January 2017

Testing An Integrative Model Of Depressive Symptoms With A Sample Of Latina/o Youth

Diana Slivensky

Follow this and additional works at: https://commons.und.edu/theses

Recommended Citation
https://commons.und.edu/theses/2348

This Dissertation is brought to you for free and open access by the Theses, Dissertations, and Senior Projects at UND Scholarly Commons. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of UND Scholarly Commons. For more information, please contact zeinebyousif@library.und.edu.
TESTING AN INTEGRATIVE MODEL OF DEPRESSIVE SYMPTOMS WITH A
SAMPLE OF LATINA/O YOUTH

by

Diana Rose Slivensky
Bachelor of Science, University of Wisconsin Madison, 2010
Master of Science, Marquette University, 2013

A Dissertation
Submitted to the Graduate Faculty
of the
University of North Dakota
In partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

Grand Forks, North Dakota
August
2017
This dissertation, submitted by Diana Rose Slivensky in partial fulfillment of the requirements for the Degree of Doctor of Philosophy from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

Dr. Rachel Navarro, Chairperson

Dr. Ashley Hutchison

Dr. John-Paul Legerski

Dr. Steven Lemire

This dissertation is being submitted by the appointed advisory committee as having met all the requirements of the School of Graduate Studies at the University of North Dakota and is hereby approved.

Dr. Grant McGimpsey
Dean of the School of Graduate Studies

May 18, 2017
Date
PERMISSION

Title Testing an Integrative Model of Depressive Symptoms with a Sample of Latina/o Youth

Department Counseling Psychology

Degree Doctor of Philosophy

In presenting this dissertation in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, I agree that the library of this University shall make it freely available for inspection. I further agree that permission for extensive copying for scholarly purposes may be granted by the professor that supervised my dissertation work or, in her absence, by the Chairperson of the department or the dean of the school of Graduate Studies. It is understood that any copying or publication or other use of this dissertation or part thereof for financial gain shall not be allowed without my permission. It is also understood that due recognition shall be given to me and to the University of North Dakota in any scholarly use which may be made of any material in my dissertation.

Diana Rose Slivensky
4/26/17
TABLE OF CONTENTS

LIST OF FIGURES ........................................................................................................... ix

LIST OF TABLES ............................................................................................................... x

ACKNOWLEDGEMENTS ................................................................................................. xi

ABSTRACT ....................................................................................................................... xii

CHAPTER

I. INTRODUCTION ........................................................................................................... 1
   Purpose of the Present Study ...................................................................................... 7

II. LITERATURE REVIEW ............................................................................................... 9
   Latino/os ....................................................................................................................... 9
   Latina/o Youth in the U.S. ......................................................................................... 12
   The Immigrant Paradox ......................................................................................... 13
   Physical Health in Latina/o Youth ................................................................. 14
   Latina/o Youth Mental Health ........................................................................ 15
   Depression in Children and Adolescents .................................................. 17
   Prevalence of Depression during Adolescence .................................. 18
   Depression and Adolescent Gender .......................................................... 19
   Testing a Model of Latina/o Youth Depression ......................................... 20
   Acculturation, Enculturation, and Bicultural Stress .................................. 21
   Acculturation, Enculturation, Bicultural Stress and Depressive Symptoms ........ 25
Acculturation, Enculturation, and their Relations to Familismo and Respeto ................................................................. 29

Adherence to Cultural Values and their Relations to Family Cohesion and Depressive Symptoms ........................................ 32

The Relation between Family Cohesion and Depressive Symptoms ......................................................................................... 33

Peer Support, Family Cohesion, and Depressive Symptoms ................................................................................................. 34

Purpose of the Present Study .................................................................................................................................................. 37

Research Questions ............................................................................................................................................................... 37

Hypotheses ............................................................................................................................................................................. 38

III. METHODOLOGY ............................................................................................................................................................. 39

Participants ............................................................................................................................................................................ 39

Procedure .............................................................................................................................................................................. 40

Online Recruitment ............................................................................................................................................................... 40

In-person Recruitment ............................................................................................................................................................ 41

Measures ................................................................................................................................................................................ 43

Demographic Questionnaire .................................................................................................................................................. 43

Depression ........................................................................................................................................................................... 44

Acculturation and Enculturation .......................................................................................................................................... 46

Bicultural Stress ...................................................................................................................................................................... 49

Familismo and Respeto ............................................................................................................................................................ 50

Peer Support ........................................................................................................................................................................... 51

FACES IV ............................................................................................................................................................................... 52

IV. DATA ANALYSIS ............................................................................................................................................................ 54
Results........................................................................................................................................54

Preliminary Analyses ..................................................................................................................54

Primary Analyses ........................................................................................................................57

Testing the Path Model ................................................................................................................57

Testing the Indirect Effects within the Path Model .................................................................60

Follow-up Analysis ......................................................................................................................62

V. DISCUSSION ............................................................................................................................63

Overview of the Findings..............................................................................................................63

Exploration of the Findings .........................................................................................................64

Model of Depressive Symptoms in Latina/o Youth .................................................................64

H1a: There will be a Negative Relationship among Acculturation and Enculturation, whereas each will be Positively Related to Bicultural Stress..................................................64

H1b: Acculturation and Enculturation will indirectly Predict Depressive Symptoms by Way of Family Cohesion ......................................................................................................................67

H1c: Bicultural Stress will Positively and Directly Predict Depressive Symptoms ..................68

H1d: Acculturation and Enculturation will Positively and Directly Predict Familismo ................69

H1e: Acculturation and Enculturation will Positively and Directly Predict Respeto ....................70

H1f: Adherence to Familismo will Positively and Directly Predict Family Cohesion ................71

H1g: Family Cohesion will Negatively and Directly Predict Depressive Symptoms ..................72

H1h: Perceived Peer Support will Positively and Directly Predict Family Cohesion ..................73
H1i: Perceived Peer Support will Negatively and Directly Predict Depressive Symptoms ........................................ 73

Examination of Gender Differences Across ................................ 74

Limitations and Future Research ........................................... 78

Practical Implications.......................................................... 81

Conclusion ........................................................................... 82

APPENDICES ............................................................................ 85

A. Demographic Questionnaire .............................................. 86

B. Bicultural Stress Scale ....................................................... 89

C. Center for Epidemiological Studies Depression Scale for Children ............ 91

D. Acculturation Rating Scale for Mexican Americans ......................... 92

E. Family Adaptability and Cohesion Evaluation Scale ............................... 93

F. Child Adolescent Social Support Scale ....................................... 94

G. Familismo Items .................................................................. 95

H. Respeto Items ..................................................................... 96

I. Assent Form ....................................................................... 97

J. Parent Letter (English) .......................................................... 98

K. Parent Letter (Spanish) ......................................................... 99

L. Recruitment E-mail ............................................................. 101

M. Facebook Page ................................................................. 102

N. Facebook Advertisement ..................................................... 103

REFERENCES .......................................................................... 104
<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Hypothesized Model, Showing all Expected Relationships and their Predicted Valence</td>
<td>58</td>
</tr>
<tr>
<td>2.</td>
<td>Trimmed Model</td>
<td>61</td>
</tr>
</tbody>
</table>


LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Means, Standard Deviations, and Alpha Coefficients in Predictor and Outcome Variables</td>
<td>56</td>
</tr>
<tr>
<td>2. Percent Correlations between Predictor and Outcome Variables</td>
<td>56</td>
</tr>
<tr>
<td>3. Model Fit Indices</td>
<td>60</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

I wish to express my sincere appreciation to the members of my advisory Committee for their guidance and support during my time in the doctoral program at the University of North Dakota. I am especially grateful for the mentorship that I received from my advisor, Dr. Rachel L. Navarro. ¡Sí lo hicimos!
This dissertation and doctoral degree is dedicated to my loving family. Thank you for being so supportive and encouraging to me throughout this journey. Thank you, Mom, (Roberta) and Dad (Michael), Susanne, Joe, Grandma Bev, Grandpa Fred, Grandma Rocky, Grandpa Joe, Grandma Rose, Grandma Nellie, Grandpa Ted, Luna Jimena and Lucas. You all deserve a piece of this degree! ¡Los quiero mucho!
ABSTRACT

Latina/o youth represent a significant portion of the United States population and experience depressive symptoms at greater rates than other racial and ethnic groups. Prior research has found relationships between the cultural adaptation process and negative mental health outcomes. The purpose of the present study was to test a model of depressive with a sample of Latina/o youth that aimed to explore the relations among acculturation, enculturation, bicultural stress, adherence to cultural values (i.e., familismo and respeto), family cohesion, and perceived peer support. Additionally, the present study examined gender differences among all the aforesaid variables. Participants included 156 Latina/o youth (23% male and 77% female; age range 13 to 17 years: $M = 14.07$ $SD = 1.33$ years) who completed self-report measures assessing the aforementioned variables. The current study found no relationships among acculturation and enculturation and depressive symptoms. In fact, acculturation was only negatively and directly related to enculturation. Enculturation was found to positively and directly related to familismo, respeto, and perceived peer support. While family cohesion and perceived peer support were found to be negatively and directly associated with depressive symptoms. Bicultural stress was found to be positively and directly associated with depressive symptoms. With regards to gender, girls were found to endorse more bicultural stress and depressive symptoms as well as greater levels of enculturation and perceived peer support. The findings of the present study provide important information about factors that protect
against (family cohesion and perceived peer support) and contribute to (bicultural stress) depressive symptoms in Latina/o youth.
Adolescence is a developmental period that is marked by changes in several domains including physical, psychological, neurobiological and social (Cameron, 2004, Cicchetti & Toth, 1998; Dahl, 2004). During this period the adolescent is transitioning from childhood to adulthood and working towards establishing a greater sense of autonomy. Given that several changes are occurring simultaneously it has been shown that adolescents are at a heightened risk for developing internalizing symptoms such as depression (Weersing & Brent, 2006).

Depression is a mental health diagnosis that falls under the category of a mood disorder and is known as either clinical or major depression (DSM-V-TR; American Psychiatric Association, 2011). Major Depressive Disorder (MDD) is characterized by a depressed mood or a loss of interest or pleasure in activities that we previously found to be enjoyable for a period of two weeks or longer. Specifically, in children and adolescents, MDD can present as experiencing an irritable mood, fluctuation in weight without the intent of weight loss or weight gain, difficulties with sleep, feelings of restlessness or slowness, feelings of worthlessness, problems with concentration, or persistent thoughts of death or suicide (DSM-V-TR; American Psychiatric Association, 2011). MDD is a common mental health problem, which is becoming more widespread at a fast-paced rate. According to the DSM V, 7% of individuals living in the United States
(U.S.) meet criteria for MDD and over 30 million adults in the U.S. will have a lifetime history of depression. With regard to gender, during early adolescence females display rates of MDD at 1.5 to 3% higher than males (DSM-V-TR; American Psychiatric Association, 2011). The U.S. Department of Health and Human Services found that at any given time 10 to 15% of children and adolescents are experiencing symptoms of depression.

Symptoms of depression in youth are frequently attributed to the stress associated with being an adolescent often resulting in a misdiagnosis of conduct disorder, substance use disorder, or a disorder of attention (Saluja, Iachan, Scheidt, Overpeck, Sun. & Giedd, 2004). These misdiagnoses are critical given that depression is associated with numerous risk factors including risk of recurrent symptoms in adulthood (Copeland, Shanahan, Costello, & Angold, 2009), suicidality (Brent et al., 1993; Fombonne, Wostaer, Cooper, Harrington, & Rutter, 2001), and poor psychological and social adjustment. Adolescents who are diagnosed with depression at a young age tend to experience depression during adulthood, often experiencing more severe levels of depression (Saluja et al., 2004). Youth who experience depressive symptoms are at greater risk for other mental health disorders such as anxiety and substance use disorders (Saluja et al., 2004). Another challenge faced by youth who are experiencing depressive symptoms is difficulty with peer interactions, which could result in feelings of loneliness and social withdrawal (Kovacs, Goldston, Obrosky, & Bonar, 1997).

When examining rates of depression among adolescents it is important to note that there are significant disparities among racial and ethnic minority youth. Studies have shown that racial and ethnic minority youth are at greater risk for depression (Angold &
Costello, 2001). Several large population based studies have shown that Latina/o youth are at a greater risk for depression than other racial or ethnic groups (Guiao & Thompson, 2004; Saluja et al., 2004; Siegal, Aneshensel, Taub, Cantwell, & Driscoll, 1998; & Twenge & Hoekesema, 2002). Saluja et al. (2004) found that Latina/o youth experience one of the highest rates of depression in comparison to other racial or ethnic groups with 22% of Latina/o students reported symptoms of depression in comparison to 18% of White students, 17% of Asian American students, and 15% of African American students. A more recent study done by the CDC (2007), found that Latina/o youth experience greater core symptoms of depression such as sadness and hopelessness in comparison to White youth. These statistics show that a significant amount of Latina/o youth have unmet mental health needs, but are also experiencing mental health problems at greater rates than other racial and ethnic minority groups. Researchers have identified depression in Latina adolescents as an epidemic due to the disproportionately high rates of Latinas experiencing depressive symptoms along with the fact that it has been an issue for over 30 years (CDC, 2008). Latina adolescents experience greater rates of depression, suicidal ideation and attempts compared to other ethnic and gender groups, which has been noted as a disparity since the 1960s (Rasmussen et al., 1997; Roberts and Chen, 1995; Roberts et al., 1997). According to the CDC (2007), Latina/o youth experience pervasive feelings of sadness and hopelessness in comparison to White youth. A study conducted by Eaton et al. (2008) found that 42.3% of Latina youth experienced feelings of sadness and hopelessness almost every day for a period of two consecutive weeks or more in comparison to their White (17.8%), Black (24%), and Latina/o (30.4) counterparts. These statistics show that a significant amount of Latina/o youth have
unmet mental health needs, but are also experiencing mental health problems at greater rates than other racial and ethnic minority groups.

Despite this, few studies have examined the variables that are associated with higher rates of depression in Latina/o adolescents (Bámaca-Colbert, Plunkett, & Espinosa-Hernandez, 2011). This is especially concerning given that Latina/o youth comprise the largest and fastest growing U.S. ethnic group representing 22% of children under the age of 18 (Pew Hispanic Center 2009). Therefore, it is important to examine factors that contribute to Latina/o youth depression by looking at this issue through a cultural lens (Bámaca-Colbert et al., 2011). Several factors are thought to be contributing to the higher rates of depression experienced by U.S. Latina/o youth including the cultural adaptation process (i.e., acculturation and enculturation) (Lorenzo-Blanco, Unger, Baezconde-Garbanati, Ritt-Olson, & Soto, 2012; Potochnick & Perreira, 2010), bicultural stress (Hovey & King, 1996; Smokowski, Bacallao, & Buchanan, 2009; Umaña-Taylor, Updegraff, & Gonzales-Backen, 2011), adherence to cultural values (Gonzales, Deardorff, Formoso, Barr, & Barrera, 2006; Lorenzo-Blanco et al., 2012; Zayas, Lester, Cabassa, & Fortuna, 2005) family cohesion (Gonzales et al., 2006; Lorenzo-Blanco et al., 2012;) and perceived peer support (LaGrecia & Harrison, 2005).

The process of cultural adaptation includes acculturation and enculturation. A recent definition of the process of acculturation is that “acculturation is proposed as a multidimensional process consisting of the confluence among heritage-cultural and receiving cultural practices, values, and identifications” (Schwartz, Unger, Zamboanga, & Szapocznik, 2010, p. 237). Previous research has linked the process of acculturation to depressive symptoms in Latina/os. However, the findings of these studies have been
inconsistent. Several studies have shown a negative relationship among acculturation and depression in Latina/o older adults (Falcon & Tucker, 2000; Mahard, 1988) and adult men (Neff & Hoppe, 1993) and women (Allen, Denner, Yoshikawa, Seidman, & Aber, 1996; Masten, Penland, & Nayani, 1994). Studies conducted with Latina/o adolescents have also yielded mixed findings. Gonzales et al. (2006), found that depressive symptoms increased as Mexican American youth acculturated to U.S. culture. Similar results were found in another study where depressive symptoms were linked to depressive symptoms in Mexican American female adolescents, but not in Mexican American male adolescents (Lorenzo-Blanco et al., 2012) suggesting that Latina adolescents’ may have more adverse reactions to the acculturation process. Torres and Rollock (2007) suggested that the mixed findings in the literature are due to methodological and measurement issues with regard to acculturation. Some specific challenges they suggested was that acculturation was being measured in multiple different Latina/o ethnic groups as well as researchers were using a variety types of acculturation measures including unidimensional as well as bidimensional measures of acculturation.

Traditional cultural values are one of the most important things that are expected to shift during the process of acculturation resulting in changes in the individual and family (Marin, 1992). Researchers have tried to measure the level of acculturation by looking at an individual’s adherence to traditional cultural values. The cultural values that will be measured in the present study include familismo and respeto.

Familismo illustrates the strong connections and commitments that Latina/os display towards members of their immediate and extended family (Rivera, Guarnaccia, Mulvaney-Day, Lin, Torres, & Alegria, 2008). Similar to familismo, respeto shows a
sense of deference to one’s family especially older members of the family (Organista, 2007). Prior research has shown that traditional cultural values have been shown to promote family functioning in Latina/o families and the process of acculturation has been linked with increased family conflict due to a loss of adherence to traditional cultural values (Gonzales et al., 2006; Zayas et al., 2005). During this process, Latina/o youth may challenge the traditional ways of their parents leading to increased conflict and less cohesion in the home. Taken together, the corrosion in family functioning due to a loss of traditional cultural values leads to higher conflict within the collective Latina/o home environment leading to negative mental health outcomes such as depression.

Bicultural stress refers to the stress occurs as a result of the contact between two distinct cultural groups (Romero & Roberts, 2003). Bicultural stress may occur when Latina/o youth feel pressure to adopt the values of the U.S. dominant culture in order to fit in with non-Latina/o peers at school, but at the same time feeling pressure to adhere to their traditional cultural values at home with their parents (Romero & Roberts, 2003). Given that Latina/o youth are exposed to various cultural contexts living in the United States they are constantly needing to find a way to incorporate new cultural values while maintaining traditional cultural values (Stein, Gonzalez, & Huq, 2011). Prior studies have found that acculturative stress experienced by Latina/o youth predicts depression simultaneously and longitudinally (Hovey & King, 1996; Smokowski et al., 2009; Umaña-Taylor et al., 2011).

Another factor that influences depressive symptoms in Latina/o youth is their perception of peer support. There have only been a few studies that examine the relationship between peer support and depressive symptoms in Latina/o youth but these
few studies have identified peer support as a protective factor. La Greca and Harrison (2005) found that Latina/o youth who perceived themselves as being part of a “high status” peer group reported fewer symptoms of depression compared to Latina/o youth that did not.

**Purpose of the Present Study**

The present study aims to explore the relations among acculturation, enculturation, bicultural stress, adherence to cultural values, family cohesion, and perceived peer support and how these relations may predict depressive symptoms for Latina/o adolescents by testing a revised and extended version of Lorenzo-Blanco et al. (2012) process-oriented model of Latina/o youth depression. The present study hopes to add to the literature in both of these ways. Lorenzo - Blanco et al. (2012) states that prior research has addressed how acculturation, cultural values, and family functioning affect the mental health of Latina/o youth, however there is a lack of research on the relationships among the variables and how they influence depressive symptoms. The present study hopes to expand on the understanding of these processes as well as add new knowledge by exploring the relations of perceived peer support and bicultural stress.

Given that depression during youth can lead to several negative outcomes such as risk for more severe mental health outcomes in the future and negative psychosocial outcomes, it is essential to understand the factors contributing to depression in youth. More importantly it is important to better understand why Latina/o youth are experiencing greater rates of depression than other racial or ethnic minority groups. Given that there is a lack of research on culturally specific variables that may be contributing to the greater rates of depression among Latina/o youth it is critical that
future research is conducted to help inform prevention and intervention strategies for at risk Latina/o youth. Latina/o youth experience marginalization in U.S. society. The Annie E. Casey Foundation (2015) estimated that 31% of Latina/o youth are currently living under the federal poverty line in comparison to their Non-Hispanic White peers at 12%. Latina/o youth are more likely to be uninsured (Fry & Passel, 2009). Latina/o youth are projected to represent 35% of the entire U.S. population by the year 2050 (U.S. Census Bureau, 2009), which gives Latina/o youth an important role in the economic future of the United States (Martinez, 2009). However, given the challenges Latina/o youth face, it makes it difficult for this ethnic group to realize their potential unless dramatic steps are taken to incorporate Latina/os into the core of the nation’s institutions.
CHAPTER II

LITERATURE REVIEW

This chapter provides an integrative review of variables that were used to test a revised and extended version of Lorenzo-Blanco et al. (2012) model of Latina/o youth’s depressive symptoms. This chapter will begin with a brief description of who is classified as Latina/o youth and what specific challenges Latina/o youth face with regard to physical health and mental health. An overview of past and current research on the prevalence of depression and factors that affect depression will follow. Next, there will be a discussion of literature related to each major construct that will be tested in the hypothesized model, specifically acculturation, enculturation, bicultural stress, familismo, respeto, family cohesion, perceived peer support and depressive symptoms. Lastly, the relationships between the aforementioned constructs will be discussed.

Who are Latina/os?

The twenty-first century has been a time for growth and change for Latina/os in the United States. Latina/os are the fastest growing ethnic minority group in the U.S. In 2016, the U.S. Census Bureau reported that Latina/os were the largest ethnic or racial minority group with 56.6 million people living in the United States representing approximately 17.6% of the U.S. population (U.S. Census Bureau, 2016). Not only has the Latina/o population significantly increased, but also Latina/os have begun moving out of immigrant enclaves such as East Los Angeles, Little Havana and Spanish Harlem, into
some of the most desolate and rural parts of the country. It is known that California, Texas, Florida, Arizona and New York have several million Latina/os residing within these states, but states in the Midwestern and Southern regions of the United States have seen significant population growth. In fact, between 2007 and 2014, the state of North Dakota has seen the greatest population growth of Latina/o’s with an alarming 97% increase in its Latina/o population (Pew Research Center, 2016). Additionally, in the Southern United States, Kentucky (66% increase), Louisiana (64% increase) and Alabama (57% increase) have also seen significant growth during this time period (Pew Research Center, 2016).

Latina/os represent a diverse group of people who come from several nationalities including Mexico, Puerto Rico, The Dominican Republic, Cuba, as well as Central and South American (Treviño, Wooten, & Scott, 2007). It is important to note that Latina/os represent various ethnicities, but identify with several racial groups including Black, Indigenous, White, Asian, Pacific Islander, or a mixture of multiple racial identities. According to the 2011 U.S. Census, 53% of Hispanics identified as White, 36.7% identified as some other race, 6% identified as two or more races and 2.5% identified as Black (U.S. Census Bureau, 2011). Although these various Latina/o ethnicities share commonalities such as Spanish language and cultural values (e.g. familismo and respeto), it must be noted that there are differences among Latina/o subgroups based on geographic region, reasons for immigration (e.g. financial reasons, political asylum), and sociocultural histories in the United States (Quintana & Scull, 2009).

It is estimated that there are approximately 11.3 million undocumented individuals living in the U.S. (Passel, Cohn, Krogstad, & Gonzalez-Barrerra, 2014) and
as previously mentioned, Latina/os make up about 17% of the U.S. population, with almost two thirds of the 17% being U.S. citizens by birth (Motel & Pattern, 2011). These statistics indicate that most Latina/os living in the U.S. are natural born citizens. Despite these statistics, the sociopolitical climate in United States has become increasingly anti-immigrant affecting even U.S. born Latina/os (Romero, Edwards, Bauman, & Ritter, 2014). Discrimination is primarily based on antagonistic political rhetoric that suggests that immigrants are taking away jobs and resources from U.S. citizens, concerns of population overgrowth, allegations of violence and terrorism and explicit discrimination based on country of origin (Gonzalez, Stein, Prandoni, Eades, & Magalhaes, 2015).

Additionally, Latina/os have become target to policies that have aimed to address the increasing number of Latina/os in this country including policies that affect language availability in schools (e.g. California’s Proposition 187) and government agencies (e.g., removal of Spanish language content on the White House’s website), racial profiling (e.g. Arizona’s SB1070), and other anti-immigrant strategies (O’Leary, 2009). The number of deportation raids have been increasing which directly affects undocumented Latina/os living in this country (Shield & Berhman, 2009; Thompson, 2008) and often leads to the traumatic separation of families (Thompson, 2008). These separations leave children and families to deal with stressful, expensive, and complicated legal situations that of often range across international jurisdictions (Romero, Edwards, Bauman, & Ritter, 2014). It is estimated that in 2009, 4 million U.S. born children were living with undocumented Latina/o parents, while 1.1 million children themselves were undocumented (Passel & Taylor, 2010). Of the undocumented children who were brought to the U.S. by their parents, there is only one federal policy that offers them support, which is Deferred
Action for Childhood Arrivals (DACA) (Napolitano, 2012). DACA provides the opportunity for undocumented youth who qualify to apply for a renewable two-year deferred action from deportation and makes the youth eligible for a work permit. However, DACA does not aid in obtaining legal status nor does it allow for undocumented youth to access postsecondary education as the Development Relief and Education for Alien Minors (DREAM) act attempts to do (Gonzalez et al., 2015). The DREAM act has been presented in Congress several times, but has failed to pass.

With regards to racial profiling, immigration enforcement policies such as Arizona’s SB 1070 provokes an anti-immigrant sentiment as well as chronic daily worry about fear of deportation for Latina/os in general (Romero et al., 2014). Additionally, as Latina/os move out of immigrant enclaves and into rural regions of the Midwestern and southern U.S., greater risks for discrimination arise. May et al. (2015), discusses the idea of emerging immigrant communities within the regions where the receiving culture typically holds traditional and conservative beliefs, which can be unwelcoming to newcomer Latina/os. Taken together, the aforementioned events put Latina/os at risk for several negative mental health outcomes such as depression, anxiety and posttraumatic stress disorder.

**Latina/o Youth in the U.S.**

Along with being the largest ethnic minority group, the growth in the Latina/o population in this country is seen most significantly in its youth as they represent a third of the total Latina/o population in the United States (Smokowski & Bacallao, 2011). It is estimated that 35% of the entire U.S. population will be represented by Latina/o youth by the year 2050. More specifically, the U.S. Census Bureau reported that Latina/o children
under the age of 5 represented 25% of the nation’s children in this age category (U.S. Census Bureau, 2009). Additionally, Latinas were identified as having the highest teen birth rates at 26% compared to all other racial and ethnic groups (Pew Hispanic Center, 2009).

Although the number of Latina/o youth in the U.S. is rising, Latina/o youth experience significant social marginalization in comparison to other racial and ethnic groups such as high poverty rates, limited access to healthcare, substandard housing, higher rates of substance abuse and inadequate academic and employment opportunities (Bourgois, 2002; LeBlanc, 2004). It has been estimated that 31% of Latina/o children are living below the federal poverty level (Annie E. Casey Foundation, 2015). In relation to education, Latina/o youth have one of the highest school dropout rates and educational success declines from first generation Latina/o youth to third generation Latina/o youth (Organista, 2007). Additionally, as generation status increases so does the potential for drug abuse, risky sexual behavior, and negative health outcomes (Martinez, 2011). This decline in functioning is often referred to as “the immigrant paradox.

The Immigrant Paradox

With regards to immigration status it is important to consider generation status. An individual who is first generation is foreign born and has immigrated to the United States. This may include legal permanent residents, undocumented status, naturalized citizens and temporary migrants. Second generation immigrants are individuals born in the United States who have at least one foreign-born parent. Third generation and higher immigrants signifies that both the individual and their parents were born in the United States. Initially researchers believed that Latina/os who identified as second generation
and beyond would fare better than first generation immigrants with regards to personal health, education and finances (North, 2009). This idea stemmed from the fact that settling in a new country is assumed to be very taxing due to several stressors such as language barriers and lack of financial, cultural and social capital. However, researchers have displayed evidence that counteracts this theory and suggests that first generation Latina/os are often better off than Latina/os who are second generation and beyond with regards to their well-being. More specifically, as Latina/o youth acculturate, they experience more negative developmental outcomes even after controlling socioeconomic status (Coll & Marks, 2012). Specifically, educational success declines from first to third generation regardless of language ability in addition to engaging in risky sexual behavior and drug abuse; all of which the said patterns are often seen during adolescence (Bui, 2012; Pong & Zeieser, 2012; Rafaelli, Kang, & Guarini, 2012). The next sections will discuss in further depth that risks that Latina/o youth face with regards to physical and mental health.

**Physical Health in Latina/o Youth**

Latina/o youth are at a greater risk for negative physical health outcomes than other racial or ethnic groups (Abreu & Hynes, 2009). One significant health risk for Latina/o youth is obesity. Latina/o youth display one of the highest rates of obesity among all youth groups (Kumanyika & Grier, 2006). Specifically, rates of obesity for Latina/o youth between the ages of 6 to 11 years old is twice as high as the rates for non-Hispanic White children and four times as high for Hispanic children between the ages of 2 and 5 years old (Ogden, Carrol, Kit, & Flegal, 2014). It is known that obesity leads to several other chronic health problems such as asthma as well as negative mental health
outcomes such as depression (Marmorstein, Iacono, & Legrand, 2014). Latina/o families face multiple barriers when trying to access health care including lack of insurance, language and cultural barriers, concerns about immigration status and poor health literacy (Abreu & Hynes, 2009). Latina/o children are more likely to come from families who do not have insurance than children from other racial or ethnic groups. Estimates of Latina/o youth coming from families without insurance ranges from 20 to 37% (Fry & Passel, 2009). Overall, Latina/o youth experience poverty and lack insurance at high rates, which leads to higher rates of negative physical health outcomes such as obesity, which in turn is associated with negative mental health outcomes such as depression (Kumanyika & Grier, 2006). Given the lack of insurance, Latina/o youth may be not receiving proper health care for such issues leading to more serious and chronic physical and mental health issues. This shows the clear health disparities experienced by Latina/o youth and their families.

**Latina/o Youth Mental Health**

Several epidemiological studies give evidence that Latina/o youth are experiencing increased symptoms of depression in comparison to their non-Hispanic, White and African American counterparts (Guiao & Thompson, 2004; Roberts & Chen, 1997; Saluja et al., 2004; Siegel, Aneshensel, Taub, Cantwell, & Driscoll, 1998; Twenge & Nolen-Hoeksema, 2002). However, several of these studies were conducted over a decade ago and were region specific (e.g., Texas, California, Puerto Rico) making it hard to make all-encompassing conclusions about the effects of mental health issues of Latina/o youth in the U.S. (Isai, Rastogi & Molina, 2016). The previously mentioned
studies give evidence that Latina/o you are experiencing mental health issues at disproportionate rates and research is needed to help understand the mechanism behind it.

Furthermore, Latina/o youth have one of the highest unmet mental health needs which are related to the availability, accessibility, and quality of mental health services even after accounting for insurance status (Kataoka, Zhang, and Wells, 2002; U.S. Department of Health and Human Services, 2001). Several of these factors seem to be related to socioeconomic status, and Roberts, Roberts and Xing (2007), suggest that when socioeconomic status is controlled for differences in prevalence rates of psychiatric disorders such as depression do not exist. Contrary to this finding, a population-based study of 877 youth from various racial and ethnic backgrounds in Los Angeles County found that Latina/o youth were at greater risk for depression even when socioeconomic status was controlled (Siegel, Aneshensel, Taub, Cantwell, & Driscoll, 1998). So why are Latina/o youth experiencing greater depressive symptoms than other racial and ethnic groups?

Increased risk of negative mental health symptoms such as depression in Latina/o youth is correlated with numerous factors including the chronic stress of living in high stress environments, including concentrated poverty and living in neighborhoods with high rates of crime and violence (Acevedo-Garcia, Rosenfeld, Hardy, McArdle, & Osypuk, 2013). More specifically, Latina/o youth experience unique stressors in relation to immigration (e.g., issues surrounding legal status) and cultural adaption (e.g., acculturation and enculturation) (Isai et al., 2016). In a study examining experiences of first generation Latina/o youth, Potochnick and Pereira (2010) found issues related to legal status and discrimination increased the risk of depressive and anxiety symptoms
with this group. Discrimination alone has been shown to increase risk for depressive and anxiety symptoms with Latina/o youth (Acevedo-Garcia et al., 2013). Another potential factor that contributes to Latina/o family’s willingness to seek out mental health treatment for their children is that some Latina/o parents view mental health providers as unresponsive and untrustworthy (Snowden & Yamada; Walker, 2005).

In sum, previous research shows that a significant amount of Latina/o youth have unmet mental health needs, but are also experiencing mental health problems at greater rates than other racial and ethnic minority groups. Researchers have identified depression in Latina youth as an epidemic due to the disproportionally high rates of Latinas experiencing depressive symptoms along with the fact that it has been an issue for over 30 years (CDC, 2008). It is essential for researchers to understand the factors that are accounting for the higher rates of depressive symptoms among Latina/o youth and explore the unique challenges that Latina/o youth face such as stress associated with immigration and adaption to the U.S. dominant culture (Potochnick & Perreira, 2010). Additionally, it is important that health care providers recognize the unique mental health needs of Latina/o youth because culturally sensitive care, which may decrease mental health disparities for Latina/os (Isasi et al., 2016).

**Depression in Children and Adolescents**

Major Depressive Disorder (MDD) is a mental health diagnosis characterized by pervasive and persistent low mood that is accompanied by low self-esteem and by a loss of interest or pleasure in normally enjoyable activities for a period of more than two weeks (Ustun & Chatterji, 2001). MDD is also characterized by impairment in social, occupational, and educational functioning. Due to the numerous changes in
physiological, psychological, and interpersonal functioning during the period of adolescence, youth in this developmental stage are at an increased risk of developing depression (Parritz & Troy, 2011). Major depression in children and adolescents is typified by sadness and a loss of pleasure, and is accompanied by cognitive, behavioral, and somatic symptoms (Parritz & Troy, 2011).

Although there are many similarities in the clinical presentation of depression in children and adolescents, it is essential to consider the impact of age and development on the expression of major depression (Weiss & Garber, 2003). Younger children tend to experience more somatic difficulties, portray a more depressed appearance, display symptoms of anxiety, and have externalizing behaviors. In contrast with adolescents tend to exhibit hopelessness, helplessness substance abuse, psychotic symptoms, and display more internalizing behaviors such as suicidality (Zahn-Waxler et al., 2000). Youth who experience depression at an early age will often struggle with depression throughout their lives (Lewinsohn et al., 1999) and are also more likely to experience more severe depression as adults (Weissman, 1999). Adolescents are at a greater risk of experiencing depression if they have a family history of depression or other affective disorders.

**Prevalence of Depression during Adolescence**

Trying to estimate the prevalence of depression in adolescents across the United States is a daunting task. Multiple population-based studies have been done to try to quantify the prevalence, but have resulted in significant variability in their estimates (Nolen-Hoeksema & Hilt, 2009). Numerous studies that attempted to measure lifetime prevalence of depression in adolescents and estimations ranged from 9.3% to 24%. However, only one study was located that used a national probability sample, which
found that the lifetime prevalence of major depression was 15% (Kessler & Walters, 1998). Another study found that the prevalence of depression in children under the age of 13 is 2.8%, but doubles to 5.6% in adolescents ranging from ages 13 to 18 (Costello, Erkanli, & Angold, 2006). At the same time, the U.S. Department of Health and Human Services found that at any given time approximately 10-15% of the child and adolescent population as a whole is experiencing some symptoms of depression. However, the prevalence study (Saluja, et al., 2004) found that 22% Latina/o youth are experiencing depressive symptoms greatly exceeding the prevalence of depression in the entire adolescent population estimate of between 10-15%. The great amount of variability in these studies can be attributed to varying methodological approaches as well as differences across samples from different geographic areas.

**Depression and Adolescent Gender**

When examining depression during adolescence there are clear gender divides within this group. Corona et al. (2005) found that youth younger than age 13 experience depression at equal rates across gender groups, but it was found that around the onset of puberty that rates of depression between male and female youth begin to diverge. Prior research suggests that by late adolescence, females are two to three times more likely than boys to have depressive symptoms (Hankin, 1998). Numerous studies have shown the differential rates in depression between males and females, but no adequate explanation exists to explain this differential (Costello & Angold, 2000).

It is clear that gender differences exist in youth depression with adolescent females experiencing greater rates of depression than adolescent males (Hankin, 1998). This same trend applies for Latina/o youth (Lorenzo-Blanco, Unger, Baezconde-
Garbanati, Ritt-Olson, & Soto, 2011). Rudolph et al (2000) suggested that familial conflict has been associated with depression in Latina/o youth. It is thought that Hispanic females may be able to perceive more problematic family problems than their male counterparts resulting in higher sensitivity to familial difficulties (Rudolph et al., 2000; & Zayas et al., 2005). Additionally, traditional Latina/o families tend to socialize their children to adhere to very specific gender roles (Zayas et al., 2005). Traditional Hispanic gender roles tend to emphasize the male as the patriarch of the family and the female having less freedom and flexibility (Raffaelli & Ontai, 2004). This sense of inequality could result in more feelings of depressive symptoms for Latinas. Additionally, scholars hypothesize that Hispanic girls acculturate at a faster rate than their male counterparts and higher levels of acculturation have been associated with higher rates of depressive symptoms (Gil & Vazquez, 1996). Given that Hispanic females acculturate faster than Hispanic males this could explain why by late adolescence Hispanic females have higher rates of depressive symptoms than their male counterparts.

**Testing a Model of Latina/o Youth Depression**

Several decades of research give evidence that Latina/o youth are experiencing higher rates of depression than their non-Latina/White and African American peers (Center for Disease Control, 2015). However, it is unclear as to what factors are causing this increase in depression among Latina/o youth. Researchers have hypothesized that perhaps Latina/o youth are at greater risk for depression due to psychosocial factors related to poverty, discrimination and immigration, but there is a lack of empirical evidence regarding the associations among these variables (Flores et al., 2002; Potochnick & Perreira, 2010). The hypothesized model will test a revised and extended model.
model of factors predicting depression in Latina/o youth based on Lorenzo-Blanco et al.’s (2012) process-oriented model of depression in Latina/o youth. Lorenzo-Blanco et al. (2012) state that previous research has guided our understanding of how acculturation, cultural values, and family cohesion affect the mental health of Latina/o youth. However, there is a dearth of research regarding how these factors are related to each other and what influence they have on depressive symptoms (Lorenzo-Blanco et al., 2012). After consulting past research, the hypothesized model will test the relations between acculturation, enculturation, bicultural stress, respeto, familismo, family cohesion, perceived peer support, and depressive symptoms. The next section of the paper will review the current and past literature related to each path in Figure 1.

**Acculturation, Enculturation, and Bicultural Stress**

As the number of Latina/o youth in this country continues to grow they will be faced with several challenges due to being a minority group in a country that traditionally holds different values, cultural practices, and language from their Latina/o cultures of origin. The literature names this exchange of cultural values, beliefs, and behaviors, acculturation (Berry, 1980). Acculturation is assumed to occur at both an individual level as well as a group level and results from continuous contact from one or more distinct cultural groups (Berry, Trimble, & Olmedo, 1986). According to Berry (1980), one gradually begins to adopt the beliefs, values, and language of the new culture in which they have made contact, leaving behind their native beliefs, values, and language during the process of acculturation. Thus, historically, the literature has viewed acculturation as a unidimensional process ranging from retention of heritage culture characteristics to acquisition of receiving culture characteristics with simple markers such as English
language use versus Spanish language use (Gonzales, Fabrett, & Knight, 2009). However, this was a very oversimplified definition of this complex process. Berry (1980) helped to transform the understanding of acculturation from a unidimensional process to a bidimensional process with his model of acculturation. Berry’s model explores receiving-culture acquisition (acculturation) and heritage culture retention (enculturation) and looks at how they intersect and create four categories of acculturation. Berry’s four categories of acculturation include assimilation, separation, integration, and marginalization. Assimilation refers to the process when an individual assumes the host culture and completely abandons the heritage culture without returning to it. Separation occurs when an individual rejects the host culture while maintaining the heritage culture. Integration, also referred to in the literature as biculturalism, is the category where the individual acquires aspects of the host culture while still maintaining aspects of the heritage culture. Lastly, marginalization occurs when the individual discards both the heritage and host culture.

Despite advancing the understanding of acculturation, Berry’s (1980) model of acculturation has been criticized in the literature due to the way individuals’ acculturation levels are classified as either high or low (Rudmin, 2003; Rudmin, 2009). Rudmin (2003) argues that Berry’s classification system suggests that all four categories of acculturation exist and are equally valid. Schwartz, Zamboanga, and Szapocnik (2010) discuss how classifying individuals’ level of acculturation is not that simple and that researchers should take a more precise approach in measuring acculturation such as a cluster analysis or a latent class analysis. It has also been suggested that all of Berry’s categories may not exist in a population or may have various subtypes (Schwartz, Unger,
Another criticism of Berry’s model is the inclusion category of marginalization. Researchers argue that it is unlikely for an individual to reject both the host culture and their heritage culture (DePilar & Udasco, 2004). However, some studies that utilized empirically based clustering methods have found small evidence of marginalization in the samples that they have tested (Schwartz & Zamboanga, 2008; Unger, Gallagher, Shakib, Ritt-Olson, Palmer & Johnson, 2002.) This gives evidence that the acculturation category of marginalization may be prevalent in small amounts the overall population.

The most recent literature on acculturation views it as a multidimensional process where Latina/o youth can acculturate (i.e., acquire receiving culture values, beliefs, and behaviors) and enculturate (i.e., be socialized and retain culture of origin related values, beliefs, and behaviors) at the same time (Cabassa, 2003). A recent definition of acculturation is that “acculturation is proposed as a multidimensional process consisting of the confluence among heritage-cultural and receiving cultural practices, values, and identifications” (Schwartz, et al., 2010, p. 237). This multidimensional process includes a host of things such as cultural facts, communication styles, affiliation preferences, daily habits, participation in cultural activities, language use and preference, cultural beliefs, values, cognitive styles, personality, self-concept, and ethnic or cultural identity (Knight, Jacobson, Gonzales, Roosa, & Saenz, 2009).

Another piece of the process is enculturation. Enculturation occurs when Latina/o youth adhere to the cultural values, beliefs, and identity of their native Latina/o culture (Schwartz et al., 2010). The process of learning one’s culture is called enculturation, and it is enculturation that permits us to account for the fact that a culture maintains a
recognizable form generation after generation (Kim & Abreu, 2001). Recent conceptualizations of psychological enculturation view it as the process of “resocialization” to their indigenous cultural norms (Kim & Abreu, 2001). Given that acculturation and enculturation are interrelated, recent theory and research with Latina/os and other cultural groups refer to this process as cultural adaptation (Knight et al., 2009). The term cultural adaptation will be used to refer to the process of acculturation and enculturation in this paper.

For Latina/os, the process of cultural adaptation includes integrating two distinct sets of cultural values and beliefs, which results in culturally linked stressors (Gonzales et al., 2009). Several studies give evidence of the difficulty that Latina/o youth face as mainstream culture conflicts with their Latina/o culture and values (Bacallao & Smokowski, 2005; Romero & Roberts, 2003; Schwartz et al., 2015; Smokowski & Bacallao, 2011). As Latina/o adolescents attempt to navigate between two cultures challenges may occur resulting in stress (Romero, Piña-Watson, & Toomey, 2017). This stress is known as bicultural stress. Bicultural stress is defined as, “the subjective perception of stress that may result from navigating and seeking acceptance in two different cultures that may have conflicting cultural norms, values, and different languages” (Romero & Roberts, 2003). Bicultural stress is made of up several components including discrimination by outgroups, marginalization from ingroups (e.g., peer groups, families, and communities), monolingual stress in bilingual contexts, and stress resulting from familial conflict over cultural values (Romero & Roberts, 2003). It should be noted that bicultural stress differs from acculturative stress because it measures outgroup and ingroup marginalization, and conflicts that arise as youth shift between
cultural settings (Romero, Piña-Watson, & Toomey, 2017). Romero, Piña-Watson and Toomey (2017) provide an example of the pressure Latina/o youth feel to speak fluent English in schools, while at the same time speak maintain their ability to speak fluent Spanish at home and within their community. Another example is Latina/o youth may be discriminated against for their ethnic background by an outgroup, but may by marginalized by an ingroup for not being Latina/o enough.

Given the interrelations of acculturation, enculturation, and bicultural stress as part of the cultural adaptation process these constructs were tested in the hypothesized model. It was predicted that there will be a positive direct relationship between acculturation and bicultural stress, a negative direct relationship between enculturation and bicultural stress, and a negative relationship between acculturation and enculturation.

**Acculturation, Enculturation, Bicultural Stress and Depressive Symptoms**

When examining the relationship among acculturation and depressive symptoms in Latina/os researchers have yielded mixed findings (Torres & Rollock, 2007). Historically, early research on acculturation and new immigrants to the United States suggested that the stress that results from cultural change was linked to negative mental health outcomes such as depressive symptoms (Redfield, Linton, & Herskovits, 1936). Researchers believed that assimilation to U.S. culture was correlated with better psychological outcomes for new immigrants; however, the converse of this belief that low acculturation would be associated with worse psychological outcomes lacked empirical support (Cervantes & Castro, 1985). Studies examining the effects of acculturation on depression in elderly Latina/o populations have found that there is a negative relationship among depression and acculturation indicating that lower levels of
acculturation are associated with lower levels of depression (Falcon & Tucker, 2000; Mahard, 1988). Similar results were found for Latina/o/a adults (between the ages of 18 to 65) (Allen et al., 1996; Masten et al., 1994; & Neff & Hoppe, 1993). On the other hand, studies have found a negligent relationship between acculturation and depression (Burnman, Hough, Karno, Escobar, & Telles, 1987) and some found a positive relationship among these variables (Cuellar & Roberts, 2007; Golding & Karno, 1988; Kaplan & Marks, 1990) Torres and Rollock (2007) attribute some of these disparate findings to the fact that these studies examined the relationship between acculturation and depression across various Latina/o ethnic groups. Another reason is that the various studies utilized different types of methodological approaches resulting in differing ways of measuring acculturation (e.g. unidimensional versus bidimensional measures of acculturation). In order to avoid this issue the current study will use a multidimensional (i.e., behavioral and language) measure of acculturation and enculturation (The Brief Acculturation Rating Scale for Mexican Americans-II; Bauman, 2005) that is culturally relevant to all Latina/o ethnic groups.

Studies examining the relationship between acculturation and depression in Latina/o youth have found that depressive symptoms are associated with higher levels of acculturation to U.S. culture (Gonzales et al., 2006) and another study found that depressive symptoms were linked to higher levels of acculturation in Mexican American females, but not in males (Lorenzo-Blanco et al., 2011). This difference in gender suggests that perhaps Latina adolescents have more adverse reactions to the acculturation process than Latina/o males at this developmental stage. Results of a meta-analysis suggest that acculturation is associated with both positive and negative mental health
symptoms while enculturation is associated with positive mental health outcomes and heightened anxiety (Yoon et al., 2013). There is evidence for a positive relationship between acculturation and externalizing symptoms such as conduct problems, risky behavior and aggression (Gonzales et al., 2009), but the research on the relationship between acculturation and internalizing symptoms such as depression is less clear. Research has shown that Latina/o youth experience stressors related to the acculturation process, which expose Latina/o youth to greater amounts of stress leaving them vulnerable to develop negative mental health outcomes (Smokowski et al., 2009). Lorenzo–Blanco et al. (2012) found that acculturation was indirectly and positively correlated with depressive symptoms by way of family conflict with a sample of Latina/o youth.

There has been a paucity of studies that have examined the relationship between enculturation and depressive symptoms (Lorenzo – Blanco et al., 2012). However, scholars hypothesize that enculturation serves as a protective factor for Latina/o youth, which would decrease the risk for depressive symptoms unlike acculturation, which increases Latina/o youth’s risk for depressive symptoms (Vega & Sribney, 2008). Researchers hypothesize that enculturation would serve as a protective factor since enculturation is associated with the retention of Latina/o cultural values which is known to be associated with family cohesion (Gonzales et al., 2006). A single study was located that showed an indirect negative relationship between enculturation and depressive symptoms by way of family cohesion (Lorenzo-Blanco et al., 2012). Based on the findings of Lorenzo-Blanco et al. (2012) the hypothesized model that will be utilized in
the present study predicts that there will be an indirect negative relationship between enculturation and depressive symptoms via family cohesion.

Both longitudinal and cross-sectional research has demonstrated evidence of the relationship between bicultural stress and depressive symptoms. Longitudinal research with Latina/o immigrant youth has shown that bicultural stress is correlated with an increase in depressive symptoms and a reduction in self-esteem (Cano et al., 2015; Schwartz et al., 2015). This relationship has also been demonstrated cross-sectionally with Mexican American youth (Piña-Watson, Dorhecker, & Salinas, 2015) as well as with Latina/o youth (Romero, Carvajal, Valle, & Orduña, 2007; Romero, Piña-Watson, & Toomey, 2017). These studies give substantial evidence for the relationship of bicultural stress and internalizing symptoms such as depression. The results of these studies make sense given the primary psychosocial challenge defined by Eric Erikson (1993) as identity formation. It is hypothesized that during the process of trying to develop a sense of identity in conjunction with the concern of how adolescents may be perceived by others due to identifiable cultural differences they may create a negative self-image resulting in an increase of depressive symptoms (Umana-Taylor & Alfaro, 2009). The normative process of developing a sense of identity is difficult during the process of adolescence. However, the process of trying to develop a solid sense of self within a multicultural context with the addition of bicultural stress adds a whole new dimension of difficulty for Latina/o youth (Umana-Taylor, Diversi, & Fine, 2002). Given these findings that have demonstrated a relationship between depression and bicultural stress (Hovey, 1998; Hovey & King, 1996; Romero & Roberts, 2003; Smokowski et al., 2009; Umana-Taylor et al., 2011), it was hypothesized that in the proposed model being utilized
for this study that there would be a direct positive relationship between bicultural stress and depressive symptoms.

**Acculturation, Enculturation, and their Relations to Familismo and Respeto**

It is known that Latina/o parents instill cultural values in their children that differ from the White, U.S. culture resulting in different interactional styles (Cauce & Domenech-Rodriguez, 2002). Ogbu (1994) presented the argument that culture plays an important role in the upbringing of youth. In fact, levels of acculturation and enculturation are indicative of adherence to traditional cultural values (Lorenzo-Blanco et al., 2012); however, the direction and strength of the relationships are not all the same indicating that it is important not to assume all cultural values show the same effects. The next section will begin by defining the traditional cultural values of familismo and respeto. Next it will discuss the cultural values relationship to levels of the cultural adaptation process.

Family is a central element of Latina/o culture that fuels the process of adolescent development. Familismo is a core Latina/o cultural value that promotes familial closeness and cohesion (Marin & Marin, 1991). One may think that most families regardless of race or ethnicity display these characteristics, but Latina/o families tend to rely more heavily on extended family and there is a greater sense of interdependence compared to other racial or ethnic groups. Rivera et al. (2008) describes familismo as trust in one’s family and loyalty to family. Marin and Marin (1991) identify three major tenets of familismo including perceived obligation to support family, reliance on family for support, and the use of family as referents. The tenets of familismo extend beyond the nuclear family and into extended family and friends.
Sabogal, Marin, Otero-Sabogal, Marin, and Perez-Stable (1987) explored acculturation and familismo in a sample of 452 Latina/os and compared it to 227 Whites. Results of this study showed that regardless of level of acculturation Latina/os viewed their family as highly supportive. Additionally, the results showed that the Latina/os in the study endorsed higher levels of orientation towards their family than the non-Latina/o Whites. Another study that examined three generations of Mexican American youth, found similar results to the Sabogal et al. (1987) study in that as levels of acculturation increased adherence to familismo remained unchanged. More recently, Lorenzo-Blanco et al. (2012), showed higher levels of acculturation as well as enculturation were associated with higher levels of familismo, which gives additional evidence to Sabogal et al. (1987). Based on the findings of Sabogal et al. (1987) and Lorenzo-Blanco et al. (2012) it is hypothesized that there will be a positive, direct relationship between acculturation and familismo as well as enculturation and familismo.

Respeto is a Latina/o core cultural value that is closely associated with familismo (Lorenzo-Blanco et al., 2012). It can be described as “positive and interpersonal relations” (Azmitia & Brown, 2002) and prescribes respectful behavior towards family members, which results in harmonious family relations (Torres, 1998). Organista (2007) defines respeto as “paying deference to those of higher status in the traditional sense including affiliation and cooperation, which are traditionally stressed in family relations more than independence and assertiveness” (Organista, 2007 p. 143). The literature has shown that respeto is prominent in the parental styles of Mexican and Dominican mothers (Calzada, Fernandez, & Cortes, 2010). There has been a dearth of research on the use of respeto in the parenting styles of other Latina/o groups.
Several researchers have found that less adherence to respeto was associated with higher levels of acculturation (Gil, Wagner, & Vega 2000; Miranda et al., 2000; Pantin, Schwartz, Sullivan, Coatsworth, and Szapocznik, 2003), which was in turn linked with more problem behaviors in Latina/o immigrant youth (Gil et al., 2000). Researchers believe that this is due to the individualistic and self-directed value system present in the United States that is incongruent with the cultural value of respeto. Taken together, these aforementioned findings provide evidence that enculturation, or continued adherence to cultural values, serves as a protective factor for Latina/o youth against displaying problem behaviors. In contrast a more recent study done by Lorenzo-Blanco et al. (2012) found that higher levels of acculturation were associated with more adherence to respeto, which the authors believe is due to contextual factors such as demographic and sociocultural factors. Participants from this study were primarily born in the United States suggesting that perhaps the parenting strategies of parents of U.S. born children may differ from foreign-born youth. The authors hypothesized that the parents of U.S. born children may try to hold on to the cultural value of respeto as their children become more acculturated to the U.S. as an attempt to preserve traditional cultural values within their family system (Lorenzo-Blanco et al., 2012). As predicted, Lorenzo-Blanco et al. (2012) found that enculturation was directly and positively associated with respeto. Based on the findings of Lorenzo-Blanco et al. (2012), it is predicted that acculturation will be directly and positively associated with respeto and enculturation will be directly and positively associated with respeto as well.

Adherence to Cultural Values and their Relations to Family Cohesion and Depressive Symptoms
This decomposition of family functioning is due to a loss traditional Latina/o cultural values, which promote family cohesion and collectiveness (Gonzales et al., 2006; Zayas et al., 2005). When adherence to traditional cultural values such as familismo and respeto are present the Latina/o family functions better as a whole. Cauce and Domenech-Rodriguez (2002) suggest that Latina/os that abide by higher levels of familismo, feel accountable for the well-being of family members. Kulhberg, Peña and Zayas (2010), posit that Latina/o youth that adhere to familismo may be more likely to avoid parent-child conflict, which is incongruent with the developmental expectations of autonomy that are emphasized by dominant U.S. culture. Prior research has shown that adherence to familismo serves as a buffer against parent-adolescent conflict, and the presence of conflict resulted in greater endorsement of internalizing behaviors (Kulhberg, Peña, & Zayas, 2010).

Lorenzo-Blanco et al., (2012) provide additional evidence that adherence to familismo and respeto was positively and directly associated with family cohesion. Conversely, this same study showed adherence to familismo and respeto resulting in a negative direct relationship with family conflict. These findings suggest that adherence to the cultural values of familismo and respeto promote a sense of collectiveness and harmony in Latina/o families resulting in increased family functioning and reduced family conflict. No additional studies have been located that demonstrate relationships among these variables.

Findings from the Lorenzo-Blanco et al. (2012) demonstrate that family cohesion was negatively and directly associated with depressive symptoms. On the other hand, adherence to familismo and respeto was indirectly negatively related to depressive
symptoms by way of family cohesion. These findings give evidence that adherence to familismo and respeto promotes a strong sense of family cohesion, which in turn, serves as a protective factor against depressive symptoms in Latina/o youth. Based on the findings of Lorenzo-Blanco et al. (2012) it is predicted that respeto and familismo will be positively and directly related to family cohesion. Additionally, it is predicted that respeto and familismo will be negatively and indirectly related to depressive symptoms via family cohesion.

**The relation between family cohesion and depressive symptoms.** Researchers have found that family conflict increases as Latina/o youth acquire attitudes, behaviors, practices, interpersonal relationships, language, values, and ethnic identification associated with the U.S. dominant culture (Gonzales et al., 2006). The literature defines family cohesion as the emotional bonds that families share with one another and family conflict as the disruption of harmony in the family processes (Olson, Russell, and Sprenkle, 1982). Zaya’s et al., (2005) utilizes an ecodevelopmental model and identifies the family as the most salient source of well-being for Latina/o adolescents. Conflict within the family setting is viewed as very serious and worrisome as it deviates from important traditional culture values that embrace unity and cohesion within the family. Latina/o families perceived familial support is associated with lower rates of psychological distress (Rivera, 2007) and more specifically lower rates of depression in Latina/o youth (Gonzales et al., 2006). Researchers have found that family conflict experienced by Mexican-American youth has led to greater risk for depressive symptoms (Gonzales et al., 2006; Cook et al., 2009), which potentially serves as a mediator between acculturation and depression. Lorenzo-Blanco et al. (2012) found that family cohesion
was negatively, directly, related to depressive symptoms in Latina/o youth. These findings suggest that family cohesion serves as a protective factor against depressive symptoms. Based on the Lorenzo-Blanco et al. (2012) findings it is hypothesized that there is a negative direct relationship between family cohesion and depressive symptoms.

**Peer Support, Family Cohesion, and Depressive Symptoms.** Although the Latina/o family is known to play a vital role in the development and mental health of Latina/o youth it is important to recognize the role of peer support (Romero et al., 2014). As adolescents get older the support of peers becomes more salient than it was earlier in childhood. Conflict that presents amongst peers is difficult to handle for adolescents, but can be especially difficult when youth are concurrently experiencing stressors related to the cultural adaptation process (Romero et al., 2014). Klomek, Marrocco, Kleinman, Schonfeld, and Gould (2007) found that even infrequent incidents of bullying were correlated with higher risk for depression and suicidality especially among girls. It has been shown that relational victimization (where the victim’s social relationships has a significant effect on youth’s mental health compared to overt victimization (e.g. name calling, and bullying that involves physical contact) and females have been shown to experience relational victimization at higher levels (Klomek, Sourander, Gould, 2010).

Peer support has been found to be a protective factor for Latina/os. More specifically, Leonardo (2016) found that perceived peer support with a group of immigrant adolescents was inversely related with less endorsement of depressive symptoms. Crockett, Iturbide, Torres, Stone, McGinley, Rafaelli, and Carlo (2007) found that high levels of peer support in Mexican-American college students was linked with
fewer depressive symptoms. Additionally, La Greca and Harrison (2005) found that in 67% of their sample of Latina/o youth, being part of a “high status” peer group resulted in lower symptoms of depression. A study done with Asian American youth found that youth who reported higher levels of parental and peer support endorsed fewer symptoms of depression (Hishinuma et al., 2004). These findings indicate that parental and peer support serve as a protective factor among Latina/o and Asian American youth.

There is a growing body of literature that explains the connection between the relationship to an adolescent’s family and how that relationship affects their relationship with their peers (Grau, Azmitia, & Quattlebaum, 2009). Literature in this area is scarce for Latina/os however the existing literature explores the relationships between acculturation and familismo and how they affect the adolescent’s choice of friends.

In the general population families help their adolescents influence their choice of peer relationships by the schools and neighborhoods which they attend and reside, through teaching the adolescent social skills and conflict resolution skills, as well as helping the adolescent identify positive and negative qualities of a friend (Mounts & Kim, 2007; Parke, 2004). However, when looking at different racial and ethnic groups there are differences in how parents socialize their children to make friends (Mounts & Kim, 2007). Mounts and Kim (2007) indicate that White parents are more likely than Latina/o or African American parents to form friendships with children who are more academically orientated, and Latina/o parents are more likely than African American parents to want their children to befriend other children who are racially and ethnically similar. Way, Greene, and Mukherjee (2007) found that White and Latina/o adolescents were more likely than Asian American and African American adolescents to state that
their parents consider their friendships an important source of social and emotional support. However, given the findings of the Mounts and Kim (2007) study Latina/o parents prefer that their children make friends with other Latina/o youth, which could be due to the fact that their families are more likely to adhere to traditional Latina/o cultural values.

Another important factor to consider is that the importance of family determines the degree to which parents will allow their children to engage in activities with other children outside of the school setting (Grau et al, 2009) which effects the formation of peer relationships. If parents are not allowing youth to form relationships outside of school, it will be more difficult for youth to develop friendships. A handful of studies have shown that Latina/o immigrant parents were more likely to not allow their youth to form relationships with peers outside of school compared to second or third generation parents (Cooper, Jackson, Azmitia, & Lopez, 1998) but rather form social support with siblings or cousins. These findings highlight the importance of familismo in the Latina/o immigrant family and how the adherence to this specific cultural value is higher at lower levels of acculturation. Based on the findings of La Greca and Harrison (2005) it is hypothesized that perceived peer support will be negatively and directly related to depressive symptoms and that family cohesion will be directly and positively related to perceived peer support.

**Purpose of the Present Study**

The purpose of the study is to determine if a hypothesized model depicting relations among acculturation, enculturation, bicultural stress, adherence to cultural values, family cohesion, perceived peer support, and depression is a good fit to the data.
and explains a significant portion of the variance in Latina/o youth depressive symptoms. Additionally, this investigation aims to determine if gender moderates the relations within the hypothesized model. Finally, potential gender differences in endorsement of depressive symptoms for Latina/o youth will be explored.

**Research Questions**

The following research questions will be answered in this study.

*Q1:* Is the hypothesized model of Latina/o youth’s depressive symptoms a good fit to the data and does it explain a significant amount of variance in such symptomology?

*Q1a:* What are the relations among acculturation, enculturation, and bicultural stress?

*Q1b:* Do acculturation and enculturation indirectly predict Latina/o youth’s depressive symptoms via their relations with familismo and respeto and family cohesion?

*Q1c:* Does bicultural stress directly predict Latina/o youth’s depressive symptoms?

*Q1d:* Does adherence to cultural values indirectly predict Latina/o youth’s depressive symptoms via its relations with family cohesion?

*Q1e:* Does family cohesion directly and indirectly predict Latina/o youth’s depressive symptoms via its relation with perceived peer support?

*Q2:* Does gender moderate the relations with the hypothesized model of Latina/o youth’s depressive symptoms?

*Q3:* Are there gender differences in the endorsement of depressive symptoms?

**Hypotheses**

The following hypotheses will be tested:

*H1:* The hypothesized model of Latina/o youth’s depressive symptoms will be a good fit
to the data.

H1a: There will be a negative relationship among acculturation and enculturation, whereas each will be positively related to bicultural stress.

H1b: Acculturation and Enculturation will indirectly predict depressive symptoms by way of family cohesion.

H1c: Bicultural stress will positively and directly predict depressive symptoms.

H1d: Acculturation and enculturation will positively and directly predict familismo

H1e: Acculturation and enculturation will positively and directly predict respeto

H1f: Adherence to familismo will positively and directly predict family cohesion.

H1g: Family cohesion will negatively and directly predict depressive symptoms.

H1h: Perceived peer support will positively and directly predict family cohesion.

H1i: Perceived peer support will negatively and directly predict depressive symptoms.

$H2_a$: Gender will moderate the relations among the hypothesized model of Latina/o youth’s depressive symptoms.

$H3_a$: Latinas are more likely than Latinos to develop depressive symptoms.
CHAPTER III

METHODOLOGY

This section of the paper describes the specific participants, demographics, measures, and procedures used within this study to sufficiently answer the research questions being proposed.

Participants

Participants were 156 Latina/o youth living in the United States. All participants self-identified as Latina/o and reported their specific ethnicities as: Mexican or Mexican American (n= 145, 92.9%), South American (Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay or Venezuela) (n=1, .6%), Spanish (from Spain) (n= 6, 3.8%), Puerto Rican (n= 7, 4.5%), Cuban (n=1, .6%), Central American (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua or Panama) (n= 5, 3.2%) and other (n = 6, 3.8%). Participants could select more than one ethnicity. The study’s sample included 156 participants. Of the participants, 36 (23%) identified as male, 120 (77%) identified as female and no participants identified as transgender or other. Given that this study addressed the experiences of Latina/o youth in middle and high school, the mean age of the participants was 14.07 years (SD 1.33 years; range 13–17). The participants mainly resided in Midwestern states. However, ten total states were represented in the sample including: Wisconsin (n= 74, 47.4%), Minnesota (n = 41, 26.3%), North Dakota (n= 27, 17.3%), California (n=5, 3.2%), Illinois (n=4, 2.6%),
Colorado (n=1, .6%), Florida (n=1, .6%), Georgia (n=1, .6%), Nevada (n=1, .6%) and Virginia (n=1, .6%). Most the participants reported that they spoke Spanish (n= 138, 88.5%). With regards to generation status, most participants reported being born in the United States (n= 145, 92.9%). However, 60.3 % of participants reported that their mother was not born in the United and 69.9% reported that their father was not born in the United States. Of the participants, 44.2% reported that they had previously been to counseling whereas 55.1% reported never going to counseling. Lastly 35 (22.4%) participants completed the survey online and 121 (77.6%) participants completed the survey in person.

**Procedure**

All forms and procedures were presented to the University of North Dakota Institutional Review Board (IRB) to ensure the protection of all participants.

**Online Recruitment**

Once permission was obtained from the IRB, the primary investigator began recruiting participants through Facebook advertisements. The University of North Dakota Institutional Review Board (IRB) granted a waiver of parental consent given that the study included no greater risk than the risks of daily living. In addition, the University of North Dakota Institutional Review Board granted a waiver of youth assent for the online study. The Facebook advertisements were created to specifically target youth between the ages of 13 to 17. Given that advertisements were not able to target youth based on racial or ethnic background, the researcher instead selected for the advertisements to target youth living in the top U.S. 20 cities with the highest Latina/o population. Participants could click on the Qualtrics survey link directly from the advertisement. Given the waiver
of youth assent that was granted, participants were provided with an assent form and were asked to click yes or no if they agreed to participate; clicking yes assumed assent.  

**In-person Recruitment**

After a few weeks recruiting participants via Facebook advertisements was unsuccessful yielding a low number of participants. The University of North Dakota Institutional Review Board was petitioned for a protocol change, which resulted in getting letters of support from two local schools administrators to conduct the study in their schools. The University of North Dakota Institutional Review Board granted a waiver of parental consent for this part of the study, but not a waiver of assent. Prior to data collection a letter was sent home to parents written in both English and Spanish notifying them of the study. Given that a waiver of parental consent was granted, parents were only asked to contact the school if they did not want their child to participate in the study. If no response was received, parental consent was assumed.  

The first school was a high school located in Northwestern, Minnesota, in a small agricultural community that is best known for its sugar beet and potato factories. At the first school, the researcher spent the school day with a homeroom teacher who was the school’s multicultural liaison. All the students in her classes identified as Latina/o. Students were given an overview of the study and then given an assent form. If students agreed to participate, they were given a survey packet that contained a demographic questionnaire, and measures of depression, acculturation, enculturation, bicultural stress, familial conflict and cohesion, perceived peer support, and cultural values. If students did not agree to participate, there assent form was collected, they were thanked for their consideration and the homeroom teacher gave them an alternative activity to do. The time
the students took to fill out the survey packets ranged from fifteen minutes to thirty minutes. Upon completion of the survey, the students received a debriefing form that thanked them for their participation and provided them the emergency and non-emergency hotline numbers. No incentive was offered for participation. A few months later, the researcher was invited to participate in a summer group for Latina/o youth who live in rural areas that was sponsored by the high school. The researcher was asked to participate in a workshop one day and talk about her experiences as a Latina in higher education. At the end of the workshop the youth were given the opportunity to complete the survey packet with the same procedures utilized above.

The second school was in small agricultural town in North Dakota and was a special summer school program for the children of migrant workers. All students attending the summer school program identified as Latina/o. The students were provided with assent forms and if they decided to participate they were provided with survey packets. The packets included a demographic questionnaire, and measures of depression, acculturation, enculturation, bicultural stress, family cohesion, perceived peer support, and cultural values. Students that decided not to participate were provided with an alternate activity to complete during the class period. Students took between 15 to 30 minutes to complete the survey packet. Upon completion, they were provided with a debriefing form that thanked them for their participation and provided them with emergency and non-emergency help line numbers. No incentive was offered for completion of the survey.

The final school was a middle school located in a medium sized city in Wisconsin. This school was an all-girls, private, Catholic school in which 99% of
students identified as Latina. Given the smaller nature of this school, all students had their own personal laptops to complete the survey. The morning of the data collection the school guidance counselor e-mailed all students in the school the Qualtrics link to the survey to their school e-mail. Students were told that they could select whether they wanted to participate in the study and were given the same opportunity to assent as the participants that were recruited online. Additionally, the same aforementioned procedure for parent notification was utilized at this school. On the morning of data collection, the researcher went to the school during the homeroom hour and walked around to all the classrooms with the guidance counselor to see if students had questions about the survey. Students took between 15 to 40 minutes to complete the survey. Students who completed the survey were provided with the online debriefing form that thanked them for their participation and provided them with emergency and non-emergency help line numbers. No incentive was offered for completion of the survey.

**Measures**

**Demographic Questionnaire**

Participants were instructed to complete a short demographic survey, which included specific information regarding participants’ age, state in which they reside, racial/ethnic identity, parents’ level of education, generational status, language preference, highest grade completed, current grade placement and prior mental health treatment history. The demographic questions were completed at the beginning of the survey.
Depression

The Center for Epidemiological Studies Depression Scale for children (CES-DC) was used as a self-report measure of child and adolescent depressive symptoms. The CES-DC is a modified version of the CES-D (Radloff, 1977) that uses language that is easier for adolescents to understand. Essentially, all items are the same; the only difference is the language. The CES-DC is intended to be used with youth between the ages of six to seventeen.

The CES-DC presents a depressive symptom in qualitative form and asks the participant to rate how often they have felt that symptom in the past week. Sample items include, “I wasn’t able to feel happy, even when my family or friends tried to help me feel better” and “I didn’t sleep as well as I usually sleep.” Responses are recorded on a Likert-type scale ranging from 0 (not at all) to 3 (a lot). However, four items (4,8,12, and 16) are phrased positively and thus are reversed scored. Each qualifier is assigned a point value and summed at the end to see if the individual meets criteria for a major depressive episode. Scores can range from 0 to 60 and if more than four questions are left unanswered than the CES-DC should not be interpreted. Higher scores on the CES-DC are indicative of greater depressive symptoms. The CES-DC measures behavioral, cognitive and emotional aspects of depression (Faulstich, Carey, Ruggiero, Enyart, & Gresham, 1986). The CES-DC was normed on 148 children and adolescents from two child and adolescent psychiatric inpatient hospitals in the United States. The age of the norming sample ranged from 8-17 years. Good internal consistency was demonstrated with the full norming sample as evidenced by a coefficient alpha of .84. When the psychometric properties of the norming sample were broken down by splitting the sample
into children and adolescents, adolescents demonstrated better psychometric properties than children. More specifically adolescents demonstrated stronger internal consistency than children with coefficient alpha .86 for adolescents and .77 for children. The test-retest reliability was good for the adolescent sample (r=.69, p<.005). The concurrent validity of the CES-DC was examined by correlating it with the scores of the Children’s Depression Inventory and the two scales were found to be moderately correlated for the adolescents with the Pearson correlation coefficient at .61, (p<.005) (Faulstich, et al., 1986).

The CES-DC has been used in prior studies examining depressive symptoms in Latina/o youth (Bauman & Summers, 2009; Stein & Polo, 2013; Tummala-Narra & Claudius, 2013). Bauman and Summers (2009) examined incidents of peer victimization and depressive symptoms in 229 Mexican American middle school students in the Southwestern U.S. utilizing the CES-DC as the measure of depressive symptoms which yielded good internal consistency with a Cronbach’s alpha of .90. Additionally, in a study done by Stein and Polo (2013) that examined cultural gaps between 362 Mexican American children and their parents utilized the CES-DC as a measure of depressive symptoms, which demonstrated adequate internal consistency (α = .82). Lastly, Tummala-Narra and Claudius (2013) examined perceived discrimination and depressive symptoms with an immigrant adolescent sample which comprised of 30.5% Latina/os and reported a good Cronbach’s alpha of .85 for the CES-DC. For the current study the coefficient α was .88.
Acculturation and Enculturation

The Brief Acculturation Rating Scale for Mexican Americans was used as measure acculturation and enculturation (Brief ARSMA-II) (Bauman, 2005). This scale was adapted from the original Acculturation Rating Scale for Mexican Americans II (Cuellar, Arnold, & Maldonado, 1995). It is important to note that although the scale is titled the Acculturation Rating Scale for Mexican Americans, this 12-item scale measures the extent to which an individual is orientated to either “Anglo” or “Latina/o” culture and thus was not specific to “Mexican” culture. Each item is written in both English and Spanish. There are six items on the scale that represent Latina/o orientation (e.g., I enjoy speaking Spanish.) and the other six items represent Anglo orientation (e.g., I enjoy English language movies). The responses range from 1 (not at all) to 5 (almost always/extremely often). The six items on each respective scale are added up to obtain a sum and then divided by six giving the individual an enculturation score for the Latina/o Orientation Scale (LOS) and an acculturation a score for Anglo Orientation Scale (AOS). Higher scores are indicative of higher levels of enculturation or acculturation for the respective scales.

The Brief ARSMA-II was normed on two sample populations of Latina/o youth living in the U.S. southwest. Participants in Sample 1 were middle school students residing in a large urban city in a southwestern U.S. state. In contrast, participants from Sample 2 were students living in a small homogenous border town, which included a group of students who had dual citizenship that lived in Mexico, but chose to attend school in the U.S. Bauman (2005), reports good internal consistency reliability using Cronbach’s alpha; Sample 1, on the LOS scale, .93; for the AOS scale, .69; For Sample 2,
.84 for the LOS and .75 for the AOS. The two-factor structure described by the author of
the Brief ARSMA-II (MOS and AOS) was found in both samples in this study
demonstrating construct validity. For sample 1 the Spearman-Brown split-half coefficient
for LOS was .91 and for AOS was .81. For sample 2, the Spearman-Brown split-half
coefficient for LOS was .81 and for AOS was .79. The Brief ARSMA-II yielded
concurrent validity at .89 with the original ARSMA and the acculturation scores
correlated with generation status (r = .61) (Bauman, 2005). Construct validity was
assessed by comparing the acculturation categories of the sample to the language used for
forms. No highly-assimilated students used the Spanish language forms, and
acculturation levels were found to be significantly correlated with the language of the
forms (Bauman, 2005). Comparing the distribution of acculturation levels and categories
of the two diverse samples identified additional evidence for validity. The distribution
was significantly different between the two groups, with Sample 2 having a greater
proportion of individuals at lower levels of acculturation than Sample 1. This gives
evidence of validity given that the participants in Sample 2 come from a homogenous
Mexican community on the U.S. – Mexico border and participants from Sample 2 came
from a diverse community in the U.S. Southwest where Latina/os were the minority
(Bauman, 2005).

Several research studies have used the Brief ARSMA-II as a measure of
acculturation and enculturation with Latina/o youth giving evidence for reliability and
validity Bauman, (2005) tested the psychometric properties of this scale with children
and adolescents and found it to be reliable and valid. The Brief ARSMA was used as a
measure of acculturation and enculturation in a study that examined the validation and
exploration of gender roles in the Marianismo Beliefs Scale (Piña-Watson, Castillo, Jung, Ojeda, & Castillo- Reyes, 2014). In this study, the Brief ARSMA-II yielded acceptable coefficient alphas. On the Anglo Oriented Scale females produced a coefficient alpha of .66 and males .67 respectively. On the Latina/o Orientated Scale females produced a coefficient alpha of .93 and males .94 respectively. The participants were Mexican-American youth between the ages of 14 and 20 years old living in a city in South Texas. Another study that examined the effect of acculturation on academic achievement of 294 Mexican-American children found the Brief ARSMA-II to be reliable and valid yielding a Cronbach alpha of .73 (Kim, Newhill, & Lopez, 2013). The Brief ARSMA-II was used as a measure of acculturation and enculturation in a study that looked at acculturation as a predictor of career decision self-efficacy in 338 Latina/o seventh grade students in an urban city in central Texas (Ojeda, Piña-Watson, Castillo, Castillo, Khan & Leigh, 2012). This study reported a coefficient alpha of .91 for the Latina/o Orientation Scale and a coefficient alpha of .75 for the Anglo Orientation Scale. Another study that examined enculturation and acculturation as a predictor of Mexican American high school students’ decision to apply to college utilized the Brief ARSMA-II (Castillo, Lopez-Arenas, & Saldivar, 2010) and found coefficient alphas of .79 for the Anglo Oriented Scale and .91 for the Latina/o Oriented Scale. For the present study, $\alpha = .90$ for the LOS subscale and $\alpha = .69$ for the AOS subscale. These studies give evidence that the Brief ARSMA-II is a valid and reliable instrument to measure acculturation and enculturation in Latina/o youth.
Bicultural Stress

The Bicultural Stress Scale (Romero & Roberts 2003) was used as a measure of bicultural stress. This instrument consists of 20 items that measure bicultural stress in four areas including family stressors, discrimination stressors, monolingual stressors and peer stressors. Sample items include “My friends think I am acting “White”” and “I have felt that others do not accept me because of my ethnic group”. Participants responded to a 5-point Likert-type scale ranging from 1 (not stressful at all) to 4 (very stressful) and 5 indicating (does not apply). Scores range from 0 to 80 with higher scores indicating greater level of perceived stress (Romero & Roberts, 2003). Multiplying the number of stressors endorsed and the perceived stress ratings is used to calculate a composite score.

Prior to the validation of the Bicultural Stress Scale the authors conducted a focus group with seven undergraduate racial and ethnic minority college students enrolled in a general psychology course to assess the face validity of the items of the scale and talk about the meanings (Romero & Roberts, 2003). The students began this process by taking the Bicultural Stress Scale and then discussed the meanings of each individual item. To assess further construct validity and internal consistency the authors conducted a pilot study with 43 middle school students to see how the items performed (Romero & Roberts, 2003). The Bicultural Stress Scale has been validated for use with Latina/o adolescents (Romero & Roberts, 2003) with reports of good internal consistently with Cronbach’s alpha of .93 for U.S. born adolescents and a Cronbach’s alpha of .92 for immigrant adolescents. A study looking at the effects of bicultural stress and gender on depression and suicidal ideation with a sample of over 500 Mexican American youth reported a Cronbach’s alpha of .84 (Piña-Watson, Dornhecker & Salinas, 2015).
Similarly, another study that examined familismo, ethnic identity and bicultural stress as a predictor of positive psychological functioning with 191 Mexican American adolescents reported a Cronbach’s alpha of .82 (Piña-Watson, Ojeda, Castellon & Dornhecker, 2013). For the present study, the coefficient α was .83.

**Familismo and Respeto**

The cultural values of familismo and respeto were challenging to measure due to the lack of psychological instruments that are available to measure cultural values in Latina/o youth (Unger, Shakib, Gallaher, Ritt-Olson, Mouttaba, Palmer, & Anderson-Johnson, 2006). Due to the lack of instruments available researchers have been creating instruments to evaluate adherence to cultural values based on cultural values scales for Latina/o adults and taking only the items that are relevant to Latina/o youth to measure these constructs.

In the study by done Lorenzo-Blanco et al. (2012) the authors measured adherence to familismo by using one item from the Cuellar et al. (1995) Multiphasic Assessment of Cultural Constructs Short Form (MACCSF) and four items from the familismo scale by Sabogal, Marin, Otero-Sabogal and Marin, (1987). The items that the researchers chose had the highest factor loadings in a study done by Unger, Ritt-Olson, Teran, Huang, Hoffman, and Palmer (2002) in which the authors used the same four items to measure adherence to familismo in a group of Latina/o youth. Sample items include “If one of my relatives need a place to stay for a few months, my family would let them stay with us” and “I expect my relatives to help me when I need them”. Youth are asked to rate the items on a 4-point scale ranging from 1(*definitely no*) to 4(*definitely yes*). Higher scores represent a greater adherence to familismo. Lorenzo-Blanco et al.
(2012) reported good internal consistency via a Cronbach’s alpha of .79 for the four-item familismo scale. For the current study, $\alpha$ was .71.

Lorenzo-Blanco et al. (2012) measured the cultural value of respeto by adapting four items from a study done by Unger et al. (2006) that measured cultural values in Latina/o youth in Southern California. Sample items included “It is important to honor my parents” and “It is important to respect my parents”. Youth are asked to rate the items on a 4-point scale ranging from 1(definitely no) to 4(definitely yes) and higher scores indicate greater adherence to respeto. Lorenzo-Blanco et al. (2012) report good internal consistency with a Cronbach’s alpha of .89 for the four items measuring respeto. For the present study, $\alpha$ was .87.

**Peer Support**

Peer support was measured using the close friends subscale of the Child and Adolescent Social Support Scale (CASSS). The close friends subscale contains 12 items that measure emotional, informational, appraisal, and instrumental support. Sample items include “My close friend helps me when I’m lonely”. Youth are asked to rate the items using a 6-point rating scale ranging from never to always. Subscale scores are calculated by summing the frequency ratings on the 12 items on the subscale. The higher the score the greater the amount of support from peers the youth feels that they are receiving.

This scale has been designed for use with adolescents and in the validation sample received coefficient alphas ranging from .92 to .96 across the subscales (Malecki & Demaray, 2002). Thirty eight percent of the youth that were surveyed as part of the norming process identified as a racial or ethnic minority. A recent study done by Miller, Esposito-Smythers, and Leichtweis (2015) used the CASSS to determine the perceptions
of social support in adolescents with suicidal ideation and suicide attempts. The authors reported Cronbach’s alpha ranging from .94 to .96. Additionally, the CASSS has demonstrated validity with Latina/o youth. Cupito, Stein, Gonzalez and Supple (2016) examined maternal warmth support and school support and its relation to depressive symptoms; Cronbach’s alpha was .99. For the present study, α was .95.

**FACES IV**

Family cohesion was measured using the Family Adaptability and Cohesion Evaluation Scales, which is a 62-item measure that was created from the cohesion and flexibility dimensions of the Circumplex Model of Marital and Family Systems. (FACES IV) (Olson, 2011). The FACES IV has a total of six scales, which include two balanced scales (cohesion and flexibility) and four unbalanced scales (rigid, chaotic, disengaged, and enmeshed). The current study used the balanced cohesion scale, which measures familial closeness and involvement Olson (2011) defines cohesion as “the emotional bonding that family members have toward one another” (p.65). Sample items include “Family members feel very close to each other” and “Our family has a good balance of separateness and closeness.” Youth are asked to rate items using a 5-point Likert type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores indicate high levels of family cohesion. The FACES IV is a widely used reliable and valid scale. In the development of the FACES IV, construct validity was shown by a confirmatory factor analysis and concurrent validity was established by correlated the FACES IV with three additional family scales including the Self-Report Family Inventory (SFI), Family Assessment Device (FAD), and Family Satisfaction Scale (FSS) (Olson, 2011). More specifically, the balanced cohesion scale demonstrated the following correlations with
SFI ($r = .98$), FAD ($r = .95$) and FSS ($r = .89$). Furthermore, Olson (2011), reported good internal consistency for the balanced cohesion scale with a Cronbach’s alpha of .89. The balanced cohesion scale has shown good reliability with Latina/o’s with Cronbach’s alpha of .77 (Groenenberg, Sharma, Green, & Fleming, 2013). The balanced cohesion scale showed good internal consistency, Cronbach’s alpha of .73, with a sample of 80 Latina/o youth between the ages of 11 and years old (Kapke, Grace, Gerdes, & Lawton, 2017). For the present study, $\alpha$ was .95 for the balanced cohesion scale.
CHAPTER IV
DATA ANALYSIS

This chapter presents the data analysis procedures used to address the present study’s hypotheses and the subsequent findings. To begin, preliminary analyses used for data screening and missing values analysis will be conducted and presented. Then, path analytical procedures will be used to test the model of Latina/o youth’s depressive symptoms along with hypotheses associated with the relations among variables in this model. Finally, given gender composition of the sample and its size, multiple group analyses using path analytic procedures to determine if gender moderated relations within the hypothesized model could not be performed as hoped. Instead, a series of independent sample t-tests with equal variances not assumed were conducted to investigate potential differences in the study’s variables of interest by gender.

Results

Preliminary Analyses

Using IBM SPSS 23.0, data were screened to remove participants who did not fit the exclusionary criteria in addition to participants who did not provide any survey data. The initial data included 247 participants. Of note, 64 participants were removed because they did not meet the age requirements (ages 13 to 17), 4 participants were removed because they did not identify as Latina/o, 13 participants were removed because they...
provided no responses to survey data and 2 participants were removed because they did not assent to the survey.

Next, the remaining 164 cases were examined for missing values patterns using SPSS’s multiple imputation feature. Twenty-three missing values were found out of 1,289 in 10 out of 164 cases across all the 8 main variables (acculturation, enculturation, bicultural stress, family cohesion, respeto, familismo, peer support and depressive symptoms). Little’s MCAR test showed that the data were missing completely at random \( \chi^2(31) = 31.02, p = .47 \). The data was then screened for univariate and multivariate outliers. Four participants were removed from the data as they completed less than 80% of the items in the survey. Additionally, the four participants were identified as univariate outliers due to having z-scores greater than the absolute value of 3.29 on one or more of the main variables. No multivariate outliers were identified as they did not exceed the Mahalanobis distance value of 26.125 based on 8 of degrees of freedom. Based on this information, out of the original 164 participants, 156 were included in the final sample. Finally, the skewness and kurtosis values were examined for each variable of interest. Although no concerns with kurtosis arose in that all values were below an absolute value of 2, concerns did arise regarding skewness. Specifically, only three variables were approximately symmetric (i.e., acculturation, enculturation, and bicultural stress), whereas three variables were moderately skewed (i.e., familismo, peer support, and depression) and two variables were highly skewed (i.e., respeto and family cohesion). These findings suggest that the data were non-normal and pointed to the possibility of multivariate non-normality. Therefore, based on these findings and the presence of missing data, when using path analytic procedures, model fit was estimated with
maximum likelihood estimation with robust standard errors (MLR) and full information maximum likelihood (FIML).

It is important to note that demographic information for the final sample of 156 participants is included in the Method section (Chapter III). Please see Table 1 above for the means, standard deviations, and alpha coefficients for the variables of interest for the full sample and by gender. See Table 2 for the correlations among the study’s variables for the full sample.

Table 1. Means, Standard Deviations, and Alpha Coefficients in Predictor and Outcome Variables.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>SD</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acculturation</td>
<td>4.04</td>
<td>.62</td>
<td>.69</td>
</tr>
<tr>
<td>Enculturation</td>
<td>3.43</td>
<td>1.06</td>
<td>.90</td>
</tr>
<tr>
<td>Bicultural Stress</td>
<td>1.94</td>
<td>.59</td>
<td>.83</td>
</tr>
<tr>
<td>Familismo</td>
<td>3.21</td>
<td>.56</td>
<td>.71</td>
</tr>
<tr>
<td>Respeto</td>
<td>3.71</td>
<td>.45</td>
<td>.87</td>
</tr>
<tr>
<td>Family Cohesion</td>
<td>3.99</td>
<td>.10</td>
<td>.95</td>
</tr>
<tr>
<td>Perceived Peer Support</td>
<td>4.54</td>
<td>1.12</td>
<td>.95</td>
</tr>
<tr>
<td>Depressive Symptoms</td>
<td>1.14</td>
<td>.59</td>
<td>.88</td>
</tr>
</tbody>
</table>

Table 2. Pearson Correlations between Predictor and Outcome Variables.

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Depressive Symptoms</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Acculturation</td>
<td>-.25</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Enculturation</td>
<td>-.117</td>
<td>-.210**</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Bicultural Stress</td>
<td>.499**</td>
<td>-.042</td>
<td>-.078</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Familismo</td>
<td>-.190*</td>
<td>.007</td>
<td>.300**</td>
<td>.058</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Respeto</td>
<td>-.204*</td>
<td>.059</td>
<td>.236**</td>
<td>-.003</td>
<td>.483**</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Family Cohesion</td>
<td>-.293**</td>
<td>.019</td>
<td>.215**</td>
<td>-.063</td>
<td>.440**</td>
<td>.277**</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>8. Peer Support</td>
<td>-.336**</td>
<td>.106</td>
<td>.256**</td>
<td>-.198*</td>
<td>.352**</td>
<td>.237**</td>
<td>.441**</td>
<td>--</td>
</tr>
</tbody>
</table>
Primary Analyses

Testing the path model. A path analysis was conducted to test the proposed model of depressive symptoms for the full sample of 156 Latina/o youth using MLR and FIML within MPlus 7.4 (see Figure 1). The comparative fit index (CFI), root mean square error approximation (RMSEA), and standardized root mean square residual (SRMR) were utilized in determining appropriate model fit. Specifically, comparative fit index (CFI) values of ≥ .95 indicate a very close model-to-data fit, whereas CFI values of ≥ .90 indicate an adequate model fit (Hu & Bentler, 1999). According to Kline (2011), the RMSEA should be close to .06 to demonstrate close model fit and .08 to demonstrate adequate fit. With regards to the standardized root mean square residual (SRMR), values should be less than .05 (Diamantopoulos & Siguaw, 2000). However, a value as high as .09 demonstrates acceptable fit (Hu & Bentler, 1999). A SRMR value of zero signifies perfect fit, but if the model has a high number of parameters or a large sample size, the SRMR may be higher (Hooper, Coughlan, & Mullen, 2008).

Findings suggested that the hypothesized model of Latina/o youth’s depressive symptoms was initially a poor fit to the data, \[SBSY(13) = 68.80, p = .00, CFI = .64, RMSEA = .17 (.129, .206), SRMR = .12\]. Given the poor model fit, I examined both the modification indices provided via MPlus 7.4 and consulted the literature regarding potential alterations to the model. Modification indices suggested that adding a correlation among familismo and respeto would improve the model. Indeed, familismo and respeto are interrelated that you cannot have familismo without respeto (Manning,
2009).
Figure 1. Hypothesized model, showing all expected relationships and their predicted valence.
Given statistical, empirical, and statistical support, an alternative model was tested adding the correlation among familismo and respeto. Findings suggested a marginally adequate fit to the data [$\text{SBS}\chi^2(10) = 25.39$, $p = .00$, CFI = .90, RMSEA = .10 (.052, .148), SRMR = .07]. Results showed that enculturation positively and significantly predicted familismo, respeto, and peer support, but not bicultural stress. Family cohesion positively and significantly predicted peer support and familismo and negatively and significantly predicted depressive symptoms. Peer support negatively and significantly predicted depressive symptoms. Bicultural stress positively and significantly predicted depressive symptoms. Acculturation was significantly and negatively correlated with enculturation, whereas familismo was significantly and positively correlated with respeto. Contrary to expectations, acculturation and enculturation did not predict bicultural stress and acculturation did not predict familismo nor respeto.

Given the marginally adequate fit to the data, a trimmed model was tested wherein the non-significant paths were removed from the model. Findings suggested that the trimmed model adequately fit the data [$\text{SBS}\chi^2(17) = 28.60$, $p = .04$, CFI = .92, RMSEA = .07 (.015, .107), SRMR = .07]. and significant paths remained significant. A SBS chi-square test of difference was used to compare the alternative model with the trimmed model finding no significant differences between the models [$\Delta\text{SBS}\chi^2(7) = 3.42$, $p > .05$]. However, chi-square tests of differences are sensitive to sample size and changes of at least .01 in CFI are also used to compare model fit (Cheung & Rensvold, 2002). In the present study, the CFI increased by .02 from the alternative to the trimmed model suggesting the trimmed model was a better fit to the data. Given this, the trimmed model was retained. It is important to note that the relations with the trimmed model
explained 30.1% of the variance in Latina/o youth’s depressive symptoms. See Table 3 for fit indices of each model tested and Figure 2 for the standardized path coefficients for the trimmed model.

Table 3. Model Fit Indices.

<table>
<thead>
<tr>
<th>Variables</th>
<th>SBS$\chi^2$</th>
<th>DF</th>
<th>CFI</th>
<th>RMSEA</th>
<th>SRMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test 1 (Full Model)</td>
<td>68.80</td>
<td>13</td>
<td>.64</td>
<td>.17</td>
<td>.12</td>
</tr>
<tr>
<td>Test 2 (Respeto correlated with Familismo)</td>
<td>25.39</td>
<td>10</td>
<td>.90</td>
<td>.10</td>
<td>.07</td>
</tr>
<tr>
<td>Test 3 (Trimmed Model non-significant path removed)</td>
<td>28.60</td>
<td>17</td>
<td>.92</td>
<td>.07</td>
<td>.07</td>
</tr>
</tbody>
</table>

Testing the indirect effects within the path model. The trimmed model of Latina/o youth’s depressive symptoms included three potential indirect effects among the variables—namely (a) enculturation to depression, (b) familismo to depression, and (c) peer support to depression. To test if these indirect effects were significant, bootstrapping procedures using the MODEL INDIRECT command in MPlus 7.4 was used. Specifically, following Shrout and Bolger’s (2002) recommendations, the indirect standardized effects were determined significant if the two-tailed 95% bootstrap confidence levels (lower 2.5% and the upper 2.5%) did not include zero. Examination of these confidence intervals indicated that the indirect effects from enculturation and familismo to depression were not significant (enculturation, $\beta = -.02$, C.I. = -.041, .003; familismo, $\beta = -.06$, C.I. = -.133, .005). However, results demonstrated that the indirect effect of peer support on depressive symptoms via family cohesion was significant ($\beta = -.06$, C.I. = -.122,-.005).
Figure 2. Trimmed Model.
Follow-up Analysis

Given the lack of homogeneity of covariances [Box M’s, $F(36, 14849.15) = 1.75$, $p = .004$] across variables, a series of independent samples t-tests with equal variances not assumed were conducted to investigate potential differences in acculturation, enculturation, bicultural stress, familismo, respeto, family cohesion, perceived peer support and depressive symptoms by gender. The only independent samples t-tests that produced statistically significant results were bicultural stress, depressive symptoms, enculturation and perceived peer support. Specifically, Latinas (N = 120) reported greater levels of bicultural stress than their Latino peers (N = 36), $t(64) = -3.56$, $p = .001$. Cohen’s $d$ was estimated at 0.890, which is a large effect (Cohen, 2016). Furthermore, Latinas also reported more depressive symptoms than Latinos (N = 36), $t(71) = -2.45$, $p = .017$. Cohen’s $d$ was estimated at 0.583, which is a medium effect based on Cohen’s (2016) guidelines. With regards to enculturation, Latinas reported higher levels of enculturation than Latinos, $t(55) = -2.172$, $p = .034$. Cohen’s $d$ was estimated at 0.584, which is a medium effect (Cohen, 2016). Finally, Latinas reported higher levels of perceived peer support than Latinos, $t(66) = -2.37$, $p = .021$. Cohen’s $d$ was estimated at 0.582, yielding a medium effect size.
CHAPTER V
DISCUSSION

This chapter provides a brief overview of the findings and provides a more comprehensive examination of these findings. A discussion of empirical and practical implications follows. At the end of this chapter, the limitations of the study are discussed in addition to directions for future research, which are discussed throughout.

Overview of the Findings

The purpose of the present study was to better understand if and how the relations among cultural adaptation process (i.e., acculturation and enculturation), adherence to cultural values (i.e., familismo and respeto), and interpersonal relationships (i.e., family and peers) influence depressive symptoms as one avenue of addressing mental health disparities experienced by Latina/o youth. This information is critical for mental health providers and researchers to aid in the creation and implementation of treatment programs that are empirically-based and culturally relevant. Additionally, such information is needed to guide prevention and early intervention efforts in Latina/o communities. Specifically, the goal of the current study was to test the fit of a hypothesized model depicting relations among acculturation, enculturation, bicultural stress, adherence to familismo and respeto, family cohesion, perceived peer support, and depressive symptoms based on Lorenzo Blanco et al.’s (2012) findings and suggestions. Path analytic procedures demonstrated that while the initial hypothesized model was not
a good fit to the data, a modified and trimmed model provided an adequate fit to the data. In fact, relations within this model explained a substantial amount of variance (30.1%) in Latina/o youth’s depressive symptoms. Finally, the present study explored gender differences in all the variables of interest for Latina/o youth and the differences that emerged will be discussed below.

**Exploration of the Findings**

**Model of Depressive Symptoms in Latina/o Youth**

While findings suggested that the modified and trimmed model of Latina/o youth’s depressive symptoms was a good fit to the data, some relations within the model converged with current literature, whereas others diverged from this literature. Thus, the next section will discuss the findings in relation to each variable highlighting convergent and divergence with the literature. Finally, potential explanations for the findings will be provided focusing on the context and experiences of this sample of Latina/o youth as well as the methodology employed in the current study.

**H1a: There will be a negative relationship among acculturation and enculturation, whereas each will be positively related to bicultural stress.** This hypothesis was partially supported. Results of the present study indicated that there is a significant negative relationship between acculturation and enculturation for this sample of Latina/o youth. This is consistent with the literature that suggests that acculturation involves acquiring the cultural beliefs, values and behaviors of the host culture, whereas enculturation retains the cultural values, beliefs and behavior of the Latina/o culture (Schwartz et al., 2010). Additionally, prior research has shown that acculturation is significantly and negatively correlated with enculturation with a sample of Latina/o youth.
At the same time, no significant relations were found between acculturation or enculturation and bicultural stress. This is contradictory to prior studies that have established a link between stress and the cultural adaptation process (Gonzales et al., 2009; Torres, 2010; Torres, Driscoll & Voell, 2012). However, the work of Schwartz et al. (2010) provides theoretical support for this non-significant finding. Specifically, Schwartz and his colleagues argued that the cultural adaptation process is not always an issue for second generation plus immigrants as some of the issues associated with the cultural adaption process may be optional. Additionally, they suggested that the cultural adaptation process may be more relevant to later generation immigrants that live in large ethnic enclaves (e.g., Little Havana in Miami and East Los Angeles) in that there is a large cultural community that helps the later generation preserve their heritage culture’s values, beliefs, language and behaviors. Given that the majority of Latina/o youth in the present study reported being born in the United States and living in the Midwestern region of the United States where there are few large Latino immigrant enclaves, it is likely that cultural adaptation process (i.e., acculturation and enculturation) and the related stress (i.e., bicultural stress) were not as relevant for them.

Furthermore, perhaps the binary of acculturation and enculturation is not as prominent for second generation plus Latina/o youth living in the Midwest. There is a growing body of literature that suggests that biculturalism is the most adaptive approach to the cultural adaption process (Schwartz et al., 2010). Instead, bicultural competence may serve as a protective factor against things such as bicultural stress. Bicultural
competence is defined being able to live two different cultural contexts comfortably without compromising aspects of one’s native culture (LaFromboise, Coleman, & Gerton, 1993). Prior research has shown that bicultural competence is associated with better mental health outcomes for Latina/os (David, Okazaki, & Saw, 2009). Individuals with bicultural identities are thought to be able to shift their mindsets as they enter a different cultural setting, which is referred to as cultural frame-switching (Harritatos & Benet-Martinez, 2002). Bacallao and Smokowski (2005) suggest that achieving a bicultural status is often associated with bilingualism. This makes sense given that if a Latina/o youth is able to speak both English and Spanish fluently they will be able to more freely move between cultures given that they have the ability to communicate effectively. However, there is a dearth of research on biculturalism within the Latina/o family. A single study found that Latina/o families who displayed biculturalism also displayed more family cohesion and less conflict in comparison to less acculturated Latina/o families (Miranda, Estrada, & Firpo-Jimenez, 2000). Nevertheless, more research is needed on the relationship between the cultural adaptation process and bicultural stress.

While the experiences of cultural adaptation and related stress may not be as relevant for this sample of Latina/o youth, the lack of significant relations from acculturation and enculturation to bicultural stress also may be due to measurement issues. Recent literature on acculturation view it as a multidimensional process that includes various domains including cultural facts, communication styles, affiliation preferences, daily habits, participation in cultural activities, language use and preference, cultural beliefs, values, cognitive styles, personality, self-concept, and ethnic or cultural
identity (Knight, Jacobson, Gonzales, Roosa, & Saenz, 2009). Even though acculturation is a multi-faceted process, the majority of research on acculturation utilizes measures that focus on behavioral acculturation (e.g., language use and cultural practices) which are only a small piece of the cultural adaptation process (Schwartz et al., 2010). Indeed, the present study used the Brief ARSMA-II which measures behavioral aspects of acculturation (Bauman, 2005). Thus, the insignificant relationship between acculturation and enculturation and bicultural stress could be due to the use of an instrument that does not measure cultural adaptation process across multiple dimensions.

Conceivably, future studies should include measures of the cultural adaptation process that include biculturalism and/or multiple domains of acculturation. Thus, given the complex nature of the cultural adaptation process, future studies may want to consider using structural equation modeling to create a latent variable of cultural adaptation in an attempt to measure multiple domains (e.g., cultural facts, communication styles, affiliation preferences, daily habits, participation in cultural activities, language use and preference, cultural beliefs, values, cognitive styles, personality, self-concept, and ethnic or cultural identity).

**H1b: Acculturation and enculturation will indirectly predict depressive symptoms by way of family cohesion.** This hypothesis was not supported. Prior research has yielded mixed findings regarding the relationship between acculturation and depressive symptoms (Torres & Rollock, 2007). One prior research study has found that acculturation and enculturation were indirectly correlated with depressive symptoms by way of family functioning (Lorenzo-Blanco et al., 2012). Though, this study examined family functioning with regards to family cohesion and family conflict. Additionally,
there has been some evidence that suggests that as Latina/o youth acculturate, they are less likely to adhere to traditional cultural values, which leads to conflict within the family (Gonzales et al., 2006). Conflict within the family system has been linked to depressive symptoms in Mexican youth and Latina/o adults from various ethnicities (Cook et al., 2009; Gonzales et al., 2006). Given these findings, as Latina/o youth acculturate and leave behind cultural values, there is a greater risk for conflict within the family system resulting in increased depressive symptoms (Lorenzo-Blanco et al., 2012). In turn, greater conflict within the Latina/o family most likely effects the degree of family cohesion. Nevertheless, this hypothesis was not supported in the present study. This may be because the participants of the current study are potentially operating under a bicultural identity and can engage in cultural frame switching (Harritatos & Benet-Martinez, 2002) and freely move between their Latina/o culture and the cultures present outside of their home. This type of identity may be particularly important for Latina/o youth living in regions of the United States where Latina/os are not the majority and often face discrimination. Future research may want to test the relations among having a bicultural identity and depressive symptoms by way of family functioning.

**H1c: Bicultural stress will positively and directly predict depressive symptoms.**

Results suggested that this hypothesis was supported by the data. These results converge with previous research, which has demonstrated that greater levels of bicultural stress are associated with greater endorsement of depressive symptoms both longitudinally (Cano et al., 2015; Schwartz et al., 2015) and cross-sectionally (Piña-Watson, Dornhecker, & Salinas, 2015; Romero, Carvajal, Valle, & Orduña, 2007; Romero, Piña-Watson, & Toomey, 2017). Thus, the findings of the current study align with prior literature and
provide additional empirical support on the relationship between bicultural stress and depressive symptoms. Specifically, given that the previous aforementioned studies examined the relation among bicultural stress and depressive symptoms only among Latina/o youth in large immigrant enclaves (i.e., Miami, Los Angeles and the Texas-Mexico Border), the current study extended these findings to Latina/o youth in the Midwestern United States.

H1d: Acculturation and enculturation will positively and directly predict familismo. Again, the data supported this hypothesis. This finding is congruent to prior findings in the literature (Lorenzo-Blanco et al., 2012; Sabogal et al., 1987). Given that enculturation is associated with greater adherence to traditional cultural values, it is logical that it would predict familismo. This suggests that the participants in the present study display behavior that is consistent with enculturation, which is also consistent with familismo. This finding also gives evidence that despite the majority of the participants identifying as second generation plus, they are still displaying beliefs consistent with familismo. Despite differing levels of generation status, Latina/o parents are still instilling the core ideas of familismo into their children.

However, the hypothesis, that acculturation would be positively and directly associated with familismo, was not supported. Despite prior research suggesting that regardless of the level of acculturation, adherence to familismo is endorsed by Latina/os as an important cultural value (Sabogal et al., 1987), acculturation did not predict familismo for the Latina/o youth in the present study. However, while Lorenzo-Blanco et al. (2012) found that acculturation was positively associated with familismo in a sample of Latina/o youth, these authors also suggested that the relationship between acculturation
and familismo may be influenced on “demographic” and “socio-cultural” factors. The majority of the population identified as Mexican, second-generation plus, and lived in the Midwestern region of the United States. However, there were still Latina/o youth who identified with other Latina/o ethnic groups and lived in states outside of the Midwest. Given Lorenzo-Blanco et al.’s (2012) suppositions, the variation of the current sample could be an indicator of the non-relationship between acculturation and familismo. Future research should examine this relationship with more homogenous groups of Latina/o youth given the numerous differences between varying Latina/o subgroups. Additionally, the lack of relationship between acculturation and familismo could be due to the smaller sample size of the study. Future research may want to examine this relationship with larger sample sizes in order to examine this relationship in greater depth.

**H1c: Acculturation and enculturation will positively and directly predict respeto.** This hypothesis was partially supported as respeto was positively and directly associated with enculturation, but not acculturation. Prior research has shown that acculturation and enculturation was associated with higher levels of respeto (Lorenzo-Blanco et al., 2012), which is contradictory to some research that has demonstrated that acculturation was associated with lower levels of respeto (Gil et al., 2000). However, Lorenzo-Blanco et al. (2012) suggests that acculturation and adherence to cultural values such as respeto may be dependent upon demographic and socio-cultural characteristics of the study participants. As previously mentioned, the majority study participants were born in the United States, living in the Midwest and identified as second generation plus. Given these demographic and sociocultural factors, the participant may be operating with a bicultural identity rather than an acculturated identity. Future studies may want to use a
measure of bicultural competence and test its relations to adherences to Latina/o cultural values.

It should be noted that in the modified and trimmed model, familismo also was correlated with respeto. Marin and Marin (1991) conceptualize familismo as being closely connected to respeto. This connection is highlight by Manning (2009) who discussed the idea that familismo will not function without respeto because respeto is a guiding quality of familismo. For example, Latina/o adolescents are taught to respect their immediate family members, elders and others outside of their family. Indeed, in the present study and in a prior study (Lorenzo-Blanco et al., 2012) where familismo and respeto were examined separately, there were high correlations between the two constructs signifying theoretical similarity. At the same time, Stein et al. (2014) suggest that respeto is a constituent of familismo for younger Latina/o children and adolescents, but it is not clear if this is true for older adolescents. This may be due to the fact as Latina/o youth become older the power differential between themselves and their parents and elders becomes less significant and adhering to respeto is developmentally appropriate. Thus, future research should examine the relations among familismo and respeto overtime to determine whether respeto and familismo function as the same construct or represent two separate constructs with older Latina/o adolescents.

**H1f: Adherence to familismo will positively and directly predict family cohesion.** This hypothesis was supported by the findings of the present study. Adherence to familismo and respeto may be key aspects to the promotion of family cohesion and collectiveness. In fact, prior research has provided evidence that the Latina/o family functions better when the cultural values of familismo and respeto are present. (Gonzales
et al., 2006; Lorenzo-Blanco et al., 2012; Zayas et al., 2007). The present study provides further evidence of this relationship with a sample of predominantly second-generation Latina/o youth living in the Midwestern region of the United States. These findings suggest that adherence to the cultural values of familismo and respeto promote a sense of collectiveness and harmony in Latina/o families resulting in increased family functioning. Provided that there are few studies that have examined the relationship between familismo and family cohesion with a sample of Latina/o youth living in the Midwest, future studies should examine this relationship with samples of Latina/o youth living in the Midwest to strengthen the generalizability to this population. Furthermore, future studies should be designed to explore this relationship with homogenous groups of Latina/o youth by ethnicity and generation status to examine differences and to increase generalizability.

H1g: Family cohesion will negatively and directly predict depressive symptoms. Results of the present study supported this hypothesis. This finding is consistent with prior research that has examined the relationship between family cohesion and depressive symptoms among Latina/o youth. Previous studies indicated that higher levels of family cohesion were associated with lower endorsement of depressive symptoms (Cook et al., 2009; Gonzales et al., 2006; Lorenzo-Blanco et al., 2012; Rivera, 2007). This finding provides critical information for the prevention and treatment of depressive symptoms in Latina/o youth. Given that the Latina/o family is the most salient source of well-being for Latina/o adolescents (Zayas et al., 2000), mental health providers should focus prevention and intervention strategies targeting this critical relationship. Future studies may want to examine this relationship with Latina/o who are
clinically depressed (Lorenzo-Blanco et al., 2012). Additionally, future research should consider exploring the relationship among family cohesion and other internalizing disorders such as anxiety.

**H1h: Perceived peer support will positively and directly predict family cohesion.** This hypothesis was supported. This finding is consistent with prior research that has established a connection between perceived peer support and family cohesion (Suizzo et al., 2012). Moreover, Bronfenbrenner (1979) proposes that various systems or environments interact and contribute to the youth’s development. Such systems and environment include the youth’s family and school. In fact, previous research provides evidence that family cohesion consists of emotional bonding among children and their families (Spees et al., 2017) and when youth endorse higher family cohesion, they are more likely to initiate positive relationships with their peers (Suizzo et al., 2012). Thus, it may be crucial for Latina/o youth to develop positive relationships within their family system as these relationships serve as a base for future relationships with peers. In fact, Lorenzo-Blanco et al. (2012) hypothesized that Latina/o parents may make an extra effort to impart values that align with familismo in their children in order to assure that their children have secure peer relationships. Future research should explore the impact of such parenting strategies on Latina/o youth’s peer relationships over time, particularly as a means of preventing or decreasing Latina/o youth’s depressive symptoms.

**H1i: Perceived peer support will negatively and directly predict depressive symptoms.** The findings of the present study supported this hypothesis. This finding is consistent with prior research that has examined the relationship between perceived peer support and depressive symptoms with Latina/o youth (Crockett et al., 2007; Leonardo,
For example, Leonardo (2016) found that with a group of Latina/o immigrant adolescents, higher levels of perceived peer support predicted fewer depressive symptoms. Additionally, this relationship has been demonstrated with Mexican American college students (Crockett et al., 2007). This finding suggests that perceived peer support serves as a buffer against depressive symptoms in Latina/o adolescents. Given this finding, it is important for Latina/o youth to build healthy relationships with their peer group. Mounts and Kim (2007) found that Latina/o parents feel more comfortable when their children form friendships with other Latina/o youth, given the assumption that other Latina/o children may come from families with similar values and beliefs. However, this may be challenging for Latina/o youth who do not reside in areas of the country where there is a large Latina/o presence. The participants of the present study predominantly resided in areas of the Midwest where non-Latina/os are the majority. If in fact Latina/o parents discourage their youth from forming friendships outside of their ethnic group, it could be particularly detrimental for the youth in this sample. When working with Latina/o families, mental health providers should encourage the formation of positive peer groups with Latina/o youth while providing psychoeducation to the parents about the protective factors of perceived peer support.

**Examination of Gender Differences Across**

A series of independent samples t-tests examined gender differences across conceptually distinct constructs. Differences were found in the amount of depressive symptoms, bicultural stress, enculturation, and perceived peer support between Latina girls and Latino boys. However, no significant gender differences emerged in levels of acculturation, family cohesion, respeto, and familismo.
In this sample of Latina/o youth, Latinas endorsed more depressive symptoms than Latinos and yielded a medium effect size. This finding is consistent with the literature that has demonstrated that girls regardless of race/ethnicity report more depressive symptoms than boys (Hankin, 1998). Furthermore, previous research focused solely within the Latina/o community found that Latina adolescents endorse more depressive symptoms than their Latino peers (Cespedes & Huey, 2008; Lorenzo-Blanco et al., 2011; Piña-Watson et al., 2015; Rivera et al., 2008; Roberts & Chen, 1995). The current study’s findings provide additional evidence that Latina youth endorse depressive symptoms at higher rates than Latino youth. At the same time, there is a dearth of research that examines factors influencing gender differences among depressive symptoms in Latina/o youth. However, Azmitia and Brown (2002) hypothesized that the socialization processes between Latinas and Latinos is distinct and may be one factor in the differential endorsement of depressive symptoms. Specifically, Latina/o families that adhere to traditional gender roles may socialize their daughters to be responsible for more domestic responsibilities around the home as well as monitored their daughters more closely than their sons who in comparison have fewer responsibilities and are given more autonomy and opportunities to explore outside of the home (Umaña-Taylor & Updegraff, 2007). These traditional gender role expectations may be viewed as unfair to Latina adolescents who are currently in a developmental period where autonomy is heavily emphasized. Additionally, the incongruence of gender role expectations in the home and at school may result in greater internalizing symptoms for Latina youth. Future research should explore the connections among traditional gender role expectations and depressive symptoms for Latina/o youth.
The next significant gender difference was in relation to bicultural stress. In the present study, Latinas reported significantly more bicultural stress than Latinos resulting in a large effect size. This finding aligns with previous research that has delineated gender differences in levels of bicultural stress among Latina/o youth (Nair, White, Roosa & Zeiders, 2012). While this study examined bicultural stress as a global construct, it may be important to examine gender differences across multiple dimensions of bicultural stress (e.g., family, discrimination, monolingual, and peer-related stressors) in that gender differences may vary based on the type of bicultural stress experiences. Indeed, Piña-Watson et al. (2015) found that Latina girls are more affected by bicultural stressors that interfere with interpersonal relationships, whereas Latino boys tend to be more affected by events that affect their sense of self. Future research should examine gender differences across types of bicultural stressors and the impact of these dimensions of bicultural stress on Latina/o youth’s depressive symptoms.

Regarding enculturation, Latina girls reported significantly higher levels of enculturation than Latino boys. This finding is congruent with the traditional Latina/o gender role socialization. As previously mentioned, Latina/o parents have distinct expectations for their sons and daughters, with sons experiencing greater freedom and daughters having more familial responsibilities (Umaña-Taylor & Updegraff, 2007). Given that Latina girls have more traditional domestic gender roles assigned, they may have less opportunities to engage with others outside of the home than their Latino peers, perhaps in turn resulting in greater levels of enculturation.

Lastly, Latina girls reported significantly higher levels of perceived peer support in comparison to Latina boys. This finding can again be traced back to traditional gender
role socialization. Prior research demonstrates that Latinas are socialized to place great value on interpersonal relationships (i.e. peers) (Castillo, Perez, Castillo, & Ghosheh, 2010). In fact, Piña-Watson et al. (2015) found that when Latina girls have low levels of stress within their peer groups, the probability of suicidal ideation is decreased. This finding highlights the important and protective role that peer support plays for Latina girls.

No specific gender differences emerged for level of acculturation, familismo, respeto and family cohesion. With regards to acculturation, prior research has suggested that Latinas acculturate faster than Latinos (Gil & Vazquez, 1996; Zayas et al., 2005) due to the increased autonomy that comes from less traditional gender roles. This is divergent from the present study’s findings, which suggest there are no gender differences in acculturation. Perhaps future studies should utilize a better measure of acculturation in order to get a more holistic picture of it. It should be noted the coefficient alpha (.69) for the acculturation measure utilized in this study was somewhat low. Perhaps the low coefficient alpha could be contributing to this divergent finding. Nevertheless, the current study did not include a measure of gender role beliefs, which may be important to include in future studies.

Prior research with a sample of predominantly U.S. born Latina/os’ in Southern California found that Latinas’ endorsed high levels of family cohesion, familismo and respeto in comparison to Latinos (Lorenzo-Blanco, Unger, Ritt-Olson, Soto, & Baezconde-Garbanati, 2013). Though, Lorenzo-Blanco et al. (2013) suggested that the reasoning behind this relationship remains unclear. This makes the present study’s
findings even more puzzling. Additional research is needed to continue to explore this perplexing relationship.

**Limitations and Future Research**

Several limitations of the current study should be noted. The first limitation was that all data was collected via youth self-report, which prevented the researcher from getting multiple perspectives (i.e., parents and teachers) on the youths’ current level of cultural adaptation, adherence to cultural values, family functioning, perceived peer support, level of bicultural stress and depressive symptoms. To avoid self-report bias, future research should collect data from multiple informants.

The second limitation was that the sample predominantly identified as Mexican American (92.9%). It important to note that the findings of this study may not be generalizable to all Latina/o ethnic groups (e.g., Honduran youth, Cuban youth, Peruvian youth, etc.) Researchers have emphasized the importance of not assuming that all Latina/o ethnic groups are the same (Umaña-Taylor & Fine, 2001). Future studies should attempt to recruit Latina/o youth from various Latina/o ethnic backgrounds. Although this may be difficult, perhaps researchers could start recruiting from immigrant enclaves that have large groups of Latina/o youth that do not identify as Mexican-American (e.g., Little Havana, Spanish Harlem, etc.).

The third limitation was that the sample was heavily female (77%). This was partially due to recruitment efforts at an all-girls school. However, recruitment of Latina/o youth was difficult overall. The researcher utilized multiple strategies (i.e., online recruitment and in school recruitment) to try to get a diverse sample. Given the geographic location of the researcher, there was not many options for organization that
provide services to Latina/o youth. The researcher reached out to several schools in five
different states (i.e., North Dakota, Minnesota, Wisconsin, Georgia and Florida) to
attempt to recruit students. The researcher went through multiple schools’ equivalent of
an institutional review board and was denied due to the length of the dissertation survey.
In the future, researchers interested in conducting research within the school system may
want to consider the length of the survey. It may be helpful to do a pilot study first to see
how long the survey takes youth to fill out to provide schools with a more accurate
estimate of the time required of the students.

The fourth limitation was that participants was the diversity of the sample for the
present study. Participants were recruited from multiple geographic locations including
urban, rural and suburban areas from multiple states. Additionally, a part of the sample
were children of migrant workers. However, the researcher did not ask participants to
identify whether they came from urban vs. rural communities etc., but rather to simply
indicate in which state they currently reside. This limitation did not allow the researcher
to make comparisons among Latina/o youth living in different types of communities or
Latina/o youth living the migrant experience. Future studies that are examining diverse
groups of Latina/o youth should ask participants quantify their city size or ask for zip
codes in order to be able to distinguish between experiences of Latina/o youth.
Additionally, it would be important to ask Latina/o youth about the occupations of their
parents.

The fifth limitation was that the data was collected cross sectionally. Given this
limitation, it is difficult to know how the variables of interest are influenced by each
developmental period. Also, the cross-sectional nature of this data does not help the
researcher to determine the cause and effect relationships among the variables. Future studies should utilize longitudinal research to explore the relationships among the variables over time and the causal relationships amongst the variables.

The sixth limitation was in relation to recruitment. The researcher used paid Facebook advertisements that were targeted towards the present study’s age demographics (i.e., 13 to 17) in addition to U.S. cities with large populations of Latina/os. However, Facebook advertising does not allow for advertisements to target specific racial/ethnic demographics. Although several Latina/o youth clicked on the Facebook advertisement, few followed the link to complete the survey. Perhaps future studies may want to consider using other forms of social media to gain the attention of Latina/o youth. Additionally, it may be helpful to offer some type of incentive upon completion of the survey.

The seventh limitation involves the measurement of the depressive symptoms construct. Lorenzo Blanco et al. (2012) suggest that future research on depression in Latina/o youth should include cognitive, genetic and biological factors as well as experiences of discrimination in order to provide a greater awareness of the etiology of depressive symptoms in Latina/o youth. Similar to the research design of Lorenzo Blanco et al., the current study did not evaluate for clinical depression, but rather the endorsement of depressive symptoms. Given this limitation, the findings of this study may not generalize to Latina/o youth diagnosed with clinical depression. Additionally, future research may want to examine the differences between Latina/o youth diagnosed with clinical depression versus Latina/o youth who have been assessed for clinical depression and do not meet the criteria. These differences may provide very important
information as to what factors are present in Latina/o youth who are clinically depressed.

Lastly, the trimmed model only explained 30.1% of the variance. In order to help explain the other 70% of the variance future studies may want to examine academic stressors, physical health stressors, socioeconomic stressors, other comorbid mental health concerns, discrimination, stressors regarding legal status in the United States and other pieces of identity such as sexual or gender identity.

Regardless of these limitations, the study contributes to the much-needed research on the relationships among acculturation, enculturation, bicultural stress, adherence to cultural values, family cohesion and perceived peer support and their relationships with depressive symptoms in Latina/o youth. The strengths of the current study include that a revised and extended model based on Lorenzo-Blanco et al.’s (2012) was tested using a sample of Latina/o youth living predominantly in the Midwestern region of the United States. Lorenzo-Blanco et al. (2012), suggested that future research on depressive symptoms in Latina/o youth should explore factors related to peer relationships, which the present study did by adding perceived peer support into the model. The present study contributed significant findings regarding the relationship of perceived peer support and depressive symptoms in Latina/o youth, which few studies have done. Additionally, the present study included a measure of bicultural stress and its relations to depressive symptoms in Latina/o youth, which has been examined in few studies as well. Another strength of the present study is that is examined the experiences of Latina/o youth living in largely under researched areas of the Midwestern United States. This information is critical as Latina/os continue to move out of large immigrant enclaves and into rural and remote areas of the United States to support the country’s agricultural livelihood. Lastly,
given the current study’s significant findings on the relationship among perceived peer support and depressive and the dearth of research in this area, future studies should continue to examine this relationship to strengthen the empirical support of this relationship.

**Practical Implications**

The results of the present study provide valuable insight into the factors contributing to depressive symptoms in Latina/o youth. Latina/o youth experience depressive symptoms at higher rates than rather racial/ethnic groups in addition to having less access that mental health resources (Saluja et al., 2004). The findings of the current study highlight that family cohesion and perceived peer support served as a buffer against endorsement of depressive symptoms within the present sample of Latina/o youth. Given these findings, prevention and intervention programs should create programs that foster and maintain Latina/o youths’ positive relationships with family and friends. Furthermore, adherence to traditional Latina/o culture values was associated with higher levels of family cohesion. Prevention and intervention programs should be sure to include aspects that are congruent with cultural values such as familismo and respeto. For example, including prevention programs that build and strengthen family relationships that align with the tenets of respeto and familismo would be ideal. Including aspects of Latina/o culture in the adolescent’s life may help to instill important family values, which in turn facilitate family cohesion (Lorenzo-Blanco et al., 2012).

Additionally, results of the present study provide additional evidence that Latina youth report more depressive symptoms than Latino youth. This is something that all clinicians should be cognizant of when working with Latina/o youth, in particular Latina
adolescents. If clinicians are working with Latina/o youth that are experiencing depressive symptoms it will be important to discuss culturally relevant topics with their client. For example, it will be important to know the generation status of the client and the relevance of the cultural adaption process to the youth’s life. Furthermore, clinicians should explore the affect that bicultural stress plays in the client’s life as the present study has delineated a direct, positive relationship with bicultural stress and depressive symptoms. More specifically, clinicians should assess for peer, family, monolingual and discrimination stressors within the client’s life. Also, the present study yielded a negative and direct relationship between perceived peer support and depressive symptoms. Clinicians should speak with Latina/o youth experiencing depressive symptoms about their peer relationships as perceived peer support serves as a buffer against depressive symptoms. Clinicians should encourage healthy peer relationships and help Latina/o youth engage in social problem solving strategies if they are experiencing peer issues. Lastly, clinicians should be sure to include family aspects within the counseling processing. The findings of the present study indicate that family cohesion is associated with less depressive symptoms with Latina/o youth. This may consist of working through family issues with the client and their parents/guardians or discussing the challenges that arise from acculturation gaps between parents and children.

Conclusion

Overall, the present study sought to test a model of depressive symptoms with a sample of Latina/o youth predominantly from the Midwestern United States. The study examined the relationships among acculturation, enculturation, bicultural stress, adherence to familismo and respeto, family cohesion, perceived peer support and
depressive symptoms. Surprisingly, the current study found no relationships among acculturation and enculturation and bicultural stress. Additionally, acculturation was only negatively and directly related to enculturation. Enculturation was found to have a positive and direct relationship with familismo, respeto and perceived peer support. After consulting the literature, familismo and respeto were correlated with one another. Familismo and respeto were found to be positively and directly associated with family cohesion. While perceived peer support was found to be positively and directly associated with family cohesion. Family cohesion and perceived peer support were found to be negatively and directly associated with depressive symptoms, while bicultural stress was found to be positively and directly associated with depressive symptoms. Lastly, a series of independent t-tests with equal variances not assumed highlighted significant gender differences between enculturation, bicultural stress, perceived peer support and depressive symptoms with girls endorsing high levels of all the aforementioned variables.

The findings of the current study yield valuable information regarding the factors that influence depressive symptoms in Latina/o youth. First, family cohesion and perceived peer support serve as a buffer against depressive symptoms for this sample of Latina/o youth. This finding gives important information for targeting prevention and intervention efforts. When creating or implanting prevention and intervention strategies it will be critical to include aspects of familismo and respeto while simultaneously incorporating the family. Also, bicultural stress was found to be a factor contributing to depressive symptoms. This gives valuable information for clinicians working with Latina/o youth that could help them develop ways to cope with bicultural stress to prevent depressive symptoms. Furthermore, clinicians should also assess for bicultural
stressors in their Latina/o client’s lives including peer, family, monolingual and discrimination stressors. Lastly, the present study provides additional evidence that Latinas endorse greater depressive symptoms than Latinos as well as greater levels of bicultural stress. Future studies are needed to help strengthen the empirical support of this study’s findings. Additionally, more research is needed to explore the relationships of the present studies variables with samples of Latina/os’ residing outside of large immigrant enclaves.
APPENDICES
APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

What is your current age? _________________

What is your gender?
☑ Male
☑ Female
☑ Transgender
☑ Other

What state do you currently reside? ____________________________________

Do you speak Spanish?
☑ Yes
☑ No

Were you born in the United States?
☑ Yes
☑ No

Was your mother born in the United States?
☑ Yes
☑ No

Was your father born in the United States?
☑ Yes
☑ No

What is the highest level of education completed by your mother?
☑ 8th grade or less
☑ Some high school
☑ High school graduate
☑ Some college
☑ College graduate
☑ Advanced degree
What is the highest level of education completed by your father?
- 8th grade or less
- Some high school
- High school graduate
- Some college
- College graduate
- Advanced degree

What is your race/ethnicity? Please check all that apply.
- Mexican, Mexican American
- South American (Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, or Venezuela)
- Spanish (From Spain)
- Puerto Rican
- Cuban
- Dominican (From the Dominican Republic)
- Central American (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, or Panama)
- White (non-Latino)
- African American or Black American
- Asian American
- Native American or American Indian
- Other please specify ____________________

Have you ever been to counseling?
- Yes
- No

What is the highest grade that you have completed?
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Some college
What grade are you currently in?
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- not currently in school
APPENDIX B

BICULTURAL STRESS SCALE

Please indicate how stressful the following experiences have been for you. If you have never had the experiences listed, please mark #5 (does not apply). Please fill in only one for each item.

<table>
<thead>
<tr>
<th></th>
<th>Not Stressful at All</th>
<th>A little bit Stressful</th>
<th>Quite a bit Stressful</th>
<th>Very Stressful</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have been treated badly because of my accent.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Because of family obligations I can’t always do what I want.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have worried about family members or friends having problems with immigration</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have had problems at school because of my poor English.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I do not feel comfortable with people whose culture is different from mine</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have felt pressure to learn Spanish.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have felt that I need to speak Spanish better.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have argued with my boyfriend/girlfriend over being too traditional</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My friends think I’m acting “White.”</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My parents feel I do not respect older people the way I should.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel uncomfortable when others make jokes about or put down people of my ethnic background</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>I have argued with family members because I do not want to do some traditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have had to translate/interpret for my parents.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have felt lonely and isolated because my family does not stick together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have felt that others do not accept me because of my ethnic group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have had to help my parents by explaining how to do things in the U.S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel like I can't do what most American kids do because of my parents' culture.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that belonging to a gang is part of representing my ethnic group.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes I do not understand why people from a different ethnic background act a certain way.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes I feel that it will be harder to succeed because of my ethnic background.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C

CENTER FOR EPIDEMIOLOGICAL STUDIES DEPRESSION SCALE FOR CHILDREN

Below is a list of the ways you might have felt or acted. Please check how much you have felt this way during the past week.

<table>
<thead>
<tr>
<th></th>
<th>Not At All</th>
<th>A Little</th>
<th>Some</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was bothered by things that usually don’t bother me.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I did not feel like eating, I wasn’t very hungry.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I wasn’t able to feel happy, even when my family or friends tried to help me feel better.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I felt like I was just as good as other kids.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I felt like I couldn’t pay attention to what I was doing.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I felt down and unhappy.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I felt like I was too tired to do things.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I felt like something good was going to happen.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I felt like things I did before didn’t work out right.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I felt scared.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I didn’t sleep as well as I usually sleep.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I was happy.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I was more quiet than usual.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I felt lonely.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I felt lonely, like I didn’t have any friends.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I felt like kids I know were not friendly or that they didn’t want to be with me.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I had a good time.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I felt like crying.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I felt people didn’t like</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>
APPENDIX D

ACCULTURATION RATING SCALE FOR MEXICAN AMERICANS

Please use the scale to answer the following questions

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Very little</th>
<th>Moderately</th>
<th>Very Often</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>I speak Spanish</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>I speak English</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>I enjoy speaking Spanish</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>I associate with Anglos(White people)</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>I enjoy English language movies</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>I enjoy Spanish language TV</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>I enjoy Spanish language movies</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>I enjoy reading books in Spanish</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>I write letters in English</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>My thinking is done in the English language</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>My thinking is done in the Spanish language</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>My friends are of Anglo (White) origin</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
# Family Adaptability and Cohesion Evaluation Scale

Please use the scale to answer the following questions.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Generally Disagree</th>
<th>Undecided</th>
<th>Generally Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family members are involved in each other’s lives</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Family members feel very close to each other</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Family members are supportive of each other during difficult times</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Family members consult other family members on important decisions</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Family members like to spend some of their free time with each other</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Although family members have individual interests, they still participate in family activities</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Our family has a good balance of separateness and closeness</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>
### APPENDIX F

#### CHILD ADOLESCENT SOCIAL SUPPORT SCALE

You will be asked to respond to sentences about some form of support or help that you might get from a close friend. Read each sentence carefully and respond to them honestly. Rate how often you receive the support described:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Almost Never</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands my feelings</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sticks up for me when others are treating me badly</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Spends time with me when I am lonely</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Gives me ideas when I don't know what to do</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Gives me good advice</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Explains things that I don't understand</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Tells me he or she likes what I do</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Nicely tells me when I make mistakes</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Nicely tells me the truth about how I do on things</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Helps me when I need it</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Shares his or her things with me</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Takes time to help me solve my problems</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
# APPENDIX G

## FAMILISMO ITEMS

Please use the scale to answer the following questions:

<table>
<thead>
<tr>
<th></th>
<th>Definitely No</th>
<th>No</th>
<th>Yes</th>
<th>Definitely Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>If one of my relatives needed a place to stay for a few months, my family would let them stay with us.</td>
<td>● ●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>I expect my relatives to help me when I need them</td>
<td>● ●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>When my family makes an important decision, they should talk about it with close relatives.</td>
<td>● ●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>If anyone in my family needed help, we would all be there to help them.</td>
<td>● ●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>
### APPENDIX H

**RESPETO ITEMS**

Please use the scale to answer the following questions.

<table>
<thead>
<tr>
<th></th>
<th>Definitely No</th>
<th>No</th>
<th>Yes</th>
<th>Definitely Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will take care of my parents when they are old.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is important to honor my parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is important to respect my parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I want to be a good person so that people know my parents raised me right.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX I

ASSENT FORM

Project Title: Testing an Integrative Model of Depressive Symptoms in Latina/o youth

Investigator(s): Diana Slivensky M.S & Rachel Navarro Ph.D.

We are doing a research study; a research study is a special way to find out about something. We are trying to find out what factors cause youth to feel down or depressed at times. If you want to be in this study, we will ask you to do several things. You will be asked to fill out a survey and we will not ask you to provide your name on the survey.

Risks: We want to tell you about some things that may happen to you if you are in this study. The only associated risk in participating in this study is the minor discomfort a person may feel in thinking about sensitive and personal feelings. However, there are no other known personal risks to participating in this study.

Benefits: Not everyone who is in this study will benefit. A benefit means that something good happens to you. We don’t know if you will benefit. But we hope to learn something that will help other people someday.

Sometimes we need to show your information to other people. If you tell us that you have been abused, or if we think that you might be a danger to yourself or other people, we will tell someone who can help, like the police or a doctor.

When we are done with the study, we will write a report about what we found out. We will not use your name in the report.

You do not have to be in this study. It is up to you. If you want to be in the study, but change your mind later, you can stop being in the study.

Contact People:
If you have any further questions about this study, please feel free to contact Diana Slivensky or Dr. Rachel Navarro.

Contact Information:

Diana Slivensky, M.S. Ph.D. Candidate
University of North Dakota
(262) 613-6324 diana.slivensky@und.edu

Rachel L. Navarro, Ph.D. Associate Professor
University of North Dakota
(701) 777-2635 Rachel.Navarro@email.und.edu

_____ I agree to participate in the study __________________________ Signature

_____ I do not agree to participate in the study
APPENDIX J

PARENT LETTER (ENGLISH)

Dear Parent(s):

Hello. My name is Diana Slivensky, and I am a graduate student in the Department of Counseling Psychology and Community Services at the University of North Dakota. I am conducting research under the direction of Dr. Rachel Navarro. My research focuses on the daily experiences of Latina/o youth. I am writing to inform you of a research study that I will be conducting at “insert school” with the permission of “insert administrator.” For this study, I am inviting the participation of all Latina/o students at “insert school” in order for your child to participate, your permission is needed. I would like to take this opportunity to inform you about the study and to ask for your consent in allowing your child to take part in this study.

The goal of my study is to study the factors that contribute to mental health functioning in Latina/o youth to prevent negative mental health outcomes. Your child’s participation in this study will provide researchers much needed information to aid professionals who are working with Latina/o youth to promote and improve their well-being. In this study, your child will be asked to fill out some questionnaires during class time. A sample item from one of the questionnaires reads, “I prefer to speak Spanish” Your child’s responses will be completely confidential and anonymous. This means that your child will be asked for no identifying information and that there is no way that the information that she or he does provide could be linked to your child. This study poses no foreseeable risks to your child’s physical or psychological health. Your child’s participation is voluntary, and there is no penalty for your child if you do not want her/him to participate or she/he does not want to participate in this study.

Please take some time to discuss this study with your child. If you have any questions concerning this study or your child’s participation in it, please feel free to contact me, Dr. Rachel Navarro, and/or the Campus Institutional Review Board at the University of North Dakota (701.777.4279).

If you agree to allow your child to participate in this study, no further action on your part is necessary. However, if you do NOT want your child to participate, please leave a voice mail message for “insert administrator”. In your message, please indicate the reason for your call (e.g., do not want my child to participate in this study) and then leave your name and your child’s name by stating your names and then spelling them out. Thank you for considering this research opportunity.

Sincerely,

Diana R. Slivensky M.S.

Contact Information:

Diana Slivensky, M.S.
Ph.D. Candidate
University of North Dakota
(262) 613-6324
diana.slivensky@und.edu

Rachel L. Navarro, Ph.D.
Associate Professor
University of North Dakota
(701) 777-2635
Rachel.Navarro@email.und.edu
APPENDIX K

PARENT LETTER (SPANISH)

Estimado(s) Padre(s) de Familia:

Hola. Mi nombre es Diana Slivensky y soy una estudiante graduada del Departamento de Psicología Educativa, Escolar, y Consejería de la Universidad de North Dakota. Estoy haciendo una investigación bajo la dirección de la Dra. Rachel Navarro. Mi investigación se enfoca en las experiencias diarias de los jóvenes latinos. Les escribo para informarles de un estudio de investigación que estaré conduciendo en “insert school” con el permiso del “insert administrator”

Para este estudio, estoy invitando a participar a todos los alumnos del 6° grado hasta 12° grado de “insert school.” Para que su niño(a) pueda participar, se requiere de su permiso. Me gustaría tomar esta oportunidad para informarles de este estudio y pedirles su consentimiento de permitir que su niño(a) sea parte de este estudio.

La meta de mi estudio es estudiar los factores que contribuyen al funcionamiento de la salud mental en los jóvenes latinos para poder prevenir las enfermedades mentales. La participación de su niño(a) en este estudio aportara mucha información necesaria para que los profesionales que trabajan en este campo de estudio puedan promover y mejorar el tratamiento de la salud mental en los jóvenes Latinos.

En este estudio, su niño(a) será requerido llenar algunos cuestionarios durante clase. Un ejemplo de una de las preguntas de los cuestionarios es: “Yo prefiero hablar en español.” Las respuestas de su niño(a) serán completamente confidenciales y anónimas. Esto significa que su niño(a) no dará información de identificación y que no habrá ninguna manera de que la información que él o ella provea pueda ser identificada. Este estudio no posee ningún riesgo previsible para la salud física ni psicológica de su niño(a). La participación de su niño(a) será voluntaria, y no habrá castigo alguno si su niño(a) no quiere participar o si usted no brinda permiso para que él o ella participe en este estudio.

Por favor tome un momento para discutir este estudio con su niño(a). Si usted tiene alguna pregunta sobre este estudio o la participación de su niño(a) en él, por favor síntase libre de contactar a la Dra. Rachel Navarro, y/o al Comité de Revisión Institucional de la Universidad de North Dakota al siguiente número telefónico:(701) 777-4279

Si usted concuerda en permitir que su niño(a) participe en este estudio, ninguna acción adicional en su parte es necesaria. Sin embargo, si usted no quiere que su niño(a) participe, por favor deje un mensaje de correo de voz con “insert administrator” En su mensaje, por favor indique la razón de su llamada, (p. ej., no quiero que mi niño(a) participe en este estudio) y también deje
su nombre y el de su niño(a). Por favor deletrée ambos nombres. Gracias por considerar esta oportunidad de investigación.

Sinceramente,

Diana R. Slivensky, M.S.                 Rachel L. Navarro, Ph.D.
Candidato Doctoral                     Profesora Asociada
Departamento de Psicología              Departamento de Psicología
Educativa, Escolar, y Consejería       Universidad de North Dakota
Universidad de North Dakota            701.777.2635
262.613.6324                           email:rachel.navarro@email.und.edu
email: diana.slivensky@und.edu
RECRUITMENT E-MAIL

Hello (insert name),

My name is Diana Slivensky and I am a PhD student and researcher at the University of North Dakota. I am originally from Milwaukee, WI and completed my undergraduate education at the University of Wisconsin Madison and went on to complete a master's degree in clinical mental health counseling at Marquette University. I am currently working on completing a one-year internship to complete my degree at Florida State University's Multidisciplinary Center. Through my role, I am working in two different school districts in Florida working as a school psychologist providing mental health and consultation services. Through this process I have received FBI background checks and received clearance for a vendor badge to enter Florida public schools.

I was contacting you to see if you could potentially assist me with my data collection for my dissertation. My dissertation is looking at factors that contribute to depressive symptoms in Latina/o youth. I do not simply want to look at youth who display depressive symptoms but rather look at the daily experiences of Latina/o youth. My research has been approved by the University of North Dakota Institutional Review Board (IRB-201603-325) and they have granted me a waiver of parental consent.

I was wondering if I could potentially recruit participants from (insert school) What the research would involve is the participants filling out an online survey that takes about 15 to 20 minutes to complete. This survey would be completely anonymous, as I do not ask for any names or contact information in my survey. I also have a letter that I wrote in Spanish and English to send home to parents describing the study and giving them the opportunity to opt out of their student participating. I have included a copy of my research approval form from my university, a copy of the questions that I would be asking students, parent letters, and an assent form.

As a future psychologist, I believe that prevention is very important and it is my intention to take the findings of my dissertation to create mental health prevention programs for mental health diagnoses such as depression and anxiety. My long-term career goals include specializing in clinical practice working with children and adolescents with a special interest in working with Latina/o youth. Please let me know your thoughts. The goal of my study is to help inform parents, teachers, and policy makers to create effective psychoeducational and prevention programs. I am also very willing to share any results of my research with you. Thank you in advance for your consideration. I can be reached via this e-mail address or by phone at 262-613-6324.

Warmly,
Diana Slivensky

Diana R. Slivensky, M.S.
University of North Dakota
Ph.D. Candidate
APPENDIX M

FACEBOOK PAGE

Life as a Latina/o Youth
@lifeasalatinoyouth

About

_Category: Community
_Name: Life as a Latina/o Youth
_Username: @lifeasalatinoyouth

PAGE INFO

Opened in February 2016

CONTACT INFO

+ Enter phone number

@lifeasalatinoyouth

STORY

Hello everyone! My name is Diana Silversky and I am a doctoral student at the University of North Dakota pursuing my degree in Counseling Psychology. As part of my dissertation (a big research project I need to complete to get my degree), I am doing a study on the daily experiences of Latina/o youth. If you identify as Latina/o and are between the ages of 13 to 17, you are eligible to complete my survey! Please click on the link below to complete my survey! Your help and opinions are very valuable! Thank you!!

https://und.qualtrics.com/SE/?SID=SV_Cc4sUZ6y1yHb7YCp
APPENDIX N

FACEBOOK ADVERTISEMENT

Life as a Latina/o Youth
June 1, 2016

Are you a Latina/o teen? Do you like taking surveys?
https://und.qualtrics.com/SE/?SID=SV_cXSHJgv1yHubYCP
Please click the link to share your experiences as a Latina/o youth

Online Survey Software | Qualtrics Survey Solutions
Qualtrics sophisticated online survey software solutions make creating online surveys easy. Learn more about Research Suite and get a free account...

UND.QUALTRICS.COM

5,484 people reached

Like Comment Share

Aicha Kane, Tajra Sinanagić and 225 others

Write a comment...

Press Enter to post.
REFERENCES


Center for Disease Control (2007) *Youth Risk Behavior Surveillance—the United States.* Atlanta (GA): CDC.

Center for Disease Control (2009) *Youth Risk Behavior Surveillance—the United States.* Atlanta (GA): CDC.


Latina teens attempt suicide? A conceptual model for research. American Journal
of Orthopsychiatry, 75(2), 275–287. doi:10.1037/0002-9432.75.2.275.
Trajectories of Depressive Symptoms and Self-Esteem in Latino Youths:
Examining the Role of Gender and Perceived Discrimination. Developmental
Psychology, 49(5), 951-963. doi: 10.1037/a0028866