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Examining intergenerational trauma and mental health supports within the Latinx community: A rapid review

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Examining Intergenerational Trauma and Mental Health Supports within the Latinx Community:

A Rapid Review

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Table of Contents

List of Figures

List of Tables

Abstract

Intergenerational trauma is a phenomenon experienced by many individuals including those within the Latinx community. This literature review examines the mental health challenges faced by Latinx youth, including depression, anxiety, and the impact of bicultural stress and discrimination. Additionally, the literature review discusses existing intergenerational trauma interventions such as the Intergenerational Trauma Treatment Model and a multi-tiered approach in schools. The current rapid review explored what methods have been evaluated to address the mental health needs of Latinx youth. After a search of databases, three studies were selected. The methodology and findings from each publication is briefly summarized, highlighting the influence of a humanistic school-based mental health counseling intervention and the effectiveness of an evidence-based practice called Show me FIRST. Limitations and implications for school psychologists' practices are discussed.

Examining Intergenerational Trauma and Mental Health Supports within the Latinx Community:

A Rapid Review

In 2021, Disney released the movie *Encanto*. *Encanto* is about a magical home with the magical Madrigal family living in it. When the house loses its magic, one of the granddaughters, Mirabel, must solve the mystery and bring back the magic. Looking past the magical story and the music, this story has a theme that touched many in the Latinx community. The Madrigal family experience intergenerational trauma; it is transmitted within the family, creating a toxic environment. Many Latinx individuals resonated with the theme and effects of the trauma (Avila, 2021). The popularity of *Encanto* and its theme of intergenerational trauma should be brought to the attention of individuals who work in schools, as many Latinx students may also be suffering from these internal struggles.

In 2017, the number of children in the U.S. of immigrant descent was 19.6 million; of those, 54.3% were of Latinx/Hispanic descent (*Immigrant Children - Child Trends*, 2017). According to Fry and Gonzales (2008), by 2050 more Latinx school-aged children than non-Latinx white school-aged children will live in the U.S. With research showing a dramatic increase in the Latinx/Hispanic population in the U.S., it is important to examine their struggles and develop evidence-based supports for Latinx youth. For the purpose of this literature review, two specific struggles will be examined. First, Latinx students may suffer from mental health difficulties such as depression, anxiety, and PTSD. Relatedly, trauma from one generation can affect the health and well-being of the following generations. This phenomenon, "*intergenerational trauma,*" includes historical trauma such as war and colonization, as well as early adverse events (e.g., abuse, parental incarceration, divorce, substance use). Disrupting the

cycle of intergenerational trauma is essential for future generations. Giving the trauma a voice

and educating those to help understand that past and present trauma can have long lasting effects.

Conceptual Framework

The conceptual framework displayed in Figure 1. represents the three main areas

explored in this research: intergenerational trauma, mental health in the Latinx community, and

Intergenerational trauma interventions.

Figure 1.

The purpose of this review is to examine how intergenerational trauma effects individuals, as

well as the struggles of the Latinx community and to identify interventions that may support

individuals with similar struggles.

Intergenerational Trauma

The effects of trauma-related events, such as political persecution, war and mass

violence, are not only experienced first-hand but can be passed down through generations

(Rowland-Klein & Dunlop, 1998). This phenomenon, intergenerational trauma, can be found in

families who have experienced trauma in severe forms. The Latinx community is not immune to this level of trauma. Communities throughout Latin America are experiencing and have expereinced widespread stressors: youth violence, organized crime, violence in communities and within families, among others (Chavez, 2004). Farina et al. (2020) examined the intergenerational trauma exposure among 49 El Salvadoran mothers by examining the number of adverse childhood experiences (ACES) that the mothers experienced as well as the number of ACES that their children experienced. Researchers clarified the intergenerational effects of childhood trauma by examining the relationships between maternal childhood and their children's traumatic experiences. The results of this study suggest that not only does the number of ACES that the mother experience impact the exposure of their children to adverse events, but certain ACES (e.g. verbal abuse, sexual abuse, or family incarceration) may have a greater impact on intergenerational trauma. Further, researchers found that the more traumatic experiences the mothers were exposed to as children, the more likely they were to report worse outcomes and interpersonal problems.

Often, individuals will find themselves "*stuck*" in collectivistic perspectives. Individuals may feel as if they are indebted to their parents for their risks and sacrifices in leaving their home country to start a new life. Further, they may fear failing their parents which in turn affects their decision-making process when making important decisions (Jeyasundaram et al., 2020). Others may blame their oppressors and their history for the state of well-being in their community. An ethnographic study on the Diné (Navajo) community, found themes of mistrust and anger among Diné youth and adults through in-depth interviews (Goodkind et al., 2012). A 14-year-old girl compared the aggressive behaviors of Diné youth (e.g. cussing, yelling) to those outside of their community. She believed that the children outside of the Diné community were happier than

those within the community. She attributed these behaviors to the history of her community. Similarly, a 31-year-old woman felt angry anytime the Diné history was mentioned. She shared a quote from her brother "If it weren't for the White people, we wouldn't have been alcoholics" while disclosing that her brother has an alcohol use disorder. The reactions to intergenerational trauma vary by person and the level of trauma may also impact these reactions. The response to historical trauma includes self-sabotaging behaviors, depression, anxiety, suicidality, and difficulty in coping skills.

Mental Health in the Latinx Community

Based on data from the Youth Risk Behavior Survey, 34% of Latinx adolescents reported depressive symptomology compared to 30% of Caucasian and 29% of African American adolescents (Kann et al., 2018). With a high prevalence and impacts of internalizing symptoms (e.g. high school drop-out rate, adult unemployment, teenage pregnancy; Clayborne et al., 2019), understanding the factors contributing to depressive symptoms among Latinx youth is crucial in order to develop school-based interventions to support Latinx youth from a young age.

Latinx youth may struggle with the pressure to adopt the values of their host society (i.e., acculturative stress) and pressure to keep the values and norms of their heritage culture (i.e., encultruative stress). This struggle is known as bicultural stress. Wasserman et al., (2021) examined the relationship between bicultural stress and internalizing symptoms among Latinx adolescents. This study was conducted in a predominately white community, a setting where levels of bicultural stress may be high. Researchers found that bicultural stress was positively related to depression and anxiety symptoms. Further, Latinx adolescents had higher rates of enculturative stress. Interestingly, the adolescents in this study reacted more strongly to bicultural stress which leads to higher internalizing behaviors. Latinx youth may feel pressured

by their family to remain true to their roots as well as pressure from their peers or their environment to acculturate. In turn, this is likely a major cause of depression, anxiety, etc. within this population.

An additional contributor to mental health disparities in the Latinx community is discrimination. During the first year of the COVID-19 pandemic, more than half of Latinx adults reported they experienced at least one of eight specific forms of discrimination (Pew Research Center, 2021). These forms of discrimination include: being called offensive names because they are Hispanic; being criticized for speaking Spanish in public; hearing a comment from someone that they should go back to their home country; personally experiencing discrimination or being treated unfairly because of their background, by someone who is Hispanic and by someone is not; being unfairly stopped by the police; people acting as if they were not smart; and fearing for their personal safety. While the participants in this survey were all above the age of 18, Latinx youth are not immune to discrimination. Brabeck et al., (2021), examined the relationship between discrimination and PTSD symptoms among first- and second-generation Latinx adolescents. Participants were given the *Adolescent Discrimination Distress Index* (ADI) to measure perceived discrimination. Items included themes of educational, peer, and institutional discrimination. Students were also asked questions to assess lifetime exposure to traumatic events. Results found that youth who perceived more discrimination were more likely to report Post Traumatic Stress Disorder PTSD symptoms. Interestingly, there was a stronger association between perceived discrimination and PTSD symptoms for female participants than for male participants.

With research suggesting heightened mental health concerns due to bicultural stress and discrimination of Latinx youth, further examination on how to support youth is essential. Latinx

youth, especially those who are immigrants or are children of immigrants, have some of the lowest rates of mental health utilization (Georgiades et al., 2018). Knowing that there are barriers to access of mental health care (e.g. communication and language barriers, community leadership, support systems, family cultural values, socioeconomic disadvantage, and community-wide distrust of systems; Rodriguez & Smith, 2020), professionals should take these into consideration when supporting Latinx youth.

Intergenerational Trauma Interventions

Since trauma is so often intergenerational, interventions to support healing should also be intergenerational, where treatment is focused on both caregivers along with children. Scott and Coping (2008) created The Intergenerational Trauma Treatment Model (ITTM) for treatment of complex trauma in childhood. This intervention included three phases (i.e., A, B, and C) over 21 sessions. Phase A includes trauma information sessions with the caregivers with the intended goal to develop caregiver empathy for their child's experience and reposition caregivers to be better able to provide their child with security and containment. This phase also seeks to improve caregiver self-regulation and disengage them from conflict with their child, and develop caregiver hope, self-efficacy and motivation for change. Phase B benefits both the child and caregiver; it includes empathy-building, emotional regulation, hope for the potential of breaking intergenerational patterns of trauma transmission, and increased positive interaction of parent and child. Finally, during Phase C, the child and therapist work together on processing trauma and attachment-related issues while the caregiver observes. Researchers note that the involvement of caregivers in this model is a strength (Scott & Coping, 2008). Breaking the cycle of intergenerational trauma can include parent/caregiver training and providing a nonjudgmental space where individuals can support and validate through shared experiences (Burke et al.,

2021). However, this intervention has a clinical approach and may not be feasible in a school setting.

In schools, a multi-tiered approach can be taken to provide trauma informed care to students. At the Tier 1 level, giving a name to the trauma by addressing social justice issues related to poverty and racism is a crucial step in the healing process (Goodkind et al., 2012). This cannot be done by one individual in the building but should be a collaborative, school wide effort among many individuals for the level of support to be impactful. Psychoeducational lessons or group counseling can be implemented for students who need further support at Tier 2. Finally, at the Tier 3 level individual trauma-focused CBT helps students understand how trauma affects themselves and their families (Larez et al., 2022). Because intergenerational trauma is a newer area of research, there is currently a lack of specific interventions and resources to support students experiencing intergenerational trauma. Further research should be done to continue the development of intergenerational interventions.

Purpose of Current Study

The purpose of this study was to examine the mental health supports developed or adapted for the Latinx community. This study focuses on school-based supports for Latinx youth.

A review of the literature revealed a broader question: What interventions have been evaluated to address the mental health needs of Latinx students which have been impacted by intergenerational trauma?
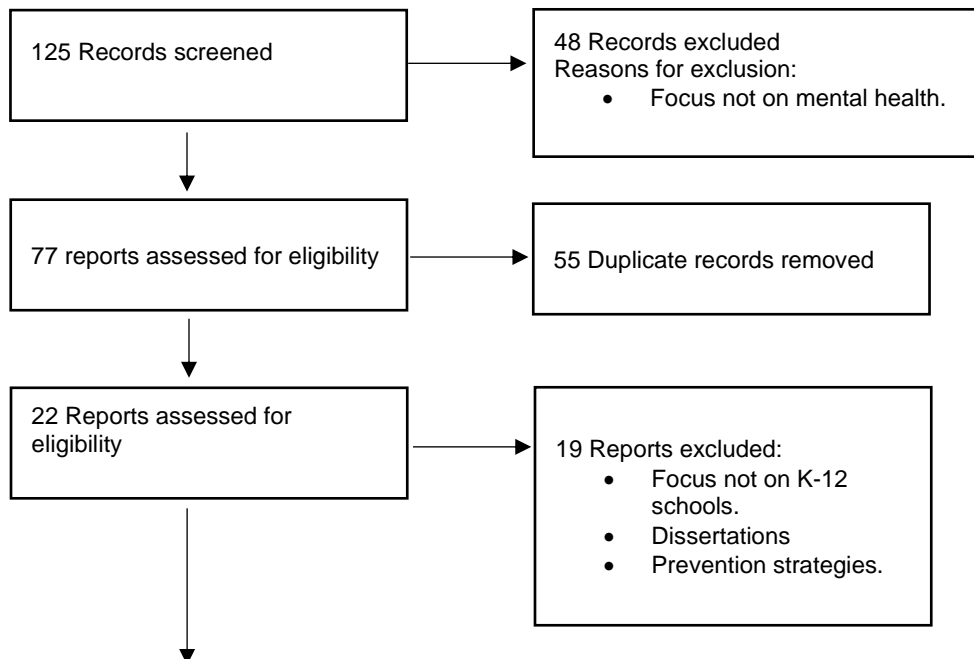
Methods

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines and flow diagram (see Figure 2) were followed. Approval from the James Madison

University Institutional Review Board was not required for this study. Inclusion criteria included

a publication date of 2012 and later, peer-reviewed, were interventions, and a specific and clear

focus on mental health supports for Latinx youth. Studies were identified by electronic databases

including: PsychInfo, PsycArticles, PsycTests, and PsycExtra. Specific search terms included

'Latinx students,' 'mental health,' 'trauma-informed care,' 'mental health services,' 'school-

based interventions,' 'trauma,' and 'Hispanic.' Studies were selected by a review of the title and

abstract in relation to search criteria. The researcher summarized the main findings from the

selected studies and their relation to other selected studies.

These searches yielded 125 results, which were reviewed by eliminating duplicates and

reviewing titles and abstracts for evidence that other inclusion criteria were met. After a

thorough review, only three publications met inclusionary criteria which the researcher

summarized and analyzed for themes.

Figure 2

PRISMA 2020 Flow Diagram Systemic Search for Rapid Review

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┌─────────────────────────────────┐
│                                 │
│    3 Studies included in review │
│                                 │
│                                 │
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Results

Characteristics of Publications

The participants, methods, interventions, and findings were described. Table 1 includes characteristics of the following interventions described below.

Risk of Bias

There is a risk of bias within study selection because this selection process was conducted by the researcher alone.

Study Findings

Borland et al. (2021) investigated the influence of humanistic school-based mental health counseling intervention (HSBMHCI) on Latinx students with behavioral and emotional concerns at three Title I elementary schools. Researchers noted that humanistic counseling utilizes techniques to promote self-awareness and self-acceptance to empower students towards a better appreciation of competence, autonomy, and relatedness. A single-group, time-series design was conducted over a 10-session period. Using the *Child Behavioral Checklist* (CBCL) and the *Teacher Report Form* (TRF), data were collected at three time points: pretest, midpoint following the 5th session, and posttest following the 10th session. Researchers aimed to examine change in the participants' scores for internalizing and externalizing behaviors per parent and teacher reports. Eighteen youth who identified as Latinx or Hispanic were included in this study. Researchers found that parent ratings indicated significant changes in participants' internalizing, externalizing, and total problem scores over the course of the 10-session intervention. However,

teacher ratings indicated no significant changes in internalizing, externalizing, or total problem scores.

Cho et al., (2021) conducted a small, randomized trial comparing Show me FIRST (Cho et al., 2020), an evidence-based practice, to usual care. Show me FIRST includes five components and is a six-session treatment for youth anxiety, depression, and behavior problems. The six sessions are: 1. Find Your Feelings (i.e., affective education and monitoring), 2. Initiate Problem Solving (i.e., systematic problem solving) 3. Relax Your Mind and Body (i.e., relaxation training) 4. Scan Your Thoughts (i.e., cognitive restructuring) 5. Try the Opposite (e.g., behavioral activation for depression, exposure for anxiety) 6. A final session to review skills and progress and to plan for ongoing skills use. Students who scored two or more standard deviations above their school norm on internalizing behaviors then completed the *Revised Children's Anxiety and Depression Scale* (RCADS). Additionally, parents of these youth completed the RCADS, and those with elevated scores on at least one of the subscales were informed of the treatment options. Students were randomly assigned to a treatment level: intervention or usual care (usual services provided for high-risk youth in these schools). Participants were 34 youths across nine middle schools. Of the 34 participants, 79.41% were white, 8.82% were Black, 8.82% were multiracial, 2.94% were Asian, and 11.76% were Latinx. At the end of the intervention period, students completed another RCADS. Additionally, treatment adherence was evaluated using the *Cognitive-Behavioral Therapy Adherence Measure* (CBTAM) where students and intervention providers rated components of Show Me First, alliance, and helpfulness. Results indicated that both providers and youth reported that Show Me First was useful, effective, and helpful based on the CBTAM. Independent samples t-tests comparing groups (intervention and usual care) on the RCADS (Total, $t(28) = 0.56$, $p = .582$,

g=0.24, Anxiety, t(28) = 0.35, p = .727, g=0.14, and Depression, t(28) = 1.02, p = .316, g=0.46,

scores and on the PHQ, t(28) = 1.86, p = .074, g=0.75) were nonsignificant.

Hoover et al., (2018), implemented and evaluated a statewide disseminated evidence-based trauma intervention, Cognitive Behavioral Intervention for Trauma in Schools (CBITS). CBITS is a school-based intervention to support students who have witnessed or experienced trauma such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters. CBITS is delivered as a Tier 2 or Tier 3 intervention within MTSS. The intervention consists of 10 group sessions, one to three individual sessions, two parent psychoeducational sessions and one teacher educational session. This intervention is designed to reduce symptoms of PTSD, depression, and behavioral problems and to improve functioning, grades and attendance, peer and parent support, and coping skills. A total of 350 children received CBITS. Of the 350 participants, 26.2% were Black/African American, 43.7% were White, 30.1% identified as other, and 66.9% were Hispanic/Latinx. Students were given the *Child PTSD Symptom Scale* (CPSS) and the *Ohio Scales* (used to measure problem severity of internalizing and externalizing behaviors) at intake and discharge of the intervention. Additionally, caregivers were given the *Youth Services Survey for Families* (YSS-F) to measure their satisfaction with the mental health services their child received. Results indicated that students showed marked improvements in PTSD symptoms and behavioral problems severity, t(311) 15.5, p < .001 (42% reduction; Cohen's d 0.878) and child problem severity, t(288) 6.65, p < .001 (25% reduction; Cohen's d 0.396). Of the 350 students who participated in the intervention, 96 parents completed the YSS-F. Overall, caregivers' general satisfaction with the CBITS treatment was very high.

Table 1

Characteristics of Interventions

Study	Intervention	Aim of Intervention	Length of Intervention
Borland et al. (2021)	Humanistic School-Based Mental Health Counseling Intervention (HSBMHCI)	Utilizes techniques to promote self-awareness and self-acceptance to empower students toward a better appreciation of competence, autonomy, and relatedness.	10-sessions
Cho et al. (2021)	Show Me First	Show me first is an intervention for youth anxiety, depression, and behavior problems.	6-sessions
Hoover et al. (2018)	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	A school-based intervention to support students who have witnessed or experienced trauma such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters. CBITS is delivered as a Tier 2 or Tier 3 intervention within MTSS. This intervention is designed to reduce symptoms of PTSD, depression, behavioral problems, and improve functioning, grades and attendance, peer and parent support, and coping skills.	10 group sessions, 1-3 individual sessions, two parent psychoeducational sessions, and one teacher educational session.

Discussion

The publications included in the current study aimed to identify methods that have been evaluated to address the mental health needs, impacted by intergenerational trauma, of Latinx students. Three qualifying articles included evidence-based interventions and were evaluated via teacher, provider, caregiver, and self-ratings.

Borland et al., (2021), examined the influence of HSBMHCI on Latinx students with behavioral and emotional concerns. Using the CBCL and TRF, data were gathered from caregivers between the pre-, mid-, and post-intervention. While caregivers indicated significant changes in the students' internalizing, externalizing, and total problem scores, teacher ratings did not show significant changes. Researchers note several possible explanations for this

discrepancy. It is possible that parents and caregivers are more aware of their child's behaviors, whereas teachers have roughly 20-25 children in their classes therefore it may be more difficult for them to identify any changes in behavior. Another explanation is that the HSBMHCI intervention targets family-related concerns and possibly decreases the child's difficulties at home. Finally, it is possible that the teachers in this sample lacked cultural awareness and were comparing the behaviors of their Latinx students to mainstream social- cultural norms.

While teacher and parent data were not collected, both providers and participants reported the Show Me FIRST intervention as effective based on the CBTAM (Cho et al., 2021). Within-group findings based on the RCADS were consistent with this; results suggested that there were significant pre- to posttest symptom improvements, suggesting that students rated the intervention and their provider as helpful and effective, and they observed improvements in their anxiety and depressive symptomology. When comparing the Show Me FIRST intervention to a usual care method, independent sample t-tests did not yield significant differences in terms of anxiety, depression, and overall problem scores based on the RCADS. Researchers noted that no reliable data were collected on the specific usual care services, and no data were collected on any outside services that students in the intervention condition may have been receiving. Unlike Borland et al. (2021) and Hoover et al. (2018), no parent data were collected to support these findings. Researchers note this as a limitation to their study.

Hoover et al. (2018) implemented and evaluated the CBITS intervention for students who have witnessed or experienced trauma. Students were given the CPSS to provide an overall trauma symptom score and the *Ohio Scales* to measure severity of internalizing and externalizing behaviors before and after the intervention implementation. Caregivers were given the YSS-F at the conclusion of the intervention. Results indicated marked improvements in PTSD symptoms

and behavioral problem severity observed in the students who received CBITS. Based on the YSS-F, caregivers were very satisfied with the CBITS treatment. More specifically, parents were satisfied with access to services, the cultural sensitivity of CBITS, service outcomes, and social connectedness. Unlike Cho et al. (2021), this study did not have a control sample or another intervention to compare CBITS with. Additionally, no parent data were collected prior to the intervention implementation therefore only student data were available to measure PTSD symptoms and behavioral problems severity.

Limitations

This study has limitations worth considering. This study included publications from 2012 to 2023, and it is possible that relevant studies published before 2012 were excluded. However, given the current scope of this study and trends in the profession, study findings before 2012 may not be appropriate. Additionally, the small sample size could possibly limit the generalizability of the findings. Furthermore, only peer-reviewed publications were included in this study. By including literature other than peer-reviewed articles (e.g. dissertations, conference papers, book excerpts, etc.) the sample size may increase and more valuable information could be provided. Moreover, this study did not include academic interventions, grief studies, studies including college-age students, mentoring programs, and prevention studies. While not relevant to the research question, these studies may include other applicable information in supporting Latinx studentsn. Finally, while these articles discuss mental health within the Latinx community there is a lack of articles on how intergenerational trauma may affect the Latinx community. Future researchers should consider examining the long-term outcomes of mental health interventions for Latinx youth.

Implications for School Psychologists

School psychologists should be proactive in seeking out and implementing effective mental health supports for Latinx students. The implementation and evaluation of mental and behavioral health services and interventions is one of the domains outlined by the National Association of School Psychologists (NASP, 2020). The current study identifies three interventions that have been evaluated. This review can further inform school-based teams including school psychologists on interventions to support Latinx students. NASP notes that school psychologists should use data to evaluate the effectiveness of the interventions implemented. This review highlights the methods researchers used to collect data.

Additionally, this review highlights the importance of home-school and teacher collaboration through the data collection method. NASP (2020) discusses the importance of using evidence-based practices to promote family and school partnerships to enhance learning, mental, and behavioral health outcomes for children and youth. Borland et al. (2021) and Hoover et al. (2021) collaborated with teachers and caregivers to gather information on the effectiveness of their mental health interventions. School psychologists should consider collaborating with school staff and families when implementing mental health interventions. When working with the Latinx population or students who may have experienced intergenerational trauma, school psychologists should consider the following:

- Barriers to mental health care can include communication and language barriers, community leadership, support systems, family cultural values, socioeconomic disadvantage, and community-wide distrust of systems.
- Latinx youth, especially those that are immigrants or children of immigrants, have some of the lowest rates of mental health utilization.

- Intergenerational trauma (including historical and early adverse events) is trauma from one generation that affects the health and well-being of following generations.

- Awareness of Eurocentric colonized foundations of helping and taking a multicultural approach when working with Latinx students.

Future Research

Future researchers should consider highlighting to voices of Latinx students and their experiences with mental health and/or intergenerational trauma. Additionally, future research should consider including holistic approaches to data collection including school, family, and community participation. This could allow for an opportunity to analyze school and home data together.

References

A.Larez, N., Yohannan, J., Crossing, A., & Diaz, Y. (n.d.). January/February 2022. *National Association of School Psychologists*. Retrieved February 23, 2022, from https://www.nasponline.org/resources-and-publications/periodicals/communiqu%C3%A9-volume-50-number-5-(january/february-2021)/understanding-and-responding-to-intergenerational-trauma.

Avila, Pamela. "What Disney's 'Encanto' teaches us about self-worth and overcoming intergenerational family trauma." *USA Today*, Gannett Satellite Information Network, 24 Dec. 2021, https://www.usatoday.com/story/entertainment/movies/2021/12/05/disney-encanto-teaches-us-about-self-worth-latinx-family-genertional-trauma/8804690002/.

Burke, J., Fitzhenry, M., Houghton, S., & Fortune, D. G. (2021). Breaking the cycle of intergenerational trauma: Evaluating the impact of parental adverse childhood experiences on parenting group outcomes using a mixed-methods approach. *Children and Youth Services Review*, *130*. https://doi.org/10.1016/j.childyouth.2021.106223

Evelyn Cho, Jenna Strawhun, Sarah A Owens, Siena K Tugendrajch & Kristin M. Hawley (2021) Randomized Trial of Show Me FIRST: A Brief School-Based Intervention for Internalizing Concerns, School Psychology Review, 50:1, 52-61, DOI: 10.1080/2372966X.2020.1836944

Clayborne, Z. M., Varin, M., & Colman, I. (2019). Systematic review and meta-analysis: Adolescent depression and long-term psychosocial out- comes. Journal of the American Academy of Child & Adolescent Psychiatry, 58(1), 72–79. https://doi.org/10.1016/j.jaac.2018.07.896

Farina, A. S. J., Kremer, K., Maynard, B., Mancini, M., Hershberger, L., & Boyd-Ramirez, A. (2020). Intergenerational trauma among families in El Salvador: An exploratory study. *Journal of Child & Adolescent Trauma*, *13*(4), 515–525. https://doi.org/10.1007/s40653-020-00310-4

Fry R, Gonzales S. One-in-five and growing fast: A profile of Hispanic public school

students. Washington, DC: Pew Hispanic Center; 2008.

Georgiades, K., Paksarian, D., Rudolph, K. E., & Merikangas, K. R. (2018). Prevalence of mental

disorder and service use by immigrant generation and race/ethnicity among U.S. adolescents.

Journal of the American Academy of Child & Adolescent Psychiatry, 57, 280–287.

doi:10.1016/j. jaac.2018.01.020

Goodkind, J. R., Hess, J. M., Gorman, B., & Parker, D. P. (2012). "We're still in a struggle": Diné

resilience, survival, historical trauma, and healing. Qualitative Health Research, *22*(8), 1019–

1036. https://doi.org/10.1177/1049732312450324

Hoover, S. A., Sapere, H., Lang, J. M., Nadeem, E., Dean, K. L., & Vona, P. (2018). Statewide

implementation of an evidence-based trauma intervention in schools. School Psychology

Quarterly, 33(1), 44–53. https://doi.org/10.1037/spq0000248

Hott, B. L., Brigham, F. J., & Peltier, C. (Eds.). (2021). *Research Methods in Special Education*. Slack

Incorporated.

Immigrant Children - Child Trends. (2017). Child Trends.

https://www.childtrends.org/indicators/immigrant-children

Jeyasundaram, J., Cao, L. Y. D., & Trentham, B. (2020). Experiences of intergenerational trauma in

second-generation refugees: healing through occupation. *Canadian Journal of Occupational

Therapy*, *87*(5), 412-422.

Jon R. Borland, J. Richelle Joe, Mary K. Perleoni, Coralis Solomon & Glenn W. Lambie (2021) Humanistic Counseling with Latinx Youth from Low-income Communities, Journal of Child and Adolescent Counseling, 7:2, 132-147, DOI: 10.1080/23727810.2021.1948269

Kann, L., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Queen, B., & Ethier, K. A. (2018). Youth risk behavior surveillance—United States, 2017 (Vol. 67). Centers for Disease Control and Prevention.

National Association of School Psychologists. (2020). The professional standards of the National Association of School Psychologists. https://www.nasponline.org/standards-and-certification/professional-ethics

Pew Research Center (2021) "Majority of Latinos Say Skin Color Impacts Opportunity in America and Shapes Daily Life"

Rodríguez, E. M., & Smith, L. (2020). Provider perspectives on stressors, support, and access to mental health care for Latinx youth. *Qualitative Health Research*, *30*(4), 547-559.

Rowland-Klein, D., & Dunlop, R. (1998). The transmission of trauma across generations: Identification with parental trauma in children of Holocaust survivors. *Australian & New Zealand Journal of Psychiatry*, *32*(3), 358-369.

Scott, K. L., & Copping, V. E. (2008). Promising directions for the treatment of complex childhood trauma: The Intergenerational Trauma Treatment Model. *The Journal of Behavior Analysis of Offender and Victim Treatment and Prevention*, *1*(3), 273–283. https://doi.org/10.1037/h0100449

Wasserman, A. M., Crockett, L. J., Temmen, C. D., & Carlo, G. (2021). Bicultural stress and

internalizing symptoms among US Latinx youth: The moderating role of peer and parent

support. *Cultural Diversity and Ethnic Minority Psychology*, *27*(4), 769–780.

https://doi.org/10.1037/cdp0000474.supp (Supplemental)