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HISPANIC IMMIGRANT PARENTAL MESSAGES OF RESILIENCY AND EMOTIONAL
REGULATION TO THEIR CHILDREN: AN EXAMINATION OF IMPORTANT
VARIABLES AND AN INTERVENTION

by

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ABSTRACT

This two-part study examined the adjustment of Hispanic immigrants. Part one examined the communication that occurs between Hispanic immigrant parents and their adolescents/young adults about life in the United States (U.S.). It also examined how attitudes toward the U.S. and various protective factors influence psychological adjustment. Hispanic immigrants ($n = 123$) with an average of 11 years living in the United States and their adolescents/young adults between the ages of 14-22 served as participants. For both parents and their adolescents/young adults, favorable attitudes toward the U.S. were associated with improved psychological adjustment. Contrary to prediction, attitudes toward the U.S. did not correlate with quality of life or life satisfaction for either family member. Further, results indicated that among adolescents/young adults, resiliency predicted positive U.S. attitudes, whereas among parents, openness to new experiences predicted favorable attitudes toward the U.S. Finally, parental views of the U.S. correlated positively with their adolescents'/young adults' views of the U.S. In an extension of the study, 37 Hispanic college students who were either immigrants or children of immigrants were randomly assigned to either a control condition or a psychoeducation condition. The psychoeducation condition focused on improving their emotional regulation and views of the United States. No significant differences were found among the groups.

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CHAPTER ONE: LITERATURE REVIEW

The United States' culture and history have been shaped by generations of immigrants. Excluding Native Americans, the population in the United States is a result of immigrant groups arriving from different geographical areas. Although the immigration policies of the United States have fluctuated from encouraging to restrictive, today the United States is a multiethnic and multicultural nation (Grob, 2008). Following the Second World War, new and progressive laws drove the diversification of the United States. These laws included the landmark Naturalization and Immigration Act of 1965 which removed many of the discriminatory immigration policies of the United States (Citrin, Lerman, Murakami, & Pearson, 2007). As a result, the origins of the foreign-born shifted from Europe in the 1960s (74%) to Latin America and Asia (80% in 2008; Kandel, 2011). In 2008, 38 million people in the United States were immigrants, comprising 12.5% of the United States population (Kandel, 2011). The current immigrant population, comprised of myriad groups, is the largest to date (Kandel, 2011). This growth largely is attributable to Hispanics, who account for more than half of the population growth from 2000 to 2010 (Pew Hispanic Center, 2011). Hispanics currently comprise 16% of the United States population (Humes, Jones, & Ramirez, 2011); this number is expected to increase due to continued immigration by those experiencing poverty and political instability in Latin America (Camarota, 2007).

The current immigrant population shares similar characteristics to previous European and Protestant immigrant populations, but also is distinct. The current population comes from different geographical regions and holds different cultural values than previous immigrant groups. As a result of these differences, it has been suggested that more recent immigrants may experience a greater culture gap between their native country and the United States (Smokowski

& Bacallao, 2007). Within the general population of individuals immigrating to the United States, a sizable portion is composed of children and adolescents (Passel, 2006; Rothe, Umariega, & Sabagh, 2011). In 2009, first generation individuals under the age of 18 composed 3.5% of all the children in the United States (Child Trends, 2011), and United States born children with at least one foreign parent comprise 19.7% of all American children (Child Trends, 2011). This is a sizable increase since 2000 (Child Trends, 2011). Further, immigrants have higher birth rates than the native-born population (Levine, 2009). With a quarter of all children in the United States being either foreign-born or children of those born outside the United States, immigrants are the fastest growing group in the United States and are expected to continue growing (Kandel, 2011; Levine, 2009). For example, this population increase has resulted in many school districts enrolling a majority of first and second-generation children (Shetgiri et al., 2009). Considering how large this immigrant population is and how much larger it is expected to become (Hernandez & Charney, 1998), further examination of immigrant and first-generation American children and adolescents is warranted to better understand their psychological adjustment.

The increased number of immigrants in the United States has resulted in concern and anxiety among some White Americans (Schrag, 2010). Overall, a review of polls found that Hispanic and non-White legal immigrants are not viewed favorably by large portions within the United States population (Cornelius, 2002; Simon & Lynch, 1999). Collectively, United States citizens have mixed views of immigrants, with most seeing immigration as an important historical facet of America that has driven the population and culture (Simon & Lynch, 1999). Most Americans, however, see older immigration groups more positively than the most recent immigrant groups (Simon & Lynch, 1999). This may explain, at least partially, why researchers

have found that United States citizens view immigrants from European and Canada more favorably than immigrants from Latin American (Brader, Valentino, & Suhay, 2008). Moreover, there likely are differences in how immigrants are perceived by citizens in traditional immigrant receiving states (e.g., New York) versus citizens in states that do not have a tradition of receiving immigrants (e.g., Alabama). Consistent with this, crimes against Hispanics and illegal immigrants have increased, but mostly in predominately European American neighborhoods (Allegro, 2010). This is not surprising in light of research indicating that racism and other common cognitive heuristics have long been associated with negative views of immigrants (Citrin et al. 1997; Johnson, 1996). These heuristics are not unique to any group and are suggestive of common human tendencies.

Another nuanced concern is that new immigrants are increasing crime and poverty rates in the United States, likely underscored by a failure to acculturate (Huntington, 2004). A historical overview shows that these concerns are neither new in American history nor isolated to any particular ethnic group (Schrag, 2010; Simon & Alexander, 1993; Simon & Lynch, 1999). Many of these concerns are related to economics, with some United States citizens believing, perhaps correctly, that immigrants are reducing wages, taking jobs away, and taxing limited resources such as the school and health care systems (Brader et al., 2008). The labor market competition theory has been a particularly popular theory dictating that those with lower socioeconomic-status are more likely to experience competition with immigrants and therefore have more negative views towards immigration (Abowd & Freeman, 1991). Related to this, some have speculated that xenophobia, or fear of outsiders or foreigners, may increase during economic recessions (Mayadas & Elliott, 1992). Consistent with this, researchers have found that negativity towards immigration was more related to general anxieties about the economy than

one's individual economic situation (Chandler & Tsai, 2001; Citrin, Green, Muste, & Wong, 1997).

Research suggests that many of the concerns about immigration are tied to symbolic concerns related to values and culture (Brader et al., 2008; Simon & Alexander 1993). Some argue that Hispanics, and Mexican immigrants in particular, are "contemptuous of American culture" and have little desire or drive to Americanize (Hungtinton, 2004, p. 254). This is perceived as being even more problematic because of the large and growing population of immigrant children, especially from Central and South America (Capps, Fix, Ost, Reardon-Anderson, & Passel, 2005). The perception is that American culture is being challenged by a growing population of immigrants unwilling to acculturate. In reality, Hispanics generally acculturate to values of the United States and to the English language with time spent in the United States and with subsequent generations (Harris, 1999; Portes, & Schauffler, 1994). Although some of these immigration and cultural concerns may be a result of overreaction and racism, some concerns about these immigrant groups may be warranted. Specifically, the higher absolute numbers of immigrants from different cultural groups with a greater number of children and adolescents suggests a larger cultural impact within the United States, and perhaps issues of adjustment.

<u>Stress–Vulnerability–Protective Factors Theory</u>

The current study is influenced by two theories that elucidate the adjustment of immigrants and their children. First, this study is influenced by the Stress–Vulnerability–Protective Factors Theory suggesting that psychological problems are a result of the balance between environmental and internal stressors as well as internal and environmental protective factors (Liberman, 1986). This theory is a modification of the Diathesis-Stress model and

focuses on the negative influence of stressors (Chang, Sanna, Hirsch, & Jerlic, 2010; Struwe, 1994). Stress is a subjective experience that involves physiological reactions (e.g., increased heart rate), as well as emotional (e.g., fear and anxiety), behavioral, and cognitive (e.g., racing thoughts) reactions to an event (Somerfield & MCrae, 2000). Stressors have been found to be associated with higher rates of psychopathology (Dohrenwend, 2000; Kendler, Karkowski, & Prescott, 1999; Vogel & Romano, 1999). Further, stressors in one's environment have been found to hinder normative development (Masten, Best, & Garmezy, 1990), lower the immune system, and make one susceptible to a number of physical illnesses (Lau, Hui, & Lam, 1996).

Stress models frequently have guided studies examining the adjustment of immigrants (Yakushko & Chronister, 2005; Yakushko, Watson, & Thompson, 2008; William & Berry, 1991), and there have been frequent concerns that stress may result in maladjustment (Handlin, 1951; Hovery, 2000). It should be stated, however, that the stress of immigrating may have been overemphasized in earlier research (Rodriguez, Myers, Mira, Flores, & Garcia-Hermandez, 2002). Researchers have suggested that any move (e.g., moving from Florida to California) may be stressful but that many other variables influence how stressful the move will be for the individual or family (Rodriguez et al., 2002). Researchers have found that for most immigrants moving to the United States is stressful, but that the magnitude of stress appears to be small (Rodriguez et al., 2002). This is not to imply that immigrants do not have stressors; rather there is likely broad variation in the stress level that immigrants experience.

The stressors that some immigrants experience have been widely examined. For example, research has shown that Latino immigrants in the United States have high levels of poverty, inadequate housing, and poor or non-existent healthcare (Capps et al., 2005; Ginzberg, 1991; Kataoka, Zhang, & Wells, 2002). In addition, marginalization commonly is experienced by

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immigrants in the United States (Trueba, 1998) and some are exposed to high levels of violence (Hammond & Yung, 1993).These stressors must be considered in perspective and, as stated, may not influence all immigrants equally. For example, for some working class immigrants, poor living conditions in the United States may likely be an improvement from living conditions in their country of origin. Consideration of the change in living standards is important because it may help to explain the stress, or relatively low levels of stress, that some immigrants experience.

Stressors, however, do influence individuals, and ignoring them is problematic. The influence of stressors may be particularly detrimental for children of immigrants. Second generation children or first generation children that arrived in the United States at an early age may suffer more from stressors due to not having comparative data about life in their parent's country of origin. In fact, some researchers suggest that immigrant children and adolescents are at a risk for serious problems due to these stressors (Bemak & Chung, 2002; Portes & Zhou, 1993). Although poverty and poor healthcare access have a negative impact on all individuals, they may have a greater impact on children and adolescents. These stressors may help explain why the high school drop-out rate for Hispanics is 24% (Chapman, Laird, & Ramani, 2010; Shetgiri et al., 2009). Although some of these students are likely accomplishing more in the United States than they would have in their home country, the high dropout rate is concerning, because it reduces their likelihood to secure employment. Additionally, stressors may influence the family system and have been shown to be associated with domestic violence (Yakushko et al., 2008). Finally, the stress of immigration may exacerbate dysfunctional parenting styles (Parke et al., 2004).

Despite these stressors, research has found that many individuals are resilient and can survive significant stressors (Hantman, Solomon, & Horn, 2003). Research examining individuals with high levels of stressors has found that some have better coping strategies, better problem-solving abilities, competencies, and resources that allow them to adapt and survive well in their environment (Chataway & Berry, 1989; Moos & Billings, 1982; Nesdale, Rooney, & Smith, 1997; Rutter, 1993). Researchers generally define an individual's ability cope or to be resilient as the ability to examine and purposefully try to change one's emotional, behavioral, or cognitive response to an event (Cicchetti, Ackerman, & Izard, 1995; Thompson, 1994; Vogel, & Romano, 1999). Hence, despite significant adversity, resilient individuals adjust and grow (Luthar, Cicchetti, & Becker, 2000). Given that a challenge of immigration is the ability to adapt successfully, examining how well immigrants are adjusting and what factors help or hinder their adjustment is worth exploring (Masten & Obradovic, 2006).

Several stressors and protective factors have been highlighted in the literature for immigrants. Bhugra (2004) suggested that immigrants have three specific periods of stressors and protective factors that warrant consideration: pre-migration, migration, and post-migration. Research shows that in pre-migration, pre-existing personality traits and skills (Bhugra, 2004; Bhugra & Ayonrinde, 2004), intelligence and problem solving skills (Chawarski & Nevo, 1997), and trauma (Fazel, Wheelr, & Danesh, 2005) are all associated with adjustment. During the migration process, loss or separation of family members (Pumariega, Rothe, & Pumariega, 2005) and step-migration or the migration of family members at different times (Suarez-Orozco & Suarez-Orozco, 2001) are all associated with adjustment issues. Finally, during post-migration, cultural gap and conflict (Bhugra & Ayonrinde, 2004), discrepancies between pre-migration expectations and post-migration experiences (Negy, Schwartz, & Reig-Ferrer, 2009),

discrimination (Trueba, 1998), the host society's attitudes towards immigrants (Besier, Hou, Hyman, & Tousignsant, 2002), acculturation style (Berry, 1997), and the diversity of the community in which immigrants settle (Eccles & Gootman, 2002) have all been associated with adjustment. Of importance is that social support and family functioning are protective factors throughout the migration stages (Yakushko et al., 2008). In addition, coping strategies (Larose, 2000) and certain personality traits and attitudes also are likely fundamental to adjustment. For example, openness to diversity and new experiences, and hardiness may be beneficial in the immigration process.

<div align="center">Triple Vulnerabilities Theory</div>

In examining the adjustment of immigrant children and adolescents, it is crucial to examine the family unit and, more specifically, the communication and teaching that occurs between parent and child. This is important because particular feelings and attitudes towards the United States, the home country, and the world in general typically are influenced by the messages received from parents. These messages have not been examined in previous research on immigrants despite their potential to help explain and even facilitate or hinder psychological adjustment. Importantly, communication and messages ought to be examined across multiple areas related to immigrants' adjustment in the United States.

The focus on the role of parental teaching or modeling is critical as immigrant parents can influence how their children perceive the United States, how they cope, and how they manage their emotions. Emotional regulation likely plays a role in the adjustment of these immigrants. This is consistent with the Triple Vulnerabilities Theory by Barlow et al. (2004). Barlow et al. argues that mood and anxiety symptoms are a result of emotional regulation challenges. Emotions and emotion regulation is a process related to evaluating and adjusting

emotional reactions in order to achieve goals (Thompson, 1994). Barlow et al. posits that emotional dysregulation is a result of (1) a general biological vulnerability, (2) a generalized psychological vulnerability, and (3) a specific psychological vulnerability resulting from learning.

There is ample evidence supporting the idea that modeling is crucial for learning how to regulate emotions (Thompson & Meyer, 2007). Children learn how to regulate their negative and positive emotions from their parents (Thompson & Meyer, 2007). In fact, emotion regulation is considered to be a protective factor and is essential for healthy adjustment in children and adolescents (Masten, 2004). This is consistent with Social Learning Theory which posits that individuals model the reinforcing behaviors they experience and witness others doing (Bandura, 1978).

All considered, it is apparent that a thorough examination of the experience of immigrants in the United States must include several pertinent variables as part of a complex relationship. The Stress–Vulnerability–Protective Factors Theory should help clarify and illuminate the adjustment of immigrants in the United States. In particular, the role cognitions, openness, psychological hardiness, and coping strategies must be included in any endeavor to understand the adaptation process of immigrants. Finally, as also driven by the Triple Vulnerabilities Theory, the parental role in the adjustment of immigrant children should be examined with a particular focus on emotion regulation. Several cross-cultural researchers have suggested that to understand the adjustment of immigrants, it is necessary to understand emotional regulation (e.g., Matsumato, Hirayama, & LeRoux, 2005).

A Review and Clarification of Acculturation and Immigration

A popular criticism of immigrant research is that it fails to examine or measure culture (Hunt, Schneider, & Comer, 2004). Culture is defined as "a unique meaning and information system, shared by a group and transmitted across generations, that allows the group to meet basic needs of survival, pursue happiness and well-being, and derive meaning from life" (Massumoto & Juang, 2010, p. 12). Viewing culture as a survival mechanism and as the means by which individuals derive meaning from their lives may help explain why some individuals in the United States feel anxious about new immigrant groups.

Associated with culture, acculturation has been defined as the changes that occur in an individual as a result of contact with a different culture (Berry, 1992, 1997; Gibson, 2001), and it has been studied extensively (Berry, 1992, 1997; Berry, Phinney, Sam, & Vedder, 2006; Burnam, Hough, Karno, Escobar, & Telles, 1987; LaFromboise, Coleman, & Gerton, 1993; Liebkind, 1996; Phinney & Flores, 2002; Redfield, Linton, & Herskovits, 1936; Rogler, Cortes, & Malgady, 1991; Rudmin, 2003; Shen & Takeuchi, 2001). Acculturation generally refers to changes in behaviors, attitudes, and emotions (Berry, 1992; Leersnyder, Mesquita, & Kim, 2011; Phinney & Flores, 2002). Most acculturation models today acknowledge that acculturation is an adaption that occurs within both the minority group and the dominate group (Schwartz, Montgomery, & Briones, 2006). Although acculturation models are constantly changing, there has been a consensus in the literature that, at least currently, acculturation should be examined from a multidimensional perspective (Rodriguez et al., 2002).

A focus in the research has been the importance of the acculturation style, or the attitude and behaviors that immigrants adopt toward a new society (Berry, 1989, 1997; Liebkind, 1996; Nesdale, 2002; Sands & Berry, 1993). Berry (1989) proposed that immigrants' acculturation

styles can be identified on two dimensions: the degree to which they maintain their cultural heritage and the degree to which they embrace or adopt the dominate culture. Theoretically, this may lead to four immigration styles: integration, assimilation, separation, and marginalization. An individual with an integration style maintains relationships with both cultures, whereas assimilated individuals reject their native culture for the dominate culture. Individuals with a separatist style accept only their native culture and reject the dominate culture. Finally, individuals with a marginalization style reject both cultures and may form or become part of a new subculture.

Some researchers have argued that this line of research is problematic because it assumes that there are only four acculturation types (Hunt et al., 2004; Rudmin, 2003). Further, this research assumes that acculturation is limited to two cultures and that elements of those cultures are mutually exclusive from one another (Hunt et al., 2004; Rudmin, 2003). In reality, cultures frequently influence one another. For example, a Mexican immigrant moving to Texas may never have lived in the United States but likely has been exposed and influenced by the media in the United States. Further, Texas and Mexico share a common heritage. Hence, the acculturation research has been criticized for simplifying a complicated process that is anything but two distinct cultures coming into contact for the first time (Rudmin, 2003). Critics of this line of research also have argued that there are no set definitions of acculturation and that the questionnaires used to measure it have poor psychometric properties (Hunt et al., 2004; Rudmin, 2003). One issue with measuring and defining acculturation is that it relates to so many other psychological, historical, and socioeconomic variables (Rothe et al., 2011). With this, there is an inherent, but mostly ignored, difficulty in measuring acculturation with a self-report questionnaire.

Researchers studying acculturation generally have assumed that the immigration experience is a stressful experience (Bartlett, 1970). For this reason, acculturative stress, or the psychological, somatic, and social difficulties that may accompany the acculturation process, also has been a popular topic in research (Hovey & King, 1996; Mena, Padilla, & Maldonado, 1987; Rothe et al., 2011; Sánchez & Fernández, 1993; Smart & Smart, 1995). Acculturative stress and how it relates to maladjustment has received much attention. It should be noted that researchers generally have found that most immigrants do well in the United States and have lower levels of distress than would be expected (Rodriguez et al., 2002). Acculturative stress, however, remains an important construct because of the wide variation in the adjustment and stress found among immigrants.

Many variables have been found to influence the level of acculturative stress within the United States. One of the most commonly studied is acculturation styles, with different styles resulting in more acculturative stress than others (David, Okazaki, & Saw, 2009; Ward & Kennedy, 1994). For example, those who reject both dominant and native cultures (i.e., marginalists) tend to suffer more acculturative stress (Sands & Berry, 1993). Some have questioned, however, whether this acculturative style is accurately defined given that it seems impossible that an individual could reject all cultural systems (Schwartz, Unger, Zamboanga, & Szapocznik, 2010). It may be the case that this acculturation style is actually measuring psychopathology or, perhaps, a particular response type. Although, theoretically, one could reject some cultural systems to create a different subculture, rejecting all cultural systems likely would result in psychological maladjustment.

Interestingly, researchers consistently have found that the integration and assimilation styles are associated with the least acculturative stress and are the most common among

immigrants (Van Oudenhoven & Eisses, 1998). This is consistent with the notion that most immigrants adjust fairly well to the United States and generally want to integrate within the environment. However, extant research has found that the relationship between acculturation style, acculturative stress, and adjustment is complicated. In a review of the literature, Smokowski and Bacallao (2011) concluded that high assimilation in adolescents is associated with increased alcohol use, psychiatric problems, and decreased familism. Based on the literature, they suggest that assimilation has a non-linear relationship with adjustment that is the theoretical equivalent of a "U" shape. Hence, these findings suggest that an integration style that integrates both cultural systems may be the best approach to acculturation. It should be noted that it is likely that many other variables influence these outcomes outside of acculturative styles.

Bicultural individuals present a special case in the argument for the integration approach to acculturation (LaFromboise et al., 1993; Smokowski, Rose, & Bacaalao, 2008). These individuals appear to have internalized both cultural systems and can maneuver between them (Haritatos & Benet-Martinez, 2002; Hull, Kilbourne, Reece, & Husaini, 2008; Schwartz, Zamboanga, Rodriguez, & Wang, 2007).This can be particularly beneficial in reducing isolation and engaging individuals from both cultures, ensuring a greater social support system within and external to the family. Biculturalism appears to be associated with less acculturative stress (Blanco-Vega, Castro-Olivo, & Merrell, 2008) as well as with greater life satisfaction (Chae & Foley, 2010; Ying, 1992). Biculturalism also is related with better family cohesion and adaptability (Smokowski et al., 2008). Some researchers have found biculturalism to be so important that they have made it a key component of their treatment in dealing with conflicted immigrant families (Szapocznik, Santisteban, Kurtines, Perez-Vidal, & Hervis, 1984).

The importance of biculturalism lies in how individuals perceive and relate to both cultures. Benet-Martinez, Leu, Lee, and Morris (2002) developed a scale to measure different dimensions of biculturalism. Their Bicultural Identity Integration (BII) scale to assesses how much cultural distance or harmony biculturals perceive that their two cultures have. Those who obtain higher scores on this scale perceive themselves as having formed a new culture that combines both cultures harmoniously (Benet-Martinez & Harritatos, 2005). Moreover, those who obtain higher scores on this scale have better psychological outcomes (Chen, Benet-Martinez, & Bond, 2008; Smokowski & Bacallao, 2007; Smokowski & Bacallao, 2011), including more host-country friends (Mok, Morries, Benet-Martinez, & Karakitapoglu-Aygun, 2007), and have greater psychological flexibility and openness (Benet-Martinez, Lee, & Leu, 2006). However, it is unclear whether being bicultural increases one's cognitive flexibility, or if those who are already cognitively flexible (and perhaps more intelligent) are more likely to endorse and become bicultural. Further, researchers have found that those who viewed their cultures as distant were more cognitively rigid, as well as more likely to live in a homogeneous community (Nguyen & Benet-Martinez, 2007). Moreover, those who viewed both cultures as conflicting were more likely to score higher on neuroticism and report experiencing discrimination and intercultural conflicts (Nguyen & Benet-Martinez, 2007).

<center>Differences among Immigrants</center>

In light of significant differences between groups, it is imperative that that different factors associated with immigrants be considered when conducting acculturation research. Legal immigrants are composed of individuals who are granted legal permanent residence in the United States (Yakushko et al., 2008). Refugees, however, enter a country due to persecution or fear and are unable or unwilling to return to their home country (Mulder et al., 2001). There also are

sojourns or individuals who enter the country for a short period of time with no desire to maintain residency (Ward, Bochner, & Furnham, 2001). Finally, illegal or undocumented individuals encompass individuals who enter illegally or individuals who overstay their visa (Mulder, et al., 2001). Almost all media attention has been on illegal immigrants who enter the United States from the southern border. A significant percentage of illegal immigrants in the United States, however, are individuals who overstay their visa (Mulder et al., 2001). It is essential to distinguish between immigrant groups in outcome studies (Stevens & Vollebergh, 2008) because grouping them results in meaningless comparisons between immigrants and non-immigrants. One can expect, for example, marked differences between refugees who were forced to leave their country due to war and trauma and voluntary immigrants that chose to leave their country to seek a better life. Refugees would have different attitudes towards the United States than voluntary immigrants due to previous trauma, and the fear and instability associated with the trauma (Almqvist & Broberg, 1999). Cross-cultural research has found that 1 in 10 refugees meet criteria for PTSD with many more having sub-threshold criteria (Fazel et al., 2005). This finding, however, is not true of other immigrant groups.

Pre-migration and Migration Stressors

Overall, there are a number of stressors warranting examination that influence the adjustment of immigrants. Pre-migration stressors that may have influenced the decision to migrate have been found to negatively influence adjustment (Fenta, Hyman, & Noh, 2004; Thapa, Dalgard, Claussen, Sandvik, & Hauff, 2007). The most studied pre-migration stressor is trauma as a result of exposure to violence, persecution, war, or all three (Hermansson, Timpka, & Thyberg, 2003; Rothe et al., 2002). It is likely that pre-migration stressors interact with post-migration stressors to create poorer outcomes. Birman and Tran (2008) studied the adjustment of

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Vietnamese refugees ($n = 212$) in the United States and found that pre-migration trauma exposure was associated with increased anxiety, while post-migration stressors were related to depression and less life satisfaction. It should be noted that the most significantly negative stressors are generally associated with being a refugee and that the majority of immigrants who arrive in the United States have not encountered these stressors.

Most immigrants will experience, however, the stress of leaving family members behind during the immigration process (Pumariega et al., 2005). Although families frequently migrate together, they likely leave behind extended family members. In addition, step-migration, a common migratory pattern, has been associated with maladjustment and distress (Suarez-Orozco & Suarez-Orozco, 2001). In step-migration, family members move into the United States in different stages. Generally, one parent arrives first in order to secure employment and housing before the rest of the family arrives. In a study on adjustment, half of the immigrant adolescents reported being separated from at least one parent in the process of moving to the United States (Suarez-Orozco & Suarez-Orozco, 2001). Moreover, Mitrani, Santiesteban, and Muir (2004) examined Hispanic adolescents ($n = 96$) who were in therapy and found that 21 had gone through parental separation during migration. In this situation, a child or adolescent is faced with the stress of having limited contact with at least one parent, uncertainty and fear of moving to a different country, and perhaps a sense of upcoming loss. It is not surprising that those children and adolescents may be more likely to develop problems.

In addition, discrepancies between immigrants' expectations and reality in the United States also can produce stress (Bhugra & Ayonrinde, 2004; Parker & Kleiner, 1966). Negy, Schwartz, and Reig-Ferrer (2009) found that among Hispanic immigrants ($n = 112$), unfulfilled pre-migration expectations were predictive of acculturative stress. Consistent with this,

researchers also have found that those who experience a decline in their social status are prone to stress (Gilbert & Allan, 1998; Nicklett & Burgard, 2009). This may be a result of identity conflict and a lack of perceived power. Feeling powerless has been found to be negatively related to adjustment (Dalgard, Thapa, Hauff, Mccubbin, & Syed, 2006). Individuals who move to the United States expecting success may feel disenchanted when their goals are not immediately attained.

Acceptance by society and, inversely, perceived discrimination also are associated with the adjustment of immigrants. Overall, the research has shown that perceived discrimination is linked to health problems (Finich, Kolody, & Vega, 2000) and is as deleterious to health as the more commonly studied stressors (Kessler, Mickelson, & Williams, 1999). The association between discrimination and poor outcomes has been examined cross-culturally. Mak and Nesdale (2001) studied 372 Chinese immigrants in Australia and found that immigrants had relatively high levels of distress if they perceived discrimination in their environment. Distress was mitigated by high self-esteem and having friends from the dominant society. In addition, it seems possible that those who have been victims of discrimination may be more prone to perceive other situations as discriminatory , resulting in further withdrawal from society. Missinne and Bracke (2010) compared 23 European countries and found that the relation between immigration and depression was moderated by perceived discrimination. Perceived discrimination also has been found to negatively influence adolescents cross-culturally (Jasinskaja-Lahti & Liebkind, 2001; Neto, 2009).

In the United States, perceived discrimination has been found to be a significant stressor for immigrants irrespective of age (Shattell et al., 2009). For example, perceived discrimination has been found to be related to acculturative stress and symptoms of anxiety among pre-

adolescent Hispanics (Suarez-Morales & Lopez, 2009). Discrimination also was listed by Latino

middle school students as a mental health stressor in their lives (Garcia & Lindgren, 2009).

Perceived discrimination also may have a significant impact on acculturating adolescents by

influencing their emotions towards the United States and therefore their acculturative style.

Feelings of marginalization and disengagement are problematic and may be driven by

discrimination. Social Identity Theory (SIT; Tajfel & Turner, 1979) suggests that the tendency to

identify with the dominant culture is a result of how much individuals feel accepted and form

meaningful relationships within the new culture. If immigrants feel that the host society is

unwelcoming and discriminatory, they may decide to reject the dominate culture and associate

with individuals who feel equally rejected. It is not surprising that bicultural individuals who

report having experienced discrimination also are likely to see their cultural identities as

conflicting (Nguyen & Benet-Martinez, 2007). These studies suggest that discrimination has a

fundamental role in the degree to which immigrants integrate into the larger society and manifest

maladjustment.

<u>The Adjustment of Immigrant Adults in the United States</u>

Considering the extent to which migration occurs around the world as well as the many

stressors associated with immigration, examining the link between immigration and mental

health is important. There is extensive research on this topic with early models endorsing the

idea that increased stressors resulted in maladjusted immigrants (Bhugra, 2004; Lazarus &

Folkman, 1984). Early studies in the United States found that immigrants had higher rates of

psychological disorders and distress than the native born. For example, Odegaard (1932) found

that Norwegians who migrated into the United States were diagnosed with schizophrenia at

higher rates than Norwegians who did not migrate. A review of historical records found high

rates of psychiatric hospitalization for the different immigration groups throughout United States history, including the Irish and Eastern Europeans (Grob, 2008). Appleby, Luchins, Freels, Smith and Wasmer (2008) found that in 1900, a third of all psychiatric hospitalizations were immigrants. It bears noting that some of these hospitalizations may have been a result of racism and discriminatory policies held by the public and the government against these groups (Kirmayer et al., 2010). Moreover, several researchers have highlighted how different cultural norms, including religious expressions, often have been interpreted inaccurately as psychosis among immigrant groups (Kirmayer et al., 2010; Littlewood & Lipsedge, 1981).

By contrast, more recent research has found that immigrants in the United States have fewer psychological problems than both native-born and the native-born of similar cultural background (Alegria et al, 2008; Breslau, Borges, Hagar, Trancredi, & Gilman, 2009; Breslau & Chang, 2006; Grant et al, 2004; Veg & Sribney, 2011). This has been coined the "immigrant paradox" (Breslau et al., 2009). Grant et al. (2010) used a large sample ($n = 43,093$) from the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) to examine Mexican immigrants' lifetime prevalence of DSM-IV psychiatric disorders. They found that United States-born and foreign-born Mexican Americans had lower rates of any psychiatric disorder (36.7%) than United States born and foreign-born non-Hispanic Whites (51.2%). Further, regardless of ethnicity, those who were foreign-born had lower rates of any disorder (28.5% for Mexicans, 32.3% non-Hispanic White) than United States-born (47.6% for Mexicans and 52.5% non-Hispanic White). It should be noted that these results have been found by other researchers (Escobar, Nervi, & Gara, 2000) but not by all (Moyerman & Forman, 1992). However, there is extensive support for the idea that current immigrants are healthier overall on some dimensions than the native-born in the United States. Appleby et al. (2008) examined

Illinois public hospitalization records from 1993, 1998, and 2003 and found that the foreign-born inpatient population was increasing but was still considerably lower than the native-born population. Interestingly, this paradox also has been found with physical illness (Hummer, Powers, Pullum, Gossman, & Frisbie, 2007; Stern &Wei, 1999; Wei et al., 1996). A recent study found that even when controlling for socioeconomic-status, immigrants in North America had lower rates of strokes than native-born individuals (Saposnik et al., 2010). These studies offer compelling evidence that some immigrants possess unique characteristics that buffer them from certain stressors.

<u>The Adjustment of Immigrant Children and Adolescents in the United States</u>

Immigrant children and adolescents also appear to hold these protective characteristics. Overall, research has found that they have better psychological outcomes in the United States than their second and third generation peers (Aronowitz, 1992, 1984; Oppedal, Roysamb, & Heyerdahl, 2005). For example, the National Longitudinal Study of Adolescent Health (ADD Heath) with a nationally representative sample of adolescents ($n = 20,000$) examined physical, emotional health, and risky behaviors (e.g., violent behavior, age of first sexual experience, substance use) and found that first generation youths had healthier adjustment than native-born peers (Harris, 1999). It should be noted that these results may have been a result of socio-economic status. Further, one of their outcome measures (i.e., age of sexual debut) is a questionable index of adjustment. However, across groups there is a general finding that immigrant youth appear healthier than native youth (Harris, 1999). Further, in one of the most commonly viewed metrics for a child's adjustment, academic achievement, research confirms this healthy adjustment. First generation immigrants have grades that are at least as high as the native-born (Kao & Tienda, 1995). Extant research has shown that first generation adolescent

immigrants have lower levels of delinquency and that some outperform their second and third generation peers (Hu-Dehart & Coll, 2010). It should be noted that these results may not apply to all immigrants groups and that the connection between immigrant youth and school performance may be mediated by positive feelings towards school. In fact, researchers have found that immigrant children and parents have more positive feelings towards school and value education more (Hu-Dehart & Coll, 2010).

One caveat to healthy adjustment in immigrant children and adolescents noted in the literature pertains to the age at which migration occurs (Algeria et al., 2007). Breslau et al. (2007) reported no health differences in immigrants who arrived prior to age 13 in comparison to the native-born in the United States. However, when Breslau et al. (2009) examined the rates of mood and anxiety disorders among immigrants, they found that the rates of mood disorders were lower among individuals from Mexico, Eastern Europe, Africa and the Caribbean in relation to their United States born counterparts, but only if they arrived at 13 years of age or older. They found no differences in disorders among foreign-born and native- born individuals from Western Europe and Puerto Rico regardless of the age they arrived. This pattern has been confirmed for Puerto Ricans and also has been found for Cubans (Alegria, Canino, Stinson, & Grant, 2006; Ortega, Rosenheck, Alegria, & Desai, 2000). The researchers suggest that the levels of mood disorders common among different immigrants groups who arrived before the age of 13 is suggestive of common enculturation pathways within the United States.

Notably, many outcome studies appear to focus on very specific variables (e.g., substance abuse, sexual experience) that may not be indicative of overall maladjustment. There is a question of whether an acculturated youth who has consumed alcohol and/or had sexual intercourse is less "adjusted" than a less acculturated youth who has not engaged in those

behaviors. Further, although some researchers have found that acculturation is correlated with some maladjustment measures (Escobar, 1998; Vega et. al., 1998), researchers would generally benefit from taking a broader view of adjustment. For example, it may be the case that more acculturated immigrants have more positive views towards the environment, hold more positive views towards sexual minorities, are more accepting of racial minorities, and are less likely to engage in domestic violence. These changes may be a result of accepting more Americanized views, and likely would be beneficial. By examining only certain outcome variables (e.g., substance use or age of sexual debut), the full picture of an immigrant's adjustment is not clarified.

<div align="center">Protective Factors: United States</div>

Researchers have found in outcome studies that immigrants in the United States have better outcomes, in a number of domains, than immigrants in other nations. For example, inconsistent with the outcomes studies in the United States, research has shown that immigrants in Europe consistently have higher levels of substance abuse, hospitalization, and mood disorders than those in their respective countries (Carballo, Divino, & Zeric, 1998; Carta, Bernal, Hardoy, & Haro-Abad, 2005; De Jong. 1994; Liebkind, 1996; London, 1986). Similarly, Lipsicas, Makinen, Wasserman, and Apter (2010) studied suicide attempts in 20 countries in Europe among 56 immigrant ethnic groups. They found that 27 of those groups had higher rates of suicide, 25 had similar rates, and only four had lower rates than the native-born. Research in the middle east also has yielded results indicating high rates of psychological problems among their immigrant population (Aroian & Norris, 2003; Ponizovsky, Safro, Ginath, & Ritser, 1997; Ponizovsky & Ritsner, 2004; Ritsner, Modai, & Ponizosky, 2000; Zilber & Lerner , 1996). As previously discussed, it may be that some of these findings result from a higher proportion of

refugees with significant trauma history. All considered, cross-cultural research of immigrant adjustment indicates relatively favorable outcomes for those in the United States.

Another factor that may help to buffer psychological distress among immigrants is the United States' immigration history (Vega & Amaro, 1994). Consistent with this idea, research has found that immigrants do better and integrate faster in countries with traditions of immigration, such as the United States, than in counties without an extensive history of accepting immigrants (Besier et al., 2002; Stevens & Vollebergh, 2008). This suggests that a nation's attitude towards immigrants may help shape the acculturation pattern of those entering their country. Perceived acceptance from an environment likely contributes to immigrants viewing the host culture more positively. Conversely, those affected by discrimination or negative attitudes may be less likely to embrace that culture.

Receiving countries like the United States have pre-existing social support systems (from our diverse immigrant population) that likely make adjustment easier for immigrants. Although immigrating to the United States certainly can be stressful, historical and cultural variables likely allow immigrants to adjust relatively easy to the United States. For example, it is likely that the level of acculturative stress is higher for a United States citizen moving to China (or many other nations in the world) than for a Chinese citizen moving to the United States. It is easy to criticize the United States' immigration policies as being imperfect. It should be noted, however, that the general pattern of the United States has been of accepting immigrants. Although the United States is frequently romanticized as being a desired location for immigrants due to individual freedoms, the main drive for most immigrants is likely financial opportunities and a general accepting environment.

Protective Factors: Community

Among immigrants in the United States who struggle with the acculturative process, community often is an influential variable. Adjustment and acculturation are not isolated from the environment and the United States is large enough to provide a plethora of environments with different levels of acculturation, acceptance towards immigrants, and accessibility to resources. For example, recent statistics have shown that out of 3,143 counties in the United States, 348 had a majority of minorities (Humes et al., 2011). Acceptance towards immigrants and acculturation within the community in which immigrants reside can help or hinder their adjustment (Blanco-Vega et al., 2008). It should be stated that the community likely offers positive and negative influences.

Immigrants arriving in minority dominated communities may find more social support and feel more validated. Researchers have found that a supportive community can help build resiliency in immigrant families (Blanco-Vega et al., 2008) by helping them acquire resources (Park-Taylor, Walsh, & Ventura, 2007) and by, perhaps, giving them a sense of belonging (Cardoso & Thompson, 2010; Eccles & Gootman, 2002; Tan, 1999). In contrast, minority communities also may increase poor outcomes (Catterall, 1998). With fewer resources and higher rates of poverty, immigrant children and adolescents may be more likely to be exposed to negative rather than positive social influences. Although there likely are supportive immigrant communities' immigrants may be eager to leave such communities in order to seek more resources and better opportunities. It may also be the case that immigrant communities are helpful during the initial arrival period but become limiting and have negative effects on immigrants over time.

Immigrating into a diverse, multicultural location is associated with better adjustment and subjective happiness (Le, Lai, & Wallen, 2009). A multicultural environment can be measured objectively by measuring the population or by asking individuals their perceived community diversity (Le et al., 2009). Generally, it is defined as having no group that makes up 50% of the population (Graham, 2006). Ramirez (1983) suggested that an environment that is diverse and multicultural may help individuals develop many positive traits, including cognitive flexibility, an ability to adapt, and empathy. Exposure to diversity has been associated with increased empathy and acceptance. For example, exposure to an ethnically diverse roommate in college dorms has been shown to increase overall acceptance and empathy (Duncan, Boisjoly, Levy, Kremer, & Eccles, 2003).

Research has found a positive relationship between perceived multiculturalism and adjustment. Le et al. (2009) examined the role that multiculturalism has on subjective happiness of ethnic minority and immigrant youth ($n = 338$) and found that perceived multiculturalism was associated with greater subjective happiness. It should be noted, however, that due to the correlational nature of this study many other variables could have explained these findings. Further, Tan (1999) examined Mexican American 8th−11th graders ($n = 258$) and found that perceived multiculturalism was associated with the perception that schooling was beneficial and that staying in school was an important goal. Juvonen, Nishina, and Graham (2006) found that African American and Latino students in 11 public middle schools reported feeling safer, experienced less harassment by peers, had higher self-worth, and felt less isolated when they perceived their classrooms as being diverse. It appears that the level of diversity and acculturation of a community play an important role in immigrants' experiences.

Protective Factors: Cultural Characteristics and Selective Migration

Several hypotheses exist that possibly explain why immigrants generally have good psychological outcomes irrespective of their stressors (Stern &Wei, 1999). Some have suggested that immigrants have unique protective factors that allow them to adjust well regardless of adversity (Bender & Catro, 2000). Another explanation is that those who elect to move to another country are healthier than most before they leave and hold certain characteristics that allow them to deal well with stressors (Altai, Najman, Shuttlewood, Williams, & Bor, 2003; Bhugra, 2004; Stern &Wei, 1999). Collectivism has frequently been cited as a possible explanation for these findings (Stern &Wei, 1999). It should be noted that assuming that a particular cultural characteristic is present without measuring it is presumptuous. Moreover, the collectivism construct has been criticized as simplifying cultural dimensions and research on collectivism versus individualism has been inconsistent (Takano & Osaka, 1999).

One popular speculation of these positive findings about immigrants is that immigrants are not necessarily healthier, but may simply move back to their home country once they become ill (Palloni & Arias, 2004). This would be facilitated further by closer proximity to their home country (e.g., in the case of some Latin Americans) than previous immigrants (Entorf & Minoiu, 2005). Immigration laws also are important to examine because they may result in a restricted sample, suggesting that those who move to the United States are healthier than the overall population. Although immigration laws do allow many diverse groups to migrate, they restrict the migration of vulnerable individuals, making it less likely that mentally ill immigrants would enter the United States (Bhugra & Ayonrinde, 2004). Although proximity to the home country, as well as structural laws may explain some of these findings, overall these ideas represent

speculation at best. There likely are other explanations for the improved health among immigrants.

It is often forgotten that for many immigrants, there is a substantial increase in their quality of life in the United States in comparison to their home country. For example, in most of Latin America, access to education is largely restricted by income, whereas United States citizens have access to federal loans and low income grants (Pell Grants). Jobs in the United States also are higher in pay and offer more "perks" (e.g., shorter work days, paid vacation). Finally, the United States has civil liberties (i.e., protections from the government) and civil rights (i.e., protection given by the government to ensure equality) that most citizens in Latin American countries do not have. Racism and discrimination is found everywhere and without legal and governmental protection, there is little a Latin American citizen can do if they encounter discrimination. These differences likely result in immigrants who are happier overall in the United States than in their home countries. It is likely that, even with major obstacles, most immigrants would rather stay in the United States than move back to their home country.

<div align="center">Protective Factors: Social Support and Family Cohesion</div>

It seems probable that those who decide to immigrate have some characteristics that distinguish them from those who decide not to move, such as social support. Migration is a major life decision and one that likely is driven by multiple factors. Those willing and able to move likely feel more support than those who decide not to move. In fact, it appears that one of the major protective factors for first generation immigrants is social support (Antshel, 2002; Oppedal, Roysamb, & Sam, 2004; Oznobishin & Kurman, 2009). Cross-culturally, family relationships have been found to reduce the stress associated with immigration (Aroian & Norris, 2003; Birman & Taylor-Ritzler, 2007; Bhugra, 2004; 2005; Degarmo & Martinez, 2006; Landale

& Oropesa, 2007; Mak & Nesdale, 2001; Slonim, Mirsky, Rubinstei, & Nauck, 2009; Viswesvaran, Sanches, & Fisher, 1999). Further, parental support has been found to deter psychological distress in children (Blanco-Vega et al., 2008; Umana-Taylor & Updegraff, 2007), help build resiliency (Parra-Cardona, Bulock, Imig, Villarruel, & Gold, 2006), and serve as a protective factor in high risk environments (Pumariega et al., 2005; Rice, Harold, Shelton, & Thapar 2006; Shek, 2005).

Some have suggested that the importance placed on family by many Hispanics may help protect them from significant stressors during immigration (Bender & Catro, 2000; Castro et al., 2007; Parra-Cardona et al., 2006; Rodriguez & Brindis, 1995). Hispanics are believed to support values consistent with high family cohesion, loyalty, connectedness, respect, solidarity, and interdependence (Padilla & Villalobos, 2007; Triandis, Bontempo, Villareal, Asai, & Lucca, 1988). For example, researchers found that Hispanic adolescents are more likely to state that relatives are more important than friends than Blacks and non-Hispanic White American adolescents (Yan, Beck, Howard, Shattuck, & Kerr, 2008). Family may allow for a smoother transition in a new environment by keeping constant an individual's cultural value system (Cardoso & Thompson, 2010; Thompson & Gurney, 2003). It is likely that some researchers romanticize familism and ignore that familism varies by ethnicity, socioeconomic status, and nationality (Almeida, Molnar, Kawachi, & Subramanian, 2009). Finally, it may be the case the immigration process brings families together, regardless of ethnicity or nationality.

Some have speculated that social support may help to explain why immigrant children and adolescents do well academically (Suarez- Orozco & Suarez-Orozco, 2001). The Longitudinal Immigrant Student Adaptation Project (LISA; Suarez- Orozco & Suarez-Orozco, 2001) found that immigrant families who are close push their children to succeed. These results

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are problematic, however, in that they do not address social or economic differences. There may be differences among immigrants in different social classes with respect to their educational goals for their children; it also may be the case that high educational aspirations are found among most immigrants considering the limited educational opportunities found in many other countries. Other researchers also have found that immigrant parents are highly involved in promoting school (Chavkin & Gonzalez, 2000; Suarez-Orozco & Suarez-Orozco, 1995; Raleigh & Kao, 2010). Raleigh and Kao (2010) found that immigrant parents are more optimistic about their children's educational trajectories than are native-born parents and that over time they are more likely to maintain consistently high aspirations for their children. After controlling for socioeconomic status, they found that Hispanic, Black, and Asian immigrant parents have consistently higher educational expectations for their children than native born parents. Raleigh and Kao (2010) concluded that high educational expectations are common among all immigrant groups. A significant weakness of the study by Raleigh and Kao is they only examined expectations and not outcomes. It may be the case that most immigrant parents have high expectations but that those with higher socio-economic status are more likely to produce high achieving students. These parents would be able to help their children with school material and may be more likely to push their children to do the necessary work to enter college.

Some researchers have expressed concern that family conflicts and distance may result in more problems for Hispanics than for other groups (Markides & Coreil, 1986). In particular, isolation may be more detrimental for Hispanics and other collectivistic cultures that value family closeness (Chang et al., 2010; Queralt, 1993; Yang & Clum, 1994). These assertions seem suspect considering the conflicting research on collectivism (Takano & Osaka, 1999). Instead, it seems more probable that family conflicts influence all cultures and may be more problematic

during the initial immigration due to other stressors. In general, family problems have been found to be related to child psychiatric problems (Rae-Grant, Thoms, Offord, & Boyle, 1989). For adolescent immigrants, low levels of family functioning have been associated with acculturative stress, depression, and conduct issues (Gonzales, Deardorff, Formoso, Barr, & Barrera, 2006; Hovery & King, 1996). However, due to the correlational nature of these studies, causation cannot be determined.

Some researchers claim that increased time spent in the United States is deleterious to immigrants (Gil, Wagner, & Vega, 2000; Hwang & Wood, 2009) and the mechanism for this is suspected to be poor family functioning. In particular, increased family distance, communication problems, and less social support, are all believed to explain negative psychological outcomes and are believed to increase with time (Driscoll, Russell, & Crockett, 2008). The research shows that by second or third generation there are more family conflicts and behavioral problems among Hispanics (Harker, 2001; Rodriguez & Weisburd, 1991). Further, other researchers have found that by the third generation, Mexican American youth have more problems than non-Hispanic Whites in the United States (Hernandez & Charney, 1998). It should be stated that these results may be a function of socio-economic status and poverty. It may still be the case that these adolescents are doing better than they would have had they stayed in their home country. Moreover, although some of these adolescents may be struggling in some domains (e.g., school), they may still be doing relatively well.

Family conflicts, however, influence first generation immigrants as well. The acculturation-gap-distress model suggests that discrepant levels of acculturation between child and parent result in conflict (Gonzales et al., 2006; Schofield, Parks, Kim, & Coltrane, 2008; Szapocznik & Kurtines, 1993). In fact, adolescent assimilation appears to be related to

acculturation gap between parent and child (McQueen, Getz, & Bray, 2003; Samaniego & Gonzalez, 1999), and increased distance and distress (Hwang & Wood, 2009). A gap is to be expected considering that children and adolescents are exposed to more socializing agents (e.g., school, media, and peers) than parents. Moreover, parents may be slower to change and adapt (Szapocznik & Kurtines, 1993; Telzer, 2010). This results in youth losing their native cultural values more quickly than parents (Szapocznik, Scopetta, Kurtines, & Aranalde, 1978) and becoming more comfortable with English than Spanish (Harris, 1999). The role this gap can have in communication has been highlighted in the literature. Results of a seminal study by Szapozcnik, Ladner, and Scopetta (1979) found that Cuban American adolescents who spoke little Spanish but who had parents who knew very little English felt isolated from their parents. The researchers suggest that those adolescents relied on peers who also felt isolated, increasing their chances of problematic behaviors. In addition, it has been suggested that when different levels of acculturation occur within a family, intragroup marginalization can occur (Castillo, Cano, Chen, Blucker, & Olds, 2008). Acculturating adolescents may be teased and be deprived of social support by less acculturated family members (Castillo et al., 2008).

Not all researchers agree that an acculturation gap is associated with parent-adolescent conflict or adjustment issues, and some have suggested that a more complicated view of acculturation gap is necessary (Pasch et al., 2006). Research shows that there are multiple types of acculturation gaps and that it may be problematic to focus on one particular gap (Birman, 2006; Telzer, 2010). For example, Birman (2006) found that 25 percent of parents in their sample were more oriented to the host culture than their child and 50 percent of the children in their sample identified more with their native culture than their parents. A cultural gap with children being more acculturated than their parents might be necessary to successfully adapt to a

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new environment (Lau et al., 2005; Parra- Cardona et al., 2006). Naturally, the individual in the

family with the most exposure to socializing agents (i.e., child or adolescent) becomes the

cultural and language broker for the family (Suarez-Orozco & Suarez-Orozco, 2001). Research

has shown that some adult immigrants rely on their children to help them function in American

society by helping to interpret their surroundings and to be a spokesperson for the family

(Morales & Hanson, 2011). This has been criticized because it may put the child in adult-like

situations (Suarez-Orozco & Suarez-Orozco, 2001). In contrast, Morales and Hanson (2011)

found that language and cultural brokers had better school performance and more cognitive

complexity than immigrant children who did not engage in this role. It should be stated that it is

unclear if acting in those roles increases cognitive complexity, if more mature and intelligent

children are chosen as the family brokers, or if both occur. Biculturalism may also explain these

results, given that language brokers are bicultural by definition, and they actively engage in

reconciling both cultures (Buriel, Perez, DeMent, Chavez, & Moran, 1998).

<div align="center">Cognitions and Immigrants' Adjustment</div>

The psychological adjustment of an immigrant likely is influenced by the particular

cognitions that the individual holds about the immigration process. Unfortunately, there is little

research in this area. The cognitive model suggests that it is one's interpretation of a stressful

event that leads to negative emotions and not necessarily the event (Beck, 2008). Hence, how

individuals interpret situations or their explanatory style may be an important factor in the

investigation of immigrants' adjustment. An individual's explanatory style is generally examined

in relation to how the individual interprets the internality, stability, and globality of an event

(Peterson et al., 1982). If immigrants have experienced loss and family separation, it may result

in a tendency to view future situations negatively (Sher, 2010). For immigrants this may hinder

adjustment and engagement with their new environment because they may negatively schematize ambiguous situations.

The extent to which the traditional depressed triad which consists of a negative view of the self, the world, and the future applies to immigrants is unknown (Bhugra & Ayonrinde, 2004). Immigrants may experience many negative events but may have a different outlook on them. Immigrants generally enter the United States with a strong desire and drive to succeed and to build a better life for their children. Having a positive expectation of the future is a predictor of happiness (Angrosino, 1995). Immigrants may have, however, different reference points than the native born. Researchers have found that when immigrants are asked to evaluate their happiness and life satisfaction, they compare their situation with relatives in their home country (Diener, Diener, & Diener, 1995; Larose, 2000). It should be noted that these results vary depending on the socio-economic status of the immigrants being interviewed. Immigrants from poor backgrounds likely experience a dramatic increase in their standard of living after moving to the United States, whereas a professional moving into the United States may experience a drastic decrease in their standard of living. Some of those immigrants may have a negative view of their own future but may see a positive future for their children. Regardless of these differences, immigrants may have a future orientation that minimizes current difficulties and instead focuses on the future success and opportunities of their children.

<div align="center">Openness and Immigration</div>

Attitudes that immigrants hold towards a new country have been linked to adjustment (Hovery & King, 1996; Nesdale & Mak, 2000; William & Berry, 1991). Nesdale and Mak (2000) examined variables that predicted host country identification among adult immigrants (n = 602) in Australia. Nesdale and Mak found that immigrants' willingness to engage with the

new culture was the strongest predictor of identifying with the country. Interestingly, they found that success within the culture was not a predictor, suggesting that an individual's desire to engage in a new culture may supersede their current situation and success. Further, Nesdale and Mak (2000) found that the majority of the participants in their study favored an assimilation or integration acculturation style, suggesting that most wanted to become a part of the host culture. As Nesdale (2002) points out, this is consistent with the theory of planned behavior (Ajzen, 1991), given that people's attitudes influence their intentions which then influence their behavior.

In addition, it may be the case that immigrants who adjust well to the United States are more open to diversity. Vontress (1996) reported that in order to effectively deal and interact with others, individuals need to be aware that others share both similarities and differences with them. Miville et al. (1999) developed the Universal-Diverse Orientation (UDO) questionnaire to measure the awareness of the similarities and differences that people hold. According to the researchers; Individuals who obtain higher scores on the UDO value the similarities and differences among themselves and others and seek out diversity of experiences. Others have suggested that there is a "multicultural personality disposition" that reflects an individual's sensitivity to, competence with, and appreciation for people of different cultures (Ramirez, 1991). It has been suggested that a UDO underlies a multicultural personality orientation (Ponterotto et al., 2006). Both constructs reflect the idea that being aware of other cultures and holding positive attitudes towards diversity is adaptive. Miville et al. (1999) suggest that having a UDO is related to well-being. Brummett, Wade, Ponterotto, Thombs, and Lews (2007) studied the relation between psychosocial well-being, UDO, and a multicultural personality disposition among 127 undergraduates. They found that UDO was related to psychological strength, or

hardiness, interpersonal functioning, and high self-esteem. In addition, this is consistent with the research indicating that community diversity is correlated with psychological adjustment and acceptance (Duncan et al., 2003; Le et al., 2009).

<div align="center">Hardiness and Resiliency in Immigrants</div>

Some researchers have highlighted the concept of hardiness or ego resiliency to describe individuals who handle adversity well (Block & Kremen, 1996; Gross & John, 2003; Kobasa & Maddi, 1977). Associated with these concepts are cognitive flexibility, positive affect, high self-confidence, and self-control (Block & Kremen, 1996; Gross & John, 2003; Klohnen, 1996). In addition, individuals with hardiness have been reported to have higher levels of well-being (Maddi, 1997). These individuals are described as having a sense of control over their environment, being committed to their values, acting accordingly with those values, and seeing adversity as a challenge and an opportunity for growth (Kobasa & Maddi, 1977). Others have highlighted that hardiness is characterized by willingness to take risks, face ambiguous situations, and manipulate one's environment. Resiliency may be common among immigrants. Kuo and Tsai (1986) studied the hardiness of 300 Asian immigrants and found that having a hardy personality was helpful in reducing the negative influence of stressors. Further, research has found that giving international students educational lessons in increasing hardiness resulted in less distress over their visit to their host culture (Kanekar, Sharma, & Atri, 2010).

The characteristics that define hardiness also are characteristics that have been important mechanisms of change for some therapies (Barlow et al, 2004; Hayes, Strosahl, & Wilson, 2003). Acceptance and Behavioral Therapy focuses on having the client act in accordance with their values and having them try to adjust and cope with negative emotions in a healthier way (Hayes et al., 2003). If immigrants perceive their move to a new country as a challenge, they

may be less likely to perceive their situation in a distressing way. In addition, if individuals find a way to gain control over their environment and also act in accordance to their values in a new environment, they probably would experience less distress. Other therapies also stress the importance of engaging with the environment and challenging distorted thoughts. Hardiness and resiliency ought to be examined in relation to immigrants.

<div align="center">Coping Strategies and Immigration</div>

Coping mechanism are deliberate efforts that individuals engage in to adjust to stress (Taylor & Stanton, 2007; Vogel & Romano, 1999). Four coping styles have been highlighted in the literature: active coping (or problem-focused), avoidance coping, emotion-focused coping, and social/instrumental support (Vogel & Romano, 1999). Overall, active coping styles and coping styles that involve social support are associated with better outcomes (Sherbourne, Hays, & Wells, 1995). Avoidant coping strategies are consistently associated with poor outcomes (Sherbourne et al., 1995). Further, avoidant behavior is associated with mood disorders and is believed to be related to emotional dysregulation, or an inability to respond to events with emotional control (Barlow et al., 2004; Keenan, 2000).

Chataway and Berry (1989) examined coping styles, academic satisfaction, and psychological adjustment of Hong Kong Chinese undergraduates in Canada. They found that students who reported that they engaged in self-blame, wishful thinking, or behavioral withdrawal reported lower rates of academic satisfaction. Cross (1995) found that active coping and planning were associated with less distress among college students. Ward and Kennedy (2001) examined the coping styles and psychological adjustment of 113 British expatriates living in Singapore. Consistent with previous research, they found that an avoidant coping style was negatively associated with psychological adjustment whereas humor was associated with better

psychological adjustment. They also found that the most powerful predictor of poor psychological outcomes was having an avoidant coping style.

Farley, Galves, Dickinson, and Perez (2005) examined coping and health of Mexican immigrants, Mexican Americans, and non-Hispanic Whites and found that Mexican immigrants had better physical and mental health than Mexican Americans, and non-Hispanic Whites (as measured by SF-36 Health Survey). In addition, they found that Mexican immigrants were more likely to use positive reframing, denial, and religion as coping strategies. Consistent with literature previously discussed, stress for immigrants was not significantly higher than for any of the other groups. Other researchers have found that active problem-solving skills have been associated with better adjustment in immigrants of different age cohorts (Larose, 2000; Meredith, 1984; Taxis, Rew, Jackson, & Kouzekanani, 2004). More research may elucidate the link between coping strategies and adjustment among immigrants.

<div align="center">Parental Influence on Adjustment</div>

The mechanism for immigrant parental influence on positive adjustment of children likely is a supportive environment that includes open conversations about the United States, as well as conversations and messages that promote resiliency, openness, and emotional regulation. However, there is a dearth of information on how parental communication about the United States influences children and adolescents throughout the immigration process. It can be expected that most well-functioning families would have open discussions about the immigration process and about their expectations in the United States. It may also be assumed that most discussions about the United States would also entail some level of comparison with their home country. Parent-child conversations about the migration process have been found to help in adjustment (Perreira, Chapman, & Stein, 2006). Such conversations likely serve to solidify

family relationships and also prepare for the immigration process. However, specific messages related to the United States have not been examined in the literature. The quality and content, as well as the valence of specific messages are important, because they likely influence the ideas and attitudes of immigrant children.

Further, how parents react to the immigration process, including how they cope with related stressors, may serve as a model for their children and influence the children's own framing and adaptive response to immigration. Dumka, Roosa, and Jackson (1997) examined 4th grade children and found a negative association between maternal linguistic acculturation and depressive symptoms. Dumka et al. speculated that mothers with greater English fluency may have modeled active coping strategies for their children as well as helped them obtain resources. Modeling may also explain why immigrant children tend to benefit from positive parental attitudes. Aronowitz (1992) studied 51 Jewish children born in the Former Soviet Union who immigrated to the United States as well as native born Jewish students. They found that open parental attitudes of social change and new experiences were found to be significant positive predictors of adjustment in school both for immigrants and the native born. This was found to be true even when controlling for parental education, socioeconomic-status, age, and IQ.

The role that parental negative cognitions or a negative explanatory style plays in influencing immigrant children and adolescents also is worth exploring as it has not been examined. However, the research conducted on non-immigrant children has been mixed (Seligman et al., 1984) and suggests that other factors in the relation such as family time needs to be examined before a conclusion can be made (Peterson & Park, 2007). However, a modeling perspective may help elucidate this relation (Peterson & Park, 2007). For example, if a parent is having a difficult time adjusting to the United States and shows the child or adolescent a

maladaptive manner of explaining negative events (e.g., as a result of internal and stable

reasons), the child or adolescent may model that approach. On the other hand, parents can model

a healthy explanatory style that results in better adjustment for the child.

<div align="center">Emotional Regulation and Adjustment</div>

Emotion regulation has been identified as an important component of adjustment

(Campbell-Sills & Barlow, 2007). Emotion regulation refers to behaviors and skills related to

evaluating and adjusting emotional reactions in order to achieve goals and to respond rationally

and constructively to situations (Calkins & Hill, 2007; Thompson, 1994). Research has found

that emotional dysregulation, or the inability to properly adjust emotional reactions to achieve

goals, may underlie mood disorders (Tuck, Heimberg, Luterek, Mennin, & Fresco, 2005) and is

associated with substance use (Bonn-Miller, Vujanovic, & Zvolensky, 2008). Further,

developing the ability to regulate one's emotion is also related to positive outcomes for children

and adolescents (Calkins & Hill, 2007; Caspi, Henry, McGee, Moffitt, & Silva, 1995; Keane &

Shelton, 2003). In fact, developing these skills may be necessary for proper adjustment.

Gross (1998) proposed that there are two classes of emotion regulation: antecedent-

focused emotion regulation occurs before an emotion, and response-focused occurs after the

emotion (Gross, 1998). Gross (1998) further posited that there are five types of emotion

regulation strategies: situation selection, situation modification, attention deployment, cognitive

change, and response modulation. Situation selection refers to the selection of a situation in order

to create or avoid an emotion (Gross, 1998). Situation modification, on the other hand, refers to

changing a situation to create an emotion, and attention deployment refers to focusing on specific

aspects of a situation and avoiding some aspects to create or avoid a certain situation (Gross,

1998). Cognitive change, or cognitive reappraisal, refers to changing the meaning that one has

given to a situation (Campbell-Sills & Barlow, 2007). Cognitive reappraisal has been thoroughly examined in the literature and is employed as a component of various therapeutic modalities (Campbell-Sills & Barlow, 2007).

The most studied emotion regulation approach, modulation, refers to modifying emotions after they have arisen (Gross, 1998). Response modulation has received much empirical attention and has been further sub-categorized into emotional expression suppression, emotional experience suppression, or emotional sharing (Campbell-Sills & Barlow, 2007; Gross, 1998). Although emotional sharing is considered healthy, suppression of emotions has been linked with a number of negative physical, psychological, and interpersonal correlates (Barlow et al., 2004; Gross 1998; Gross & John, 2003; Moore, Zoellner, & Mollenholt, 2008). Although suppression appears to be related to a number of negative outcomes, including mood symptoms (Campbell-Sills & Barlow, 2007), the findings show that, in certain situations, suppression has been shown to have some benefits. For example, an early study found that decreasing depressive affect may increase social support (Coyne, 1976). Using suppression too much, or as a main coping strategy, may be problematic. Moreover, it is clear that there are cultural variations in emotions and in the cultural display rules that dictate the display or suppression of those emotions (Matsumato et al., 2008). For example, Matsumato et al. (2008) found that across 23 countries, cultures that emphasize maintenance of social order had significantly higher rates of emotion suppression than countries that emphasized autonomy.

Parents play a crucial role in their children's emotional development by teaching them how to relate to their emotions, by responding to their emotions, and by modeling (Sroufe, 1996). Researchers suggest that parents can take either a dismissive approach to emotions or an approach that coaches children how to relate to their motions (Gottman, Katz, & Hooven, 1997).

Parents who engage in emotion coaching attend to both their own emotions and to their child's

emotions and consider both positive and negative emotions as beneficial. Emotion dismissing

parents, however, ignore emotions both within themselves and in their children and hold the

view that negative emotions are harmful or unimportant (Gottman et al., 1997). These parents

may make children feel that their emotions are invalid and consequently may not prepare

children to deal with negative emotions and stressors (Thompson & Meyer, 2007). For example,

researchers have found that mothers' self-reported problem-solving responses to their children's

negative emotions were associated with better coping by the children (Eisenberg, Fabes, &

Murphy, 1996). However, punitive responses to negative emotions were found to be associated

with avoidance coping strategies by the children (Eisenberg et al., 1996). This suggests that

parental attitudes toward emotions influence the approach that children take towards their own

emotions and also towards situations.

Emotion regulation likely is an important component of adjustment for immigrants.

Matsumato, Hirayama, and LeRoux (2005) designed a measure to examine intercultural

adjustment, based on four main components: emotional regulation, critical thinking, openness,

and flexibility. Matsumato argued that emotions are the key to understanding ourselves and

others given that it is impossible to come to an understanding if one is overwhelmed with

negative emotions (Matsumato, Hirayama, & LeRoux, 2005). Emotion regulation is intertwined

with adjustment and coping (Watson & Sinha, 2008). Coping strategies naturally are related to

emotions. One has to be able to realize how to cope with obstacles that arise in life and those

obstacles may be emotional in nature or bring with them emotional responses. For immigrants

who are having difficulty adjusting, dealing with the many stressors means coping with negative

emotions. Although it has been argued that most immigrants do not suffer from significant

adjustment issues in the United States (Rodriguez et al., 2002), it is likely that those who do are suffering from stressors and an inability or difficulty in effectively coping with their emotions.

For immigrants who are rearing children in the United States, their coping and emotion regulation likely influence their children. These parents naturally will communicate messages related to the United States, their home country, and the world. These messages are important to examine because they will illuminate how parents influence children's own views and their adjustment. Further, immigrant parents may communicate messages of flexibility, openness, and emotional regulation. These messages are equally as important to examine because they have been found to be important variables in intercultural adjustment (Matsumato et al., 2005).

The Current Study: Part One

Part one of this study examined the relations between attitudes toward the United States, psychological adjustment, and adaptive behaviors among both immigrant parents and their adolescent/young adult children, respectively. Psychological adjustment was operationalized by symptoms of distress (as measured by the *Outcome Questionnaire-45.2*), acculturative stress (as measured by the *Multidimensional Acculturative Stress Inventory*), and subjective perceptions of quality of life (as measured by the *Quality of Life Enjoyment and Satisfaction Scale*). Adaptive behaviors were operationalized by participants' openness to diversity (as measured by the *Miville-Guzman Diversity Scale-SF*), resiliency (as measured by *Connor-Davidson Resilience Scale-10*), and emotional regulation (as measured by the *Cognitive Emotion Regulation Questionnaire- Short form*).

Hypothesis 1: The link between Attitudes toward the U.S. and Adjustment

It was hypothesized that parents' and adolescents'/young adults' attitudes toward the United States would be associated with their psychological adjustment, respectively.

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Specifically, favorable views about life in the United States would correlate negatively with symptoms of distress and acculturative stress, and positively with perceptions of quality of life, independently.

Hypothesis 2: The link between Attitudes toward the U.S. and Adaptive Strategies

It also was hypothesized that favorable attitudes toward the United States would be associated with openness to diversity, resiliency, and emotional regulation.

Hypothesis 3: Parental Influence on Adolescent's/Young Adult's Attitudes toward the United States

Central to this study, it was hypothesized that parents' attitudes toward the United States would predict their adolescents'/young adults' attitudes toward the United States.

Hypothesis 4: Parental Influence on Adolescent's/Young Adult's Adjustment and Adaptive Strategies

Also central to this study's focus, it was hypothesized that parents' messages about the U.S., the world, and specific messages related to openness and resiliency would predict their adolescents'/young adults' psychological adjustment (e.g., symptoms of distress, acculturative stress, and perceived quality of life). Further, it was hypothesized that parents' messages about the U.S., the world, and specific messages related to openness and resiliency also would be associated with their adolescents'/young adults' own adaptive strategies.

CHAPTER TWO: METHODOLOGY

Participants

Within the Orlando and Miami, Florida communities, 123 Hispanic immigrants with a child between the ages of 14-22 participated in this study. The 14-22 age range was chosen in order to find individuals mature enough to fill out the questionnaires but who likely were still influenced by their parents. All of the parents were born outside of the United States, with the average age of the parent being 45.70 (SD = 6.70). On average, the families had lived in the United States 11.10 years (SD = 5.23). Participants were only chosen if they had lived in the United States for 20 years or less based on the assumption that more time residing in the United States might minimize the accuracy of their retrospective expectations about life in the United States.

Mothers filled out the questionnaires (80.5%) more than fathers (19.5%). The following countries were represented in this study: Cuba (23.8%), Colombia (17.9%), Puerto Rico (17.8%), Venezuela (13%), Mexico (6.5%), Peru (6.5%), Dominican Republic (4%), Argentina (3.3%), Ecuador (2.4%), Honduras (2.4%), Chile (.8%), Costa Rica (.8%), and El Salvador (.8%). Most parents reported being permanent residents of the United States (43.8%), followed by citizens (29.3%), and naturalized citizens (13.8%). A minority reported being undocumented (4.1%), on a VISA program (3.3%), or categorized their legal status as "other" (4.1%). Parents indicated being married (66.7%), followed by divorced (17.1%), separated (8.9%), and single (7.3%). All of the parents indicated being "Hispanic" or "Latino" and indicated, on average, that their level of education was comparable to "some college" or vocational school (M = 14.80, SD = 3.20).

The majority of parents indicated speaking Spanish at home (92.7 %) and the majority (79.7%) completed the questionnaire in Spanish.

The average age of the adolescent/young adult child was 18.27 ($SD = 3.27$). The genders of the adolescents/young adults who completed the questionnaires were 62.6% female and 36.6% male. The majority of the adolescents/young adults (91.1%) reported that they were born outside of the United States with the average age of arrival being 10.10 ($SD = 4.80$). The average level of education of the adolescents/young adults was reported to be comparable to a high school degree ($M = 12.10$, $SD = 2.70$). The majority indicated speaking Spanish at home (79.4%), however, the majority completed the questionnaires in English (67.5%).

<center>Measures</center>

The questionnaires were available in both English and Spanish. Consistent with the Brislin (1970) technique for translating questionnaires into a new language, a bilingual (English-Spanish), bicultural researcher translated all questionnaires into Spanish. Then, an independent bilingual, bicultural researcher translated the Spanish version of the questionnaires back into English. Afterwards, a new team of four bilingual, bicultural researchers examined and compared the English-translated version with the original English version in order to address and resolve inconsistencies in translations. As an additional means of ensuring appropriate translation of items, before administration of the Spanish version to participants, a professor of Spanish reviewed the version for a final round of modifications. Participants completed the following questionnaires.

Demographic sheet. Participants indicated their age, gender, ethnicity, religious affiliation, and current residential status (i.e., with whom they live). Participants also indicated

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their general satisfaction level toward the U.S. and their country of origin by indicating if they would choose to immigrate again based on their experiences immigrating to the United States.

Attitudes towards U.S. and World Scale. In order to assess the participants' views of the United States and the world, a 15-item scale was developed by the present author to measure participants' attitudes. Ten items assess attitudes towards the United States and five assess attitudes toward the world. Participants responded to statements using a 5-point Likert-type scale with response options ranging from 1 (Strongly disagree) to 5 (Strongly agree). Scores were averaged for the U.S. and world view subscales, individually. Higher scores on all the scales reflected more positive attitudes. An example question from the United States subscale is, "Life in the United States is generally good." An example question from the world views scale is, "The world is generally a safe place." For attitudes toward the United States with the current sample, the Cronbach's alpha was .80 for parents and .86 for the adolescents/young adults. For views of the world, the Cronbach's alpha was .70 for parents and .71 for the adolescents/young adults.

Parental Messages towards the U.S. and World. In order to assess what the adolescents'/young adults' parents communicated to their children about the United States and the world, a 15-item scale was developed by the present authors to measure the participants' parent's level of positive or negative messages towards the United States and world as perceived by the adolescents/young adults. Ten items refer to the United States and five to the world. Participants responded to statements using a 5-point Likert-type scale with response options ranging from 1 (Strongly disagree) to 5 (Strongly agree). Scores were averaged and range from 1 to 5 for all scales with higher scores reflecting more positive messages received. An example question from the U.S. subscale is, "My parents frequently have complained about life in the United States" (reverse scored). An example question from the world subscale is, "My parents

always said the world was generally a safe place." The Cronbach's alphas were .86 for messages

of the U.S. and .70 for messages related to the world.

Miville-Guzman Universality-Diversity Scale-Short Form (*M-GUDS-S*; Fuertes, Miville,

Mohr, Sedlacek, & Gretchen, 2000). In order to assess participants' relativistic appreciation of

differences, diversity of contact, and their comfort with differences, this 15-item scale was

utilized. This scale is an abbreviated version of the original version (Miville et al., 1999).

Participants responded to statements using a 6-point Likert-type scale with response options

ranging from 1 (Strongly disagree) to 6 (Strongly agree). Scores were averaged and range from 1

to 6, with higher scores indicating more acceptance of diversity. An example is, "Knowing how a

person differs from me greatly enhances our friendship." For the parents in this sample the

Cronbach's alpha was .82 and for the adolescents/young adults in this sample the Cronbach's

alpha was .83.

Connor-Davidson Resilience Scale-10 (*CD-RISC*; Campbell-Sills & Stein, 2007). In

order to determine participants' level of resiliency, this 10-item scale was utilized. This scale is

an abbreviated 10-item scale of the 25-item scale developed by Connor and Davidson (2003).

Participants responded to statements using a 4-point Likert-type scale ranging from 0 (Not true at

all) to 4 (True nearly all the time). Scores were averaged with scores ranging from 0 to 4 and

higher scores indicating more resiliency. An example question is, "Having to cope with stress

can make me stronger." The Cronbach's alpha was .88 for the parents and .87 for the

adolescents/young adults, respectfully.

The Cognitive Emotion Regulation Questionnaire- Short Form (*CERQ- Short*; Garnefski

& Kraaij, 2006). This 18-item scale was utilized to examine which strategies participants use to

regulate their emotions. The scale is a short form of the 36-item CERQ (Garnefski, Kraaij, &

Spinhoven, 2001). The CERQ-Short examines 9 emotion regulation strategies (Self-blame, Other-blame, Rumination, Catastrophizing, Positive refocusing, Planning, Positive reappraisal, Putting into perspective, and Acceptance). The 9 subscales were grouped into two broad categories: adaptive and non-adaptive emotional regulation strategies (Garnefski et al., 2001). Participants responded to statements using a 5-point Likert-type scale ranging from 1 (Almost never) to 5 (Almost always). Scores were averaged with higher scores indicting more usage of a particular style. Participants responded to the questions indicating how they would respond after a negative event. An example question is, "I feel that I am the one who is responsible for what has happened." For the parents in this sample the Cronbach's alphas were .74 for adaptive and .70 for non-adaptive. For the adolescents/young adults in this sample the Cronbach's alphas were .71 for adaptive and .73 for non-adaptive.

Quality of Life Enjoyment and Satisfaction Scale – Short Form (*Q-LES-Q SF*; Endicott, Nee, Harrison, & Blumenthal, 1993). In order to assess the degree of enjoyment and satisfaction with different aspects of the participants' life, the Q-LES-Q was utilized. The 16-item scale asks participants their level of satisfaction with different aspects of their life. Participants responded to statements using a 5-point Likert-type scale ranging from 1 (Very poor) to 5 (Very good). Scores were averaged and range from 1 to 5, with higher scores reflecting greater quality of life. An example question is, "Taking everything into consideration, during the past week how satisfied have you been with your economic status?" The Cronbach's alpha was .73 for parents and .88 for the adolescents/young adults, respectfully.

Outcome Questionnaire-45.2 (*OQ-45.2;* Lambert et al., 1996). In order to assess the level of distress experienced by the participants, this 45-item questionnaire was utilized. This scale has a total score that measures the participant's symptoms distress, interpersonal difficulties, and

difficulties with their social roles. Participants responded to statements using a 4-point Likert-type scale ranging 1 (Rarely) to 4 (Almost always). Scores were added with higher scores indicating more distress (Lambert et al., 1996). An example item is, "I am satisfied with my life." Based on the current sample, the Cronbach's alphas was .79 for parents and .86 for adolescents/young adults.

Multidimensional Acculturative Stress Inventory (*MASI;* Rodriguez, Myers, Mira, Flores, Garcia-Hermandez, 2002). In order to assess the acculturative stress experienced by participants, this 25-item scale was utilized. The MASI measures acculturative stress in the following domains: Spanish competency pressures, English competency pressures, pressures to acculturate, and pressures against acculturation. Participants responded to statements using a 3-point Likert-type scale ranging from 0 (Does not apply) to 3 (Extremely successful). Scores were averaged and range from 0 to 3, with higher scores indicating greater acculturative stress. An example item is, "I have pressure to learn English." For the current sample, the Cronbach's alpha was .91 for parents and .90 for adolescents/young adults.

Social Readjustment Rating Scale-Modified (*SRRS*; Miller and Rahe, 1997). In order to assess the general stressors experienced by the participants, this questionnaire was utilized. The SRRS is a 87-item questionnaire expanded from the original 43-item scale (Miller & Rahe, 1997). The questions measure recent stressors revolving health, work, home and family, personal, social, and financial changes. Of the 87 items, the current author selected 14 items that best represented the general stressors immigrants might experience. Response options ranged from Yes (1) to No (0). Scores were added with higher scores indicating more life stressors. An example question is, "In the past 12 months have there been any changes in your health (e.g.,

illness or injury)?" For the current sample, the tetrachoric *r* was .72 for parents and .84 for adolescents/young adults.

Perceptions of Parental Reciprocity Scale (*POPRS*; Wintre, Yaffe, & Crowley, 2006). In order to assess the level of perception of parental communication reciprocity, this 9-item scale was utilized. This scale is comprised of 43-items but the first 9-items utilized here represent the general feeling of communication reciprocity perceived by adolescents/young adults. Hence, participants who endorse higher levels of communication reciprocity feel that they are relatively equal with their parents in their ability to communicate, express their concerns, and be heard. Participants responded to statements using a 6-point Likert-type scale ranging from 1 (Strongly disagree) to 6 (Strongly agree). Scores were averaged and range from 1 to 6, with higher scores indicating greater perceptions of parental communication reciprocity. An example item is, "Parents don't share their opinions with you, they tell you what to do." For the current sample of adolescents/young adults, the Cronbach's alpha was .73.

Parental Messages

In addition to completing the Miville-Guzman Universality-Diversity Scale-Short (Miville et al., 1999) and Connor-Davidson Resilience Scale-10 (*CD-RISC*; Campbell-Sills & Stein, 2007), the adolescents/young adults also completed the scales in references to the messages they received from their parents related to the constructs assessed by these scales. The Cronbach's alphas for messages related to openness and resiliency were .74 and .73, respectfully.

<div align="center">Procedure</div>

For part one of the study, paper questionnaires were available in both English and Spanish. A group of research assistants approached the Hispanic community and found participants who met the study criteria (i.e., Hispanic immigrants who had arrived in the United

<div align="center">50</div>

States within 20 years and who had a child between the ages of 14-22). Once it was established that they had met study criteria, the research assistants gave the participants the study materials to take home for completion. Research assistants made appointments and collected the questionnaires at the participants' homes. Participants were given a $10 gift card for their participation after the study materials were collected.

CHAPTER THREE: RESULTS

Power Analysis

A power analysis using G*Power 3.0.10 was run. For the multiple regressions analysis with up to six predictor variables, with a power of .95 and an alpha of .05, and a sample of 122 participants, a medium effect size can be detected (Faul, Erdfelder, Lang, & Buchner, 2007).

Hypothesis 1: U.S. Attitudes and Adjustment for Adolescents/Young Adults

To test hypothesis 1, that attitudes toward the United States would be associated with psychological adjustment, a series of regressions were performed for the adolescents/young adults. Hierarchical regressions were conducted in order to control for the role of stress (as measured by the Social Readjustment Rating Scale-Modified) as well as for protective factors [as measured by the Conner-Davidson Resiliency Scale, MGUDS-S, and The Cognitive Emotion Regulation Questionnaire (CERQ) adaptive and non-adaptive subscales]. These scale scores were entered in block one. Attitudes toward the U.S. were entered in block two. The adjustment variables (i.e., OQ-45.2, Multidimensional Acculturative Stress Inventory, and Quality of Life Enjoyment and Satisfaction Scale) were examined separately. Tolerance and VIF limits were found to be acceptable.

With regard to OQ-45.2 total (see Table 1), block one in the hierarchical regression equation was significant, $F (5, 113) = 3.74$, $p < .05$, with CERQ non-adaptive ($p < .001$) being a significant predictor. In block two, the hierarchical regression remained significant, $F (6, 113) = 3.93$, $p < .001$, with CERQ non-adaptive ($p < .001$), and U.S. attitudes ($p < .05$) serving as significant predictors and producing a significant increase in R^2 (R^2 change = .03, $F = 4.29$, $p < .05$).

With regard to acculturative stress (Table 2), block one in the hierarchical regression equation was not significant, F (5, 114) = 1.64, *ns*. In block two, the hierarchical regression was significant, F (6, 114) = 6.18, $p < .001$, with U.S. attitudes ($p < .001$) serving as a significant predictor and producing a significant increase in R^2 (R^2 change = .19, F = 26.95, $p < .001$).

With regard to scores on Quality of Life Enjoyment and Satisfaction Scale (see Table 3), block one in the hierarchical regression equation was significant, F (5, 114) = 4.46, $p < .05$ with Conner-Davidson Resiliency Scale ($p < .001$) being a significant predictor. In block two, the hierarchical regression remained significant, F (6, 114) = 4.30, $p < .001$, with the Conner-Davidson Resiliency Scale ($p < .001$) serving as a significant predictor but not producing a significant increase in R^2 (R^2 change = .02, F = 3.06, *ns*). In summary, with block one variables controlled, attitudes toward the United States significantly predicted OQ-45.2 and acculturative stress.

<div align="center">U.S. Attitudes and Adjustment for Parents</div>

Hypothesis 1 also was examined for parents. Tolerance and VIF limits were found to be acceptable for the analyses using data for parents. With regard to OQ-45.2 total (see Table 4), block one in the hierarchical regression equation was significant, F (5, 110) = 13.89, $p < .001$, with life stressors ($p < .001$), the Conner-Davidson Resiliency Scale ($p < .05$), and CERQ non-adaptive subscale ($p < .001$) being significant predictors. In block two, the hierarchical regression remained significant, F (6, 110) = 13.77, $p < .001$, with life stressors ($p < .001$), the Conner-Davidson Resiliency Scale ($p < .05$), CERQ non-adaptive subscale ($p < .001$), and U.S. attitudes ($p < .05$) serving as significant predictors and producing a significant increase in R^2 (R^2 change = .05, F = 8.31, $p < .05$).

With regard to scores on acculturative stress (see Table 5), block one in the hierarchical regression equation was significant, $F (5, 110) = 6.25$, $p < .001$ with the Conner-Davidson Resiliency Scale ($p < .05$) and MGUDS-S ($p < .05$) being significant predictors. In block two, the hierarchical regression was significant, $F (6, 110) = 5.70$, $p < .001$, with the Conner-Davidson Resiliency Scale ($p < .05$) being a significant predictor but not producing a significant increase in R^2 (R^2 change $= .02$, $F = 2.52$, *ns*).

With regard to scores on the Quality of Life Enjoyment and Satisfaction Scale (see Table 6), block one in the hierarchical regression equation was not significant, $F (5, 110) = 6.97$, $p < .001$, with the Conner-Davidson Resiliency Scale ($p < .001$) being a significant predictor. In block two, the hierarchical regression was significant, $F (6, 110) = 6.08$, $p < .001$, with the Conner-Davidson Resiliency scale ($p < .001$) serving as significant predictor but not producing a significant increase in R^2 (R^2 change $= .01$, $F = 1.44$, *ns*). In summary, with block one variables controlled, attitudes toward the United States only significantly predicted OQ-45.2.

Hypothesis 2: The link between Attitudes toward the U.S. and Adaptive Strategies

To test the hypothesis that adaptive coping strategies and behaviors would be associated with more favorable views of the United States, a series of regressions were run independently for parents and adolescents/young adults. For the predictor variables, the MGUDS-S, Connor-Davidson Resilience Scale, and the two subscales of the Cognitive Emotion Regulation Questionnaire (adaptive and non-adaptive) were entered independently. The criterion variable was attitudes toward the United States. Tolerance and VIF limits were acceptable.

For parents (see Table 7), the regression equation was significant, $F (4, 110) = 6.76$, $p < .001$, with MGUDS-S ($p < .05$) being the only significant predictor. For adolescents/young adults (see Table 7), the regression equation was significant, $F (4, 114) = 14.28$, $p < .001$, with the

CERQ adaptive ($p < .001$), CERQ non-adaptive ($p < .001$) and the Conner-Davidson Resiliency Scale ($p < .05$) serving as significant predictors. In summary, general openness predicted U.S. attitudes for adults, while resiliency and emotional regulation predicted U.S. attitudes for adolescents/young adults.

Hypothesis 3: Parental Influence on Adolescent's/Young Adult's Attitudes toward the United States

To test the hypothesis that parents' attitudes toward the United States would predict adolescents'/young adults' attitudes toward the United States, a zero-order correlation was conducted. The parent's views of the United States was positively correlated with their adolescents/young adult's views of the United States $r(123) = .30$, $p < .001$. When partialling out life stressors (as measured by the Social Readjustment Rating Scale-Modified) of both parents and adolescents/young adults, as well as reciprocal communication (as measured by the Perceptions of Parental Reciprocity Scale), the correlation remained significant $r(118) = .28$, $p < .05$. In order to further explore this relation, adolescent's/young adult's view of the U.S were examined in relation to perceived messages that they received from their parent's about the United States. When partialling out life stressors of both parents and adolescents/young adults, as well as reciprocal communication, the correlation remained significant $r(118) = .45$, $p < .001$.

Hypothesis 4: Parental Influence on Adolescents' Adjustment and Adaptive Behavior

In order to examine the role that parental communication about the U.S., world, and specific messages related to openness and resiliency have on the adolescents'/young adults' views of the U.S., and their own adjustment, three hierarchical regression were conducted. The predictor variables were parental messages about the U.S., world, and parental messages about resiliency and openness. The criterion variables were the OQ-45.2 total, acculturative stress, and

Quality of Life Enjoyment and Satisfaction Scale, examined independently. In order to control for the role of stress, general life stressors (as measured by the Social Readjustment Rating Scale-Modified) were entered in block one. Additionally, the perceived level of communication reciprocity (as measured by the Perceptions of Parental Reciprocity Scale) among parents and adolescents also was entered in block 1. Tolerance and VIF limits were found to be acceptable.

With regard to scores the OQ-45.2 total (see Table 8), block one in the hierarchical regression equation was not significant, F (2, 119) = .43, ns. In block two, the hierarchical regression was also not significant, F (6, 115) = 1.52, ns, with no change in R^2 (R^2 change = .06, F = 2.06, ns).

With regard to scores on acculturative stress (see Table 9), block one in the hierarchical regression equation was not significant, F (2, 120) = 1.46, ns. In block two, the hierarchical regression also was not significant, F (6, 116) = 1.08, ns. There was no change in R^2 (R^2 change = .03, F = .89, ns).

With regard to scores on the Quality of Life Enjoyment and Satisfaction Scale (see Table 10), block one in the hierarchical regression equation was significant, F (3, 122) = 3.99, p < .05, with life stressors (p < .05) being a significant predictor. In block two, the hierarchical regression also was significant, F (6, 116) = 3.59, p < .05 with parental messages related to the world being a significant predictor (p < .05) and producing a significant change in R^2 (R^2 change = .09, F = 3.25, p < .05). In summary, only parental messages about the world predicted scores Quality of Life Enjoyment and Satisfaction Scale.

In order to examine the role that parental communication about the U.S., world, and specific messages related to openness and resiliency have on the adolescents'/young adults' own adaptive strategies, four hierarchical regressions were conducted. In order to control for the role

of stress, general life stressors (Social Readjustment Rating Scale-Modified) were entered in block one. Additionally, the perceived level of communication reciprocity (as measured by the Perceptions of Parental Reciprocity Scale) among parents and adolescents/young adults was also entered in block 1. The predictor variables were parental messages about the U.S., world, and parental messages about resiliency and openness. The criterion variables were the MGUDS-S, the Conner-Davidson Resiliency Scale , and the CERQ adaptive and non-adaptive subscales, examined independently. Tolerance and VIF limits were acceptable.

With regard to scores on the MGUDS-S (see Table 11), block one in the hierarchical regression equation was not significant, $F(2, 118) = 2.69$, ns. In block two, the hierarchical regression was significant, $F(6, 114) = 4.71$, $p < .001$ with parental messages of openness being a significant predictor ($p < .05$) and producing a significant change in R^2 (R^2 change $= .15$, $F = 5.52$, $p < .001$).

With regard to scores on the Conner-Davidson Resiliency Scale (see Table 12), block one in the hierarchical regression equation was not significant, $F(2, 120) = 3.00$, ns. In block two, the hierarchical regression was significant, $F(6, 114) = 2.72$, $p < .05$ with life stressors ($p < .05$) being a significant predictor ($p < .05$) and producing a significant change in R^2 (R^2 change $= .07$, $F = 2.50$, $p < .05$).

With regard to scores on the CERQ adaptive subscale (see Table 13), block one in the hierarchical regression equation was significant, $F(2, 115) = 8.54$, $p < .001$ with life stressors ($p < .001$) and parental communication ($p < .05$) being significant predictors. In block two, the hierarchical regression was significant, $F(6, 111) = 5.91$, $p < .001$ with life stressors ($p < .05$), messages about the U.S. ($p < .05$) and messages related to openness ($p < .05$) being significant predictors and producing a significant change in R^2 (R^2 change $= 11$, $F = 4.13$, $p < .05$).

With regard to scores on the CERQ non-adaptive subscale (see Table 14), block one in the hierarchical regression equation was significant, $F (2, 117) = 3.23$, $p < .05$ with life stressors ($p < .05$) being a significant predictor. In block two, the hierarchical regression was not significant, $F (6, 113) = 1.39$, *ns.*

In summary, parental messages of openness predicted adolescent/young adult openness. Further, parental messages related to openness, and the United States predicted adaptive emotional regulation strategies.

<p align="center">Exploratory: General Views</p>

For full means and standard deviations of the study variables, see table 16. Participants were asked to indicate their overall perceived quality of life both in the United States and in their country of origin on a scale of 1 (Low) to 10 (High). Parents indicated being satisfied with their lives in the U.S. ($M = 7.70$, $SD = 1.68$), as did their adolescents/young adults ($M = 8.20$, $SD = 1.45$). As a group, parents indicated being less satisfied with their home country ($M = 6.80$, $SD = 1.90$) as did the adolescents/young adults who were born outside of the U.S. ($M = 6.40$, $SD = 2.00$). Participants also were asked to indicate whether they would have chosen to immigrate to the United States based on what they now know about life in the United States. On a scale of 1 (Strongly disagree) to 5 (Strongly agree), parents generally indicated in the positive ($M = 3.90$, $SD = 1.50$), as did their adolescents/young adults ($M = 4.10$, $SD = 1.20$).

Parents indicated diverse reasons for immigrating to the United States. Economic reasons were listed as the number one reason for immigrating (28.5%), followed by educational reasons (16.3%), and avoiding political persecution (9.8%). Most (45.4%) indicated multiple reasons for immigrating with economic and educational factors being the most common. The adolescents/young adults listed economic reasons as being the main reason for immigrating

(18.7%), followed by educational reasons (20.3%), and avoiding political persecution (7.3%).

Most (53.7%) indicated multiple reasons for immigrating with economic and educational factors

being the most common.

CHAPTER FOUR: DISCUSSION

It was hypothesized that parents' and adolescents'/young adults' attitudes toward the United States would be associated with their psychological adjustment. This hypothesis was partially supported. For both parents and their adolescents/young adults, attitudes toward the U.S. was associated with their level of symptom distress, interpersonal functioning, and social role distress. This was true even when controlling for current life stressors and adaptive strategies. These results are consistent with research that shows that the attitude that immigrants take toward their new country is associated with adjustment, even when controlling their level of success within the country (Hovery & King, 1996; Nesdale & Mak, 2000; William & Berry, 1991). Hence, for many immigrants, unlike native-born citizens, a cognitive effort has to be made to engage with the new country. Further, there are different expectations of what the country can offer and a point of comparison of what life is like outside the United States. It is likely that this effort to engage, plus positive expectations, and a comparison point, yield better outcomes for them (Nesdale & Mak, 2000).

There were differences, however, between parents and their adolescents/young adults that were not consistent with the hypothesis. For adolescents/young adults, their U.S. attitudes predicted their acculturative stress scores after controlling for life stressors and adaptive factors. Hence, having a negative attitude toward the U.S. was associated with more acculturative stress, but only for the adolescents/young adults. This result, once again, suggests that the attitude that an immigrant takes toward a new country predicts adjustment within that country (Nesdale & Mak, 2000) and it also suggests that generational differences should be explored. These results might be due to the fact that parents might be able to separate their attitudes of the U.S. from their acculturative stress. The parents' own negative views of the U.S. might be less associated

with their adjustment because their decision to move to the U.S. might have come with the expectation that although their children would have more opportunities and a greater chance of success, they, themselves, may have to struggle.

U.S. attitudes were not predictive of the parents' nor their adolescents'/young adults' quality of life and satisfaction scores after controlling for stress and adaptive factors. In fact, for both groups, resiliency was predictive of their quality of life above their current life stressors. This result suggests that although U.S. attitudes can help predict some level of adjustment, perhaps broader issues of satisfaction with life across multiple domains is a result of broader adaptive coping mechanisms. This is consistent with research that shows that resiliency helps individuals deal with life-stressors (Kuo & Tsai, 1986), deal with new cultures (Kanekar, Sharma, & Atri, 2010), and is associated with greater well-being in life (Maddi, 1997). Although the particular attitude that one takes toward the U.S. predicts psychological distress, and acculturative stress for adolescents/young adults, one's ability to overcome obstacles is associated with broader well-being and satisfaction across multiple domains in life (i.e., work life, social life, health, etc.).

It was also predicted that openness to diversity, resiliency, and usage of adaptive emotional regulation strategies would be associated with more favorable attitudes toward the United States. This hypothesis was partially supported. For adolescents/young adults, resiliency predicted U.S. attitudes, which once again, suggests that one's ability to deal with and overcome obstacles, predicts well-being. Further, for adolescents/young adults, positive emotional regulation strategies were associated with positive views of the U.S., while less adaptive strategies were associated with negative views of the United States. This is consistent with research that shows that active engagement is associated with better outcomes (Larose, 2000;

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Meredith, 1984; Taxis, Rew, Jackson, & Kouzekanani, 2004). Further, it is consistent with research that shows that avoidant coping is associated with poor adjustment among immigrants (Chataway & Berry, 1989; Ward & Kennedy, 2001).

For parents, general level of openness was associated with more positive views of the United States. This is consistent with research that shows that openness is associated with better outcomes (Brummett, Wade, Ponterotto, Thombs, & Lews, 2007; Miville et al., 1999). Resiliency and emotional regulation strategies may not be associated with positive views of the U.S. because parents' decision to leave their country of origin and move to the U.S. may be driven more by positive future expectations. The fact that openness predicted U.S. attitudes for parents and not for adolescents/young adults may be due to the fact that as the deciders in the immigration move, the parents had to make more of an effort to move and engage with the environment. Further, there is some evidence that immigrants who chose to immigrate are more open and flexible cognitively than those who decided against the immigration move (Altai, Najman, Shuttlewood, Williams, & Bor, 2003; Bhugra, 2004; Stern &Wei, 1999). Also, due to immigration laws that restrict immigration to those who are sick or of lower socioeconomic levels, it is possible that structurally, it is harder for immigrants with vulnerabilities to move to the United States (Bhugra & Ayonrinde, 2004).

It also was hypothesized that parents' attitudes toward the United States would predict their adolescents'/young adults' attitudes toward the United States. This hypothesis was supported even when controlling for communication reciprocity and stress. Parental attitudes of the U.S. was associated with the adolescents'/young adults' attitudes. Interestingly, a stronger correlation was found when the U.S. attitudes of the adolescents/young adults were examined with the particular messages that parents communicated to them about the United States. Thus,

the particular messages that were communicated appear to be more influential than the parents' personal views. It may be that parents communicate more positive messages about the U.S. based on their expectations than their own views.

Further, it was hypothesized that parents' messages about the U.S., the world, and specific messages related to openness and resiliency would predict their adolescents'/young adults' psychological adjustment. This was only partially supported. Parental messages related to the world only predicted quality of life. These results are consistent with the idea that parental messages are influential in the adjustment of children (Perreira, Chapman, & Stein, 2006) but suggests that broader modeling should be examined. For example, the particular emotional regulation strategies that a parent engages in and the manner in which the parents deals with life in the U.S. might play a larger role in understanding the adolescents'/young adults' adjustment than particular messages.

Finally, it also was hypothesized that parental messages would also be associated with their adolescents'/young adults' own adaptive strategies. This hypothesis was also partially supported. The adolescents'/young adults' own level of openness was associated with the messages their parents communicated to them about openness. Further, adaptive emotional regulation strategies were associated with messages about the United States and messages related to openness. This is consistent with previous research because adaptive emotional regulation strategies are associated with active engagement with the environment (Larose, 2000; Meredith, 1984; Taxis, Rew, Jackson, & Kouzekanani, 2004). Hence, parents who communicated positive messages about openness and engagement with the U.S. are indirectly communicating messages related to emotional regulation. As previous research has shown, emotion regulation is

intertwined with adjustment and coping (Watson & Sinha, 2008), and this study adds evidence to the idea that messages related to the U.S. are also associated with emotion regulation.

There are several important variables that were elucidated in this study and warrant attention. First, the attitude that an immigrant adopts toward the United States is an important variable that needs to be examined when examining adjustment. As previous research has shown, the type of engagement that an immigrant takes toward the country predicts adjustment (Ward & Kennedy, 2001). Thus, the type of cognitive engagement (i.e., whether someone decides to view the U.S. as a "land of opportunity" that welcomes immigrants or a place that is hostile to immigrants) likely results in a particular engagement style with the environment that influences success or failure in the environment. As research has shown, first generation immigrants (especially those brought to the United States under the age of 13) have lower levels of psychological disorders ("immigrant paradox," Breslau et al., 2009), lower levels of delinquency (Hu-Dehart & Coll, 2010), and higher levels of academic success (Kao & Tienda, 1995) than second generation immigrants. This may be a result of psychological engagement within the environment. Behavioral and psychological engagement are key variables in treatments focused on decreasing distress (Larose, 2000; Meredith, 1984; Taxis, Rew, Jackson, & Kouzekanani, 2004), and this study found that psychological engagement, as examined through attitudes, is important in examining adjustment in the United States.

Second, adjustment in the United States has to be examined through the lens of the family unit, and the communication that occurs within that family unit. As research has demonstrated, immigration is a family process (Passel, 2006; Rothe, Umariega, & Sabagh, 2011) and the results of this study suggests that it is important to examine generational differences in adaptive strategies and adjustment. Further, examining the communication the occurs within the family

unit about the immigration process is also important. Previous research has shown that familial communication about the immigration process helps in adjustment (Perreira, Chapman, & Stein, 2006). This study has found that parents play an important role in shaping the views their children have about the United States. There is amble research that shows that parental modeling of proper behavioral engagement and emotional regulation helps their children with their own adjustment (Eisenberg, Fabes, & Murphy, 1996). This study adds evidence to the idea that this type of modeling and communication is important for immigrants.

Further, concurrent with examining the family unit, the findings of this study suggest that emotional regulation should also be examined when examining immigrants. It is likely that the messages that parents communicated about the United States, in addition to the broader emotional regulation strategies communicated to the child, play a role in adjustment. Barlow et al. (2006) posits in his Triple Vulnerabilities Theory that emotional dysregulation is a result of (1) a general biological vulnerability, (2) a generalized psychological vulnerability, and (3) a specific psychological vulnerability resulting from learning. Extended here for immigrants, it is likely that adjustment within the United States for immigrants is a result of biological vulnerabilities, stressors, and modeling by parents. It is somewhat likely that through selective immigration, those with biological vulnerabilities (i.e., genetic predisposition to suffer from a disorder) are less likely to immigrate to the United States (Altai, Najman, Shuttlewood, Williams, & Bor, 2003; Bhugra & Ayonrinde, 2004; Bhugra, 2004; Stern &Wei, 1999). Further, most immigrants in the United States report relatively low levels of acculturative stress (Alegria et al, 2008; Breslau, Borges, Hagar, Trancredi, & Gilman, 2009; Breslau & Chang, 2006; Grant et al, 2004; Veg & Sribney, 2011). This leaves an added focus on modeling of behavior and emotional regulation as variables that should be examined for immigrant families.

This study has several limitations. First, most immigrants reported relatively high levels of adjustment, and positive attitudes toward the United States. These results might have been a result of recruitment strategies. Most immigrants were recruited from the local Hispanic community in Florida with the help of research assistants. It may be likely that immigrants who were not as well adjusted or who may not have had such a positive view of the United States would have chosen not to participate in the study. It also is likely that immigrants recruited in other states that traditionally have not received many immigrants would have responded differently to the questionnaires.

Also, it is likely that the results of the study would have been different if participants had arrived more recently to the United States. The average time the immigrants in this study had lived in the United States was 11.10 years. It is likely that by that time, most immigrants had overcome any struggles related to immigration. Also, those who struggled more, or had more negative views, might have, as some of the research suggests (Palloni & Arias, 2004), left the United States and returned to their country of origin. Moreover, it may be that by 11 years living in the United States most immigrant's attitudes toward the United States have lessened in importance in their lives.

Also, the correlational nature of this study makes it difficult to elucidate the relations among variables. Although it may be the case that attitudes toward the United States influence or cause adjustment, it also may be the case that adjustment causally affects attitudes toward the United States. Further, although several variables were controlled for, it may be likely that there are other variables may explain some of the associations that were found.

CHAPTER FIVE: STUDY PART TWO

In part two of this study, an intervention for immigrants and the children of immigrants was designed in order to examine if general views of the U.S. can be improved, as well as, general well-being. Many therapies already have been designed that target both immigrants and Hispanics in general (e.g., Smowoski, 1984; 2008). Most have focused on targeting the ecological system to help maladjusted individuals (Coatsworth, Pantin, & Szapocznik, 2002). Despite that broader systems have been targeted for intervention, the family has been of particular focus. These family treatments include Brief Strategic Family Therapy (*BSFT*; Samtistenban, Suarez-Morals, Robbins, and Szapocznik, 2006), strengthening intergenerational ties in migrant families (Ying, 1999), and increasing bicultural effectiveness (Szapocznik et al., 1984). In a review of empirically validated treatment options, Miranda et al. (2005) noted that more needs to be done to design treatments for this. Moreover, no intervention designed to address the maladaptive cognitions that some immigrants may hold toward the United States has been published in the social science literature.

This intervention sought to target the emotional regulation of immigrants and the children of immigrants and possibly tackle broader issues in the process. This approach is of particular benefit to immigrants because emotional regulation has been indicated as an important component that predicts adjustment in immigrants overall (Matsumato, Hirayama, & LeRoux, 2005). Emotion regulation can be considered a psychological buffer because it allows individuals to cope with stressors by helping them manage the emotions that arise in these situations. Although it has been reported that living in the United States as an immigrant is associated with relatively little stress (Rodriguez et al., 2002) negative situations and experiences are likely to

arise. Hence, an immigrant adept at emotional regulation may be more likely to respond to stressors effectively.

Cognitive-behavioral therapy also can be effective in treating some mood symptoms with this population (Mirande et al., 2005; Organista & Munoz, 1996). Hence, this intervention expands on cognitive-behavioral therapy by focusing on the "interaction of thoughts, feelings, and behaviors in generating internal emotional experiences, and the subsequent role of emotion (dys) regulation in modifying these experiences" (Ellard, Fairholme, Boisseau, Farchione, & Barlow, 2010, p. 90). With a particular focus on emotion regulation and the particular struggles that immigrants experience, this intervention seeks to lower immigrants' distress and challenge negative attitudes via modification of the protocol of Barlow et al. (2004) and Ellard et al., (2010).

Barlow et al. (2004) developed the Unified Protocol for the Transdiagnositic treatment of emotional disorders as a means to simplify the treatment of depression and anxiety. The Unified Protocol for the Transdiagnositic treatment of emotional disorders is based on the Triple Vulnerability Theory that is believed to underlie mood disorders (Allen, McHugh, & Barlow, 2008; Barlow et al., 2004; Ellard et al., 2010). Barlow et al. posits that emotional dysregulation is a result of (1) a general biological vulnerability, (2) a generalized psychological vulnerability, and (3) a specific psychological vulnerability resulting from learning.

This approach has multiple advantages over pre-existing approaches. First, Allen et al. (2008) argues that the DSM-IV has an approach to psychopathology that over-categorizes what may be slight variations on the same disorder. Hence, this simplifies the treatments of a multitude of mood disorders to a simple but effective intervention. Additionally, this approach nullifies problems of subthreshold presentation of disorders by targeting the symptoms that

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underlie several disorders (Ellard et al., 2010). Thus, it is possible to treat clients regardless of whether they meet full criteria for a disorder. Finally, by helping them manage their emotions, future issues may be more manageable.

This intervention targets the modules originally highlighted by Barlow et al. (2004) and later modified by Allen et al. (2008) and Ellard et al. (2010). Specifically, the therapy focuses on antecedent cognitive appraisal, emotional avoidance, and on identifying and changing action tendencies (Barlow et al., 2004). In this study, I limited the time of the typical intervention to one session due to research indicating that most Hispanic immigrants are not likely to attend multiple counseling sessions (Miranda et al., 2005). The session was a class-room based psychoeducation intervention. Previous studies have found success with this approach (Celio et al., 2000).

Antecedent cognitive reappraisal is based on established cognitive therapy techniques (Beck, 1967; Beck, 2008). Individuals with mood problems have been found to use certain cognitive distortions which have the ultimate effect of creating a problematic response pattern (Allen et al., 2008). Barlow et al. (2004) focuses on changing the distorted beliefs of the probability of negative events occurring (probability overestimate) and the consequences of the negative events (catastrophizing). For immigrants, these biases may be related to their adaptation in the country, discrimination, or conflicted issues within family relationships. Hence, for the immigrants in the study, I explored the distorted thoughts they may have had about the United States and their experiences here with the goal of challenging unfounded notions and helping them to reframe situations.

Further, Barlow et al. (2004) posits that emotional avoidance is fundamental to all mood disorders given that emotional avoidance tends to worsen or increase the emotion that is being avoided. Allen et al. (2008) proposes that there are three emotional avoidance strategies that

individuals use: behavioral avoidance, cognitive avoidance, and safety signals. Individuals may avoid situations that make them anxious, ruminate over a situation, or have a safety object (e.g., a pen) that they use to avoid or decrease the emotion. Barlow et al. (2004) propose that in order to help these individuals, emotional awareness needs to be targeted. The individuals need to be taught that their negative emotions are not harmful and that avoidance is not helpful.

A final component of this protocol is focused on identifying and changing action tendencies. Allen et al. (2008) propose that in order to change emotions, responses to the emotions must change. In fact, changing action tendencies is an important component of treatment of many disorders (Hayes et al., 2003). Further, changing these action tendencies is essential for preventing avoidance (Barlow et al., 2004). For example, behavioral activation is commonly used to treat depression because it forces the individual to engage instead of disengaging. By participating in more actions, the individual is more likely to have positive interactions (versus no interactions at home) and have a change in emotion. For immigrants, this may translate into helping them engage with the environment and participate in more activities.

<u>Hypothesis: Intervention Improvement</u>

By tailoring the transdiagnostic treatment of emotional disorders for Hispanic immigrants, it was hypothesized that there will be a clinically significant improvement in participants' attitudes towards the United States, as well as their general adjustment in comparison to the control and through time. Young adults who were immigrants or children of immigrants were able to participate in the intervention. Clinical significance of the intervention was defined as a decrease in posttest scores of at least two standard deviations from pretest scores.

CHAPTER SIX: METHODOLOGY STUDY TWO

Participants

Eighty participants completed the pretest on SONA. Of the 80 participants who completed the pretest, thirty-four of those choose to complete the 1-month posttest. The average age of the participants who completed the 1-month posttest was 20 ($SD = 2.49$). The genders of the participants were 56% female and 44% male. The majority of the participants (64.7%) reported that they were born in the United States. The average level of education of the participants was reported to be comparable with some college ($M = 13.65$, $SD = 3.40$).

Among non-United States born participants, the following countries were represented in this study: Columbia (17.6%), Cuba (14.7%), Puerto Rico (11.7%), Dominican Republican (5.8%), Venezuela (5.8%), Costa Rica (2.9%), and Peru (2.9%). The rest (38.6%) reported being born in the United States. Most participants reported being citizens of the United States (76.5%), followed by naturalized citizens (14.7%). A minority reported being permanent residents (2.9%), on a VISA program (2.9%), or categorized their legal status as "other" (2.9%). All participants indicated their marital status as single. All of the participants indicated being "Hispanic."

Inclusion criteria: (a) Participants needed to be at least 18 years old, (b) be born outside the U.S. or have at least one parent who was born outside of the U.S., (c) and be Hispanic.

Exclusion criteria: Participants were excluded from participating in the study and referred to the UCF Psychology Clinic if they endorsed any current suicidal ideation or if they had a previous history of suicide attempts.

Participants completed the following questionnaires for both the pretest, posttest, and the 1-month delayed posttest:

Attitudes towards U.S. In order to assess the participants' views of the United States, a 10-item scale was developed by the present author to measure participants' attitudes. Participants responded to statements using a 5-point Likert-type scale with response options ranging from 1 (Strongly disagree) to 5 (Strongly agree). Scores were averaged, with higher scores indicating more positive attitudes toward the United States. An example question is, "Life in the United States is generally good." For attitudes toward the U.S. with the current sample, the Cronbach's alpha was .80 for pretest, .84 for the posttest, and .78 for the delayed posttest.

Quality of Life Enjoyment and Satisfaction Scale – Short Form (*Q-LES-Q SF*; Endicott, Nee, Harrison, & Blumenthal, 1993). In order to assess the degree of enjoyment and satisfaction with different aspects of the participants' life, the Q-LES-Q was utilized. The 16-item scale asks participants their level of satisfaction with different aspects of their life. Participants responded to statements using a 5-point Likert-type scale ranging from 1 (Very poor) to 5 (Very good). Scores were averaged and range from 1 to 5, with higher scores reflecting greater quality of life. An example question is, "Taking everything into consideration, during the past week how satisfied have you been with your economic status?" The Cronbach's alpha was .86 for the pretest, .89 for the posttest, and .86 for the delayed posttest.

Outcome Questionnaire-45.2 (*OQ-45.2;* Lambert et al., 1996). In order to assess the level of distress experienced by the participants, this 45-item questionnaire was utilized. This scale has a total score that measures the participant's symptoms distress, interpersonal difficulties, and difficulties with their social roles. Participants responded to statements using a 4-point Likert-

type scale ranging 1 (Rarely) to 4 (Almost always). Scores were added with higher scores indicating more distress (Lambert et al., 1996). An example item is, "I am satisfied with my life." Based on the current sample, the Cronbach's alphas were .85 for the pretest, .85 for the posttest, and .84 for the delayed posttest.

<div align="center">Procedure</div>

Participants were recruited from SONA and were randomly assigned to either the experimental or control condition. Both conditions entailed a classroom-based intervention. Participants completed the set of questionnaires upon completing classroom-based intervention and then after completing a 30-day follow-up online.

<div align="center">Session for Experimental Condition (Intervention)</div>

The basic modules focused on the following: antecedent cognitive reappraisal, preventing emotional avoidance and increasing emotional awareness, and the identification and modification of emotion-driven action tendencies (Barlow et al., 2004). Immigrant issues (i.e., adjustment issues, parent-child conflict, discrimination, and biculturalism) were also woven into the topic areas. Sessions were modified from the therapist guide and workbook for emotional disorders by Barlow et al. (2010). See the Appendix for a session breakdown of topics covered and manual pages (pg. 126).

Session goals: To have participants understand the basics of emotions, cognitions, and behavioral activation.

Session overview: The session was comprised of three sections: emotions, cognitions, and increasing engagement with the environment. In the emotions section, participants were introduced to the basics of emotions. Participants were explained the basics of understanding their emotions and how emotions, which serve a necessary role, can become overwhelming and

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distressing. Participants were introduced to the three component model of emotion and the ARC of emotions. The ARC of emotions is the Antecedents, Reactions, and Consequences of emotions.

In the cognitions section, participants were introduced to cognitive appraisals and specifically to the phenomena of catastrophizing and probability overestimate. Specific focus was placed on cognitive distortions related to immigration and towards the United States and their country or origin.

Finally, in the last section, participants were introduced to ways of engaging in the environment and the problem with avoidance behavior. Emotion driven behaviors (EDBs) were explained and time was spent in teaching participants on how to challenge them. Further, specific focus was placed on implementing the skills taught to increase family cohesion and a bicultural identity.

<center>Session for Control Condition</center>

Participants in the control condition were given a classroom-based intervention focused on improving their study skills. The intervention focused on study skills, organizational skills, and understanding one's own particular learning style.

Facilitator Team. Two upper-level undergraduate research assistants (RAs) conducted the classroom-based interventions. The RAs were trained and supervised by the supervisor of this study who has experience working with minority populations and with helping conflicted families. Additionally, both of the RAs were bicultural, bilingual individuals. This was deemed important given that the research has found that it is essential to have a therapist who matches the culture of the participant (Halliday-Boykins, Schoenwald, & Letourneau, 2005).

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Treatment Integrity. In order to ensure that treatment integrity was maintained, the undergraduate facilitators were required to role-play different situations with the supervisors of the study.

CHAPTER SEVEN: RESULTS STUDY TWO

Power Analysis

For the final analysis, with 3 DVs, in order to detect a medium effect size (0.50) with a power of .95 and an alpha of .05, the study would require 17 participants per group (Faul et al., 2007). Based on the predicted sample size, there is sufficient power to detect medium effect sizes.

Hypothesis: Intervention Improvement

To test the hypothesis that there would be a clinically significant improvement in participants' attitudes towards the United States, as well as their general adjustment, a repeated measures, multivariate analysis of variance (MANOVA) was conducted, with time (pre, post, & delayed post) serving as the IV. The DVs were attitudes towards the United States, the Quality of Life and Satisfaction Scale, and the Outcome Questionnaire-45.2.

Overall, condition was not associated with a significant multivariate effect, $F(3, 30) = .76$, *ns*, partial $\eta^2 = .04$. Time also was not associated with a significant multivariate effect $F(6, 27) = .39$, *ns*, partial $\eta^2 = .03$. There was no interaction found between time and condition $F(6, 27) = .31$, *ns*, partial $\eta^2 = .22$. See Table 15 for means and standard deviations.

CHAPTER EIGHT: DISCUSSION STUDY TWO

It was predicted that there would be a clinically significant improvement in the participants' attitudes towards the United States, as well as, their general adjustment in comparison to control over the post and delayed posttest. The data did not support the hypothesis. There was no difference among the conditions in the pretest, posttest, and delayed posttest. Specifically, those in the experimental condition did not differ from those in the control condition after the intervention and after 1-month after the intervention.

There are several limitations of this study that warrant examination. First, this study had a small sample size and there were also difficulties with recruitment that might have confounded the results. Researchers had difficulties finding participants who were Hispanic immigrants who also were willing to partake in the study. This resulted in the study having to be opened to participants who were born in the United States but who had parents born outside the United States. It may be likely that combining these two populations confounded the results. An immigrant who has been in the United States for a few years is going to have a different view of the U.S than a U.S. born Hispanic whose parents were born outside the United States. Immigration and their attitudes toward the United States may have little, if any, influence on their current life.

Further, another major limitation was that participants generally had positive attitudes toward the United States. It was difficult to find individuals who had negative attitudes toward the United States. Although these individuals certainly exist, they are likely to leave the U.S. or not be willing to partake in a study. Considering that this study was based on university students, it is unlikely that the immigrants enrolled in a major university hold negative attitudes toward the

United States given that success within a university requires a certain level of positive

engagement.

It may be, however, that even if the participants met a stricter criteria (i.e., had negative

views of the United States and were relatively recent immigrants) that no differences would have

been found among the groups. It may be the case that a one-session intervention is not enough to

instill change in participants. Further, an online system (i.e., SONA) was used to recruit

participants for this part of the system. Although it was helpful in recruiting participants, the

incentive for participants was extra credit in their respective courses. Participants likely had little

motivation to be engaged in the intervention and in challenging themselves. Motivation to

change is critical in therapy and without the motivation, the intervention, no matter how much it

is needed, would not be effective. Finally, it may also be the case the holding the session in a

classroom setting made it difficult to individualize the material. Although immigrants share

similar experiences, there is a wide variety or negative and positive experiences that may

influence their perceptions and emotions.

APPENDIX A: TABLES

Table 1 Regression Analyses for Attitudes toward the United States and Outcome Questionnaire Total for Adolescents/Young Adults

Regression/Variables	B	β	T
OQ Total			
Step 1. $F(5, 113) = 3.74$, $p < .05$, $r^2 = .15$			
SRRS	6.69	.09	.91
MGUDS-S	.60	.02	.21
CERQ Adaptive	-.83	-.04	-.37
CERQ Non-adaptive	9.89	.39	4.27**
Conner-Davidson Resiliency	-.53	-.02	-.19
Step 2. $F(6, 113) = 3.93$, $p < .001$, $r^2 = .18$			
SRRS	8.37	.11	1.15
MGUDS-S	1.55	.06	.53
CERQ Adaptive	.84	.04	.36
CERQ Non-adaptive	8.02	.32	3.26**
Conner-Davidson Resiliency	.76	.03	.27
U.S. Attitudes	-6.62	-.23	-2.07*

*Note. * $p < .05$ ** $p < .001$*

Table 2 Regression Analyses for Attitudes toward the United States and MASI for Adolescents/Young Adults

*Regression/*Variables	B	β	*T*
MASI			
Step 1. $F(5, 114) = 1.64$, *ns*, $r^2 = .07$			
SRRS	-.44	-.15	-1.48
MGUDS-S	.09	.08	.73
CERQ Adaptive	.05	-.06	-.53
CERQ Non-adaptive	.13	.13	1.37
Conner-Davidson Resiliency	-.21	.20	-1.86
Step 2. $F(6, 114) = 6.18$, $p < .001$, $r^2 = .26$			
SRRS	-.28	-.01	-1.07
MGUDS-S	.17	.16	1.63
CERQ Adaptive	.11	.13	1.22
CERQ Non-adaptive	-.05	-.05	-.52
Conner-Davidson Resiliency	-.09	.09	-.89
U.S. Attitudes	-.61	-.53	-.5.19**

*Note. * $p < .05$ ** $p < .001$

Table 3 Regression Analyses for Attitudes toward the United States and Quality of Life Enjoyment and Satisfaction Scale for Adolescents/Young Adults

Regression/Variables	B	β	t
Quality of Life Enjoyment and Satisfaction Scale			
Step 1. $F(5, 114) = 4.46$, $p < .05$, $r^2 = .17$			
SRRS	.29	.13	1.40
MGUDS-S	.02	.03	.28
CERQ Adaptive	-.09	-.16	-1.48
CERQ Non-adaptive	-.07	-.09	-1.07
Conner-Davidson Resiliency	.31	.39	3.86**
Step 2. $F(6, 114) = 4.30$, $p < .001$, $r^2 = .19$			
SRRS	.25	.13	1.22
MGUDS-S	.00	.00	-.01
CERQ Adaptive	-.14	-.22	-2.00
CERQ Non-adaptive	-.03	-.04	-.36
Conner-Davidson Resiliency	.28	.35	3.42**
U.S. Attitudes	.16	.19	1.75

*Note. * $p < .05$ ** $p < .001$*

Table 4 Regression Analyses for Attitudes toward the United States and Outcome Questionnaire for Parents

Regression/Variables	B	β	t
OQ Total			
Step 1. $F (5, 110) = 13.89$, $p < .001$, $r^2 = .39$			
SRRS	-24.71	-.34	-4.12**
MGUDS-S	.51	.03	.31
CERQ Adaptive	-1.61	-.08	-.92
CERQ Non-adaptive	7.98	.39	5.04**
Conner-Davidson Resiliency	-3.88	-.19	-2.03*
Step 2. $F (6, 110) = 13.77$, $p < .001$, $r^2 = .44$			
SRRS	-23.97	-.33	-4.13**
MGUDS-S	1.38	.07	.84
CERQ Adaptive	-1.21	-.06	-.71
CERQ Non-adaptive	7.32	.36	4.72**
Conner-Davidson Resiliency	-3.97	-.19	-2.14*
U.S. Attitudes	-5.17	-.22	-2.88*

*Note. * $p < .05$ ** $p < .001$

Table 5 Regression Analyses for Attitudes toward the United States and MASI for Parents

*Regression/*Variables	B	β	T
MASI			
Step 1. $F(5, 110) = 6.25$, p < .001, $r^2 = .23$			
SRRS	-.36	-.08	-.86
MGUDS-S	-.30	-.25	-2.58*
CERQ Adaptive	.14	.11	1.15
CERQ Non-adaptive	.15	.12	1.37
Conner-Davidson Resiliency	-.39	-.31	-2.91*
Step 2. $F(6, 110) = 5.70$, $p < .001$, $r^2 = .25$			
SRRS	-.26	-.06	-.61
MGUDS-S	-.24	-.20	-1.97
CERQ Adaptive	.15	.12	1.22
CERQ Non-adaptive	.13	.09	1.11
Conner-Davidson Resiliency	-.37	-.29	-2.77*
U.S. Attitudes	-.24	-.15	-1.59

*Note. * p < .05 ** p < .001*

Table 6 Regression Analyses for Attitudes toward the United States and Quality of Life Enjoyment and Satisfaction Scale for Parents

Regression/Variables	B	β	T
Quality of Life Enjoyment and Satisfaction Scale			
Step 1. F (5, 110) = 6.97, p < .001, r^2 = .25			
SRRS	.49	.15	1.62
MGUDS-S	-.04	-.04	-.42
CERQ Adaptive	.04	.04	.44
CERQ Non-adaptive	-.08	-.09	-1.04
Conner-Davidson Resiliency	.40	.43	4.11**
Step 2. F (6, 110) = 6.08, p < .001, r^2 = .26			
SRRS	.44	.13	1.42
MGUDS-S	-.07	-.08	-.77
CERQ Adaptive	.04	.04	.39
CERQ Non-adaptive	-.07	-.08	-.77
Conner-Davidson Resiliency	.39	.41	3.96**
U.S. Attitudes	.13	.12	1.20

*Note. * p < .05 ** p < .001*

Table 7 Regression Analyses for Adaptive Strategies for Adolescents/Young Adults and Parents

*Regression/*Variables	B	β	t
Adolescents/Young Adults			
Step 1. $F(4, 114) = 14.28, p < .001, r^2 = .34$			
MGUDS-S	.15	.16	1.76
CERQ Adaptive	.23	.33	3.63**
CERQ Non-adaptive	-.29	-.35	-4.39**
Conner-Davidson Resiliency	.19	.20	2.26*
Parents			
Step 1. $F(4, 110) = 6.76, p < .001, r^2 = .20$			
MGUDS-S	.23	.30	3.10*
CERQ Adaptive	.01	.01	.03
CERQ Non-adaptive	-.14	-.17	-1.95
Conner-Davidson Resiliency	.14	.17	1.67

*Note. * p < .05 ** p < .001*

Table 8 Regression Analyses for Outcome Questionnaire Total and Parental Communication

*Regression/*Variables	B	β	t
Outcome Questionnaire			
Step 1. $F(2, 119) = .43$, *ns, $r^2 = .01$*			
SRRS	2.21	.03	.32
POPRS	-1.88	-.07	-.85
Step 2. $F(6, 115) = 1.52$, *ns, $r^2 = .07$*			
SRRS	-1.09	-.02	-.15
POPRS	-1.39	-.06	-.61
Messages U.S	-5.48	-.21	-2.18*
Messages World	4.34	.18	1.78
Messages Openness	-2.26	-.08	-.81
Messages Resiliency	2.74	.12	1.18

*Note. * $p < .05$ ** $p < .001$*

Table 9 Regression Analyses for MASI and Parental Communication

Regression/Variables	B	β	t
MASI			
Step 1. $F(2, 120) = 1.46$, *ns*, $r^2 = .02$			
SRRS	-.01	-.01	-.03
POPRS	-.44	-.15	-1.71
Step 2. $F(6, 116) = 1.08$, *ns*, $r^2 = .05$			
SRRS	.03	.03	.28
POPRS	-.34	-.12	-1.21
Messages U.S	-.15	-.15	-1.57
Messages World	-.02	-.02	-.19
Messages Openness	.06	.05	.53
Messages Resiliency	-.05	.05	-.51

*Note. * $p < .05$ ** $p < .001$*

Table 10 Regression Analyses for Quality of Life Enjoyment and Satisfaction Scale and Parental Communication

*Regression/*Variables	B	β	t
Quality of Life Enjoyment and Satisfaction Scale			
Step 1. F (3, 122) = 3.99, $p < .05$, $r^2 = .06$			
SRRS	.09	.13	1.19
POPRS	.49	.22	2.53*
Step 2. F (6, 116) = 3.59, $p < .05$, $r^2 = .15$			
SRRS	.08	.11	1.19
POPRS	.26	.18	1.29
Messages U.S	.13	.16	1.79
Messages World	.18	.25	2.57*
Messages Openness	-.11	-.13	-1.34
Messages Resiliency	.02	.03	.27

Note. * $p < .05$ ** $p < .001$

Table 11 Regression Analyses for MGUDS and Parental Communication

Regression/Variables	B	β	t
MGUDS			
Step 1. $F\,(2,\,118) = 2.69$, *ns*, $r^2 = .05$			
SRRS	-.23	-.08	-.89
POPRS	.16	.19	2.06*
Step 2. $F\,(6,\,114) = 4.71$, $p < .001$, $r^2 = .20$			
SRRS	-.42	-.15	-1.65
POPRS	.07	.08	.86
Messages U.S	.08	.07	.80
Messages World	.04	.04	.46
Messages Openness	.27	.27	2.86*
Messages Resiliency	.12	.15	1.49

*Note. * $p < .05$ ** $p < .001$*

Table 12 Regression Analyses for Conner-Davidson Resiliency Scale and Parental Communication

Regression/Variables	B	β	T
Conner-Davidson Resiliency Scale			
Step 1. F (2, 120) = 3.00, *ns*, r^2 = .05			
SRRS	-.33	-.12	-1.34
POPRS	.16	.18	1.96
Step 2. F (6, 116) = 2.72, *p* < .05, r^2 = .12			
SRRS	-.56	-.20	-2.19*
POPRS	.11	.12	1.32
Messages U.S	.00	.00	-.01
Messages World	.14	.16	1.59
Messages Openness	.06	.06	.58
Messages Resiliency	.13	.16	1.58

*Note. * p < .05 ** p < .001*

Table 13 Regression Analyses for CERQ Adaptive and Parental Communication

Regression/Variables	B	β	T
CERQ Adaptive			
Step 1. $F (2, 115) = 8.54$, p <.001, $r^2 = .13$			
SRRS	-1.09	-.30	-3.37**
POPRS	.21	.18	2.07*
Step 2. $F (6, 111) = 5.91$, $p < .001$, $r^2 = .24$			
SRRS	-1.31	-.36	-4.03**
POPRS	.09	.08	.92
Messages U.S	.26	.21	2.38*
Messages World	.04	.03	.33
Messages Openness	.24	.19	2.05*
Messages Resiliency	.06	.06	.59

*Note. * $p < .05$ ** $p < .001$*

Table 14 Regression Analyses for CERQ Non-adaptive and Parental Communication

Regression/Variables	B	β	T
CERQ Non-adaptive			
Step 1. $F(2, 117) = 3.23, p < .05, r^2 = .05$			
SRRS	-.65	-.22	-2.44*
POPRS	-.08	-.07	-.86
Step 2. $F(6, 113) = 1.39, ns, r^2 = .07$			
SRRS	-.55	-.19	-1.92
POPRS	-.09	-.10	-.99
Messages U.S	-.03	-.03	-.32
Messages World	-.10	-.11	-1.03
Messages Openness	.12	.11	1.09
Messages Resiliency	.00	.00	-.01

*Note. * $p < .05$ ** $p < .001$*

Table 15 Means and Standard Deviations for Intervention

	U.S. Views[1]		Quality of Life and Satisfaction Scale[2]		Outcome Questionnaire 45.2[3]	
	M	*SD*	*M*	*SD*	*M*	*SD*
Pretest						
Experimental (*n* = 18)	4.49	.43	3.92	.63	70.11	18.02
Control (*n* = 16)	4.31	.41	3.98	.33	67.25	14.92
Posttest						
Experimental (*n* = 18)	4.35	.44	3.91	.43	69.50	18.06
Control (*n* = 16)	4.23	.44	3.98	.44	63.75	14.91
Delayed Posttest						
Experimental (*n* = 18)	4.32	.52	3.91	.63	68.39	17.88
Control (*n* = 16)	4.26	.38	3.98	.43	68.69	11.27

[1-2] Absolute (possible) scores ranged from 1 to 5.
[3] Absolute (possible) scores ranged from 0 to 180.

Table 16 Means and Standard Deviations for Study Variables

	Parents (*n* = 123)		Adolescents/ Young Adults (*n* = 123)	
	M	*SD*	*M*	*SD*
Attitudes toward the U.S.[1]	3.95	.57	4.11	.60
Attitudes toward the World[2]	2.84	.81	3.00	.73
M-GUD-S[3]	4.63	.73	4.74	.64
Connor-Davidson Resilience Scale-10[4]	2.88	.68	2.87	.66
CERQ- Adaptive[5]	3.90	.69	3.72	.86
CERQ- Non-Adaptive[6]	2.55	.69	2.48	.71
Q-LES-Q SF[7]	3.62	.62	3.73	.53
OQ-45.2[8]	64.10	13.60	63.27	17.88
MASI[9]	1.03	.84	.72	.68
SRRS[10]	1.76	.18	1.77	.24
POPRS[11]			3.65	.74
Parental Messages-U.S[12]			3.81	.68
Parental Messages-World[13]			3.13	.75
Parents Messages-Resiliency[14]			2.91	.82
Parental Messages-Openess[15]			3.66	.65

[1-2, 5-7, 12-15] Absolute (possible) scores ranged from 1 to 5
[3, 11] Absolute (possible) scores ranged from 1 to 6
[4] Absolute (possible) scores ranged from 0 to 4
[8] Absolute (possible) scores ranged from 0 to 180
[9] Absolute (possible) scores ranged from 0 to 3
[10] Absolute (possible) scores ranged from 0 to 14

APPENDIX B: SESSION OUTLINES

Section One:

Topic Area	Manual Page Numbers	Participant Handout
Basics of emotions	Therapist guide: Pgs 13-15	
Three component model of emotions		3-component model (Workbook. Pg 64)
The ARC of emotions	Workbook: Pgs 68-71	
What are cognitive appraisals? Catastrophizing / Probability overestimate How do your automatic thoughts about the U.S. influence your actions?	Workbook: Pgs 109-110 Therapist Manual: Pgs 83-94	Cognitive appraisals exercise (Workbook. Pg 111) Downward arrow technique (Workbook. Pg 117)

Section Two:

Topic Area	Manual Page Numbers	Participant Handout
The problem with emotional avoidance strategies. How parents sometimes teach maladaptive emotion strategies.	Workbook Pgs.136-139 Therapist manual Pgs. 95-106	White Bear example (Workbook, Pg. 139)
Family conflicts and our emotions		

Section Three:

Topic Area	Manual Page Numbers	Participant Handout
Emotion driven behaviors (EDBs)	Workbook: 145-153 Therapist manual: 107-116	Changing EDCS (158)
Importance of being in the moment Importance of "mindfulness"	Therapist Manual Pgs. 69-74	"Anchoring" in the moment (Therapist Manual, Pgs. 106)
Focusing on problems		Decisional Balance Worksheet (Workbook Pg. 39)

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