Adolescent Latino Immigrants: Migration and mental health

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Abstract

The migration process involves a three-stage journey during which immigrants are exposed to stressors and potentially traumatic events. While stress negatively affects individuals of all ages, the impact is greater for adolescents. Upon entry into the United States, adolescent Latino immigrants have already endured hardship in their home countries that prompted the decision to move and very likely adversity during the migration journey itself. Yet, U.S. social workers often focus solely on the process of settlement, which also involves a great deal of challenges as adolescents adapt to a new culture and environment. Gaining knowledge on the experiences and exposure to potential trauma that occurs throughout the migration process is imperative for social workers to best understand and serve this population. This current article presents literature on the relationship between common events during each migration stage and the mental health status of adolescents. Implications for social work research, practice, and education will be discussed.

Resumen

El proceso de migración implica un viaje de tres etapas durante las cuales los inmigrantes están expuestos a factores estresantes y acontecimientos potencialmente traumáticos. Mientras que el estrés afecta negativamente a las personas de todas las edades, el impacto es mayor para los adolescentes. A la entrada en los Estados Unidos, los inmigrantes latinos adolescentes ya han sufrido dificultades en sus países de origen que motivaron la decisión de trasladar y muy probablemente la adversidad durante el propio viaje migratorio. Sin embargo, en Estados Unidos los trabajadores sociales a menudo se centran únicamente en el proceso de liquidación, que también implica una gran cantidad de desafíos como los adolescentes a adaptarse a una nueva cultura y medio ambiente. Adquirir conocimientos sobre las experiencias y la exposición al potencial de trauma que se produce en todo el proceso de migración es imprescindible para los trabajadores sociales para entender mejor y servir a esta población. En este artículo se presenta la literatura actual sobre la relación entre los eventos comunes en cada etapa de migración y el estado de salud mental de los adolescentes. Se discuten las implicaciones para la investigación social de trabajo, la práctica y la educación.

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Introduction

As of 2012, approximately 1.5 million Latin American-born youth were living in the United States, constituting 54% of the total youth immigrant population (United States Census, 2012). Immigration typically occurs after families make a tough decision to seek improved economic well-being abroad (Fajnzylber & Lopez, 2007; Schmalzbauer, 2004). Despite the potential for increased wellbeing, immigrants often endure hardship throughout the migration process. This hardship impacts adolescent immigrants in multiple ways, including family and peer relations and psychological well-being (Ibañez, Kuperminc, Jurkovic, & Perilla, 2004).

Social workers play a key role in serving adolescent immigrants (Guariguata, 2012). However, services to immigrants often center on postsettlement needs with less awareness of events endured in their home countries and during travel to the United States. Gaining knowledge on the experiences of adolescent immigrants throughout the migration process, and particularly before settlement occurs, may provide valuable information for social workers to better understand and meet the needs of this population.

This article presents relevant peer-reviewed literature and organizational reports published in English on the relationship between migration experiences and the mental health and well-being of adolescent Latino immigrants in the United States, with a particular focus on pre-settlement. Previously identified stages of the migration process will be described, in addition to events that are common during each stage, and how these events impact the mental health and well-being of adolescents (Ko & Perreira, 2010). Implications for social work education, practice, and research will be presented and discussed.

Adolescent Mental Health

Mental health status reflects psychological, social, emotional, and behavioral functioning (Kazdin, 1993) and can be negatively impacted by a myriad of stressors. For adolescents, exposure to stressful conditions is not only detrimental to mental health status (Cohen, Tottenham, & Casey, 2013; Patil, Mezey, & White, 2013), but the effect may be disproportionately greater than for other age groups (Cohen et. al., 2013). Cohen and colleagues (2013) found that exposure to fear and threats more likely predicted anxiety and other stress-related conditions in adolescents than in either adults or children. Compounding

the situation is that stressful events in childhood can predict increased mental health problems during adolescence (Giannopoulou, 2012). Thus, adolescents face risk of mental health conditions related to both past and current stressful encounters.

For Latino adolescent immigrants, the migration process consists of a series of events that are potentially traumatic and stress inducing, and which may either present new stressors or exacerbate those that are already present. Understanding the relationship between migration-related stressors and mental health for this population is essential for social workers to best serve adolescents in practice, research, and education.

The Migration Process

An examination of Sluzki's stages of migration provides a beneficial framework for understanding the migration journey (Sluzki, 1979; Zuniga, 2002). A shortened version of the Sluzki model has been applied to studying Latino immigrant populations and includes three migration stages: pre-migration, migration, and post-migration (Ko & Perreira, 2010; Ornelas & Perreira, 2011; Perreira & Ornelas, 2013).

The Pre-Migration Stage

The pre-migration stage refers to the period in which immigrants make a decision to leave their home countries, but before migration actually occurs. During this stage, individuals are exposed to various factors in the home country that not only facilitate, but may also necessitate, the international move (Keely, 2001; Massey & Espinosa, 1997). Among these factors in Latin America are poverty, lack of government assistance to individuals in need (Orozco, 2002), and disparate access by those who are poor to employment and other financial resources (Julca, 2007; Sana & Massey, 2005). Resultantly, individuals and families encounter related hardship that lead to an often difficult decision to leave home for improved economic well-being (Schmalzbauer, 2004).

Hardships during pre-migration may affect adolescent immigrants' mental health and well-being. For example, poverty correlates with increased risk of mental illness for adolescents (Goodman, Huang, Wade, & Kahn, 2003; Kubik, Lytle, Birnbaum, Murray, & Perry, 2003). Thus, the poverty experienced in one's home country before the migration journey begins can expose adolescents to a period of adversity that may have a lasting impact.

Violence is a major concern for some immigrants, particularly those from Central America. Three Central American nations (El Salvador, Guatemala, and Honduras) have experienced substantial rates of out-migration, and nearly 63,000 children have fled these nations for the United States – many to escape violence (Center for American Progress, 2014). In fact, Honduras experiences the highest rate of murders worldwide, with El Salvador at the 4th highest and Guatemala 5th. Not only does the violence include homicide, rape, and abuse, but also situations in which children and adolescents are being forced into gangs through threats on their lives (Quezada, 2014).

Another component of pre-migration commonly endured by adolescents is temporary family separation (Suárez, Todorova, & Louie, 2002). Parents move without their children in order to secure a stable situation of housing, finances, and employment, and then reintegrate the family in the United States. Suarez and colleagues (2002) found that 40% of Mexican children and 80% of Central American children were separated from both parents for a period of time before moving to the United States, with another 44% and 16%, respectively, coping with separation from only one parent. The impact of this separation, in addition to economic struggles and exposure to violence and other hardships, during the pre-migration stage, poses risk to adolescent immigrants.

The Migration Stage

Once the decision to move has been finalized, the migration stage follows. This stage can be viewed as the "flight" or "execution" step and requires immigrants to take action through leaving home and journeying to the United States. This stage increases susceptibility to physical and emotional hardship, as well as violence and arrest (Pierriera & Ornelas, 2013; Sladkova, 2007).

The journey poses unique threats for undocumented immigrants (Spener, 2009). Their route typically requires crossing the Rio Grande River or desert with limited food, water, and other supplies, posing risk to health and survival itself (Spener, 2009). Several hundred people die trying to cross the Mexico-U.S. border annually (United States Government Accountability Office, 2006), often related to the harsh environmental elements (Keim et al., 2006; Sapkota et al., 2006). Others encounter violence, abandonment by guides (or coyotes), and detention by border patrol (DeLuca, McEwen, & Kelm, 2008). Even immigrants who do not face such situations endure a continual fear of hazardous conditions and arrest, and may witness the violence or death of others.

While the journey of leaving home for a new country would be emotional for most, moving is particularly difficult for adolescents (Millegan, McLay, & Engel, 2014). Engaging in a geographic move predicts increased rates of mental health concerns among children and adolescents, when compared to those who do not move. Thus, the migration stage poses risks to mental health and well-being for both documented and undocumented immigrants alike.

The Post-Migration Stage

The post-migration stage of the immigration process begins with arrival in the United States and persists through one's stay. While a full examination of the post-migration stage (from recent arrival through long-term settlement) is outside of the scope of this article, this discussion would be incomplete without an overview of the post-migration stage as it relates to adolescent mental health and well-being. A key component of post-migration is settlement and acculturation to the U.S. culture. Acculturation entails a process through which interactions with another culture lead to cultural changes in one or both parties (Redfield, Linton, & Herskovitz, 1936). Stress related to acculturation arise when individuals strive to merge aspects of the new culture with their original cultural, but find that the related stress overwhelms coping skills (Berry, 1997). Such stress can negatively affect the mental health of immigrants (Suarez-Orozco et al., 2002; Ornelas & Perreira, 2011).

Adolescents especially experience settlement-related challenges in school settings, where language barriers lead to isolation and struggles interacting with peers (Cordova & Cervantes, 2011; Vega, Zimmerman, Khoury, Gil, & Warheit, 1995). Family and peer cultural differences can also create stressful situations. For example, family norms may substantially differ from those of U.S.-born peers, so that adolescents experience two different sets of expected behaviors in the household versus among peers (Cordova & Cervantes, 2011). Another concern during settlement is risk of violence exposure, which may occur in schools and which Gudiño and colleagues (2011) found to be a strong predictor of mental health conditions among immigrant youth. Some difficulties that adolescents experience during settlement ameliorate over time (e.g., language), but other factors worsen with time spent in the United States. For example, externalizing issues such as behavioral and academic problems tend to increase with acculturation (Martinez, McClure, Eddy, Ruth, & Hyers, 2012).

Undocumented immigrants experience additional burdens. They live with a persistent fear of being arrested or deported back to their home countries (García & Keyes, 2012). Additionally, undocumented adolescent immigrants can face uncertain futures in that they may not be eligible for a driver's license or work. Such factors would arguably compound the already existing stress of settlement and acculturation.

Summary

The pre-migration, migration, and post-migration stages each pose distinct circumstances, during which related stressors emerge. As noted above, undocumented immigrants carry additional burdens related to fear of arrest

and deportation, in addition to an unknown future in the United States. Understanding the relationship of the stressors to adolescent mental health, particularly for pre-migration and migration stages, can assist social workers to best serve this population.

Impact of the Migration Process

The migration process places adolescents at increased risk for mental health conditions, including trauma (Perreira & Ornelas, 2013), depression (Santisteban & Mena, 2009; Suarez et al., 2002), and grief and loss (Miller, 2013). In a study of 281 adolescent immigrants (ages 12-18), respondents identified traumatic experiences that they encountered during stages of migration, in addition to completing the Trauma Symptom Checklist for Children as part of assessing PTSD symptoms. A total of 29% experienced trauma during both pre- and post-migration stages; of these, 9% demonstrated risk of having post-traumatic stress disorder (PTSD) (Perreira & Ornelas, 2013). Specific predictors of PTSD symptoms correlated with the migration stage (moving before age 6) and the post-migration stage (experiencing discrimination and living in a neighborhood perceived to be unsafe). While extreme poverty during pre-migration predicted traumatic experiences, it was not a predictor for PTSD symptoms in this study.

Parent-child separation during the pre-migration stage predicts emotional hardship (Mitrani, Santisteban, & Muir 2004), including feelings of grief, rejection (Miller, 2013) and increased depression (Santisteban & Mena, 2009; Suarez et al., 2002) A mixed-methods study of 385 youth aged 9-14 explored the impact of being separated from parents during the pre-migration stage (Sauarez et al., 2002). Depression symptoms were measured using a "psychological symptom scale" created by the researchers and based on the DSM-IV. The researchers found that the majority respondents (85%) had endured such a separation, which increased risk of depression. This effect was greater for youth who were separated from both parents (as opposed to only one) and for girls.

Another study also found a link between separation during premigration and depression among a sample of 110 Latino adolescents (ages 14-17). The researchers compared the effects of migration and non-migration related separation on mental health, using the Trauma Symptoms Checklist for Children – Abbreviated, examining the scale for depression (Perreira & Ornelas, 2013). Adolescents who had experienced a period of separation during pre-migration were at increased risk of depression as compared to those who experienced non-migration related separation. Moreover, gender differences were present, with female adolescents being more susceptible than males to the detrimental effect. Interestingly, Perreira & Ornelas (2013) found that adolescents who experienced a period of separation before migrating to reunite with their parents had reduced exposure to trauma. Thus, while leaving children back home when parents make the initial move may reduce exposure to trauma, the experience of separation was found to increase risk of depression.

The link between events during each migration stage and mental health conditions highlights the risks involved to adolescent well-being posed by the migration process. Social workers can serve a vital role in improving services to Latino adolescent immigrants, especially when they are knowledgeable about the migration experiences and subsequent risks.

Implications for Social Work

Existing research provides valuable findings related to migration stages and mental health and well-being of adolescents. Specifically, PTSD and depression are both correlated with events during migration stages. Moving at a young age (migration stage) and exposure to discrimination and unsafe neighborhoods (post-migration stage) both predicted PTSD symptoms for adolescent Latino immigrants. Experiencing separation from parents correlates with grief, rejection, and depression, with a greater impact for girls. This information is essential for social workers engaged with this population to best inform related practice, education, and research.

Practice

Social workers are in a unique position to serve immigrants. Social workers have a history of working with those who are "vulnerable, oppressed, and living in poverty," (NASW Code of Ethics, 2008) such as immigrants (Chang-Muy & Congress, 2008). Yet, social work in the United States has largely focused on the acculturation and settlement process, as opposed to experiences during pre-migration and the migration journey. Social work practitioners may consider increasing knowledge of adolescent clients by including assessment questions related to negative events in the home country, such as poverty or separation from parents, in addition to questions about events occurring during the migration journey (e.g., age at migration or exposure to traumatic events). For example, migrating at a young age predicted PTSD, so knowing the age at migration could guide follow-up assessment questions. Through exploration of clients' experiences that led to the decision to migrate and experiences during the migrant journey, practitioners can gain valuable information related to the risk of mental health conditions.

As the first two stages of migration occur before adolescents arrive in the United States, social workers must have knowledge of the types of events (e.g., poverty or violence) that are prevalent for Latino adolescent immigrants. Social workers can learn this both through literature and fully assessing each client's experiences. Such an awareness can guide related assessment questions and enable practitioners to demonstrate an understanding of clients' experiences. Further, immigrants who return home can benefit from social workers in their home countries understanding both events during each migratory stage and related risk to mental health status. Recognizing the risks to this population will allow social workers in migrant-sending and migrant-receiving nations to more comprehensively explore exposure to trauma and other stressors as a means of improving assessment to provide more effective treatment.

Education

Social workers and social work students encounter immigrants in multiple areas of practice. Social work educators may consider incorporating curriculum on stages of the migration journey. Students could benefit from understanding experiences of immigrants in their home countries, including related hardships and motives for migrating in addition to the struggle of leaving their families and familiar lives behind. Education on the migration journey is critical, as immigrants (and especially those without legal documentation) can sustain substantial trauma and fear during the move. Teaching about the experiences of immigrants during the lengthy post-migration stage can also better prepare students to work with this population. Finally, social work students should understand how events during the three migration stages affect the mental health and well-being of adolescent Latino immigrants. In summary, education should ensure that social work students have a strong grasp of predictors of immigrant well-being in terms of their lives both before and after arrival to the United States.

Research

While the limited data that is available sheds some light on the correlation of migration-related events and mental health concerns, more research is needed. Specifically, research on Latino adolescent immigrants could benefit from the following: 1) More thoroughly describing migration stage experiences as recalled by Latino adolescent immigrants; 2) Further specifying psychological strengths and mental health conditions; and 3) Exploring the correlation between experiences of each migration stage and the full range of mental health diagnoses. This data would inform both social work educators and practitioners regarding migration-related factors that affect this population of clients.

Discussion

The three-stage migration journey is fraught with stressful events that impact mental health and well-being (Perreira & Ornelas, 2013; Santisteban & Mena, 2009). Yet, services to immigrants have traditionally focused just on the post-

migration stage of settlement and acculturation. Such services are vital, as immigrants face immediate challenges upon entering the United States. In addition to coping with language and cultural barriers, adults must find housing and work, while learning how to locate and navigate service systems (e.g., school or health care systems). These urgent needs are critical for survival in the U.S. and likely take precedence over the emotional hardships and stressors carried by adolescent family members. Yet, without adequate attention, adolescents are at risk for psychiatric conditions that will compound the already difficult process of adjusting to life in a new country. Social workers have a long history of serving immigrants (Chang-Muy & Congress, 2008) and are in an ideal position to respond to the needs of adolescent immigrants as a means of improving the settlement process and overall well-being.

Educating social workers about migration stages carries growing importance in light of shifts in immigrant settlement patterns. Immigrants are increasingly settling in less conventional locations, such as the southern and rural regions of the U.S. (Nagle, Gustafson, & Burd, 2012). As such, service providers in these locations may be less familiar with the cultural histories and norms of Latino immigrants or their health and well-being needs than providers in the more traditional gateway states (e.g., Texas and California). Resultantly, service agencies could be less equipped to provide linguistically or culturally appropriate care, particularly related to pre-migration and migration stage events. Education to social workers throughout the United States, and particularly in regions in which Latino immigration is a newer phenomenon, is crucial to adequate service provision.

Conclusion and Limitations

Social workers play a vital role in the lives of adolescent Latino immigrants in the United States. Yet, our research specific to adolescent immigrants' experiences during the full migration journey is limited. In order to adequately serve this large and growing population, social workers must be better informed on both the experiences and related risks to mental health and well-being.

Increasing research on events during the migration stages could inform educators and practitioners about the experiences of this client population. This information may be particularly important, as many of the experiences are occurring outside of the United States, so may not be well known or understood by U.S. social workers. Further studying and disseminating findings on how the events during migration stages impact adolescents can be used to strengthen assessment and treatment strategies employed by social workers. Geographic moves pose challenges to the mental health of adolescents. Making a move to a new country, in which adolescents must learn a new language and cultural norms, while simultaneously leaving their known lives behind and being exposed to trauma along the way, raises great awareness of the need for social workers to better understand and serve this vulnerable and young population.

This discussion in this article is specific to immigration from Latin America to the United States. However, the experiences described are not unique to just U.S. migration, but may apply to other migration flows, such as those within Latin American nations (e.g., migration from Central America to Mexico). Further research is needed on migration within Latin American, in addition to outmigration from the region. A notable limitation to this discussion is that the authors employed findings from literature published in English, so were not able to adequately consider internationally published research.

References

Allen, M., Elliott, M., Morales, L., Diamant, A., Hambarsoomian, K., & Schuster, M. (2007). Adolescent participation in preventive health behaviors, physical activity, and nutrition: Differences across immigrant generations for Asians and Latinos compared to white. *Research and Practice*, 97(2), 337-343.

Ayon, C. (2014). Service needs among Latino immigrant families: Implications for social work practice. *Social Work*, 59(1), 13-23.

Bankston, C. ,& Zhou, M. (2002). Social capital as process: The meanings and problems of a theoretical metaphor. *Social Inquiry*, 72(2), 285-317.

Center for American Progress (2014). *Violence is causing children to flee Central America*. Retrieved from: https://www.americanprogress.org/issues/ immigration/news/2014/08/12/95556/violence-is-causing-children-to-fleecentral-america-2/

Cervantes, R., & Cordova, D. (2011). Life experiences of Hispanic adolescents: Developmental and language considerations in acculturation stress. *Journal of Community Psychology*, 39(3), 336-352.

Chang-Muy, F., & Congress, E. P. (2008). Social work with immigrants and refugees: Legal issues, clinical skills, and advocacy. New York: Springer.

Cohen, M. M., Tottenham, N. N., & Casey, B. J. (2013). Translational developmental studies of stress on brain and behavior: Implications for adolescent mental health and illness?. *Neuroscience*, 24953-62.

DeLuca, L., McEwen, M., & Keim, S. (2010). United States-Mexico border crossing: Experiences and risk perceptions of undocumented male immigrants. *Journal of Immigrant Minority Health*, 12(1), 113-123.

Detlaff, A., & Cardosa, J., (2010). Mental health need and service use among Latino children of immigrants in the child welfare system. *Children and Youth Services Review*, 32(1), 1373-1379.

Dryfoos, J. G. (1990). Adolescents at risk: Prevalence and prevention. New York: Oxford University Press.

Fajnzylber, P., & Lopez, H. (2007). Close to home: The development impact of remittances in Latin America. Conference Edition. The World Bank, Washington, DC. Retrieved on November 23, 2010 from http://siteresources.worldbank.org/ INTLACOFFICEOFCE/Resources/ClosetoHome.pdf García, A., & Keyes, D. (2012). *Life as an undocumented immigrant: How restrictive local immigrant policies affect daily life.* Retrieved from the Center for American Progress website: http://cdn.americanprogress.org/wp-content/ uploads/issues/2012/03/pdf/life_as_undocumented.pdf

García, C., Gilchrist, L., Vazquez, G., Leite, A., & Raymond, N. (2011). Urban and rural immigrant Latino youths' and adults' knowledge and beliefs about mental health resources. *Journal of Immigrant and Minority Health*, 13(3), 500-509.

García, C., & Duckett, L. (2009). No te entiendo y tú no me entiendes: Language barriers among immigrant Latino adolescents seeking health care. *Journal of Cultural Diversity*, 16(3), 120-126.

Fry, R., & Passel, J. (2009). *The legal and generational status of Hispanic children.* Pew Hispanic Center: http://www.pewhispanic.org/2009/05/28/ii-the-legal-and-generational-status-of-hispanic-children/

Giannopoulou, I. (2012). Neurobiological inscriptions of psychological trauma during early childhood. *Psychiatriki*, 23, 27-38. Retrieved from http://search. proquest.com/docview/1353284239?accountid=14766

Goodman, E., Huang, B., Wade, T., & Kahn, R. (2003). A multilevel analysis of the relation of socioeconomic status to adolescent depressive symptoms: Does school context matter? *The Journal of Pediatrics*, 143(4), 451-456.

Guariguata, I. (2011). Rupture and reunification: Coping with immigrationrelated separation in early adolescence. *Voices: The Silberman Journal of Social Work*, Retrieved from: http://silbermanvoices.com/article-3/

Goodman, E., Huang, B., Wade, T., & Kahn, R. (2003). A multilevel analysis of the relation of socioeconomic status to adolescent depressive symptoms: Does school context matter? *The Journal of Pediatrics*, 143(4), 451-456.

Gudiño, O. G., Nadeem, E., Kataoka, S. H., & Lau, A. S. (2011). Relative impact of violence exposure and immigrant stressors on Latino youth psychopathology. *Journal of Community Psychology*, 39(3), 316-335.

Ibañez, G., Kuperminc, G., Jurkovic, G., & Perilla, J. (2004). Cultural attributes and adaptations linked to achievement motivation among Latino adolescents. *Journal of Youth and Adolescence*, 33(6), 559-568.

Infanti, C. Idrovo A. J., Sánchez-Domínguez, M., Vinhas, S., & González-Vázquez, T. (2012). Violence committed against migrants in transit: Experiences

on the northern Mexican border. *Journal of Immigrant and Minority Health*, 14(3), 449–459.

Julca, A. (2007). Internatioal labour migration and reproduction of inequalities: The Latinoamerican case. *Presentation: Mapping Global Inequality: Beyond Income Inequality conference.* University of California Santa Cruz, Oakes College.

Kazdin, A. E. (1993). Adolescent mental health: Prevention and treatment programs. *American Psychologist*, 48(2), 127-141.

Keely, C. (2001). The international refugee regime(s): The end of the cold war matters. *International Migration Review*, 35(1), 303-314.

Keim, S., Mays, M., Parks, B., Pytlak, E., Harris, R., & Kent, M. (2006). Estimating the incidence of heat-related deaths among immigrants in Pima County, Arizona. *Journal of Immigrant and Minority Health*, 8(2), 185-191.

Ko, L., & Perreira, K. (2010). "It turned my world upside down": Latino youth's perspectives on immigration. *Journal of Adolescent Research*, 25(3), 465-493.

Kubik, M., Lytle, L., Birnbaum, A., Murray, D., & Perry, C. (2003). Prevalence and correlates of depressive symptoms in young adolescents. *American Journal of Health Behavior*, 27(5), 546-553.

Langner, T., & Michael, S. (1963). *Life stress and mental health*. London: Collier-Macmillan.

Martinez, C., McClure, H., Eddy, J., & Wilson, M. (2011). Time in the U.S. Residency and the social, behavioral, and emotional adjustment of Latino immigrant families. *Hispanic Journal of Behavioral Sciences*, 33(3), 323-349.

Massey, D., & Espinosa, K. (1997). What's driving Mexico-US migration? A theoretical, empirical, and policy analysis. *American Journal of Sociology* 102, 939–999.

Masten, A. S., & Naravan, A. J. (2012). Child Development in the Context of Disaster, War, and Terrorism: Pathways of Risk and Resilience." *Annual Review of Psychology* 63, 227–257.

Miller, L. D. (2013). "I am not who I thought I was": Use of grief work to address disrupted identity among Hispanic adolescent Immigrants. *Clinical Social Work Journal*, 41, 316-323.

Miller, K., & Rasco, L. (2004). An ecological framework for addressing the mental health needs of refugee communities. In K.E. Miller and L. M. Rasco (Eds.), *The mental health of refugees: Ecological approaches to healing and adaptation* (1-64). Mah Mah, NJ: Lawrence Erlbaum Associates, Inc.

Mitrani, V., Santisteban, D., & Muir, J. (2004). Addressing immigration-related separations in Hispanic families with a behavior-problem adolescent. *American Journal of Orthopsychiatry*, 74(3), 219-229.

Nagle, N., Gustafson, R., & Burd, C. (2012). A profile of Hispanic population in the state of Tennessee. The University of Tennessee Center for Business and Economic Research. Retrieved from http://cber.bus.utk.edu/census/hisp/ bfox288.pdf

Narayan, D., Chambers, R., Shah, M., & Petesch, P. (2000). *Voices of the poor: Crying out for change.* New York: Oxford University Press.

National Association of Social Work (NASW) (2008). Code of Ethics. https:// www.socialworkers.org/pubs/code/default.asp

Nazario, S. (2006). *Enrique's journey*. New York: The Random House Publishing Group.

Ornelas, I., & Perreira, K. (2011). The role of migration in the development of depressive symptoms among Latino immigrant parents in the USA. *Social Science & Medicine*, 73, 1169-1177.

Orozco, M. (2002). Globalization and migration: The impact of family remittances in Latin America. *Latin American Politics and Society*, 44(2), 41-66.

Passel, J. (2006). Size and characteristics of the unauthorized migrant population in the U.S.: Estimates based on the March 2005 current population survey. Retrieved from the Pew Hispanic Center: http://www.pewhispanic. org/2006/03/07/size-and-characteristics-of-the-unauthorized-migrant-population-in-the-us/

Passel, J., & Cohn, D. (2008). U.S. *Population Projections: 2005-2050*.Was hington, D.C:PewResearchCenter. http://www.pewhispanic.org/2008/02/11/us-population-projections-2005-2050/

Patil, P., Mezey, G., & White, S. (2013). Characteristics of adolescents placed under section 136 Mental Health Act 1983. *Journal Of Forensic Psychiatry & Psychology*, 24(5), 610-620.

Peña, J., Wyman, P., Brown, C., Matthieu, M., Olivares, T., Hartel, D., & Zayas, L. (2008). Immigration generation status and its association with suicide attempts, substance use, and depressive symptoms among Latino adolescents in the USA. *Prevention Science*, (9), 299-310.

Perreira, K., & Ornelas, I. J., (2011). The physical and psychological well-being of immigrant children. *The Future of Children*. 21,195–218.

Perreira, K., & Ornelas, I. (2013). Painful passages: Traumatic experiences and post-traumatic stress among U.S. immigrant Latino adolescents and their primary caregivers. *International Migration Review*, 47(4), 976–1005.

Pew Hispanic Center (2009). *Between two worlds: How young Latinos come of age in America*. Retrieved from Pew Hispanic Center: http://www.pewhispanic. org/2009/12/11/between-two-worlds-how-young-latinos-come-of-age-in-america/

Quezada, D. (2014). *Children fleeing Central American violence need access to lawyers*. Retrieved from the Center for American Progress: https://www.americanprogress.org/issues/immigration/news/2014/08/07/95290/children-fleeing-central-american-violence-need-access-to-lawyers/

Rubens, S., Fite, P., Gabrielli, J., Evans, S., Hendrickson, M., & Pederson, C. (2013). Examining Relations Between Negative Life Events, Time Spent in the United States, Language Use, and Mental Health Outcomes in Latino Adolescents Child Youth Care Forum (2013) 42:389–402. DOI 10.1007/ s10566-013-9205-2

Sana, M., & Massey, D. (2005). Household composition, family migration, and community context: Migrant remittances in four countries. *Social Science Quarterly*, 86(2), 509-528.

Santisteban, D., & Mena, M. (2009). Culturally informed and flexible family therapy for adolescents: A tailored and integrative treatment for Hispanic youth. *Family Process*, 48, 253-268.

Sapkota, S., et al. (2006). Unauthorized border crossings and migrant deaths: Arizona, New Mexico, and El Paso, Texas, 2002-2003. *American Journal of Public Health*, 96(7), 1282-1287.

Schmalzbauer, L. (2004). Searching for wages and mothering from afar: The case of Honduran Transnational Families. *Journal of Marriage and Family*, 66(5), 1317-1331.

Schneider, M. (2013). Adolescence as a vulnerable period to alter rodent behavior. *Cell & Tissue Research*, 354(1), 99-106.

Singh, S., Evans, N., Sireling, L. & Stuart, H. (2005). Mind the gap: the interface between child and adult mental health services. *The Psychiatrist,* 29, 292–294

Sluzki, C. (1979). Migration and family conflict. *Family Process* 18(4), 379-390.

Smokowski, P., Chapman, M., & Bacallao, M. (2007). Acculturation risk and protective factors and mental health symptoms in immigrant Latino adolescents. *Journal of Human Behavior in the Social Environment*, 16(3), 33-55.

Spener, D. (2009). Clandestine crossings: Migrants and coyotes on the *Texas- Mexico border:* Ithaca, N.Y.: Cornell University press.

Spooner, M., & Martinovich, Z. (2014). Shifting the odds of lifelong mental illness through an understanding of the profiles of adolescents and young adults with serious mental health conditions. *Community Mental Health Journal*, 50(2), 216-220.

Suárez-Orozco, C., Todorova, I., & Louie, J. (2002). Making up for lost time: The experience of separation and reunification among immigrant families. *Family Process*, 41(4), 625-643.

United States Census (2012). American Community Survey 5-year estimates. Retrieved from http://www.census.gov/acs/www/data_documentation/2012_ release/

Vega, W., Zimmerman, R., Khoury, El., Gil, A., & Warheit, G. (1995). Cultural conflicts and problem behaviors of Latino adolescents in home and school environments. *Journal of Community Psychology*, 23, 167-179.

World Health Organization (1995). *Bridging the Gaps*. Geneva: WHO. http://www.who.int/whr/1995/en/

Zuniga, M. (2002). Latino immigrants: Patterns of survival. *Journal of Human Behavior in the Social Environment*, 5 (3-4), 137-155.