



HISPANIC/LATINO
BEHAVIORAL HEALTH
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Interpersonal Risk and Resilience in Latine Immigrants

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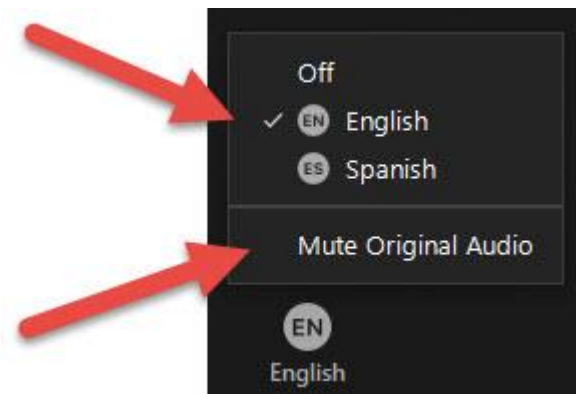
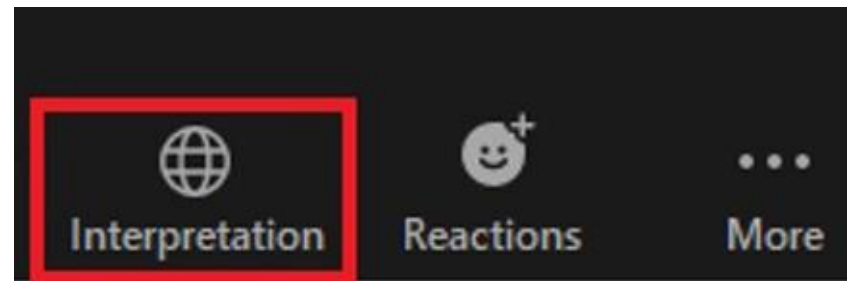


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HISPANIC/LATINO
BEHAVIORAL HEALTH
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Mission

To advance and support the sustainability of behavioral health equity by promoting community driven, culturally grounded and person-centered prevention, intervention, multiple pathways of recovery, and recovery supports for diverse Hispanic and Latine communities.

The Hispanic/Latino Behavioral Health Center of Excellence recognizes the complexities associated with gender and ethnic identification as well as the right of all individuals to self-identify. The Center uses the term Latine with the intention of both facilitating a fluent reading and pronunciation and supporting an inclusive and respectful language. Latine is a gender-neutral form of the word Latino that uses the letter e at the end; an idea native to the Spanish language.

Amanda Venta, Ph.D



Dr. Amanda Venta, Ph.D is an Associate Professor of Psychology, a licensed clinical psychologist, and Director of the Youth and Family Studies Lab at the University of Houston (UH). She earned a B.A. at Rice University and an M.A. and Ph.D. at UH, and taught at Sam Houston State University for five years. Her pre-doctoral internship and practica were with several Houston-area schools, Texas Children's Hospital, and DePelchin Children's Center through Baylor's Menninger Department of Psychiatry and Behavioral Sciences, where she remains Adjunct Faculty. Her research encompasses psychopathology in youth, attachment security, emotion dysregulation, and social cognition, with a recent focus on the psychology of recently immigrated adolescents from Central America. She has received research funding from the National Institutes of Mental Health, among others. She serves on the editorial boards of *Attachment and Human Development*, *Child Psychiatry and Human Development*, and the *Journal of Clinical Child and Adolescent Psychology*, and has published 135+ scientific papers, chapters, and books.

Disclosures

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Books

Developmental Psychopathology

Cultural competency in psychological assessment: Working effectively with Latinos

Frontiers in Psychiatry

Journal of Clinical Child & Adolescent Psychology

Attachment & Human Development

Child Psychiatry & Human Development

Research on Child and Adolescent Psychopathology

European Journal of Investigation in Health, Psychology and Education

Journal of Clinical Psychology & Special Education

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Aim

- To outline interpersonal factors that exacerbate and mitigate risk for mental health problems among Latine immigrants, particularly asylum seekers from Central America.
- Data from across the lifespan, including children, adolescents, young adults, and adults, will be presented centered on how interpersonal processes shape risk and resilience for immigrants.

Objectives

01

Understand significant health disparity in posttraumatic stress facing Latine asylum seekers of all ages

02

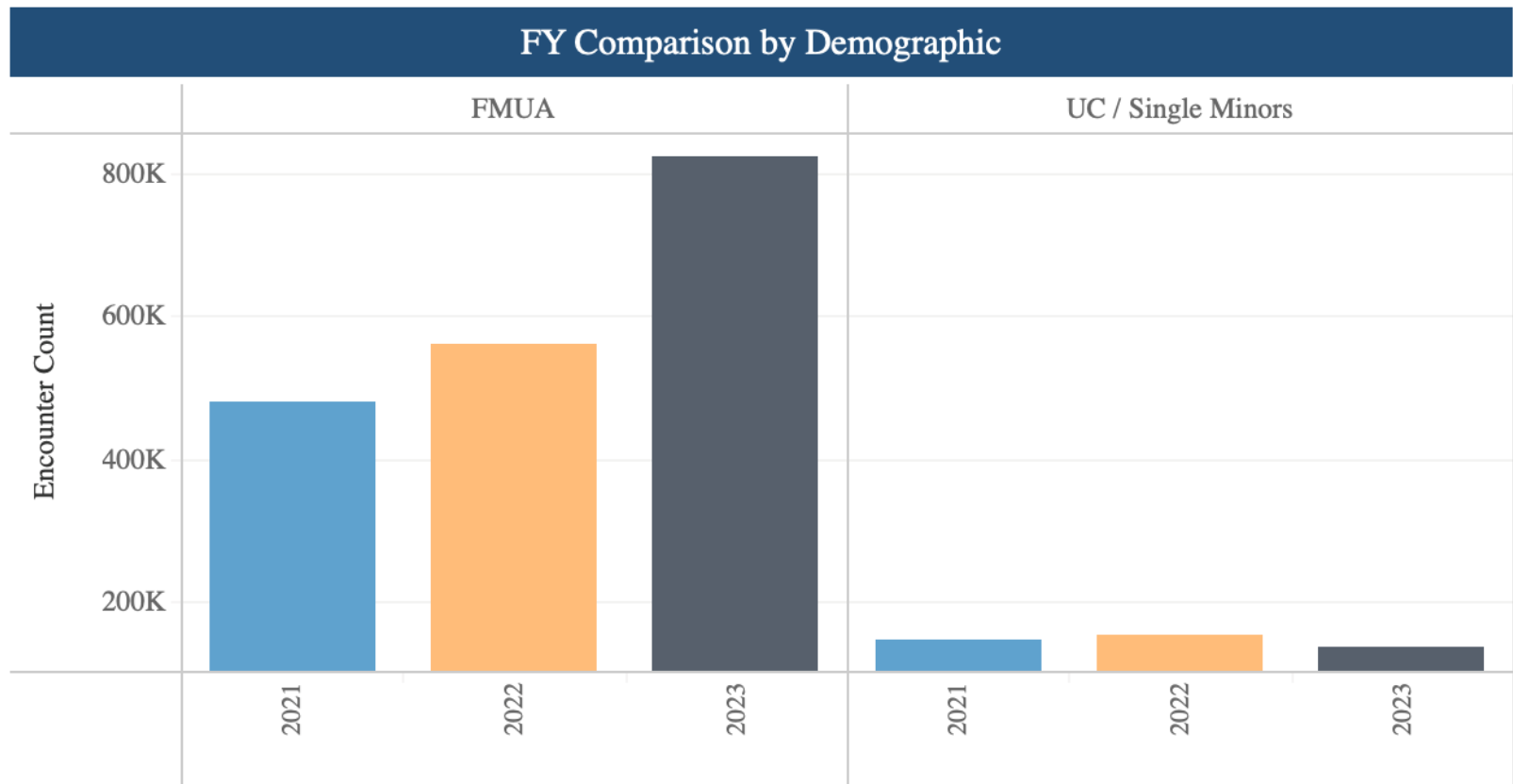
Elaborate several interpersonal factors that shape mental health risk

03

Leverage interpersonal factors in clinical practice

1. Health disparity in posttraumatic stress facing Latine asylum seekers

Latine migration is not what is used to be...



Source: USBP and OFO official year end reporting for FY21-FY23; USBP and OFO month end reporting for FY24 to date. Data is current as of 7/5/2024.

Geographic Shift: Central America

- Regional violence

	2012	2022
Honduras	90.4	35.1
El Salvador	41.2	7.8
Guatemala	39.9	20.0
Mexico	21.5	26.1
US	4.7	6.4

United Nations Office on Drugs and Crime

- Gang and cartel recruitment and threats
- Poverty
- Family reunification

Asylum seeking is not what it used to be...



Asylum seekers returned to Mexico

U.S. officials have sharply increased the number of returns of asylum seekers to Mexico since launching the “Remain in Mexico” policy.



Source: Department of Homeland Security

Study 1: Humanitarian Respite Center



Research Questions

What are the rates of trauma exposure in families arriving to the US?

How might trauma exposure and symptoms relate to health?

Methodology

$N = 103$

Caregiver age 32 ($SD = 8$)

- 52.4% male

All Latine:

- 43% Honduras
- 43% El Salvador
- 13% Guatemala
- 2% Mexico

Child average age was 9.2

- 53% male

Think of yourself at 9 years old...

Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.

Serious accident or injury like a car/bike crash, dog bite, sports injury.

Robbed by threat, force or weapon.

Slapped, punched, or beat up in your family.

Slapped, punched, or beat up by someone not in your family.

Seeing someone in your family get slapped, punched or beat up.

Seeing someone in the community get slapped, punched, or beat up.

Someone older touching your private parts when they shouldn't.

Someone forcing or pressuring sex, or when you couldn't say no.

Someone close to you dying suddenly or violently.

Attacked, stabbed, shot at or hurt badly.

Seeing someone attacked, stabbed, shot at, hurt badly or killed.

Stressful or scary medical procedure.

Being around war.

Trauma in Children

Modal exposures: 3

- Seeing someone in community slapped, punched, beat (39%)
- Experiencing a natural disaster (27%)
- Witnessing violence against a family member (25%)
- Experiencing a serious accident or injury (25%)

PTSD Symptoms: 60% of the sample exceeded the clinical cutoff score of 11 (Foa et al., 2001)

$M = 12.30$, $SD = 13.01$, $Range = 0-51$

Venta, A. C., & Mercado, A. (2019). Trauma screening in recently immigrated youth: Data from two Spanish-speaking samples. *Journal of Child and Family Studies*, 28(1), 84-90.

Trauma in Parents

Exposure

- Crime related (69.7%)
- Natural disaster (95.0%)
- Physical/sexual assault (46.0%)

PTSD Symptoms $M = 59.72$, $SD = 22.76$

- Clinical cut-off has varied but generally around 24

Trauma & Health

Children

- PTSD symptoms significantly associated with parent reported physical health and role limitations
- NS regarding trauma exposure

Parents

- PTSD symptoms significantly associated with parent reported physical health and role limitations
- NS regarding trauma exposure

Study 2: HISD School for Recent Immigrants



Methodology

Longitudinal study of recently immigrated (2 years) youth from Central America

Recruited from a public high school for recently immigrated youth

- Primarily Latine (92%)
- 93% English Language Learners
- 78% receive Free and Reduced Price
- 5.6% pass reading and 50% pass math benchmark exams

Self-reported demographics

- 57.9% male
- 31.8% white, 7.5% black, 54.2% marked “other”
- 91.6% heterosexual

Trauma in Adolescents

N = 78, The Child PTSD Symptoms Scale

Modal exposures: 4 events

Seeing someone in community slapped, punched, beat up (64%)

Experiencing a serious accident or injury (56%)

Experiencing a natural disaster (51%)

Witnessing violence perpetrated against a family member (45%)

Endorsed PTSD symptoms were high; 60% exceeded the clinical cutoff (11; Foa et al., 2001)

2. Interpersonal factors shaping mental health risks

Family is still what it used to be...

EVACUATION
OF
WOMEN AND CHILDREN
FROM LONDON, Etc.

FRIDAY, 1st SEPTEMBER.

Up and Down business trains as usual, with few exceptions.

Main Line and Suburban services will be curtailed while evacuation is in progress during the day.

SATURDAY & SUNDAY,
SEPTEMBER 2nd & 3rd.

The train service will be exactly the same as on Friday.

Remember that there will be very few Down Mid-day business trains on Saturday.

SOUTHERN RAILWAY

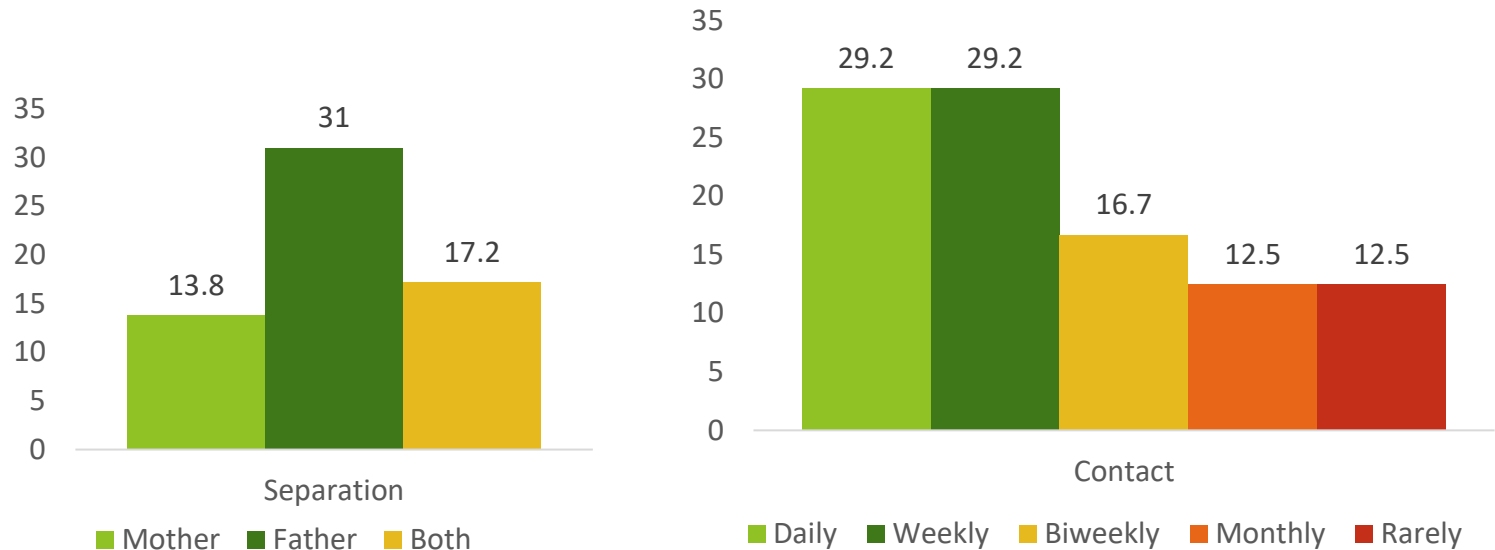
Printed in Great Britain by W. Colclough & Co. Ltd., London. 1939.

***DON'T do it,
Mother—***

**LEAVE THE CHILDREN
WHERE THEY ARE**

ISSUED BY THE MINISTRY OF HEALTH

Family Separation due to Migration

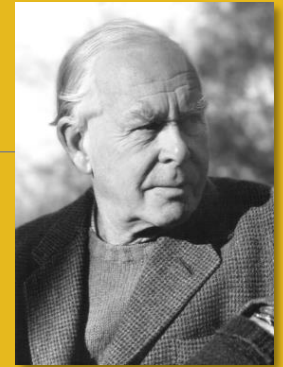


Age at separation: 1-13 years for mother, $M = 6.83$ ($SD = 3.35$)
0-8 years for father, $M = 5.25$ ($SD = 2.66$)

Length of separation: 0-14 years for mother ($M = 6.86$, $SD = 6.01$)
0-12 years for father ($M = 5.75$, $SD = 6.65$)

Attachment Theory

- Based on work of Bowlby
- Early care → Internal working model



Secure

Self worthy of care

Others reliable caregivers

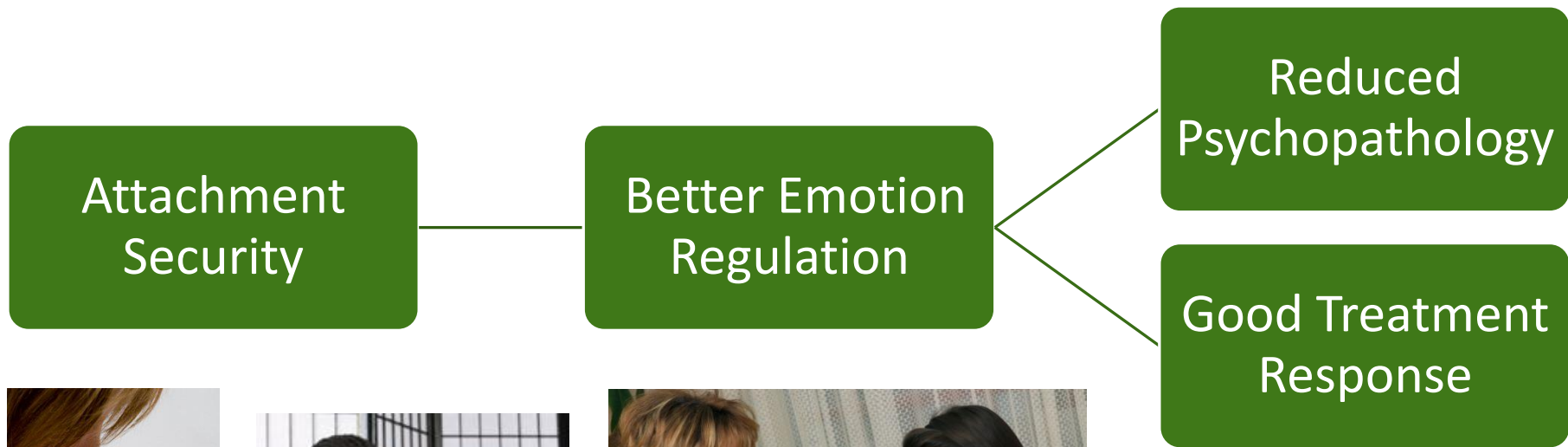
Insecure

Self *not* worthy of care

Other *unreliable* caregivers

Attachment & Emotion Regulation

Coregulation of Affect: Children learn to regulate emotions through available caregivers



Attachment & Social Cognition

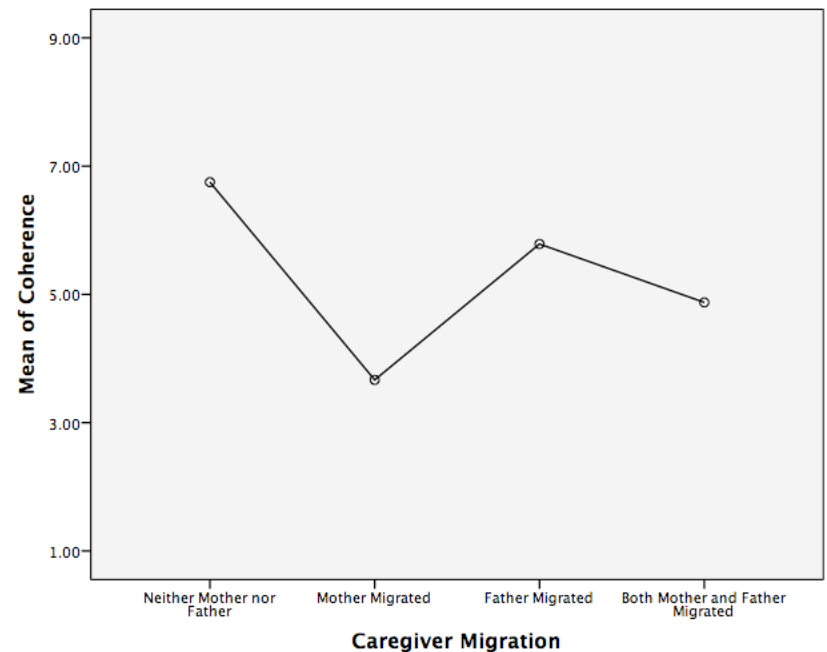
Dykas and Cassidy (2011): Social information processing model of attachment; attachment operates on daily life through anomalies in social cognitive processing



Effects of Separation on Attachment

More likely to be classified as insecure if their mother had migrated (57.14%) than if not (22.7%; *Chi-Square* = 2.94, $p = .086$, $r = .31$)

Higher security ($M = 6.23$, $SD = 1.59$) among those who didn't experience maternal migration ($M = 4.67$, $SD = 1.68$; $t = 2.40$, $p = .024$, *Hedges' g* = .94)



Effects of Separation on Attachment

- N = 774; 79 young adults who endorsed paternal migration
- $M = 6.09$ years ($SD = 6.12$) at separation
- Bimodal distribution of subsequent contact:
 - 19% “never”
 - 56% “weekly” or “daily”
- 87% left with mother

Higher attachment security and lower alienation for individuals who did not endorse paternal migration.

Respondents who were older at the time of their fathers' migration reported increased attachment security.

Individuals subsequently cared for by their grandparent(s) reported higher alienation than those cared for by their mothers.

Attachment & Mental Health

N = 78 high school students

Attachment: Inventory of Parent & Peer Attachment

Well-Being: Strengths and Difficulties Questionnaire

	Emotional Problems	Conduct Problems	Hyperactivity	Peer Problems	Prosocial Behavior	Resilience
IPPA Mother Total	-0.40***	-0.32**	-0.33**	-0.32**	.03	.31**
IPPA Father Total	-0.28*	-0.24*	-0.02	-0.34**	.11	.17
IPPA Peer Total	-0.18	-0.32**	-0.29*	-0.32**	.30**	.36**

Attachment & Mental Health

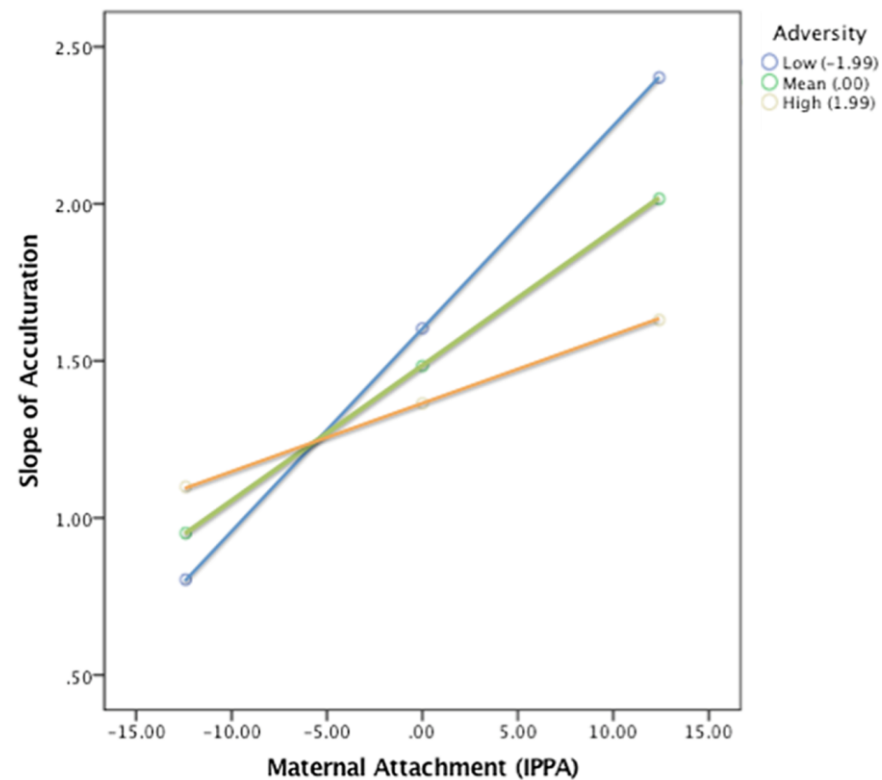
N = 774 young adults in Latin America and 1084 in US

Attachment to fathers made a significant, incremental contribution to all outcome variables: internalizing, externalizing, and interpersonal functioning.

Attachment & Adaptation

Secure attachment (despite separation) buffers the negative effects of trauma on acculturation post migration

Fig. 1 Moderating effect of adversity on the relation between maternal attachment security and the slope of acculturation across time. *Notes* Maternal attachment was mean centered for illustrative purposes. Low and high adversity represent scores one standard deviation below and above the mean level



Post-Migration Caregiving

47.7% living with their mother, father, or both; 24.3% with another relative; 2.7% with a non-relative; 25.2% no caregiver

- **Psychopathology lower when living with parents (moderate effect sizes)**

2.7% of caregivers US citizens, 95.3% not

- **Caregiver documentation significantly related to lower psychopathology**

25.2% youth have caretaking responsibilities

Annual family income \$2,013.93 (SD = \$2,525.5)
13.5% receive social assistance

Belonging & Suicide

DOI: 10.1111/sltb.12871

ORIGINAL ARTICLE

When the United States says you do not belong: Suicide-related thoughts and behaviors among immigrant young adults varying in immigration legal status

Amanda Venta PhD¹ | Tessa Long MA² | Alfonso Mercado PhD³ |
Luz M. Garcini PhD, MPH⁴ | Germán A. Cadenas PhD⁵

“Of these belongingness variables, only the interpersonal—not feeling welcome in the US—partially mediated the risk relation between DACA/undocumented immigration legal status and SRTBs, whereas physical and legal threat, like deportation, did not.”

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Abstract

Background: The number of immigrants in the United States and the risk of suicide among minoritized individuals have increased. Little research has examined the impact of immigration legal status on suicide-related thoughts and behaviors (SRTB), despite theoretical and empirical work suggesting that feelings of burdensomeness and failure to belong (prominent among immigrants) are risk factors.

Methods: We examined a diverse sample of foreign-born young adults (18–25; $N = 366$). Data collection utilized the Suicide Behaviors Questionnaire Revised and items probing belongingness and immigration status (undocumented/Deferred Action for Childhood Arrivals (DACA), permanent, and citizen).

Results: DACA/undocumented status was associated with increased SRTB compared with permanent and citizen categories. Increased SRTBs were associated with reduced feelings of acceptance in the United States, increased deportation fears, and increased fear of being harassed or hurt. Of these belongingness variables, only the interpersonal—not feeling welcome in the United States—partially mediated the risk relation between DACA/undocumented immigration legal status and SRTBs, whereas physical and legal threat, like deportation, did not.

Conclusions: Our results highlight the interpersonal nature of SRTB risk in DACA/undocumented immigrants and the need for targeted culture and context-appropriate interventions, as well as advocacy and policy to reduce risk in this historically marginalized population.

KEYWORDS

DACA, suicidal ideation, undocumented immigrants, young adults

School & Community Engagement

- School engagement: The Engagement vs. Disaffection with Learning Scale (Lloyd, 2014)
- Significant incremental contribution of “attachment” to schools, over and above mother and father attachment, to:

Conduct Problems
Hyperactivity

Prosocial Behavior
Resilience

Familismo & Mental Health

1037 young adults Latinx sample in the US

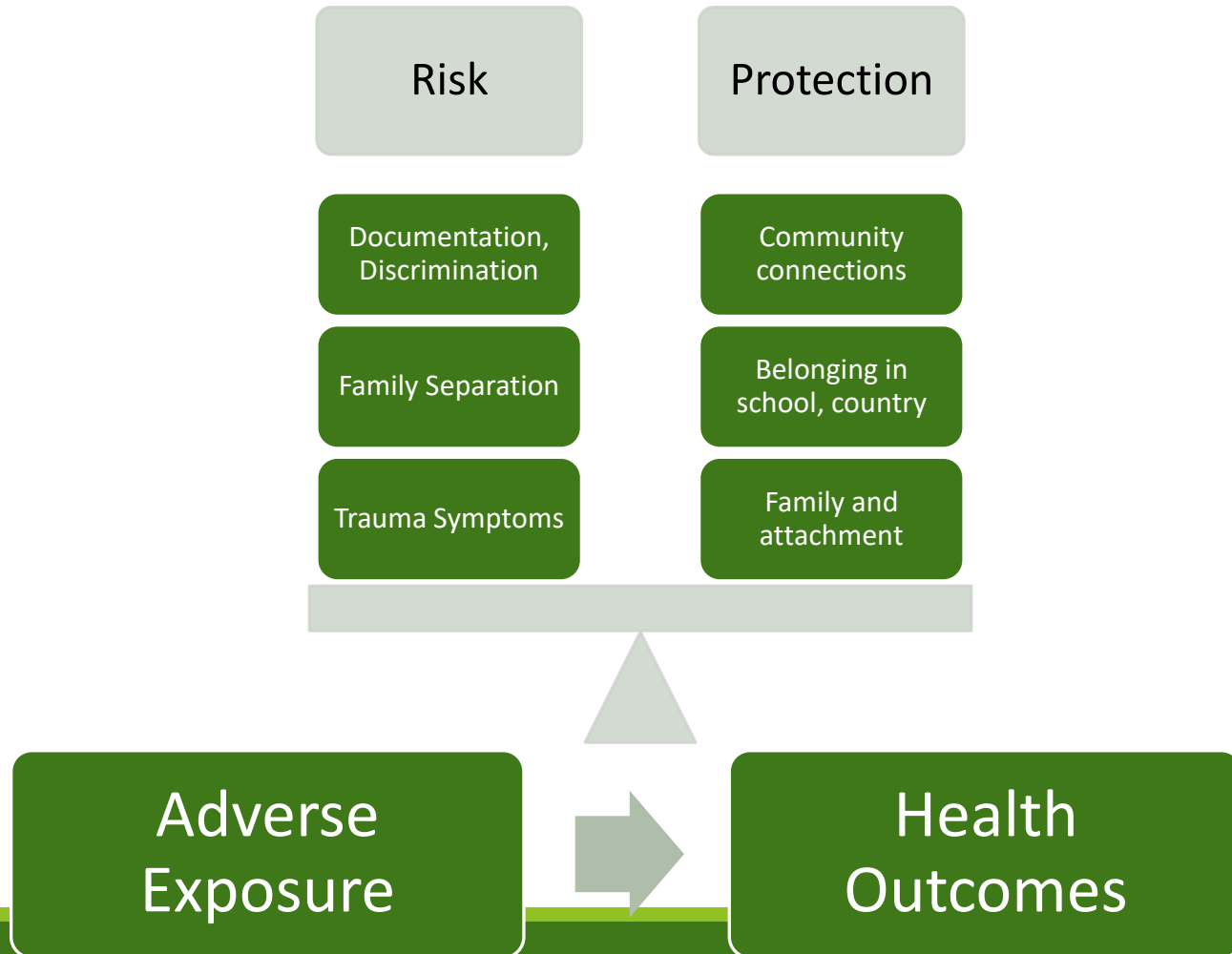
Probing relation between discrimination, depression, and suicide related thoughts and behaviors, testing *familismo* as a buffer

- *familismo* Support: “parents should teach their children that the family always comes first”
- *familismo* Obligations: “children should be taught that it is their duty to care for their parents when their parents get old”
- *familismo* Referent: “children should always do things to make their parents happy”

Depressive symptoms explained the relation between perceived discrimination and suicide-related thoughts and behaviors ($p \leq 0.001-0.024$) with familismo (both support and obligations) significantly acting as moderator

3. Interpersonal factors in clinical practice

Guiding Conceptual Framework



Intervention Targets

Trauma exposure is the norm, not the outlier

- Lack of emotional response does not necessarily mean lack of engagement in treatment or lack of openness

Trauma symptoms are the strong predictor of impairment, not trauma exposure

Interpersonal connectedness seems to be protective

- How to assess? How to capitalize upon this area of strength?

Intervention Approaches

Cultivate

- Family connections
- Community sense of belonging
- School, peer connections

Assess & Process

- Discrimination
- Documentation
- Abandonment, separation

Interpersonal Intake

Caregiving history

- Family separations, duration of separation, alternate caregiving, contact with caregivers following separations

Current caregiving

- Basic demographics, income, documentation status, deportation fear for self and family

Current belonging

Interpersonal Outcome Variables

Mental health beyond DSM

Family cohesion, repair of previous ruptures

- Stability of current placements

Sense of belonging

- At home
- Among peers
- In community
- In culture (e.g., acculturation)
- In country (e.g., ongoing legal stressors)

Take Away Messages

Trauma exposure and clinically significant symptoms of PTSD are highly prevalent in families arriving at our border and living in border states

Family separation and adversity post migration are the norm

PTSD symptoms have cross-cutting, negative effects on mental and physical well-being in parents and children

As in other samples, attachment security and interpersonal connections are related to less psychopathology across categories.

Questions?



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