

THE EFFECT OF UNPREPAREDNESS FOR IMMIGRATION COURT ON  
PSYCHOPATHOLOGY IN RECENTLY IMMIGRATED ADOLESCENTS

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by

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## **DEDICATION**

This thesis is dedicated to my family. Thank you for always believing in me.

## ABSTRACT

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Violence and economic hardship in Central America have resulted in a surge of immigrants, many of whom are adolescents, entering the U.S. These individuals are at a high risk for developing psychopathology, and face continued adversity in immigration court, as the majority go into court blind to the process, their rights, and the special protections granted to them. To date, there is no empirical data regarding the relation between Perceived Preparedness for Immigration Court (PPIC), an individual's recognized readiness for, and knowledge of, immigration court, nor Intolerance of Unpreparedness (IUP), an individual's tendency to react negatively to situations in which they do not feel prepared, and emotional symptoms among immigrant youth. Thus, this study had two aims: (1) examine the psychometric properties of two new measures, the Perceived Preparedness for Immigration Court Scale (PPICS) and the Intolerance of Unpreparedness Scale for Immigration Court (IUPS), in Spanish-speaking immigrant youth, and (2) explore interrelations between these constructs and emotional symptoms. The IUPS, PPICS, Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997), and Big Five Inventory (BFI; Benet-Martínez & John, 1998) were administered to each participant. The factor structure of the IUPS was examined using confirmatory and exploratory factor analyses. The PPICS and IUPS exhibited adequate internal consistency (Cronbach's alpha equals .90 and .80, respectively). Convergent validity with the IUPS and the BFI Neuroticism subscale was  $r = .32$  ( $p = .005$ ). Moderated moderation was examined using a regression framework with SDQ Emotional Symptoms

as the dependent variable, the PPICS as the independent variable, and the IUPS and gender as moderating variables. Evidence of IUPS as a significant moderator of the relation between PPIC and Emotional Symptoms was noted in females but not males. Future research should explore the temporal order of PPIC, IUP, and Emotional Symptoms, and examine PPIC and IUP as targets for intervention.

**KEY WORDS:** Spanish, Immigration court, Adolescents, Intolerance of unpreparedness, Perceived preparedness for immigration court

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## CHAPTER I

### **The Effect of Unpreparedness for Immigration Court on Psychopathology in Recently Immigrated Adolescents**

In recent years, there has been a steady flow of immigrants to the U.S. from Central America, most notably El Salvador, Guatemala, Honduras, and Mexico, many of whom are adolescents (Customs and Border Patrol, 2016). In 2014 alone, 68,551 unaccompanied adolescents were taken into custody at the U.S. border (Rosenblum, 2015). Similarly, as compared to the same months in 2015, in 2016, thus far, there has been a 74% increase in the number of apprehended unaccompanied adolescents, and a 122% increase in the number of apprehended families at the Mexico border, demonstrating that youth immigration is a growing concern (Customs and Border Patrol, 2016). In addition, nearly 50% of these adolescents flee from their home country to escape violence in society, abuse in the home, persecution, or deprivation (United Nations High Commissioner for Refugees, n.d.). In light of these serious contextual risk factors, it is not surprising that many of these individuals subsequently experience mental health issues while in the U.S. (Kirmayer et al., 2011; Martinez et al., 2015). Moreover, their life stress does not end when they reach America (Johnson, 2015), given the possibility for continued adversity during relocation and immigration proceedings. The broad aim of this study was to examine how one such stressor, immigration court, might contribute to emotional symptoms among recently immigrated adolescents.

Recently immigrated adolescents enter the U.S. immigration court system in one of two primary ways. Some recently immigrated adolescents are apprehended at the U.S./Mexico border and placed in the care of family, friends, or a foster parent by the

Office of Refugee Resettlement (Johnson, 2015). Other adolescents, traveling with or without a family member, can enter the U.S. undetected, and later seek lawful immigration status (Neal, n.d). Both groups await immigration court hearings, where an immigration court judge determines their eligibility for special protections, asylum, and other relief from deportation (Catholic Legal Immigration Network, Inc., 2015; Immigrant Legal Resource Center, 2013). The average wait time to appear before an immigration judge is nearly two years (Pair Project, n.d.); in the interim, adolescents often attend U.S. public schools (Passel & D’Vera, 2014). Current figures obtained by the United Nations, Department of Economic and Social Affairs (2015a; 2015b) estimate that 46,627,102 immigrants currently live in America. Of those, 5,102,184 are between the ages of 15 to 24 (United Nations, Department of Economic and Social Affairs, 2015a), and 15,189,559 are from Spanish-speaking, Central American countries (not mutually exclusive; United Nations, Department of Economic and Social Affairs, 2015b). Thus, understanding the correlates of psychopathology among Spanish-speaking immigrant adolescents living in the U.S. is a critical public health concern.

Recently immigrated Hispanic adolescents are at a high risk for developing mental health problems (Breslau et al., 2011). Although research is mixed on the specificity for which disorders recently immigrated adolescents are at risk (Stevens & Vollebergh, 2008), it is generally accepted that posttraumatic stress disorder, depression, and somatic issues are more prevalent among recently immigrated adolescents as compared to the general population (Kirmayer et al., 2011). Indeed, the immigrant paradox, which argues that first generation immigrants are at a lower risk for psychopathology than are their native-born counterparts (Lui, 2015), does not apply to

this population. Research has demonstrated that individuals who are displaced due to violence in society, abuse in the home, persecution, or deprivation are at a higher risk for developing psychopathology (Ehnholt & Yule, 2006; Fazel, Reed, Panter-Brick, & Stein, 2012; Reed, Fazel, Jones, Panter-Brick, & Stein, 2012); this distinguishes many Hispanic immigrant adolescents from individuals who immigrated freely to the U.S. Veritably, although very few are available, studies examining psychopathology in Hispanic adolescent immigrants in the U.S. confirm high rates of psychopathology (Locke, Southwick, McCloskey, & Fernández-Esquer, 1996; Perreira & Ornelas, 2013; Potochnick & Perreira, 2010). These elevated rates of psychopathological symptoms are likely driven by high contextual risk factors in their home countries, such as violence, trauma, disruption from education, separation from family at a young age, and poor nutrition and living conditions (Kirmayer et al., 2011). Concerns about immigration proceedings, including fear of deportation, and feeling unprepared for court appearances, may compound these risk factors and exacerbate risk for mental illness. A study conducted by the United Nations High Commissioner for Refugees (n.d.) found that 58% of immigrant adolescents who traveled to the U.S. without a guardian might qualify for special protection under *Convention on the Rights of the Child*. However, of the 26,112 immigrant adolescents whose cases were decided from 2005 to 2015, less than 10% were granted relief from removal, meaning that over 90% were returned to the country from which they fled, despite the fact that the majority reportedly fled for reasons of life endangerment (TRAC, 2016a). Not only are immigrant adolescents not provided free legal council, many of them do not speak English, and are unfamiliar with the U.S. legal system, providing them little hope of remaining in the U.S. (Pair Project, n.d.).

The effects of anti-immigration policies and immigration laws on mental and physical health in immigrants have been well researched, and show poor outcomes in both domains (e.g., Tovino, 2016; Zayas & Bradlee, 2014). For example, anti-immigration policies and immigration laws often make it difficult for, and prevent immigrants from receiving mental and physical health care, inducing punishments on those who knowingly help immigrants (Zayas & Bradlee, 2014). Such anti-immigration policies and immigration laws force many immigrants to go untreated with regard to infections and diseases, and many die from such, as well as drug intoxication and suicide, even under the care of Immigration and Customs Enforcement (ICE; Tovino, 2016). Similarly, said policies can foment poor mental health. For example, when apprehended by ICE, a mother has no safeguards set in place allowing her to arrange for alternate care for her children, nor does a mother have the afforded right to know about her child's hearings (Women's Refugee Commission, 2013; Zayas & Bradlee, 2014).

Likewise, several studies that examined the effect of immigration court stress on lawyers and judges concluded that immigration court adjudicators suffer from poor mental health outcomes and chronic stress (Aschenbrenner, 2013; Aschenbrenner, 2015). A search of the current literature, however, reveals that no one has studied the effect of immigration court and its stressors on either adolescents or adults going through immigration court proceedings. Further, researchers wishing to expand this evidence base may face challenges associated with government policies limiting research among youth in custody, as well as families who are hesitant to participate in research if they are undocumented, due to fear of deportation (Gusmano, 2012). However, as a portion of these adolescents will be allowed to stay in the U.S., and nearly all will endure the long

wait-time to reach immigration court, it would be beneficial to society as a whole to investigate risk factors that may result in psychopathology in this group.

Against this background, the broad aim of this study was to examine the degree to which immigration-court-related concerns relate to emotional symptoms among recently immigrated adolescents. Empirical research in this population is very limited; although these youth are sometimes provided with psychological testing during temporary government custody (Office of Refugee Resettlement, 2014), there is little empirical support for psychological assessments in this group. Many of these measures are translated without cultural consideration, as they were normed on English-speaking samples, or used despite poor psychometric properties in non-English-speaking samples (Fernandez, Boccaccini, & Noland, 2007; Geisinger, 1994). Finally, non-English-speaking clinicians and researchers are sparse (Guilman, 2015). These challenges have resulted in limitations to the psychological services available to this group (Johnson, 2015), and even larger limitations in the empirical research base examining recently immigrated Hispanic adolescents. This study sought to partially address these problems by creating and evaluating measures to assess preparedness for immigration court and intolerance of unpreparedness—two hypothesized correlates of emotional symptoms in recently immigrated youth—thereafter exploring relations between these factors and emotional symptoms in recently immigrated adolescents.

### **Perceived Preparedness for Immigration Court**

Perceived Preparedness for Immigration Court (PPIC), in this study, was defined as an individual's recognized readiness for, and knowledge of, immigration court and its proceedings. No measure of preparedness for immigration court has been empirically

studied in any language, thus, data is lacking on how an individual's perceived preparedness for immigration court may function as a protective factor for mental illness, and, conversely, how unpreparedness may relate to increased emotional symptoms. Nonetheless, related reports of preparation, such as studies of test anxiety (Augner, 2015) and readiness for parenthood (Spiteri, Borg Xuereb, Carrick-Sen, Kaner, & Martin, 2014) have shown high correlations of perceived unpreparedness with stress and psychopathological symptoms, as well as poorer outcomes for those who feel unprepared, and better outcomes for those who feel prepared. For example, Augner (2015) found large significant correlations between test anxiety and perceived chronic stress ( $r = .65$ ), as well as between test anxiety and self-reported depressive symptoms ( $r = .52$ ). Likewise, a review of the existing literature by Spiteri et al. (2014) found improved quality of life, perceived competency, and openness to change among those who felt that they were prepared for parenthood. Although unpreparedness for immigration court has not been empirically examined in any study, legal aspects of immigration are widely assumed to be a source of stress for adults and youth post-migration (Contreras Edin & Associates, PLLC., n.d.), and perceived unpreparedness would be expected to intensify that experience. It is unlikely that many adolescent immigrants feel prepared for immigration court, as many do not have a lawyer, and are likely to be unfamiliar with the U.S. court system, thus exacerbating the stress already faced by this population of individuals.

The Perceived Preparedness for Immigration Court Scale (PPICS), developed for the proposed study, is a short, seven-item, self-report, Likert-type questionnaire that asks if an individual has explicit knowledge of what is expected of them and what they will

face in immigration court. Items are rated from “1,” “Strongly Disagree” to “5,” “Strongly Agree,” with every number corresponding to its own label. Items on the PPICS include, “Immigration court has been explained to me well,” and “I understand my rights in immigration court.” Items were generated based on committee meetings and review of related measures. Items were first created in English, and then translated by a bilingual, native English-speaker with formal mental health training in Spanish. Subsequently, and separately, two bilingual native Spanish-speakers reviewed the wording of the translated measure and provided feedback on the original items as well as their translations. The final list of items is a synthesis of all feedback and suggestions, and can be found in Appendix A. The full list of English items on the PPICS is available in Appendix B. High scores indicate a high level of perceived preparedness for immigration court.

### **Intolerance of Unpreparedness**

Intolerance of Unpreparedness (IUP), in this study, was defined as an individual’s tendency to react negatively to situations in which they do not feel prepared. The construct of IUP, operationalized for this study, builds upon a related construct, intolerance of uncertainty (IU). Intolerance of uncertainty can similarly be defined as an individual’s tendency to react negatively to ambiguous situations (Rowa, Hood, & Anthony, 2013), and is a risk factor for poor mental health outcomes across a range of disorders and related outcomes in non-immigrant populations (Bomyea et al., 2015; Boswell, Thompson-Hollands, Farchione, & Barlow, 2013; Carleton et al., 2014; Carleton et al. 2012; Koerner, 2014; Laposa, Collimore, Hawley, & Rector, 2015; Nelson, Hodges, Hajcak, & Shankman, 2015; Nelson, Shankman, & Proudfit, 2014;

Thibodeau et al., 2015). Although first conceptualized by researchers solely as a risk factor for generalized anxiety disorder (Ladouceur et al., 1999), intolerance of uncertainty has now been implicated as a significant factor in the development of other anxiety disorders (Bomyea et al., 2015; Carleton et al., 2014; Ladouceur et al., 1999; Nelson et al., 2015), depression (Boswell et al., 2013; Nelson et al., 2014), obsessive compulsive disorder (Laposa et al., 2015; Thibodeau et al., 2015), and posttraumatic stress disorder (Thibodeau et al., 2015). IU is considered a trait-based characteristic that intensifies an individual's natural feeling towards life's unpleasant events (Leyro, Zvolensky, & Bernstein, 2010). For example, researchers compared IU scores across individuals with diagnoses of generalized anxiety disorder, social anxiety disorder, panic disorder with, or without, agoraphobia, obsessive compulsive disorder, or major depressive disorder, and found that individuals with any of the aforementioned disorders had statistically significantly higher trait-based IU than those in non-clinical samples. Similarly, there was no difference in scores whether generalized anxiety disorder was the principle diagnosis, an additional diagnosis, or the individual only had one of the other diagnoses (Carleton et al., 2012), suggesting that IU may be an important transdiagnostic factor underlying emotional disorders.

Similarly, IUP is considered a trait-based characteristic that will intensify the stress fomented by the individual's perceived unpreparedness for immigration court. Such an effect might generate an array of emotional symptoms, much like IU. However, no research currently exists on Intolerance of Unpreparedness, and even related constructs (e.g., IU) have not been examined in the context of immigration court. However, because a significant amount of research exists on IU, hypotheses are based on

research conducted on this related construct. Thus, it was expected that adolescents who had high IUP for immigration court, and perceived themselves as being unprepared for immigration court, would experience increased emotional symptoms.

The Intolerance of Unpreparedness Scale (IUPS) was created for this study, and is a short, sixteen-item, self-report, Likert-type questionnaire that asks individuals to choose the response that best corresponds to their feelings towards being unprepared, specifically with regards to immigration court. Items are rated from “1,” “Strongly Disagree,” to “5,” “Strongly Agree,” with every number corresponding to its own label. Items on the IUPS include, “Feeling unprepared is unbearable to me,” and “Other people seem to be able to tolerate feeling unprepared better than I can.” Similar to the PPICS, the IUPS was developed in both English and Spanish following the aforementioned translation procedures. The full list of Spanish items on the IUPS is available in Appendix C, and the full list of English items can be found in Appendix D. Items 6 and 7 are reverse scored, and high scores indicate a high level of intolerance of unpreparedness for immigration court. The IUPS was developed from an existing measure, the Distress Tolerance Scale (DTS; Simons & Gaher, 2005). Distress intolerance is considered a broad measure of intolerance, and has been used to measure IU (Bebane, Flowe, & Maltby, 2015). Congruently, IU has been defined in terms of distress tolerance as “a perceived capacity to be *intolerant* of distressing life situations and events” (Leyro et al., 2010, p. 580; emphasis added). Poor distress tolerance, like elevated IU, has been implicated as a transdiagnostic factor for many different emotional disorders including panic disorder, social anxiety disorder, generalized anxiety disorder, and obsessive compulsive disorder (Michel, Rowa, Young, & McCabe, 2016). Research suggests that

distress tolerance is a protective factor that promotes secondary coping skills, such as reappraisal, as opposed to ineffective coping mechanisms, such as rumination (Jeffries, McLeish, Kraemer, Avallone, & Fleming, 2016; Krause, Ironson, & Pargament, 2016), which have been shown to correlate with overall psychopathology (Aldao & Nolen-Hoeksema, 2010), in general, as well as more severe symptomology (Moritz et al., 2016).

The psychometric properties of the DTS, from which the IUPS was developed, were initially evaluated on 642 college students from two different state universities. The sample primarily included White women who ranged in age from 18 to 26 years old. This scale was found to have a four-factor structure (Tolerance, Appraisal, Absorption, and Regulation), and demonstrated good internal consistency (Cronbach's alpha = .89) once items 6 and 15 were removed. Items 6 and 15 were retained for the current study, however, as our own psychometric analyses were used to determine the usefulness of these items in this study's context. The DTS demonstrated excellent convergent validity, having high correlations with several measures, in the hypothesized direction (e.g., Negative Mood Regulation Expectancies:  $r = .54$ ; Affect Lability Scale:  $r = -.52$ ), as well as high discriminant validity with several scales of the Alcohol and Marijuana Use Motives questionnaire (e.g., Alcohol and Marijuana Use Motives-Alcohol Enhancement:  $r = -.08$ ; Alcohol and Marijuana Use Motives-Marijuana Enhancement:  $r = -.08$ ; see Simons & Gaher, 2005 for a more in-depth overview of the psychometric properties of the DTS).

### **Current Study**

No measure has been previously developed for PPIC or IUP in any language. The current study aimed to develop a Perceived Preparedness for Immigration Court Scale

(PPICS) and an Intolerance of Unpreparedness Scale (IUPS) for Immigration Court, for Spanish-speaking immigrant adolescents, and collect first data on their reliability, validity, and relations with emotional symptoms among recently arrived adolescent immigrants from Central America. Immigrant adolescents could benefit substantially from research on factors contributing to their experience of emotional symptoms. Developing the PPICS and IUPS for Spanish speaking adolescents can set the foundation for understanding how unprepared they feel for what will occur in immigration court, and how this degree of unpreparedness, and intolerance of said unpreparedness, contributes to the experiences of emotional symptoms. Thus, this study had two specific aims.

First, we developed and examined the psychometric properties of two new measures: the PPICS and IUPS. Specifically, we sought to examine (a) the internal consistency of both the PPICS and IUPS by assessing Cronbach's alpha, (b) the factor structure of the IUPS, and (c) the convergent validity of the IUPS. Given that the IUPS came from the DTS, we expected to find a four-factor structure that would approximate the factor structure found in the standardization study of the DTS, using confirmatory factor analysis (Simons & Gaher, 2005). We used The Big Five Inventory (BFI; Benet-Martínez & John, 1998) to assess convergent validity, as evaluated by computing a Pearson correlation coefficient. Specifically, we expected that the IUPS would be significantly, positively correlated with the Neuroticism subscale on the BFI, echoing studies conducted by Berenbaum, Bredemeier, and Thompson (2008) and Fergus and Rowatt (2014) on IU where people who worried easily, had difficulty stabilizing their emotions, and were often tense, scored highly on Neuroticism (Lee & Ashton, 2010). We

expected individuals high in Neuroticism to endorse items such as “I can't handle feeling unprepared,” and “I'll do anything to avoid feeling unprepared,” for example.

Second, we proposed to examine relations between IUPS, PPICS, and Emotional Symptoms (SDQ). Specifically, we proposed a moderation model with emotional symptoms as the dependent variable, and the independent effects of IUPS (and its factors) and PPICS, as well as their interaction, serving as independent variables. We expected that there would be a significant main effect of IUPS (and its factors) on emotional symptoms, and a significant interaction between IUPS and PPICS, such that adolescents with high IUP and low PPIC would experience greater emotional symptoms.

The findings of this study stand to impact current understandings of the effect of immigration court proceedings on the mental health of recently immigrated adolescents. Finding the hypothesized effects, would promote future research establishing cut-off points for the PPICS and IUPS that may help identify those who would benefit from treatment targeted at attenuating IUP, or interventions designed to enhance real, or perceived, preparedness for immigration court proceedings. Such programs would educate these individuals about what they are likely to face in court, as well as what special protections they are eligible for under the *Immigration and Nationality Act* (U.S. Citizenship and Immigration Services, 2013). Likewise, understanding how unpreparedness for immigration court contributes to emotional symptoms would strengthen the argument for changes in public policy regarding the lack of representation provided for immigrants facing adjudication. These issues are paramount in the state of Texas, which currently leads the country in removal orders: 10,102 removal orders in the first seven months of the 2016 fiscal year to the next highest 7,056 (TRAC, 2016b).

## CHAPTER II

### Method

#### Participants

Participants were Spanish-speaking, recently arrived, adolescent immigrants from Central America who were attending a Houston-area school for recently immigrated adolescents. Our participants ranged in age from 15 years old to 25 years old, mirroring the typical age range of public high school students in Texas, and maximum age limit for which the government must provide free public education in Texas (National Center for Education Statistics, 2015). We recruited each participant face to face, as well as over the phone. First, we visited every class within one class period to ensure that every child was spoken to. During this announcement, participants were orally explained the purpose, risks, and benefits of participating, as well as given a consent form and letter explaining the study more in depth. This letter was to be given to their caregivers to sign, or was signed themselves if over the age of 18. Later that same day, all participants received an automated phone call from the school, to the phone number that the school has on file for the caregivers, explaining the purpose, risks, and benefits of the study. All participants ( $n = 76$ ) were compensated with a \$20 gift card to Target for their time.

#### Measures

**Perceived Preparedness for Immigration Court Scale (PPICS).** The Perceived Preparedness for Immigration Court Scale (PPICS) is a short, seven-item, self-report, Likert-type questionnaire that asks if an individual has explicit knowledge of what is expected of them and what they will face in immigration court. Items are rated “1,” “Strongly Disagree,” “2,” “Somewhat Disagree,” “3,” “Neither Agree nor Disagree,” “4,”

“Somewhat Agree,” and “5,” “Strongly Agree.” In this study, we used the PPICS total score in data analyses.

**Intolerance of Unpreparedness Scale (IUPS).** The Intolerance of Unpreparedness Scale (IUPS) is a short, sixteen-item, self-report, Likert-type questionnaire that asks individuals to choose the answer that best corresponds to their feelings towards being unprepared, specifically with regards to immigration court. Items are rated “1,” “Strongly Disagree,” “2,” “Somewhat Disagree,” “3,” “Neither Agree nor Disagree,” “4,” “Somewhat Agree,” and “5,” “Strongly Agree.” In this study, we used the IUPS total score and factor scores in data analyses (see Results).

**Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997).** The Strengths and Difficulties Questionnaire is a self-report, 25-item questionnaire that aims to measure symptoms of psychopathology faced by youth. The SDQ’s items are measured on a three-point, Likert-type scale: “Not True,” “Somewhat True,” and “Certainly True.” The SDQ has five subscales, yet only four are summed to achieve the total score on the SDQ. The five scales include Emotional Symptoms, Conduct Problems, Hyperactivity-Inattention, Peer Problems, and Prosocial Behavior. The SDQ was originally created in Europe (Goodman, 1997), piloted on an English sample (Goodman, Meltzer, & Bailey, 1998), and normed on a British sample of individuals (Goodman, 2001). Since the original normalization study, the SDQ has been translated into over 40 languages, including Spanish, and normed in various other countries, including the United States (Bourdon, Goodman, Rae, Simpson, & Koretz, 2005). The SDQ, however, has not been normed on a Spanish-speaking immigrant population. The normalization study in the United States found cut points and psychometric properties

comparable to those in the British study. The internal consistency as measured by Cronbach's alpha was .83 for the total score (.80 in the British study), and ranged from .46 to .77 (.41 to .67 in the British study) for the four subscales used in the calculation of the total score (Emotional Symptoms, Conduct Problems, Hyperactivity-Inattention, and Peer Problems). Cronbach's alpha was adequate for all subscales except "Peer Problems" in both the U.S. and British normalization studies. Individuals are said to have close to average difficulties if they obtain a total score of 0-13, slightly raised difficulties if they obtain a score of 14-16, high difficulties if they obtain a score of 17-19, and very high difficulties if they obtain a score of 20-40. Close to average, slightly raised, high, and very high difficulty scores are obtainable for each individual subscale as well, which have their own cut off scores. In this study, we used the SDQ Emotional Symptoms subscale score in data analyses, given aforementioned relations between the constructs of interest and internalizing disorders (e.g., depression, anxiety). Cronbach's alpha for the SDQ Emotional Symptoms subscale was .63 in this study.

**Big Five Inventory (BFI; Benet-Martínez & John, 1998).** The Big Five Inventory created by Benet-Martínez and John (1998) is a Spanish version of the original, English, 44-item BFI (John, Donahue, & Kentle, 1991). The BFI is a self-report, Likert-type questionnaire that asks individuals to choose how much they agree or disagree with statements about themselves. Items are rated "1," "Disagree strongly," "2," "Disagree a little," "3," "Neither Agree nor Disagree," "4," "Agree a little," and "5," "Agree strongly". The BFI measures five personality traits: Conscientiousness, Agreeableness, Neuroticism, Openness, and Extraversion. Both the Spanish version and the English version have a five-factor structure and possess comparable psychometric properties,

demonstrating excellent relational validity with other measures of personality and excellent internal consistency. Benet-Martínez and John (1998) found a mean internal consistency, as measured by Cronbach's alpha, of .78 for the Spanish version, and .83 for the English version. Cronbach's alpha for Neuroticism was .80. According to Benet-Martínez and John (1998), the Spanish version of the BFI is a culturally sound measure of personality for Spanish-speaking individuals. In this study, we used the BFI Neuroticism subscale total score in data analyses. Cronbach's alpha for the BFI Neuroticism subscale was .52 in this study.

### **Procedure**

IRB approval (see Appendix E) was obtained for this study as a part of a larger study of psychopathology, trauma, and migration experiences in immigrant adolescents. Because some individuals were 18 or older, consent was obtained in one of two ways. Consent was either obtained from an individual's caregiver, and then the participant gave assent before participation, or those adolescents who were 18 or older were asked to consent for themselves. Once the appropriate permission was granted, the IUPS, PPICS, SDQ, and the BFI were administered one-on-one, in Spanish. Although these are self-report questionnaires, illiteracy is common among this population, therefore a research assistant was always there to assist individuals and answer any questions they had during the survey. Upon completion of participation in the study, all participants were given a \$20 gift card to Target.

## CHAPTER III

### Results

#### Descriptive Results

Seventy-six students participated in this study. Data was not missing for any participants; thus, data for all 76 participants were retained for analyses. Participants ranged in age from 15 to 25 years old ( $M = 19.6$ ;  $SD = 2.1$ ). Out of the 76 participants, 56.6% were male ( $n = 43$ ) and 43.4% were female ( $n = 33$ ).

#### Factor Analysis of IUPS

We examined the hypothesized four-factor model for the IUPS (Simons & Gaher, 2005) using Confirmatory Factor Analyses such that items 1, 3, and 5 loaded onto the Tolerance factor; items 6, 7, 8, 10, 11, 12, and 13 loaded onto the Appraisal factor; items 2, 4, and 16 loaded onto the Absorption factor; and items 9, 14, and 15 loaded onto the Regulation factor. We used the comparative fit index (CFI), Tucker-Lewis Index (TLI), and root-mean-square error of approximation (RMSEA) to assess model fit. Based on prior research (Bentler, 1990; Browne & Cudek, 1992; Kline, 2001), we considered a CFI and TLI greater than .90 and RMSEA less than .08 evidence of adequate fit. The hypothesized four-factor model demonstrated poor fit with a CFI = .57, TLI = .47, and RMSEA = .16.

Based on poor model fit of the four-factor model posited by Simons and Gaher (2005), we used an exploratory maximum likelihood factor analysis with oblique, promax rotation to gain a better understanding of the factor structure underlying the IUPS. We selected oblique rotation because we expected that the emerging factors would be correlated (Thompson, 2004). All items of the IUPS were analyzed together—that is, the

factor analysis was conducted using items 1-16 (items 6 and 7 were reversed as specified by scoring procedures). As can be seen in Table 1, five components were extracted from the 16 IUPS items. We used Kaiser's (1960) eigenvalue-greater-than-one rule to extract five factors— all others had eigenvalues less than 1.00. This five-factor model represented a significant improvement ( $\chi^2 = 56.40$ ,  $df = 50$ ,  $p = .248$ ) from an exploratory maximum likelihood factor analysis that constrained the model to one factor extraction ( $\chi^2 = 226.48$ ,  $df = 104$ ,  $p < .001$ ;  $\Delta \chi^2 = 170.08$ ,  $\Delta df = 54$ ,  $p < .001$ ). Thus, we selected the five-factor model for further analyses. Specifically, we used a cutoff score of .40 to analyze factor loadings according to convention, such that items with a loading greater than or equal to .40 were retained on that factor. Factor loadings are presented in Table 1. One item, item 6, did not load onto any factor at a value greater than .40.

Table 1

*Exploratory Factor Analysis Factor Loadings*

	Factor		
	Moderate Emotions	Action and Intense Event Emotions	Appraisal of Others
Item 1: Feeling unprepared is unbearable to me	.51		
Item 2: When I feel unprepared, all I can think about is how bad I feel	1.03		
Item 3: I can't handle feeling unprepared	.75		
Item 8: My feelings of unpreparedness are not acceptable		.42	
Item 9: I'll do anything to avoid feeling unprepared		.74	
Item 11: Being unprepared is always a major ordeal for me		.58	

(continued)

	Factor			Appraisal of Others
	Moderate Emotions	Action and Event	Intense Emotions	
Item 14: I'll do anything to stop feeling unprepared		.66		
Item 15: When I feel unprepared, I must do something about it immediately		.59		
Item 16: When I feel unprepared, I cannot help but concentrate on how bad the unpreparedness actually feels		.57		
Item 4: My feelings of unpreparedness are so intense that they completely take over			.75	
Item 5: There's nothing worse than feeling unprepared			.69	
Item 7: I can tolerate being unprepared as well as most people				-.55
Item 12: I am ashamed of myself when I feel unprepared				.62
Item 13: My feelings of unpreparedness scare me				.67
Item 10: Other people seem to be able to tolerate feeling unprepared better than I can				.95

*Notes.* Extraction method: Maximum Likelihood. Rotation Method: Promax with Kaiser Normalization. Prior to completing factor analysis, items 6 and 7 were reversed so that all scales were rated in the same direction with higher scores indicating more intolerance. Item 6 was eliminated from the model when it did not load onto any factor over .40.

The five extracted factors are described as follows: the first factor was named the “Moderate Emotions” factor (Eigenvalue = 5.72), which accounted for 35.72% of the variance. This factor contained items 1, 2, and 3, and, thus, was named “Moderate Emotions” because all items related to negative emotions that were categorized as moderate as opposed to intense (e.g., “When I feel unprepared, all I can think about is how bad I feel). The second factor, named “Action and Event,” (Eigenvalue = 1.75), accounted for 10.91% of the variance. It contained items 8, 9, 11, 14, 15, and 16, and

was associated with how the event of feeling unprepared is viewed (e.g., “Being unprepared is always a major ordeal for me”), and the actions that result from those views (e.g., “When I feel unprepared, I must do something about it immediately”). High scores on this factor indicated higher negative views toward the event, and more actions taken to avoid the event. The third factor (Eigenvalue = 1.41) accounted for 8.80% of the variance. It contained items 4 and 5, and was associated with negative emotions that were categorized as severe, and was, therefore, named the “Intense Emotions” factor (e.g., “There is nothing worse than feeling unprepared”). High scores on this factor indicated a greater experience of intensely negative emotions. The fourth factor was named the “Appraisal” factor (Eigenvalue = 1.18), which accounted for 7.38% of the variance. This factor contained items 7, 12, and 13, which all relate to how an individual evaluates themselves (e.g., I can tolerate being unprepared as well as most people,” reverse scored) and their reaction (e.g., I am ashamed of myself when I feel unprepared”) with regard to the event. The fifth factor was named “Appraisal of Others” (Eigenvalue = 1.05) and accounted for 6.55% of the variance; however, because it contained only one item, it does not represent a true composite. The item in question, item 10, reads, “Other people seem to be able to tolerate feeling unprepared better than I can.” Overall, higher scores on all of these factors indicated a greater intolerance of feeling unprepared in immigration court.

Inter-factor correlations were computed. The Moderate Emotions factor was correlated with the Action and Event factor at  $r = .49$  ( $p < .001$ ), with the Intense Emotions factor at  $r = .42$  ( $p < .001$ ), the Appraisal factor at  $r = .49$  ( $p < .001$ ), and the Appraisal of Others factor at  $r = .24$  ( $p = .036$ ). The Action and Event factor was

correlated with Intense Emotions at  $r = .58$  ( $p < .001$ ), the Appraisal factor at  $r = .63$  ( $p < .001$ ), and the Appraisal of Others factor at  $r = .21$  ( $p = .073$ ). The Intense Emotions factor was correlated with the Appraisal factor at  $r = .39$  ( $p = .001$ ), and the Appraisal of Others factor at  $r = .23$  ( $p = .049$ ). Last, the Appraisal and Appraisal of Others factor were correlated at  $r = .15$  ( $p = .209$ ). Because factor five, Appraisal of Others, consisted of only one item, no further analyses were run on factor five.

### **Internal Consistency of PPICS and IUPS**

We calculated Cronbach's alpha for the PPICS, IUPS, and factors one through four (Moderate Emotions, Action and Event, Intense Emotions, and Appraisal, respectively) of the IUPS. Cronbach's alpha for the PPICS was .90, demonstrating adequate internal consistency. Cronbach's alpha for all items of the IUPS was .80, which indicates that internal consistency for the IUPS total score can, likewise, be described as adequate. Cronbach's alpha for factors one through three were as follows: Moderate Emotions, Cronbach's alpha = .81; Action and Event, Cronbach's alpha = .79; and Intense Emotions, Cronbach's alpha = .61. Cronbach's alpha for Appraisal was low, with Cronbach's alpha = .05.

### **Convergent Validity**

We computed a Pearson correlation coefficient to examine the convergent validity of the BFI Neuroticism subscale with the IUPS total score and the IUPS's factors. The BFI Neuroticism subscale correlated significantly with the IUPS total score ( $r = .32$ ,  $p = .005$ ), Moderate Emotions, Action and Event, and Appraisal ( $r = .28$ ,  $p = .013$ ;  $r = .34$ ,  $p = .003$ ;  $r = .35$ ,  $p = .002$ , respectively). No significant link was noted between the BFI Neuroticism subscale and Intense Emotions ( $r = .20$ ,  $p = .092$ ).

### **Relations between PPICS, IUPS, and Emotional Symptoms**

Prior to examining relations between these key study variables, we explored relations to demographic variables (i.e., age and gender). Age was significantly correlated with the PPICS ( $r = -.26, p = .026$ ), and, thus, we controlled for age in subsequent analyses. We also examined the relation between the IUPS total score and its factors, the PPICS, the Emotional Symptoms subscale of the SDQ, and gender. Independent samples t-tests revealed a significant relation between gender and Emotional Symptoms  $t(74) = -2.026, p = .046$ , such that women ( $M = 8.73, SD = 2.34$ ) endorsed more Emotional Symptoms on the SDQ, on average, than men ( $M = 7.71, SD = 1.99$ ). Because the Emotional Symptoms scale was significantly related to gender, we took this into consideration when examining the relation between PPICS, IUPS and Emotional Symptoms in multivariate models.

At the bivariate level, we used correlations to examine links between the IUPS and its factors, the PPICS, and the Emotional Symptoms subscale of the SDQ. The PPICS was not significantly correlated with Emotional Symptoms. The IUPS total score and all of its factors were significantly correlated with the Emotional Symptoms subscale, such that increased IUPS was associated with increased Emotional Symptoms. For a full table of correlation coefficients and p-values, please see Table 2.

Table 2

*Correlations Among Variables in Moderated Moderation Model*

	PPICS Total Score	SDQ Emotional Symptoms Scale	Age
PPICS Total Score		.05 (.684)	-.26 (.026)
IUPS Total Score	-.08 (.473)	.44 (< .001)	.22 (.056)
Moderate Emotions	-.14 (.236)	.42 (< .001)	.19 (.110)
Action and Event	.05 (.669)	.33 (.004)	.15 (.185)
Intense Emotions	-.17 (.140)	.34 (.002)	.17 (.139)
Appraisal	-.08 (.468)	.55 (< .001)	.13 (.250)
SDQ Emotional Symptoms	.05 (.684)		-.04 (.715)

*Notes.* Numbers not in parentheses represent correlation coefficients, whereas numbers in parentheses represent p-values.

At the multivariate level, we examined relations between IUPS, PPICS, and Emotional Symptoms while taking into account the significant roles of age and gender. Specifically, we used a moderation model (PROCESS SPSS Model Three computational tool; Hayes, 2013) to examine the main effects of PPICS and IUPS, as well as their interaction, on SDQ Emotional Symptoms, while controlling for age. All IUPS and PPICS variables are continuous, however, this computational tool automatically generates values describing the conditional effect of PPICS (IV) on Emotional Symptoms (DV) at three levels of the IUPS (moderator): one standard deviation below the mean, the mean, and one standard deviation above the mean, in order to aid with interpretation and graphic representation. Due to differences in the dependent variable, Emotional Symptoms, based on gender, we tested gender as an additional moderator. In sum, we

examined moderated moderation, as pictured in Figure 1 (Hayes, 2013). We explored moderated moderation in five separate models that varied only with regard to the IUPS variable entered: IUPS total score, Moderate Emotions score, Action and Event score, Intense Emotions score, and Appraisal score.

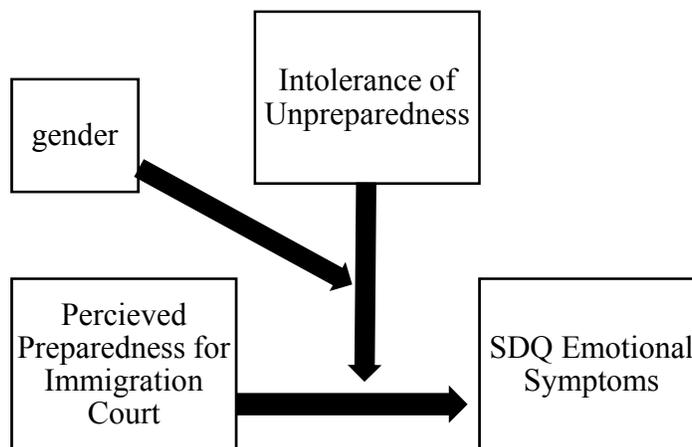


Figure 1. Conceptual diagram of Model Three template for PROCESS for SPSS.

In the model that included the IUPS total score, there was a significant main effect of IUPS total score ( $b = .352, SE = .160, p = .031$ ), no significant main effect of PPICS total score ( $b = .686, SE = .439, p = .123$ ), and no significant interaction between PPICS and IUPS ( $b = -.017, SE = .009, p = .075$ ) in relation to Emotional Symptoms. However, a significant interaction between PPICS total score, IUPS total score, and gender was noted ( $b = .013, SE = .005, p = .020$ ), such that IUPS served as a moderator of the relation between PPICS and Emotional symptoms for females who received moderate ( $b = .090, SE = .043, p = .040$ ) or high ( $b = .181, SE = .060, p = .004$ ) total scores on the IUPS but not for females with low IUPS total scores ( $b = -.001, SE = .046,$

$p = .977$ ), or for males ( $b = -.004$ ,  $SE = .004$ ,  $p = .350$ ). See Figure 2 for a graphical representation of this relationship.

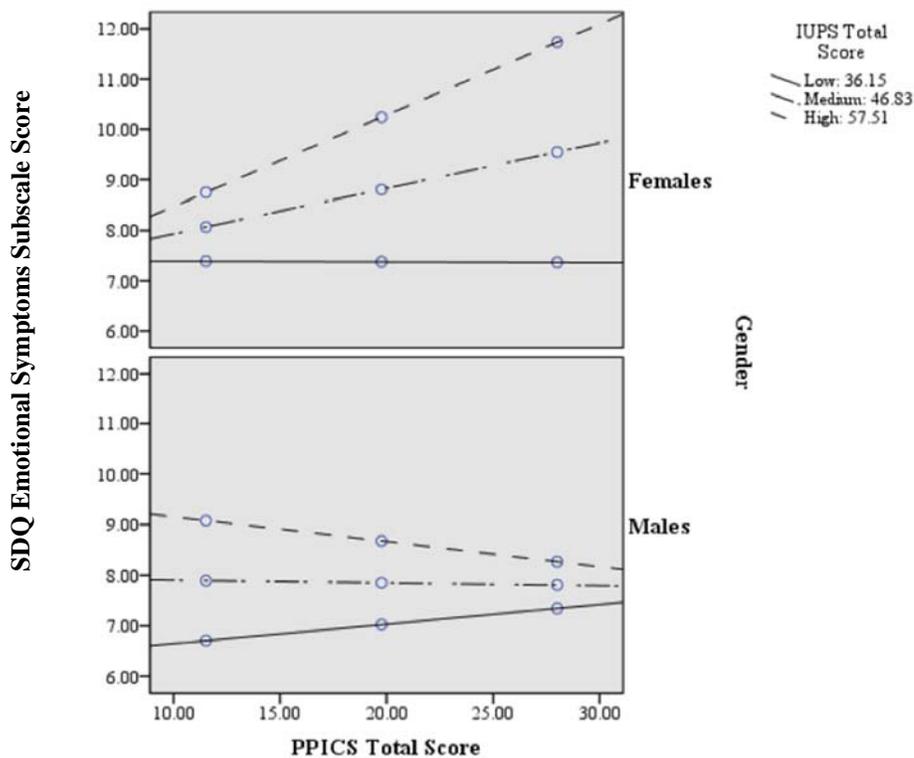


Figure 2. Graphical representation of effect of PPICS on Emotional Symptoms when both IUPS and gender are moderators.

In the model that included IUPS factor one, Moderate Emotions, there was a significant main effect of Moderate Emotions score ( $b = 4.389$ ,  $SE = 1.722$ ,  $p = .013$ ), no significant main effect of PPICS total score ( $b = -.119$ ,  $SE = .086$ ,  $p = .173$ ), and a significant interaction between PPICS total score and Moderate Emotions score ( $b = -.187$ ,  $SE = .078$ ,  $p = .020$ ) in relation to Emotional Symptoms. Again, a significant interaction between PPICS total score, IUPS Moderate Emotions score, and gender was noted ( $b = .126$ ,  $SE = .049$ ,  $p = .013$ ), such that IUPS Moderate Emotions score served as a moderator of the relation between PPICS and Emotional symptoms for females who

received moderate ( $b = .091, SE = .044, p = .043$ ) or high ( $b = .155, SE = .062, p = .015$ ) scores on Moderate Emotions but not for females with low scores ( $b = .027, SE = .048, p = .580$ ), or for males ( $b = -.061, SE = .035, p = .088$ ).

In the model that included factor two, Action and Event, there was a significant main effect of Action and Event score ( $b = 4.280, SE = 1.970, p = .033$ ), no significant main effect of PPICS total score ( $b = -.093, SE = .091, p = .309$ ), and a significant interaction between PPICS total score and Action and Event score ( $b = -.233, SE = .097, p = .020$ ) in relation to Emotional Symptoms. A significant interaction between PPICS total score, IUPS Action and Event score, and gender was noted ( $b = .156, SE = .061, p = .013$ ), such that IUPS Action and Event score served as a moderator of the relation between PPICS and Emotional symptoms only for females who received high ( $b = .071, SE = .062, p = .028$ ) scores on the Action and Event factor, not for those with moderate ( $b = .085, SE = .047, p = .072$ ) or low scores ( $b = .012, SE = .050, p = .809$ ), or for males ( $b = -.077, SE = .044, p = .084$ ).

In the model that included IUPS factor three, Intense Emotions, there was no significant main effect of Intense Emotions ( $b = 3.445, SE = 2.143, p = .113$ ), no significant main effect of PPICS ( $b = -.070, SE = .088, p = .428$ ), but there was a significant interaction between PPICS total score and Intense Emotions score ( $b = -.212, SE = .105, p = .048$ ) in relation to Emotional Symptoms. A significant interaction between PPICS total score, IUPS Intense Emotions score, and gender was noted ( $b = .161, SE = .064, p = .014$ ), such that IUPS Intense Emotions score served as a moderator of the relation between PPICS and Emotional symptoms, but only for females who received high ( $b = .168, SE = .060, p = .006$ ) scores on the Intense Emotions factor, not

those with moderate ( $b = .068, SE = .044, p = .125$ ) or low ( $b = -.032, SE = .056, p = .566$ ) scores, or for males ( $b = -.051, SE = .048, p = .292$ ).

Finally, in a model that included factor four, Appraisal, there was a main effect of Appraisal score ( $b = 5.242, SE = 2.141, p = .017$ ), no main effect of PPICS ( $b = -.061, SE = .080, p = .448$ ), and a significant interaction between PPICS total score and Appraisal score ( $b = -.215, SE = .103, p = .040$ ) in relation to Emotional Symptoms. A significant interaction between PPICS total score, IUPS Appraisal score, and gender was noted ( $b = .141, SE = .0622, p = .027$ ), such that IUPS Appraisal Score served as a moderator of the relation between PPICS and Emotional symptoms, but only for females who received high ( $b = .1201, SE = .059, p = .044$ ) scores on Appraisal, not for those at moderate ( $b = .061, SE = .040, p = .133$ ) or low levels ( $b = .003, SE = .049, p = .958$ ), or for males ( $b = -.074, SE = .047, p = .120$ ).

## CHAPTER IV

### Discussion

The current study aimed to develop a Perceived Preparedness for Immigration Court Scale (PPICS) and an Intolerance of Unpreparedness Scale (IUPS) for Immigration Court for Spanish-speaking immigrant adolescents, and collect first data on their reliability, validity, and relations with emotional symptoms among recently arrived high school immigrants from Central America. Helping to understand how unpreparedness in immigration court, and intolerance of said unpreparedness, contributes to the experience of emotional symptoms can help aid in the understanding of risk factors related to poor mental health. Due to the changing demographics of the U.S. (Cohn, 2015), and the fact that undocumented adolescent immigrants are afforded the right to go to public schools like all other adolescents in the U.S. (Passel & D’Vera, 2014), this topic is of critical public health concern. Thus, this study had two aims: examine psychometric properties and measure variable relations.

We hypothesized that the internal consistency of both the PPICS and IUPS would be adequate to promote further use of both measures. Indeed, an examination of both the PPICS and IUPS revealed high internal consistency warranting the use of both measures in Spanish-speaking recently immigrated high school students. Additionally, we expected the IUPS to be significantly, positively correlated with the Neuroticism subscale on the BFI. The significant relation found between Neuroticism and IUP in this study was, therefore, in line with hypotheses and previous studies examining the relationship between neuroticism and intolerance (Berenbaum et al., 2008; Fergus & Rowatt 2014; Lee & Ashton, 2010). A moderate, positive relation between Neuroticism and IUP

suggests that although they are similar, Neuroticism and IUP are distinguishable constructs. In other words, because an individual is neurotic, does not necessarily mean that they will be intolerant of feeling unprepared in immigration court. Similarly, neuroticism is a personality trait construct, whereas IUP, in this study, is a situation specific (i.e., immigration court) construct.

We expected the IUPS to have a four-factor structure, approximating the factor structure of the DTS, from which the IUPS was adapted. Contrary to this hypothesis, however, the four-factor model posited by Simons and Gaher (2005) was not supported, and exploratory factor analyses rather supported a five-factor structure. This may be due to the difference in the population of interest, as well as the fact that the DTS and the IUPS measure different constructs. The DTS was developed on an English-speaking sample of individuals, 89% of which were White, 7% of which were Black, and 4% of which were of another ethnicity (Asian, multicultural, or other; Simons & Gaher, 2005). The current study, on the other hand, was comprised exclusively of Spanish-speaking individuals, all of which identified as Latino. Alternatively, and possibly more parsimoniously, the DTS and the IUPS are not the same measure. Not only are the words used in the measures different, the DTS examines an individual's distress tolerance as a trait-based factor, whereas the IUPS examines an individual's intolerance of unpreparedness with regard to immigration court, and, thus, is a situation specific measure.

We found a five, as opposed to a four, factor structure, with all items except for item 6 loading onto one of the five factors. All other items displayed factor loadings exceeding .40 onto their respective factor. Moreover, the five-factor structure

represented a significant improvement upon an exploratory factor analysis that constrained all items onto one factor. Internal consistency for factors one (Moderate Emotions), two (Action and Event), and three (Intense emotions) were adequate, suggesting the items in each factor cluster together. Internal consistency for factor four (Appraisal), however, was extremely low. When examined further, it was noted that item 7, which was reverse scored, on the Appraisal factor significantly lowered the internal consistency (from Cronbach's alpha = .05 with, to Cronbach's alpha = .68 without) of that scale. This information, coupled with the fact that item 6, which was reversed scored, did not load onto any factor, suggests that reverse worded items might be difficult for Spanish-speaking immigrant adolescents to understand. This hypothesis is supported by previous research showing that reverse items often contaminate data due to confusion on the part of the participant (van Sonderen, Sanderman, & Coyne, 2013). However, more research is needed on this topic to confirm this conjecture. Internal consistency for factor five, Appraisal of Others, was not examined because it consists of only one item, item 10. Item 10 may not have loaded onto any of the other four factors because the subject of item 10 is in third-person (i.e., others), whereas all other items are in the first person (i.e., I). Refinement of the IUPS may warrant removal of this item since the wording appears to distinguish it from the rest of the scale.

Aim two centered around providing first data on relations between IUPS, PPIC, and Emotional Symptoms in immigrant youth. It was hypothesized that there would be a main effect of IUPS (and, in separate models, all of the IUPS factors), such that higher scores of IUPS (and its factors) would be associated with higher scores of Emotional Symptoms on the SDQ. It was also hypothesized that IUPS would serve as a moderator

of the relation between PPIC and Emotional Symptoms such that a significant relation would exist when IUP was high. In general, hypotheses regarding main effects were supported. More intolerance of unpreparedness for immigration court (as measured by IUPS total score, and Moderate Emotions, Action and Event, and Appraisal factor scores) was related to more emotional symptoms, as measured by the Emotional Symptoms subscale on the SDQ. This is in line with the aforementioned research on intolerance of uncertainty, which suggests that intolerance of uncertainty is a general risk factor for internalizing disorders (Bomyea et al., 2015; Boswell et al., 2013; Carleton et al., 2014; Ladouceur et al., 1999; Laposa et al., 2015; Nelson et al., 2014; Nelson et al., 2015; Thibodeau et al., 2015). One factor, Intense Emotions, did not have a significant relation with emotional symptoms, however, this could be due to the limited range of values for this factor (Goodwin & Leech, 2006), as Intense Emotions consisted of only two items.

Moderation analyses were undertaken in a moderated-moderation framework, allowing examination of the moderating role of IUPS on the relation between PPICS and Emotional Symptoms separately for males and females. Analyses revealed that IUP served as a moderator of the relation between PPICS and Emotional Symptoms only for females. However, the direction of results was unexpected: higher emotional symptoms were observed for those individuals who had more perceived preparedness and more intolerance for feeling unprepared. In application, these results suggest that women who are highly intolerant of unpreparedness have more emotional symptoms even when they feel prepared for immigration court. At first glance, this appears counterintuitive, and is in disagreement with the specificity of the relationship between variables as outlined in hypotheses. We expected that there would be a significant relation between variables in

the opposite direction— low levels of perceived preparedness and high levels of intolerance of unpreparedness would relate to increased emotional symptoms.

This counterintuitive finding warrants further investigation. Specifically, it must be noted that the temporal order of variables was not established in the collection of data, and, thus, this is not a causal relationship (i.e., more perceived preparedness leads to more emotional symptoms at greater levels of intolerance). As such, it may be that women who are more intolerant of feeling unprepared for immigration court experienced more emotional symptoms, and, thus, took steps to increase their preparedness (i.e., got a lawyer, researched law, asked a charity organization for help, asked friends and family members who have been through immigration court for advice, etc.). Indeed, Davids and Eriksen (1955) found that anxiety promoted productivity and attainment of knowledge in students. Likewise, several of the items on the IUPS reference doing something immediately to get rid of the feeling of unpreparedness, and people who scored high on IUPS endorsed these items. Thus, it may be that the current study documented a relation that was in the opposite direction of hypotheses, because it failed to assess and account for action taken by participants to increase their perceived level of preparedness.

Original hypotheses did not account for gender in the moderation model between IUP, PPICS and Emotional Symptoms. It is not uncommon, however, for researchers to find a greater prevalence of internalizing disorders (i.e., anxiety and mood disorders) in both girls and women, and a higher prevalence of externalizing disorders in both boys and men (i.e., oppositional defiant disorder/conduct disorder/antisocial personality disorder and substance use disorder; Eaton et al., 2012; Leadbeater, Kuperminc, Blatt, & Hertzog, 1999). Thus, our results are in line with prevalence rates on internalizing

symptoms in women versus men. In line with this research, future research may focus on the presence of externalizing symptoms in this moderated moderation model including IUPS, PPICS and gender, as poor coping skills for intolerance of unpreparedness for immigration court may instead be related to externalizing symptoms in males.

Examination of the IUPS' factor structure requires replication. In the current study, an exploratory, non-hypothesis driven five-factor structure was a statistically significant improvement upon a unidimensional factor structure. Still, factors were significantly correlated and performed in a similar manner in all analyses examining the relations of IUPS and PPICS with Emotional Symptoms. Thus, from a practical standpoint, the IUPS total score appeared as useful—at least in the current study—as the statistically derived factors. From a theoretical standpoint, the IUPS was created to be used as a total score measure. Though further measure refinement is required, the findings of the present study suggest that little practical significance is gained from examining factor score relations, over and above the total score. Thus, we recommend the use of IUPS total score over factor scores, pending refinement (e.g., exclusion of poorly performing items) of the IUPS yielding an adequate, unidimensional model.

Overall, results suggest a significant relation between IUP and Emotional Symptoms for both genders, and indicate that IUP serves as a moderator of the relation between PPIC and Emotional Symptoms for females only. Although the specific direction of the second relation was in contrast to hypotheses, the findings of the current study indicate that there is a clear, undesirable relation between intolerance of uncertainty regarding immigration court proceedings and emotional symptoms. Immigrants could benefit substantially from research on factors contributing to their experience of

emotional symptoms with regard to immigration court. Developing the PPICS and IUPS for Spanish-speaking adolescents is one step in the direction of understanding how immigration court contributes to adverse emotional symptoms in this population.

Immigration court has been shown to be stressful for judges and attorneys (Aschenbrenner, 2013; Aschenbrenner, 2015). Therefore, it is not surprising that the thought of being unprepared for immigration court would relate to negative emotions within respondents facing immigration court proceedings. Although nascent in form, with more research, the IUPS may be used as a stand-alone measure to identify individuals who would benefit from treatment that teaches coping skills for how to deal with distress related to immigration court. Because intolerance of unpreparedness for immigration court is situation specific, these individuals may fall through the cracks when examined in the global sense of reacting negatively to feeling unprepared. However, future research should investigate whether IUP specific to immigration court and trait specific IUP are significantly correlated, as the current study did not control for trait-based IUP or general anxiety. If this relation exists, individuals may benefit from a broader treatment targeted at attenuating stress related to global IUP as a trait-based factor. The question then becomes, would programs be more effective at targeting IUP or at increasing PPIC. At this time, however, without further research, recommendations on the utility of the IUPS in conjunction with the PPICS cannot be made. Nonetheless, prior research on treatments that decrease the severity of symptom presentation of internalizing disorders by targeting intolerance of uncertainty (Bomyea et al., 2015, Boswell et al., 2013) have proven effective, lending support to the conjecture that targeting IUP would reduce the presentation of emotional symptoms, regardless of situation specificity.

This study has several strengths. It is the first data collected on IUP and PPIC in relation to psychopathology in recently immigrated adolescents, and all data were collected one-on-one in private. For these reasons, we believe 76 participants should be considered a strength of this study. Not only is this population unique, but also data was complete (i.e., no missing data), and participants were able to ask for word definitions, or clarification when needed, augmenting the quality of data collected. Still, data from this study cannot be used to establish cause and effect relationships. Another limitation of this study is the large age range of individuals attending high school in Texas. This reality limits generalization to high schools outside of Texas, as Texas is the only state to have a maximum age limit for free public education over 22 (National Center for Education Statistics, 2015). With the collection of more data, which is ongoing, it may be possible to eliminate individuals older than 21, as 21 is the maximum age limit for most states that have laws governing the oldest age free public education must be provided (National Center for Education Statistics, 2015). Until more data are collected, however, this is not feasible.

Although the direction of the relationship between IUPS, PPICS, and Emotional Symptoms was in contrast to our hypotheses at the time data was collected, more research is needed to determine if help sought is a confounding variable in this relationship. It may be the case, that in this sample, individuals who were extremely intolerant of feeling unprepared began experiencing emotional distress, so much so that they actively sought help in the form of advice, education, a lawyer, etc., and, thus, reported also being more prepared. Examining this relation, however, is outside the capacity of this study, and would require the examination of “help navigating

immigration court” as a potential confounding variable. Future studies should examine the temporal relation of these variables, and examine the effect of “help” in order to answer this question. An example would be to implement some sort of aid program for individuals who have no previous preparation, and take pre- and post-intervention measures of PPICS, IUPS, Emotional Symptoms, and BFI Neuroticism in order to establish the effect of “help” on these relationships.

Due to the fact that the current study is not large enough to be a standardization study, more participants and replication are needed to strengthen and clarify current findings. Future research should also establish norms and cut off points to be used to identify those who might benefit from treatment targeted at attenuating intolerance of unpreparedness, due to high scores on the IUPS. This would require a large-scale study using Spanish-speaking immigrants from multiple different sites.

In fact, much more research is needed on immigrants. The current study barely scratches the surface of one topic, among many that should be examined with regard to immigrants, in a narrowly defined subpopulation of immigrants. Pew Research Center estimates that there will be no ethnic majority in the United States in 2065 (Cohn, 2015), thus, if we do not start researching this population now, we run the risk of being behind, using outdated theories, tests, measures, and treatments that were formed on occidental Anglo-Saxon norms. The estimated 103 million-person increase in population due to immigration in 2065 (Cohn, 2015) is not far off, in fact, it is less than 50 years away. In combination with this study, these statistics should lend urgency to the strong need for research in Spanish-speaking immigrants. Contrary to popular belief, not doing

something (i.e., research, implementing treatment programs, helping aid immigrants, etc.) will end up costing us more in the long run than doing something.

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## APPENDIX A

### Perceived Preparedness for Immigration Court Scale (PPICS) - Spanish

<i>Por favor, escoge la respuesta que corresponde lo mejor a su grado de acuerdo con cada elemento.</i>					
	Totalmente en Desacuerdo	Parcialmente en Desacuerdo	Ni de Acuerdo ni en Desacuerdo	Parcialmente de Acuerdo	Totalmente de Acuerdo
1. Alguien me ha explicado bien que sucede en la corte de inmigración					
2. Entiendo cómo funciona la corte de inmigración					
3. Me siento preparado(a) para la corte de inmigración					
4. Sé lo que se espera de mí en la corte de inmigración					
5. Entiendo mis derechos en la corte de inmigración					
6. Siento que sé cuáles son las reglas de la corte de inmigración					
7. Entiendo qué necesito para la corte de inmigración					

## APPENDIX B

### Perceived Preparedness for Immigration Court Scale (PPICS) – English

<i>Please select the answer that best corresponds to how much you agree with each item.</i>					
	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly Agree
1. Immigration court has been explained to me well					
2. I understand how immigration court works					
3. I feel prepared for immigration court					
4. I know what is expected of me in immigration court					
5. I understand my rights in immigration court					
6. I know the rules of immigration court					
7. I understand what I need for immigration court					

## APPENDIX C

### Intolerance of Uncertainty Scale (IUPS) – Spanish

<i>Por favor, escoge la respuesta que indique que tanto estás de acuerdo con cada elemento con respecto a <b>la corte de inmigración</b>.</i>					
	Totalmente en Desacuerdo	Parcialmente en Desacuerdo	Ni de Acuerdo ni en Desacuerdo	Parcialmente de Acuerdo	Totalmente de Acuerdo
1. Sentir que no estoy preparado(a) es insoportable para mí					
2. Cuando siento que no estoy preparado(a), solamente puedo pensar en lo mal que me siento					
3. No puedo aguantar el sentimiento de no estar preparado(a)					
4. Mis sentimientos de no estar preparado(a) son tan intensos que me dominan completamente					
5. No hay nada peor que el sentimiento de no estar preparado(a)					
6. Es una parte aceptable de la vida sentirse no preparado(a)					
7. Puedo tolerar no estar preparado(a) igual que la mayoría de las personas					

8. Los sentimientos de no estar preparados(as) no son aceptables					
9. Haría cualquier cosa para evitar el sentimiento de no estar preparado(a)					
10. Otra gente parece tolerar sentirse no preparado(a) mejor que yo					
11. No estar preparado(a) siempre es una gran prueba para mí					
12. Me avergüenza sentirme no preparado(a)					
13. Los sentimientos de no estar preparado(a) me asustan					
14. Haría cualquier cosa para detener el sentimiento de no estar preparado(a)					
15. Cuando siento que no estoy preparado(a), tengo que hacer algo inmediatamente					
16. Cuando siento que no estoy preparado(a), solamente puedo concentrarme en lo mal que me lo hace sentir					

## APPENDIX D

### Intolerance of Uncertainty Scale (IUPS) – English

<i>Please select the answer that best corresponds to how much you agree with each item with respect to immigration court.</i>					
	Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Strongly Agree
1. Feeling unprepared is unbearable to me					
2. When I feel unprepared, all I can think about is how bad I feel					
3. I can't handle feeling unprepared					
4. My feelings of unpreparedness are so intense that they completely take over					
5. There's nothing worse than feeling unprepared					
6. My feelings of unpreparedness are an acceptable part of life					
7. I can tolerate being unprepared as well as most people					
8. My feelings of unpreparedness are not acceptable					
9. I'll do anything to avoid feeling unprepared					

10. Other people seem to be able to tolerate feeling unprepared better than I can					
11. Being unprepared is always a major ordeal for me					
12. I am ashamed of myself when I feel unprepared					
13. My feelings of unpreparedness scare me					
14. I'll do anything to stop feeling unprepared					
15. When I feel unprepared, I must do something about it immediately					
16. When I feel unprepared, I cannot help but concentrate on how bad the unpreparedness actually feels					

## APPENDIX E



Institutional Review Board  
 Office of Research and Sponsored Programs  
 903 Bowers Blvd, Huntsville, TX 77341-2448  
 Phone: 936.294.4875  
 Fax: 936.294.3622  
[irb@shsu.edu](mailto:irb@shsu.edu)  
[www.shsu.edu/~rgs\\_www/irb/](http://www.shsu.edu/~rgs_www/irb/)

DATE: March 3, 2016

TO: Amanda Venta  
 FROM: Sam Houston State University (SHSU) IRB

PROJECT TITLE: *First Data on Psychopathology in Unaccompanied Immigrant Minors*

PROTOCOL #: 2015-12-26464  
 SUBMISSION TYPE: INITIAL REVIEW—RESPONSE TO MODIFICATIONS

ACTION: APPROVED  
 APPROVAL DATE: March 3, 2016  
**EXPIRATION DATE: March 3, 2017**  
 REVIEW TYPE: FULL BOARD

REVIEW CATEGORIES: N/A – Full-Board Review Procedures Used

Thank you for your submission of your **Response to Modifications** for this project. The Sam Houston State University (SHSU) IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received **Full Board** Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure which are found on the Application Page to the SHSU IRB website.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All Department of Health and Human Services and sponsor reporting requirements should also be followed.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Sam Houston State University IRB's records



Institutional Review Board  
Office of Research and Sponsored Programs  
903 Bowers Blvd, Huntsville, TX 77341-2448  
Phone: 936.294.4875  
Fax: 936.294.3622  
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[www.shsu.edu/~rgs\\_www/irb/](http://www.shsu.edu/~rgs_www/irb/)

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a Minimal Risk project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. **Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of March 3, 2017. When you have completed the project, a Final Report must be submitted to ORSP in order to close the project file.**

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact the IRB Office at 936-294-4875 or [irb@shsu.edu](mailto:irb@shsu.edu). Please include your project title and protocol number in all correspondence with this committee.

Sincerely,

Donna Desforges  
IRB Chair, PHSC  
PHSC-IRB

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Sam Houston State University IRB's records

## VITA

### EDUCATION

**Doctorate in Clinical Psychology with a Forensic Emphasis** Expected May 2021  
Sam Houston State University, Huntsville, TX

GPA: 4.0

Masters Liaison of The Graduate Student Psychology Organization of Sam Houston State University

**Bachelor of Science in Psychology, and a Bachelor of Arts in Criminology and Law, and Spanish**

May 2015

University of Florida, Gainesville, FL

GPA: 4.0/4.0

### RESEARCH

**Graduate Research Assistant**, PI Dr. Amanda Venta August 2015–Present  
Sam Houston State University, Center for Youth & Family Studies, Huntsville, TX

- Conducted various activities related to emerging psychopathology among Spanish-speaking youth, interacted with participants, prepared manuscripts, and collected data

**Researcher**, PI Dr. Ana de Prada Perez January–May 2015  
University of Florida Spanish and Portuguese Department, Gainesville, FL

- Conducted various activities related to researching attitudes toward dialectal variation of Spanish in Florida, planned experiments, interacted with participants, and collected data

**Undergraduate Research Assistant**, PI Dr. Jesse Dallery Jan. 2014–Dec. 2015  
University of Florida Psychology Department, Gainesville, FL

- Transcribed audio and assisted participants in completing various tasks for the lab with the goal of collecting data on delayed discounting

**Research Assistant**, PI Dr. Lisa Hasel January–May 2014  
University of Florida Criminology Department, Gainesville, FL

- Conducted various activities related to researching social and cognitive aspects of the criminal investigation process, interacted with participants as a confederate, collected data, attended lab meetings and planned experiments

### PUBLICATIONS

**Bailey, C. A., Smock, W. S., Melendez, A. M., & El-Mallakh, R. S. (2016).** Conducted-energy device (Taser) usage in subjects with mental illness. *The Journal of the American Academy of Psychiatry and the Law*, 44(2), 1-5.

**Bailey, C.**, Abate, A., Sharp, C., Venta, A. (Submitted). Psychometric evaluation of the Inventory of Interpersonal Problems 32.

Venta, A., Muñoz, C., & **Bailey, C.** (Submitted). What language does your Internal Working Model speak?

#### **POSTER PRESENTATION**

**Bailey, C. A.**, Muñoz C. G., Varela, J. G., Boccaccini, M., Camins, J., & Abate, A., Venta, A. (poster submitted). *The effect of unpreparedness for immigration court on psychopathology in recently immigrated adolescents*. Poster presentation at the Annual American Psychology-Law Society Conference, Seattle, Washington.

Muñoz, C. G., **Bailey, C.**, Varela, J. G., Lyons, P., Boccaccini, M., Camins, J., Abate, & A., Venta, A. (poster submitted). *Violence risk assessment and externalizing symptoms among recently immigrated adolescents and the moderating role of acculturation and criminal sentiments*. Poster presentation at the Annual American Psychology-Law Society Conference, Seattle, Washington.

Muñoz, C. G., **Bailey, C.**, Camins, J., Abate, & A., Venta, A. (poster submitted). *The relation between perception of the justice system and externalizing behaviors in recently immigrated adolescents*. Poster presentation at the Annual American Psychology-Law Society Conference, Seattle, Washington.

**Bailey, C.**, Abate, A., Sharp, C., Venta, A. (2016). *Psychometric evaluation of the Inventory of Interpersonal Problems 32*. Poster accepted for presentation at the annual convention of the Texas Psychological Association, Austin, TX.

Damnjanovic, T., Miller, R., Lawrence, J., Waymire, K., & **Bailey, C.** (2016). *Does an eye for an eye leave the jury blind? Vengefulness and jurors' decision-making*. Poster accepted for presentation at the annual convention of the American Psychological Association, Denver, CO.

#### **INVITED PRESENTATIONS**

Venta, A., **Bailey, C.**, & Munoz, C. (2016). Teaching traumatized teens: Brain, behavior, and self-care. Invited presentation for teachers and administrators at Liberty High School by Monico Rivas, Principal at Liberty High School, Houston, TX.

#### **SUSSESSFUL GRANT FUNDING**

**Title: The Effect of Unpreparedness for Immigration Court on Psychopathology in Recently Immigrated Adolescents**

- Source: American Psychological Association of Graduate Students; 2016 David Pilon Scholarship for Training in Professional Psychology
- Role: Principal Investigator
- Award Amount: \$1,000

## **UNSUSSESSFUL GRANT FUNDING**

### **Title: The Effect of Unpreparedness for Immigration Court on Psychopathology in Recently Immigrated Adolescents**

- Source: 2016 American Psychological Foundation/Council of Graduate Departments of Psychology (APF/COGDOP) Scholarship
- Role: Principal Investigator
- Award Amount: \$1,000-\$5,000

### **Title: The Effect of Unpreparedness for Immigration Court on Psychopathology in Recently Immigrated Adolescents**

- Source: American Psychological Association of Graduate Students; 2016 Nancy B. Forest and L. Michael Honaker Master's Scholarship for Research in Psychology
- Role: Principal Investigator
- Award Amount: \$1,000

### **Title: Validity and Clinical Utility of the IUS-SS for Spanish Speaking Immigrant Minors**

- Source: American Psychological Association of Graduate Students; Basic Psychological Sciences Research Grant
- Role: Principal Investigator
- Award Amount: \$1,000

## **CLINICAL EXPERIENCE**

**Intern,** University of Louisville Emergency Psychiatric Services      May–August 2014  
Louisville, KY

- Pre-screened potentially unstable patients by asking general questions about their history and well-being, deciphered labs, conducted interviews, gave own diagnosis of patient for practice and attended the same seminars that students at the University of Louisville School of Medicine attended

**Intern,** University of Louisville Outpatient Bipolar Clinic      May–August 2014  
Louisville, KY

- Interviewed stable patients, using a standardized interview technique, for the purpose of expediting the patient's visit

**Crisis Intervention Team Training,** LMPD      July–August 2014  
Louisville, KY

- Participated in an intensive week of police academy training that taught special skills needed to interact with people with mental illnesses with the purpose of decriminalizing mental illness

**Intern,** University of Louisville Inpatient Ward      July 2014  
Louisville, KY

- Shadowed the psychiatrist on duty and gave an opinion, with reason, on whether or not each patient should be discharged

**AWARDS & HONORS**

**TPA Travel Award**, Sam Houston State University November 2016

- Recipient of \$50 award to be used towards registration expenses, and a one night stay at the convention hotel for the Texas Psychological Association's Annual Convention in Austin

**APA Travel Award**, Sam Houston State University August 2016

- Recipient of \$1000 award to be used towards expenses traveling to the American Psychological Association's Annual Convention in Colorado

**Hall of Fame**, University of Florida May 2015

- Inducted into the College of Liberal Arts and Science's Hall of Fame

**Member**, Phi Beta Kappa May 2015

- Inducted into the Phi Beta Kappa Honor Society in 2015

**President's Honor Roll**, University of Florida January 2012–May 2015

- Recipient for seven consecutive semesters for having a "perfect" 4.0 with full time enrolment

**All-Academic Award**, UF Women's Club Lacrosse Team May 2012–May 2015

- Award for achieving a 3.7 or higher each year on the team (2012, 2013, 2014)

**Member**, Order of Omega Greek Honor Society January 2014–May 2015

- Inducted into the Order of Omega Greek Honor Society in 2014

**Member**, Golden Key Honor Society January 2012–May 2015

- Inducted into the Golden Key Honor Society in 2012

**Scholar Athlete of the Year**, University of Florida April 2014

- Recipient of 2014 Scholar Athlete of the Year Award out of all UF club athletes for "excellent academic performance and involvement on and off the field"

**Anderson Scholar**, University of Florida August 2013

- Recipient in 2013 based on a GPA of 3.9 or higher for two uninterrupted years of full-time schooling