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The Effect of the Political Climate on Latinos' Wellbeing

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The Effect of the Political Climate on Latinos' Wellbeing

by

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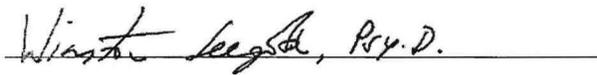
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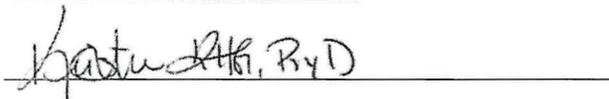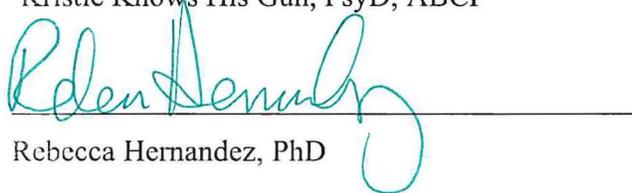
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Abstract

The presidential election of Donald Trump significantly influenced various aspects of the population of the United States. Given Trump's emphasis on anti-immigrant policies, it is essential for professionals and practitioners to better understand how the Latin population is experiencing and responding to today's political climate. Participants in this study ranged in age from 18 to 64 and were from Latin descent, which consists of persons, cultures, or countries related to the Spanish language, culture, people, or to Spain in general. Ninety-six participants completed the quantitative measures including The Adult Hope Scale (HS), Resilience Scale (CD-RISC), the Beck Anxiety Inventory, the Brief RCOPE. Participants also responded to qualitative questions regarding their spirituality or religiosity as well as their perspective of the political climate. Eleven themes were extracted from the qualitative data including the following: feelings of fear/scared/terrified, anger, hatred, sadness/disappointment, shame, embarrassment, incompetence, negative actions towards minorities, racism, and neutral/positive responses. A series of correlations were conducted, and results found the following correlations: a negative correlation between a negative view of Trump's presidency and the Positive Brief RCOPE, $r = -$

.242, $p < .01$, a positive correlation between a positive view of Trump's presidency and the

Positive Brief RCOPE, $r = .230$, $p < .01$, a positive correlation between a positive view of

Trump's presidency and participants total Conner-Davidson Resilience score, $r = .237$, $p < .01$, a

positive correlation between the Negative Brief RCOPE and the Beck Anxiety Inventory, $r =$

.365, $p < .01$, a positive correlation between the total Hope Scale and the Connor-Davidson

Resilience scale, $r = .658$, $p < .01$, and a positive correlation between the total hope PA and the

Connor-Davidson Resilience scale, $r = .660$, $p < .01$. This study contributes to the limited

research on the Latin population by examining their resilience, anxiety, hope, and spirituality.

Acknowledgements

To the Latin communities who have been experiencing negative, discriminatory and racism among other disparities. Your honesty and openness are greatly appreciated, and your voices are not unheard. Thank you for allowing me to use your experiences, thoughts and feelings on such a vulnerable topic.

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Chapter 1

Introduction

Immigration has been a touchstone of the U.S. political debate for decades. Throughout the years, congress has been unsuccessful in reaching an agreement on comprehensive immigration reform. After President Donald J. Trump was elected, he was expected to take extraordinary actions to curb immigration, including controversial plans to complete the building of the border wall with Mexico, deport millions of undocumented immigrants, and temporarily ban Muslim individuals. Throughout his presidency, he scaled back from some plans but pushed in other areas with full force, which typically drew legal challenges and public protest. According to Garmezy (1991), negative emotions and recognition of racism were among the most salient themes, which converged on a cross-cutting theme of perceptions of injustice. It is essential to understand the Latin population's political views and experiences in today's political moment given its importance in comprehending this generation for years to come. Not only are their views important but knowing how the Latin population is being impacted by implemented political policies is essential. To have a better understanding of the change of cultural and protective characteristics Latin adolescent and adults experience after President Trump's election and presidency, the participants were asked to answer open ended questions regarding their spirituality or religiosity as well as their perspective of the political climate. They were surveyed using The Adult Hope Scale (HS) and Resilience Scale (CR-RISC). Among the four domains,

understanding of resilience within Latin individuals is important given that most research has been conducted in European American populations.

Immigration History

According to Cole (2019), *Latin(o)* is a term that refers to geography and is used to signify that a person is from or descended from people from Latin America. The term *Latin* is a shortened form of the Spanish phrase *latinoamericano* — Latin American, in English. Latin (or *Latin*…to emphasize that you are referring to specific word) does not refer to race. Latinos can be white, black, Indigenous American, mestizo, mixed, and even of Asian descent (Cole, 2019).

The term *Latino* first appeared on the U.S. Census until the year 2000 as an ethnicity option. The term is typically combined with the response "Spanish/Hispanic/Latino" (Cole, 2019). Nonetheless, similarly to Hispanic, many people identified as Latino as their race on the census. This is more relevant in the western United States, where the term is commonly utilized. According to the U.S. Census (2020), Hispanics/Latinos are the largest minority group within the U.S. with 18.3% of the population.

Immigration in the United States as a whole has been around for many years. Within the Latin population, according to Davies (2009), there are approximately 47 million Latinos and about 25 percent of these individuals are undocumented. The US has been constantly evolving and is now different compared to one generation ago. There have been cultural, social, and demographic changes, as well as the transformation of core values stemming from immigration and other ethnicities (Davies, 2009). Since 2008, there have been more than two-million immigrants arrested who were living in the US without authorization (Bruzelius & Baum, 2019). According to Bruzelius and Baum (2019), research has shown that immigration-related anxiety could have a harmful impact on mental health, particularly among racial/ethnic groups that have

been disproportionately targeted. At the beginning of 2017, a sequence of anti-immigration executive orders were announced. These orders consisted of an authorized border wall with Mexico, banned US entry for people from several predominantly Muslim countries, and modified ICE policies, sparking a period of increased immigration arrests, heightened anti-immigration sociopolitical rhetoric, and greater public awareness regarding deportation (Bruzelius & Baum, 2019).

Latino Paradox

The population in the US is increasingly aging and diversifying. According to Colby and Ortman (2015), immigrants are expected to comprise close to 26% of U.S. older adults by 2060, the majority being of Hispanic origins. Latinos have demonstrated complex and paradoxical patterns of mortality, disease, disability, and physical and cognitive function (Jensen et al., 2020). Previous research has demonstrated that Latinos have better mortality outcomes despite adverse socioeconomic conditions and more disadvantageous rates of chronic health conditions (Daviglus et al., 2014; Goldman, 2016). Latinos have also shown higher rates of disability due to higher rates of cardiovascular risk factors (e.g., obesity), higher stress, and more physically demanding occupations (Goldman, 2016). However, it has been found that Latinos benefit from certain group characteristics that help mitigate against some of the harmful effects of disease, including protective cultural practices (Lara et al., 2005; Vega et al., 2009).

As the Latin population in the United States continues to grow, the Latino paradox continues to obtain statistical strength on their mortality data. It is evident that upon arrival to the US, low-income immigrants tend to be healthier than most of the US population. As research suggests, health deterioration may be associated with the length of residence in the U.S. With that said, researchers are beginning to understand that prevalence and manifestation of mental

illness particularly differ among Latinos who were born in the US and immigrants. Recent studies have demonstrated that Latinos born in the US have a higher risk for major depressive episodes, social phobia, posttraumatic stress disorder, anxiety disorders, substance abuse, and abuse when compared to Latin immigrants. In a study that compared US-born Mexican Americans and Puerto Ricans, Mexican immigrants who lived fewer than 13 years in the US or Puerto Ricans who resided in Puerto Rico tended to experience lower levels of depression and other mental disorders. The occurrence of mental illness among recent immigrant Mexicans and whites in comparison to their non-immigrant counterparts indicate that the immigrants, independent of ethnicity, experience fewer mental health disorders (The Latino Paradox: Mental Health Appears to Not Be an Exception, 2013).

Resilience

The term *resilience* does not have a direct translation into Spanish. The psychology of liberation (Martín-Baró, 1982, 1984, 1989, 1990, 1994) and the notions of hope and resistance developed by Latin American psychologists (Lira, 1988; Lira & Eldeman, 1987; Lira, Weinstein, & Salmovich, 1986) address issues of trauma, resistance, hope, and solidarity from a contextual and political perspective. The psychology of liberation adds a layer of complexity to the understanding of resilience processes in countries facing political turmoil.

Resiliency is defined as "the ability to cope with adversity and overcome the most challenging circumstances" (Hassinger & Plourde, 2005, p. 319). As time has evolved and changes have emerged within society, resilience has become an essential component in some people's lives.

According to Ungar (2008) the term *resilience* can be used in three different ways. First, one may use it as a description of characteristics children have regardless of the disadvantaged

circumstances they were born and raised with, who were still able to grow up successfully. Second, resilience may refer to one's competence when they are under stress. Lastly, it may be aligned with the ability to function appropriately after experiencing trauma. Overall, there is an overlap within all these perspectives of resilience.

Over the past several years, studies on resilience have become more prominent (Prince-Embury & Courville, 2008). When focusing on people's level of resilience, it is important to ensure that the focus is not solely on the stressful events individuals have been through, but that an emphasis is put on the "capacity for recovery and maintain adaptive behavior that may follow initial retreat or incapacity upon initiating a stressful event" (Garmezy, 1991, p. 8). According to Collins (2005), resilience consists of the "widespread human capacity to cope effectively, adapt, maintain equilibrium, and even thrive in times of crises" (p.1).

Ungar (2008) states that there is little research done on non-western majority cultures. Given the minimal research that has been completed, a cultural understanding of resilience might be expected to challenge what is accepted as good results as well as normative behaviors (Ungar, 2008). Cowen (1994) stated the pathway to wellness is distinctively important within different situations and areas of one's life. Accordingly, it is essential to recognize that aspects of healthy functioning such as self-efficacy, hopefulness, attachment, participation, and ethnic identity are all pertinent to various populations in the world. However, the importance of each is in coherent in the literature and research has shown that survival processes are distinctive (Ungar, 2008).

Although research on resiliency in Latin populations is limited, Collins (2005) emphasized that all individuals have some degree of resilience that is strengthened through voluntary effort. Resilience has been mainly studied in European American culture and only recently have researchers begun investigating this concept among other cultures. The literature

also discloses the risk factors that tend to make individuals less likely to be resilient. According to Prince-Embury and Courville (2008), emotional reactivity is negatively correlated with resilience and is connected to behavioral difficulty and sensitivity to developing psychopathology. McMillan and Reed (1994) claimed that positive interpersonal relationships and individual factors such as goal setting, intrinsic motivation, internal locus of control, and high self-efficacy, all play a role in the development of resiliency. Research has confirmed that people can become resilient regardless of ethnic minority status, single-parent family status, or low socioeconomic status (Castro et al., 2008; Rak & Patterson, 1996; Waxman & Huang, 1996).

According to Collins (2005), not all individuals, such as minorities who grew up in challenging social environments, have poor outcomes. The process of overcoming negative effects of exposure to risk and coping successfully in the face of adversity is called 'resilience.' Though it is concerned with risk exposure, resilience theory is focused on strengths rather than deficits, aiming to understand healthy development in spite of risk exposure (Fergus & Zimmerman, 2005).

Hope

According to Snyder (2002), hope is defined as a goal-directed determination composed of an individual's historical context where they have the desire to accomplish a goal. Hope has been associated with a number of positive outcomes including high life satisfaction, psychological well-being, and a lower incidence of internalizing disorders (Carretta et al., 2014). Hope is a cognitive construct that may impact the ways that individuals perceive their motivation, goals, and futures (Snyder et al., 2002).

Chang and Banks (2007) stated that those who have hope tend to have a greater inclination to engage in constructive goal-seeking behaviors and are more likely to be coherent and adaptive

problem solvers than individuals who have little-to-no hope (Chang, 1998). According to

Snyder's theory, hope has two facets: pathway thinking and agency thought. Pathway thinking

refers to an individual's ability to set a goal and "develop specific strategies to reach those goals"

(Snyder, 2002, p. 122). The agency element refers to an individual's motivation and ability to

"initiate and carry motivation for using those strategies" (Snyder, 2002, p. 123). An individual

who demonstrates these two facets of hope tends to experience higher levels of hope. However,

individuals who have low levels of hope may feel as if they have little direction in reaching their

goals. This may lead to anxiety about their futures.

In the minimal research that has been conducted on hope within racial/ethnic minority

groups, various researchers theorize that hope may vary due to hardships minority individuals

encounter (Biever et al., 2002). A later study disclosed that racial/ethnic minority individuals did

not experience lower levels of hope than European Americans but that Latinos conversely

experienced *more* significant amounts of hope than European Americans (Chang & Banks,

2007).

However, Latin youth are likely to experience low levels of hope due to the obstacles and

stressors they face in pursuit of their goals as a minority in the United States (DiPierro et al.,

2018). Language barriers, poverty, and discrimination can potentially lead Latinos to believe that

achieving their goals is impossible (Alicea et al. 2012; Rivas-Drake 2011). In other words, Latin

individuals may have difficulty thinking of ways that they can accomplish their goals and may

not always be motivated to continue to work toward their goals when numerous potential

obstacles exist.

Anxiety

According to De Jong-Meyer et al. (2009), individuals who experience higher intolerance of uncertainty also experience greater amounts of worry and rumination. Studies have indicated that uncertainty is the key in the explanation of concern as the main feature of Generalized Anxiety Disorder (Flückiger et al., 2016).

According to Deng et al. (2006), a considerable number of Latin individuals reported experiencing symptoms of anxiety. These symptoms tended to occur more frequently in Latin groups compared to other racial and ethnic groups in the United States (McLaughlin et al., 2007). Cultural components, such as collectivistic tendencies found in Latin families, can potentially contribute to heightened risk of anxiety symptoms among Latin populations. Exposure to stressors, such as residing in disadvantaged neighborhoods and experiencing negative life events, is also associated with anxiety symptoms (Aneshensel & Sucoff, 1996; Deng et al., 2006;).

Spirituality

According to O'Grady (2016), spirituality is integrated with resilience because it might give individuals the ability to create meaning and purpose in the situations and events they experience. Leaning into the spiritual meaning-making process can further produce resilience by incorporating it into a new narrative. Individuals who are exposed to spiritual or religious tendencies may have a higher probability of being able to make meaning and to experience hope and resilience (O'Grady, 2016). According to Kim and Esquivel (2011), spirituality can serve as a protective factor for all individuals who associate themselves as religious or spiritual. Measuring spirituality can become complicated due to individuals' different perspectives and approaches toward religion and spirituality. Religion and spirituality are often cited as important aspects of culture for Latin adolescents (Espinosa, 2008; Menjivar, 2003; Sanchez et al., 2012)

According to Kapke & Gerdes (2016), there is an underutilization of mental health services by Latinos compared to non-Hispanic Caucasian individuals, despite the numerous psychosocial stressors faced by Latinos on a daily basis. In other words, religious or spiritual coping may be common amongst lower-income populations given that the cost of mental health resources and psychotherapy are not financially feasible (Fernandez & Loukas, 2014). This may be relevant for Latin individuals who may lack the financial resources or face other barriers in receiving mental health services (Bear et al., 2014; Rusch et al., 2015). According to previous research, it has been found that religiosity and spirituality can help individuals who are at-risk (e.g., low-income, engage in high-risk behavior, or of minority status) create purpose and meaning as well as decrease levels of anxiety (Davis et al., 2003). In this study, the use of open-ended questions and the Brief RCOPE scale will allow the participants to provide meaningful responses regarding the role their spirituality or religiosity has played in their view of the political climate.

Politics and Latinos

To have a better understanding of the struggle's Latinos experience, it is important to recognize that Latinos in the U.S. have a hard time building a sense of belonging due to separation from the rest of American society stemming from long-standing social barriers. Identity is a major component to take into consideration within the Latin population given the complexity of how individuals feel like they are "from neither here nor there" (Walzer, 1990). In other words, this means that one is "too American" to be Mexican but also "too Mexican" to be considered American. The feeling of not belonging is even more poignant when Latino's witness acts of social exclusion in the present day. These acts of social exclusion have included the government-sanctioned racism of former U.S. President Donald Trump.

The United States has a significant amount of immigration and has been continuously

building diversity (Walzer, 1990). As time has evolved, the immigrant and Latin population has

not been valued. Instead, they have been challenged, which has impacted the way they are

integrated within society (Masuoka & Junn, 2013). After Donald Trump became president and

incorporated anti-immigrant policies, it is unquestionable that it has negatively impacted Latin

individuals. According to the most recent census, the Latin population is a fast-growing segment

of the community and the nation's largest minority group, representing 18% of the U.S.

population (United States Census Bureau, 2016). The prioritization of the immigration reform

platform that Donald Trump emphasized during his presidential campaign and presidency has

threatened the safety, health, and psychological well-being of the Latin population (Reilly, 2016;

Sulkowski, 2017; Trump, 2016). In more recent years, "President Trump signed several

Executive Orders laying out policies to increase deportation of unauthorized immigrants,

increase border security, authorize construction of a wall at the U.S. Southern border, and ban

entrance of Syrian refugees and individuals from six predominately Muslim countries" (Torres et

al., 2018, p. 3).

Proposed Study

The present study seeks to further investigate the experience of Latinos in the United States

during Trump's presidency. Few studies have investigated how the Latin population responded

to the changes to President Trump's anti-immigrant policies. The purpose of this study is to

expand upon the existing literature by providing a more detailed understanding of the change in

cultural and protective characteristics Latin adolescent and adults experience following Donald

Trump's election and presidency. In order to have a comprehensive understanding of the impact

Latinos in the U.S have experienced, domains of spirituality, hope, anxiety and resilience will be

assessed. Questions regarding these domains will be provided in both English and Spanish.

Hypotheses

1. Participants' viewpoint about Trump's presidency will affect their level of anxiety and fear given the current political climate. Participants who have a negative view of Trump's presidency will have higher levels of anxiety and fear as measured by the Beck Anxiety Inventory.

2. Participants' view of Trump's presidency will affect their levels of spirituality. Participants with a negative view of Trump's presidency will have higher scores on the Spirituality scale and the Brief RCOPE scale.

3. Participants' view of Trump's presidency will affect their levels of resilience. Participants with a negative view of Trump's presidency will have higher scores on the Connor-Davidson Resilience scale.

4. There will be a negative correlation between the Brief RCOPE and the Beck Anxiety Inventory.

5. There will be a positive correlation between the Connor-Davidson Resilience scale and the Adult Hope scale.

6. There will be a positive correlation between the Connor-Davidson Resilience scale and the Brief RCOPE scale.

Chapter 2

Methods

Participants

Participants included 96 Latin adults age ranging between 18 and 64 with the majority of participants ranging in ages between 18 and 34. Of the 96 participants, 68 identified as female and 28 as male. Also, 65.3% identified as Mexican or Mexican American, 7.4% Puerto Rican, 4.2% Chicano, 3.2% Salvadoran, and 15.8% as being from multiple other Latin groups. Ninety-four of the 96 participants reported being documented. The participants were selected from various Latin communities including churches, farmer worker unions, and universities.

Instruments

Resilience

The CD-RISC Resilience Scale (see Appendix A; Conner & Davidson, 2003) measures one's ability to cope with stress and "bounce back" after facing adversity. The 25-item scale uses a 5-point Likert scale ranging from *absolutely false* (= 0), to *true nearly all of the time* (= 4). Scores on the CD-RISC range from 0-100, with higher scores implying higher resilience. This scale has an internal consistency reliability coefficient of .89 and a test-retest reliability coefficient of .87 (Connor & Davidson, 2003). There are five main factors that are found in the CD-RISC: "personal competence," "the ability to tolerate negative affect," "acceptance of change and secure relationships," "control" and the fifth factor is related to "spiritual influences" (Conner & Davidson, 2003).

Hope

The Adult Hope Scale *(*HS; see Appendix B; Snyder et al., 1991) measures adult participants experience with hope. The two categories of questions fall within pathway questions, agency questions and filler questions. Pathway questions explore participants' ability to envision a path that leads to success (i.e., "There are lots of ways around any problem"). An agency question measures the participants' level of self-motivation (i.e., "I meet the goals that I set for myself"). The Adult Hope Scale uses an 8-point Likert scale ranging from *definitely false* to *definitely true*. The scale has an internal consistency reliability coefficient of .90-.95 (Snyder et. al., 1991).

Anxiety

The Beck Anxiety Inventory (see Appendix C; Beck et al., 1988) measures one's level of anxiety. There are 21 self-evaluation items in the inventory and the degree to which the respondents are troubled by a variety of anxiety symptoms is considered as the evaluation index. A 4-point Likert scale is used with 0 = *not at all*; 1 = *mild, little trouble*; 2 = *moderate, uncomfortable but tolerable*; 3 = *severe, can scarcely be endured*. The total score is calculated by adding all the items' scores for which the range is from 0 to 63 points; the higher the score, the more serious the anxiety (Beck et al., 1988).

Spirituality

The Single-Item Spirituality Scale (Gorsuch, & McPherson, 1989) measures one's importance within religiosity. A one-item questionnaire asking the level of importance of religion has been shown to be as effective as commonly used full scales (Gorusch & McPherson, 1989).

Brief RCope

The Brief RCOPE (see Appendix D) is a 14-item measure of religious coping with major

life stressors. As the most commonly used measure of religious coping in the literature, it has

helped contribute to the growth of knowledge about the role's religion serves in the process of

dealing with crisis, trauma, and transition (Pargament et al., 2011).

Political Climate

Participants answered a set of open-ended questions about their reaction to the election,

reasons for their reactions, and any changes to their attitudes and behaviors as created by Wray-

Lake et al. (2018), see Appendix E. The questions begin with these instructions: "In 2016,

Donald Trump was elected President of the United States. We would like to know what you

think about this. Please take at least 5 minutes to respond to the questions below. Your views are

important." The following two open-ended questions were asked: (a) "Describe your feelings

about Donald Trump being President. Be as specific as you can. Positive and negative views are

equally valued." (b) "What is it about Trump being elected President that made you feel this

way?" Participants will also be asked if they had changed any attitudes or behaviors as a result of

Trump being elected (yes/no). If the participants answered *yes,* they were then presented with the

following question: "Describe any changes in your attitudes and/or behaviors that resulted from

Trump being elected President (Wray-Lake et al., 2018).

Demographic Information

Short-answer questions assessed age, biological sex, current gender identity, ethnicity,

country of birth, parent's country of birth, and documented/undocumented status (see Appendix

F).

Procedure

Quantitative and qualitative measures were administered via Survey Monkey. Participants' survey included an informed consent (see Appendix G), a small demographics questionnaire including age, biological sex, ethnicity, country of birth, length of residence in the U.S., generational age in the U.S., grade in school, the *CD-RISC* Resiliency measure, the *Adult Hope Scale*, the *Beck Anxiety Inventory*, a 1-item spirituality scale and open-ended questions regarding the political climate and the participants' spirituality or religiosity (see Appendix H for Spanish translation of other Appendices). Participants were recruited from the George Fox Latin heritage club, Newberg St. Peter's Catholic church, and other Latin communities surrounding Newberg, Oregon. Participants were provided with the link to Survey Monkey to complete the questionnaires.

Data Analysis

The proposed study is utilizing a mixed-methods approach using both qualitative methods as well as quantitative scales. The qualitative data collected was reviewed and analyzed for common themes, using the grounded theory approach. Correlational analyses were utilized to analyze the quantitative data.

Chapter 3

Results

This study aimed to extend the literature on resilience, hope, anxiety, spirituality, and the impact of the political climate on Latinos' well-being during Donald Trump's presidency. Both quantitative and qualitative data were gathered and analyzed (see Tables 1 and 2). Quantitative data was used to look at the relationship between the variables. Given the minimal amount of research with the Latino population and the Trump political climate, qualitative results served to extract themes that contribute to the understanding of how resilience, hope, anxiety, spirituality, and the political climate are perceived by and impact the Latino population.

Hypothesis 1. Participants who have a negative view of Trump's presidency will have higher levels of anxiety and fear as measured by the Beck Anxiety Inventory. This hypothesis was not supported.

Hypothesis 2. Participants with a negative view of Trump's presidency will have higher scores on the Spirituality scale and the Brief RCOPE scale. Results suggest there is a negative correlation between a negative view of Trump's presidency and the Positive Brief RCOPE, $r = -.242$, $p < .01$. Results also suggest a positive correlation between a positive view of Trump's presidency and the positive Brief RCOPE, $r = .230$, $p < .01$. The relationship between the spirituality scale and the negative Brief RCOPE scale was not significant.

Hypothesis 3. Participants with a negative view of Trump's presidency will have higher

scores on the Connor-Davidson Resilience scale. The results indicated that there is no

relationship between participants negative view of Trump and their Conner-Davidson Resilience

score. Results indicate a positive correlation between a positive view of Trump's presidency and

participants total Conner-Davidson Resilience score, $r = .237$, $p < .01$.

Hypothesis 4. There will be a negative correlation between the Brief RCOPE and the

Beck Anxiety Inventory. The results indicated that there is a positive correlation between the

negative brief RCOPE and the Beck Anxiety Inventory, $r = .365$, $p < .01$.

Hypothesis 5. There will be a positive correlation between the Connor-Davidson

Resilience scale and the Adult Hope scale. The results indicated there is a positive correlation

between the total hope scale and the Connor-Davidson Resilience scale, $r = .658$, $p < .0$, and a

positive correlation between the Pathways subscale and the Connor-Davidson Resilience scale, r

$= .660$, $p < .01$.

Hypothesis 6. There will be a positive correlation between the Connor-Davidson

Resilience scale and the Brief RCOPE scale. This hypothesis was not supported.

Table 1

Quantitative Table

	N	M	SD
IMPREL	96	5.95	2.79
TOTHOPEAG	96	13.3	1.47
TOTHOPEPA	96	12.84	1.65
TOTHOPE	96	26.17	2.75
TOTCDRC	96	99.46	10.52
POSBRC	95	18.70	7.17
NEG BRC	96	10.32	5.06
TOTBAI	96	35.94	11.97

Table 2

Correlation Table

	TOTHOPEPA	TOTHOPE	TOTCDRC	POSBRC	NEGBRC	IMPREL	TRUMPPOS	TRUMPNEG	TOTHOPEAG	TOTBAI
IMPREL	-.067	-.094	.004	.771**	.115	1	.090	-.054	-.099	.070
TRUMPPOS	.266*	.191	.237*	.230*	-.202	.090	1	-.374**	.056	-.213
TRUMPNEG	-.103	-.029	.100	-.242*	-.032	-.054	-.374**	1	.065	.184
TOTHOPEAG	.545**	.863**	.488**	-.089	-.142	-.099	.056	.065	1	-.172
TOTHOPEPA	1	.894**	.660**	-.021	-.183	-.067	.266*	-.103	.545**	-.293**
TOTHOPE	.894**	1	.658**	-.059	-.186	-.094	.191	-.029	.863**	-.269**
TOTCDRC	.660**	.658**	1	.047	-.144	.004	.237*	.100	.488**	-.307**
POSBRC	-.021	-.059	.047	1	.150	.771**	.230*	-.242	-.089	.001
NEGBRC	-.183	-.186	-.144	.150	1	.115	-.202	-.032	-.142	.365**
TOTBAI	-.293**	-.269**	-.307**	.001	.365**	.070	-.213	.184	-.172	1

Note. ** Correlation is significant at the .01 level (two-tailed). * Correlation between POS RCOPE & the AH Agency is significant at the .05 level (two-tailed).

Qualitative Data

After analyzing and reviewing participants' responses to three qualitative questions regarding the political climate around Trump's presidency, themes were identified to develop informed conclusions. To ensure credibility of the data, two researchers independently reviewed and used grounded theory to analyze the qualitative data for significant statements and themes. When asked about their feelings, attitudes and behaviors toward Trump's presidency, the following themes were extracted:

Fear/scared/terrified

Throughout participants' responses, there was a consistent feeling of experiencing fear and being scared or terrified toward Donald Trump being president. Individuals expressed fear for their family, undocumented individuals, and their own future and lives. They recognized the great amount of power Trump held and the strong influence he had toward Americans, which caused them to feel scared to do simple daily tasks. One participant stated, "I'm scared for my family to even go to the store for fear they will die just for being Mexican." Many responses expressed the fear they had toward Trump's presidency among other feelings.

Anger

In many responses, participants expressed their anger toward Trump's presidency along with the actions he took, such as creating divisions between communities through the way he talked about and disrespected the Latino population. There is anger that also stems from Trump pretending or stating that he was supportive toward minorities by providing opportunities for them such as signing DACA after he said he was going to eliminate it. A participant stated:

A few days ago, he spoke about how welcoming he is to immigrants because he signed the DACA after threatening to eliminate it completely. I've come to have so many

adverse reactions to him, his lies and his attack on people that are not white that I can't

even look at videos involving him or his voice without getting disgusted. Heck most of

the time I can't even watch the videos for a full minute because of how angry I am

towards the disrespect he has shown to the Latinx community.

Anger seemed to be stemming from Trump not working for the greater good but stating

he was in everyone's favor.

Hatred

Along with anger, some participants also expressed hatred toward Trump's presidency.

Not only was hate expressed toward him, but participants also pointed out the amount of hate

Trump demonstrated toward specific minority groups and immigration laws, even stating he was

a "symbol of hate." One participant described their feelings toward Trump by stating, "I think he

embodies the worst of all human characteristics. He is narcissistic, misogynistic, racist,

fraudulent, and bigoted. I hate him with every fiber of my being." Participants freely expressed

their feelings toward Trump, and it is essential to have their voices heard given that they may

have not had the opportunity to safely express themselves.

Sadness/disappointment

Sadness and disappointment are also two major themes within participants' responses.

These feelings come from the uncertainty of his presidency and not knowing if they were going

to be living their lives without being in constant alert. He is described as,

> self-centered and only cares for the well-being of his interests and what serves him. He
>
> does not care about others especially POC, he is racist, homophobic, transphobic,
>
> xenophobic, and a misogynist, etc. I feel saddened, frustrated, and overwhelmed by his
>
> presidency.

Shame

Another theme is feeling ashamed of being an American as well as being ashamed of Trump being elected as president. The fact that various individuals come to the United States to have a better future and then have to deal with a president that does not support their cultural background is portrayed as a slap in the face for minority individuals. For some it wasn't until Trump's presidency that they felt proud of being American. One participant expressed themselves by stating the following,

> I always had grown up to be proud of being American and joyfully celebrating the 4th of July. It wasn't until Donald Trump became president that I lost complete pride of my country. I acknowledge this as a place for better opportunities, but it doesn't always feel this way. I feel less valued as an American citizen because I am a Latina and often feel dehumanized. I feel ashamed of being American when I visit my family in Mexico and El Salvador because of the morals, beliefs, and statements that our president represents and voices in the media.

It is important to recognize that Trump being elected as president made a significant impact on people's thoughts, feelings, and beliefs.

Neutral/Positive

In a few responses, participants expressed neutral and positive feelings toward Trump's presidency. The majority of positive or neutral responses provided by participants consisted of economic matters as well as not putting thought into his presidency in general. Some expressed that they were "not a big fan of it but I don't put much thought to it" and that they are "not sure how I feel about him." On the other hand, some stated they "don't think DT is the worst president," and "I like his economic policies and some views on immigration." Others also

reported that they love that he is president because he stands up for what is right and would like him in office for four more years. These responses demonstrate that participants felt comfortable to report their thoughts and feelings from both positive and neutral ends of the spectrum.

Embarrassment

Being embarrassed after Trump was elected was also another consistent theme throughout responses. Similarly, to feeling ashamed, the embarrassment stemmed from the poor and inadequate decisions made by the former president. America is deemed to be a country of opportunities which was not the case within Trump's presidency. A respondent expressed:

> I feel like having Donald Trump as my president and as president of 'the greatest country in the world' is an embarrassment. The United States decide to elect someone who had no political background and place him as head of the country. This man is a racist, a sexist, and a sex offender that has done so much damage to the Hispanic community. He has shown no ability to make this a better country, his focus has been on immigrants, and what he doesn't realize is that these immigrants are the reason the many big corporations are still standing. I stand embarrassed to say that Donald Trump is the President of the United States.

Incompetence/Businessman

When asked what about Trump being elected president made them feel a certain way, the theme of incompetence was prominent. Multiple participants expressed he was not fit to be president and to hold a lot of power. Instead, they continuously expressed he acts more like a businessman rather than a president, which was another common theme. Participants expressed, "This was a man built for business and it is definitively true when we hear him speak and when

he shows his ignorance and hardened heart" and, "He is nuts! Sure, he is a businessman, and he is supposed to help America do better financially but some things that come out of his mouth are ridiculous. I CAN'T believe he is our president." Trump's business side does not go unseen, but many have stated this component has not been as helpful as it should be in terms of non-economic concerns.

Action toward Minorities

The theme of the negative actions toward minorities is also an important component to consider. Even before he was elected president, he spoke about all of the negative actions he was going to act on toward minorities, specifically Latinos and African American individuals. For the most part, "the topic he chose to concentrate on to cover other motives and his negative strategies aimed against minorities." There is "constant disrespect towards minorities and insensitive comments about races that are not white."

Racism

Another major theme that was present within the majority of the responses was the upbringing and normalization of racism. Most responses stated Donald Trump was racist and allowed or opened the doors for the majority culture to openly be racist toward minorities. Various individuals also talked about systemic racism. One respondent specifically stated, "The systemic racism in the US is evident and had been evident forever to communities of color but now it's being known to the entire world."

Several participants who responded to the last qualitative question asking them to describe any changes in their attitudes and/or behaviors that resulted from Trump being elected president, expressed that they have become more aware and interested in knowing and keeping up with politics. Those who have not engaged with politics were influenced to be more

politically active for their family's sake. Others expressed they have become more defensive, on edge, and closed off toward white individuals given the negative outcomes of Trump's presidency. A few participants highlighted their appreciation toward his presidency and expressed he has been making positive changes for the sake of the country.

Responses to the qualitative portion of this study ranged on a spectrum between positive and negative. The majority of the responses consisted of negative feelings, emotions, and thoughts toward Trump's presidency. Some expressed no concern or no need to care for his presidency as well as positive views about him and his actions. Participants were able to express themselves freely which resulted in some very infuriating and also positive responses which may have not been achievable through quantitative responses.

Chapter 4

Discussion

The current study sought to have a better understanding of Latinos' wellbeing throughout Donald Trump's presidency. Given the limited research with Latinos' resilience, hope, anxiety, spirituality and the political climate, the study utilized both quantitative and qualitative methods to allow participants to express themselves to a full extent. The quantitative methods used were the Connor-Davidson Resilience Scale (CR-RISC), the Adult Hope Scale (HS), the Beck Anxiety Inventory, the Brief RCOPE and a one-item spirituality/religiosity question. It was hypothesized participants' negative view of Trump's presidency would result in higher levels of anxiety and high scores on the spirituality scale, the Brief RCOPE and the CR-RISC. It was also hypothesized there would be a negative correlation between the Brief RCOPE and the Beck Anxiety Inventory and a positive correlation between the CR-RISC, the Adult Hope scale, and the Brief RCOPE. A negative relationship was found with participants who had a negative view of Trump's presidency and the positive Brief RCOPE. This demonstrated that those who have a negative view of Trump had low scores on their brief RCOPE indicating they were not coping well with his presidency. On the other hand, there was a positive correlation between positive views of Trump and the positive Brief RCOPE, meaning that those with a positive view of Trump were coping well with his presidency. It was also found that there was a positive relationship between the total Hope, the Pathways subscale and the CR-RISC. This demonstrates that participants who scored high on the resilience scale also had a great amount of hope. The

themes found throughout the open-ended questions about the political climate included being in fear/scared/terrified, anger, hatred, sadness/disappointment, being ashamed, embarrassed, incompetence, negative actions towards minorities, racism, and neutral/positive responses.

It is also essential to recognize how participants' legal status may have influenced their qualitative responses to be more open and vulnerable. The majority of the participants (97.9%) in this study reported being documented and were also relatively young, ranging between 18-34 years of age. For the most part, Latino individuals immigrate to the United States for a better life and to live the American Dream. After analyzing participants' qualitative responses, it has been found that they have been treated unfairly despite the fact that they immigrated to America for equal rights. Unfortunately, instead of living the American dream, they are experiencing discrimination and their well-being is being threatened.

Reflections of the Beck Anxiety Inventory

According to Benuto et al., (2020), previous studies have demonstrated that there are challenges using the Beck Anxiety Inventory (BAI). Although the BAI is available in multiple languages, including Spanish (Beck & Steer, 2011), challenges stem from non-English speaking populations. When assessing Latinos for anxiety, it is essential to recognize the complexity it carries given the cultural idioms of distress that are used to describe anxiety (Benuto et al., 2020). Given that the BAI may not be suitable to assess anxiety for the Latino population, this may have had an influence on participants' BAI results on this study. The quantitative and qualitative results do not align with one another in terms of participants' anxiety and their view of Trump's presidency.

Reflection on the CD-RISC

Results suggest there is no relationship between participants' negative view of Trump's presidency and scores on the CD-RISC. However, results indicated a positive correlation between participants' positive view of Trump's presidency and their total CD-RISC score. These findings do not align with participants' qualitative responses; therefore, the validity of the CD-RISC being used with Latino participants needs further investigation. The CD-RISC has strong psychometric properties (Connor & Davidson, 2003), along with convergent and discriminant validity supported (Campbell-Sills et al., 2006; Windle et al., 2011). On the other hand, diverse studies have demonstrated a range of different factor structures. Various versions of the CD-RISC, using fewer items, have been proposed in the literature (Moreno et al., 2019). Therefore, it would be essential to evaluate the psychometric properties of the CD-RISC with the aim of determining whether it can be used as a reliable and valid tool to assess Latinos' resilience.

Reflections on the Brief RCOPE

The Brief RCOPE Scale was used to measure positive and negative religious coping. This scale is a widely used measure of religious coping that separates the construct into positive and negative religious coping subscales. Given that this measure is validated for the Latino population and the CD-RISC may not be suitable for Latinos, this may have influenced the results to suggest there is no significance between the Connor-Davidson Resilience scale and the Brief RCOPE scale.

Limitations

One of the limitations of the current study is that most of the quantitative measures were normed for western/white populations. While the CD-RISC has significant resources and

versions for different populations, the scale used in this study has not been normed for the Latino population.

Cultural differences and beliefs as well as understanding and interpretation may suggest another limitation. There is the likelihood that there are cultural gaps in understanding and interpreting the qualitative portion of the study. Participants were from a range of various cultural backgrounds as well as worldviews and values compared to the researcher. In the future, other researchers who share similar cultures and beliefs may find important inroads in interpreting qualitative responses.

Implications

Being able to express oneself effectively in terms of politics as a minority is difficult, particularly in western society. This study allowed participants to express themselves about their feelings toward Donald Trump's presidency. Positive, negative, and neutral views of Trump were welcomed when responding to the qualitative questions. After reading participants' responses, upon analysis of participant's responses, it was evident that they did not feel comfortable expressing themselves about sensitive topics as minorities when they believed it went against the majority culture. Accordingly, allowing and providing safe spaces for minorities to have conversations and express themselves in professional and school settings would be beneficial. This opportunity would suggest that teachers/professors and supervisors would have to gain knowledge and have an open mind about holding and providing space for difficult conversations. This study provided a glimpse of what can be done in school and professional settings for not only Latino communities but also other minority populations.

Along with education, psychotherapy can be used as a safe place for communities such as Latinos to express themselves without feeling restricted or judged. Access to bicultural and

bilingual psychotherapy may encourage this population to seek services. Given that there is a shortage of bicultural and bilingual therapists, it is essential for psychotherapists to focus on cultural humility and to be curious to learn and navigate such vulnerable topics with Latino patients.

Future Research

After reviewing both the quantitative and the qualitative portions of the study, there seemed to be a mismatch in participants' scores on the survey and their qualitative responses. More research is needed to further understand the validity of the CD-RISC measure for the Latino population. Future studies should continue to explore resilience, hope, and spirituality regarding Latino communities.

More in-depth information gathering through a full qualitative study can also be helpful. Gathering more information through the use of qualitative methodology may give a better understanding of some of the relationships between political ideology and Latinos' well-being.

Conclusion

Resilience, hope, and spirituality are all impacted by individual factors, environmental exposure, cultural context, and personal resources. It is important to conduct and discover how these attributes are impacted by important political events such as the presidential elections and experienced hardships. The current study used a mixed methods approach to discover themes and relationships between the attributes mentioned above and Donald Trump's presidency. The themes uncovered were fear/scared/terrified, anger, hatred, sadness/disappointment, ashamed, embarrassed, incompetent, action toward minorities, racism, and neutral/positive responses. These themes were extracted as common things participants experienced throughout Trump's presidency. This study may help to inform future psychological research on Latino populations.

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Appendix A

Resilience Scale

CD-RISC

For each statement give the response that best describes your experience: **not true at all** (0), **rarely true** (1), **sometimes true** (2), **often true** (3), **true nearly all of the time** (4)

	Not true				True
1 Able to adapt to change	0	1	2	3	4
2 Close and secure relationships	0	1	2	3	4
3 Sometimes fate or God can help	0	1	2	3	4
4 Can deal with whatever comes	0	1	2	3	4
5 Past success gives confidence for new challenge	0	1	2	3	4
6 See the humorous side of things	0	1	2	3	4
7 Coping with stress strengthens	0	1	2	3	4
8 Tend to bounce back after illness or hardship	0	1	2	3	4
9 Things happen for a reason	0	1	2	3	4
10 Best effort no matter what	0	1	2	3	4
11 You can achieve your goals	0	1	2	3	4
12 When things look hopeless, I don't give up	0	1	2	3	4
13 Know where to turn for help	0	1	2	3	4
14 Under pressure, focus and think clearly	0	1	2	3	4
15 Prefer to take the lead in problem solving	0	1	2	3	4
16 Not easily discouraged by failure	0	1	2	3	4
17 Think of self as strong person	0	1	2	3	4
18 Make unpopular or difficult decisions	0	1	2	3	4
19 Can handle unpleasant feelings	0	1	2	3	4
20 Have to act on a hunch	0	1	2	3	4
21 Strong sense of purpose	0	1	2	3	4
22 In control of your life	0	1	2	3	4
23 I like challenges	0	1	2	3	4

24 You work to attain your goals--------------------------0   1   2   3   4

25 Pride in your achievements ----------------------------0   1   2   3   4

Appendix B

The Adult Hope Scale

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

> 1. = Definitely False
> 2. = Mostly False
> 3. = Somewhat False
> 4. = Slightly False
> 5. = Slightly True
> 6. = Somewhat True
> 7. = Mostly True
> 8. = Definitely True

___ 1. I can think of many ways to get out of a jam.

___ 2. I energetically pursue my goals.

___ 3. I feel tired most of the time.

___ 4. There are lots of ways around any problem.

___ 5. I am easily downed in an argument.

___ 6. I can think of many ways to get the things in life that are important to me.

___ 7. I worry about my health

___ 8. Even when others get discouraged, I know I can find a way to solve the problem.

___ 9. My past experiences have prepared me well for my future.

___10. I've been pretty successful in life.

___11. I usually find myself worrying about something.

___12. I meet the goals that I set for myself.

Appendix C

The Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not at all	Mildly, but it didn't bother me much	Moderately – it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding / racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3

Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot / cold sweats	0	1	2	3

Appendix D

Brief RCOPE

The following items deal with ways you coped with the negative event in your life. There are many ways to try to deal with problems. These items ask what you did to cope with this negative event. Obviously different people deal with things in different ways, but we are interested in how you tried to deal with it. Each item says something about a particular way of coping. We want to know to what extent you did what the item says. *How much or how frequently.* Don't answer on the basis of what worked or not – just whether or not you did it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can. Circle the answer that best applies to you.

1 – not at all
2 – somewhat
3 – quite a bit
4 – a great deal

l.	Looked for a stronger connection with God.	1	2	3	4
2.	Sought God's love and care.	1	2	3	4
3.	Sought help from God in letting go of my anger.	1	2	3	4
4.	Tried to put my plans into action together with God.	1	2	3	4
5.	Tried to see how God might be trying to strengthen me in this situation.	1	2	3	4
6.	Asked forgiveness for my sins.	1	2	3	4
7.	Focused on religion to stop worrying about my problems.	1	2	3	4
8.	Wondered whether God had abandoned me.	1	2	3	4
9.	Felt punished by God for my lack of devotion.	1	2	3	4
10.	Wondered what I did for God to punish me.	1	2	3	4
11.	Questioned God's love for me.	1	2	3	4
12.	Wondered whether my church had abandoned me.	1	2	3	4
13.	Decided the devil made this happen.	1	2	3	4
14.	Questioned the power of God.	1	2	3	4

One- Item Question:

1. Select the number that indicates how important your religion is to you
   a. 1 (Not at all; have no religion); 2; 3; 4; 5; 6; 7; 8; 9 (Extremely important; my religious faith is the center of my entire life).

Appendix E

Political Climate Questionnaire

1. Describe your feelings about Donald Trump being President. Be as specific as you can. Positive and negative views are equally valued.

2. What is it about Trump being elected President that made you feel this way?"

3. Have you changed any attitudes or behaviors as a result of Trump being elected? Circle one (yes/no).

    a. If yes, answer the following question:

        i. Describe any changes in your attitudes and/or behaviors that resulted from Trump being elected President.

Appendix F

Demographic Information

Demographic Survey

Please respond to each item below as accurately as possible.

General:

What is your age?

- o 18-24 years old
- o 25-34 years old
- o 35-44 years old
- o 45-54 years old
- o 55-64 years old
- o 65+ years or older

Assigned sex at birth?

- o Male
- o Female

What is your current gender identity?

- o Male
- o Female
- o Transgender
- o Non-binary

Are you Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Cuban-American, Salvadoran, Salvadoran-American, or some other Spanish, Hispanic, or Latingroup?

- o I am not Spanish, Hispanic, or Latino
- o Mexican
- o Mexican-American
- o Chicano
- o Puerto Rican
- o Cuban
- o Cuban-American
- o Salvadoran
- o Salvadoran-American
- o Some other Spanish, Hispanic, or Latingroup
- o From multiple Spanish, Hispanic or Latingroups
- o Other (Please Specify)

What is the highest degree or level of school you have completed?

- o   Less than high school degree
- o   High school diploma or equivalent (e.g., GED)
- o   Some college but no degree
- o   Associate degree
- o   Bachelor's degree
- o   Graduate degree

What is your country of birth?

- o   United States
- o   Mexico
- o   El Salvador
- o   Guatemala
- o   Puerto Rico
- o   Brazil
- o   Colombia
- o   Argentina
- o   Peru
- o   Venezuela
- o   Chile
- o   Ecuador
- o   Cuba
- o   Bolivia
- o   Dominican Republic
- o   Honduras
- o   Paraguay
- o   Nicaragua
- o   Costa Rica
- o   Panama
- o   Uruguay
- o   Other (please Specify)

What is your parent's country of birth?

- o   United States
- o   Mexico
- o   El Salvador
- o   Guatemala
- o   Puerto Rico
- o   Brazil
- o   Colombia
- o   Argentina

- Peru
- Venezuela
- Chile
- Ecuador
- Cuba
- Bolivia
- Dominican Republic
- Honduras
- Paraguay
- Nicaragua
- Costa Rica
- Panama
- Uruguay
- Other (please Specify)

What is your legal status in the U.S?

- Documented
- Undocumented

Appendix G

Informed Consent Form

Experiment: The Effect of the Political Climate on Latinos Wellbeing

Principal Investigator: Magda E. Mendoza Soto, MA and Winston Seegobin, Psy.D.

DESCRIPTION OF STUDY AND INSTRUCTIONS TO PARTICIPANT

You are invited to participate in a research study of the effect of the political climate on Latinos well-being. This research will examine relationships between Latino's resiliency, spirituality, hope, anxiety, and today's political climate. The following survey will consist of a demographics form followed by five questionnaires and two one-item questions related to religiosity.

To qualify for this research, one must be 18 years of age or older and may be of any gender, or ethnicity.

This study involves no known risk. All information you provide will remain confidential and will not be associated with your identifying information. Ethical guidelines as detailed by APA are being heeded. Your participation in this study will require approximately 20-35 minutes. Participation in this study is for the purpose of furthering scientific knowledge. You may withdraw from the study at any time, but for adequate data collection, it will be greatly appreciated for your full participation. The experimenters are willing to answer questions you may have at any point in the study.

If you have any further questions concerning this study, please feel free to contact us through phone or email: Magda Mendoza at mmendoza13@georgefox.edu or Winston Seegobin at wseegobin@georgefox.edu, (503) 554-2370.

STATEMENT OF AGREEMENT TO PARTICIPATE

In signing this form or by clicking "OK" and "NEXT", I agree to serve as a participant and complete the surveys described above. I have read/been read the description and have been informed as to the nature of this study and procedures involved. I understand the study involves no known risks and I may withdraw at any time without prejudice.

_____   _____
Signature of Participant   Date

_____   _____
Signature of Experimenter   Date

Appendix H

Escalas en Espanol

Consentimiento

El Estudio: *FASD: Población Mexicana y Mexicano-Americana En El Noroeste*

Investigador: Ana Colunga-Marin and Glena L. Andrews, Ph.D.

DESCRIPCIÓN DEL ESTUDIO E INSTRUCCIONES PARA EL PARTICIPANTE

Usted esta invitado a participar en un estudio de investigacion de sobre el efecto del clima politico en el bienestar de los latinos. Esta investigacion examinara las relacioned entre la resistencia, la espiritualidad, la esperanza, lan ansiedad, y el clima politicpo actual de los latinos. La siguiente encuesta consistira en un formulario demografico seguido de cinco cuentionarious y dos preguntas de un articulo relacionadas con la religiosidad.

Para calificar para esta investigacion, uno debe tener 18 anos de edad o mas, puede ser de cualquier genero u origen etnico.

Este estudio no implica ningun riesgo conocido. Toda la informacion que proporcione sera confidencial y no estara asociada con su informacion de indentificacion. Se estan siguiendo las pautas eticas detalladas por APA. Su participacion en este estudio requerira aproximadamente 20-35 minutos. La participacion en este estudio tiene el proposito de promover el conocimiento cientifico. Puede retirarse del estudio en cualquier momento, pero para una recopilacion de datos adecuada, sera muy apreciado por su plena participacion. Los experimentadores esta dispuestos a responder preguntas que pueda tener en cualquier momento del estudio.

Si tiene mas preguntas sobre este estudio, no dude en contactarnos por telefono o correo electronico: Magda Mendoza mmendoza13@georgefox.edu o Winston Seegobin wseegobin@georgefox.edu, (503) 554-2370.

DECLARACIÓN DE ACUERDO PARA PARTICIPAR

Al firmar este formulario o al hacer clic en "Aceptar" y Siguiente", acepto servir como participante y completar las encuestas descritas anteriormente. He leído / leído la descripción y he sido informado sobre la naturaleza de este estudio y los procedimientos involucrados. Entiendo que el estudio no implica riesgos conocidos y puedo retirarme en cualquier momento sin perjuicio.

_____   _____
Firma De participante   Fecha

_____   _____
Firma De Investigador   Fecha

Encuesta Demográfica

Por favor responda a cada artículo a continuación con la mayor precisión posible.

General:

¿Cual es su edad?

- o   18-24 años
- o   25-34 años
- o   35-44 años
- o   45-54 años
- o   55-64 años
- o   65+ años

¿Sexo asignado al nacer?

- o   Masculino
- o   Hembra

¿Cual es su identidad de genero actual?
- o   Masculino
- o   Hembra
- o   Trangenero
- o   No binario

¿Eres mexicano, mexicoamericano, chicano, puertorriqueño, cubano, cubanoamericano, salvadoreño, o algún otro grupo español, hispano o latino?

- o   I am not Spanish, Hispanic, or Latino
- o   Mexicano
- o   Mexicoamericano
- o   Chicano
- o   Puertorriqueño
- o   Cubano
- o   Cubanoamericano
- o   Salvadoreño
- o   Algún otro grupo español, hispano o latino
- o   De varios grupos españoles, hispanos, o latinos
- o   Otro (por favor especifique)

¿Cual es el grado o nivel mas alto de la escuela que has completado?

- o Menos que la preparatoria
- o Titulo de escuela secundaria o quivalente (por ejemplo, GED)
- o Un poco de Universidad pero sin titulo
- o Grado asociado
- o Licenciatura Bachillerato
- o Titulo de posgrado (maestria/doctorado)

¿Cual es tu pais de Nacimiento?

- o Los Estados Unidos
- o Mexico
- o El Salvador
- o Guatemala
- o Puerto Rico
- o Brasil
- o Colombia
- o Argentina
- o Peru
- o Venezuela
- o Chile
- o Ecuador
- o Cuba
- o Bolivia
- o Republica Dominicana
- o Honduras
- o Paraguay
- o Nicaragua
- o Costa Rica
- o Panama
- o Uruguay
- o Otro (por favor especifique)

¿Cual es el pais de Nacimiento de tus padres?

- o Los Estados Unidos
- o Mexico
- o El Salvador
- o Guatemala
- o Puerto Rico
- o Brasil
- o Colombia
- o Argentina

- o Peru
- o Venezuela
- o Chile
- o Ecuador
- o Cuba
- o Bolivia
- o Republica Dominicana
- o Honduras
- o Paraguay
- o Nicaragua
- o Costa Rica
- o Panama
- o Uruguay
- o Otro (por favor especifique)

¿Cual es su estado legal en los Estados Unidos?

- o Documentado
- o Indocumentado

Resilience

ESCALA #1

Direcciones: Leer cuidadosamente. Usando cada escala a continuación, por favor selecciona el número que mejor te describe a ti y encierre en un círculo el número que mejor lo describa.

	Absolutamente falso	**Raramente Verdadero**	**A Veces Verdadero**	**A Menudo Verdadero**	**Verdadero la Mayor Parte del Tiempo**
1. Capaz de adaptarse al cambio	0	1	2	3	4
2. Relaciónes cercanas y seguras	0	1	2	3	4
3. A veces el destino o Dios pueden ayudar	0	1	2	3	4
4. Puedo hacer frente a lo que venga	0	1	2	3	4
5. El éxito en el pasado me da confianza para nuevo retos	0	1	2	3	4
6. Veo el lado gracioso de las cosas	0	1	2	3	4
7. Enfrentar con el stress me fortalece	0	1	2	3	4
8. Tiendo a recuperarme después de una enfermedad o dificultad	0	1	2	3	4
9. Las cosas pasan por algo	0	1	2	3	4
10. Trato de hacer el mejor sin importar en porque	0	1	2	3	4
11. Puedo lograr mis metas	0	1	2	3	4
12. Cuando las cosas parecen no tener solución, yo no me rindo	0	1	2	3	4

	Absolutamente Falso	Raramente Verdadero	A Veces Verdadero	A Menudo Verdadero	Verdadero la Mayor Parte del Tiempo
13. Se a donde recurrir para obtener ayuda	0	1	2	3	4
14. Bajo presión, me concentro y pienso claro	0	1	2	3	4
15. Prefiero tomar la iniciativa para resolver problemas.	0	1	2	3	4
16. Prefiero tomar la iniciativa en solucionar problemas	0	1	2	3	4
17. Pienso que soy una persona fuerte	0	1	2	3	4
18. Tomo decisiones difíciles o inpopulares	0	1	2	3	4
19. Puedo manejar sentimientos desagradables	0	1	2	3	4
20. Sigo lo que me dice el corazón	0	1	2	3	4
21. Tengo fuerte sentido de propósito	0	1	2	3	4
22. Tengo control sobre mi vida	0	1	2	3	4
23. Me gustan los retos	0	1	2	3	4
24. Me esfuerzo en alcanzar mis metas	0	1	2	3	4
25. Me siento orgulloso de mis logros	0	1	2	3	4

Hope

ESCALA #2

> **Instrucciones: Leer cuidadosamente. Usando cada escala a continuación, por favor selecciona el número que mejor te describe a ti y encierre en un círculo el número que mejor lo describa.**

	Definitivamente Falso	En su Mayoría Falso	En su Mayoría Verdadero	Definitivamente Verdadero
1. Pienso que hay muchas maneras de salir de un problema.	1	2	3	4
2. Me esfuerzo en alcanzar mis metas.	1	2	3	4
3. Me siento cansado la mayor parte del tiempo.	1	2	3	4
4. Hay muchas formas de solucionar los problemas.	1	2	3	4
5. Me ganan fácilmente en una discusión.	1	2	3	4
6. Se me ocurren muchas formas de sacar lo que es más importante en la vida para mí.	1	2	3	4
7. Me preocupo por mi salud.	1	2	3	4
8. Aun cuando otros se sientan desanimados, yo sé cómo encontrar la manera de solucionar mis problemas.	1	2	3	4
9. Mis experiencias pasadas me han preparado bien para el futuro.	1	2	3	4
10. He sido bastante exitoso en la vida.	1	2	3	4
11. Usualmente me encuentro preocupado por algo.	1	2	3	4
12. Logro alcanzar mis metas	1	2	3	4

Escala #3 Inventario de ansiedad de Beck

A continuación hay una lista de síntomas comunes de ansiedad. Lea atentamente cada elemento de la lista. Indique cuánto le ha molestado ese síntoma en el último mes, incluso hoy, marcando con un círculo el número en el espacio apropiado en la columna al lado de cada síntoma.

	De ningum modo	Ligeramente, pero no me molesta mucho	Moderadamente – no fue agradable a veces	Severo – me molesto mucho
Entumecimiento u hormiguea	0	1	2	3
Sensacion de calor	0	1	2	3
Tambaleo en las piernas	0	1	2	3
Incapaz de relajarse	0	1	2	3
Miedo a que ocurra lo peor	0	1	2	3
Mareos o aturdida/o	0	1	2	3
Latidos Fuertes del Corazon	0	1	2	3
Inestable	0	1	2	3
Aterrorizado/a o asustaso/a	0	1	2	3
Nervioso/a	0	1	2	3
Sensacion de asfixia	0	1	2	3
Hands trembling	0	1	2	3

Tembloroso / inestable	0	1	2	3
Miedo a perder el control	0	1	2	3
Dificultad respirar	0	1	2	3
Miedo a morir	0	1	2	3
Asustado/a	0	1	2	3
Indigestion	0	1	2	3
Debil / aturido/a	0	1	2	3
Cara sonrojada	0	1	2	3
Sudores frios / calientes	0	1	2	3

Escala #4 Breve RCOPE

Los siguientes artículos tratan de las formas en que enfrentaste el evento negativo en tu vida. Hay muchas formas de tratar con los problemas. Estos artículos le preguntan qué hizo para hacer frente a este evento negativo. Obviamente, diferentes personas manejan las cosas de diferentes maneras, pero estamos interesados en cómo trataste de manejarlo. Cada elemento dice algo sobre una forma particular de afrontamiento. Queremos saber en qué medida hizo lo que dice el artículo. Cuánto o con qué frecuencia. No responda sobre la base de lo que funcionó o no, solo si lo hizo o no. Use estas opciones de respuesta. Intenta calificar cada elemento por separado en tu mente de los demás. Haz que tus respuestas sean tan VERDADERAS PARA TI como puedas. Encierra en un círculo la respuesta que mejor se aplica a ti.

1 - en absoluto
2 - algo
3 - bastante
4 - una gran oferta

1. Buscaba una conexión más fuerte con Dios.	1	2	3	4
2. Buscó el amor y el cuidado de Dios.	1	2	3	4
3. Busqué la ayuda de Dios para soltar mi ira.	1	2	3	4
4. Intenté poner mis planes en acción junto con Dios.	1	2	3	4
5. Intenté ver cómo Dios podría estar tratando de fortalecer yo en esta situación	1	2	3	4
6. Pedí perdón por mis pecados.	1	2	3	4
7. Centrado en la religión para dejar de preocuparme por mi problemas.	1	2	3	4
8. Me preguntaba si Dios me había abandonado.	1	2	3	4
9. Me sentí castigada por Dios por mi falta de devoción.	1	2	3	4
10. Me preguntaba qué hice para que Dios me castigara.	1	2	3	4
11. Cuestionó el amor de Dios por mí.	1	2	3	4
12. Me preguntaba si mi iglesia me había abandonado.	1	2	3	4
13. Decidió que el diablo hizo que esto sucediera.	1	2	3	4
14. Cuestionó el poder de Dios.	1	2	3	4

1. Seleccione el número que indica cuán importante es su religión para usted:
   a. 1 (en absoluto; sin religión); 2; 3; 4; 5; 6; 7; 8; 9 (Extremadamente importante; mi fe religiosa es el centro de toda mi vida).

2. ¿Hubo alguien en tu vida que te ayudó a enseñarte autocompasión o que te ayudó? en tiempos difíciles?

Cuestionario de clima político

1. Describa sus sentimientos sobre Donald Trump como presidente. Sé tan específico como

   puedas. Las opiniones positivas y negativas son igualmente valoradas.

2. ¿Qué tiene que ver Trump siendo elegido presidente que te hizo sentir de esta manera?

3. ¿Ha cambiado alguna actitud o comportamiento como resultado de la elección de Trump?

   Encierra un círculo (sí / no).

   a. En caso afirmativo, responda la siguiente pregunta:

      i. Describa cualquier cambio en sus actitudes y / o comportamientos que

         resultaron de la elección de Trump como presidente.

Appendix I

Curriculum Vitae

MAGDA E MENDOZASOTO

4070 Albion St D105 Denver, CO 80216 | (503)899-8093 | mmendoza13@georgefox.edu / magda.mendozasoto@cuanschutz.edu

EDUCATION

Doctor of Clinical Psychology (PsyD), George Fox University; Newberg, Oregon
Anticipated April 2022
Academic Advisor: Winston Seegobin, PsyD

Master of Arts Clinical Psychology, George Fox University, Newberg, OR
May 2019
Academic Advisor: Winston Seegobin, PsyD

Bachelor of Arts, George Fox University; Newberg, Oregon
December 2016
Concentration: Psychology and Spanish

LANGUAGE SKILLS

Spanish
Fluent and able to write in Spanish and English. Experience in conducting psychotherapy and comprehensive cognitive assessments in Spanish

SUPERVISED CLINICAL EXPERIENCE

Psychology Intern, University of Colorado School of Medicine   July 2021- July 2022

Salud Family Health Center **– Fort Morgan, CO**
Major Rotation

Engage in the provision of primary care psychology services in collaboration with physicians, nurse practitioners, physician assistants, other behavioral health providers, care managers, and clinical pharmacists. These services will include:

Psychosocial Screenings: Provided universally to patients of all ages, aimed at identifying and addressing various psychiatric and psychosocial needs.

Consultation: Consultation services as requested by medical providers, including, but not limited to, providing differential diagnosis, supportive counseling, crisis intervention and safety planning, referrals, and resources.

Follow-up during Medical Visits: Appropriate follow-up care provided to identify patients including, but not limited to, psychoeducation, skills building, other brief interventions, motivational interviewing, self-management skills, and solution-focused therapy.

Psychotherapy: Brief individual and family therapy; approximately 8-12 patients per week.

Formal Psychological Assessment: Provided as requested by patient and/or treating care team, including cognitive, personality, ADHD, and neuropsychological screenings, for children and adults, in English and in Spanish. Interns will master a primary care psychology curriculum through: Direct patient care and Selected readings

Participation in site-specific monthly didactics/case conference with other members of the psychology training program two times per month specifically on Tuesday mornings

Supervisor: Yaira Oquendo-Figueroa, PhD

The Women's Integrated Services in Health (WISH) - Aurora, CO
Minor Rotation   July-December 2021

To assess, triage, and treat women through integrated healthcare treatment in primary care, along with the following: Providing warm hand-offs and co-consults with physicians, brief assessment of mental health disorders, patient triage to long-term behavioral healthcare treatment, behavioral health consultation in primary care, the use of modalities of brief psychotherapy, and engage in education around integrated healthcare for other healthcare professionals.
Supervisor: Rebecca Richey, Psy.D.

Graduate Student Therapist, Practicum III, Salud Medical Center; Woodburn, Oregon and Beverly Clinic; Salem, Oregon
September 2020 - June 2021

Provide brief intervention and rapid assessment to patients throughout the lifespan. Patient population consist of low income, uninsured, and 85% Spanish speaking individuals. This role also allowed for consultation with medical team to touch base on patients needs. Commonly seen patients within this population have a wide range trauma, mental health disorders, and health implications.
Supervisor: Jessica Beeghly, PhD and Lola White, Psy.D.

QMHP/Behavioral Health Crisis Consultation, George Fox University; Newberg, Oregon
January 2017 – June 2021

> Provide crisis consultation, assessment, and intervention for two major medical centers (emergency department, intensive care unit, labor and delivery unit, and medical/surgical unit), law enforcement, and mental health agencies within the local county
>
> Complete hospital risk assessments, cognitive evaluations, and other assessments with patients of varying age, gender, sexual orientation, ethnicity, and socioeconomic status
>
> Provide consultation for medical personnel pertaining to psychodiagnostic clarity, mental status, and level of risk
>
> Work collaboratively with medical personnel and Yamhill County staff to develop appropriate discharge plans for patients as well as to find appropriate placement for at-risk individuals
>
> Document clinical notes in an electronic medical record system
>
> Implement psychiatric hospitalization, respite care, sub-acute psychiatric placement, or alternative intervention placements for high-risk, suicidal, or cognitively decompensated patients under supervision of a licensed psychologist
>
> Engage in, plan, and facilitate monthly didactics for continuation of training and development
>
> Supervisors: Mary Peterson, PhD; Bill Buhrow, PsyD; Luann Foster, PsyD

Graduate Student Therapist, Practicum II, West Hills Healthcare Clinic; McMinnville, Oregon

> August 2019 – December 2020
>
> Provides warm hand off behavioral health services to individuals from the McMinnville community
>
> Work alongside three medical providers
>
> Conducts screeners when applicable
>
> Administer psychological evaluations for diagnostic clarification
>
> **Supervisor:** Joy Mauldin, PsyD

Graduate Student Therapist, Practicum I, George Fox University Behavioral Health Clinic; Newberg, Oregon

> August 2018 – June 2019
>
> Provide weekly individual and family therapy to the individuals from the community
>
> Conduct screeners when applicable
>
> Conduct diagnostic intake interviews, develop treatment plans, and dictate formal intake information, and clinical progress notes
>
> Administer psychological evaluations for diagnostic clarification
>
> **Supervisors:** Joel Gregor, PsyD, Lauren Harper M.S., CRC, and Katie Dunbar, M.A.

Pre-Practicum Therapist, GFU Graduate School of Clinical Psychology; Newberg, Oregon
  January 2016 – April 2016
  Provide weekly individual psychotherapy in a counseling setting, utilizing person-
centered
  therapeutic techniques
  Conduct diagnostic intake interviews, developed treatment plans, and wrote formal intake
  and progress reports
  Attend weekly group and individual supervision with an advanced graduate student
    supervised by a licensed clinical psychologist
  Review videotaped sessions and presented cases
  Supervisors: Glena Andrews, PhD, and Kristie Knows His Gun, PsyD

PRESENTATIONS AND RESEARCH

Mendoza, M. (2021, April 14) *La Cultura Latina from a Mexican perspective* presented at
  George Fox University, Newberg, Oregon.

Mendoza, M. (2021, March 18) *Latinos, Mental Health, and Suicide* Didactic presented at
  George Fox University Newberg, Oregon.

Colunga-Marin, A., Rich-Wimmer, N., Miller, L., **Mendoza, M**., Coleman, K., Andrews, G.
  (2019, July) *Neurophysiological responses to interpersonal conflict and the limited*
  understanding of effect on the Latin American Population. Poster presented at INS
  Conference Rio de Janeiro, Brazil.

Mendoza, M., Del Real, T., Brown, K. (2015, April) *The Relations Among Gender, Locus of*
  Control, Personality Factors, Motivated Strategies and Major. Poster session presented
  at George Fox University. Newberg, Oregon.

TEACHING EXPERIENCE

Graduate Assistant   August – December 2019 & August 2020-April 2021
George Fox University, Graduate Department of Clinical Psychology
  Supervisor: Celeste Jones, Psy.D. and Kenneth Logan, Psy.D.
  Role: Assist Dr. Jones and Logan with course-load including cognitive assessment video
  review, grading, and leading a student group.

DISSERTATION

  The Effect of the Political Climate on Latinos' Wellbeing
    Summary: The current study sought to have a better understanding of Latinos'
    wellbeing throughout Donald Trump's presidency. Given the limited research

with Latinos' resilience, hope, anxiety, spirituality and the political climate, the study utilized both quantitative and qualitative methods to allow participants to express themselves to a full extent.
Committee Chair: Winston Seegobin, Psy.D.
Defense Date: June 30, 2021

PROFESSIONAL PRESENTATIONS/TRAININGS ATTENDED

Kamins, R. (2021, September 13, 20, 27, October 11, 18, 25, November 1 and 8) *Evidence Based Treatment Series* Didactic presentation at University of Colorado School of Medicine, Aurora, CO.

Marrero, J. (2021, August 23) *Culturally Adapted CBT for Hispanic* Populations Didactic presentation at University of Colorado School of Medicine, Aurora, CO.

Kessler, R. (2021, August 16, September 20, November 1, 15, December 13 & 2022, January 24, February 14, March 21, April 18, May 16) *Research Series* Didactic presentation at University of Colorado School of Medicine, Aurora, CO.

Lugubuin, F (2021, August 9, 16, 23, 30, November 15, December 13 & 2022 January 10, February 14, March 14, April 11, May 9, June 13) *Diversity, Equity, and Inclusion Series* Didactic presentation at University of Colorado School of Medicine, Aurora, CO.

Essert, D. (2021, August 9) *Cultural Humility in Working with Indigenous Population* Didactic presentation at University of Colorado School of Medicine, Aurora, CO.

Dae, M. (2021, August 2) *Diversity – LGBTQ+ Population* Didactic presentation at University of Colorado School of Medicine, Aurora, CO.

Cook, P. (2021, August 2) *Opioid Use Disorders* Didactic presentation at University of Colorado School of Medicine, Aurora, CO.

Oquendo-Figueroa, Y. (2021, July 26) *Salud Family Health Centers Major Rotation Introduction* Didactic presentation at University of Colorado School of Medicine, Aurora, CO.

Brown-Levey, S. (2021, July 26) *AFW Major Rotation Introduction* Didactic presentation at University of Colorado School of Medicine, Aurora, CO.

Reaven, J. (2021, July 19) *JFK Major Rotation Introduction* Didactic presentation at University of Colorado School of Medicine, Aurora, CO.

Ackerman, C. (2021, March 10) *Gender Diverse Clients: Therapy and Intervention Readiness Assessments* Colloquium presentation at George Fox University, Newberg, OR.

Kwee, J. (2021, February 3) *Saying 'Yes' to Your Embodied Life: An Invitation for Psychotherapists* Colloquium presentation at George Fox University, Newberg, OR.

Steward, J. (2020, November 4) *Complex PTSD: Advanced Case Conceptualization, Assessment, and Treatment Approaches in Trauma Populations* Colloquium presentation at George Fox University, Newberg, OR.

Lee, J. (2020, October 14) *Examining the Role of Neuropsychology within the Pediatric Cancer Setting* Colloquium presentation at George Fox University, Newberg, OR.

Gatzembidi, D. (2020, March 18) *Effective Therapy with Underserved and Marginalized People* Colloquium presentation at George Fox University, Newberg, OR.

Stoeber, A. (2020, February 12) *Child Adverse Events to Adults with Substance Use Problems* Colloquium presentation at George Fox University, Newberg, OR.

Forster, C. (2019, October 16) *Intercultural Communication*. Colloquium presentation at George Fox University, Newberg, OR.

Worthington Jr., E. (2019, September 25) *Promoting Forgiveness* Colloquium presentation at George Fox University, Newberg, OR.

Marlow, D. (2019, March 20) *Foundations of Relationships Therapy-The Gottman Model* Grand Rounds presentation at George Fox University, Newberg, OR.

Safi, D., & Millkey, A. (2019, February13) *Opportunities in Forensic Psychology* Colloquium presentation at George Fox University, Newberg, OR.

Pengally, S. (2018, October 10). *Old pain in new brains.* Grand Rounds presentation at George Fox University, Newberg, OR.

McMinn, M., & McMinn, L. (2018, September 26). *Spiritual formation and the life of a psychologist: Looking closer at soul-care*. Grand Rounds presentation at George Fox University, Newberg, OR.

Taloyo, C. (2018, February 14). *The history and application of interpersonal psychotherapy*. Grand Rounds presentation at George Fox University, Newberg, OR.

Sordahl, J. (2017, November 8). *Telehealth*. Colloquium presentation at George Fox University, Newberg, OR.

Gil-Kashiwabara, E. (2017, October 11). *Using community based participatory research to promote mental health in American Indian/Alaska Native children, youth and families*. Grand Rounds presentation at George Fox University, Newberg, OR.

ACADEMIC LEADERSHIP AND VOLUNTEER WORK

Overall Coordinator, Behavioral Health Crisis Consultation Team; Graduate School of Clinical Psychology; Newberg, Oregon; June 2019 – current

Member, Child and Adolescent Student Interest Group; Graduate School of Clinical Psychology; Newberg, Oregon; October 2017 – current

Member, Health Psychology Student Interest Group; Graduate School of Clinical Psychology; Newberg, Oregon; September 2017 – current

Student Mentor, GFU Graduate School of Clinical Psychology; Newberg, Oregon May 2018 – May 2021

Member, Multicultural Committee, GFU Graduate School of Clinical Psychology; Newberg, Oregon; August 2017 – current

Serve Day volunteer, George Fox University; Newberg, Oregon; September 13, 2017

PROFESSIONAL AFFILIATIONS

American Psychological Association (APA); October 2017 – Current

Association for Psychological Science; October 2017- Current

ASSESSMENT COMPETENCY

Personality Assessments
16 Personality Factors (16PF)
Minnesota Multiphasic Personality Inventory, 2cd Edition (MMPI-2)
Minnesota Multiphasic Personality Inventory, 2cd Edition, Revised Form (MMPI-2-RF)
Personality Assessment Inventory (PAI)
Screeners
Mini Mental Status Exam (MMSE)
Montreal Cognitive Assessment (MoCA)
Session Rating Scale (SRS V.3.0)
Generalized Anxiety Disorder scale (GAD-7)
Patient Health Questionnaire (PHQ-9)
Cognitive/Memory Assessments
Wechsler Adult Intelligence Scale, 4th Edition (WAIS-IV)
Wechsler Intelligence Scale for Children, 5th Edition (WISC-V)
Wechsler Memory Scale, 4th Edition (WMS-IV)
Achievement Assessments
Wechsler Individual Achievement Test, 3rd Edition (WIAT-III)

Woodcock Johnson Achievement

<u>Neuropsychological Assessments</u>

Delis-Kaplan Executive Function System (D-KEFS)

Grooved Pegboard

Rey-0sterrieth Complex Figures

RBANS Judgement of Lines

Wisconsin Card sort Test

Boston Naming Test

Comprehensive Test of Nonverbal Intelligence Second Edition (C-TONI-2)

California Verbal Learning Test Second Edition (CVLT-II)

Test of Memory Malingering (TOMM)

The Conners Continuous Performance Test Third Edition (CPT-3)

The Conners Continuous Auditory Test of Attention (CATA)

DIVERSITY TRAINING

Multicultural Committee; GFU Graduate School of Clinical Psychology;
August 2017 – present

Intercultural Empathy & Cultural Intelligence (CQ) Workshop; Portland, Oregon
March 2019

PROFESSIONAL REFERENCES

Yaira Oquendo-Figueroa, PhD
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*Additional references available upon request