K., Lykes, M.B., & Hunter, C. (2015). The psychosocial impact of detention and deportation on U.S. migrant children and families. *American Journal of Orthopsychiatry*, *84*(5), 496–505. doi: 10.1037/ort0000011

Brabeck, K., Sibley, E., & Lykes, M.B. (2016). Authorized and unauthorized immigrant parents: The impact of legal vulnerability on family contexts. *Hispanic Journal of Behavioral Sciences*, *38*(1), 3–30. doi:10.1177.0739986315621741

Brabeck, K. M., & Xu, Q. (2010). The impact of detention and deportation on Latino immigrant children and families: A quantitative exploration. *Hispanic Journal of Behavioral Sciences*, *32*(3), 341-361. doi:10.1177/0739986310374053

Brady, T. J. (2003). Measures of self-efficacy, helplessness, mastery, and control: The Arthritis Helplessness Index (AHI)/Rheumatology Attitudes Index (RAI), Arthritis Self-Efficacy Scale (ASES), Children's Arthritis Self-Efficacy Scale (CASE), Generalized Self-Efficacy Scale (GSES), Mastery Scale, Multi-Dimensional Health Locus of Control Scale (MHLC), Parent's Arthritis Self-Efficacy Scale (PASE), Rheumatoid Arthritis Self-Efficacy Scale (RASE), and Self-Efficacy Scale (SES). *Arthritis Care and Research*, *49*(5S), S147-S164. doi:10.1002/art.11413

Brislin, R. W. (1970). Back-translation for cross-cultural research. *Journal of Cross-Cultural Psychology*, *1*(3), 185–216.

Browning, C. R., Dirlam, J., Boettner, B. (2016). Heterogeneity to concentration: Latino immigrant neighborhoods and collective efficacy perceptions in Los Angeles and Chicago. *Social Forces*, *95*(2), 779–807. https://doi.org/10.1093/sf/sow064

Camacho, Á., Gonzalez, P., Buelna, C., Emory, K. T., Talavera, G. A., Castañeda, S. F., &… Roesch, S. C. (2015). Anxious-depression among Hispanic/Latinos from different backgrounds: Results from the Hispanic community health study/study of Latinos (HCHS/SOL). *Social Psychiatry and Psychiatric Epidemiology*, 50, 1669–1677. doi:10.1007/s00127-015-1120-4.

Capps, R., Fix, M., & Zong, J. (2016). *A Profile of U.S. Children with Unauthorized Immigrant Parents* (Fact Sheet) (pp. 1–25). Washington, D.C.: Migration Policy Institute.

Cardoso, J., & Thompson, S. (2010). Common themes of resilience among Latino immigrant families: A systematic review of the literature. *Families in Society, 91*(3). 257-265. doi:10.1606/1044-3894.4003

Carter, J. S., & Grant, K. E. (2012). A prospective comparison of moderating relationships among stressors, hopelessness, and internalizing symptoms in low-income urban youth with asthma. *Journal of Urban Health, 89*(4), 598-613. doi:10.1007/s11524-011-9635-9

Cavazos-Rehg, P. A., Zayas, L. H., & Spitznagel, E. L. (2007). Legal status, emotional well-being and subjective health status of Latino immigrants. *Journal of the National Medical Association, 99*(10), 1126–1131. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2574408/

Chang, E. C., Sanna, E. J., Hirsch, J. K., & Jeglic, E. L. (2010). Loneliness and negative life events as predictors of hopelessness and suicidal behaviors in Hispanics: Evidence for a diathesis-stress model. *Journal of Clinical Psychology, 66*(12), 1242-1253. doi:10.1002/jclp.20721

Chang, E. C., Yu, E. A., Kahle, E. R., Jeglic, E. L., & Hirsch, J. K. (2013). Is doubling up on positive future cognitions associated with lower suicidal risk in Latinos? A look at hope and positive problem orientation. *Cognitive Therapy and Research, 37*(6). 1285-1293. doi:10.1007/s10608-013-9572-x

Cicchetti, D. (2016). Development and psychopathology. In Cicchetti, D. (Eds.), Developmental Psychopathology (pp. 1-23). New York: John Wiley & Sons, Inc.

Cobb, C. L., & Xie, D. (2015). Structure of the Multidimensional Scale of Perceived Social Support for undocumented Hispanic immigrants. *Hispanic Journal of Behavioral Sciences*, *37*(2), 274-281. doi:10.1177/0739986315577894

Corona, R., Rodríguez, V., McDonald, S., Velazquez, E., Rodríguez, A., & Fuentes, V. (2017). Associations between cultural stressors, cultural values, and Latina/o college students' mental health. *Journal of Youth & Adolescence*, *46*(1), 63-77. doi:10.1007/s10964-016-0600-5

American Bar Association. (2018). *Avoiding the unauthorized practice of immigration law*. Retrieved from https://www.americanbar.org/groups/public_interest/immigration/projects_initiatives/fight-notario-fraud/avoiding-the-unauthorized-practice-of-immigration-law/

Daza, P., Novy, D. M., Stanley, M. A., & Averill, P. (2002). The Depression Anxiety Stress Scale-21 Spanish translation and validation with a Hispanic sample. *Journal of Psychopathology and Behavioral Assessment, 24*(3). 195-205. doi:10.1002/jclp.21908

De La Rosa, M. R., & White, M. S. (2001). A review of the role of social support systems in the drug use behavior of Hispanics. *Journal of Psychoactive Drugs*, *33*(3), 233-240. doi:10.1080/02791072.2001.10400570

Delva, J., Horner, P., Sanders, L., Lopez, W., & Doering-White, J. (2013). Mental health problems of children of undocumented parents in the United States: A hidden crisis. *Journal of Community Positive Practices*, *13*(3), 25–35.

Delavari, M., Sønderlund, A. L., Swinburn, B., Mellor, D., & Renzaho, A. (2013). Acculturation and obesity among migrant populations in high income countries–a systematic review. *BMC public health*, *13*(1), 458.

Derr, A. S. (2016). Mental health service use among immigrants in the united states: a systematic review. *Psychiatric Services*, *67*(3), 265–274. http://doi.org/10.1176/appi.ps.201500004

De Santis, J. P., Provencio-Vasquez, E., Mancera, B., & Mata, H. J. (2016). Health risk and protective factors among Hispanic women living in the U.S.-Mexico border region. *Hispanic Health Care International*, *14*(1), 17-25. doi:10.1177/1540415316629679

Dueweke, A. R., Hurtado, G., & Hovey, J. D. (2015). Protective psychosocial resources in the lives of Latina migrant farmworkers. *Journal of Rural Mental Health, 39*(3-4), 162-177. doi:10.1037/rmh0000038

Eagly, I. V., & Shafer, S. (2015). A national study of access to counsel in immigration court. *University of Pennsylvania Law Review*, *164*(1), 1-91.

Elkind, D. (1982). Parental stresses: Their detrimental effects on the emotional well-being of children. *International Journal of Sociology of The Family, 12*(2), 275-283. Retrieved from http://www.jstor.org/stable/23027691

Erdfelder, E., Faul, F., & Buchner, A. (1996). GPOWER: A general power analysis program. *Behavior Research Methods, Instruments & Computers, 28*(1), 1–11. https://doi.org/10.3758/BF03203630

Fergus, S. & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health*, 26(1), 399-419. doi: 10.1146/annurev.publhealth.26.021304.144357

Fiala, W. E., Bjorck, J. P., & Gorsuch, R. (2002). The Religious Support Scale construction, validation, and cross-Validation. *American Journal Of Community Psychology*, *30*(6). 761-786. doi: 10.1023/A:1020264718397

Franzini, L., Ribble, J. C., & Keddie, A. M. (2001). Understanding the Hispanic paradox. *Ethnicity and Disease*, 1(1), 496-518.

Garcini, L. M., Murray, K. E., Zhou, A., Klonoff, E. A., Myers, M. G., & Elder, J. P. (2016). Mental health of undocumented immigrant adults in the United States: A systematic review of methodology and findings. *Journal of Immigrant & Refugee Studies*, 14(1), 1-25.

Garcini, L. M., Peña, J. M., Galvan, T., Fagundes, C. P., Malcarne, V., & Klonoff, E. A. (2017). Mental disorders among undocumented Mexican immigrants in high-risk neighborhoods: Prevalence, comorbidity, and vulnerabilities. *Journal of Consulting and Clinical Psychology, 85*(10). 927-936. doi:10.1037/ccp0000237

Gonzalez, L. M., Stein, G. L., Prandoni, J. I., Eades, M. P., & Magalhaes, R. (2015). Perceptions of undocumented status and possible selves among Latino/a youth. *Counseling Psychologist*, *43*(8), 1190-1210. doi:10.1177/0011000015608951

Gray, V. (2017). *Principal component analysis: Methods, applications, and technology*. Nova Science Publishers, Inc.

Greene, D., & Bowman, T. (2018, April 4). Trump calls for U.S. military on U.S.-Mexico border. *NPR Podcast*. Podcast retrieved from https://www.npr.org/2018/04/04/599361716/trump-calls-for-u-s-military-on-u-s-mexico-border

Greene, D., & Burnett, J. (2018, January 23). Trump's ICE Deportations Are Up From Obama's Figures, Data Show. *NPR Podcast*. Podcast retrieved from https://www.npr.org/2018/01/23/579884642/trumps-ice-deportations-increase-from-obamas-figures-data-show

Guthrie, E. (2000). Psychotherapy for patients with complex disorders and chronic symptoms. The need for a new research paradigm. *British Journal of Psychiatry*, *177*(2), 131-137. doi:10.1192/bjp.177.2.131

Hacker, K., Anies, M., Folb, B. L., & Zallman, L. (2015). Barriers to health care for undocumented immigrants: a literature review. *Risk Management and Healthcare Policy*, *8*, 175–183. doi:10.2147/RMHP.S70173

Hagan, J., & Rodriguez, N. (2002). Resurrecting exclusion: The effects of 1996 immigration reform on families and communities in Texas, Mexico and El

Salvador. In M. Suarez-Orozco & M. Paez (Eds.), Latinos: Remaking America (pp. 190-201). Los Angeles: University of California Press.

Hale, L., Do, D. P., & Rivero-Fuentes, E. (2010). What do we know about mexican immigration and sleep? A population-based study and future research directions. *Hispanic Health Care International*, *8*(4), 199-208.

Hausman, D., & Srikantiah, J. (2016). Time, due process, and representation: An empirical and legal analysis of continuances in immigration court. *Fordham Law Review*, *84*(5), 1823-1843.

Hernández, A., Plant, E. A., Sachs-Ericsson, N., & Joiner, T. E. (2005). Mental health among Hispanics and Caucasians: Risk and protective factors contributing to prevalence rates of psychiatric disorders. *Journal of Anxiety Disorders*, *19*(8). 844-860. doi:10.1016/j.janxdis.2004.11.002

Hernández, C. A., & García-Moreno, C. (2014). Migration, resilience and social work: Latin Americans in Tarragona. *British Journal of Social Work, 44*(1), 88-104. doi:10.1093/bjsw/bcu045

Hirsch, J. H., Visser, P. L., Chang, E. C., & Jeglic, E. L. (2012). Race and ethnic differences in hope and hopelessness as moderators of the association between depressive symptoms and suicidal behavior. *Journal of American College Health*, *60*(2), 115-125. doi:10.1080/07448481.2011.567402

Henningsen P., Zimmermann T., & Sattel H. (2003). Medically unexplained physical symptoms, anxiety, and depression: a meta-analytic review. *Psychosomatic Medicine*, *65*(4), 528-533. doi:10.1097/01.PSY.0000075977.90337.E7

Holmbeck, G. N. (2002). Post-hoc probing of significant moderational and mediational effects in studies of pediatric populations. Journal of Pediatric Psychology, 27(1), 87-97. https://doi.org/10.1093/jpepsy/27.1.87

Jennings, W. G., Gonzalez, J. R., Piquero, A. R., Bird, H., Canino, G., & Maldonado-Molina, M. (2016). The nature and relevance of risk and protective factors for violence among Hispanic children and adolescents: Results from the Boricua Youth Study. *Journal of Criminal Justice, 45*, 41-47. doi:10.1016/j.jcrimjus.2016.02.009

Jerusalem, M., & Schwarzer, R. (1992). Self-efficacy as a resource factor in stress appraisal processes. In R. Schwarzer (Ed.), Self-efficacy: Thought control of action (pp.195-213). Washington. DC: Hemisphere.

Karel, M. J., & Moye, J. (2002). Assessing depression in medically ill elderly male veterans: Item—scale properties across and within racial groups. *Journal of Mental Health and Aging, 8*(2), 121-138.

Keller, A., Joscelyne, A., Granski, M., & Rosenfeld, B. (2017). Pre-Migration trauma exposure and mental health functioning among Central American migrants arriving at the US border. *PLoS ONE, 12*(1), 1–11. https://doi.org/10.1371/journal.pone.0168692

Kennard, B. D., Stewart, S. M., Hughes, J. L., Patel, P. G., & Emslie, G. J. (2006). Cognitions and depressive symptoms among ethnic minority adolescents. *Cultural Diversity and Ethnic Minority Psychology, 12*(3), 578–591. doi:10.1037/1099-9809.12.3.578.

Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., & ... Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal*, *183*(12), e959-e967. doi:10.1503/cmaj.090292

Koh, J. L. (2017a). Removal in the shadows of immigration court. *Southern California Law Review*, *90*(2), 181-235.

Koh, J. L. (2017b). Anticipating Expansion, Committing to Resistance: Removal in the Shadows of Immigration Court Under Trump. *Ohio Northern University Law Review*, *43*(3), 459-469.

Korngold, C., Ochoa, K., Inlender, T., McNiel, D., & Binder, R. (2015). Mental health and immigrant detainees in the United States: Competency and self-representation. *Journal of The American Academy of Psychiatry And The Law*, *43*(3), 277-281. Retrieved from https://pdfs.semanticscholar.org/6d97/75177e01914d2b710bb0e39fb4b4d02d4ab0.pdf

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2002). The PHQ-15: Validity of a new measure for evaluating the severity of somatic symptoms. *Psychosomatic Medicine*, *64*(2), 258-266. doi:10.1097/00006842-200203000-00008

Landeta, O., & Calvete, E. (2002). Adaptación y Validación de la Escala Multidimensional de Apoyo Social Percibido. *Revista de Ansiedad y Estrés*, 8, 173-182.

Lee, S. (2019). Family Separation as Slow Death. *Columbia Law Review*, *119*(8), 2319–2384.

Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behavior Research and Therapy*, 33, 335–343. doi:10.1016/0005-7967(94)00075-U.

Ma, M., Malcom, L. R., Diaz-Albertini, K., Klinoff, V. A., Leeder, E., Barrientos, S., Kibler, J. L. (2014). Latino cultural values as protective factors against sexual risks among adolescents. *Journal of Adolescence, 37*(8), 1215-1225. doi:10.1016/j.adolescence.2014.08.012

Marks D. L. President, National Association of Immigration Judges (2010). *Written statement of Hon. Dana Leigh Marks President National Association of Immigration Judges before the Subcommittee on Immigration, Citizenship, Refugees, Border Security, and International Law of the House Committee on the Judiciary on Oversight Hearing on the Executive Office for Immigration Review*.

Marsiglia, F. F., Kulis, S., Perez, H. G., & Bermudez-Parsai, M. (2011). Hopelessness, family stress, and depression among Mexican-Heritage mothers in the Southwest. *Health & Social Work*, *36*(1), 7-18.

Martinez, O., Wu, E., Sandfort, T., Dodge, B., Carballo-Dieguez, A., Pinto, R., & … Chavez-Baray, S. (2015). Evaluating the Impact of Immigration Policies on Health Status Among Undocumented Immigrants: A Systematic Review. *Journal of Immigrant and Minority Health /Center for Minority Public Health*, 17(3), 947–970. http://doi.org/10.1007/s10903-013-9968-4

Mathema, S., (2017, March). *Keeping families together: Why all Americans should care about what happens to unauthorized immigrants.* Retrieved from

https://www.americanprogress.org/issues/immigration/reports/2017/03/16/428335/keeping-families-together/.

Monteagudo Piqueras, O., Hernando Arizaleta, L., & Palomar Rodríguez, J. A. (2011). [Population based norms of the Spanish version of the SF-12V2 for Murcia (Spain)]. *Gaceta Sanitaria*, 25(1), 50-61. doi:10.1016/j.gaceta.2010.09.001

Morote, R., Hjemdal, O., Martinez Uribe, P., & Corveleyn, J. (2017). Psychometric properties of the Resilience Scale for Adults (RSA) and its relationship with life-stress, anxiety and depression in a Hispanic Latin-American community sample. *Plos ONE, 12*(11), 1-20. doi:10.1371/journal.pone.0187954

Mulvaney-Day, N. E., Alegría, M., & Sribney, W. (2007). Social cohesion, social support, and health among Latinos in the United States. *Social Science & Medicine*, *64,* 477-495. doi:10.1016/j.socscimed.2006.08.030

Myers, H. F, Lesser, I., Rodriguez, N., Mira, C. B., Hwang, W. C , Camp, C, &…Wohl, M. (2002). Ethnic differences in clinical presentation of depression in adult women. *Cultural Diversity and Ethnic Minority Psychology*, *8*(2), 138-156. doi:10.1037//1099-9809.8.2.138

Nguyen, N. N., & Newhill, C. E. (2016). The role of religiosity as a protective factor against marijuana use among African American, White, Asian, and Hispanic adolescents. *Journal of Substance Use*, *21*(5), 547-552. doi:10.3109/14659891.2015.1093558

Peers for Progress. (2014). *Global evidence for peer support: Humanizing health care*. Retrieved from http://peersforprogress.org/wp-content/uploads/2014/09/140911-global-evidence-for-peer-support-humanizing-health-care.pdf

Pierce, S., & Selee, A. (2017, December). *Immigration under Trump: A review of policy shifts in the year since the election*. Retrieved from https://www.migrationpolicy.org/research/immigration-under-trump-review-policy-shifts

Polanco-Roman, L., & Miranda, R. (2013). Culturally related stress, hopelessness, and vulnerability to depressive symptoms and suicidal ideation in emerging adulthood. *Behavior Therapy, 44,* 75-87. doi:10.1016/j.beth.2012.07.002

Priest, J. B., & Denton, W. (2012). Anxiety disorders and Latinos: The role of family cohesion and family discord. *Hispanic Journal of Behavioral Sciences*, *34*(4), 557-575. doi:10.1177/0739986312459258

Robinson, J. A., Bolton, J. M., Rasic, D., & Sareen, J. (2012). Exploring the relationship between religious service attendance, mental disorders, and suicidality among different ethnic groups: Results from a nationally representative survey. *Depression and Anxiety, 29*(11). 983-990. doi:10.1002/da.21978

Rodríguez Carrión, D. M., Montalvo, S. S., & Martínez-Taboas, A. (2011). Contribución del manejo religioso a la calidad de vida y sintomatología depresiva en una muestra de hispanos que tienen un diagnóstico de cáncer. *Revista Puertorriqueña de Psicología*, *22,* 27-45.

Ros Montalbán, S., Comas Vives, A., & Garcia-Garcia, M. (2010). Validation of the Spanish version of the PHQ-15 questionnaire for the evaluation of physical symptoms in patients with depression and/or anxiety disorders: DEPRE-SOMA study. *Actas Españolas de Psiquiatria, 38*(6), 345-357.

Ruiz Jiménez, M. T., Saiz Galdós, J., Montero Arredondo, M. T., & Navarro Bayón, D. (2017). Adaptación de la Escala Multidimensional de Apoyo Social Percibido en población con trastorno mental grave. *Revista de la Asociación Española de Neuropsiquiatría*, *37*(132), 415-437. doi:10.4321/S0211-57352017000200006

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. American Journal of Orthopsychiatry, *57*(3), 316-331. doi:10.1111/j.1939-0025.1987.tb03541.x.11.

Ryder, A. G., Yang, J., Zhu, X., Yao, S., Yi, J., Heine, S. J., & Bagby, R. M. (2008). The cultural shaping of depression: Somatic symptoms in China, psychological symptoms in North America? *Journal of Abnormal Psychology, 117,* 300-313. doi:10.1037/0021-843X.117.2.300

Salami, T. K., Brooks, B. A., & Lamis D., A. (2015). Impulsivity and reasons for living among African American youth: A risk-protection framework of suicidal ideation. *International Journal of Environmental Research and Public Health, 12*(5), 5196-5214 doi:10.3390/ijerph120505196

Saldinger, A., Cain, A., Kalter, N., & Lohnes, K. (1999). Anticipating parental death in families with young children. *American Journal of Orthopsychiatry*, *69*(1), 39–48. https://doi-org.ezproxy.shsu.edu/10.1037/h0080380

Schwarzer. R. (1993). *Measurement of perceived self-efficacy. Psychometric scales for cross-cultural research.* Berlin, Germany: Freie Universität Berlin.

Schwarzer, R., BäBler, J., Kwiatek, P., Schröder, K., & Xin Zhang, J. (1997). The assessment of optimistic self-beliefs: Comparison of the German, Spanish, and Chinese versions of the General Self-efficacy Scale. *Applied Psychology*: *An International Review*, *46*(1), 69-88.

Schutrum-Boward, D. R. (2017). United States v. Texas and supreme court immigration jurisprudence: A delineation of acceptable immigration policy unilaterally created by the executive branch. *Maryland Law Review*, *76*(4), 1193-1221.

Sikes, P., & Hall, M. (2017). 'Every time I see him he's the worst he's ever been and the best he'll ever be': Grief and sadness in children and young people who have a parent with dementia. *Mortality*, *22*(4), 324–338. https://doi-org.ezproxy.shsu.edu/10.1080/13576275.2016.1274297

Siskin, A., & Lunder, E. K. (2016, October). *Treatment of noncitizens under the Affordable Care Act*. Retrieved from https://fas.org/sgp/crs/misc/R43561.pdf

Smokowski, P. R., Chapman, M. V., & Bacallao, M. L. (2007). Acculturation risk and protective factors and mental health symptoms in immigrant Latino adolescents. *Journal of Human Behavior in The Social Environment*, *16*(3), 33-55. doi:10.1300/10911350802107710

Society for Community Research and Action. (2018). Statement on the effects of deportation and forced separation on immigrants, their families, and communities. *American Journal of Community Psychology*, *62*(1-2), 3-12. doi:10.1002/ajcp.12256

Steed, L. (2001). Further validity and reliability evidence for Beck Hopelessness Scale scores in a nonclinical sample. *Educational and Psychological Measurement, 61*(2). 303-316. doi:10.1177/00131640121971121

Stern, S. L., Dhanda, R., & Hazuda, H. P. (2009). Helplessness predicts the development of hypertension in older Mexican and European Americans. *Journal of Psychosomatic Research*, *67*(4), 333-337. doi:10.1016/j.jpsychores.2009.04.007

Suárez-Orozco, C., Yoshikawa, H., Teranishi, R. T., & Suárez-Orozco, M. M. (2011). Growing up in the shadows: The developmental implications of unauthorized status. *Harvard Educational Review, 81*(3), 438-473. doi:10.17763/haer.81.3.g23x203763783m75

Summers, E. R. (2017). Prioritizing failure: Using the 'rocket docket' phenomenon to describe adult detention. *Iowa Law Review, 102(2), 851-881.*

Tabachnick, B.G. & Fidell, L.S. (2001). *Using multivariate statistics* (4th Ed.). Boston, MA: Allyn and Bacon

The Declaration of Independence. (U.S. 1776)

Tófoli, L. F., Andrade, L. H., & Fortes, S. (2011). Somatization in Latin America: A review on the classification of somatoform disorders, functional syndromes, and medically unexplained symptoms. Revista Brasileira De Psiquiatria, 33(1), S70-S80.

TRAC. (2015, September). *Ballooning wait times for hearing dates in overworked immigration courts*. Retrieved from http://trac.syr.edu/immigration/reports/405/

TRAC. (2017, May). *Despite hiring, immigration court backlog and wait times climb*. Retrieved from http://trac.syr.edu/immigration/reports/468/

TRAC. (2019c). [Graph illustration of representation by state]. *Details on Deportation Proceedings in Immigration Court.* Retrieved from https://trac.syr.edu/phptools/immigration/nta/

TRAC. (2020a). [Graph illustration of backlog by state]. *Immigration Court Backlog Tool.* Retrieved from http://trac.syr.edu/phptools/immigration/court_backlog/

TRAC. (2020b). [Graph illustration of deportations by state]. *Removal Orders Granted by Immigration Judges as of January 2020.* Retrieved from http://trac.syr.edu/phptools/immigration/court_backlog/apprep_removal.php

TRAC. (2020c). [Graph illustration of average wait times by state]. *Average time pending cases have been waiting in immigration courts as of January 2020.* Retrieved from https://trac.syr.edu/phptools/immigration/court_backlog/apprep_backlog_avgdays.php

TRAC. (2020d). [Graph illustration of outcomes]. *Outcomes of deportation proceedings in immigration court through January 2020.* Retrieved form https://trac.syr.edu/phptools/immigration/court_backlog/deport_outcome_charge.php

Tuesca Molina, R., & Muñoz, F. (2015). References values and validation of the Spanish version of the SF-12, in Barranquilla, *Journal of Psychology & Psychotherapy, 5*(6), 1-6. doi:10.4172/2161-0487.1000231

UCLA: Statistical Consulting Group. (n.d.). *Principal components analysis: SPSS annotated output.* Retrieved from https://stats.idre.ucla.edu/spss/output/principal_components/

Ulla Díez, S. M., & Pérez-Fortis, A. (2010). Socio-demographic predictors of health behaviors in Mexican college students. *Health Promotion International*, *25*(1), 85-93. doi: 10.1093/heapro/dap047

U.S. Citizenship and Immigration Services. (2020). *Public charge fact sheet.* Retrieved from https://www.uscis.gov/news/fact-sheets/public-charge-fact-sheet

van Sonderen, E., Sanderman, R., & Coyne, J. C. (2013). Ineffectiveness of reverse wording of questionnaire items: let's learn from cows in the rain. *Plos One*, *8*(7), 1-7. doi:10.1371/journal.pone.0068967

Ware, J. E., Kosinski, M., & Keller, S. D. (1996). A 12-Item Short-Form Health Survey: Construction of scales and preliminary tests of reliability and validity. *Medical Care*, *34*(3). 220-233.

Ware, J. E., Kosinski, M, & Keller, S. D. (1998). SF-12: How to Score the SF-12 Physical and Mental Health Summary Scales.

World Health Organization. (2009). *WHO guide to identifying the economic consequences of disease and injury.* Retrieved from http://www.who.int/choice/publications/d_economic_impact_guide.pdf

World Health Organization. (2013). *Investing in mental health: Evidence for action.* Retrieved from http://apps.who.int/iris/bitstream/10665/87232/1/9789241564618_eng.pdf?uaD1

Xu, P., González-Vallejo, C., & Xiong, Z. (2016). State anxiety reduces procrastinating behavior. *Motivation & Emotion*, *40*(4), 625–637. https://doi-org.ezproxy.shsu.edu/10.1007/s11031-016-9554-x

Yoshikawa, H. (2011). *Immigrants Raising Citizens*. New York: Russell Sage Foundation.

Yoshikawa, H., Suárez-Orozco, C., & Gonzales, R. (2017). Unauthorized status and youth development in the United States: Consensus statement of the society for research on adolescence. *Journal of Research on Adolescence*, *27*(1), 4–19. doi:10.1111/jora.12272

Young, C. C. (2016). Familial factors, cognitive vulnerabilities, and stressful events related to depressive symptoms in Latino adolescents. *Hispanic Journal of Behavioral Sciences, 38*(3), 1-18. doi:10.1177/0739986316644734

Zadvydas v. Davis, 533 U.S. 678, 688 (2001).

Zarza, M. J., & Prados, M. S. (2007). Estrés de adaptación sociocultural en inmigrantes latinoamericanos residentes en Estados Unidos vs. España: Una revisión bibliográfica. *Anales de Psicología, 23*(1), 72-84.

Zimet, G.D., Dahlem, N.W., Zimet, S.G. & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52, 30-41.

Zimet, G.D., Powell, S.S., Farley, G.K., Werkman, S. & Berkoff, K.A. (1990). Psychometric characteristics of the Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment,* 55, 610-617. doi:10.1207/s15327752jpa5503&4_17

Zong, J., & Batalova, J. (2015). *Frequently Requested Statistics on Immigrants and Immigration in the United States*. Washington, D.C.: Migration Policy Institute. Retrieved from http://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states#Unauthorized%20Immigration.

APPENDIX A

Demographic Questionnaire/Legal Support Questionnaire

1. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other: _____

2. How old are you?

_____

3. What is your race/ethnicity?

_____

4. What is your religious affiliation?

- ☐ Christian/Catholic/Orthodox
- ☐ Jewish
- ☐ Islam/Muslim
- ☐ Hindu
- ☐ Buddhist
- ☐ No affiliation
- ☐ Other: _____

5. What is the highest grade you completed?

- ☐ No schooling
- ☐ 1st-5th grade
- ☐ 6th-8th grade
- ☐ 9th-12th grade
- ☐ Some college
- ☐ Associate degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctoral Degree
- ☐ Professional/Technical training

6. Do you have any diagnosed medical problems?

- ☐ Yes

☐ No

a. If yes, what?

_____

7. Do you take medication for your medical health?

☐ Yes
☐ No

a. If yes, what?

_____

8. Do you have any diagnosed mental health problems?

☐ Yes
☐ No

a. If yes, what?

_____

9. Do you take medication for your mental health?

☐ Yes
☐ No

a. If yes, what?

_____

10. Do you see a doctor for your mental health?

☐ Yes (e.g., therapist, counselor, psychologist, psychiatrist)
☐ No

a. If yes, how often?

_____

11. What is your employment status?

- ☐ Employed
- ☐ Unemployed
- ☐ Disabled

12. If employed, what do you do for a living?

_____

13. What is your estimated yearly household income?

- ☐ 0-$20,000
- ☐ $21,000-$40,000
- ☐ $41,000-$60,000
- ☐ $61,000-$80,000
- ☐ $81-000-$100,000
- ☐ $101,000-$120,000
- ☐ $121,000-$140,000
- ☐ $141,000 or more

14. What is your relationship status?

- ☐ Single
- ☐ Married
- ☐ Domestic Partner
- ☐ Divorced
- ☐ Widowed

15. How many children do you have?

_____

16. How many of your children were born in the United States?

_____

17. Who do you live with now? (Please list relationship of all people)

_____

18. Which family members remain in your country of origin? (Please list relationship of all people)

_____

19. From where did you emigrate? (Country)

_____

20. What language do you prefer to speak? *Please specify native language:*_____

- ☐ Native Language all the time
- ☐ Native language most of the time
- ☐ Both native language and English equally
- ☐ English most of the time
- ☐ English all the time

21. How long have you been living in the U.S.?

_____

22. Do you have:

- ☐ **A valid (i.e., non-expired) visa to be in the U.S.**
- ☐ **Legal Permanent Resident (green card) status**
- ☐ **U.S. citizenship**
- ☐ **Other (e.g., asylum, TPS, DACA): _____**
- ☐ **None of the above (i.e., undocumented)**

23. Why are you in court today?

_____

24. On a scale from 1 to 10 with 10 being the highest level of fear and 1 meaning no fear at all, how fearful are you of being deported?

_____

25. How many times have you been before a judge in immigration court?

_____

26. Approximately long have you been waiting for your court date?

_____

27. Please mark with an "X" every legal service you have received:

- ☐ Legal Orientation Programs (LOP)/Know Your Rights Presentations (KYR)
- ☐ Help completing/filing forms
- ☐ Representation (i.e., legal counsel or a lawyer)

28. For what area of legal assistance did you receive help? Mark all that apply.

- ☐ Adjustment of Status
- ☐ Asylum Applications
- ☐ Cancellation Proceedings
- ☐ Consular Processing
- ☐ Deferred Action for Childhood Arrivals (DACA)
- ☐ Employment authorization
- ☐ Employment-based immigrant and non-immigrant petitions
- ☐ Family-based petitions
- ☐ Habeas Corpus
- ☐ Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ Naturalization/Citizenship
- ☐ Removal hearings
- ☐ Special Immigrant Juvenile Status
- ☐ T visas
- ☐ Temporary Protected Status (TPS)
- ☐ U visas
- ☐ Violence Against Women Act (VAWA) petitions
- ☐ Other: _____

29. Please mark with an "X" every non-legal service you have received:

- ☐ Citizenship/Civics classes
- ☐ Government funded services for trafficking victims
- ☐ Employment services
- ☐ English as a Second Language (ESL) classes
- ☐ Health services
- ☐ Housing referrals
- ☐ Language services
- ☐ Psychological or psychiatric services
- ☐ Referrals to other services
- ☐ Social services

30. Did you or someone you know pay for these services?

☐ Yes, which _____
☐ No

a. If yes, approximately how much money did you or someone else pay for these services?

$_____.

APPENDIX B

Beck Hopelessness Scale (BHS)

This questionnaire consists of a list of twenty statements. Please read the statements carefully one by one.

If the statement describes your attitude *for the past week, including today*, mark 'T' or 'true'. If the statement is false for you, mark 'F' or 'false'. Please be sure to read each sentence.

	V	F
1. I look forward to the future with hope and enthusiasm		
2. I might as well give up because there's nothing I can do to make things better for myself		
3. When things are going badly, I am helped by knowing that they can't stay that way for ever		
4. I can't imagine what my life would be like in ten years		
5. I have enough time to accomplish the things I most want to do		
6. In the future I expect to succeed in what concerns me most		
7. My future seems dark to me		
8. I happen to be particularly lucky and I expect to get more of the good things in life than the average person		
9. I just don't get the breaks, and there's no reason to believe that I will in the future		
10. My past experiences have prepared me well for my future		
11. All I can see ahead of me is unpleasantness rather than pleasantness		
12. I don't expect to get what I really want		
13. When I look ahead to the future I expect I will be happier than I am now		
14. Things just won't work out the way I want them to		
15. I have great faith in the future		
16. I never get what I want, so it's foolish to want anything		
17. It is very unlikely that I will get any real satisfaction in the future		

18. The future seems vague and uncertain to me		
19. I can look forward to more good times than bad times		
20. There's no use in really trying to get something I want because I probably won't get it		

APPENDIX C

Generalized Self Efficacy Scale (GSES)

	Not at all True	Barely True	Moderately True	Exactly True
1) I can always manage to solve difficult problems if I try	1	2	3	4
2) If someone opposes me, I can find means and ways to get what I want	1	2	3	4
3) It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4
4) I am confident that I could deal efficiently with unexpected events.	1	2	3	4
5) Thanks to my resourcefulness, I know how to handle unforeseen situations.	1	2	3	4
6) I can solve most problems if I invest the necessary effort.	1	2	3	4
7) I can remain calm when facing difficulties because I can rely on my coping abilities.	1	2	3	4
8) When I am confronted with a problem, I can usually find several solutions.	1	2	3	4
9) If I am in a bind, 1 can usually think of something to do.	1	2	3	4
10) No matter what comes my way, I'm usually able to handle it.	1	2	3	4

APPENDIX D

Multidimensional Scale of Perceived Social Support (MSPSS)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**
Circle the "2" if you **Strongly Disagree**
Circle the "3" if you **Mildly Disagree**
Circle the "4" if you are **Neutral**
Circle the "5" if you **Mildly Agree**
Circle the "6" if you **Strongly Agree**
Circle the "7" if you **Very Strongly Agree**

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2. There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. I get the emotional help & support I need from my family.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7
9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7

11. My family is willing to help me make decisions.	1	2	3	4	5	6	7
12. I can talk about my problems with my friends.	1	2	3	4	5	6	7

APPENDIX E

The Multi-Faith Religious Support Scale (MFRSS)

Please read the following instructions and then answer the questions.
The word "God" means your idea of God (Supreme Being, Mind, Higher Power, many Gods, etc.) The phrase "religious leaders," means leaders of any religious group where you participate (imams, monks, rabbis, priests, pastors, sunims, small group leaders, etc.). The word "participants" means other regular attenders and/or participants in your religious group (temple, center, synagogue, mosque, church, etc.).

Do you believe in God?	Yes	No
Do you believe in more than one God?	Yes	No
Are part of a religious group	Yes	No
Do you have religious leaders?	Yes	No
Do you have relationships with religious group members?	Yes	No

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Strongly Disagree**
Circle the "2" if you **Mildly Disagree**
Circle the "3" if you are **Neutral**
Circle the "4" if you **Mildly Agree**
Circle the "5" if you **Strongly Agree**

Additionally, rate an item "1" if an item does not apply; e.g., "if you do not believe there is a God, please mark "1" for the items about God."

	Strongly Disagree	**Mildly Disagree**	**Neutral**	**Mildly Agree**	**Strongly Agree**
1. I can turn to other participants in my religious group for advice when I have problems.	1	2	3	4	5
2. If something went wrong, my religious leaders would give me help.	1	2	3	4	5
3. God gives me the sense that I belong.	1	2	3	4	5
4. Other participants in my religious group care about my life and situation.	1	2	3	4	5

	Strongly Disagree	**Mildly Disagree**	**Neutral**	**Mildly Agree**	**Strongly Agree**
5. I am valued by my religious leaders.	1	2	3	4	5
6. I feel appreciated by God.	1	2	3	4	5
7. I do not feel close to other participants in my religious group.	1	2	3	4	5
8. I can turn to my religious leaders for advice when I have problems.	1	2	3	4	5
9. If something went wrong, God would give me help.	1	2	3	4	5
10. Other participants in my religious group give me the sense that I belong.	1	2	3	4	5
11. My religious leaders care about my life and situation.	1	2	3	4	5
12. I am valued by God.	1	2	3	4	5
13. I feel appreciated by other participants in my religious group.	1	2	3	4	5
14. I do not feel close to my religious leaders.	1	2	3	4	5
15. I can turn to God for advice when I have problems.	1	2	3	4	5
16. If something went wrong, other participants in my religious group would give me help.	1	2	3	4	5
17. My religious leaders give me the sense that I belong.	1	2	3	4	5
18. God cares about my life and situation.	1	2	3	4	5
19. I am valued by other participants in my religious group.	1	2	3	4	5
20. I feel appreciated by my religious leaders.	1	2	3	4	5
21. I do not feel close to God	1	2	3	4	5

APPENDIX F

Depression Anxiety Stress Scale – 21 (DASS-21)

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:
0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree or a good part of time
3 Applied to me very much or most of the time

1. I found it hard to wind down	0	1	2	3
2. I was aware of dryness of my mouth	0	1	2	3
3. I couldn't seem to experience any positive feeling at all	0	1	2	3
4. I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5. I found it difficult to work up the initiative to do things	0	1	2	3
6. I tended to over-react to situations	0	1	2	3
7. I experienced trembling (e.g. in the hands)	0	1	2	3
8. I felt that I was using a lot of nervous energy	0	1	2	3
9. I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10. I felt that I had nothing to look forward to	0	1	2	3
11. I found myself getting agitated	0	1	2	3
12. I found it difficult to relax	0	1	2	3
13. I felt down-hearted and blue	0	1	2	3
14. I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15. I felt I was close to panic	0	1	2	3

16. I was unable to become enthusiastic about anything	0	1	2	3

17. I felt I wasn't worth much as a person	0	1	2	3
18. I felt that I was rather touchy	0	1	2	3
19.) I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20. I felt scared without any good reason	0	1	2	3
21. I felt that life was meaningless	0	1	2	3

APPENDIX G

Patient Health Questionnaire (PHQ-15)

During the past 4 weeks, how much have you been bothered by any of the following problems?

	Not bothered at all	Bothered a little	Bothered a lot
a. Stomach pain			
b. Back pain			
c. Pain in your arms, legs, or joints (knees, hips, etc.)			
d. Menstrual cramps or other problems with your periods **WOMEN ONLY**			
e. Headaches			
f. Chest pain			
g. Dizziness			
h. Fainting spells			
i. Feeling your heart pound or race			
j. Shortness of breath			
k. Pain or problems during sexual intercourse			
l. Constipation, loose bowels, or diarrhea			
m. Nausea, gas, or indigestion			
n. Feeling tired or having low energy			
o. Trouble sleeping			

APPENDIX H

12-Item Short Form Health Survey (SF-12)

This survey asks for views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer each question by choosing just one answer. If you are unsure how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

2. **Moderate activities** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	☐ YES, limited a lot	☐ YES, limited a little	☐ NO, not limited at all
3. Climbing **several** flights of stairs.	☐ YES, limited a lot	☐ YES, limited a little	☐ NO, not limited at all

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

4. **Accomplished less** than you would like.	☐ YES	☐ NO
5. Were limited in the **kind** of work or other activities.	☐ YES	☐ NO

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

6. **Accomplished less** than you would like.	☐ YES	☐ NO
7. Did work or activities **less carefully than usual**.	☐ YES	☐ NO

8. During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?

☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely

These questions are about how you have been feeling during the past 4 weeks.
For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks…

9. Have you felt calm & peaceful?	☐	All of the time	☐	Most of the time	☐	A good bit of the time	☐	Some of the time	☐	A little of the time	☐	None of the time
10. Did you have a lot of energy?	☐	All of the time	☐	Most of the time	☐	A good bit of the time	☐	Some of the time	☐	A little of the time	☐	None of the time
11. Have you felt down-hearted and blue?	☐	All of the time	☐	Most of the time	☐	A good bit of the time	☐	Some of the time	☐	A little of the time	☐	None of the time

12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

☐	All of the time	☐	Most of the time	☐	Some of the time	☐	A little of the time	☐	None of the time

VITA

Cassandra Bailey, M.A.
Department of Psychology and Philosophy
Sam Houston State University

EDUCATION

Candidate **Doctor of Philosophy (Clinical Psychology, Forensic Emphasis)**
Sam Houston State University

Dissertation: Risk and Protective Factors for Well-Being in Latinx Immigrants in Removal Proceedings
(Anticipated final defense: Spring 2020)

Major Area Paper: The Bilingual [Dis]advantage

Study Abroad: Beraca Spanish School – Ecuador Professional Preparation Program
Quito, Ecuador (Summer 2019)

2018 **Master of Arts (Clinical Psychology, Forensic Emphasis)**
Sam Houston State University

Thesis: The Effect of Unpreparedness for Immigration Court on Psychopathology in Recently Immigrated Adolescents

2015 **Bachelor of Science in Psychology**
Bachelor of Arts in Spanish
Bachelor of Arts in Criminology and Law
University of Florida
Gainesville, Florida

Study Abroad: Universidad Internacional Menendez Pelayo
Seville, Spain (Summer 2013)

Honors Thesis: Conducted Energy Device (Taser) Usage in Subjects with Mental Disturbances

LANGUAGES

- Fluent in reading, writing, and speaking Spanish
- Trained in administration and scoring of cognitive and achievement tests in Spanish as well as other assessments including emotional and behavioral symptoms
- Frequently conducted clinical interviews and provided feedback and recommendations in Spanish

AWARDS & HONORS

October 2019	*Student Member Paper/Poster Convention Award* TPA Diversity Division
September 2019	*Texas Psychological Association (TPA) Student Travel Scholarship* Sam Houston Area Psychological Association
September 2019	*Student Travel Scholarship* National Latinx Psychological Association
August 2019	*Office of Graduate Studies General Scholarship* Sam Houston State University
August 2019	*Psychology Doctoral Scholarship* Sam Houston State University
May 2019	*University Excellence in Teaching Award Nominee* Sam Houston State University
April 2019	*3 Minute Thesis (3MT) Grand Champion* Sam Houston State University
March 2019	*Deliberative Dialogue Scholarship (Topic: Immigration in America)* Sam Houston State University
March 2019	*American Psychology Law Society (AP-LS) Travel Award* Sam Houston State University
November 2018	*TPA Travel Award* Sam Houston Area Psychological Association
August 2018	*Office of Graduate Studies General Scholarship* Sam Houston State University
August 2018	*Psychology Doctoral Scholarship* Sam Houston State University
August 2018	*Psychologists in Public Service Student Award* Division 18 of American Psychological Association (APA)
August 2018	*APA Travel Award* Sam Houston State University

May 2018 *SHSU Recreational Sports Award of Excellence*
Sam Houston State University

April 2018 *Outstanding Graduate/Doctoral Student Award*
Sam Houston State University

April 2018 *3 Minute Thesis (3MT) People's Choice Award*
Sam Houston State University

March 2018 *AP-LS Travel Award*
Sam Houston State University

February 2018 *Raven Scholar*
Sam Houston State University

February 2018 *College of Humanities and Social Sciences Scholarship*
Sam Houston State University

February 2018 *Graduate Organization Leadership Scholarship*
Sam Houston State University

January 2018 *Office of Graduate Studies General Scholarship*
Sam Houston State University

November 2017 *TPA Travel Award*
Sam Houston Area Psychological Association

September 2017 *College of Humanities and Social Sciences Scholarship*
Sam Houston State University

September 2017 *Graduate Organization Leadership Scholarship*
Sam Houston State University

August 2017 *APA Travel Award*
Sam Houston State University

August 2017 *APA Travel Award*
Division 12, Section 10 of APA

March 2017 *AP-LS Travel Award*
Sam Houston State University

March 2017 *College of Humanities and Social Sciences Scholarship*
Sam Houston State University

February 2017 *Graduate Organization Leadership Scholarship*
Sam Houston State University

November 2016 *TPA Travel Award*
Sam Houston State University

September 2016 *Graduate Organization Leadership Scholarship*
Sam Houston State University

August 2016	*APA Travel Award* Sam Houston State University
May 2015	*Hall of Fame* University of Florida
May 2015	*Member* Phi Beta Kappa
January 2012 - May 2015	*President's Honor Roll* University of Florida
May 2012 – May 2015	*All-Academic Award University of Florida Women's Club Lacrosse Team* United States Lacrosse Association
January 2014 – May 2015	*Member* Order of Omega Greek Honor Society
January 2014 – May 2015	*Member* Golden Key Honor Society
April 2014	*Scholar Athlete of the Year* University of Florida
August 2013	*Anderson Scholar* University of Florida

GRANT FUNDING

June 2016	**Title: The Effect of Unpreparedness for Immigration Court on Psychopathology in Recently Immigrated Adolescents**
Source:	American Psychological Association of Graduate Students; 2016 David Pilon Scholarship for Training in Professional Psychology
Role:	Principal Investigator
Award Amount:	Award Amount: $1,000

PUBLICATIONS

Bailey, C. A., McIntyre, E., Arreola, A., & Venta, A. (*in press*). What are we missing? A glance at immigrant narratives in two languages. *Journal of Child and Adolescent Trauma.*

Bailey, C. A, Langley, H. & Venta, A. C. (2020). The bilingual [dis]advantage. *Language and Cognition.* 1-57. doi:10.1017/langcog.2019.43

Bailey, C. A., Galicia, B. E., Salinas, K. Z., Briones, M., Hugo, S., Hunter, K., & Venta, A. C. (2019). Racial and gender disparities in probation conditions. *Law and*

Human Behavior. 44(1), 88-96. doi:10.1037/lhb0000355

Venta, A., **Bailey, C. A.,** Muñoz, C., Godinez, E., Colin, Y., Arreola, A., Abate, A., Camins, J., Rivas, M., & Lawlace, S. (2019). The Incremental Contribution of Schools to the Mental Health and Resilience of Recently Immigrated Youth. *School Psychology Quarterly, 34*(2), 138-147. doi:10.1037/spq0000271

Venta, A. C., Galicia, B.E., **Bailey, C. A.,** Abate, A., Marshall, K., & Long, T. (2019). Attachment and loss in the context of U.S. immigration: Caregiver separation and characteristics of internal working models of attachment in high school students. *Attachment & Human Development.*1-16. https://doi.org/10.1080/14616734.2019.1664604

Bailey, C. A., Venta, A., Crosby, J., Varela, J., & Boccaccini, M. (2018). The effect of unpreparedness for immigration court on psychopathology. *Journal of International Migration and Integration. 20*(2), 419-435. doi:10.1007/s12134-018-0614-9

Bailey, C. A., Abate, A., Sharp, C., & Venta, A. (2018). Psychometric evaluation of the Inventory of Interpersonal Problems 32. *Bulletin of the Menninger Clinic, 82*(2), 1-21.

Kavish, N., **Bailey, C.,** Sharp, C., & Venta, A. (2017). On the relation between general intelligence and psychopathic traits: An examination of inpatient adolescents. *Child Psychiatry & Human Development, 44*(5)*,*1-11. doi:10.1007/s10578-017-0754-8

Venta, A., Muñoz, C., & **Bailey, C.** (2017). What language does your Internal Working Model speak? *The Journal of Cross-Cultural Psychology*, *48*(6), 813-834. doi:10.1177/0022022117704053

Bailey, C. A., Smock, W. S., Melendez, A. M., & El-Mallakh, R. S. (2016). Conducted-energy device (Taser) usage in subjects with mental illness. *The Journal of the American Academy of Psychiatry and the Law*, *44*(2), 213-217.

PUBLICATIONS IN PREPERATION/SUBMITTED

Bailey, C. A., Cavazos, M. J., Downs, A. R., & Venta, A. (in preparation). *The effect of acculturation on psychopathology in displaced high school students.*

Galicia, B. E., **Bailey, C. A.,** Salinas, K. Z., Briones, M., & Venta, A. (in preparation). *Finding your voice: Supervisor and supervisees' reflections on clinical training with unaccompanied Latinx immigrant minors*.

Bailey, C. A., Carlton, C., & White, S. (under review). *A call to policy change: Cannabis in the NFL*

Abate, A., **Bailey, C. A.**, & Venta, A. (under review). *Attachment and social support in*

Latinx young adults: Investigating the moderating role of familismo.

Venta, A., Long, T., **Bailey, C.,** Galicia, B., Abate, A., Walker, J., & Salinas, K. (under review). *Measurement invariance of the Inventory of Peer and Parent Attachment among Latinx and Non-Latinx College Students.*

BOOK CHAPTERS

Bailey, C. A. (accepted). Growing up too fast. In Venta, A. C. & Montse Feu, M. (Eds.), *Saving detained children.*

NON-REFEREED PUBLICATIONS

Bailey, C. A., & Long, T. (October, 2019). So, you want to attend a professional conference? *The Gavel* [online newsletter]. Retrieved from https://www.apadivisions.org/division-18/publications/newsletters/gavel/2019/10/students

Bailey, C. A. & Venta, A. C. (2018). The "immigration crisis": Lending a helping hand. *The Community Psychologist, 51*(3)*,* 22-23.

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

CONFERENCE PRESENTATIONS

Bailey, C. A., Abate, A., DeBrabander, M. J., Rivera, J. A., Rubenstein, L., Soto, B., Moore, C., & Venta, A. (2020). *Factor structure of the MSPSS for undocumented Latinx immigrants by country*. Poster submitted for presentation at the annual convention of the National Latinx Psychological Association, Denver, Colorado.

Bailey, C. A., Mercado, A., Hass, G., Antuña, C., Garcini, L., Koslofsky, S., Morales, F., Venta, A., & Henderson, C. (2020). *Establishing guidelines for immigration evaluations: NLPA task force preliminary finding*. Roundtable submitted for presentation at the annual convention of the National Latinx Psychological Association, Denver, Colorado.

Rivera, J., Long, T., **Bailey, C. A.,** Galicia, B. Abate, A., Walker, J., Salinas, K., & Venta, A. (2020). *Measurement invariance of the Inventory of Peer and Parent Attachment among Latinx and Non-Latinx College Students*. Poster submitted for presentation at the annual convention of the National Latinx Psychological Association, Denver, Colorado.

Morales, F., Torres, A., Mercado, A., **Bailey, C. A.,** Venta, A., Colunga-Rodriguez, C., & Angel Gonzalez, M. (2020). *The moderating effect of parental migration on the relationship between alcohol involvement and emotional dysregulation in Latinx*

young adults. Poster submitted for presentation at the annual convention of the National Latinx Psychological Association, Denver, Colorado.

Torres, A., Morales, F., Navarro, S., Cerroblanco, J., Valdez, M. Z., Mercado, A., Venta, A., **Bailey, C. A.,** Colunga-Rodriguez, C., & Angel Gonzalez, M. (2020). *Beyond PTSD: The relationship between trauma and emotional regulation among a Mexican youth sample left behind by parental migration*. Poster submitted for presentation at the annual convention of the National Latinx Psychological Association, Denver, Colorado.

Bailey, C. A., Mercado, A., Antuña, C., Hass, G., Garcini, L., Koslofsky, S., Morales, F., Venta, A., & Henderson, C. (2020, August). *Creating guidelines for immigration court evaluations*. In Patel, S. (Chair) *Frontline partnerships promote empirically-based services for immigrant families.* Symposium accepted for presentation at the annual convention of the American Psychological Association, Washington, D.C.

Bailey, C. A., Long, T., & Venta, A. C. (2020). *The Effect of Immigration Status on Emotional Symptoms in College Students.* Poster accepted for presentation at the Annual American Psychology-Law Society Conference, New Orleans, Louisiana.

Bailey, C. A., Marshall, K., & Henderson, C. (2019). *Considerations for extreme hardship evaluations.* Workshop accepted for presentation at the annual conference of the Texas Psychological Association, San Antonio, Texas.

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 accepted for presentation at the annual conference of the Texas Psychological Association, San Antonio, Texas.

Henderson, C. E., Salami, T., Anderson-White, E., Boland, G., Krembuszewski, B., **Bailey, C. A.**, Harmon, J., & (2019). *Working with religiously diverse clients.* Workshop accepted for presentation at the annual conference of the Texas Psychological Association, San Antonio, Texas.

Galicia, B. E., **Bailey, C. A.,** Salinas, K. Z., Briones, M., & Venta, A. (2019) *Supervisor and Supervisees' Reflections on Clinical Training with Unaccompanied Latinx Immigrant Minors*. Roundtable presented at the biennial National Latinx Psychological Association (NLPA) conference, Miami, FL.

Bailey, C. A., Venta, A. C., & Langley, H. (2019). *The bilingual [dis]advantage.* Paper presented at the annual convention of the American Psychological Association, Chicago, Illinois.

Venta, A., **Bailey, C.,** Long, T., Mercado, A., & Colunga, C. (2019). Self-reported attachment in young adults who were once left behind by caregiver migration. In K. Jones-Mason & N. Gribneau Bahm (Chairs) and M. Steele (Discussant), *Parent-*

child separation at the border: Lessons from attachment theory. Symposium presented at the biennial International Attachment Conference, Vancouver, Canada.

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 Annual American Psychology-Law Society Conference, Portland, Oregon.

Bailey, C. A., Salinas, K., & Venta, A. C. (2018). *Forensic practice: Implications for competency to stand trial.* In A. Venta (Chair), *Culture shock: How differences between Latinx and U.S. systems affect clinical and forensic practice.* Symposium presented at the annual conference of the Texas Psychological Association, Frisco, Texas.

Bailey, C. A., McIntyre, E., Arreola, A., & Venta, A. (2018). *Lost in translation: A glance at immigrant narratives in two languages.* In S. Marotta-Walters (Chair)*, Understanding and Communicating Trauma in Diverse Populations---The Role of Language and Identity.* Paper presented at the annual convention of the American Psychological Association, San Francisco, CA.

Bailey, C. A. & Venta, A. (2018). *Predicting who will have a lawyer in immigration court: A study of youth.* Poster presented at the Annual American Psychology-Law Society Conference, Memphis, Tennessee.

Harmon, J., **Bailey, C. A.,** & Venta, A. (2017). *The role of emotion regulation in the relation between online-aggression and conduct problems*. Poster presented at the Annual American Psychology-Law Society Conference, Memphis, Tennessee.

Bailey, C., Harmon, J., & Henderson, C. (2017). *Integrating Judaism and clinical practice*. In C. Henderson (Chair)*, Working with religiously diverse clients.* Workshop presented at the annual convention of the Texas Psychological Association, Houston, Texas.

Venta, A., **Bailey, C.,** & Mercado, C. (2017). *The adolescent perspective: Longitudinal data on psychopathology in recently immigrated teens.* In A. C. Venta (Chair)*, The growing role of deportation fear in mental healthcare.* Symposium presented at the annual convention of the Texas Psychological Association, Houston, Texas.

Bailey, C. A. & Venta, A. (2017). *The effect of unpreparedness for immigration court on psychopathology in recently immigrated adolescents.* In C. M. King (Chair)*, Clinical research and practice with populations involved in the legal system.* Paper presented at the annual convention of the American Psychological Association annual convention, Washington, D.C.

Bailey, C. A., Cavazos, M. J., Downs, A. R., Muñoz C. G., & Venta, A. (2017). *The effect of acculturation on psychopathology and social domains in recently immigrated*

adolescents. Poster presented at the annual convention of the American Psychological Association, Washington, D.C.

Downs, A. R., **Bailey, C. A.**, Cavazos, M. J., & Venta, A. (2017). *The effect of acculturation on psychopathology in displaced youth.* Poster presented at the 10th annual Undergraduate Research Symposium, Huntsville, Texas.

Bailey, C. A., Muñoz C. G., Varela, J. G., Boccaccini, M., Camins, J., & Abate, A., Venta, A. (2017). *The effect of unpreparedness for immigration court on psychopathology in recently immigrated adolescents.* Poster presented at the Annual American Psychology-Law Society Conference, Seattle, Washington.

Muñoz, C. G., **Bailey, C.**, Varela, J. G., Lyons, P., Boccaccini, M., Camins, J., Abate, A., & Venta, A. (2017). *Violence risk assessment and externalizing symptoms among recently immigrated adolescents and the moderating role of acculturation and criminal sentiments.* Poster presented at the Annual American Psychology-Law Society Conference, Seattle, Washington.

Muñoz, C. G., **Bailey, C.**, Camins, J., Abate, & A., Venta, A. (2017). *The relation between perception of the justice system and externalizing behaviors in recently immigrated adolescents.* Poster presented at the Annual American Psychology-Law Society Conference, Seattle, Washington.

Bailey, C., Abate, A., Sharp, C., & Venta, A. (2016). *Psychometric evaluation of the Inventory of Interpersonal Problems 32*. Poster presented at the annual convention of the Texas Psychological Association, Austin, TX.

Damnjanovic, T., Miller, R., Lawrence, J., Waymire, K., & **Bailey, C**. (2016). *Does an eye for an eye leave the jury blind? Vengefulness and jurors' decision-making.* Poster presented at the annual convention of the American Psychological Association, Denver, CO.

INVITED PRESENTATIONS

Bailey, C. A., Salinas, K. Z., Briones, M. Galicia, B. E., Hugo, S., Hunter, K., & Venta, A. C. (2019). Racial and gender disparities in probation conditions. Invited presentation for Texas Psychological Association (TPA) Diversity Division meeting at TPA by Alfonso Mercado, Chair of TPA Diversity Division, San Antonio, TX.

Bailey, C., Harmon, J. & Henderson, C. (2018). Working with religiously diverse clients. Invited presentation for Sam Houston Area Psychological Association (SHAPA) members at Sam Houston State University by Craig Henderson and Wendy Elliott, Co-presidents of SHAPA, Woodlands, TX.

Bailey, C., Muñoz, C. & Venta, A. (2017). Working with immigrants. Invited presentation for Sam Houston Area Psychological Association (SHAPA) members at Sam

Houston State University by Craig Henderson and Wendy Elliott, Co-presidents of SHAPA, Woodlands, TX.

Venta, A., **Bailey, C.,** & Muñoz, C. (2016). Teaching traumatized teens: Brain, behavior, and self-care. Invited presentation for teachers and administrators at Liberty High School by Monico Rivas, Principal at Liberty High School, Houston, TX.

Venta, A., Muñoz, C., & **Bailey, C**. (2016). Relationship building for recently immigrated adolescents in a school context. Invited presentation for teachers and administrators at Liberty High School by Monico Rivas, Principal at Liberty High School, Houston, TX.

RESEARCH EXPERIENCE

June 2018 – Present **Principal Investigator**
Youth and Family Studies Lab at Sam Houston State University
Huntsville, Texas

Projects:
- *Risk and Protective Factors for Well-Being in Latinx Immigrants in Removal Proceedings*
- *The Effect of Demographics on Discretionary Probation Conditions* (Complete)

Responsibilities:
- Design and implement data collection and analysis plan
- Interact with participants and collect data
- Supervise three undergraduate, three Master-level, and two Doctoral-level students
- Assist in preparation of conference submission and manuscript preparation

Supervisor: Amanda Venta, Ph.D.

August 2015– Present **Graduate Research Assistant**
Youth and Family Studies Lab at Sam Houston State University
Huntsville, Texas

Projects:
- *Young Adult Interpersonal, Physical, and Mental Well-Being among Children Left Behind by Migration* (Project leader)
- *Mentalizing, Epistemic Trust, and the Transfer of Cultural Information in Immigrant Families* (Co-project leader)
- *Caregiver Relationships and the Gut* (Co-project leader)
- *The Effect of Demographics on Discretionary Probation Conditions* (Complete)
- *First Data on Psychopathology in Unaccompanied Immigrant Minors* (Project leader; Complete)

Responsibilities:
- Design and implemented data collection and analysis plan
- Interact with participants and collect data

- Supervise ten undergraduate, two Master-level, and one Doctoral-level students
- Assist in preparation of conference submission and manuscript preparation

Supervisor: Amanda Venta, Ph.D.

May 2016 – August 2016 **Contract Researcher**
College of Criminal Justice at Sam Houston State University
Huntsville, Texas

Projects: *The Lone Star Project: Study of Offender Trajectories, Associations, and Reentry*

Responsibilities: Interviewed Texas Department of Criminal Justice offenders as part of an NIJ-funded study exploring the implications of gang membership for prison group affiliation, recidivism, and reentry

Supervisor: Erin Orrick, Ph.D.

January 2015– May 2015 **Undergraduate Researcher**
Spanish and Portuguese Department at University of Florida
Gainesville, Florida

Responsibilities: Planned experiments, interacted with participants, and collected data related to researching attitudes toward dialectal variation of Spanish in Florida

Supervisor: Ana de Prada Perez, Ph.D.

January 2014– December 2015 **Undergraduate Research Assistant**
Psychology Department at University of Florida
Gainesville, Florida

Responsibilities: Transcribed audio and assisted participants in completing various tasks for the lab with the goal of collecting data on delayed discounting

Supervisor: Jesse Dallery, Ph.D.

January 2014– May 2014 **Undergraduate Research Assistant**
Criminology Department at University of Florida
Gainesville, Florida

Responsibilities: Conducted various activities related to researching social and cognitive aspects of the criminal investigation process, interacted with participants as a confederate, collected data, attended lab meetings and planned experiments

Supervisor: Lisa Hasel, Ph.D.

CLINICAL EXPERIENCE

May 2019 – **Practicum Student – Individual and Group Therapist & Evaluator**

Present *The University of Texas Health Science Center - Harris County Psychiatric Center*
Houston, Texas

Responsibilities:
- Provide brief, individual, evidence-based interventions to adults using components of Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Psychosis, Dialectical Behavioral Therapy, Motivational Enhancement, supportive counseling, suicide risk assessment/management, and other modalities
- Conduct comprehensive assessments of acute and long-term patients addressing referral questions including psychodiagnostic, cognitive, and symptom validity
- Provide long-term individual therapy to patients on the Early Onset Treatment Program
- Co-facilitate Social Skills for early onset psychosis group sessions
- Attend weekly case conference meetings and didactic seminars
- Attend individual and group supervision meetings
- Daily tasks performed in Spanish and English

Population: Adults with severe mental illness hospitalized for voluntary or involuntary commitment in an acute inpatient psychiatric facility

Supervisors: Alia Warner, Ph.D., and Elaheh Ashtari, Psy.D.

August 2016 - Present **Assistant Forensic Evaluator**
Psychological Services Center at Sam Houston State University
Huntsville, Texas

Responsibilities:
- Conduct court-ordered pre-trial (i.e. competency to stand trial and mental state at the time of the offense for adults; fitness to proceed for juveniles) and post-trial (i.e., competency for execution) evaluations
- Consult with supervisors to formulate psycholegal opinions in accordance with state statutes
- Co-author forensic evaluation reports for the court including psycholegal opinion and treatment recommendations
- Assessments performed in Spanish and English

Population: Ethnically diverse, male and female, adults and adolescents involved in the justice system in several rural counties; evaluations conducted in jails or in an outpatient clinic

Supervisors: Mary Alice Conroy, Ph.D., ABPP, Wendy Elliott, Ph.D., ABPP, & Jorge Varela, Ph.D.

May 2016 – Present **Assistant Evaluator**

Office of Refugee Resettlement/Department of Unaccompanied Children Services Shelters
Houston, Texas and surrounding area

Responsibilities:
- Conduct assessments for the purposes of making treatment recommendations and to inform placement
- Assessments included use of intelligence, achievement, psychodiagnostic and adaptive behavior measures
- Authored integrated reports, and provided treatment and placement recommendations
- Assessments performed in Spanish

Population: Spanish-speaking unaccompanied immigrant minors under the care of the Department of Unaccompanied Children Services

Supervisor: Amanda Venta, Ph.D.

October 2018 – May 2019 **Practicum Student – Individual and Group Therapist**
Federal Prison Camp
Bryan, Texas

Responsibilities:
- Facilitated Dialectical Behavior Therapy, Cognitive Processing Therapy, Seeking Safety, and Beyond Violence (i.e., group anger management therapy specifically for incarcerated women) groups within the Resolve Program (i.e., a trauma treatment program)
- Provided individual, evidenced-based psychotherapy for group members whose needs extended beyond the group context using Cognitive Behavioral Therapy, Cognitive Processing Therapy, Acceptance and Commitment Therapy, Motivational Interviewing, and supportive counseling
- Attended residential drug abuse program therapeutic community meetings and graduations
- Daily tasks performed in Spanish and English

Population: Ethnically diverse, adult, female offenders incarcerated in a minimum-security federal facility

Supervisors: Melisa Arrieta, Psy.D., Ashley Noble, Psy.D., & Deanna Berg, Psy.D.

August 2017 – August 2018 **Practicum Student – Individual and Group Therapist & Evaluator**
Walker County Adult Probation Department
Huntsville, Texas

Responsibilities:
- Conducted psychodiagnostic evaluations including achievement, cognitive, and personality measures as well as substance abuse evaluations including clinical interviews and the Addiction Severity Index

- Provided voluntary and mandated, individual, evidence-based psychotherapy and substance use treatment including Assertiveness Training, components of Cognitive Behavioral Therapy, Cognitive Processing Therapy, Dialectical Behavior Therapy, Motivational Interviewing and supportive counseling
- Co-facilitated court-mandated, manualized anger management groups
- Consulted with probation officers regarding mental health needs of probationers as well as crisis intervention
- Daily tasks performed in English

Population: Ethnically diverse, male and female adults on probation for felony and misdemeanor charges in several rural counties

Supervisor: Darryl Johnson, Ph.D.

January 2017 – August 2018 **Practicum Student - Individual Evaluator**
Psychological Services Center at Sam Houston State University
Huntsville, Texas

Responsibilities:
- Conducted psychodiagnostic evaluations on juveniles as ordered by the juvenile courts or probation departments from multiple surrounding counties
- Assessments included use of intelligence, achievement, and adaptive behavior measures
- Authored integrated reports, and provided treatment and placement recommendations
- Assessments performed in Spanish and English

Population: Ethnically diverse, justice-involved youth

Supervisors: Darryl Johnson, Ph.D. & Jorge Varela, Ph.D

August 2016 – August 2017 **Practicum Student-Individual and Group Therapist & Evaluator**
Psychological Services Center at Sam Houston State University
Huntsville, Texas

Responsibilities:
- Provided evidence-based interventions to adults, adolescents, children, and families using components of Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, Multidimensional Family Therapy, Assertiveness Training, and supportive counseling
  - Conduct intake evaluations and author intake reports
  - Formulate detailed treatment plans and closely monitor treatment goals
  - Engage in suicide risk assessment and prevention

- Conducted comprehensive assessments utilizing methods such as clinical and collateral interviews, intelligence and achievement testing, personality and psychodiagnostic testing
  - Author comprehensive, integrated reports
  - Communicate assessment results and recommendations to clients
- Daily tasks performed in Spanish and English

Population: A diverse, low-income, multi-ethnic population of children, adolescents, and adults with diagnoses including serious mental illness, substance use history, mood and anxiety disorders, personality disorders, family issues, and academic stress

Supervisors: Craig Henderson, Ph.D., Jaime Anderson, Ph.D., Darryl Johnson, Ph.D. & Jorge Varela, Ph.D.

May 2014 – August 2014 **Undergraduate Intern**
University of Louisville Hospital - Emergency Psychiatric Services
Louisville, Kentucky

Responsibilities:
- Pre-screened patients, observed interviews conducted by triage team, practiced giving diagnoses
- Attended seminars and didactics through the University of Louisville School of Medicine

Population: A diverse, low-income, multi-ethnic population of adults in acute distress typically brought in by the Louisville Metropolitan Police Department Crisis Intervention Team

Supervisor: Rifaat El-Mallakh, M.D.

May 2014 – August 2014 **Undergraduate Intern**
University of Louisville Outpatient Bipolar Clinic
Louisville, Kentucky

Responsibilities: Interviewed patients, using a standardized interview technique, for the purpose of expediting the patient's visit

Population: A higher-income population of adults with a diagnosis of bipolar disorder on a stable medication regimen

Supervisor: Rifaat El-Mallakh, M.D.

July 2014 **Undergraduate Intern**
Norton Psychiatric Center - Inpatient
Louisville, Kentucky

Responsibilities: Shadowed the attending psychiatrist and engaged in discussion on whether or not each patient should be discharged

Population: Adults with severe mental illness hospitalized for voluntary or involuntary commitment in an acute inpatient psychiatric facility

Supervisor: Rifaat El-Mallakh, M.D.

SUPERVISORY EXPERIENCE

May 2016 – Present **Peer Supervisor – Youth and Family Studies Lab**
Department of Psychology & Philosophy at Sam Houston State University
Huntsville, Texas

Responsibilities:
- Supervise up to 10 undergraduate, Master-level, and Doctoral-level students under the supervision of a licensed staff psychologist
  - Meet regularly for lab meetings and supervisee's individual concerns
  - Review data entry, transcriptions, and other lab work products
  - Review and provide feedback on project design, conference presentations, and manuscripts

Supervise data collection (i.e., interviews and self-report) real-time to provide feedback

Supervisors: Amanda Venta, Ph.D.

August 2017 – May 2018 **Peer Supervisor - Capstone Practicum (PSCY 8381)**
Department of Psychology & Philosophy at Sam Houston State University
Huntsville, Texas

Responsibilities:
- Co-facilitated supervisions sessions of second-year doctoral students with licensed staff psychologist
- Reviewed therapy and assessment session videos with supervisee and provided feedback on clinical documentation, case materials, and integrated reports
- Reviewed and provided feedback on materials for the Capstone comprehensive exam

Supervisors: Darryl Johnson, Ph.D.

May 2017 – August 2017 **Peer Supervisor - Introduction to Doctoral Practicum (PSYC 8382)**
Department of Psychology & Philosophy at Sam Houston State University
Huntsville, Texas

Responsibilities:
- Co-facilitated supervision sessions of first year doctoral students with clinic director
- Reviewed mock therapy session videos with supervisees
- Provided feedback on basic counseling skills

- Served as mock therapy client for students practicing suicide risk assessments

Supervisor: Mary Alice Conroy, Ph.D.

TEACHING EXPERIENCE

August 2019 - Present
Instructor of Record
Psychology and the Law – Online Course (PSYC3383)
Department of Psychology and Philosophy at Sam Houston State University
Huntsville, Texas

Responsibilities:
- Instructor of small (40 students) online classes
- Create lecture videos and online activities related to theories, definitions, controversies, and practical skills in the field of forensic psychology
- Topics covered include, but not limited to, competency to stand trial, corrections, criminal responsibility, eyewitness memory, expert testimony, psychopathy, risk assessment, and wrongful convictions
- Prepare and grade student exams and written assignments and track student grades

Supervisor: Jorge Varela, Ph.D.

August 2018 – May 2019
Graduate Teaching Assistant
Introduction to Psychology (PSYC 1301)
Department of Psychology & Philosophy at Sam Houston State University
Huntsville, Texas

Responsibilities:
- Instructor of both large (180 students) and small (40 students) classes
- Created and presented lectures and activities related to foundational theories, definitions, and practical skills in the field of psychology
- Prepared and graded student exams and written assignments and track student grades
- Course evaluations: A for Fall 2018; A for Spring 2019

Supervisor: Jorge Varela, Ph.D.

September 2017
Guest Speaker
Psychopathology (PSYC 5330)
Department of Psychology & Philosophy at Sam Houston State University
Huntsville, Texas

Responsibilities: Repeat guest lecturer to doctoral- and master-level students on multicultural considerations in assessment and therapy

Supervisor: David Nelson, Ph.D.

ADDITIONAL TRAINING & CERTIFICATES

Asylum Network Training
- Hosted by Physicians for Human Rights at Baylor College of Medicine
- 8-hour workshop aimed at educating psychologists, physicians, and lawyers in the unique challenges faced by immigrants in asylum proceedings and the best practices for conducting asylum evaluations

Refugee Mental Health and Wellness Conference
- Hosted by The Alliance for Multicultural Community Services
- 8-hour conference aimed at educating professionals in the unique mental health challenges faced by refugees and best practices for serving refugee and immigrant communities

Migrant Mental Health Online Certificate
- Hosted by various mental health and activist groups in the United States and abroad
- 11-week online certificate in the psychological first-aid for migrants, refugees and displaced persons

General Professional in Spanish Certification
- Passed the MasterWord Language Proficiency Assessment for Health Care Professionals exam at the highest proficiency
- Nationally recognized exam allowing performance in Spanish in the medical/mental health setting without an interpreter

Online Course Redesign & Faculty Certification
- Hosted by Sam Houston State University, Huntsville, Texas
- Passed two week daily online class series aimed at teaching course design and online pedagogies

Rorschach Training
- Hosted by Jaime Anderson, Ph.D. at Sam Houston State University, Huntsville, Texas
- Day long workshop on the administration, coding, and interpretation of the Rorschash using the Exner system

Child Attachment Interview (CAI) Certification
- Hosted by Anna Freud National Centre for Children and Families and the Menninger Clinic, Houston, Texas
- Certified in the administration and coding of the Child Attachment Interview

Monthly Seminar on Clinical Supervision
- Hosted by Mary Alice Conroy, Ph.D., ABPP at Sam Houston State University

- Monthly discussion group based on readings on being an effective supervisor

Certified 40-Hour Basic Immigration Court Training Completion

- Hosted by Mennonite Central Committee, Akron, Pennsylvania
- Passed final examination demonstrating basic competence of immigration court-related proceedings

Global Alliance for Prevention and Early Intervention for Borderline Personality Disorder (GAP) Houston Conference for Borderline Personality Disorders in Adolescents

- Hosted by The University of Houston ADAPT Center, National Education Alliance for Borderline Personality Disorder (NEABPD), and the Menninger Clinic, Houston, Texas

Crisis Intervention Team Training

- Hosted by The Louisville Metro Police Department in Louisville, KY
- Participated in an intensive week of police academy training that taught special skills needed to interact with people with mental illnesses with the purpose of decriminalizing mental illness

AD HOC REVIEWING

Journal of Child and Family Studies
Law and Human Behavior – Mentored Reviewer

PROFESSIONAL MEMBERSHIP

- National Latinx Psychological Association (NLPA)
- American Psychological Association (APA)
- APA Division 41: American Psychology-Law Society (AP-LS)
- Association for Psychological Science (APS)
- American Psychological Association of Graduate Students (APAGS)
- Texas Psychological Association (TPA)
- Undocumented Immigrant Collaborative Special Interest Group of NLPA
- APA Immigration Working Group
- Society for Community Research and Action: Immigrant Justice Interest Group
- APA Division 18: Psychologists in Public Service
- APA Division 1: Society for General Psychology

PROFESSIONAL LEADERSHIP POSITIONS

February 2019 - Present	*Student Representative* SHSU Dean of College of Humanities and Social Sciences Search Committee

October 2019 - Present	*Graduate Student Representative* Sam Houston State University Diversity Committee
June 2018 - Present	*Graduate Student Representative* Texas Psychological Foundation Board of Directors
November 2018 - October 2019	*Treasurer* Latinx Graduate Student Organization of Sam Houston State University
July 2018 – August 2019	*President* Graduate Student Psychology Organization of Sam Houston State University
April 2019	- *Outstanding Graduate Student Organization* (April 2019) Office of Graduate Studies
June 2016 – July 2018	*Masters Vice President* Graduate Student Psychology Organization of Sam Houston State University
	- *Outstanding Graduate Student Organization* (April 2017) Office of Graduate Studies