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Psychosocial Adjustment in Children of Immigrants

Shaza A. Karam

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Psychosocial Adjustment in Children of Immigrants

by

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Presented to the Faculty of the
Graduate School of Clinical Psychology

George Fox University

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Of the requirements for the degree of

Doctor of Psychology

In Clinical Psychology

Newberg, Oregon

November 27, 2019

Psychosocial Adjustment in Children of Immigrants

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has been approved

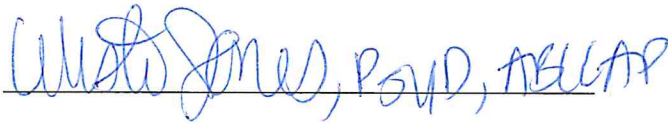
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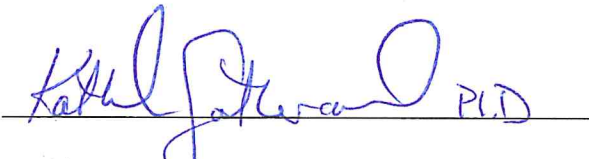
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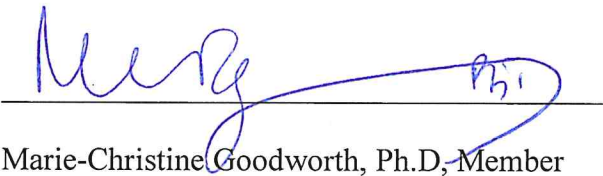
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Psychosocial Adjustment in Children of Immigrants

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Abstract

For immigrants, assimilation into mainstream society is complex, with numerous layers and experiences across multiple settings (e.g., employment, education, healthcare). In addition, immigrant populations are underserved and under-resourced compared to native populations, with major systemic barriers that influence socioeconomic status as well as immigrant ability to maximize education and employment potential. In turn, these difficulties have an adverse impact on psychosocial wellbeing in immigrants broadly. Immigrant youth are a particularly vulnerable population facing an even more complex set of barriers and challenges in addition to the typical challenges associated with identity development in adolescence. However, multiple factors have been explored as predictors of their psychosocial wellbeing for immigrant youth. These have included socioeconomic status, educational achievement, discrimination at school, acculturation orientation (English language development, familism), and relationships (family cohesion and close friendships). This study was interested in exploring the influence of these variables on feelings of sadness and depression in immigrant youth. In order to explore these variables, the

Children of Immigrants longitudinal study (CILS; Portes & Rumbaut, 1991-2006) was used. The CILS data set offered the ability to explore the experiences of immigrant youths at two time periods (Time 1 in 1992 and Time 2 in 1995). It was hypothesized that the Time 1 predictors (socioeconomic status, educational aspiration versus perceived achievement ability, discrimination, primary language, parent/respondent acculturation discrepancy, parent/respondent clash frequency, and number of close friendships) would predict feelings of sadness and depression at both Time 1 and Time 2. Secondly, it was hypothesized that the Time 2 predictors (educational aspiration versus perceived achievement ability, discrimination, parent/respondent acculturation discrepancy, parent/respondent clash frequency) would predict feelings of sadness and depression at Time 2. Regression results showed that the key factors which influenced youth immigrant's reports of sadness and depression at times 1 and 2, include the immigrant's experiences of discrimination, educational aspirations versus achievement, parent/child clash frequency, and number of close friendships. While working with this particularly vulnerable group, it is important for providers (educators, social workers, mental health providers, and medical providers) to be aware of key factors.

Table of Contents

Approval Page	ii
Abstract	iii
List of Tables	v
List of Figures.....	viii
Chapter 1: Introduction.....	1
Immigrants in the United States.....	1
Immigrant employment and socioeconomic adversity.	1
Educational barriers.	2
Additional pressures for immigrant youth.	2
Bronfenbrenner’s Ecological Model with immigrant youth.....	3
Identity development.....	4
Stress of the acculturation process.	4
Predictors of Wellbeing for Immigrant Youth.....	5
Immigrant paradox.....	5
Socioeconomic status.....	6
Discrimination at school.	7
English language development.....	8
Familism.....	9
Family cohesion.....	9
Close Friendships.....	9
Purpose of the Study	10

ADJUSTMENT OF IMMIGRANT CHILDREN	vi
Hypotheses.....	10
Chapter 2: Methods.....	14
Participants.....	14
Measures.....	16
Demographics.....	16
Feelings of Sadness and Depression.....	16
Socioeconomic status.....	16
Educational aspiration and achievement.....	16
Discrimination.....	17
Language.....	17
Parent/respondent acculturation discrepancy.....	17
Parent-respondent clash frequency.....	17
Number of close friendships.....	18
Chapter 3: Results.....	19
Hypothesis Testing.....	19
Hypothesis 1.....	19
Hypothesis 2.....	21
Chapter 4: Discussion.....	25
Regression Discussion.....	26
Hypothesis one.....	26
Hypothesis two.....	26
Supported Predictors.....	27

Educational aspirations and perceived achievement abilities.....	27
Discrimination.....	28
Parent/respondent acculturation discrepancy.....	28
Parent-child clash frequency.....	29
Number of close friends.....	30
Unsupported Predictors.....	30
Socioeconomic status.....	31
Language fluency.....	31
Limitations.....	31
Future Directions.....	32
Conclusion.....	32
References.....	34
Appendix A: Curriculum Vitae.....	41

List of Tables

Table 1	Demographics- Nationality.....	15
Table 2	Descriptives	20
Table 3	Correlations	21
Table 4	Coefficients for Model Variables for Regression 1	22
Table 5	Coefficients for Model Variables for Regression 2	23

List of Figures

Figure 1 Hypothesized models 13

Figure 2 Model 1 Regression 22

Figure 3 Model 2 Regression 24

Chapter 1

Introduction

Immigrants in the United States

The United Nations, Department of Economic and Social Affairs, Population Division (United Nations, 2013) reported that the number of international migrants worldwide increased from 175 million in 2000 to 232 million. Additionally, it was reported that the most popular destination of immigrants worldwide is the United States. The Center for Immigration Studies reported that in 2014 the number of legal and illegal immigrants in the United States totaled 42.4 million individuals (Camarota & Zeigler, 2016). For the purpose of this study immigrants are identified as individuals who moved from one country to another (first generation) and the children of first generation immigrants (second generation). For immigrants, assimilation into mainstream society is complex, with numerous layers and experiences across multiple settings (e.g., employment, education, healthcare).

Immigrant employment and socioeconomic adversity. Socioeconomic status has a number of different implications on overall adjustment and is a determinant of wellbeing for all individuals (Rios-Salas & Larson, 2015). Research on immigrants has shown that immigrants and natives demonstrate similar rates of employment, although immigrant men tend to have a slightly higher employment rate when compared to native men (Center for Immigration Studies, 2016). However, numerous studies have concluded that despite having similar rates of work, immigrants are significantly more likely to work low-wage jobs, live in poverty, lack health insurance, use welfare, and have lower rates of home ownership (Camarota & Zeigler, 2016;

United Nations, 2013). It is speculated that these adversities are related to lower education levels, which in turn, limit potential job opportunities.

This same report provides information on immigrant progress in the United States over time. It reports that in 2014, the average immigrant had lived in the United States for almost 21 years. Although immigrants make significant progress the longer they live in this country, they still struggle to close the gap with natives. These inferences are made from data that shows house ownership for immigrants who have been in the country for 20 years is 24% lower than that of native households (Center for Immigration Studies, 2016).

Educational barriers. In terms of the education system, in 2014 there were 10.9 million students from immigrant households in public schools. This accounts for 23% of all public school students (Center for Immigration Studies, 2016). As of the 2014 data on the United States annual census report, approximately 28% of immigrants ages 25 to 65 had not completed high school, compared to 8% of natives. In addition, adult immigrants arriving in the United States do not always have the appropriate supports or abilities to pursue further education, further contributing to the educational gap between them and natives. Because the number one predictor of economic success in the United States is one's education level, these educational barriers adversely impact socioeconomic status and poverty levels. It should be noted, however, that there are differences among immigrant groups in terms of educational levels, with some immigrant groups having higher educational attainment when compared to natives.

Additional pressures for immigrant youth. Among immigrants, children and adolescents are a particularly vulnerable demographic group. From 2006 to 2013, the number of children of immigrants in the United States grew 12 percent, from 15.7 million to 17.6 million

(Woods, Hanson, Saxton & Simms, 2016). They represent a large, fast growing, and diverse demographic group, making children the most racially and ethnically diverse age group in the United States. Additionally, it is predicated that by 2050 more than 100 million children in the United States will be first or second-generation immigrants (Passel, 2014).

Bronfenbrenner's Ecological Model with immigrant youth. Research on immigrant children and youth highlights the importance of Bronfenbrenner's Ecological Model in understanding the pressures these children and youth are navigating that make them a particularly vulnerable demographic group. It points to the importance of understanding overlapping contextual factors that shape developmental processes (Arora & Wheeler, 2018). Many studies have found bidirectional influences of systems on youth development and influences of youth on systems. For instance, while most immigrant children learn English faster than their parents as a product of them entering the school system (Toppelberg, & Collins, 2010), however many children become translators for their parents, which introduces different power dynamics and patterns in the parent child relationship (Jia, Gottardo, & Ferreira, 2017). Because of their involvement with the educational system, children and youth potentially have more exposure to services and providers, but studies find that immigrant children and youth are less likely to access psychosocial support resources than native children and youth (Guendelman, Schauffler, & Pearl, 2001). Other studies have hypothesized/found that this is related to being ineligible for benefits due to non-citizenship status (Capps, Fix, Ost, Reardon-Anderson, & Passell, 2004), low health insurance coverage (Guendelman et al., 2001), and cultural misunderstandings (Aboul-Enein & Aboul-Enein, 2010).

Identity development. Another important area within typical development for children and adolescents is the concept of identity development. Identity development, a key task of adolescence, is influenced by the experiences that a person encounters during the formative times in their life. During these foundational times, biological, cognitive, and social changes typically lead youth to consider who they are and what they think about themselves (Schwartz et al., 2017). Identity development has psychosocial implications and can influence self-esteem, relationships, and achievement in different areas of functioning. All adolescents experience development in their identity regardless of their race, ethnicity, nationality, or geographic location. However, immigrant youth face numerous additional adjustments as part of their immigration narrative and acculturation processes. For immigrant youth to maintain positive relationships with parents, they have to balance accommodating and negotiating with parents, navigating when individuation is appropriate versus adherence to family or cultural values (Kuczynski & Knafo, 2013). When these adjustments are occurring during formative adolescent years, identity development may be impacted, with possible consequent effects on psychosocial wellbeing.

Stress of the acculturation process. Azmitia, Syed, & Radmacher (2008), reported that identity development among immigrant and minority groups is particularly complex and requires more work when compared to majority-group adolescents. Immigrant youth often have to process and integrate aspects of multiple cultures that form their identity. Immigrant adolescents are tasked with deciding what aspects of the host culture to accept and which to reject or ignore, doing the same with their heritage culture. These kinds of acculturation stressors are common

among immigrant adolescents and often lead to family discord and tax individual psychosocial wellbeing (Li, 2013).

In a sample of 302 recently immigrated Hispanic adolescents in the United States, Schwartz et al. (2017) found that those who exhibited higher levels of identity confusion at baseline of a longitudinal study had lower self-esteem, greater depressive symptoms, more aggressive behavior, and more rule breaking at the endpoint. Conversely, Hispanic immigrant adolescents who reported higher levels and more improvement in identity coherence at baseline had higher levels of self-esteem, optimism, and prosocial behavior. Studies like this highlight the importance of understanding the development and experiences of immigrant adolescents in the context of identity development in order to fully support their adjustment and wellbeing. In sum, the above information outlines the complexity of development and psychosocial wellbeing for immigrant adolescents in the United States. This next section focuses on predictors of various wellbeing outcomes.

Predictors of Wellbeing for Immigrant Youth

Immigrant paradox. Even though acculturation stressors are common among immigrants, the overall impacts on immigrant health and wellbeing are not always negative. For example, among Latinos, first generation Latino immigrants have better mental health than US-born Latinos (Cook, Alegria, Lin, & Guo, 2009). This is known as the immigrant paradox and has been supported by a number of other studies with different immigrant groups (Cook et al., & Guo, 2009; Hernandez, 1999; Portes & Rumbaut 2014; Rumbaut 1994). For instance, Kao (1999) found that first- and second-generation adolescents had significantly lower feelings of self-efficacy and higher feelings of alienation from their schoolmates compared with children in

native-born families. In contrast, adolescents in immigrant and native-born families did not differ in self-esteem.

To determine predictors of wellbeing outcomes (e.g., identity development, integration and roles of adolescents in the United States), other factors have been explored including socioeconomic status, acculturation orientation, discrimination at school, school safety, educational attainment, familism, family cohesion, English language development, and close friendships.

Socioeconomic status. Research on socioeconomic status and overall wellbeing has generated mixed results. Certainly, immigrant families nationwide are reported to experience more economic hardships and lower socioeconomic status (McLoyd, Fowler, & Hetherington, 1998; Pearlin, Schieman, Fazio, & Meersman, 2005; Rios-Salas & Larson 2015). Multiple factors influence these realities including lower educational attainment and limited English proficiency. Even though economic hardships have been reported among immigrant families, multiple studies have found that these hardships do not necessarily relate to immigrant wellbeing. For instance, children and adolescents in immigrant families (despite lower socioeconomic status) have been found to experience better health and adjustment than do children and youth in native-born families (Hernandez, 1999; Rios-Salas & Larson, 2015). Conversely, another study exploring overall adjustment of Mexican immigrant adolescents found that subjective economic hardship, general discrimination, and negative perceptions of school safety were related to higher levels of depressive symptoms (Arora & Wheeler, 2018). These mixed findings highlight the need for additional research on the relationship between immigrant wellbeing and economic hardship.

Educational achievement. Related to socioeconomic status, research on educational achievement for immigrant youth has yielded mixed findings depending on the population and setting. For instance, Conger and Schwartz (2007) found that immigrant youth who attended public schools in New York City evidenced higher achievement than non-immigrants, especially when they had supportive families and communities. Conversely, other research presents opposite findings. For example, a study of Latino/a immigrant adolescents attending school in the United States found that those with interrupted schooling and limited English proficiency tended to be viewed as hard to serve (Lukes, 2015). Additionally, academic success may be becoming increasingly challenging for first and second generation immigrants. Potochinck and Mooney (2015) found that first and second generation immigrants performed worse on both math and reading test scores in 2002 than in 1990. The authors attributed this decline to greater familial hardships for first generation immigrants and changes in the characteristics of the schools that second generation youth attended.

As predictors, educational achievement and educational success have been found to strongly predict wellbeing in the domains of assimilation, community involvement, and work involvement. Specifically, Potochnick and Mooney (2015) looked at test scores for immigrant students across the United States from the National Educational Longitudinal Study (ELS; 1988) and the ELS (2002). Findings indicated that immigrant youth educational success impacted assimilation, and that assimilation impacted community involvement and work involvement.

Discrimination at school. Rather than expecting the student to operate within the educator's cultural worldview, the researchers propose that educators find ways for the student to operate within their own cultural worldview. This method is described as "border-crossing" and

is proposed as a way for educators to combat educational inequity for minority students. This involves acknowledging cultural differences, understanding differences in cultural worldviews and perspectives, valuing those differences, and working within the perspectives of the student when possible. The benefits of this approach multiply, as research shows that when students have a good relationship with their educators and positive school experiences, they are more likely to have better psychological wellbeing (Ozdemir & Stattin, 2014) and better academic achievement (Qing Zhou, Chu, & Chen, 2012).

Acculturation orientation. In addition to socioeconomic and educational factors that impact immigrant youth wellbeing, individual acculturation orientation has been found to be related. Benet-Martínez and Haritatos (2005) defined acculturation as, “Orientation toward the behaviors, values, and identifications associated with the heritage and destination cultural context, involving potentially adding a new cultural component to one’s identity.” Acculturation orientation can be evaluated or measured in a number of ways. It has been most often measured using behavioral anchors such as language use or engagement in other cultural practices (Schwartz et al. 2010). In addition, immigrant adolescents’ acculturation orientation can be seen through their language preference, media preferences, social affiliations, and cultural customs and traditions. Research on two of these factors, English language development and familism, will be outlined in more detail here.

English language development. English language development has been shown to have impacts on immigrant youth integration and participation in their communities (Portes & Hao, 2002). Lo, Hopson, Simpson, and Cheng, (2017) found immigrants who reported a higher level of English language proficiency also reported lower levels of depression and higher levels of

self-esteem. These results highlight the importance of supporting English language development among immigrant adolescents.

Familism. Familism is defined as prioritizing one's family over one's individual self (Rodriguez, Mira, Paez, & Myers, (2007). It is a cultural characteristic of many collectivist cultures, particularly seen in Asian and Hispanic cultural heritage (Coohey, 2001; Fuligni, Tseng, & Lam, 1999; Schwartz, 2007). Among Mexican adolescents in immigrant families, familism as indexed by family support was found to be positively related to psychological wellbeing (Rodriguez et al. 2007). Additionally, Juang and Cookston (2009) reported that family obligations were protective against depression among Chinese adolescents in immigrant families.

Family cohesion. Relationships have also been studied as formative influences of wellbeing in immigrant youth, with particular attention to family cohesion and friendships with peers. Family cohesion has also been found to be related to lower levels of depressive symptoms (Arora & Wheeler, 2018). Additionally, Arora and Wheeler (2018) found that youth gender, familism values, family cohesion, and school connectedness were significant moderators of depressive symptoms and self-concept among this immigrant group. Adolescents of immigrant parents who experienced discrimination and lacked parental support suffered from a significantly higher level of perceived depression (Tran, 2018).

Close Friendships. Close friendships in adolescence positively impact overall wellbeing regardless of their immigration status, as adolescence is often a time where youth are afforded more freedoms and increased contact with peers. Further, research has found that among immigrants, interracial friendships are associated with higher levels of psychosocial wellbeing

(Rude & Herda, D. 2010). Additionally, Rude and Herda reported that minority adolescents with same-race friendships were more likely to rate those friendships higher in closeness.

Purpose of the Study

In sum, these studies have found that immigrant populations are underserved and under-resourced, with major systemic barriers that influence socioeconomic status as well as immigrant ability to maximize education and employment potential. In turn, these difficulties have an adverse impact on psychosocial wellbeing in immigrants broadly. Immigrant youth are a particularly vulnerable population facing an even more complex set of barriers and challenges. However, multiple factors have been explored as predictors of their psychosocial wellbeing for immigrant youth. These have included socioeconomic status, educational achievement, discrimination at school, acculturation orientation (English language development, familism), and relationships (family cohesion and close friendships). This study is interested in exploring the influence of these variables on feelings of sadness and depression in immigrant youth. The data set used for this study came from the Children of Immigrants Longitudinal Study (CILS; Portes & Rumbaut, 1991-2006), a study focused on the cultural, educational, and psychosocial adaptation of youth with immigrant parents. The CILS offered the ability to explore the experiences of immigrant youths at two time periods or waves (Time 1 in 1992 and Time 2 in 1995) by administering a comprehensive questionnaire to address the above stated variables and more.

Hypotheses

1. Regression model 1 included the following predictors of Time 1 feelings of sadness and depression:

- a. Time 1 socioeconomic status was hypothesized to be a negative predictor of Time 1 feelings of sadness and depression.
 - b. Discrepancy between educational aspirations and perceived achievement ability at Time 1 was hypothesized to be a positive predictor of Time 1 feelings of sadness and depression.
 - c. Time 1 discrimination experience was hypothesized to be a positive predictor of Time 1 feelings of sadness and depression.
 - d. Time 1 English language fluency was hypothesized to be a negative predictor of Time 1 feelings of sadness and depression.
 - e. Parent/respondent acculturation discrepancy at Time 1 was hypothesized to be a positive predictor of Time 1 feelings of sadness and depression.
 - f. Time 1 parent-respondent clash frequency was hypothesized to be a positive predictor of feelings of sadness and depression at Time 1.
 - g. Time 1 number of close friendships was hypothesized to be a predictor of Time 1 feelings of sadness and depression.
2. Regression model 2 included the following predictors of Time 2 feelings of sadness and depression:
- a. Time 1 socioeconomic status was hypothesized to be a negative predictor of Time 1 feelings of sadness and depression.
 - b. Discrepancy between educational aspirations and perceived achievement ability at Time 1 was hypothesized to be a positive predictor of Time 1 feelings of sadness and depression.

- c. Time 1 discrimination experience was hypothesized to be a positive predictor of Time 1 feelings of sadness and depression.
- d. Time 1 English language fluency was hypothesized to be a negative predictor of Time 1 feelings of sadness and depression.
- e. Parent/respondent acculturation discrepancy at Time 1 was hypothesized to be a positive predictor of Time 1 feelings of sadness and depression.
- f. Time 1 parent-respondent clash frequency was hypothesized to be a positive predictor of feelings of sadness and depression at Time 1.
- g. Time 1 number of close friendships was hypothesized to be a predictor of Time 1 feelings of sadness and depression.
- h. Time 2 discrepancy between educational aspiration and perceived achievement ability was hypothesized to be a positive predictor of Time 2 feelings of sadness and depression.
- i. Time 2 discrimination experience was hypothesized to be a positive predictor of Time 2 feelings of sadness and depression.
- j. Time 2 parent/respondent acculturation discrepancy was hypothesized to be a positive predictor of Time 2 feelings of sadness and depression.
- k. Time 2 parent-respondent clash frequency was hypothesized to be a positive predictor of Time 2 feelings of sadness and depression.

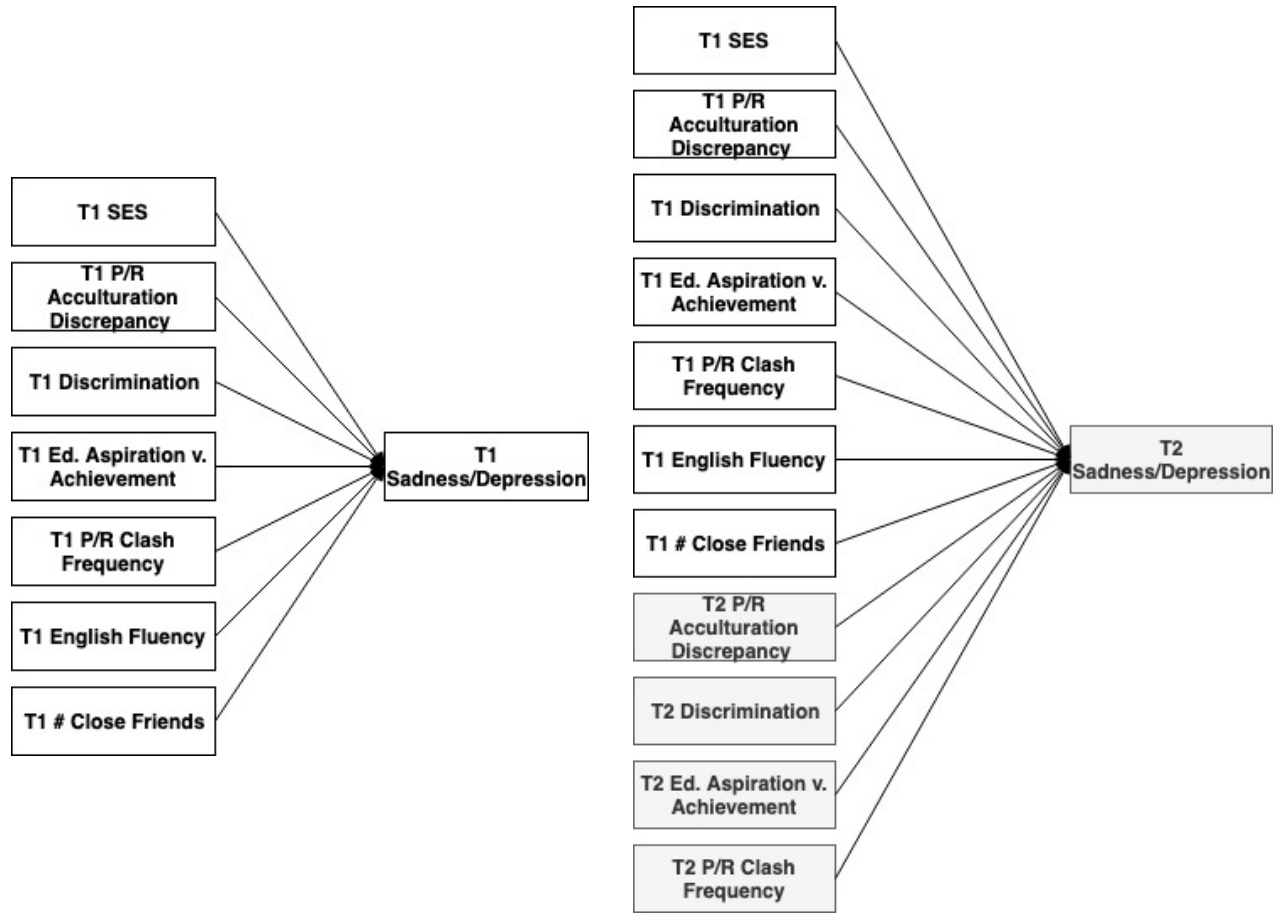


Figure 1. Hypothesized Models.

Chapter 2

Methods

Participants

The data for the Children of Immigrants Longitudinal Study (1991-2006) was collected in three waves, and data from the first two waves (Time 1 and Time 2) were used in this study. In the first 1992 wave, adolescents in 8th and 9th grades from all public and private schools in San Diego and Miami were recruited. This first sample consisted of 5,262 participants. In the second wave, researchers reached out to the original participants three years later (1995) and administered the survey to 4,288 participants. The survey questionnaires were administered in the preferred language of the participant. The current study selected to include data only from the participants who completed the CILS questionnaire at both times of administration. The total number of participants used in this current study was 4,288, 51% of which were female and 49% male. To be eligible for the study, youth had to have at least one foreign-born parent and be either born in the US or have immigrated to the United States at an early age. Participants included ethnically diverse 8th and 9th grade students from 49 schools in the Miami/Ft. Lauderdale and San Diego metropolitan area. Mean age of the participants was 14.23 years (SD = .86). Overall, 46% of the participants were second generation immigrants (born in the US), 26% had lived in the US for ten years or more, 21% had lived in the US from five to nine years, and 6.2% had been in the US for less than five years. Nationality data are provided in Table 1.

The comprehensive literature review conducted prior to data analysis guided the development of the seven hypotheses for this study. In order to explore these hypotheses, the

questionnaire used in the CILS was reviewed and the items within it that addressed the selected variables were identified. The selected variables included SES, parent/respondent acculturation discrepancy, discrimination, educational aspiration versus perceived achievement ability, parent/respondent clash frequency, English language fluency, number of close friends. To follow, these variables are identified as Time 1 predictor variables, for those collected at the first wave of the study. Time 2 predictor variables are the variables that were selected from the second wave of questionnaires.

Table 1.

Demographics- Nationality

Nationality	N	Percentage of Sample	Nationality	N	Percentage of Sample
Cuba	1226	23.3	Jamaica	156	3
Mexico	755	14.3	West Indies	116	2.2
Nicaragua	344	6.5	Philippines	819	15.6
Colombia	227	4.3	Vietnam	370	7
Dominican Republic	105	2	Laos	155	2.9
El Salvador	34	0.6	Cambodia	95	1.8
Guatemala	31	0.6	Hmong	53	1
Honduras	53	1	China	37	0.7
Costa Rica	16	0.3	Hong Kong	17	0.3
Panama	20	0.4	Taiwan	18	0.3
Argentina	43	0.8	Japan	30	0.6
Chile	30	0.6	Korea	23	0.4
Ecuador	35	0.7	India	18	0.3
Peru	45	0.9	Pakistan	12	0.2
Venezuela	16	0.3	Other Asia	17	0.3
Other South America	42	0.8	Middle East/Africa	38	0.7
Haiti	178	3.4	Europe/Canada	88	1.7

Measures

Demographics. Basic demographic information was collected, including age, gender, country of birth, length of residency in the United States, and household structure.

Feelings of Sadness and Depression. To evaluate depression, the researchers administered four items from the Center for Epidemiological Studies-Depression Scale (CES-D; Radloff, 1977). The full CES-D is a 20-item scale that measures symptoms of depression in nine different domains as defined by the American Psychiatric Association. The items selected for The CILS were as follows: “During the last week, I felt sad,” “During the last week, I couldn’t get going,” “During the last week, I didn’t feel like eating; my appetite was poor,” and “During the last week, I felt depressed.” These items were scored on a 4-point scale on which 0= “rarely, less than once a week,” 1 = *some of the time, 1 or 2 days a week*, 2 = *occasionally, 3 or 4 days a week*, and 3 = *most of the time, 5 to 7 days a week*. Scores ranged from 0 to 12 and the responses to the four items were summed to create an overall depression score. Cronbach's alpha for this study was 0.76. Two questions were selected for this study to predict mood. These two questions were “During the last week, I felt sad” and “During the last week, I felt depressed.”

Socioeconomic status. Perceived economic hardship was assessed by asking children to rate their family’s socioeconomic status. The questionnaire asked, “what do you think your family’s economic situation is?” Participants answered with 1 = *wealthy*, 2 = *upper-middle class*, 3 = *lower-middle class*, 4 = *working class*, and 5 = *poor*.

Educational aspiration and achievement. Expected educational attainment was evaluated by asking children about their educational goals and then asking how likely they are to achieve their goal. “What is the highest level of education that you would like to achieve?”

Responses included, 1 = *Less than high school*, 2 = *Finish high school*, 3 = *Finish some college*, 4 = *Finish college*, 5 = *Finish a graduate degree (masters, doctor, etc.)*. Next participants were asked, “And realistically speaking, what is the highest level of education that you think you will get?” with the same responses as above.

Discrimination. Discrimination was measured by asking if the children had experienced three kinds of discrimination in school settings. “Have you ever felt discriminated against?” These three included teacher discrimination, peer discrimination, and counselor discrimination. Participants responded to this question by indicating *Yes* or *No*.

Language. Participants were asked, “how well do you speak English?” Responses were on a Likert scale 1 = *Not at all* to 4 = *Very well*.

Parent/respondent acculturation discrepancy. Preference for American culture was assessed by levels of preference for doing things the American way. Students were asked about both their preference and their parents’ preference. “How often do you prefer American ways of doing things?” and “How often do your parents (or adults with whom you live) prefer American ways of doing things?” Participants rated their responses on a Likert scale from 1 = *All the time* to 5 = *Never*. For this project, acculturation conflict was deduced by comparing child and parent preference for doing things the American way. Greater values indicated greater discrepancy.

Parent-respondent clash frequency. They were asked to rate how often they clashed with their parents. “And how often do you get in trouble because your way of doing things is different from that of your parents?” 1 = *All the time*, 2 = *Most of the time*, 3 = *Sometimes*, 4 = *Never*.

Number of close friendships. Children were asked about the number of close friends.

“How many close friends do you have in school?”

Chapter 3

Results

Data were screened to identify missing data and outliers and to evaluate the fulfillment of test assumptions. Outliers were identified by calculating Mahalanobis distance in a preliminary regression procedure. Outlier screening led to the elimination of 112 cases. Linearity, multivariate normality and homoscedasticity were examined through the generation of a residuals plot within another preliminary regression to confirm that assumptions were met. Multicollinearity was examined using tolerance and Variance Inflation Factor (VIF). Cases with missing data were excluded (leaving $n = 4,795$ for Time 1 and $n = 3,895$ for Time 2). Descriptive statistics are provided in Table 2 for the eleven predictor variables and two criterion variables.

Table 3 reports bivariate correlations for the eleven predictor variables and the two criterion variables (using Pearson's R for continuous variables and Spearman Rho for categorical variables).

Hypothesis Testing

Hypothesis 1. Stepwise linear regression was conducted to determine which Time 1 predictor variables (SES, parent/respondent acculturation discrepancy, discrimination, educational aspiration versus perceived achievement ability, parent/respondent clash frequency; see Table 3.

Table 2.

Descriptives

	Min	Max	Mean	SD
T1 Feelings of sadness and depression	4	13	6.44	2.25
T1 SES	1	5	2.76	0.87
T1 Parent/Respondent Acculturation Discrepancy	-3	3	-0.26	0.68
T1 Discrimination	1	2	1.45	0.5
T1 Education Aspiration vs. Achievement	-4	4	0.41	0.73
T1 Parent/Respondent Clash Frequency	1	4	2.99	0.9
T1 English Language Fluency	0	16	6.63	6.39
T1 Close Friendships	4	13	6.44	2.25
T2 Feelings of sadness and depression	3	12	5.1	2.12
T2 Parent/Respondent Acculturation Discrepancy	-3	3	-0.29	0.65
T2 Discrimination	1	2	1.38	0.49
T2 Education Aspiration vs. Achievement	-3	4	0.33	0.67
T2 Parent/Respondent Clash Frequency	1	4	3.05	0.89

English language fluency, number of close friends) were predictors of Time 1 feelings of sadness and depression, and to determine the accuracy of the predictor variables predicting the criterion variable.

Regression results indicate an overall model of four predictors (discrimination, educational aspiration versus perceived achievement ability, parent/respondent clash frequency, number of close friends) that significantly predicted Time 1 feelings of sadness and depression ($R^2 = .066$, $R^2_{adj} = .065$, $F(4, 4791) = 84.473$, $p < .001$). This model accounted for 6.6% of the

Table 3.

Correlations

	T1 Feelings of Sadness and Depression	T2 Feelings of Sadness and Depression
T1 SES	.05	.03
T1 Parent/Respondent Acculturation Discrepancy	-.04	-.04
T1 Discrimination*	-0.14	-0.10
T1 Education Aspiration vs. Achievement	.07	.05
T1 Parent/Respondent Clash Frequency	-.22	-.11
T1 English Language Fluency	-.03	-0.03
T1 Close Friendships	-.04	-0.02
T2 Parent/Respondent Acculturation Discrepancy	N/A	-.072
T2 Discrimination*	N/A	-0.12
T2 Education Aspiration vs. Achievement	N/A	.10
T2 Parent/Respondent Clash Frequency	N/A	-.22

Note. * Spearman's Rho.

variance in Time 1 feelings of sadness and depression. A summary of the regression coefficients is presented in Table 4.

Hypothesis 2. A second stepwise linear regression was conducted to determine which Time 1 predictor variables (SES, parent/respondent acculturation discrepancy, discrimination, educational aspiration versus perceived achievement ability, parent/respondent clash frequency, English language fluency, and number of close friends) and Time 2 predictor variables (parent/respondent acculturation discrepancy, discrimination, educational aspiration versus

Table 4.

Coefficients for Model Variables for Regression One

	<i>B</i>	β	<i>t</i>	<i>p</i>	Bivariate <i>r</i>	Partial <i>r</i>
T1 Parent/respondent clash frequency	-0.506	-0.201	-14.304	<.001	-0.216	-0.202
T1 Respondent ever felt discriminated	-0.519	-0.115	-8.142	<.001	-0.137	-0.117
T1 Difference between education aspiration and expectation	0.179	0.058	4.109	<.001	0.08	0.059
T1 Number respondent close friends	-0.006	-0.05	-3.564	<.001	-0.041	-0.051

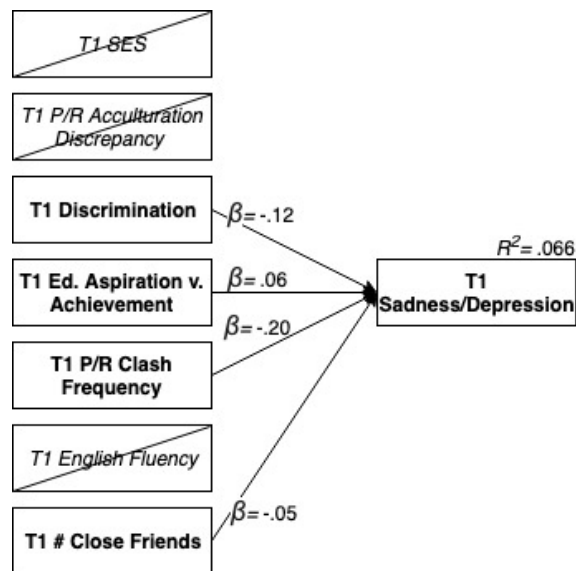


Figure 2. Model 1 Regression

perceived achievement ability, and parent/respondent clash frequency) were predictors of Time 2 feelings of sadness and depression, and to determine the accuracy of the predictor variables predicting the criterion variable.

Regression results indicate an overall model of seven predictors (Time 1 discrimination, Time 1 parent/respondent clash frequency, Time 1 number of close friends, Time 2 parent/respondent acculturation discrepancy, Time 2 discrimination, Time 2 educational aspiration versus perceived achievement ability, and Time 2 parent/respondent clash frequency) that significantly predicted Time 2 feelings of sadness and depression ($R^2 = .073$, $R^2_{adj} = .071$, $F(7, 3888) = 43.436$, $p < .001$). This model accounted for 7.3% of the variance in Time 2 feelings of sadness and depression. A summary of the regression coefficients is presented in Table 5.

Table 5.

Coefficients for Model Variables for Regression Two

	<i>B</i>	β	<i>t</i>	<i>p</i>	Bivariate <i>r</i>	Partial <i>r</i>
T1 Parent/respondent clash frequency	-0.088	-0.037	-2.295	0.022	-0.104	-0.037
T1 Respondent ever felt discriminated	-0.223	-0.053	-3.228	0.001	-0.101	-0.052
T1 Number respondent close friends	-0.004	-0.031	-2.03	0.042	-0.022	-0.033
T2 Parent/respondent acculturation	-0.118	-0.036	-2.296	0.022	-0.076	-0.037
T2 Difference between education aspiration and expectation	0.27	0.085	5.463	<.001	0.106	0.087
T2 Respondent ever felt discriminated	-0.356	-0.082	-5.013	<.001	-0.123	-0.08
T2 Parent/respondent clash frequency	-0.443	-0.185	-11.273	<.001	-0.221	-0.178

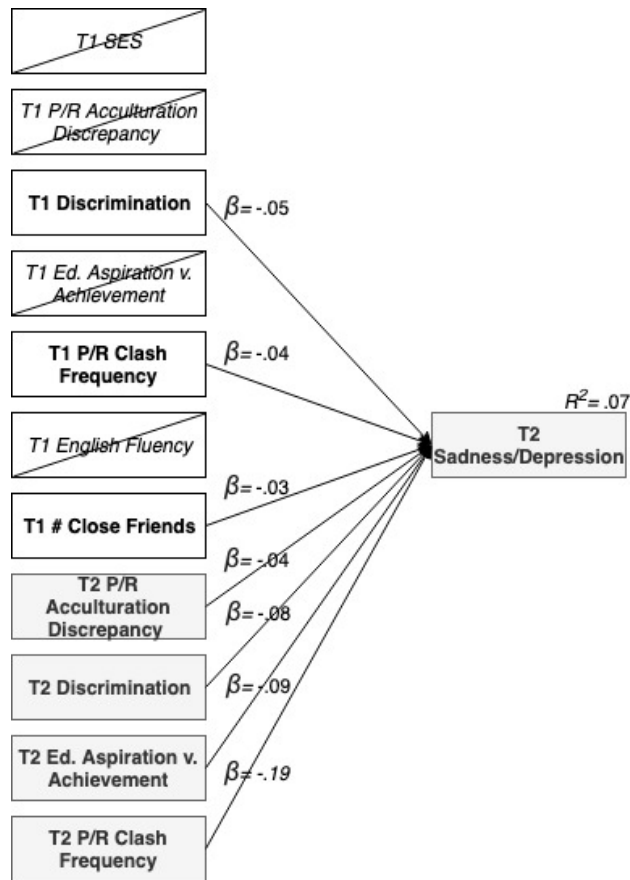


Figure 3. Model 2 Regression.

Chapter 4

Discussion

Passel (2014), predicts that by 2050 more than 100 million children in the United States will be first or second-generation immigrants. For immigrants, assimilation into mainstream society is complex, with numerous layers and experiences across multiple settings (e.g. employment, education, healthcare; Arora & Wheeler, 2018). In the United States, immigrants (and especially immigrant youth) face a number of challenges and adversities (Yong, 2013). These challenges impact their adjustments, abilities to integrate into their communities, and mood (Aboul-Enein & Aboul-Enein, 2010). Numerous studies have been conducted that show the adverse psychosocial adjustment difficulties that immigrants face in the United States (Center for Immigration Studies, 2016). Because immigrant youth often experience more barriers to care and lower educational attainment than non-immigrants, it is important to understand the specific challenges these vulnerable groups face in order to responsibly address barriers. For this study, a thorough review of the existing literature suggests that common predictors of immigrant wellbeing include socioeconomic status, acculturation orientation, discrimination at school, educational achievement, familism, family cohesion, English language development, and close friendships (Arora & Wheeler, 2018; Conger & Schwartz, 2007; Portes & Hao, 2002; Rios-Salas & Larson, 2015; Rodriguez et al., 2007; Rude & Herda, 2010; Schwartz et al., 2017,).

Guided by the literature review, the Children of Immigrants Longitudinal Study offered access to a comprehensive set of data on immigrant youths that was used to further understand

the experiences of this vulnerable population. It was hypothesized that seven tested predictors would correlate with ratings of sadness and depression in immigrant adolescents ages 14 to 16 years old. Data analyses supported the development of two regression models which provided support for some but not all seven hypotheses of this study. In the discussion to follow, the regression models will be discussed followed by the implications for each of the seven predictors and hypotheses.

Regression Discussion

Hypothesis 1. Data analyses showed that both models predicted about 7% of the variance (model one predicting Time 1 feelings of sadness and depression and model two predicting Time 2 feelings of sadness and depression). One explanation for the low predictive value could be the general difficulty in predicting human behavior, resulting in lower variance accounted for. Nevertheless, regression results showed that of the seven tested predictors, four significantly predicted Time 1 feelings of sadness and depression: discrimination, educational aspirations and perceived achievement ability, parent/respondent clash frequency, and number of close friends. Each of the predictors is discussed in more detail below.

Hypothesis 2. In the second model, the seven Time 1 predictors and four Time 2 predictors (difference in parent and respondent acculturation, experience of discrimination, difference between educational aspiration and perceived achievement ability, and parent/respondent clash frequency) were included. Results indicated that Time 1 predictors of discrimination, parent/respondent clash frequency, and number of close friends and all four Time 2 predictors accounted for significant variance in predicting Time 2 feelings of sadness and depression. Each of the predictors is discussed in more detail below.

Supported Predictors

Educational aspirations and perceived achievement abilities. Participants who reported higher levels of educational aspiration and low levels of perceived ability to achieve those aspirations at Time 1 rated higher levels of sadness and depression at Time 1. This finding is important because previous research on educational achievement among immigrant youth yields mixed findings. Some research evidences higher achievement among immigrant youth when compared to non-immigrants (Conger & Schwartz, 2007). Other research suggests lower educational achievement due to varying complex components such as greater familial hardships and challenges (Potochinck & Mooney, 2015). Regardless of the disagreement on whether or not immigrants have high educational achievement, there is consistency in the research that suggests immigrant youth who do have high educational achievement also exhibit better adjustment and wellbeing (Dustmann, Frattini, & Lanzara, 2011; Potochinck & Mooney, 2015). The findings of this study provide information on another important influence related to educational achievement and its influence on wellbeing among immigrant youth. It is important to be aware of not only immigrant youth achievement aspirations, but also their perceived ability to achieve those educational aspirations. The immigrant youth in this study who had high educational aspirations and a perception that they would not be able to achieve these aspirations, endorsed higher levels of sadness and depression at a younger age.

Time 2 results suggest that discrepancy between educational aspiration and perceived achievement ability may not carry long-term impacts on mood. Youth who rated higher levels of differences between their educational aspiration and perceived achievement ability at Time 1 did not rate higher levels of sadness and depression at Time 2. However, those who rated higher

discrepancy at Time 2 rated lower sadness and depression at Time 2, which is opposite to Time 1 results. This may be explained by a change in the level of high aspiration and low achievement, either through a reduction in the difference over the time or because with time and as they aged, the youth began to accept this reality. This study did not evaluate this component with enough detail to be able to support the above prediction.

Discrimination. Immigrant youth who reported experiencing discrimination at Time 1 rated lower rates of feeling sadness and depression at Time 1 and 2. Those who reported experiences of discrimination at Time 1 and 2 also rated fewer feelings of sadness and depression at Time 2. These findings are consistent with research which suggests, one that immigrants face discrimination in the United States, two discrimination impacts their psychological wellbeing (Tummala-Narra & Claudius, 2013), and three discrimination carries long term effects on psychological wellbeing. However the results were opposite than what was predicted in that youths who identified experiences of discrimination had lower rates of sadness and depression. It is predicted that this finding may suggest that youths who are able to label an experience as discrimination also understand that this experience identifies the discriminator as the person causing harm rather than something inherently wrong about them. It may be that experiencing discrimination and being able to label it as such helped these youth develop resiliency.

Parent/respondent acculturation discrepancy. Parent/respondent acculturation discrepancy was not a significant predictor at Time 1, but became a significant predictor at Time 2, though in the opposite direction than was expected. That is, respondents who rated lower discrepancy between their acculturation level and their parent's acculturation level also endorsed

more sadness and depression. This predictor aimed to understand a possible reason for the Immigrant Paradox, in that those who are more acculturated tend to struggle with worse wellbeing. The “Immigrant Paradox,” which is an emerging finding in research that shows immigrants who are less assimilated to the host country culture tend to perform better than those who are more assimilated both academically and developmentally (Myers-Walls, 2013). It was anticipated that acculturation conflict between parents and children could be a reason why immigrant youths who endorse more acculturation tend to also experience worse wellbeing. However, the findings of this study do not support parent/child acculturation discrepancy as a reason for the Immigrant Paradox. The fact that participants in this study who had lower discrepancy also endorsed more sadness and depression suggests that there are more factors to look at in order to understand immigrant acculturation. One explanation for why this was only seen at Time 2 is that as children age and their identity develops, they may become more aware of the acculturation differences.

Parent-child clash frequency. The next significant predictor of Time 1 feelings of sadness and depression was Time 1 parent/respondent clash frequency. Youth who rated higher parent/respondent clash frequency also had higher levels of rated sadness and depression. Family support and cohesion are important predictors of wellbeing for all youth, not just immigrant youth. These findings are consistent with existing literature which suggests that family cohesion in immigrant families is related to lower levels of depression and more improved self-concept among immigrant youth (Arora & Wheeler, 2018).

Parent-child clash frequency was also found to be a predictor of sadness and depression at Time 2. In addition, Time 1 clash frequency was also a positive predictor of Time 2 sadness

and depression. Out of the seven tested predictors in this study, parent-child clash frequency at Time 1, was one of only three predictors that predicted mood at Time 2. This suggests that clash frequency in immigrant families is an important psychosocial component to address while working with these families.

Number of close friends. The last factor that significantly predicted Time 1 reports of sadness and depression was Time 1 number of close friends. Participants who had a smaller number of close friends also had lower ratings of sadness and depression. Identity development is a task that all adolescents undertake regardless of their cultural status. Having same aged friends who are also undergoing the same tasks can be supportive and protective. Similarly, Rude and Herda (2010) found that among immigrants, interracial friendships were associated with higher levels of psychosocial wellbeing. Further, having a low number of close friends at Time 1 positively predict less sadness and depression at Time 2. This suggests that less close friendships at a young age may contribute to more sadness and depression long term. The results of this study suggest that for immigrant youths, a large quantity of friendships does not necessarily predict better wellbeing. Rather, another factor about friendships perhaps quality of friendships does.

Unsupported Predictors

Regression analysis did not support the hypothesis that socioeconomic status, English language fluency, and parent/respondent acculturation discrepancy at Time 1 would significantly predict sadness and depression at Time 1. Although these findings on SES, language fluency, and parent/respondent acculturation discrepancy do not support the presented hypotheses, they are still important.

Socioeconomic status. SES was not found to be a predictor of sadness and depression at Time 1 or Time 2. Most research suggests that immigrants generally have lower SES than non-immigrants and that low SES is associated with more barriers to support/care. More barriers are also associated with poor adjustment, which negatively impacts wellbeing (Arora & Wheeler, 2018). However, not all immigrants with low SES have worse adjustment (Rios-Salas & Larson, 2015). Further research into the impacts of SES on immigrant families would be helpful, particularly be investigating the mediators and moderators of such influences.

Language fluency. Similar to SES, English language fluency was not a predictor of sadness and depression at Time 1 or Time 2. Prior research suggests language fluency is an important component that impacts an individual's ability to integrate into the society they live in. Immigrants who report higher level of English Language proficiency also report lower levels of depression and higher levels of self-esteem (Lo, Hopson, Simpson, & Cheng, 2017). It may be that for this data set, those who had lower language fluency were less likely to participate in the study and thus this was not found to be a predictor at this time.

Limitations

A notable limitation for this study is that the data examined was collected over 20 years ago. This is an important consideration because it could potentially limit the practicality of the results. Particularly, the changing political climate in the United States over the past years has possibly introduced even more stressors for immigrant groups. Additionally, particular immigrant groups within this data set have experienced a great deal of changes in their cultural experiences in the United States (Arora & Wheeler, 2018). However many aspects of the cultural and contextual experiences of immigrants in the United States have remained consistent over the

years (Rumbaut, 2014). Replicating the Children of Immigrant Longitudinal study in present day would be of great benefit to continue understanding this vulnerable immigrant population.

Another notable limitation of this study is one associated with the nature of correlation studies. That is, its limited ability to predict the directionality of results. For example it is uncertain if the predictors tested directly lead to lower mood or if participants with lower mood were more likely to perceive more negative experiences. Additionally, the variables considered for this study were analyzed using one item measures which may be less robust than multi-item scales. It is difficult to know if these items are measuring exactly what they say they are measuring.

Future Directions

Future research on the bi-directional associations between stressors and mood would be important. Studies aimed at understanding directionality between variables and mood would be of great help for care providers and educators of immigrant youths in order to understand the types of supports they may need. Lastly, future research on the moderators and mediators of mood in the context of immigrant experiences would be helpful to further understand the discrepancies in the results of this current study.

Conclusion

In conclusion, the results of this study provide support that the experiences of immigrant youth in the United States impact their mood, particularly feelings of sadness and depression. This information can be used when working with immigrant youth to improve wellbeing and adjustment. While working with this particularly vulnerable group, it is important for providers (educators, social workers, mental health providers, and medical providers) to be aware of key factors. This study shows that these key factors include: the immigrant's experiences of

discrimination, educational aspirations versus achievement, parent/child clash frequency, and number of close friendships. These factors were highlighted in this study as predictors of feelings of sadness and depression among immigrant youths. Of particular importance are experiences of discrimination, parent/child clash frequency, and number of close friendships. These three variables, when experienced by immigrant youths, seemed to have long-term effects on feelings of sadness and depression. It should be noted that although these predictors consistently predicted sadness and depression, some were in the opposite direction than was anticipated. For example, youths in this sample who labeled an experience as discriminatory had less sadness and depression than those youths who did not endorse discrimination experiences. It may be helpful for individuals working with immigrant youths to educate them about discrimination and how to label it. In terms of close friendships the results of this study was also opposite of what was predicted. Youths who had less friends endorsed less sadness and depression suggesting that quality of friendships is more important than quantity for immigrant youths. Further, as immigrant children age, it would also be important to be aware of the impacts of acculturation experience, particularly when acculturation levels differ between parents and children. As the number of immigrants continues to rise in the United States, so do the psychosocial stressors they experience. It will be of great benefit to continue conducting research to understand the experiences of immigrants and ways to support them. Future directions for this particular study are to investigate the variables addressed with specific immigrant youths separated into racial/ethnic groups.

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Appendix A

Curriculum Vitae

SHAZA KARAM

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Curriculum Vitae

Education

- Expected* May 2020 **Doctor of Psychology, Clinical Psychology**
Emphases: Child & Adolescent and Health Psychology
 George Fox University, *Newberg, OR*
 Graduate School of Clinical Psychology: APA Accredited
- May 2017 **Master of Arts, Clinical Psychology**
 George Fox University, *Newberg, OR*
 Graduate School of Clinical Psychology: APA Accredited
- June 2013 **Bachelor of Science, Psychology And Organismal Biology**
 Portland State University, Portland, OR

Supervised Clinical Training and Experiences

- August 2019 – Present **Child and Adolescent Psychology Resident**
Denver Health Medical Center, Denver, CO
Treatment Setting: Medical Hospital
Population: Diverse populations of children 0-21 and families
Supervisor: Kathiran Washington PhD, Laura Jacobs PsyD, Scott Simpson MD.
Clinical Duties:
- Rotations include, integrated behavioral health in a pediatric emergency room, outpatient therapy, pediatric primary care, and healthy lifestyles specialty pediatric clinic.
 - Provide behavioral health consultation to medical staff, families, and patients in an integrated healthcare clinic.
 - Provide comprehensive psychological and neuropsychological assessments to children and families
 - Provide brief intervention using empirically supported practice, including Cognitive Behavioral Therapy and Motivational Interviewing.

- Provide case management for my individual patients through contacting schools, CPS, day treatment facilities, primary care providers, and families.
- Conducted research to expand integrated behavioral health utilization in pediatric emergency care.
- Attend trainings, team meetings, didactics, and weekly supervision.

July 2018 – May 2018

Assessment Intern

Oregon City Pediatric Building, Oregon City, OR

Treatment Setting: Pediatric Primary Care

Population: Diverse populations of children 0-21 and families

Supervisor: Timofy Galuza, PsyD

Clinical Duties:

- Provide comprehensive psychological and neuropsychological assessments to children and families in an integrated healthcare clinic.
- Development of assessment batteries to assist in diagnostic clarifications of presenting problems.
- Provide feedback to patients, family members, and primary care providers regarding assessment results and recommendations.
- Contact families to schedule appointments and provide feedback.
- Assist in developing assessment program including; informed consents, intake assessment questionnaires, assessment checklists, and assessment report.
- Collaborate with multidisciplinary clinic staff to provide holistic care for patients in a pediatric clinic.

June 2017 – July 2018

Behavioral Health Intern

Childhood Health Association Of Salem, Salem, OR

Treatment Setting: Pediatric Primary Care

Population: Diverse populations of children 0-21 and families

Supervisor: Joel Lampert, PsyD, LPC, NCC

Clinical Duties:

- Provide behavioral health consultation to medical staff, families, and patients in an integrated healthcare clinic.
- Common presenting problems included: depression, anxiety, healthy lifestyle changes, toilet training, picky eating, eating disorders, cutting/self-harm, suicidal ideation, anger, sleep problems, tantrums, hyperactivity, attention/concentration, school difficulties, social/peer concerns, and life adjustments.
- Provide brief intervention using empirically supported practice, including Cognitive Behavioral Therapy and Motivational Interviewing.
- Provide warm hand-offs with providers.

- Assist with providing preventative mental and emotional health recommendations to families during Well-Child visits; including psychoeducation about resiliency development.
- Coordinate holistic medical and mental health treatment among a multidisciplinary team including doctors, nurses, medical assistants, caseworks, and administrative staff.
- Taught psychoeducational classes/groups for clinic and community.
- Engaged in monthly peer-to-peer supervision and county behavioral health meetings.

Jan 2017– August 2019 **Behavioral Health Crisis Intervention Consultation Team**

Providence Newberg Medical Center, Newberg, OR

Willamette Valley Medical Center, McMinnville, OR

Treatment Setting: Varying Hospital Departments (ED, ICU, Med/Surg)

Populations: Children, adolescents, adults, and geriatric patients from culturally and socioeconomically diverse backgrounds

Supervisors: Mary Peterson, PhD, ABPP; Bill Buhrow, PsyD; Joel Gregor, PsyD

Clinical Duties:

- Conduct suicide and homicide risk assessments, cognitive evaluations, and other assessments of patient mental health concerns and risk factors, including self-injurious behaviors, substance-induced psychiatric diagnoses, and psychosis for the Emergency Department, Intensive Care Unit, and Medical/Surgical Unit at local hospitals.
- Use diagnostic tools to determine level of risk to coordinate appropriate level of care, discharge planning and provide resources for follow-up care.
- Consult with physicians, supervisors, and other medical staff to provide recommendations regarding patient risk and discharge plan.
- Document evaluation in electronic medical charts and coordinate resources with county mental health employees.
- Case management experience: Arranging inpatient psychiatric hospitalizations, contacting respite care facilities, collaborating with Yamhill County Mental Health agencies and local agencies, and contacting/coordinating with drug and alcohol detoxification facilities.
- Attend weekly supervision and staffed patient cases with supervising licensed psychologists and other team members.

Mar 2016 – August 2019 **Group Facilitator: Brain Matters**

Oregon Health and Science University, Portland, OR

Treatment Setting: Outpatient Clinic

Population: Diverse adolescents and young adults who have suffered brain injury

Supervisors: Tyler Duffield, PhD

Clinical Duties:

- Developed and co-facilitated an outreach and process group aimed at assisting youth and young adults who have suffered from concussions and traumatic brain injury with prolonged difficulties to reintegrate into their communities.
- Attend and co-facilitate monthly group meetings and outreach events.
- Network with providers and practitioners to find new ways for the group to become in the community.
- Attend presentations about brain injury, treatment, and research.

Sep 2016 – June 2017 **Psychologist Intern**

North Clackamas School District, Milwaukie, OR

Treatment Setting: Elementary schools

Populations: Diverse populations of students, parents, and staff of K-6 school setting

Supervisors: Jennifer Mace *EdS, NCSP*; Fiorella Kassab, *PhD*

Clinical Duties:

- Provide individual and group psychotherapy to students at two elementary schools
- Attend interdisciplinary school meetings and collaborated with general education teachers, speech pathologists, occupational therapists, special education teachers, school psychologist, and administrative staff.
- Provide mental health consultation to educators, parents, and other staff members
- Administer, score, and interpret psychological assessments.
- Assist in Individual Education Planning (IEP) and 504-plan assessment and recommendations.
- Provide feedback to parents and educators regarding assessment results.
- Attend weekly group supervision and individual supervision.

Jan 2016 – Feb 2016 **Community Based Depression Group Facilitator**

George Fox University, Student Lead Group, Newberg, OR

Treatment Setting: Community Mental Health Clinic

Populations: Diverse members of the community ages 18-70

Supervisor: Glenna Andrews, PhD

Clinical Duties:

- Co-facilitate a community based and student supervised depression management group
- Attend weekly supervision

Oct 2015 – Nov 2015 **Depression Group Facilitator**

Nedley Depression Recovery Program, Newberg, OR

Treatment Setting: Community Mental Health

Populations: Diverse members of the community ages 18-70

Supervisors: Glena Andrews, PhD; Tami Rodgers, MD; Andrew Summer, MA

Clinical Duties:

- Co-facilitated a depression management group that provide psychoeducational support to clients
- Supported clients as they processed through
- Attend weekly supervision

Jan 2015 – Apr 2016 **Pre-Practicum Therapy**

George Fox University, Psy.D. Program, Newberg, OR

Treatment Setting: University Counseling

Populations: George Fox University undergraduate students

Supervisor: Glena Andrews, PhD; Nathan Haskell, MA

Clinical Duties:

- Provide individual psychotherapy to university undergraduates
- Conducted intake assessments: formulated diagnoses and treatment plans
- Wrote intake reports, weekly progress notes
- Conceptualized and presented cases for individual and group supervision

Aug 2015 – August 2019 **Clinical Conceptualization and Application Team**

George Fox University, Newberg, OR

Treatment Setting: Multiple practicum sites

Population: Children, adolescents, adults, and geriatric patients from culturally and socioeconomically diverse backgrounds

Supervisors: Celeste Jones, PsyD, ABPP; Elizabeth Hamilton, PhD; Brooke Kuhnhausen, PhD; Kris Kays, PsyD

Clinical Duties:

- Participate in formal presentations and team dialogue of clinical case conceptualizations, practical issues of assessment, psychotherapy, professional development, and ethical/legal issues of practice.
- Work collaboratively as a team consisting of a licensed psychologist, first, second, third, and fourth year graduate.

Supervision Experience

Aug 2018 – Present **Fourth Year Oversight**

Clinical Conceptualization and Application Team, Graduate Department of Clinical Psychology

George Fox University, Newberg, OR

Supervisor: Kris Kays, PsyD

- Provide clinical oversight of second year PsyD student.
- Aid in professional development and development of clinical skills.
- Collaborate in the development of theoretical orientation and teach clinical skills.

- Aug 2017 – July 2018 **Peer Supervision**
Childhood Health Associations of Salem
Salem, OR
Supervisor: Joel Lampert, PsyD, LPC, NCC
- Provide peer supervision to and with a group of behavioral health consultant practicum students in a pediatric primary care clinic.

Research Experience

- Aug 2015 – Present **Doctoral Dissertation**
Title: Psychosocial Adjustment in Children of Immigrants
Summary and Purpose of Research:
 Health care providers, mental health clinicians, and allied professionals seek to provide culturally sensitive care to all minority populations, abiding by ethical guidelines in their respective professions. The purpose of this study is to use an archival data set collected in the United States to further understand the predictors of wellbeing for children of immigrants.
Committee Chair: Celeste Jones, PsyD, ABPP
Committee Members: Kathleen A. Gathercoal, PhD and Marie-Christine Goodworth, PhD
Relevant Dates:
Proposal Approved: October 2017
Expected Completion of Data Collection: December 2018
Expected Date of Defense: November 2019
- Sept 2017 – Jul 2018 **Consultant/Research Assistant, Juliette's House**
Faculty Advisor: Marie-Christine Goodworth, PsyD
- Consulted with Juliette's House, a child abuse intervention center in McMinnville, OR in order to evaluate the effectiveness of an implemented child abuse prevention curriculum in local schools.
- Feb 2016 – Present **Research Assistant, Oregon Health and Science University, Portland, OR**
Advisor: Trevor A. Hall, PsyD, ABPdN
- Study consists of a systematic review of literature on the use of virtual reality for the assessment and treatment of Autism spectrum disorder in children and adolescents.
- Apr 2016 – Present **Member, Research Vertical Team**
Faculty Advisor: Celeste Jones, PsyD, ABPP
- Bi-monthly group for developing research competencies.
 - Engage in dissertation development.
 - Participate in collaborative supplemental research projects.
 - Develop fellow colleagues' areas of research interests.

Publications and Presentations

Publications

Duffield, T., Parsons, T., Landry A., **Karam S.**, Otero, T., Mastel, S., & Hall, T. (2017). Virtual environments as an assessment modality with pediatric ASD populations: A brief report. *Child Neuropsychology*, DOI: 10.1080/09297049.2017.1375473

Presentations

Karam, S., Hoffman, L., Jones, C. (2018). *Barriers to Participation in Well-Child Pediatric Care for Underserved Populations*. Poster presented at National Conference in Clinical Child Psychology, Kansas City, MO.

Harris, H., Conklin, C., **Karam, S.**, Stricklen, J. (2018). *Speak Up! A Right to Refuse Abuse: A Pilot Study in Rural Oregon Schools*. Poster presented at American Psychological Association (APA), San Francisco, California.

Freeman, C., Leonce, C., **Karam, S.** (2017). *Outcomes of a Pediatric Family-Based Weight Management Group*. Presented at Oregon Psychological Association, Eugene, OR.

Duffield, T., Parsons, T., Landry A., **Karam S.**, Otero, T., Mastel, S., & Hall, T. (2017). *Virtual Reality as an Assessment Modality with Pediatric ASD Populations: A Systematic Review*. Poster presented at the International Neuropsychology Society Conference (INS), New Orleans, Louisiana

Fosse, K., **Karam, S.**, Landry, A., Tyler, A. (2016). *Brian Matters: A Concussion Outreach Group*. Poster presented at Oregon Health and Science University TBI Conference, Portland, OR

Other Presentations

Oct 2017 & Feb 2018 *Healthy Lifestyles Class*

Four week Psychoeducation class taught to members of the community who were referred by their primary care clinic. Involved collaboration and lessons with dietitian, exercise specialist, and behavioral health consultant. Salem Hospital, Salem, OR

Mar 2017

Autism Spectrum Disorder Series: Autism what it is and what its not, Autism Throughout Childhood, Steps to Diagnose Autism and Treatment Interventions

Mauldin, J., Karam, S., Freeman, C., MacDougall, K., Kivel, M.
Community Presentation at Salem Hospital, Salem, OR

Teaching Experience

- Aug 2018 – Dec 2018 **Cognitive Behavioral Psychotherapy Teaching Assistant**
George Fox University, Newberg, OR
Position: Graduate Teaching Assistant, Graduate Department of Clinical Psychology
Supervisor: Mark McMinn, PhD, ABPP
- Provide guest lectures, demonstrate role-plays, and give students feedback on in-vivo training exercises.
 - Course provides framework in conceptualization and treatment from first through third wave cognitive therapies, including REBT, CBT, ACT, DBT, and Mindfulness-based therapies.

- Aug 2016 & Aug 2017 **Lifespan Development Teaching Assistant**
George Fox University, Newberg, OR
Position: Graduate Teaching Assistant, Graduate Department of Clinical Psychology
Supervisor: Celeste Jones, PsyD, ABPP
- Grade assignments and papers
 - Create and modify teaching materials
 - Assist in helping students understand theories of lifespan development
 - Course provides students with understanding human lifespan development

University and Professional Service

- Aug 2017 – May 2019 **Coordinator Health Psychology Special Interest Group**
George Fox University Graduate Department of Clinical Psychology
Newberg, OR
- Organize and plan meetings with topics to inform group members about health psychology.
 - Lead meetings and discussions with other group members.
 - Present on different topics of interest within health psychology.
 - Facilitate students interested in joining group.

- Aug 2015 – May 2019 **Member, Child and Adolescent Special Interest Group**
George Fox University Graduate Department of Clinical Psychology
Newberg, OR

- Attend monthly meetings designed to increase knowledge of child and adolescent development, intervention, case conceptualization, and research.

Sept 2015 – May 2019 **Member, Multicultural Committee**

*George Fox University Graduate Department of Clinical Psychology
Newberg, OR*

- Attend semester meetings designed to increase knowledge, intervention use, case conceptualization, training, awareness, outreach, and research of multicultural aspects of psychology.

Sept 2015 – May 2019 **Member, Neuropsychology Committee**

*George Fox University Graduate Department of Clinical Psychology
Newberg, OR*

- Attend semester meetings and presentations.
- Participate in activities aimed at expanding the student understanding and applicability of neuropsychology.

Sept 2010 – Jun 2013 **President, Ishtar Women Group**

*Portland State University Student Group at Women's Resource Center,
Portland, OR*

- Organize events aimed at providing minority women with resources to succeed at university studies.
- Provide support to minority women struggling socially and academically at Portland State University.
- Collaborate with other student groups to encourage diversity and provide diverse cultural experiences to group members.
- Attend Student Activities and Leadership Program (SALP) meetings and trainings.
- Allocate student funds for event planning and member support.

Related Work Experience

Oct 2017 – Aug 2019 **Assessment Counselor**

Cedar Hills Hospital, Inpatient Psychiatric Facility, Portland, OR

- Provide intake assessment for patients admitting to inpatient psychiatric facility.
- Use diagnostic tools to determine appropriate level of care and collaborate with medical staff including psychiatrists and nurses to admit patients for treatment.
- Assist in treatment planning and work on a multidisciplinary team to coordinate case management.

Feb 2014 – Oct 2016 **Oncology Certified Nursing Assistant***Providence St. Vincent Medical Center, Portland, OR*

- Provide basic care to oncology patients admitted to oncology hospital unit, as well as assist them with activities of daily living.
- Collaborated with physicians, nurses, and other medical staff to provide compassionate care to patients and their families.

Oct 2012 – Feb 2014 **Pediatric Certified Nursing Assistant***Providence Center for Medically Fragile Children, Portland, OR*

- Follow treatment plan to provide care to pediatric patients who have chronic and complex medical conditions in a long term and respite center.
- Assist the children with completing assigned learning tasks and activities of daily living.

Related Volunteer Experience

Sept 2015-2017 **Volunteer, George Fox University Annual Community Service Day***Juliette's House Child Abuse Center**McMinnville, OR*

- Work alongside other students to provide landscaping, gardening, and mail packaging services for Juliette's House Child Abuse Center.

Nov 2013 – July 2015 **Volunteer, Childcare Assistant***Volunteers of America: Domestic violence center, Portland, OR*

- Provide therapeutic care to children as their mothers receive legal assistance and support from state domestic violence agencies.
- Assist in supporting children and their mothers who are struggling with domestic violence disputes.

Jan 2008 –Aug 2015 **Volunteer, Event Committee***Syrian Lebanese American Club, Portland, OR*

- Assist with coordinating non-profit events aimed at supporting and encouraging community connections of Syrian, Lebanese, Americans in the Portland area.
- Volunteered at fundraising events, assist in set up and clean up, and provide support during events.

Awards & Honors

Diversity Scholarship, *George Fox University*
2015 – 2018

Professional Trainings

Primary Care/Health Psychology Training

- Mar 2016 *SBIRT (Screening, Brief Intervention, and Referral to Treatment) Oregon Training*
George Fox University, Newberg, OR
Jim Winkle, MPH
- Feb 2016 *EPIC Systems Training*
Providence Newberg Medical Center, Newberg, OR
Brian Duncan, MD

Child and Adolescent Training

- Apr 2016 *Autism Diagnostic Observation Schedule (ADOS) administration training*
George Fox University, Newberg, OR
Celeste Jones, PsyD, ABPP
- Nov 2016 *When Divorce Hits the Family: Helping Parents and Children Navigate*
George Fox University, Newberg, OR
Wendy Bourg, PhD
- Oct 2015 *Let's Talk About Sex: Managing Emerging Sexuality*
George Fox University, Newberg, OR
Joy Mauldin, PsyD

Diversity Training

- Mar 2018 *Mental Health in the Middle East*
Portland State University, Portland, OR
Omar Reda, MD
- Feb 2017 *Native Self Actualization: Its Assessment and Application in Therapy*
George Fox University, Newberg, OR
Sidney Brown, PsyD
- Mar 2016 *Managing with Diverse Clients*
George Fox University, Newberg, OR
Sandra Jenkins, PhD
- Mar 2015 *Spiritual Formation and Psychotherapy*
George Fox University, Newberg, OR
Barrett McRay, PsyD

Assessment Training

Feb 2016 *Neuropsychology: What Do We Know 15 Years After the Decade of the Brain?*

George Fox University, Newberg, OR
Trevor Hall, PsyD; Darren Janzen, PsyD

Feb 2016 *CAMS: Collaborative Assessment and Management of Suicidality Training*

George Fox University, Newberg, OR
Luann Foster, PsyD

Other Related Training

Jan 2018- Apr 2018 *Attachment in Psychotherapy Certificate Course*

George Fox University, Newberg, OR
Brooke Kuhnhausen, PhD

Feb 2018 *Interpersonal Psychotherapy*

George Fox University, Newberg, OR
Carlos Toloyo, PsyD

Mar 2017 *Domestic Violence: A Coordinated Community Response*

George Fox University, Newberg, OR
Patricia Warford, PsyD and Sgt. Todd Baltzell

Nov 2017 *Telehealth*

George Fox University, Newberg, OR
Jeff Sordahl, PsyD

Oct 2016 *Sacredness, Naming, and Healing: Lanterns Along the Way*

George Fox University, Newberg, OR
Brooke Kuhnhausen, PhD

Feb 2016 *Okay, Enough Small Talk: Let's Get Down to Business!*

George Fox University, Newberg, OR
Trevor Hall, PsyD; Darren Janzen, PsyD

Sept 2015 *Relational Psychoanalysis and Christian Faith: A Heuristic Dialogue*

George Fox University, Newberg, OR
Marie Hoffman, PhD

Professional Memberships and Affiliations

American Psychological Association—Student Affiliate
 Division 53: Society of Clinical Child and Adolescent Psychology
 Division 45: Society for the Psychological Study of Culture, Ethnicity and Race

Additional Languages Spoken

Fluent: Conversational Arabic

Assessments Trained and Supervised In

- 16 Personality Factor Questionnaire, 5th Ed.
- Achenbach Child Behavior Checklist & Teacher Report Form
- Adaptive Behavior Assessment System, 2nd Ed. – Teacher Form, Parent Form, & Self Form
- Behavioral Assessment of Children 3rd Ed. – Teacher, Parent, and Child forms
- Behavior Rating Inventory of Executive Function, 2nd Ed.
- Fetal Alcohol Spectrum Disorder Behavior Screening Tool (FAS BeST)
- Booklet Category Test
- Boston Naming Test
- California Verbal Learning Test-Children’s Version
- Child and Adolescent Memory Profile
- Children’s Memory Scale (CMS)
- Collaborative Assessment and Management of Suicidality (CAMS)
- Conners’ Child ADHD Rating Scale
- Conners’ Child ADHD Diagnostic Interview for DSM-IV
- Conners’ Continuous Performance Test III
- Developmental Neuropsychological Assessment (NEPSY)
- Grooved Pegboard Test
- Millon Pre-Adolescent Clinical Inventory
- Minnesota Multiphasic Personality Inventory 2 & MMPI-Restructured Forms
- Personality Assessment Inventory
- Piers Harris Children’s Self-Concept Scale II
- Roberts Apperception Test for Children, 2nd Ed.
- Rey-Osterrieth Complex Figure Test
- Stanford-Binet Intelligence Scale-5
- Suicidal Adult Assessment Protocol (SAAP)
- Stroop Color and Word Test
- Test of Memory Malingering
- Trauma Symptom Checklist for Children
- Vineland Adaptive Behavior Scales
- Wechsler Adult Intelligence Scale IV
- Wechsler Intelligence Scale for Children V
- Wechsler Memory Scales IV
- Wechsler Individual Achievement Test III
- Wechsler Preschool and Primary Scale of Intelligence IV
- Wide Range Assessment of Memory and Learning 2
- Wisconsin Card Sorting Test
- Woodcock Johnson IV Tests of Achievement
- Woodcock Johnson IV Tests of Cognitive Abilities

Population Based Screeners

- Ages and Stages Questionnaire
- Autism Spectrum Rating Scale
- CRAFFT Screening Test
- Generalized Anxiety Disorder – 7
- Montreal Cognitive Assessment
- Mood Disorder Questionnaire
- NICHQ Vanderbilt Assessment Scales
- Outcome Rating Scale
- Patient Health Questionnaire
- Patient Health Questionnaire – 9
- Pediatric Symptom Checklist
- Pediatric Symptom Checklist – 17
- PTSD Checklist
- Session Rating Scale

References

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*Additional references available upon request