

MENTAL HEALTH AND RESILIENCE IN YOUTH OF
DEPORTED PARENTS: A CASE SERIES

by

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ABSTRACT

Background: The United States has pursued stricter immigration enforcement at the U.S.-Mexico border, resulting in the deportation of approximately 2 million individuals over the past decade. This is significant in that deported persons are often caregivers of children, who are then placed at an elevated risk for developing mental health disorders (e.g. anxiety and depression). Mental health in youth of deported parents is a new topic to academic literature, and this study specifically examines mental health, coping strategies, and resilience in five adolescents of deported parents in Tucson, Arizona.

Methods: This study employed mixed-methods, where participants completed two self-report surveys (the DASS-21 and brief COPE inventory) and a semi-structured interview with the researcher. Participant's survey responses and interviews were analyzed to assess their symptomology of depression, anxiety, and stress, exhibition of maladaptive and adaptive coping behaviors, and the factors that influence their resilience post-deportation.

Results: The results of the DASS-21 found that participants experience symptoms of depression, anxiety, and stress, but in varying degrees. The data from the brief COPE inventory suggested that participants mostly refrained from maladaptive coping behaviors (e.g. substance use), but were not drawing from critical adaptive coping strategies like getting emotional support. The interviews revealed that certain risk factors (poverty, living instability, rapid transition to adulthood, and poor academic performance) and promotive factors (family networks, school, group activities, and future orientation) moderate their resilience following deportation. The qualitative data also revealed that participants desire and are not connected to mental health services.

Conclusions: The study suggests that youth of deported parents are able to be resilient and avoid negative coping behaviors when experiencing the trauma of familial separation. However, given mild-extremely severe symptomology of depression, anxiety, and stress of participants, it was notable that none of the participants mentioned being connected to or seeking mental health services. Thus, this study's result underscore the need for a comprehensive school-based health system where mental health assistance can be provided on-site.

CHAPTER ONE: INTRODUCTION

May 24, 2016 – Pueblo High School (PHS): The halls of Pueblo High School were filled with the contagious energy of graduation looming around the corner. Students hung colorful posters on nearly every corridor, and painted their car windows with messages congratulating the class of 2016. The nostalgia was overwhelming. While walking to the school administration building, I recalled the emotional rollercoaster that consumes most high school seniors as graduation time approaches – the exhilaration of leaving high school paired with equal parts fear of being a real graduate.

I entered the school administration building and told the secretary that I was there to meet a student named Ramón.¹ She led me into the office of Mr. Howe, Learning Support Coordinator at PHS, who had made arrangements for Ramón and I to meet. Mr. Howe said that Ramón was on his way, and that our conversation would need to be brief as he had graduation practice later that afternoon. As I waited for him, Mr. Howe expressed that he wished that I had been able to connect with another student whose parent had just been deported. The student was deciding if he was going to stay in the United States or go with his family to Mexico, and was really suffering under the immense stress of this choice. In my mind, I couldn't help but think of how this student's story seemed like a far departure from the buzz of graduation that seemed to swell on campus. Among the student barbecues and pep rallies, where does this narrative fit in?

¹ All the names of students mentioned in this study have been changed to protect anonymity.

After a half hour or so, a timid young man walked through the office door. He politely introduced himself as Ramón, and shook my hand while sipping on a jumbo-sized Eegee. Mr. Howe left the office and Ramón and I sat across from each other at his desk where I would audio-record the interview. As we talked, Ramón explained with great contentment that he would be graduating this weekend, but that he had made it by the skin of his teeth. He found out this past semester that he was missing a geometry class, and without those credits he would not graduate on time. While a seemingly standard error, the consequences for Ramón were far more than what they would be for the average student. To make room for this class he quit his job, which he relied on to support himself, his sister, and his grandma. He spent *all* of his money on a laptop so he could do the assignments more promptly. The lengths that he had to go to in order to complete this class were daunting. By this point, his voice sounded fatigued, as if he had just completed a 24-mile marathon. However, the point is that high school had been a marathon – the deportation of his mother, the disappearance of his step-father, multiple transitions in housing and jobs, and extreme emotional struggle. From our conversation, it was clear that Ramón had been much less occupied with “typical teenager things” and was instead focused on making ends meet. Therefore, graduation was so much more than just an academic victory. It signified the triumph over all the obstacles that seemed to confront him at every turn as the child of a deported parent.

Although Ramón story is nothing short of extraordinary, it is hardly heard, particularly within the academic literature. Stories like Ramón’s are the inspiration for this Master’s thesis, which will explore the mental health and resilience in youth of deported parents. The primary three objectives of this study are to (1) examine the mental health status of adolescents and

young adults whose parents have been deported (2) assess what coping strategies they utilize post-deportation (3) identify what factors impact their resilience following deportation. Before discussing the specific research methodology and data, I will provide a brief background of U.S.-Mexico border immigration and summarize the current literature on this topic. The results not only illustrate the emotional difficulties of parental deportation, but also the true grit and grace displayed by these teenagers in the wake of familial separation.

Background

Over the past decade, the United States has pursued stricter immigration enforcement policies targeting the U.S.-Mexico border. This is evidenced by the militarization of the border region and the proliferation of border patrol officers nationwide, consequentially increasing the number of annual deportations (DeGenova, 2013). Deportation refers to the removal of an individual from the United States whose presence is “unlawful” according to immigration laws. The term “illegal alien” has been popularly applied to migrants who cross the border and then legitimized through its use in American immigration law. However, it is important to examine how racialized constructions of Latin American migrants inform these terminologies and enforcement policies.

Preoccupations with immigration from Mexico and Latin America were further intensified post 9-11 due to intensified xenophobia (DeGenova, 2013). The ensuing anti-terror hysteria generated aggressive U.S. nationalism and nativism, causing the public to be increasingly concerned with fighting “external terror” (DeGenova, 2013). This logic applied to border enforcement, leading to harsher policing of the border region, and the conflation of

migration with criminality in the American public consciousness. In sum, the militarization of the border produces and substantiates the notion of the criminal, “illegal” alien, framing migrants as “foreign” and unlawful intruders into U.S. territory (DeGenova, 2013). However distorted, the construction of migrant illegality is a powerful tactic deployed to stigmatize and justify pervasive regulation of a particular ethnic group, resulting in the dramatic rise of deportations. Data from the U.S. Department of Homeland Security shows that 409,894 migrants were deported in 2012, which ICE has deemed “record levels of enforcement” (Zayas & Bradlee, 2014).

It is currently estimated that there are 11.3 million undocumented migrants living in the United States (Pew Research Center, 2015). However, deportation does not only impact the migrant being removed. Undocumented migrants are often parents or caregivers for children (citizen and non-citizen) living in the United States. Thus, with the consistent growth of the Latin American immigrant population, the U.S. has experienced a steady increase in mixed-status families, referring to families where the immigration status of at least one member is different from that of the others. This can include persons who are “undocumented,” legal residents, U.S.-born, or naturalized citizens (O’Leary & Sanchez, 2012). Most commonly, adults are the individuals without documentation while the children have citizenship status (Zayas & Bradlee, 2014). Approximately 73% of undocumented immigrants have children born in the U.S. (Delva, Horner, Sanders, Martinez, Lopez, and Doering-White, 2013; Zayas & Bradlee, 2014). Presently, it is estimated that there are 9 million children in mixed-status families, 4 million of which are U.S. born citizens (Zayas, Aguilar-Gaxiola, Yoon, & Rey, 2015).

Thus, the rise in deportations translates to staggering numbers of youth who suffer being separated from their parents. Over a ten year period (1997-2007), more than 100,000 undocumented parents of citizen-children were deported (Brabeck & Xu, 2010). Between July 1, 2012 and September 30th, 2013 alone, it is estimated that over 200,000 parents of U.S. citizen-children were deported (Zayas et al., 2015). From deportation figures over the past decade, scholars estimate that for every two adults that are deported, one citizen-child is directly affected (Zayas et al., 2015). Given that nearly 2 million persons have been deported over the past decade, this would mean that over 1 million US citizen- children may have suffered the removal of a guardian in the last 10 years (Zayas et al., 2015). Furthermore, these figures only account for citizen-children, meaning the estimates of non-citizen immigrant youth separated from a parent due to deportation could be even higher. Consequentially, this is a significant population of youth who are then placed at an elevated risk for a variety of health issues, most notably related to mental health.

Academic scholarship is just beginning to reveal the significant mental health consequences of deportation on the children of migrants. This thesis will review the growing body of literature, and add to this topic of research through a mixed-methods study with adolescents and young adults (18-20) whose parents have been deported.² The study will examine participants' mental health status, their coping strategies post-deportation, as well as what factors enhance or detract from their resilience since the trauma of their parents' removal.

² In this study, individuals 18-20 are referred to as youths per the National Institutes of Health (NIH) of youth as individuals under the age of 21.

CHAPTER 2: LITERATURE REVIEW

This literature review will: (1) discuss the psychological impact of deportation on youth as explained by the literature (2) analyze migrant “illegality” as a determinant of poor physical and mental health (3) describe challenges faced by child welfare agencies in protecting child welfare during deportation proceedings (4) problematize current mental health treatment strategies for youth of deported parents (5) summarize the results of studies examining the mental health of youth from mixed-status families and/or deported parents and (6) identify gaps within the literature to contextualize the significance of this study.

Deportation and Mental Health

Researchers note that even before deportation occurs, children of undocumented parents struggle with the constant dread of the potential arrest, detention, and removal of their parents, leaving them with intense anxiety about the possibility becoming real (Allen, Cisneros, & Tellez, 2013; Brabeck & Xu, 2010; Delva et al., 2013; Horner et al., 2014; Salas, Ayón, & Gurrola, 2013; Zayas et al., 2015). The increasing risk of family separation can have long-lasting consequences on children, and lead to psychological trauma among other mental health problems. Thus, parent’s vulnerability to deportation alone places their children at risk for negative psychological effects and disruption of their developmental trajectories.

The majority of studies examining the mental health impacts of deportation draw from attachment theory, which emphasizes the critical role that parent-child relationships play in their psychosocial development (Allen, Cisneros, & Tellez, 2013). From the attachment theory perspective, children’s sense of security is rooted in strong relationships with familiar

caregivers, which is critical for developing social, cognitive, and emotional regulation skills through the life course (Brabeck, Lykes, & Hunter, 2014). When these bonds are disrupted, particularly in an unexpected manner like deportation, this critical base is interrupted and increases the probability of internalizing symptoms (e.g. depression, anxiety), externalizing behaviors (e.g. withdrawal, aggression), and social and cognitive difficulties (Brabeck et al., 2014). Furthermore, depending on the nature of the deportation, children who witness the forcible removal of their parent may also develop post-traumatic stress disorder (PTSD) (Brabeck et al., 2014).

Deportation has mental health ramifications across all age groups. However, adolescents and young adults are particularly vulnerable as three-quarters of lifetime psychiatric disorders emerge in early adolescence and early adulthood (Gonzales, Suárez-Orozco, & Dedios-Sanguineti, 2013). Mental disorders manifest during this stage from extended exposure to stress during childhood. Such exposure to stress is especially harmful for adolescents, because this particular developmental stage entails far-reaching neurobiological and psychological reorganization including structural changes in stress and emotion reactive systems (Gonzales et al., 2013). As this literature review will substantiate, youth of deported parents experience elevated levels of stress due to the trauma of parental separation, as well as the challenges associated with growing up in a family headed by undocumented adults (e.g. poverty, barriers to healthcare, racial discrimination, fear of immigration enforcement, etc.). Taken together, these factors can take a significant toll on youth's mental and emotional health (Gonzales et al., 2013).

Migrant Illegality and Overall Health

It is important to acknowledge that deportations occur within the context of living “illegally,” which has powerful implications for youth’s overall physical and emotional wellbeing, especially mental health. The literature acknowledges that parents’ documentation status influences several key predictors of health, which then predispose youth to developing mental health disorders. Thus, health professionals are increasingly recognizing immigrant’s documentation status as a strong determinant of health. The social determinants of health approach is particularly useful in the case of immigration because it links macro-level factors, like immigration policies, to health outcomes (Castañeda, Holmes, Madrigal, Young, Beyeler, & Quesada, 2015). Being an undocumented immigrant, or the child of an undocumented immigrant, limits behavioral choices as their “illegal” status places them in an ambiguous and often hostile relationship to the state and its institutions (Castañeda et al., 2015). As a result, undocumented migrants and their families have more limited access to stable employment opportunities, quality housing options, eligibility for food, social, and health services, etc. Therefore, documentation status must be considered a determinant of health in its own right, as it constrains the ways in which adults and children access and utilize health-protective resources (Castañeda et al., 2015).

By virtue of their parents’ citizenship status, children live under elevated levels of economic, physical, social, and emotional duress as they are subject to higher rates of poverty, discrimination, and social marginalization (Zayas et al., 2015). According to the Pew Hispanic Center, the average income of families with at least one undocumented parent is 40% lower than that of either native-born families or legal immigrant families (Gonzalez et al., 2013). Undocumented parents are often relegated to working in low-paying, unstable jobs for

extended periods of time, increasing the likelihood of their children living in poverty (Gonzalez et al., 2013). With less financial resources, children of undocumented parents are thus more likely to experience food insecurity (Henderson & Baily, 2013). Moreover, in spite of qualifying for various assistance programs, families headed by undocumented adults are reported to underutilize social services that could offset poverty-related challenges due to fear of government apprehension (Castañeda et al., 2015).

Fear of deportation is also a significant deterrent for migrants to enrolling themselves and their children in health insurance plans. While the Affordable Care Act (ACA) does not extend health insurance coverage to undocumented individuals, citizen children of undocumented parents are eligible for health insurance. However, there is strong anxiety felt within Latino communities that providing their information on an insurance application would trigger immigration enforcement (Henderson & Baily, 2013; Ortega, Rodriguez, & Vargas Bustamante, 2015). This contributes to the high rates of uninsured Latino children in the U.S., as Latino youth constituted 39.5% of the nation's uninsured children in 2014 (Castañeda et al., 2015).

Furthermore, mixed-status families encounter anti-immigrant sentiment and more pervasive discrimination (Henderson & Baily, 2013). Racial discrimination occurs in various ways, however, one of its most manifest forms is through targeted policing. Institutionalized ethno-racial profiling in immigration and local law enforcement, where "Mexican appearance" is probable cause for citizen inspection, has been documented since 1994 (Goldsmith, Romero, Rubio-Goldsmith, Escobedo, & Khoury, 2009). The purpose of these enforcement tactics, referred to as "policies of attrition," is to make settlement for immigrants so problematic that

they will opt for returning to their countries of origin (O’Leary, Gómez, & Montoya-Zavala, 2015). Policies of attrition create an environment of fear and hostility that increase stress and negatively impact physical and emotional wellbeing (O’Leary et al., 2015). Discriminatory policies have also been correlated with decreased self-esteem in youth and adults (Henderson & Baily, 2013).

All of these challenges are experienced alongside the constant fear and dread of the possible arrest, detention, and deportation of their parents given their citizenship status (Zayas et al., 2015). Therefore, these youth are impacted by a multitude of stressors, on top of the potential for family separation, which increases the likelihood of developing negative psychopathology, most notably anxiety and depression (Zayas et al., 2015). If deportation does take place, the harmful impacts of parental separation are more adverse because they occur against a backdrop of several other risk factors for poor mental health outcomes. After deportation, the existing hardships for mixed-status families become more severe (e.g. paying bills, maintaining housing, food insecurity, mistrust of public officials, etc.) as families grapple with the loss of a breadwinner and the forced removal of a family member (Chaudry. 2011). This is consistent with cumulative stress theory, which states that negative effects of a single event are more likely to result in worse outcomes when they take place in tandem with multiple risk factors (Brabeck et al., 2014).

Child Welfare and Deportation Proceedings

When deportation occurs, the legal process of deportation exacerbates the emotional stress experienced by youth (Koball et al., 2015). In spite of specific policies intended to

improve the treatment of children during their parent's deportation proceedings, considerable discord remains between child welfare agencies and Immigration Customs Enforcement (ICE). It is pertinent to examine deportation procedures as they occur with little regard for children's needs, forcing youth to swiftly confront the trauma of losing their parents and adapt to the uncertainties of their future without their former caretakers.

In 2011, a Presidential memorandum was issued to encourage prosecutorial discretion among ICE officers when apprehending a migrant with children living in the U.S. (Zayas & Bradlee, 2014). This directive was intended to allocate scarce enforcement resources towards "high-priority" cases, referring to undocumented migrants involved in criminal activity (Zayas. & Bradlee, 2014). This memorandum was more formalized in 2013 with the implementation of the Parental Interests Directive (PID). This policy aimed to protect parental rights within immigration enforcement procedures (Koball et al., 2015). PID specifically seeks to protect parents and legal guardians in ICE custody who are (1) primary caretakers of minor children (2) those involved with family court or child welfare proceedings and (3) those with U.S. citizen or legal permanent resident children in the United States (Koball et al., 2015).

The PID attempts to maintain family cohesion in various ways. First, ICE officers are encouraged to determine if an immigrant is a caregiver early during his or her detention (Koball et al., 2015). If the apprehended migrant is a caregiver, then ICE agents are to place him or her in a detention center most proximal to their children. Second, ICE officers are supposed to transport parents/guardians to custody hearings when their appearance is required to maintain custody of their children (Koball et al., 2015). If security and transportation constraints prohibit them from appearing in court in person, then video conferencing is to be arranged

(Koball et al., 2015). ICE detention staff are also directed to comply with court-ordered family visitation plans for parents in ICE custody. If a parent is going to be deported, then ICE staff are to coordinate with appropriate consulates, immigration counsel, family members, etc. to ensure that parents can arrange legal guardianship in the U.S (Koball et al., 2015).

However, an observational study by Koball et al. (2015) revealed that the PID is not being implemented in its entirety. In 2013, researchers visited communities in five states (South Carolina, Texas, California, Illinois, and Florida) where deportations had increased. In each site, they met with agencies responsible for child welfare during deportation hearings, including ICE officers, local law enforcement officers, staff at health and human service agencies, consular officials, etc. After interviewing various personnel, the researchers found that despite PID protocols, child welfare agencies reported difficulty collaborating with ICE to facilitate parents' participation in child welfare proceedings (Koball et al., 2015).

Agencies across study sites specifically reported that it was challenging to locate parents in detention, compromising coordination efforts to ensure that they could attend custody hearings (Koball et al., 2015). Furthermore, agencies emphasized that it was difficult to arrange transportation between detention centers and courts, as the parents could not be located or they were placed in centers very far from their child's hearing (Koball et al., 2015). In sum, the inability to effectively coordinate with ICE undermined child welfare agencies' ability to facilitate family unification or involve parents in making living arrangements for their children (Koball et al., 2015; Zayas & Bradlee, 2014). Deportation proceedings operate independently from child protective services, and as highlighted in the study, hearings occur too swiftly for child welfare agencies to effectively collaborate with detained parents (Koball et al., 2015).

Without input from detained parents, child welfare service agencies are then left to make future preparations for youth. However, the study by Koball et al. found that child welfare services often lack experience working with immigrant populations and complex cases involving detained and deported parents (Koball et al., 2015). Thus, child welfare agencies are unfamiliar with the nuances of immigration law, and consequently cannot coordinate with immigration enforcement and consulate officials effectively because they do not have sufficient knowledge of the deportation process (Koball et al., 2015).

These issues can also be explained by the lack of enforcement mechanisms within the PID. It is important to note that while the PID establishes federal guidelines in maintaining parent's rights in deportation cases, there are no consequences for not complying with the directive. As stated in the official directive,

“These guidelines and priorities are not intended to, do not, and may not be relied upon to create any right or benefit, substantive or procedural, enforceable at law by any party in any administration, civil, or criminal matter.” (Immigration and Customs Enforcement, 2013).

Thus, implementation of the PID is left to the discretion of the individual ICE agents without vigilant oversight.

Along with discrepancies between ICE and the child welfare system, youth are unable to exercise any decision-making over their circumstances when their parents are detained or deported. As minors, children have no role in determining where they will live once their parents are put into removal proceedings, and may not use their citizenship status to protect family unity (Zayas & Bradlee, 2014). Left to their own discretion, child welfare departments tend to not place children with undocumented relatives, opting instead to place these children

in foster care with individuals the child has never met (Zayas & Bradlee, 2014). Along with the devastation of being separated from their parents and not knowing when they will return, the powerlessness youth experience as they await a completely new living environment also contributes to compromised mental health.

“Under deportation policies, many children invariably face the possibility of being left in their home country with an unfamiliar caretaker...or being forced to depart the U.S. with their parents to countries, languages, and cultures they may have never known or have since become unfamiliar to.” (Zayas & Bradlee, 2014).

Thus, the deportation process quickly subjects youth to several life altering transitions that act directly upon their mental health.

Youth of Deported Parents and Mental Health Treatment

After deportation has occurred, connecting youth of deported parents to mental health supports is also challenging. Moreover, the literature demonstrates that Latinos experience specific obstacles in receiving mental health services. In general, Latinos are half as likely to seek mental health services as their non-Hispanic White counterparts (Rastogi, Massey-Hastings, & Wieling, 2012). Researchers attribute this disparity in mental health service utilization to cultural incongruence with contemporary mental health interventions, as well as barriers to accessing mental health services. Studies indicate that there is a large dearth in mental health clinicians who can provide linguistically and culturally appropriate services to the Latino population (Brennan, Vega, Garcia, Abad, & Friedman, 2005; Cabassa, Zayas, & Hansen, 2006; Costano, Biever, Gonzalez & Anderson, 2007; Koball et al., 2015; Rastogi et al., 2012). Differences in primary language make establishing a provider-patient relationship difficult, and

contribute to higher dropout rates as well as lower awareness of mental health services in general (Cabassa et al., 2006). Moreover, U.S.-based models of therapy differ significantly from the needs and cultural tenets of the Latino community. American therapeutic approaches tend to emphasize individual traits, whereas Latino culture places primacy on family unity and interpersonal relationships (Rastogi et al., 2012). Because family and friends are the more normative means for coping with emotional challenges, Latinos are likely to utilize their social networks as a preferred coping strategy (Rastogi et al., 2012). The literature also highlights strong cultural stigma against mental illness within the Latino community as a deterrent to seeking mental health services. Receiving mental health services could contribute to public perception of being crazy, making them subject to social criticism (Rastogi et al., 2012).

As previously discussed, issues with being undocumented also contribute to constrained access to mental health services. Given the high rates of poverty experienced by families headed by undocumented adults, the cost of mental health services is a significant barrier to treatment (Rastogi et al., 2012). Also, because Latinos are the ethnic subgroup most likely to be uninsured, decreased rates of health coverage also restrict opportunities for mental health care (Gonzalez et al., 2013). Furthermore, like other health and social services, fear of deportation also makes Latinos reluctant to engage in mental health services (Zayas et al., 2015). The lack of cultural competency in U.S. mental health services, compounded by structural barriers to accessing mental health support, results in lower rates of service utilization by Latino adults and youth. Analyses of 3 nationally representative youth surveys, ages 6-17, revealed that mental health service utilization rates for the highest need group of Latino youth was only 11.6%, compared to 23.9% of European American youth (Bridges, de Arellano, Rheingold, Danielson, &

Silcott, 2010). In other words, Latino youth with the highest identified need for mental health services (as defined by the Child Behavior Checklist), 88% did not receive necessary mental health care (Bridges et al., 2010). This is important information to contextualize when considering the mental health issues of children of deported parents, as they are not only susceptible to psychological disorders but are part of a population where receipt of mental health services is challenging.

Specifically for youth of deported parents, the study by Koball et al. (2015) found that schools and Head Start centers were the primary sources of counseling in the 5 study sites. However, the study highlighted several problems that decreased the quality of these services. In one site, school-based counseling services were grant funded, meaning that funding for staff was temporary and limited (Koball et al., 2015). Additionally, health professionals (e.g. counselors, social workers, nurses, etc.) who provided these services were available very sporadically, as little as one day per week (Koball et al., 2015). There were also challenges in finding bilingual counselors. The scarcity of bilingual counselors forces those that are able to provide mental health services to support excessively large caseloads (Koball et al., 2015). Thus, children of deported parents represent a highly vulnerable group given their higher risk of mental illness, and their compromised contact with the mental health system (Henderson & Baily, 2013).

Existing Research on Youth Mental Health and Parental Deportation

A select number of foundational studies were consulted to inform the design of this study. They have substantiated the negative mental health consequences of parental

deportation or the imminent threat of deportation on youth. In 2007, the Urban Institute and National Council of La Raza (NCLR) conducted the first cohort study of 190 children of parents who had either been arrested, detained, or deported. Participants were recruited in 6 U.S. cities (Grand Island, Nebraska; New Bedford, Massachusetts; Van Nuys, California; Miami, Florida; Rogers-Springdale, Arkansas; and Postville, Iowa) where work-site raids had occurred. Researchers examined changes across 8 specific behaviors in youth due to a parent's apprehension, including eating/sleeping patterns, crying, fear, clinginess, withdrawal, anxiety, aggression, and anger. Data was collected through one-on-one interviews with caregivers whom children were staying with at the time of arrest, detention, or deportation. In the short-term, (2-3 months after arrest), more than half of the sample displayed behavioral changes, specifically trouble sleeping, being afraid, feeling anxious, acting withdrawn, and changed eating habits (Chaudry, 2011). In the long-term (more than 9 months after arrest), approximately 40 percent of the sample continued exhibiting these behavioral changes along with depressive symptoms (Chaudry, 2011). Withdrawal and aggression were very pronounced in children experiencing long-term behavior alterations (Chaudry, 2011).

A study conducted by Allen et al. (2013) differentiated the severity of mental health impacts between children of detained parents and those of deported parents. Researchers queried 98 caregivers of children (under 18 years of age) whose parent(s) had been deported, were currently fighting deportation, or were still present. Caregivers completed two assessments, the Child Behavior Checklist (measuring externalizing and internalizing emotional and behavioral problems), and the UCLA PTSD Reaction Index (measuring posttraumatic stress in children and adolescents). After controlling for trauma, children with a deported parent in

the sample were significantly more likely to display externalizing (e.g. aggression, conduct problems) and internalizing problems (e.g. depression, anxiety) than children whose parents were in the process of deportation or not deported (Allen et al., 2013).

Participants in a mixed-methods, community-based participatory research (CPBR) study lead by Delva et al. in 2013 showed similar externalizing and internalizing problems as a result of immigration enforcement. The study examined 20 children and adolescents of mixed-status families in Washentaw County, Michigan, where immigration raids had become more frequent. Data was collected through completion of the Youth Self Report survey (YSR), which specifically analyzes eight syndrome scales (anxious-depressed, withdrawn-depressed, somatic complaints, social problems, thought problems, attention problems, rule breaking behaviors, and aggressive behaviors). Participants also completed either a focus group or one-on-one interviews, which asked youth about their day-to-day lives, family composition, and experiences with immigration enforcement. The YSR results showed that 65% of participants scored within borderline or clinical ranges in one of the syndrome scales (Delva et al., 2013). Forty percent met borderline or clinical ranges in two or more of the syndrome scales (Delva et al., 2013). The most common behavioral challenges highlighted by the YSR were attention problems, withdrawn-depressed, anxious-depressed, and rule breaking behaviors (Delva et al., 2013). The qualitative data demonstrated how deportation, or the constant threat of deportation, contributed to their compromised mental state (Delva et al., 2013). Many youth expressed how their fears of, or experiences with, parental deportation lead to intense negative feelings and difficulties carrying on with daily life.

The qualitative study by Salas and colleagues (2013) also highlighted the emotional struggles caused by immigration legislation. This study utilized focus groups with 43 Mexican adults and adolescents, where participants discussed how immigration laws affect the way they live their lives and how they feel. One of the major themes that emerged from the adult focus group was how strict immigration enforcement specifically impacted children emotionally (Salas, Ayón, & Gurrola, 2013). Many adults shared how children struggled with the daily fear of parents being deported, and that when they were, children remained traumatized by the event (Salas et al., 2013). The adolescent focus group underscored the struggle to live a normal life given the immense stress of their parents' potential deportability (Salas et al., 2013). This sometimes interfered with their ability to concentrate in school, as preoccupations with their parents' legal status were too overwhelming (Salas et al., 2013).

Horner et al.'s 2014 CBPR study provides further evidence of the intense stressors youth struggle with due to their parent's documentation status and deportability. Focus groups were conducted with 20 youths of undocumented parents (ages 11-18) to determine the influence of parent's immigrant status on mental health. From the focus groups, researchers found that the youth's complex ways of internalizing their parent's documentation status mediated their mental health. One of the primary themes that researchers discerned from the focus groups was the understanding of parent's deportation from a perspective of social inequity (Horner et al., 2014). Along with the oppressive uncertainties and trauma that accompany a parent's deportation (possibly moving to Mexico, economic struggles, not knowing when he or she will return, feelings of sadness, etc.), youth also are aware of deportation as a targeted practice towards Latin American migrants (Horner et al., 2014). Participants were able to articulate

deportation practices as a consequence of their ethnic identity and the racialized social milieu they live in. In other words, their parent's removal was painful evidence of the intense social hatred for Latinos (Horner et al., 2014). Thus, along with the emotional devastation of having a parent apprehended (or potentially), youth are conscious that membership to a subjugated minority group subjects them to discriminatory practices like deportation. Negotiating the multiple marginalizing social structures manifest in unique stress and traumatic experiences that acts negatively upon youth's mental health (Horner et al., 2014).

Zayas et al. conducted the first binational study in 2015 examining the effects of deportation on citizen-children ages 8-15. From 2012-2014, the researchers gathered a sample (n=83) comprised of three groups: citizen-children living in Mexico with deported parents (n=31), citizen-children who remained in the US with one parent or guardian after one or both parents had been deported (n = 18), and citizen-children whose parents had never been detained (n=34). Youth participants and their parents/guardians completed some or all of the following mental health assessments: Child Behavior Checklist/Youth Self-Report DSM-Oriented Scale, Children's Depression Inventory 2nd Edition, Screen for Child Anxiety Related Emotional Disorders, and the Piers-Harris Children's Self-Concept Scale 2. While participants in all three groups fell within the category of probable anxiety disorders, children impacted by deportation were more likely to report higher levels of depressive symptoms and emotional problems (negative mood, physical symptoms, negative self-esteem) (Zayas et al., 2015). Furthermore, children impacted by deportation reported lower levels of freedom from anxiety, happiness, and satisfaction than their counterparts who had not experienced parental deportation (Zayas et al., 2015).

Taken together, the literature helped inform the methodology for the current research study. First, several of the aforementioned studies were purely quantitative or qualitative, rather than mixed-methods. However, the study by Delva et al. (2013) highlighted the importance of pairing qualitative and quantitative data. In the focus groups/interviews, youth were able to explicate how their social position as a child of undocumented immigrants contributed to emotional struggles. This kind of context, which is critical to understanding how deportation acts on mental health, is lost within standardized mental health assessments seen within the literature. In other words, the quantitative data demonstrates the severity of depressive and anxiety symptoms within this group, but does not illustrate how parental deportation impacts mental health. Therefore, it was crucial to employ a mixed-methods approach in order to acquire data that not only empirically analyzes participant's mental health, but also articulates how the specific experience of parental deportation contributes to their mental health status. More specifically, it was intended that the qualitative data would illustrate why youth experience/or do not experience anxiety or depressive symptoms, or resort to certain coping behaviors post-deportation.

Second, many of the studies within the literature (Allen et al., 2013, Chaudry, 2011, Salas et al., 2013, and Zayas et al. 2015), utilized caregivers to gather mental health survey data on youth of deported parents. Therefore, much of the literature is comprised of secondary sources, where the survey results are generated from adult observations rather than the youths themselves. In order to compare this study's results with that of the literature, it was important to utilize mental health assessments that examined the same outcomes (anxiety and depression). However, the instruments utilized in the current study were completed by the

youth participants and much shorter in length. The instruments employed by previous researchers (like the Child Behavioral Checklist) were very lengthy and not feasible given the limited amount of time participants were available. Thus, it was critical that the survey instrument be concise and also displays adequate validity and reliability with Latino youth (as explained in the methodology section).

Significance of the Current Study

The literature review highlighted several areas that are absent from existing research on this topic, and warrant further investigation regarding the mental health impacts of parental deportation. This section will discuss how the current study departs from the literature to address some of the gaps in the existing research.

First, existing studies focused heavily on early childhood, rather than adolescence or young adulthood. While deportation certainly affects young children, as previously discussed, adolescence and young adulthood constitute a developmental stage where individuals are prone to developing mental health disorders (Gonzales et al., 2013). Furthermore, this developmental period is when individuals establish behavioral patterns that last over the life course (Gonzales et al., 2013). Given the far-reaching significance of this age, this study examined mental health exclusively within teens and young adults.

Second, an outcome measure of this study that is unexamined within the current literature is coping behaviors. Coping refers to the constantly changing cognitive and behavioral efforts to adapt to specific external and/or internal stress (Frydenberg et al., 2004). Analyzing coping behaviors is critical given that adolescents with mental health disorders often

draw upon unproductive means of coping (substance abuse, isolation, etc.), which can derail healthy development (Frydenberg et al., 2004). Mastering positive coping behaviors can help youth better manage their mental health challenges (Frydenberg et al., 2004). Thus, it is not only important to examine the mental health impacts of parental deportation, but to also consider what strategies can help youth succeed after deportation has occurred. As will be later addressed in the methodology section, the brief COPE inventory was employed to assess coping strategies amongst participants.

Another aspect of psychosocial functioning that is not discussed within the existing literature is adolescent resilience. Resilience refers to the functioning of an individual who has encountered some type of risk but continues to function completely nonetheless (Cutuli & Herbers, 2014). Therefore, resilience is mediated by the presence of risk factors and protective factors at the individual, community, and societal level. Risk factors are the events, circumstances, or characteristics associated with worse outcomes, and are also frequently referred to in terms of “adversity” or “stressful life events” (Cutuli & Herbers, 2014). Parental deportation, as demonstrated by the above studies, certainly qualifies as a stressful life event that subjects youth to a cascade of challenges and emotional distress. Protective factors refer to the events, circumstances, or characteristics that predict positive developmental outcomes in spite of present risk factors (Cutuli & Herbers, 2014). It is widely accepted in studies on adolescent resilience that parent-family connectedness helps compensate for exposure to risk across a range of negative outcomes (e.g. mental disorders, suicide ideation, violence, etc.) (Porta et al., 2016; Rew & Horner, 2003; Zimmerman et al., 2013). Thus, in the case of parental deportation, it is critical to examine what protective factors are necessary to ameliorate risk

given that youth of deported parents experience family dissolution (whether with one or both parents). As will also be discussed in the methodology section, qualitative interviews were utilized to assess resilience.

CHAPTER 3: METHODOLOGY

Study Design

The primary research questions of this research are:

1. What is the mental health status of adolescents and young adults whose parent(s) have been deported?
2. What coping strategies do adolescents and young adults of deported parents engage in?
3. What factors strengthen or detract from their resiliency post-deportation?

This study utilized a mixed-methods approach to answer these questions. Quantitative methods were used to examine the mental health state of participants in the form of two separate, self-report, psychometric surveys: the Depression, Anxiety, Stress Scale (DASS-21), and the Brief Cope Inventory. As will be later discussed in this chapter, these surveys were selected as validated instruments to measure different facets of behavioral and emotional health. Qualitative methods, in the form of semi-structured interviews, were used to analyze what factors contribute to or compromise resiliency in participants after parental deportation. Since data was collected at only one point in time, this study is also considered a cross-sectional study.

The data was generated from five youth of deported parents, and one interview with a school nurse. Thus, this study emphasizes a case series that not only focuses on the youth's mental health status, but also their lived experiences with parental deportation and adjusting to life post-deportation. The remainder of this chapter will review methods of participant recruitment, instrumentation, data collection, and data analysis.

This study involved human subjects, therefore all aspects of the study (methods of participant recruitment, participant consent, instrumentation, data collection, data analysis,

and data reporting) was approved by the Institutional Review Board for the Protection of Human Subjects (IRB) of the University of Arizona. No aspect of the study was conducted until IRB approval was obtained. As per IRB requirements, a statement of approval was also obtained from Youth On Their Own (the non-profit organization through which participant recruitment occurred). Given that all participants were 18 years of age or older, parental consent was not required.

Participant Recruitment

Study participants were recruited from Youth On Their Own (YOTO), a non-profit organization in Tucson, Arizona. YOTO is a drop out prevention program that serves homeless children and young adults, aimed at supporting high school completion of unaccompanied youth ages 12-20. This is achieved through providing a variety of services, specifically financial assistance (monthly stipend), basic human needs (food, clothing, hygiene items, etc.), and resource referral (social and medical service referrals, career/employment counseling, etc.). YOTO clients become homeless for a variety of reasons (e.g. physical abuse in the home, neglect, parental substance abuse, etc.). However, parental deportation is one of the primary reasons that youth are referred to YOTO. Thus, purposive sampling within YOTO's clientele was utilized to generate a study sample. In order to be considered eligible for the study, YOTO clients needed to meet the following inclusion criterion:

1. Be homeless and receiving YOTO services due to parental deportation
2. Be between the ages of 18-20

To identify eligible participants, YOTO staff used their student database (ClientTrack) to generate a list of clients who are above the age of 18. After this list was made, YOTO student

advocates (staff placed at Tucson middle schools, high schools, and community colleges to provide individualized support) examined these individuals' YOTO client applications to select those who had indicated parental deportation as their cause of homelessness. Student advocates then outreached to these eligible clients personally or through other school district staff members (YOTO liaisons, Dropout Prevention Specialists, etc.), if they were in their caseload, to inform them of the study. If the client expressed interest in participating, an appointment was arranged by the student advocate or school-based staff member for data collection at the client's school site (to eliminate any potential issues with transportation). On the arranged date, the researcher and the participant reviewed the consent form to discuss the study protocols, and after answering any questions, the participant signed it before engaging in any study activities. Participants were also compensated with a \$20.00 giftcard to Target. From this process, a total of 5 YOTO clients were identified and participated in the study.

Due to the fact that data collection was conducted at participants' school sites, the researcher also went through research clearance processes through Tucson Unified School District (TUSD) and Sunnyside Unified School District (SUSD) where the recruited participants attend school. Research clearance was obtained by substantiating that the research project was relevant to student achievement and retention, and would be conducted in accordance with ethical human subjects research protocols. A separate application was filed with each respective school district, and approved by the Assistant Superintendent of SUSD (Eugenia Favela) and by the Research Project Manager of TUSD (Dynah Oviedo). Once the research application was approved, the researcher was able to have students complete study related activities on school grounds.

The school nurse was outreached through connections with school staff at Pueblo High School, who had assisted in making arrangements to meet with a participant at that school site. The school nurse was informed of the purpose of the study, and agreed to participate in an interview that would center around the research questions (mental health, coping behaviors, and resilience post-deportation), and the capacity of schools to address those issues.

Instrumentation:

As previously mentioned, this study utilized quantitative methods (DASS-21, and the Brief Cope Inventory) and qualitative methods (semi-structured interviews). This section will review the rationale for which these instruments were selected and/or developed.

DASS-21:

The DASS-21 is an abbreviated version of the original Depression, Anxiety, and Stress scale developed by Lovibond and Lovibond (1995). It consists of three sub-scales, measuring the severity of the core symptoms of depression, anxiety, and stress (Lovibond & Lovibond, 1995). The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest or involvement, anhedonia, and inertia (Bados, Solanas, & Andrés, 2005). The anxiety scale examines somatic and subjective symptoms of fear, and analyzes autonomic arousal, skeletal muscular effects, situational anxiety, and subjective experience of anxious affect (Bados et al., 2005). The stress scale measures non-specific persistent arousal and tension, specifically difficulty relaxing, nervous arousal, and being easily upset, agitated, irritable, over-reactive, and impatient (Bados et al., 2005). As a self-report questionnaire, individuals indicated the presence of a symptom over the past week using a 4 point Likert scale, ranging from 1 (did not apply to me last week) to 4 (applied to me very much or most of the

time). The following questions appear on the DASS-21 and exemplify the three different subscales:

- I found it hard to wind down (stress)
- I felt scared without any good reason (anxiety)
- I felt life was meaningless (depression)

Once participants had completed the survey, a score for each subscale was calculated (and multiplied by two to account for the abbreviated version) and then compared to predetermined ranges for stress, anxiety, and depression. The ranges were used to determine if participant's symptomology of stress, anxiety, and depression are normal, mild, moderate, severe, or extremely severe. The numerical ranges for each category (normal-severe) for stress, anxiety, and depression vary across each subscale.

The DASS-21 has been widely validated as a reliable instrument to measure depression, anxiety, and stress symptomology in clinical and nonclinical samples. In Lovibond and Lovibond's original 1995 study, the coefficient alphas for each subscale were $\alpha = .88$ for depression, $\alpha = .82$ for anxiety, and $\alpha = .90$ for stress (Lovibond & Lovibond, 1995). The coefficient alpha for the entire scale was $\alpha = .93$ (Lovibond & Lovibond, 2005). This questionnaire was particularly appropriate for this study because of its high validity and reliability in Hispanic American populations and adolescent populations (Daza, Novy, Stanley, & Averill, 2002; Norton, 2007; Oei, Sawang, Goh, & Mukhtar, 2013; Szabó, 2010). In Daza et al.'s study, examining the efficacy of the DASS-21 in Hispanic American populations, the coefficient alphas were $\alpha = .93$ for depression, $\alpha = .86$ for anxiety, and $\alpha = .91$ for stress. The coefficient alpha for the entire scale was $\alpha = .96$.

Brief COPE Inventory:

The brief COPE Inventory is an abridged version of the COPE inventory developed by Carver (1997), and aims to measure the exhibition of identified coping responses in individuals (Carver, 1997). It includes 14 subscales examining different coping dimensions: active coping, planning, using instrumental support, using emotional support, venting, behavioral disengagement, self-distraction, self-blame, positive reframing, humor, denial, acceptance, religion, and substance use. Each subscale accounts for two questionnaire items, for a total of 28 items. Respondents rated survey items on a 4 point Likert scale, ranging from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot).

The brief COPE inventory has been effective in studies examining stress and coping strategies amongst Latino adolescent and adult populations (Farley, Galves, Dickinson, & Perez, Maria de Jesus Diaz, 2005; Ojeda & Liang, 2014; Perez, Gavin, & Diaz, 2015), as well as undocumented populations (Cobb, Xie, & Sanders, 2015). The Cronbach's alpha for the original brief COPE inventory (Carver, 1997) is $\alpha=.70$. In Perez et al.'s (2015) study examining stressors and coping mechanisms in Latinos (ages 18 and over), the Cronbach's alpha for the overall scale was $\alpha=.79$. The alphas for each of the subscales were not provided. Cobb et al. (2015), in their study assessing coping strategies in undocumented Hispanic immigrants with depression, provided the Cronbach alphas for the subscales in three different categories (problem-focused coping, active-emotional coping, and avoidant-emotional coping). For subscales within problem-focused coping (such as active coping and planning), the $\alpha = .75$. Subscales constituting active-emotional coping, (such as acceptance and emotional support), yielded a Cronbach alpha of $\alpha=.72$. Subscales of the avoidant-emotional coping category, (such as self-distraction and denial), yielded a Cronbach alpha of $\alpha=.73$.

Given the unique stressors that confront youth of deported parents (i.e. bicultural stress, social marginalization and discrimination, issues with legal status, higher rates of poverty, etc.) it was important to select an instrument that has been successfully administered to subjects facing similar challenges. Furthermore, research has demonstrated that Latinos most frequently engage in active coping strategies such as religion or spirituality, and support-seeking from friends or family when experiencing adversity (Cobb et al., 2015). The brief COPE inventory has been able to capture these culturally-specific behaviors when assessing coping in Latino participants.³

Qualitative Interview:

Along with completion of the DASS-21 and brief COPE inventory, participants completed a qualitative interview with the researcher. The purpose of the interview was to assess what factors contribute to or detract from their resilience since their parent's deportation. While existing resilience surveys or questionnaires can assess the *degree of* resilience of an individual, they do not reveal how access or lack of access to various resources influence resilience. In other words, resilience surveys cannot capture how use of what supports, or obstacles to receipt of certain supports, impacts an individual's resilience. For youth of deported parents, the question of access is critical given how, as previously discussed, growing up as children of undocumented adults can shape access to health promotive factors. Therefore, qualitative interviews were advantageous in that they allowed participants to narrate what helps them

³ It is also important to note that the DASS-21 and the brief COPE inventory were selected in consultation with Dr. Michael Sulkowski, Assistant Professor of Psychology at the University of Arizona. In his recent research assessing mental health in youth of deported parents within Tucson, he administered these instruments and noted their effectiveness amongst his participants. His success with a similar sample was another important motivation in selecting the DASS-21 and brief COPE inventory.

cope or where they feel they need more support, rather than being limited to items on a standardized survey.

A brief semi-structured interview guide was created in collaboration with YOTO staff to facilitate the interview. A semi-structured format was selected to enable participants to introduce new but relevant topics to the interview. Drawing from the literature on resilience as previously discussed, the interview guide was designed to examine what promotive factors and what risk factors exist in their lives that shape their resilience post-deportation. The questions were designed to assess various facets of resilience (e.g. social resources, personal competence, goal orientation, etc.) by asking participants about the primary challenges they experience since their parent’s deportation, their ability/inability to handle these challenges, sources of support, and their future goals. Because models of resilience are based on the interaction of risk and promotive factors, there was no theoretical underpinning to the interview questions as the risk and protective factors were unknown prior to data collection.

The following questions were included in the interview guide:

| THEME | QUESTION |
|------------------|--|
| Introduction | I am interested in learning more about you. Tell me about yourself? |
| Introduction | Who in your family was deported and when? |
| Risk Factor | Since your parent’s deportation, what are the main challenges in your life? |
| Risk Factor | When you have these challenges, do you feel like you can handle them? |
| Risk Factor | Are there areas of your life where you feel you need more support? |
| Promotive Factor | What helps you deal with the challenges of having a deported parent? |
| Promotive Factor | Do you seek help when you need it? Are there people who you turn to for support? |
| Promotive Factor | How do you feel about your future? What are your future goals? |

After the interview questions were determined, they were translated into Spanish by the researcher and then back translated into English to ensure language equivalence.⁴

A semi-structured interview guide was also utilized to facilitate an interview with a school nurse at Pueblo High School. The interview was conducted in order to triangulate the qualitative data gathered from the youth participants. Triangulation is a research method utilized to establish validity by analyzing research questions from multiple perspectives. Talking to school health providers was important to understanding youth's resiliency post-deportation as they could provide insight as to what promotive factors (like mental health services) are available to participants.

Data Collection

The student advocate arranged a time and date on behalf of YOTO clients with the researcher for data collection. On the agreed upon date and time, the researcher met with YOTO clients at their school site during a prearranged time during the school day, with the supervision of the student advocate if necessary. Before completing any part of the study, the researcher reviewed the consent document again with the participant to answer any questions and ensure complete understanding of the study components.

First, the researcher facilitated the interview with the YOTO clients. Interviews were conducted in private spaces on school grounds such as libraries, meeting rooms, office rooms, etc. As outlined in the consent document, with the permission of the participant, the interview was audio recorded. As previously mentioned, the interview followed a semi-structured format

⁴ Back translation involves translating a document that has already been translated into a foreign language back to its original language.

to allow participants to expound upon important topics not included in the interview guide. Interviews typically lasted between 15-30 minutes, and were conducted in English (all of the participants were bilingual). The audio recording was later transcribed verbatim using word processing to later be used for data analysis. All personal identifiers were removed from the transcript.

After the interview, participants then completed the mental health assessments (DASS-21 and brief COPE inventory). The researcher briefed participants on the purpose of the assessments and how to complete them using the Likert scales. The researcher then left the room to allow participants to complete the printed surveys privately. When the assessments were complete, the participant turned in the paper surveys to the researcher which were labeled with the participant's study ID number to maintain anonymity. Participant responses from the DASS-21 and brief COPE inventory were inputted electronically into an Excel file using a codebook.

Data Analysis:

Mental Health Assessments (DASS-21 and brief COPE Inventory)

The responses from the DASS-21 and brief COPE inventory were input into an Excel spreadsheet according to a predetermined codebook. Once all of the survey responses were entered into Excel, they were tabulated and summarized using frequencies and percentages.

To analyze responses from the DASS-21, the scores for each subscale (depression, anxiety, and stress) were totaled for each participant based upon their survey responses. These three totals were then multiplied by two, to establish equivalence between the abridged and original version of the DASS-21 and standard DASS. Each subscale total was then examined

against a severity scale (normal, mild, moderate, severe, and extremely severe). Dependent on the subscale total, the severity of the participant's symptoms of depression, anxiety, and stress could be categorized.

Unlike the DASS-21, analysis of the brief COPE inventory does not involve any kind of scoring or classification mechanism. The responses from the brief COPE only indicate how often participants perform certain coping behaviors, and are not categorized into any kind of clinical range. Therefore, trends in coping behaviors amongst participants were analyzed only through the frequencies and percentages of survey responses.

The results of the brief COPE were also analyzed by examining the response patterns for maladaptive coping and adaptive coping. Maladaptive coping refers to coping strategies that tend to be associated with undesirable outcomes, while adaptive coping strategies tend to be associated with desirable outcomes (Meyer, 2001). The brief COPE instrument itself is not divided into maladaptive and adaptive subscales, however, several studies assessing coping behavior have divided the 14 subscales into these two theoretically appropriate categories (Meyer, 2001). The self-distraction, denial, substance use, behavioral disengagement, venting, and self-blame subscales correspond with maladaptive coping, while the active coping, emotional support, instrumental support, positive reframing, planning, humor, acceptance, and religion subscales correlate with adaptive coping. The survey responses were divided into their appropriate category (maladaptive or adaptive) and then analyzed using frequencies and percentages.

Qualitative Interviews:

The written transcripts generated from each interview (with youth participants and the school nurse) were analyzed through conventional content analysis. Content analysis is defined as a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns (Hsieh, 2005). Conventional content analysis is utilized within a study whose objective is to describe a phenomenon (in this case resilience in youth of deported parents) (Hsieh, 2005). Researchers categorize the data inductively through multiple readings of the data. Thus, the data analysis involved an iterative process where the transcript was read multiple times to identify major themes that emerged from the interviews. The emergent categories are utilized to organize and group codes in a meaningful and explanatory manner (Hsieh, 2005). Themes were defined and developed using a codebook that was developed *posteriori*, based upon the primary concepts discerned from the data. With the codes and their definitions established, the transcripts were read over again to organize and synthesize the data. The coded transcripts were utilized to generate the qualitative results.

CHAPTER 4: RESULTS

Participant Demographics

The table below summarizes demographic data of the study sample. A total number of 5 participants completed the DASS-21 and brief COPE inventory, as well as underwent structured interviews.

Table 1. Sample Demographics

| | N=5 |
|----------------------|------------|
| Gender | |
| Male | 3 |
| Female | 2 |
| Age | |
| 18 years | 3 |
| 19 years | 2 |
| 20 years | 0 |
| Nativity | |
| Native born | 5 |
| Foreign born | 0 |
| Language | |
| English only | 0 |
| Spanish only | 0 |
| Bilingual | 5 |
| Employment | |
| Employed | 3 |
| Unemployed | 2 |
| Residence | |
| With extended family | 1 |
| With a sibling | 3 |
| Alone | 1 |

All of the participants resided within the Tucson city limits, and were high school seniors within the Tucson Unified School District and Sunnyside Unified School District. Data was collected during the middle of the Spring academic semester, thus none of the participants were able to obtain their high school diploma yet, but all of the participants expressed post-secondary education plans or had already been admitted to college. Furthermore, all participants were from mixed-status families, where their parents were undocumented but they are U.S. citizens. All participants' parents were also deported to and residing in Mexico.

DASS-21

The results of the DASS-21 are presented separately within each constituent subscale (stress, anxiety, and depression) in Tables 2-4, and then their corresponding composite scores across all subscales in Table 4. When completing the DASS-21, participants utilized the following Likert scale (4 = happened to me very much, or most of the time, 3 = happened to me a good part of the time, 2 = happened to me sometimes, 1 = did not happen to me at all), to indicate the severity of various symptomology potentially experienced during a given week.

Table 2. below shows participant's responses to the survey items within the stress subscale. Participants selected their responses from the Likert scale to indicate the how frequently they experienced a symptom indicative of stress during the week (difficulty relaxing, being easily upset/agitated, general irritability/over-reactive, etc.). The questions included within the stress scale with each subjects' responses to the questions are shown in the table. The participants responses in regards to stress did not show any pattern or trend, however, the items with the highest mean scores were "I found it hard to wind down" (M=2.6), and "I tended to over-react to situations" (M=2.6).

Table 2. Stress Subscale Results

| | Subject 1 | Subject 2 | Subject 3 | Subject 4 | Subject 5 | Mean |
|---|-----------|-----------|-----------|-----------|-----------|------|
| I found it hard to wind down (calm down) | 4 | 4 | 1 | 2 | 2 | 2.6 |
| I tended to over-react to situations | 4 | 1 | 3 | 3 | 2 | 2.6 |
| I felt I was using a lot of nervous energy | 3 | 1 | 1 | 3 | 2 | 2 |
| I found myself getting agitated | 3 | 2 | 2 | 2 | 1 | 2 |
| I found it difficult to relax | 4 | 2 | 1 | 2 | 1 | 2 |
| I was intolerant (annoyed) of anything that kept me from getting on with what I was doing | 4 | 1 | 2 | 2 | 1 | 2 |
| I felt I was rather touchy (annoyed, irritable) | 2 | 2 | 1 | 2 | 1 | 1.6 |

Table 3. below shows participant’s responses to the survey items that constitute the anxiety subscale. Participants selected their responses from the Likert scale to indicate the how frequently they experienced a symptom indicative of anxiety during the week (autonomic arousal, skeletal muscle effects, anxious affect, etc.). The table shows the questions included within the anxiety scale and each participant’s responses to the anxiety survey items. Although the participants responses in regards to anxiety did not show any pattern or trend, however, the items with the highest mean scores were “I experienced trembling (shaking in the hands)” (M=2.2) and “I noticed the action of my heart when not doing anything physically difficult” (M=2.2).

Table 3. Anxiety Subscale Results

| | Subject 1 | Subject 2 | Subject 3 | Subject 4 | Subject 5 | Mean |
|---|-----------|-----------|-----------|-----------|-----------|------|
| I was aware of dryness of my mouth (noticed my mouth was dry) | 2 | 4 | 1 | 1 | 1 | 1.8 |
| I experienced difficulty breathing | 2 | 1 | 1 | 1 | 1 | 1.2 |
| I experienced trembling (shaking in the hands) | 3 | 1 | 2 | 4 | 1 | 2.2 |
| I was worried about situations in which I might panic and make a fool of myself | 4 | 1 | 1 | 3 | 1 | 2 |
| I felt I was close to (about to) panic | 4 | 1 | 1 | 1 | 1 | 1.6 |
| I noticed the action of my heart when not doing anything physically difficult | 2 | 1 | 3 | 3 | 2 | 2.2 |
| I felt scared without any good reason | 3 | 1 | 2 | 2 | 1 | 1.6 |

Table 4. below shows participant’s responses to the survey items that constitute the depression subscale. Participants selected their responses from the Likert scale to indicate the how frequently they experienced a symptom indicative of anxiety during the week (dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest, anhedonia and inertia). The questions included within the depression scale are shown in the table as well as each participant’s responses across all of the items. Participants’ responses in regards to depression did not show any pattern or trend, although participants seemed to indicate experiencing symptoms of depression more frequently. The depression items with the highest mean scores were higher than those found within the stress and anxiety subscales. The highest mean scores

within the depression subscale were for “I felt downhearted and blue (sad)” (M=3.0), and “I found it difficult to work up the initiative to do anything (M=2.4).

Table 4. Depression Subscale Results

| | Subject 1 | Subject 2 | Subject 3 | Subject 4 | Subject 5 | Mean |
|---|-----------|-----------|-----------|-----------|-----------|------|
| I couldn't seem to experience any positive feeling | 2 | 3 | 2 | 3 | 1 | 2.2 |
| I found it difficult to work up the initiative to do anything | 4 | 1 | 3 | 2 | 2 | 2.4 |
| I felt I had nothing to look forward to | 4 | 2 | 1 | 3 | 1 | 2.2 |
| I felt downhearted and blue (sad) | 4 | 4 | 2 | 4 | 1 | 3 |
| I felt unable to become enthusiastic about anything | 4 | 2 | 2 | 1 | 2 | 2.2 |
| I felt I wasn't worth much as a person | 2 | 1 | 3 | 4 | 1 | 2.2 |
| I felt life was meaningless | 3 | 1 | 1 | 3 | 1 | 1.8 |

The total scores for each of the above subscales were used to calculate a composite score for depression, anxiety, and stress for each participant. The following scoring system was utilized: for each 4 response, participants would receive 3 points; for each 3 response, participants would receive 2 points; for each 2 response, participants would receive 1 point, and for each 1 response, participants would receive 0 points. Once a composite score was determined for depression, anxiety, and stress for all participants, they were compared to predetermined ranges to classify their severity. Table 5 below shows the numerical ranges that correspond with each classification (normal, mild, moderate, severe, and extremely severe) of depression, anxiety, and stress.

Table 5. DASS-21 Classification Scheme

| | <i>Depression</i> | <i>Anxiety</i> | <i>Stress</i> |
|-------------------------|-------------------|----------------|---------------|
| <i>Normal</i> | 0-9 | 0-7 | 0-14 |
| <i>Mild</i> | 10-13 | 8-9 | 15-18 |
| <i>Moderate</i> | 14-20 | 10-14 | 19-25 |
| <i>Severe</i> | 21-27 | 15-19 | 26-33 |
| <i>Extremely Severe</i> | 28+ | 20+ | 34+ |

Using the above scheme, the total scores for depression, anxiety, and stress for each participant were categorized. Table 6 below shows each participant’s composite scores for depression, anxiety, and stress, and is color-coded based on its classification in Figure 4.

Table 6. DASS-21 Results

| | Depression | Anxiety | Stress |
|-----------|------------|---------|--------|
| Subject 1 | 32 | 26 | 34 |
| Subject 2 | 14 | 6 | 12 |
| Subject 3 | 14 | 8 | 8 |
| Subject 4 | 26 | 16 | 18 |
| Subject 5 | 4 | 2 | 6 |

As shown by the above tables, the total scores amongst all the participants varied. However, out of the 6 subjects, only one subject’s (subject 5) scores were normal across all of the subscales. The rest of the participants in the sample displayed some degree of depression, anxiety, and/or stress. Subject 2 scored mild for depression and stress, but normal for anxiety. In contrast, subject 3 scored mild for depression and anxiety, but normal for stress. Subject 4’s scores for anxiety and stress were moderate, but severe for depression. Subject 1’s scores were extremely severe across all subscales for depression, anxiety, and stress. In summary, participants experienced diverse symptomology of depression, anxiety, and stress.

Brief COPE Inventory

The brief COPE inventory was administered to assess the use or nonuse of various coping behaviors. Table 7 below shows the results of the survey for each participant. The 28 survey items are categorized into the 14 subscales being examined. Similar to the DASS-21, participants utilized a Likert scale to indicate the frequency of each coping behavior (4 = I've been doing this a lot, 3 = I've been doing this a medium amount, 2 = I've been doing this a little bit, 1 = I haven't been doing this at all).

Unlike the DASS-21, there is no scoring system to assess the severity of intensity of coping behaviors. Table 8 shows the mean scores for each brief COPE item in descending order. Items with a mean score of 3 or higher are color coded in purple. Items with a mean score of 2 or higher are color coded in green. Items with a mean score of 1 or higher are color coded in orange.

Participants mostly indicated turning to work or other activities to take their mind off of things (part of the behavioral disengagement subscale) most frequently (M=3.6) as a coping strategy. However, this was followed by behaviors categorized within the acceptance (M=3), active coping (M=3), and planning subscales (3), all of which are adaptive coping strategies (Bjorn, 2001).

Doing something to think about it less, such as going to the movies, watching TV, reading, daydreaming, etc., ranked highest within the moderate (green) category. Inventory items within the positive reframing subscale also were higher within the moderate category (2.6). Coping behaviors using instrumental support fell in different places in the moderate category. "I've been getting help and advice from other people" had a mean score of 2.6, while

Table 7. brief COPE Inventory Results

| Coping Strategy | brief COPE survey item | Subject 1 | Subject 2 | Subject 3 | Subject 4 | Subject 5 |
|--------------------------|--|-----------|-----------|-----------|-----------|-----------|
| Self-Distraction | I've been turning to work or other activities to take my mind off of things | 4 | 4 | 4 | 4 | 2 |
| | I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, etc. | 4 | 4 | 4 | 1 | 1 |
| Active Coping | I've been concentrating my efforts on doing something about the situation I'm in | 1 | 2 | 3 | 3 | 3 |
| | I've been taking action to try to make the situation better | 1 | 3 | 4 | 4 | 3 |
| Denial | I've been saying to myself this isn't real | 1 | 1 | 2 | 3 | 1 |
| | I've been refusing to believe that this happened | 4 | 1 | 3 | 2 | 1 |
| Emotional Support | I've been getting emotional support from others | 1 | 1 | 3 | 2 | 2 |
| | I've been getting comfort and understanding from someone | 1 | 2 | 2 | 3 | 2 |
| Substance Use | I've been using alcohol or drugs to make myself feel better | 1 | 1 | 2 | 2 | 1 |
| | I've been using alcohol or drugs to help me get through it | 1 | 1 | 2 | 2 | 1 |
| Instrumental Support | I've been getting help and advice from other people | 1 | 2 | 4 | 3 | 3 |
| | I've been trying to get help and advice from other people about what to do | 1 | 1 | 4 | 3 | 2 |
| Behavioral Disengagement | I've been giving up trying to deal with it. | 1 | 2 | 2 | 1 | 1 |
| | I've been giving up the attempt to cope | 4 | 1 | 3 | 1 | 1 |
| Venting | I've been saying things to let my unpleasant feelings escape | 1 | 1 | 3 | 3 | 1 |
| | I've been expressing my negative feelings | 3 | 1 | 3 | 3 | 2 |
| Positive Reframing | I've been trying to see it in a different light, to make it seem more positive | 1 | 4 | 4 | 2 | 2 |
| | I've been looking for something good in what is happening | 1 | 4 | 3 | 3 | 2 |
| Planning | I've been trying to come up with a strategy about what to do | 1 | 3 | 4 | 2 | 3 |
| | I've been thinking hard about what steps to take | 2 | 4 | 2 | 4 | 3 |
| Acceptance | I've been accepting the reality of the fact that it has happened | 2 | 4 | 4 | 4 | 3 |
| | I've been learning to live with it | 1 | 4 | 4 | 4 | 2 |
| Religion | I've been trying to find comfort in my religion or spiritual beliefs | 1 | 3 | 1 | 2 | 2 |
| | I've been praying or meditating | 1 | 4 | 1 | 3 | 2 |
| Self-Blame | I've been criticizing myself | 4 | 2 | 3 | 3 | 1 |
| | I've been blaming myself for things that happened | 1 | 1 | 1 | 4 | 2 |
| Humor | I've been making jokes about it | 1 | 1 | 2 | 1 | 1 |
| | I've been making fun of the situation | 1 | 1 | 1 | 1 | 2 |

Table 8. Mean Scores of brief COPE Inventory Survey Items

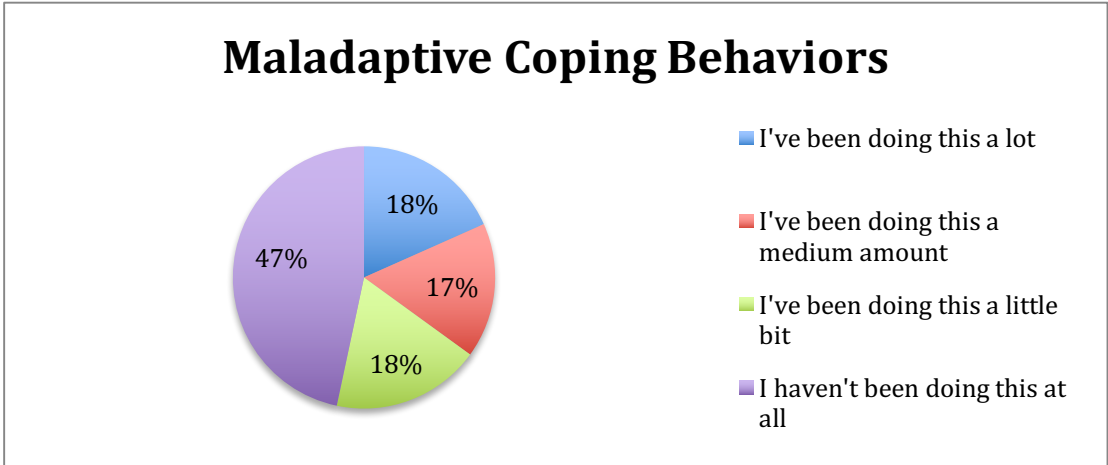
| brief COPE inventory item | Mean |
|--|------|
| I've been turning to work or other activities to take my mind off of things | 3.6 |
| I've been accepting the reality of the fact that it has happened | 3.4 |
| I've been learning to live with it | 3 |
| I've been thinking hard about what steps to take | 3 |
| I've been taking action to try and make the situation better | 3 |
| I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, etc. | 2.8 |
| I've been trying to see it in a different light, to make it seem more positive | 2.6 |
| I've been looking for something good in what is happening | 2.6 |
| I've trying to come up with a strategy about what to do | 2.6 |
| I've been criticizing myself | 2.6 |
| I've been getting help and advice from other people | 2.6 |
| I've been concentrating my efforts on doing something about the situation I'm in | 2.4 |
| I've been expressing my negative feelings | 2.4 |
| I've been praying or meditating | 2.2 |
| I've been refusing to believe that this happened | 2.2 |
| I've been trying to get help and advice from other people about what to do | 2.2 |
| I've been giving up the attempt to cope | 2 |
| I've been getting comfort and understanding from someone | 2 |
| I've been saying to myself this isn't real | 1.8 |
| I've been saying things to let my unpleasant feelings escape | 1.8 |
| I've been blaming myself for things that happened | 1.8 |
| I've been trying to find comfort in my religion or spiritual beliefs | 1.8 |
| I've been getting emotional support from others | 1.8 |
| I've been giving up trying to deal with it | 1.4 |
| I've been using alcohol or drugs to make myself feel better | 1.4 |
| I've been using alcohol or drugs to help me get through it | 1.4 |
| I've been making jokes about it | 1.2 |
| I've been making fun of the situation | 1.2 |

“I’ve been trying to get help and advice from other people” had a mean score of 2.2. Coping behaviors using emotional support, however, had mean scores lower than instrumental support. Emotional support differs from instrumental support in that instrumental support refers to practical helping behaviors or tangible services that help another person cope, whereas emotional support refers to the provision of care, empathy, involvement, and warmth (Boudreault-Bouchard et al., 2013). “I’ve been getting comfort and understanding from someone” had a mean score of 2. “I’ve been getting emotional support from others” had a mean score of 1.8, placing it within the rare (orange) category.

It is important to note that the mean scores for substance use were among the lowest of the survey results. “I’ve been using alcohol and drugs to make myself feel better” and “I’ve been using alcohol or drugs to help me get through it” had mean scores of 1.4. The only subscale below substance use was humor, where both survey items had mean scores of 1.2.

Responses to the brief COPE inventory were also analyzed by viewing the frequency of responses for maladaptive and adaptive coping behaviors. As stated previously, maladaptive coping refers to coping strategies that tend to be associated with undesirable outcomes, while adaptive coping strategies tend to be associated with desirable outcomes (Bjorn, 2001). Figure 1 displays the percentages of all survey responses for subscales constituting maladaptive coping (self-distraction, denial, substance use, behavioral disengagement, venting, and self-blame).

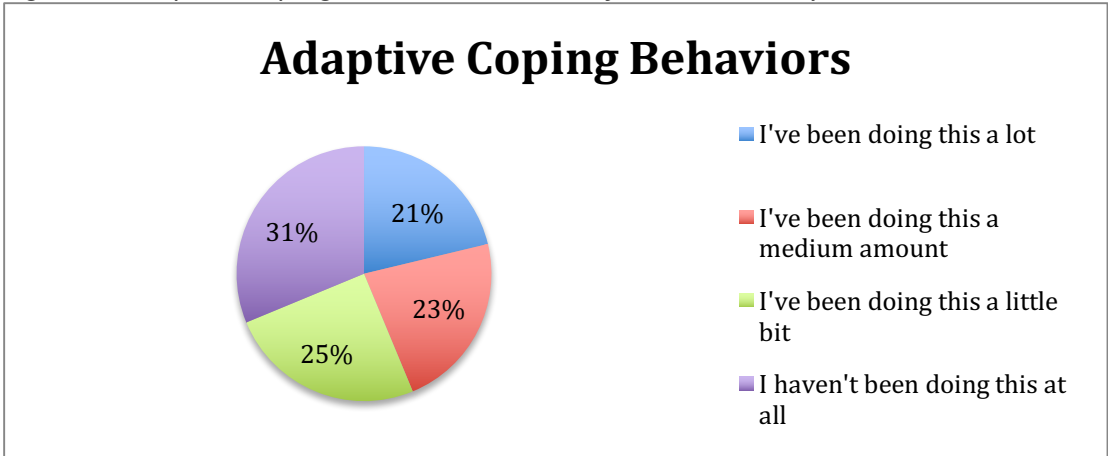
Figure 1. Maladaptive Coping Behaviors in the brief COPE Inventory



The figure shows that the majority of the total responses (47%) for maladaptive subscales indicated that participants were not engaging in negative coping behaviors. The second largest percentage of the survey responses (18%) noted that participants were engaging in maladaptive coping behaviors a lot, however another 18% of the responses were for exhibiting a maladaptive coping behavior a little bit. The remaining 17% indicated that participants were engaging in maladaptive coping behaviors a medium amount.

Figure 2, conversely, displays the percentages of all survey responses for adaptive coping strategies.

Figure 2. Adaptive Coping Behaviors in the brief COPE Inventory



The figure shows that the majority of the survey responses (31%) for adaptive coping strategies were for “I haven’t been doing this at all.” The percentage of responses for “I’ve been doing this a lot” were higher for adaptive coping (21%) than maladaptive coping (18%). The second largest percentage of responses for adaptive coping behaviors (25%) indicated that participants were exhibiting positive coping strategies a little bit. The remaining 23% of the responses were for “I’ve been doing this a medium amount.”

Participant Interviews

The purpose of the interviews was to gain insight into factors that enhance and detract from youth’s resilience post-deportation. During the interviews, participants discussed their experiences with parental deportation, the challenges they face as they “stay behind” in the U.S., and what has helped them adjust to life without their parent(s). The results are divided into three emergent themes that developed during data analysis: promotive factors, risk factors, and service gaps. The codes generated through content analysis fall into one of these themes.

Risk Factors

During the interviews, participants identified various challenges that they have experienced since their parent(s) had been deported. Using terminology from the literature, these challenges are risk factors that decrease youth’s ability to be resilient once deportation has occurred by acting as stressors, and increasing the likelihood of negative outcomes. These stressors that participants discussed were the sadness of family separation, unstable living situations, rapid transition to adulthood, and poor academic performance.

Sadness of Family Separation

All of the participants discussed their struggles with sadness in regards to being separated from their parent(s) due to deportation. The severity of their emotional adversity varied, however, sadness around their parent's deportation was manifest in some form. Participants overall noted that they missed not having the emotional support that their parent(s) provided before leaving the U.S.

Maria, an 18 year old senior at Desertview High School, detailed her difficulties with loneliness since her father's deportation. He was deported three years ago on New Year's Day when Maria was a freshman in high school. Her mother and younger sister then accompanied him to a small village in Sonora, México. Thus, she was the only one in her family to stay behind in order to continue her education. She discussed how at first, right after her parents and sister left, the sadness was very overwhelming. She noted, "...At first yeah, I would...it's hard, at first I would cry every night. It was really hard" (Maria, 18). Three years later, the pain of her father's deportation and subsequent family separation is still very present. Maria further explained that being the only family member in the U.S. intensifies feelings of isolation. When asked if she had the resources to find help, she responded,

"I don't have anybody. Like going back to the topic of feeling alone? I don't have my mom to turn to or my dad and um...[cries]...I don't have my mom, I don't have my parents, like I do live with my aunt, but we don't really get along, so I'm just alone" - (Maria, 18).

Alejandra, a senior at Amphitheatre High School, expressed similar feelings around her parent's deportation. Alejandra recalled with perfect clarity the date and time of her father's deportation, May 14, 2009 at 1:30 PM. Like all participants, that date was a significant mental turning point for Alejandra. After her father's deportation, Alejandra, her mother, and sister all

went to México originally to live together. However, Alejandra and her sister returned to Tucson after experiencing recurring bullying and harassment in school for being American. After returning to the U.S. and transitioning to life with just her sister, Alejandra also talked about the difficulties of missing her parents.

“I dunno...it’s kinda difficult to explain but basically I needed my parents for everything just to give me support ya know? Just give me guidance and all that stuff...Sometimes it’s overwhelming. I can handle it, but it’s just sometimes...I wish they were here with me” - (Alejandra, 19).

José, an 18 year old senior at Sunnyside High School, also described how his father’s deportation made him feel that he lacked guidance in his life, specifically from men. At 11 years old, José’s father was deported suddenly despite being a U.S. citizen.⁵ José noted that several years have passed so his father’s deportation doesn’t emotionally impact him as severely as it used to, however, he talked about how his father’s absence is most saddening during his sporting events. José is a student-athlete at Sunnyside and plays on the football team. He stated,

“Ya know I experienced as I said I play football and once I saw those kids with their dads I got tears coming from my eyes. So it was pretty tough. I was like, I mean if I eventually grow up to be a man I need to learn how to control my feelings and emotions” - (José, 18).

Although José’s mother resides in Arizona (intermittently), he explained how his father’s deportation robbed him from having a male role model. When asked about how his father’s deportation influenced him, he responded, “I didn’t really prepare myself to feel this emotion. So, I mean, it really impacted me. I’m pretty sure a kid, especially a guy, needs to grow up with a dad to know everything about life...how it works”(José, 18).

⁵ José did not explicate further the circumstances in which his father, a U.S.-citizen, was deported. He noted that he himself did not understand the reasoning behind his father’s removal.

Thus, the interviews underscored the immense emotional consequences of parental deportation, which act directly on the youth's mental health status.

Unstable Living Situation

Second, participants discussed their difficulties in securing a stable home environment. After losing one or both of their primary caregivers, the youths faced numerous obstacles in maintaining a place of residence.

Ramón, a 19 year old senior at Pueblo High School, went through several living transitions following his mother's deportation when he was 14 years old. Before his mother's deportation to México, he was living with his sister, mother, and stepfather. However, after his mother's departure, his stepfather did not take adequate care of Ramón and his sister. He recalled eating lots of instant Ramen and TV dinners, as his stepfather would not cook for them. Ramón and his sister decided to leave to his grandmother's house, but then when they returned to his stepfather's to get their belongings, he had switched the locks and they never saw him again. After his stepfather's disappearance, he and his sister moved in temporarily with his grandmother but soon after underwent a series of relocations. He detailed,

"I dunno if you know where Hayden is...it's towards way out like two hours from here. So I decided to move forward because I didn't know what to do... And then I moved over here [Tucson] and I couldn't find a place yet and I was living with my tía, and that didn't really work out. And I moved with my cousin which is like all the way down Ajo and I moved over there with him, and he didn't have much [money] either and I didn't have much [money] either"- (Ramón, 19).

Ramón's story illustrates how youth confront issues with poverty post-deportation that makes living stability very challenging. Luis, another senior at Sunnyside High School, also talked about the difficulties in affording the house for himself and his brother. Luis's father was

deported, and like other participant's experiences his mother went with Luis's father to live in México. Luis shares an apartment with his brother, who attends the same high school. To pay for rent, Luis and his brother depend on his mother's disability checks which provides very limited financial support. He stated, "She gets like, 700 like every month. She gets that and that's pretty much what she uses to pay rent"(Luis, 18). Luis recalled recently that he and his brother did not have enough to afford their apartment and were close to losing their house. He noted, "Well we were going to lose our house like two months ago..."(Luis, 18). From Luis and Ramón's stories, it is apparent that youth of deported parents are challenged by unstable living situations. This is a pervasive stressor that would contribute to compromised mental health as reliable housing is a key determinant of health.

Rapid Transition to Adulthood:

Deportation necessitated participants to quickly assume the responsibilities of their parents. Thus, the participants discussed the struggles of transitioning to adulthood, in other words learning to take care of themselves (and in some cases other family members) like their parents had prior. This encompasses several challenges (e.g. finding a job, learning to cook, learning to pay bills, etc.), however this recurring theme is worth exploration as it constitutes a unique set of stressors that are a direct consequence of their parent(s)' deportation, and cause distress given the participants' present developmental stage.

Luis talked about how after his parents left for México, "everything was kinda difficult." By "everything", he was referring to the multitude of daily tasks that his parents knew how to do, but his brother and himself did not know how to do. He explained, "Like finding a job, to help me apply for jobs here, it's all kinds of stuff" (Luis, 18). Without the income of his father,

Luis and his brother had to learn how to find jobs to be the breadwinners for themselves and supplement their mother's disability checks. On top of that, Luis talked about how they needed to learn how to grocery shop, pay bills, fix their car:

"Now we have to go buy food and stuff, and my mom always used to do it. Now she just sends us money for us to pay bills so pretty much we have to learn all that stuff. My car, and all that, change my oil. My dad would do it, we have to learn"- (Luis, 18).

Maria also recounted how she had to swiftly adapt to doing all of the things that her parents used to do for her now that she was living by herself. Rather than just focusing on being a student, she had to become financially responsible for herself and find a job to make ends meet. When asked what the challenges she faced after her father was deported, she replied,

"...it's just been a lot. I started working and working was really hard because I had to pay for my living space, everything I needed, and umm, and it's hard. It's like you don't have that someone to fall back to, so you're like the grown up now"- (Maria, 18).

Later during the interview she continued to talk about adjusting to the role of an adult.

Learning to do daily chores, such as cooking, seems simple and mundane, but against the backdrop of other challenges and struggles associated with deportation the transition was very difficult. She described,

"...well because you have to get used to a lot of things. My mom used to wash my clothes, used to make my food, they would do everything for me. I didn't have to pay for everything, and now I have to like, out of nowhere, I had to just learn that and it was really hard. Just all those responsibilities"- (Maria, 18).

Ramón also discussed his trials in transitioning to an independent adult. Since his mother's deportation, he became responsible for financially providing for his sister and grandmother in the midst of not having a stable place to live as previously discussed. He stated,

“So I just started like living, just it was kinda hard, and I started like finding side jobs or something just to help me and my sister, and my grandma didn’t really have much so I told her I’m just gonna come to school in Tucson because there are more opportunities and jobs and stuff...And I just started working and after that I started giving money to my grandma and sister...”-(Ramón, 19).

Ramón’s account illustrates how parental deportation prompts youth to become providers for themselves (and relatives in his case) despite being a teenager. Like Maria, Ramón described the difficulties of learning to take on adult tasks. When asked about the obstacles he ran into after his mother was deported, he noted,

“I would have to say like, preparing situations, or how to like perhaps like umm, it was just like different I had to learn, well obviously how to cook or I found out how to”- (Ramón, 19).

In this passage, preparing situations refers to mobilizing the necessary resources to provide a stable life for himself and his sister. In essence, rather than depending on other adults, Ramón was forced to become a proxy guardian so his sister would have a guardian. While talking about the challenges he dealt with post-deportation, he stated,

“[The second challenge] would have to be like, maintaining myself ya know, maintaining myself and my sister”- (Ramón, 19).

These examples demonstrate how participants are quickly forced to transition into adults, providers, and caretakers. This is relevant to participant’s mental health as acquiring these responsibilities places enormous stress and demand on youth who are simultaneously adjusting to the loss of their parents.

Poor Academic Performance

Some of the participants described struggling academically in high school as a result of their parent’s deportation. While poor academic performance is an outcome of the stressors experienced by youth of deported parents, it is also a critical risk factor that compromises

resilience post-deportation. Poor academic performance often leads to diminished expectations and goal orientation, which are critical to the emotional wellbeing of individuals exposed to trauma (Di Maggio, Ginevra, Nota, & Soresi, 2016). Furthermore, academic success positions youth to ameliorate other important risk factors later in their lives (poverty, illness, etc.).

José described how after his father's deportation, he would do better in school. When both of his parents were living in the house, his parents were able to supervise him and ensure that he completed his assignments. Now that they are both gone, he noted that his grades had worsened. He described,

"Well, as you see, I wish, my parents would be more involved in school. And prior, I would get better grades. I mean I get good grades but not as expected. Yeah, I just wish many things"- (José, 18).

One of the many things that José wished for was to have support, and thereby motivation, to go onto college. He talked about how watching other students continue onto college made him wish for more academic support at home. He explained,

"Well, I see a lot of people go to U of A, and I wish my mom would tell me hey go apply for this scholarship, there's money, money out there and you can do it. You know just like more support, more motivation, and so I wish I had that. I don't really have that....I wish there's more support from my parents"- (José, 18).

José's case depicts how without parental involvement in his schooling, due to deportation, he feels that college is less of a prospect or more difficult to get into. Having his parents would motivate him to pursue further educational opportunities and advance future goals.

For Ramón, the immediate emotional impacts of his mother being deported hampered his performance in school. Reflecting on when his mother originally left, he remembered that he was unable to merely attend school because of his sadness. He recalled,

“Before, I wasn’t as I would say intelligent I would slack off a lot? But as I said before, when my mom left that’s when I really....well I did focus but what I learned from that after my mom left I had a little bit of a bad vibe going on that ya know I couldn’t even go to school without being sad and stuff like that”- (Ramón, 19).

Thus, in Ramón’s case, the sadness that he felt after his mother’s deportation interfered with his grades. Luis also recounted how familial separation negatively affected his grades. The deportation of his father, and subsequent departure of his mother, was a pivotal turning point for Luis where after he entered an academic downturn. He explained,

“Well it was all good, it was good my grades were fine, I was doing good in sports and then once that happened everything just went [motions downward] down. My grades went down, my Mom went to Mexico with him”- (Luis, 19).

Like Ramón, the emotional consequences of deportation hindered him from doing well in school. Luis also discussed how the stress of the legal deportation proceedings also decreased his academic performance. While his father was detained in Florence, he, his brother, and mother traveled weekly to go to court and visit him in the detention center, which didn’t leave much time or emotional energy for school. He recounted,

“Well it was good, we were happy at the house, we were a family together. And then my grades were good, my mom was happy with them, and just, my grades just dropped, I stopped coming to school. We had to leave to go see him, we started going to court, I missed school a lot, I just, I dunno, I didn’t have time for school anymore”- (Luis, 19)

Along with the stress of his father’s pending deportation, his father’s health declined while in detention. As a diabetic, he requires regular medication but the detention center denied him from being able to take insulin. Luis detailed his family’s worries over his father’s health while in detention. He explained,

“Well my dad, he has diabetes he has to inject insulin into himself every night, so, they took that away from him....He has to take all kinds of pills to stay alive, so we’re trying to

buy him the stuff he needs. It's about \$5,000 just to keep him, yeah what he needs"- (Luis, 19).

The participant's experiences exemplify how the deportation process impacts youth before and after removal has occurred (their anxieties during detention, their sadness after their guardian's expulsion, and the ongoing lack of parental involvement). These cumulative impacts impeded participants from being able to reach their full academic potential.

Promotive Factors:

During the interviews, participants also identified various aspects of their life which have helped them transition (emotionally, academically, financially, etc.) since their parent(s) had been deported. Drawing from the literature on resilience, these aspects are *promotive* that improve outcomes once deportation has occurred. Fergus and Zimmerman (2005) identified two types of promotive factors which were present in the interviews: assets and resources. Assets refer to positive factors that reside within individuals, such as self-esteem and self-efficacy (Fergus and Zimmerman, 2005). Resources refer to external factors such as adult mentors, youth programs, etc. (Fergus and Zimmerman, 2005). School, goal-orientation, family networks, and group activities emerged as promotive factors that helped participants post-deportation.

School:

Almost all participants discussed their high school as a key source of emotional support and stability post-deportation. Specifically, several participants expressed how teachers provided personal mentorship, academic motivation, and even in some cases emergency support. Luis, as previously discussed, was having difficulties regularly attending school after

his father's deportation. He talked about how his teachers motivated him to improve his attendance and think of his future goals. When asked about his support system, he noted,

"Well my teachers, like the school motivates me to stay here like...my coaches, teachers, staff, everybody just tells me show up to school and graduate. I dunno, you could do something with your life"- (Luis, 18).

He identified one teacher in particular who personally inspired him to believe that academic success was possible in spite of having struggled in school since his parents left for Mexico.

"Umm, let's see I have my EMT class...with Mr. Chen. He always tells me about his kids and how they all messed up but, and I remind him of like them? And he tells me to show up to class every day and stay in school. Just motivates me. Because I like to do that stuff too"- (Luis, 18).

Juan, the other student-athlete Sunnyside High School, also reiterated how personal relationships with certain teachers encouraged him to believe that he could have professional success. He described,

"Well to be honest here, this district, there's not many teachers that will challenge you, but there's several. And I'm lucky to have those teachers and they tell their personal stories as well to the class, and to see them tell me, I'm like oh wow. You went through that too so then once you see them be successful, be a teacher, you can be better than them or be like them. So I just have that...surroundings, that support"- (José, 18).

From Juan and Luis, it is clear that close connections with teachers cultivate self-esteem and encourage them to believe in the potential of their futures. For Juan, the support of school staff has been particularly grounding. He stated, "And I mean if it wasn't for school, I'd probably be kinda lost in life"(José, 18).

Ramón, of Pueblo High School, further elaborated on the importance of teachers in helping him stay academically on track. Ramón discussed how challenges outside of school often prevented him from turning in assignments on time. His teachers, whom were aware of his circumstances, not only provided appropriate extensions but also provided personal

encouragement that he could complete high school. During his interview, he reflected on how the support of his teachers enabled him to be able to graduate on time this year. He recalled,

“But the most people that would make me do what I wanted would be teachers, because the teacher would provide me with advice that ya know I can do this, you can do this. Things like that. And they would help me with all of that. I’m happy that they did that for me. I’m so grateful for all they did. Like today I was talking to one of my teachers and she said congratulations and I told her if it wasn’t for you, I wouldn’t be where I’m at because that teacher she was like a second mom kinda like I said. She was very helpful with everything I did”- (Ramón, 19).

Ramón describes how teachers not only gave academic assistance but also assumed a parent-like role in his life through encouragement and advice. Luis also provided one particularly poignant example of teachers acting as caretakers when he and his brother were about to lose their house. Luis talked about how his teachers offered his brother and him a home until they could find another house and consistent work. He explained, “...my teachers just like offered their house until I found a job and graduated, and they just offered their house. And that’s pretty amazing...”(Luis, 18).

In sum, school staff members play an important role in terms of offering emotional support and in extreme circumstances emergency relief. This is critical given that participants underscored the lack of emotional support and guidance they experienced since their parent’s deportation.

Family Networks

Participants discussed family members as another means of emotional support, intermittent shelter, and financial help. In regards to instrumental support (money, housing, etc.), it is important to understand that family networks were utilized in emergency situations given issues of poverty. Thus, while extended family members provide support in crucial

circumstances, family networks are just one of the resources that youth of deported parents mobilize just to make ends meet. Ramón articulated this phenomenon in discussing how his grandmother was an important person in his life, but that she wasn't able to offer regular financial help. He noted,

"Well, so far I feel like, I have my grandma...she's there. But I might have a little bit more help ya know to move on because well, I grew up with a family that wasn't really wealthy I would say? And to get the things I wanted I had to work for it all the time and that's what I have to do"- (Ramón, 19).

Thus, Ramón's grandma provides some sense of familial cohesion but is not able to help him with material needs. Rather, other members of Ramón's family provides financial assistance when he is really in need and runs out of money. When asked about his support network, he explained,

"And mmm well family sometimes...let's say I didn't have the money to buy what I needed, tío would give me, give me some or something and if not they would help me look for let's say jobs and stuff, things like that"- (Ramón, 19).

Maria experienced several transitions in living arrangements after her father's deportation, but relied on extended family members help mitigate housing instability. She explained,

"I live with, well, I've been around with different family members. When my dad was deported and my mom left with him I was living with an aunt here in Tucson, Arizona. And then I left to Glendale, Arizona, my second semester of freshman year. And then, I lived with another aunt, but then didn't work out so I came back and I was, I wasn't adopted, I was I had a legal guardian. And I stayed with her for a year and then she wasn't able to take care of me anymore so now I'm living with an aunt but I do pay rent"- (Maria, 18).

Luis also talked about how his mother provides him and his brother limited but essential resources from various forms of public assistance. As previously mentioned, Luis's mother sends them money that she gets from disability checks to pay rent. Luis talked about how she

also helps them buy food by giving them food stamps. He stated, “all she gets is disability checks and food stamps, like she gets, that’s pretty much what she uses to help us”(Luis, 18).

Conversely, José talked about how family members (specifically his sister) acts as a second mother to him. Thus, rather than providing instrumental support, José highlighted the importance of his sister in giving guidance. Jose’s sister is older and college educated, and thus tries to inspire him to do the same. He stated,

“I would have to say my sister, well she graduated from Sunnyside a couple years ago. And uh, she, she went to Pima for two years, and she’s like another mom to me. She tells me her experiences, how life is, how hard it can be, to make good choices, to have fun here and there but to be focused. And now she, she graduated...she went back to Mexico, a Mexican University, and now she’s an engineer...She says if you want something, if you want to accomplish, then you can do it. Just tell yourself you can do it”- (José, 18).

Group Activities

Doing extracurricular activities with peers was a means of emotional and social support for participants. Participants mentioned a variety of different ways in which they were involved in group activities and how that provided social cohesion, which is an important contributor to resilience by developing positive identity, collective purpose, and belonging (Kent, Davis, & Reich, 2013).

José is a prolific athlete at Sunnyside High School. During his four years of high school he participated in multiple sports, like soccer and running. José specifically mentioned that when he started playing football, he experienced a new level of enjoyment and felt a lot of comradery with his teammates.

“My freshman year of high school I didn’t really know anything about football so I started a lot of questions about it. And I got a lot of passion for football. So I played and it was pretty cool and got a lot of experience, a lot of teammates, a lot of love”- (José, 18).

For Alejandra, when asked what helps her cope with her parent's absence, she stated that she sought activities that made her feel part of a group. She explained, "I just try to look for activities that can help me feel part of a team...I have a job"(Alejandra, 19). Alejandra's relationships with peers at work allowed her to take her mind off of certain stressors and feel like she had an alternate family. When asked about how her job helped her overcome emotional challenges, she explained, "Well I'm able to distract myself I'm able to feel part of a family. Yeah, my coworkers, I feel they are like my family"(Alejandra, 19).

Maria found a similar sense of inclusion through her participation in school clubs. Being in a variety of clubs enabled her to form social bonds and gain a support network. When asked about what she has helped her stay resilient through her father's deportation, she stated,

"...I'm in a lot of clubs, the DECA club which is a business club I was talking to you about, I'm in national honors society, AVID, and student council, all of that is, it helps being surrounded by those people too"(Maria, 18).⁶

Thus, participants demonstrated how group activities helped to mitigate the loss of emotional support post-deportation.

Future Orientation

One of the assets that recurred in the interviews was future orientation. Within resilience literature, future orientation is an important factor in overcoming adversity (like parental deportation), and is also a significant predictor of behavior and adult attainment in adolescents (Masten, Obradovic, & Burt, 2006). Nurmi (1989) offers a comprehensive definition of future orientation, as a multidimensional process of motivation, planning, and

⁶ DECA refers to the Distributive Education Clubs of America. AVID refers to Advancement Via Individual Determination, and is a college and career readiness program implemented in schools across the United States.

evaluation, where motivation is what interests an individual has, planning is how an individual intends to realize a particular future goal, and evaluation is the extent to which realizing a goal is expected by that individual. All of the participants displayed a high degree of motivation and articulated specific future goals for themselves, in spite of all the obstacles they had encountered as youth of deported parents.

Several of the participants talked about how their difficult childhoods within mixed-status families motivated them to secure better futures for themselves. Maria is an exemplary student at her high school, and has been able to receive academic honors in spite of her emotional struggles with her father's deportation. She attributed a lot of her drive to growing up with undocumented parents and witnessing how difficult it was to make a living. She stated,

"I want a better future for myself, I wanna grow up to be somebody, and just living with immigrant, illegal parents just seeing what they go through. My parents would live, they lived, our household, um, we lived paycheck to paycheck. Like it was hard, I wanted, just seeing that and all of that, that's what motivates me"(Maria, 18).

Thus, the challenges that Maria was exposed to and experienced made her acutely focused on her future in order to be successful. José also discussed how his childhood made him identify specific aspects of his life that he would want to be different for his future family. He explained,

"Well definitely like me, for myself. I grew up not in poverty but I grew up kinda poor. I just wanted more than that, a family of my own, and for my kids not to grow up poor too. I'm just motivated to have my kids grow up with a dad, and an education, go to good schools, I dunno just had that motivation to not live as I used to. There were times when we couldn't eat, or do things that other people could do. I mean I don't wanna go through that again. I just have motivation"(José, 18).

These examples exemplify the high degree of motivation by the participants to achieve future goals. Thus, all of the youths identified specific educational and professional goals they had for

themselves. Alejandra discussed that she already had a specific major and college in mind that she hoped to attend. She noted, “Yeah I want to study journalism at the U of A”(Alejandra, 19).

Ramón explained that he had multiple interests and was deciding between a few different professions. He expressed, “...I’m not sure yet, but there’s a few things that I want to go into like, I wanna grow up to be, I wanna go study for assisted nursing, or if not, just go into engineering...”(Ramón, 19). In order to reach these goals, Ramón discussed college as his next desired step. He stated, “Let’s say college after this, I just want to go up in life and see a whole different world. I might not live here anymore after this, but it’s what I wanna do”(Ramón, 19).

José articulated specific plans and courses of study after graduating this year. For José, he wanted to choose a career where he could be his own boss. Thus, business greatly appealed to him. He explained, “I wanna go to Pima West Campus...and then transfer to the U of A, get my major in business, open my own business...and just start growing”(José, 18). From José, it is clear that he has made a significant effort to plan out how he will reach educational and professional milestones.

Luis also discussed his plans in order to continue studying to be an EMT. As previously discussed, Luis’s had a teacher that confirmed his interest in emergency medicine.

“I just want to graduate and go to Pima and get a better education there...that’s what my teacher, the EMT, paramedic class, that class is going to give me 6 credits that I can use there. There’s all kinds of programs for that so need to graduate first”(Luis, 18).

Maria, due to her excellent grades and high involvement in extracurricular activities, was admitted into Arizona State University’s Honor’s College. As previously mentioned, Maria

participated in the Distributive Education Clubs of America (DECA) chapter which spurred her interest in business. She talked about how partaking in DECA laid the foundation for her future plans while at ASU.

“Um, I’m in DECA and I think that just, I didn’t know what I wanted to do. I actually went into it freshman year and now I want to study International Business, I wanna do Global Management, and ASU has a really good program” (Maria, 18).

Therefore, it was apparent that all of the participants had a strong sense of future orientation.

Each participants spoke with clarity and certainty on the their hopes and aspirations for the future, and demonstrated efforts to plan out how they would advance themselves.

Consequentially, participants felt a strong belief that they could realize their future goals. As stated by Ramón,

“I would say that I feel really good about [my future] because if I did that, pulled off my graduation last minute, I know I can accomplish a lot of things. A lot of people told me that I can’t believe you did it, and how you’re saying it to me, oh you know, I can do it. I can do a lot of things, and you can’t give up on the things you want” (Ramón, 19).

Service Gaps:

This theme encompassed the unmet mental health needs of youth of deported parents. During the interviews, participants underscored that they, as well as other youth of deported parents, needed more emotional support. Participants articulated that having an outlet in which they could talk about the challenges they experience would help alleviate the sadness they struggle with. When asked to reflect on what could have helped him better handle his mother’s deportation, Ramón explained,

“Having someone to talk to. Like how you’re talking to me, one on one about my life. That’s why, ya know, I like talking to somebody I can actually relate to and talk to, and have [all my emotions] out because not a lot of people have that. They could but they don’t really listen. But, getting someone to talk to. Finding a little bit of support or help,

ya know, like people to be like motivation, be motivated to do things and things like that”- (Ramón, 19).

José also talked about the need for youth of deported parents to find individuals to relate to. He specifically discussed how having a group forum where youth of deported parents could meet and talk about common stressors would be an important service.

“So I suggest...those kids that are with deported parents and just have a little...session, or what do you call those, like those...you just sit around people and just talk about their problems...a support group”- (José, 18).

Thus, given the broad variety of challenges youth of deported parents navigate (e.g. sadness, constant changes in living situation, financial stress, etc.), participants noted the importance of being able to talk about their hardships in order to find psychosocial support.

The school nurse of Pueblo High School also confirmed the need for mental health services for students who had experienced parental deportation. She discussed how students with deported parents come to her office presenting symptoms of negative psychopathology. She stated that most often, “They get migraines, panic attacks, depression, feelings of hopelessness, low self-esteem...”(Kate Straub, School Nurse). However, as a nurse, she is unable to provide them with the care that they need if their symptomology is severe. She explained, “...they need medication or that or counseling, stuff that I’m not able to give”(Kate Straub, School Nurse). Furthermore, she is limited by the overall lack of mental health services within the school system, as there are not no on-site psychiatrists or comprehensive school-based systems of care. She said, “[The schools] don’t have proper psych services...”(Kate Straub, School Nurse).

Without psychiatric or counseling services on-site, she resorts to mental health providers within the local community to provide treatment for the youth. This can be difficult

as connecting youth of deported parents to mental health services is complicated by high rates of being uninsured. She explained, "...most of our kids that we're talking about here are not going to have any kind of medical coverage"(Kate Straub, School Nurse). Moreover, remaining caregivers are unable to transport youth to mental health providers. "...Their parent or remaining caregiver is often overwhelmed, overworked, they only get paid by the hour, they don't have time to take their kids anywhere because that's money not in their pocket to pay bills"(Kate Straub, School Nurse). Thus, Straub must find local mental health providers that can treat kids without health insurance, and that can provide mental health services either at the school or at the student's house. Straub particularly emphasized the importance of finding clinicians that will come to the school. "All the programs we work with, I've always made them come [to the school] because otherwise it doesn't work...You have to bring services to the people, that's why they're the hardest to reach"(Kate Straub, School Nurse).

Straub has been able to locate different mental health resources for youth of deported parents, however, the provision of treatment can be sporadic given different barriers to care. She noted,

"That's why Assurance is so amazing but we can only use them for ACCHS kids, they will literally go to their house at their convenience. La Frontera...is useless. You wait months to be seen and every time you get a different provider, it's really poor care. How are you supposed to build a relationship with a provider if it's different every time? So Assurance, we've had really good outcomes and we work really closely with them, and Clínica del Alma is probably really good if [the youth] can transport themselves there. And I know a mobile health clinic we use can prescribe like, antidepressants and anxiety pills which is useful"(Kate Straub, School Nurse).

Thus, Straub cultivates relationships with several external mental health providers in order to build a network that can provide treatment to youth with and without insurance. However,

youth's insurance status and their proximity to the provider can impact their ability to receive these services.

CHAPTER 5: DISCUSSION

The purpose of the study was to (1) assess the mental health status of adolescents/young adults of deported parents (2) examine what coping strategies youth of deported parents engage in and (3) identify what factors promote and detract from youth's resiliency after deportation has occurred. The results of this study converge with those of the current literature in different ways, but also provide a foundation for future research by analyzing new aspects of emotional health (e.g. coping behaviors and resiliency) and focusing on solely adolescents/young adults. This chapter will discuss this study's findings in relationship to the current literature, problematize the limitations of the study's design and methodologies, and articulate its implications for public health practice.

Depression, Anxiety, and Stress in Youth of Deported Parents (DASS-21)

The results of the DASS-21 suggested that youth of deported parents experience symptoms of depression, anxiety, and stress, however, in varying degrees. Only one participant scored within the normal range of all subscales. The remaining participants scored in a non-normal range (mild-extremely severe) in at least two or all of the scales. Thus, this study's findings add to the literature that youth of deported parents do exhibit internalizing symptoms, which can be acute (Allen et al., 2013; Delva et al., 2013; Chaudry, 2011; Zayas et al., 2015). However, it is important to note that the methods and participant sample of this study differ from those of the literature that examine mental health status quantitatively. First, none of the existing studies examine only youth 18 years and older. The studies conducted by Allen et al. (2013), Delva et al. (2013), and Zayas et al. (2015) had samples with mean ages of 9 years, 14.8 years, and 11.4 years respectively. Therefore, the results of this study certainly broaden the

literature and provide further evidence of the lasting mental health impacts of parental deportation. However, they are not directly comparable to early childhood studies given the different developmental stages of the participant samples.

Another key point of differentiation is that participants of this study had parents that had already been deported, rather than fighting deportation or could be deported due to being undocumented. The aforementioned studies done by Allen et al. (2013), Delva et al. (2013), Chaudry (2011), and Zayas et al. (2015), included young participants in their samples who had parents that were detained and/or had the potential of being deported, rather than solely deported parents. This is critical to consider as youth who have detained parents, or are still living with their undocumented parent(s), experience different stressors than youth who have been forcefully separated from their parent(s) which could manifest in different mental health outcomes (Allen et al., 2013; Zayas et al., 2015). As attachment theory posits, the severing of parent-child relationships can be a profound source of trauma for the child involved (Allen et al., 2013). Thus, examining the results of this study with those from youth without deported parents is not completely analogous since they have not begun to transition to life without their guardian(s). Rather, all of these studies together can offer further insight into the broad spectrum of emotional challenges youth of mixed-status families face at the hands of current immigration policies.

Coping Behaviors in Youth of Deported Parents (brief COPE inventory)

This is the first study within the literature to assess coping behaviors among youth of deported parents. The findings of the brief COPE inventory were generally varied as participants overall indicated the frequency of coping behaviors differently. However, what is interesting to

note is that the largest percentage of survey responses (47%) for maladaptive subscales (self-distraction, denial, substance use, behavioral disengagement, venting, and self-blame and adaptive subscales) were for “I haven’t been doing this at all.”

This is important for two reasons. First, returning to attachment theory and cumulative risk theory, both provide the theoretical foundation that youth of deported parents would be more likely develop mental health disorders and thereby resort to maladaptive coping behaviors. Youth of deported parents experience both interrupted relationships with parents, and face concurrent risk factors along with the trauma of losing a parent (e.g. poverty, barriers to healthcare, racial discrimination, etc.). As discussed within the literature review, it is substantiated that both of these phenomenon increase the likelihood of negative psychopathology, which according to Frydenberg (2008) is then correlated with less productive coping strategies. The results of the brief COPE inventory in this study diverge from these theories, and show that in the face of risk, the majority of the time participants do not use maladaptive coping strategies. Substance abuse, for example, had one of the lowest mean scores in Table 8 (M=1.4). Thus, the results suggest that youth of deported parents can be capable of avoiding negative behavioral health outcomes when confronted with extreme levels of stress.

Turning to adaptive coping, the frequency of each survey response for adaptive coping items (active coping, emotional support, instrumental support, positive reframing, planning, humor, acceptance, and religion subscales) was much more evenly spread. Forty four percent of the survey responses for adaptive coping items were for “I’ve been doing this a lot” and “I’ve been doing this a medium amount,” while the remaining fifty six percent of the survey

responses were for “I’ve been doing this a little bit” and “I haven’t been doing this at all.” Table 8 showed that survey items within the acceptance, active coping, and planning subscales had amongst the highest mean scores, while items within the humor and emotional support subscales constituted the lowest of the mean scores for the brief COPE inventory. It is significant to highlight that in spite of numerous risk factors, and exhibition of depressive/anxious/stress symptoms as shown by the DASS-21, participants utilize acceptance, active coping, and planning coping strategies most frequently.

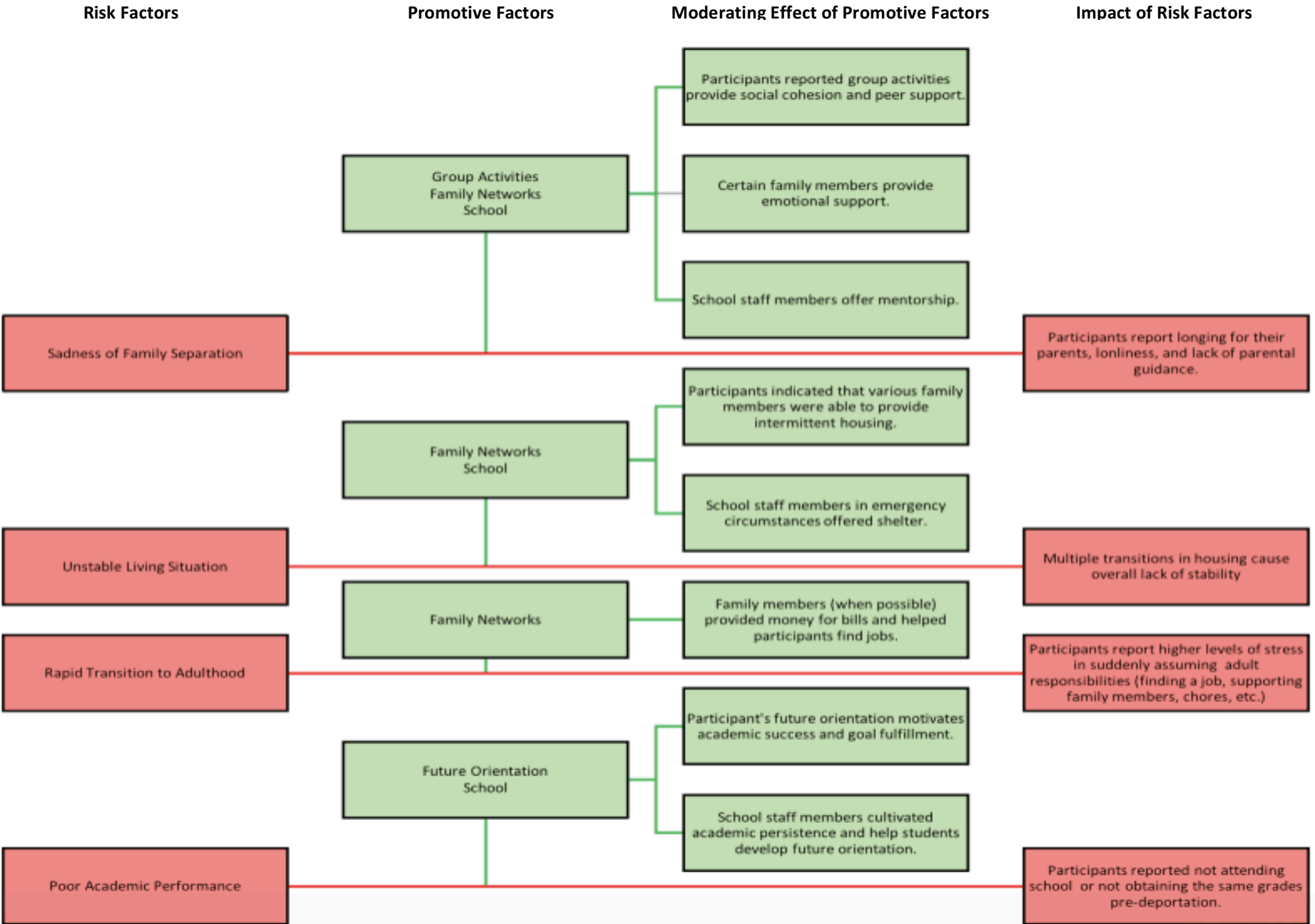
However, the moderate and low scores for items specifically within the instrumental and emotional support subscales causes concern. The brief COPE results showed that the mean score for instrumental support items were 2.6 and 2.2, while the mean scores for emotional support were 2 and 1.8. Given the compounding stressors youth of deported parents face, as well varying degrees of depression, anxiety, and stress, there is a great need for regular instrumental and emotional support. This is also consistent with the results of the qualitative interviews, where participants expressed that their parent’s removal took away their primary source of guidance and care.

Factors Impacting Resilience in Youth of Deported Parents

Model of Resilience in Youth of Deported Parents

As previously discussed, the results highlighted primary risk factors and promotive factors that emerged from the participant interviews. Resilience is produced by the interaction of risk factors and promotive factors, which is displayed in Figure 3 drawing from the challenges and supports articulated by the participants.

Figure 3. Post-Deportation Resilience Model



The exploratory framework proposed in Figure 3 is new to the literature and solely developed from the findings of this study, however, the promotive factors act upon the impacts of the identified risk factors in ways consistent with existing resilience models. This kind of interaction, where promotive factors buffer the negative influence of risk exposure, is exemplified by the risk-protective model of resilience (Zimmerman et al., 2013). Figure 3 shows how the promotive factors (green boxes) diminish the effects of the risk factors (red boxes) identified in the qualitative results.

First, involvement in group activities (sports, clubs, after-school jobs, etc.), family networks, and school helped alleviate the sadness felt by participants in having deported parents. Participation in group activities provided peer support and social cohesion which helped participants cope with the loneliness of not having their parent(s). Some participants also mentioned particular family members (siblings, grandparents, aunts, uncles, etc.) that remained in the United States that were a source of emotional support and care. Lastly, participants highlighted that teachers offered mentorship and personal advice along with academic support.

In regards to living instability, family networks were a key source of intermittent housing if participants did not have an established residence. Most participants mentioned living with grandparents, aunts, cousins, and siblings at present or at various points post-deportation. Thus, family members provided relief from ongoing homelessness. Teachers were also willing to provide their own home to participants facing eviction.

Family networks were also utilized in helping youth of deported parents transition into adult responsibilities post-deportation. Family members, if and when the financial resources

were available, helped youth pay bills or buy certain necessities (e.g. food). Family members also helped connect participants with work so that youth could financially support themselves.

Lastly, participants who struggled academically post-deportation highlighted the importance of teachers in ensuring their attendance and motivating them to graduate. Teachers were also formative in prompting participants to articulate future goals for themselves, which in part explains the high level of future orientation found in the qualitative data. As the results demonstrate, future orientation was also an interpersonal asset that emerged from participant's difficult childhood. Participants were driven to secure a better future for themselves after experiencing the challenges associated with living in a mixed-status family (e.g. poverty). This also motivated participants to persist academically and achieve future goals.

The topic of resilience post-deportation has not been explored within the current literature. Rather, existing qualitative studies (Delva et al., 2013; Horner et al., 2014; Salas et al., 2013) focus on the impacts of parent's documentation status on youth (ranging from 11-18 years). These studies include discussions of parental deportation as one of the many stressors children of undocumented experience, rather than focusing on parental deportation in isolation and youth's transition following their parent's apprehension. The qualitative results of this study resonated with the literature in that participants discussed experiencing hardships during their childhood as a result of their parents being undocumented (e.g. poverty, food insecurity, etc.). These struggles are in concordance with the literature regarding how parent's undocumented status puts family members at risk for financial stress, hunger, housing instability, etc., which can become more acute post-deportation (Castañeda et al., 2015,

Chaudry, 2011). Furthermore, the emotional struggles that participants articulated as a result of their parent's deportation was touched upon in Horner (2014) et al.'s research. Of the subjects that had experienced deportation in Horner (2014) et al.'s study, the results highlighted the frustration, sadness, and longing that children feel after their parent is deported (Horner et al., 2014). Moreover, the qualitative study by Salas et al. (2013) noted the academic challenges youth in mixed-status families encountered given their parent's deportability or actual deportation, which was also present in this study. However, the qualitative component of this study is unique to the literature as none of the existing studies assess what influences resilience after deportation.

Service Gaps

What is important to note within the results of Figure 3 is that the promotive factors do not completely reduce the impact of the risk factors in their entirety. As discussed by the participants, poverty moderated the ability of family networks to provide financial support or housing. Furthermore, involvement in group activities, strong relationships with teachers, and family networks helped to increase emotional support among participants, but this does not eliminate the longing participants experience for their parents. Thus, some participants expressed their need for enhanced emotional support through a format like individual counseling and/or peer support groups.

Despite some participants discussing the need for counseling and support groups, none of the participants mentioned utilizing or being connected to any mental health services. Returning to the results of the DASS-21, most cases exhibited some degree (mild-extremely severe) of depression, anxiety, and stress, which suggests that participants would benefit from

appropriate mental health intervention. As found within the literature, schools are one of the main entities which connect youth of deported parents to mental health services through on-site social workers and counselors (Koball et al., 2015). However, participants did not discuss receiving mental health services at school (or outside of school) in helping them manage the negative emotions that stem from parental deportation. This raises the question of why, despite desiring mental health support and experiencing relevant symptomology, are youth not seeking or being referred to mental health services?

The interview with the school nurse provides some possible answers to this question. First, she alluded to the overall lack of comprehensive mental health services available within the school district. Thus, if youth are experiencing psychological or emotional distress due to parental deportation, mental health services must be located within the community. However, this can be compromised by youth of mixed-status families not having health insurance, difficulties traveling to the mental health provider, irregular availability of certain mental health providers, etc. This is consistent with the literature regarding barriers to mental health care confronted by Latinos (Koball et al., 2015; Rastogi et al., 2012).

CHAPTER 6: CONCLUSION

This study sought to examine the mental health status of adolescents and young adults whose parents have been deported, their coping strategies, and the factors that moderate their resilience once deportation has occurred. To do this, a mixed-methods approach was employed to examine these facets of emotional wellbeing in five YOTO clients between the ages of 18-21. The qualitative results provide preliminary data that youth of deported parents are incredibly resilient post-deportation, drawing from resources at their school, family networks, group activities, and their own future orientation to mitigate the challenges that arise from their parent's apprehension (sadness due to familial separation, housing instability, rapid transition to adulthood, and lowered academic performance). The brief COPE inventory showed that youth most frequently resort to adaptive coping strategies (acceptance, planning, and active coping), over maladaptive coping strategies like substance use. This is promising given the literature that youth of deported parents experience numerous risk factors that increase the likelihood of negative behavioral outcomes.

However, the results also showed that participants exhibit symptomology of depression, anxiety, and stress in various degrees. Only one participant's scored in the normal range across all subscales in the DASS-21, and two cases scored within the severe and extremely severe ranges. Therefore, these findings suggest that youth of deported parents have mental health needs that could warrant mental health intervention. The qualitative data supported this conclusion, as participants expressed the need to talk about the stressors they experience in a setting like individual counseling or support groups. Furthermore, participants noted coping through receipt of emotional support much less frequently than other coping strategies in the

brief COPE inventory. Thus, this study also illuminates the service gaps that exist in terms of addressing youth of deported parent's mental health and connecting them to mental health services.

Research Limitations

There are several limitations to this research investigation that merit discussion. Firstly, the study drew from a very small sample size (n=5), which prohibited any conclusive statistical analyses of the data. The small sample size also does not allow the results to be generalizable to all adolescents and young adults of deported parents. For example, in this sample participants did not indicate frequent substance use. However, this could be due to the fact that not enough individuals were captured to accurately show the true incidence of substance use in this population.

There were several factors that contributed to this limited sample size. Given that I was unable to contact potential participants directly due to YOTO's research regulations, I had to depend largely on YOTO staff and school district staff in order to connect with eligible youth. With their busy schedules and large caseloads, this slowed down participant recruitment considerably. They were not consistently available to outreach to students, which thereby decreased their ability to inform students of the study and make arrangements for data collection. Furthermore, some of the eligible youth were not regularly attending school, or were too busy with school activities to participate (school testing periods, final examinations, etc). Therefore, sporadic attendance and school requirements also constrained potential participant's availability.

Additionally, each school district (Sunnyside School District and Tucson Unified School District) required their own research application process in order to conduct outside research on school grounds. Completion of the application and receiving approval took more time than anticipated, which halted participant recruitment as the application was being reviewed. Moreover, both school districts required that participants under the age of 18 must have parental consent in order to partake in any research. Because youth of deported parents (particularly YOTO clients) can lack legal guardianship, it would not have been possible to include adolescents under 18 years of age. Thus, school district research protocols also compromised my ability to capture more students.

Another important characteristic of the sample that decreases generalizability is that all participants fall under the school district's definition of homelessness, either by not being in the physical custody of a long-term legal guardian, or not having regular housing. After the deportation of one parent, many participants noted that their other parent relocated with the deported individual. This experience does not apply to all youth of deported parents, as sometimes one parent chooses to stay behind. Youth with one remaining parent certainly confront some of same stressors (e.g. poverty, longing for a parent, housing instability, etc.), however, having one parent could help mitigate the severity of their effects. Thus, youth living with one parent post-deportation may have different mental health outcomes than the participants of this study, again limiting external validity.

The study design also posed significant limitations. As a cross-sectional study, information was collected at only one point in time post-deportation. For some participants, several years had passed since their parent's apprehension. During the interviews, participant's

largely described the time period directly following their parent's deportation as a "turning point," where they experienced extreme levels of sadness and stress that severely impacted their grades. Data collection did not occur during this period, but rather, some time after deportation had occurred. Thus, data on youth's mental health, coping strategies, and resilience immediately after parental deportation are unknown.

Implications for Public Health Practice

Although this study was conducted on a small scale with only 5 participants, the results illuminate important service gaps which can guide public health practice. First, the data from the DASS-21 demonstrated that youth exhibited symptomology of depression, anxiety, and stress, which for some cases was severe. However, in the qualitative interviews, none of the participants mentioned seeking or being connected to mental health services. Furthermore, some participants explained that they would want to participate in a forum similar to individual counseling or support groups. The interview with the school nurse also highlighted the structural challenges that exist to connecting youth of deported parents to necessary mental health services. This merits attention as the results suggest that youth of deported parents, who demonstrate significant mental health/emotional health needs, are not receiving services that are desired and could benefit them.

Given the mental health needs of this group, as well as the barriers to mental health services, this study underscores the need for a comprehensive school-based health model of care. School-based health centers (SBHCs) provide on-site and affordable medical and mental health services through community partnerships in order to improve the health and academic achievement of students (Keeton, Soleimanpour, & Brindis, 2012). SBHCs have been

increasingly implemented in schools over the past 40 years to improve access to healthcare amongst high-risk student populations. The qualitative data revealed that schools are a key promotive factor for youth of deported parents, and that youth are most easily connected to mental health services when it is offered at the student's school site. Thus, schools would be an effective location to offer mental health services. This is in agreement with the literature that schools are usually one of the primary sources of mental health services for youth in these circumstances, as various obstacles often preclude children of mixed-status families from getting treatment on their own (e.g. being uninsured, poverty, lack of awareness of available mental health services, etc.). These challenges were also reiterated by the interview with the school nurse, as she encounters difficulties in finding accessible mental health services outside of school for students of deported parents. Therefore, providing on-site mental health support with bilingual mental health professionals would be an ideal solution to ameliorate some of those obstacles. School's capacity to offer this service is moderated by funding and availability of local mental health clinicians, however, school-based health centers are superior to other alternatives because 1). youth would have regular and proximal access to mental health services and 2). SBHCs have been found to significantly increase the likelihood of adolescents making mental health visits (Juszczak, Melinkovich, & Kaplan, 2003).

Lastly, the qualitative results underscored the importance of extracurricular activities (most of which took place at school) in enhancing social and emotional support for youth of deported parents. Public health professionals seeking to improve mental health in this group must advocate for the continued funding of student enrichment activities within school districts, especially as public schools confront significant budget cuts. In this effort, public

health professionals can assist school administrators in understanding that opportunities for social cohesion (through sports, student clubs, music programs, etc.) are critical to address the mental health needs of the students they serve, particularly at-risk students like youth of deported parents.

Suggestions for Future Research

The results of this study highlight several areas that would be important for future research on this topic. First, it would be important to know how symptoms of depression/anxiety/stress, coping behaviors, and resilience change as youth transition to their new lives without their parent(s). More negative mental health and behavioral outcomes maybe present directly following parental deportation as the trauma might be more acute, which would be important to capture in order to illustrate youth's mental health trajectory post-deportation. This was alluded to in the interviews as some participants noted severe academic and emotional struggles immediately after their parent's deportation. Thus, with more time and resources, a longitudinal study (with a substantially larger sample size) should be conducted where mental health data is collected at multiple points to document changes in emotional wellbeing.

Additionally, all of the participants in this study were citizens. This is critical to note as documentation status mediates participant's ability to obtain certain resources, such as public assistance, healthcare, and post-secondary education. Youth's documentation status thus could be an influential factor in their ability to be resilient and achieve optimal mental health post-deportation as their access to various promotive factors is constrained. Thus, a study that

contrasts the resilience and mental health outcomes in youth of deported parents who are citizens and non-citizens would help identify these differences accurately.

The results also suggested that youth are not utilizing or being connected to mental health services, which necessitates research on potential structural barriers. Aside from understanding youth's mental health status, it is also important to assess if the infrastructure exists to adequately serve this population. In regards to this study, it would have been helpful to know what mental health professionals exist within the school districts and the surrounding community, and examine if they acquiring clients that are youth of deported parents. This could be achieved through capacity mapping, which is used to identify existing assets (in this case mental health providers) to address mismatches between needs and available resources (Dato, Potter, Fertman, & Pistella, 2002). In this effort, it would be critical to identify mental health providers that are bilingual and can treat youth who may be uninsured. Pairing this kind of capacity map, along with the longitudinal study as described above, could help illuminate service gaps with more precision as the mental health challenges can be compared alongside the inventory of *culturally competent* and *accessible* services available to youth of deported parents.

Policy Considerations

The U.S.'s adoption of policies of attrition lie at the core of this issue. These policies provide the legal mechanisms for deportation to occur, thereby creating an environment of stress and hostility for migrants and their families (O'Leary et al., 2015). Thus, improving mental health outcomes amongst this population requires action at multiple levels

simultaneously. Public health professionals have to examine access to health promotive factors at the community level while also engaging in continued advocacy at the federal level.

This is particularly true given the Supreme Court's recent non-ruling in *United States v. Texas* on June 23, 2016. This decision further stalls two executive orders by President Obama, the Deferred Action for Parents of Americans and Permanent Residents (DAPA) and expansion of Deferred Action for Childhood Arrivals (DACA). The expanded DACA program would have granted qualified individuals (those born on or after June 16, 1981) temporary relief from deportation as well as 3 years of work authorization. Similarly, DAPA provides deportation relief and eligibility for work authorization for undocumented parents of U.S. citizens and lawful permanent residents. Taken together, the implementation of these two programs were expected to help 4.4 million people avoid deportation (National Immigration Law Center, 2015). This estimate speaks to the large population of youth that continue to face familial separation and subsequent psychological distress.

These recent setbacks in immigration reform illuminate the inconsistent and unjust treatment of mixed-status families within the American legal system. At present, the future of DAPA and the expanded form of DACA being enacted is uncertain. Without policies that prioritize family unity, the wellbeing of youth of undocumented of parents will continue to be unprotected in the United States.

APPENDICES

APPENDIX A: Participant Recruitment Form (English)

HAVE YOU EXPERIENCED DEPORTATION IN YOUR FAMILY?

An Institutional Review Board responsible for human subjects research at the University of Arizona reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Kiera Coulter, graduate student of the University of Arizona, is doing a study on the impacts of deportation on youth. If you are between the ages of 18-20, and have had a parent deported, you are eligible to participate.

What would I do as a participant?

- An interview with Kiera to discuss your life since your parent's deportation. We would talk about how your life has changed, what helps you cope, and potential ongoing challenges.
- Complete two, anonymous mental health surveys: Depression, Anxiety, Stress Scale (DASS-21), and the Brief COPE inventory.

How would my information be kept private?

- The interviews will be audio-recorded and typed up by Kiera. Once the interviews are typed, the recording will be deleted permanently. In the written version of the interview, your name will be changed as well. The typed interview will be saved on Kiera's computer that only she can access.
- Rather than putting your name on the surveys, you will be given a "Participant ID" (or number). That way, your responses on the surveys will be kept anonymous.

What would I get paid to do this study?

- **YES!** After completing the interview and the surveys, you will be given a \$20.00 Target gift card.

Why is this study important?

- Deportation can be a traumatic life event. Through this study, we hope participants will teach us how deportation changes the lives of teens and young adults, what the main stressors are with having a deported parent, and what helps the difficulties of being separated from your parent(s).

INTERESTED? Please complete the attached form with your contact information so that your student advocate can set up a meeting with you and Kiera!

APPENDIX B: Participant Consent Form (Spanish)

¿USTED HA EXPERIMENTADO DEPORTACIÓN EN SU FAMILIA?

Una Junta de Revisión Institucional, responsable para investigaciones en sujetos humanos a la Universidad de Arizona, repasó este proyecto y determinó que es aceptable según las regulaciones estatales y federales y las políticas universitarias diseñadas para proteger los derechos y el bienestar de los participantes en el estudio.

Kiera Coulter, una estudiante de la Universidad de Arizona, está haciendo un estudio sobre cómo la deportación afecta a la juventud. Si usted tiene entre 18-20 años, y tiene un padre que ha estado deportado, puede participar.

Qué haría yo como un(a) participante?

- Una entrevista con Kiera para hablar sobre su vida desde la deportación de su(s) padre(s). Hablaremos sobre cómo su vida ha cambiado, lo que le ayuda enfrentar las dificultades de tener un padre deportado, y los desafíos de tener un padre deportado.
- Haría dos encuestas anónimas: Depression, Anxiety, Stress Scale (DASS-21), y el Brief COPE inventory

Cómo se mantiene mi información privada?

- Con su permiso, Kiera grabará la entrevista y después la escribirá en su computadora. Cuando la grabación está convertida en un documento escrito, la grabación estará borrada. En el documento escrito, no se usará su nombre.
- En vez de poner su nombre en las encuestas, Kiera le dará un número. En esta manera, sus respuestas en las encuestas están anónimas.

Recibiría dinero para hacer el estudio?

- SI! Después de hacer la entrevista y las encuestas, usted recibiría una tarjeta regalo de Target que vale \$20.00.

Por qué es importante este estudio?

- La deportación puede ser un evento traumático. A través de este estudio, esperamos que los participantes nos enseñen cómo la deportación afecta a los adolescentes y adultos jóvenes, cuales son los estresores de tener un padre deportado, y lo que le ayuda con las dificultades de estar separado de su padre.

Quiere participar? Por favor, llene el formulario adjuntado para que su student advocate pueda arreglar una cita con usted y Kiera!

APPENDIX C: Participant Consent Form (English)

The University of Arizona Consent to Participate in Research

Study Title: Mental Health and Resilience in Youth of Deported Parents

Principal Investigator: Kiera Coulter

This is a consent form for research participation. It explains important information about this study and what to expect if you decide to be in the study. Please read the information carefully. Feel free to talk about the study with your friends, teachers, and/or family to ask questions before making your decision whether or not to participate.

1. Why is this study being done?

The goals of this study are to...

- Look at how deportation impacts emotional and mental health of young adults (ages 18-20).
- Understand what makes young adults more or less successful in handling challenges after their parents have been deported

2. What will happen if I take part in this study?

The study will take place at YOTO offices or at your school. As part of the study, you would do:

- An in-person interview with the Principal Investigator (Kiera Coulter). During the interview, we would discuss how your life has changed since your parent(s) has been deported, your current challenges, and what helps you (emotionally, academically, etc.). Interviews will be audio-recorded and then typed up by Kiera Coulter.
- Two mental health surveys: the Depression, Anxiety, and Stress Scale (DASS-21) and Brief COPE inventory.

3. How long will the study take?

Completing the two phases of the study (the in-person interview and mental health surveys) will take up to one hour (if time permits). Your student advocate will work out a time and date with Kiera Coulter to do the study at YOTO offices or at your school.

4. How many people will take part in this study?

About 20 people from YOTO will do the study.

5. Can I stop being in the study?

At any point during the study, for any reason, you can stop being in the study. Your involvement is completely up to you, and because of that you are allowed to stop your participation at any time. There is no penalty or consequence from the Principal Investigator or the University of Arizona for stopping your participation.

6. What risks, side effects or discomforts can I expect from being in the study?

There are no major discomforts from being in the study. But, because of the topic of the study, it is possible that you could feel some emotional stress. If at any time you feel uncomfortable or upset, you can skip any part of the study or stop being in the study completely. Also, if a major problem happens because of your participation in the study, someone from YOTO will help you find mental health services to assist you. If you decide to stop being in the study, there is no penalty but you will not be given the \$20.00 gift card.

7. What benefits can I expect from being in the study?

While there is no immediate benefit from participating in the study, it is our hope that the study's results can be utilized to educate local organizations (like YOTO) about the needs of youth who have experienced parental deportation, and what kinds of supports are necessary to better serve them.

8. What other choices do I have if I do not take part in the study?

There are no alternative procedures for individuals who choose not to take part in the study. You may choose to not participate in the study at any time without penalty.

9. Will my study-related information be kept confidential?

Your privacy is very important. At the beginning of the study, you will be given a participant number that will be used to label your surveys and typed up interview. Your name will never be used in any way in the study documents or the student report that will be turned into the University of Arizona.

Also, all signed consent forms will be kept at YOTO offices and/or the University of Arizona. The interview recordings and typed up version will be saved on the Principal Investigator's private computer in a password protected file that can only be accessed by the Principal Investigator. The responses from your surveys will be saved in the same password protected file. Once the responses from the surveys are saved on the computer, the paper copy of the survey will be permanently destroyed (unless you would like a copy). After the student report is written, the Principal Investigator will permanently erase all your information collected from the study. This is expected to happen in May 2016.

If there are problems with your privacy during the study, your records may be looked at by the Office for Human Research Protections or the University of Arizona Institutional Review Board. In following YOTO's rules, if you discuss past, present, or planned physical harm to self, harm to others, or harm from others, your records will need to be presented to YOTO staff.

10. What are the costs of taking part in this study?

It does not cost you anything to participate in the study. However, completion of the study will require approximately one half hour of your time.

11. Will I be paid for taking part in this study?

After completing the study (both the interview and the surveys), you will receive a gift card to Target worth the amount of \$20.00.

12. Who can answer my questions about the study?

For questions, concerns, or complaints about the study you may contact **Kiera Coulter** at **530-902-7864** or **kcoulter@email.arizona.edu**.

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the Human Subjects Protection Program at 520-626-6721 or online at <http://ocr.arizona.edu/hspp>.

If you are injured as a result of participating in this study or for questions about a study-related injury, you may contact Dr. Antonio Estrada at astrada@email.arizona.edu.

An Institutional Review Board responsible for human subjects’ research at The University of Arizona reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

13. Signing the consent form

I have read (or someone has read to me) this form, and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form.

Printed name of subject

Signature of subject

Date and time

AM/PM

APPENDIX D: Participant Consent Form (Spanish)

La Universidad De Arizona Formulario de Consentimiento para Participar en un Estudio

Titulo del Estudio: La Salud Mental y la Resiliencia en la Juventud de los Padres Deportados

Investigadora Principal: Kiera Coulter

Esto es un formulario de consentimiento para su participación . Explica información importante del estudio y lo que pasará si usted participa. Por favor, lea la información con cuidado. Usted puede hablar con sus amigos, maestros, o familia para preguntarles sobre el estudio antes de tomar su decisión de participar.

1. ¿Cuál es el propósito de este estudio?

Las metas de este estudio son...

- Examinar cómo la deportación afecta la salud mental en los adultos jóvenes (adultos que tiene entre 18 y 20 años).
- Entender lo que hace adultos jóvenes más o menos exitosos en superar los desafíos después de sus padres están deportados.

2. ¿Qué haría yo si participo en este estudio?

Usted hará el estudio a las oficinas de YOTO a su escuela. Como parte del estudio, usted haría...

- Una entrevista con Kiera Coulter para hablar sobre cómo su vida ha cambiado después de la deportación de sus padres, sus desafíos con tener padres deportados, y lo que le ayuda a usted superar estos desafíos. Kiera Coulter grabará las entrevistas y después las escribirá en la computadora.
- Dos encuestas de la salud mental: La Escala de Depresión, Ansiedad, y Estrés (DASS-21), y el cuestionario Brief COPE.

3. Cuánto tiempo durará el estudio?

Para hacer la entrevista y las encuestas, tomará a lo máximo una media hora. Participantes arreglarán una cita con Kiera Coulter para cumplir las dos partes del estudio.

4. Cuántas personas van a participar en el estudio?

Más o menos 20 personas de YOTO van a hacer el estudio.

5. Puedo dejar de ser participante en el estudio?

A cualquier momento, usted puede terminar su participación en el estudio. Su involucración es voluntaria, y puede dejar el estudio cuando usted quiera. No hay una penalidad o consecuencia por parte de la Investigadora Principal o la Universidad de Arizona por retirarse del estudio.

6. Cuales riesgos o efectos secundarios pueden pasar de participar en el estudio?

No hay riesgos superando el riesgo mínimo a los participantes. Sin embargo, porque del tema del estudio, es posible que el estudio pueda causarle algún nivel del estrés emocional. Así que cómo un participante, puede saltarse cualquiera parte del estudio que le causa malestar, o retirarse del estudio. También, si hay una problema grave que resulta de participar en el estudio, los empleados a YOTO pueden conectarle a usted con servicios de la salud mental para ayudarle. Si usted decide que no puede hacer el estudio después de comenzarlo, no hay una penalidad pero no puede recibir la compensación (la tarjeta de regalo de Target).

7. Cuales beneficios pueden resultar porque del estudio?

No hay beneficios inmediatos de participar en el estudio, pero, esperamos que las resultados del estudio educen a las organizaciones locales (cómo YOTO) sobre las necesidades de la juventud que tiene padres deportados, y cuales tipos de servicios son necesarios para mejorar la salud mental.

8. Tengo otras opciones si no participo en el estudio?

No hay alternativas para personas que no participan en el estudio. Usted puede dejar de participar en el estudio en cualquier momento sin una penalidad.

9. Cómo se mantiene mi información privada en el estudio?

Su privacidad es importante. Al principio del estudio, la Investigadora Principal le dará un numero para identificar sus encuestas y su entrevista escrita. Kiera Coulter no usará su nombre en ningunos de los documentos del estudio, incluyendo el informe estudiantil que Kiera Coulter entregará a la Universidad de Arizona.

También, todos los formularios de consentimiento firmados estarán mantenidos a las oficinas de YOTO o la oficina de Kiera Coulter a la Universidad de Arizona. Las grabaciones de las entrevistas estarán guardadas en la computadora privada de Kiera Coulter en un archivo protegido con una contraseña. Las respuestas de las encuestas estarán guardadas en el mismo archivo, y la copia de la encuesta de papel estará destruida permanentemente. Después de escribir el informe estudiantil en Mayo del 2016, Kiera Coulter borrará toda de la información coleccionada de los participantes.

En el evento que hay problemas con la privacidad en el estudio que requiere atención, la información de los participantes puede ser repasada por la Oficina para la Protección de los Seres Humanos o la Junta de Revisión Institucional de la Universidad de Arizona.

Por las reglas de YOTO, si usted expresa durante el estudio que está haciendo daño a si mismo, a otras personas, o es el/la victima de la violencia (en el pasado, presente, o futuro), YOTO está requerido tomar acción adecuada.

10. Cuáles son los costos de participar en este estudio?

No hay costos financieros al participante en este estudio. Sin embargo, haciendo la entrevista y las encuestas durarán una media hora.

11. Recibo dinero por participar en el estudio?

Cuando usted termina con el estudio (la entrevista y las encuestas), recibirá una tarjeta de regalo a Target que vale \$20.00.

12. Quien puede contestar mis preguntas sobre el estudio?

Para preguntas, preocupaciones, o quejas sobre el estudio, póngase en contacto con Kiera Coulter a (530) 902 – 7864 o por correo electrónico a kcoulter@email.arizona.edu.

Para preguntas de sus derechos cómo un participante en este estudio, o para discutir otras preocupaciones con alguien que no está parte de la investigación, póngase en contacto con la Programa de Protección de los Seres Humanos a 520-626-6721 o al sitio de web a <http://orcr.arizona.edu/hspp>.

En el caso de lesión física y/o mental como resultado de este estudio, usted puede hablar con Dr. Antonio Estada a aestrada@email.arizona.edu.

Una Junta de Revisión Institucional, responsable para investigaciones en sujetos humanos a la Universidad de Arizona, repasó este proyecto y determinó que es aceptable según las regulaciones estatales y federales y las políticas universitarias diseñadas para proteger los derechos y el bienestar de los participantes en el estudio.

13. Firmando el formulario de consentimiento

He leído (o alguien me la leído) este formulario, y yo entiendo que estoy acordando de participar en un estudio. He tenido la oportunidad de hacer preguntas, y mis preguntas han sido atendidas. Libremente consiento a participar en este estudio de investigación.

Al firmar este formulario de consentimiento, no he renunciado a ninguno de mis derechos legales.

Nombre de sujeto

Firma de sujeto

Fecha y Hora

AM/PM

APPENDIX E: DASS-21 Survey

The following questions will ask you if you felt certain things over the past week. Answer using the following numbers below (4 = happened to me very much/most of the time, 3 = happened to me a good part of the time, 2 = happened to me sometimes, 1 = did not happen to me at all).

| 1 | 2 | 3 | 4 |
|---|--------------------------|--|---|
| Did not happen to me at all | Happened to me sometimes | Happened to me a good part of the time | Happened to me very much, or most of the time |
| 1. I found it hard to wind down (calm down) | | | 1 2 3 4 |
| 2. I was aware of dryness of my mouth (noticed my mouth was dry) | | | 1 2 3 4 |
| 3. I couldn't seem to experience any positive feeling at all (couldn't be positive) | | | 1 2 3 4 |
| 4. I experienced difficulty breathing (very rapid breathing, breathlessness when not doing anything physically difficult) | | | 1 2 3 4 |
| 5. I found it difficult to work up the initiative to do things | | | 1 2 3 4 |
| 6. I tended to over-react to situations | | | 1 2 3 4 |
| 7. I experienced trembling (shaking in the hands) | | | 1 2 3 4 |
| 8. I felt that I was using a lot of nervous energy (felt I had a lot of nervous energy) | | | 1 2 3 4 |
| 9. I was worried about situations in which I might panic and make a fool of myself | | | 1 2 3 4 |
| 10. I felt that I had nothing to look forward to | | | 1 2 3 4 |
| 11. I found myself getting agitated | | | 1 2 3 4 |
| 12. I found it difficult to relax | | | 1 2 3 4 |
| 13. I felt down-hearted and blue (felt sad) | | | 1 2 3 4 |
| 14. I was intolerant (annoyed) of anything that kept me from getting on with what I was doing | | | 1 2 3 4 |
| 15. I felt I was close to (about to) panic | | | 1 2 3 4 |
| 16. I was unable to become enthusiastic about anything | | | 1 2 3 4 |
| 17. I felt I wasn't worth much as a person | | | 1 2 3 4 |
| 18. I felt that I was rather touchy (annoyed, irritable) | | | 1 2 3 4 |
| 19. I noticed the action of my heart when not doing anything physically difficult (sense of heart rate increasing fast, heart missing a beat) | | | 1 2 3 4 |
| 20. I felt scared without any good reason | | | 1 2 3 4 |
| 21. I felt that life was meaningless | | | 1 2 3 4 |

APPENDIX F: DASS-21 Survey⁷

Por favor lea las siguientes afirmaciones y coloque un círculo alrededor de un número (1, 2, 3, 4) que indica cuánto esta afirmación le aplicó a usted durante la semana pasada. No hay respuestas correctas o incorrectas.

| 1 | 2 | 3 | 4 |
|---|--|--|--|
| No me aplicó | Me aplicó un poco, o durante un parte del tiempo | Me aplicó bastante, o durante una buena parte del tiempo | Me aplicó mucho, o la mayor parte del tiempo |
| 1. Me costó mucho relajarme | | | 1 2 3 4 |
| 2. Me di cuenta que tenía la boca seca | | | 1 2 3 4 |
| 3. No podía sentir ningún sentimiento positivo | | | 1 2 3 4 |
| 4. Se me hizo difícil respirar | | | 1 2 3 4 |
| 5. Se me hizo difícil tomar la iniciativa para hacer cosas | | | 1 2 3 4 |
| 6. Reaccioné exageradamente en ciertas situaciones | | | 1 2 3 4 |
| 7. Sentí que mis manos temblaban | | | 1 2 3 4 |
| 8. Sentí que tenía muchos nervios | | | 1 2 3 4 |
| 9. Estaba preocupado por situaciones en las cuales podía tener pánico o en las que podría hacer el ridículo | | | 1 2 3 4 |
| 10. Sentí que no tenía nada por que vivir | | | 1 2 3 4 |
| 11. Noté que me agitaba | | | 1 2 3 4 |
| 12. Se me hizo difícil relajarme | | | 1 2 3 4 |
| 13. Me sentí triste y deprimido | | | 1 2 3 4 |
| 14. No toleré nada que no me permitiera continuar con lo que estaba haciendo | | | 1 2 3 4 |
| 15. Sentí que estaba al punto de pánico | | | 1 2 3 4 |
| 16. No me pude entusiasmar por nada | | | 1 2 3 4 |
| 17. Sentí que valía muy poco como persona | | | 1 2 3 4 |
| 18. Sentí que estaba muy irritable | | | 1 2 3 4 |
| 19. Sentí los latidos de mi corazón a pesar de no haber hecho ningún esfuerzo físico | | | 1 2 3 4 |
| 20. Tuve miedo sin razón | | | 1 2 3 4 |
| 21. Sentí que la vida no tenía ningún sentido | | | 1 2 3 4 |

⁷ The Spanish version of the DASS-21 was developed by Daza et al. (2002).

APPENDIX G: brief COPE Inventory (English)

The questions will ask you if you have been doing certain things to help cope with your parent's deportation. Answer using the numbers below (4 = I've been doing this a lot, 3 = I've been doing this a medium amount, 2 = I've been doing this a little bit, 1 = I haven't been doing this at all)

| | 1 | | 2 | | 3 | | 4 | |
|--|----------------------------------|---|-----------------------------------|---|--------------------------------------|--|----------------------------|--|
| | I haven't been doing this at all | | I've been doing this a little bit | | I've been doing this a medium amount | | I've been doing this a lot | |
| 1. I've been turning to work or other activities to take my mind off things. | 1 | 2 | 3 | 4 | | | | |
| 2. I've been concentrating my efforts on doing something about the situation I'm in. | 1 | 2 | 3 | 4 | | | | |
| 3. I've been saying to myself "this isn't real." | 1 | 2 | 3 | 4 | | | | |
| 4. I've been using alcohol or other drugs to make myself feel better. | 1 | 2 | 3 | 4 | | | | |
| 5. I've been getting emotional support from others | 1 | 2 | 3 | 4 | | | | |
| 6. I've been giving up trying to deal with it. | 1 | 2 | 3 | 4 | | | | |
| 7. I've been taking action to try to make the situation better. | 1 | 2 | 3 | 4 | | | | |
| 8. I've been refusing to believe that it has happened. | 1 | 2 | 3 | 4 | | | | |
| 9. I've been saying things to let my unpleasant feelings escape. | 1 | 2 | 3 | 4 | | | | |
| 10. I've been getting help and advice from other people. | 1 | 2 | 3 | 4 | | | | |
| 11. I've been using alcohol or other drugs to help me get through it. | 1 | 2 | 3 | 4 | | | | |
| 12. I've been trying to see it in a different light, to make it seem more positive. | 1 | 2 | 3 | 4 | | | | |
| 13. I've been criticizing myself. | 1 | 2 | 3 | 4 | | | | |
| 14. I've been trying to come up with a strategy about what to do. | 1 | 2 | 3 | 4 | | | | |
| 15. I've been getting comfort and understanding from someone. | 1 | 2 | 3 | 4 | | | | |
| 16. I've been giving up the attempt to cope. | 1 | 2 | 3 | 4 | | | | |
| 17. I've been looking for something good in what is happening. | 1 | 2 | 3 | 4 | | | | |
| 18. I've been making jokes about it. | 1 | 2 | 3 | 4 | | | | |
| 19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. | 1 | 2 | 3 | 4 | | | | |
| 20. I've been accepting the reality of the fact that it has happened. | 1 | 2 | 3 | 4 | | | | |
| 21. I've been expressing my negative feelings. | 1 | 2 | 3 | 4 | | | | |
| 22. I've been trying to find comfort in my religion or spiritual beliefs. | 1 | 2 | 3 | 4 | | | | |
| 23. I've been trying to get advice or help from other people about what to do. | 1 | 2 | 3 | 4 | | | | |
| 24. I've been learning to live with it. | 1 | 2 | 3 | 4 | | | | |
| 25. I've been thinking hard about what steps to take. | 1 | 2 | 3 | 4 | | | | |
| 26. I've been blaming myself for things that happened. | 1 | 2 | 3 | 4 | | | | |
| 27. I've been praying or meditating. | 1 | 2 | 3 | 4 | | | | |
| 28. I've been making fun of the situation. | 1 | 2 | 3 | 4 | | | | |

APPENDIX H: brief COPE Inventory (Spanish)⁸

Las siguientes frases le preguntarán si usted ha hecho algunas cosas para enfrentarse a los problemas que resultan de la deportación de su padre(s). Conteste por usar los números (4=Hice esto con mucha frecuencia, 3=Hice esto con cierta frecuencia, 2=Hice esto un poco, 1=No hice esto en lo absoluto).

| | 1 | 2 | 3 | 4 |
|--|-----------------------------|-------------------|---------------------------------|--------------------------------|
| | No hice esto en lo absoluto | Hice esto un poco | Hice esto con cierta frecuencia | Hice esto con mucha frecuencia |
| 1. Intento conseguir que alguien me ayude o aconseje sobre qué hacer | 1 | 2 | 3 | 4 |
| 2. Concentro mis esfuerzos en hacer algo sobre la situación en la que estoy | 1 | 2 | 3 | 4 |
| 3. Acepto la realidad de lo que ha sucedido | 1 | 2 | 3 | 4 |
| 4. Recorro al trabajo o a otras actividades para apartar las cosas de mi mente | 1 | 2 | 3 | 4 |
| 5. Me digo a mí mismo “esto no es real.” | 1 | 2 | 3 | 4 |
| 6. Intento proponer una estrategia sobre qué hacer | 1 | 2 | 3 | 4 |
| 7. Hago bromas sobre ello | 1 | 2 | 3 | 4 |
| 8. Me critico a mí mismo | 1 | 2 | 3 | 4 |
| 9. Consigo apoyo emocional de otros | 1 | 2 | 3 | 4 |
| 10. Tomo medidas para intentar que la situación mejore | 1 | 2 | 3 | 4 |
| 11. Renuncio a intentar ocuparme de ello | 1 | 2 | 3 | 4 |
| 12. Digo cosas para dar rienda suelta a mis sentimientos desagradables | 1 | 2 | 3 | 4 |
| 13. Me niego a creer que haya sucedido | 1 | 2 | 3 | 4 |
| 14. Intento verlo con otros ojos, para hacer que parezca más positivo | 1 | 2 | 3 | 4 |
| 15. Utilizo alcohol u otras drogas para hacerme sentir mejor | 1 | 2 | 3 | 4 |
| 16. Intento hallar consuelo en mi religión o creencias espirituales | 1 | 2 | 3 | 4 |
| 17. Consigo el consuelo y la comprensión de alguien | 1 | 2 | 3 | 4 |
| 18. Busco algo bueno en lo que está sucediendo | 1 | 2 | 3 | 4 |
| 19. Me río de la situación | 1 | 2 | 3 | 4 |
| 20. Rezo o medito | 1 | 2 | 3 | 4 |
| 21. Aprendo a vivir con ello | 1 | 2 | 3 | 4 |
| 22. Hago algo para pensar menos en ello, tal como ir al cine o ver la televisión | 1 | 2 | 3 | 4 |
| 23. Expreso mis sentimientos negativos | 1 | 2 | 3 | 4 |
| 24. Utilizo alcohol u otras drogas para ayudarme a superarlo | 1 | 2 | 3 | 4 |
| 25. Renuncio al intento de hacer frente al problema | 1 | 2 | 3 | 4 |
| 26. Pienso detenidamente sobre los pasos a seguir | 1 | 2 | 3 | 4 |
| 27. Me echo la culpa de lo que ha sucedido | 1 | 2 | 3 | 4 |
| 28. Consigo que otras personas me ayuden o aconsejen | 1 | 2 | 3 | 4 |

⁸ The Spanish version of the brief COPE was developed by Moran et al., 2010.

APPENDIX I: Interview Guide (English)

Introduction:

- Tell me about yourself?

Deportation:

- When was your parent(s) deported?

Risk Factors/Stressors:

- Since your parent's deportation, what are the main challenges in your life?
- When you have these challenges, what do you do? Do you feel like you can handle these challenges?
- Are there areas of your life where you feel you need more support?

Protective Factors:

- What helps you deal with the challenges of having a deported parent?
- Do you seek help when you need it? Are there people who you turn to for support?
- How do you feel about your life now? What are your future goals?

APPENDIX J: Interview Guide (Spanish)

Introducción:

- ¿Dime sobre sí mismo(a)?

Deportación:

- ¿Cuándo fue su padre deportado?

Factores del Riesgo:

- ¿Después de la deportación de su padre(s), cuáles son los desafíos principales en su vida?
- ¿Cuando tiene esos desafíos, que hace usted? Se siente que usted puede enfrentarse a esos desafíos con éxito?
- ¿Hay aspectos de su vida donde necesita más apoyo?

Factores de Protección:

- ¿Qué le ayuda enfrentarse a los desafíos de tener un padre deportado?
- ¿Busca ayuda o apoyo cuando lo necesita? Hay personas que le proveen apoyo?
- ¿Cómo se siente sobre su futuro ahora? ¿Cuáles son sus metas para el futuro?

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