

THE EFFECT OF PERCEIVED DISCRIMINATION AND DOCUMENTATION
STATUS ON IMMIGRANT UNDERGRADUATE USE OF CAMPUS COUNSELING
SERVICES

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DEDICATION

To my parents, Von and Gerlina Long. Without them, life and all of my pursuits would not have been possible. Thank you for your unwavering support.

ABSTRACT

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Undocumented immigrant undergraduates experience more distress and higher levels of depression and anxiety than their documented counterparts (Arbona & Jimenez, 2014; Casabona, 2014). Even with available campus resources, undocumented immigrant undergraduates report not seeking counseling services due to mistrust or fear of documentation status disclosure (Muñoz, 2013; Stebelton & Alexio, 2015). Further, these students report experiences of discrimination with campus staff (Suarez-Orozco et al., 2015). However, to date, very little quantitative research has been conducted in this population. The current study aimed to examine undocumented immigrant students' use of campus counseling services and the potential moderating effect of perceived discrimination. Participants were recruited online at seven Texas universities and divided into five groups for analyses: U.S. born students (control group), immigrant citizens, documented immigrant, Deferred Action to Childhood Arrivals (DACA), and undocumented immigrants. First, correlation analyses found a negative relation between age and depression, anxiety, stress, and perceived discrimination. Chi-square analysis found no evidence of significant group differences in endorsing the dichotomized use of campus counseling services, perhaps due to sample size limitations. Second, separate one-way analysis of variance (ANOVA) tests found no statistically significant group differences in the number of counseling sessions attended in the previous semester or during college. Third, a logistic regression examining counseling use dichotomously indicated a moderating effect of perceived discrimination on counseling use for

documented immigrants, indicating the higher level of perceived discrimination
documented immigrants experience, the less likely they are to use campus counseling
services. Limitations, implications, and future directions are discussed.

KEYWORDS STATEMENT: Undocumented, Immigrant, Undergraduate, Counseling,
Mental Health

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CHAPTER I

Introduction

Currently there are over 11 million undocumented immigrants living in the United States (U.S.; Passel & Cohn, 2016). In the U.S., a person is considered an undocumented immigrant if they are a foreign-born individual currently in the country without proper legal documentation. Lacking legal documentation can mean that an individual entered the U.S. legally but their immigration status or visa has since expired, they entered the U.S. without inspection, or they submitted an immigration application or petition that was denied but they remained in the U.S. (University of Texas at Austin International Office, 2018). In Texas alone, there are an estimated 1.6 million undocumented immigrants, representing 12% of the nationwide undocumented immigrant population (Pew Research Center, 2016). These 1.6 million people account for 6.1% of the state's total population and 35% of the state's immigrant population (Pew Research Center, 2016). In Texas, about 2% of enrolled college students are undocumented immigrants (Ura & McCollough, 2015). Undocumented immigrant college students experience high rates of depression, stress, anxiety; however, they do not use on campus resources such as counseling centers due to mistrust and fear of disclosure (Stebelton & Alexio, 2015). The experience of undocumented immigrant college students has been largely understudied in the literature, and existing research has significant limitations. As a result, the current study set out to better understand the use of counseling services by undocumented immigrants enrolled in Texas institutions of higher education and the potential moderating effect of perceived discrimination.

In the U.S., access to public education is a constitutional right granted to all children. In *Plyler v. Doe* (1982), the U.S. Supreme Court specifically ruled that states could not deny children access to public education based on their immigration status. This ruling only applies to kindergarten through 12th grade and access to higher education based on documentation varies state by state. In Texas, a bill commonly referred to as the Texas DREAM Act (House Bill 1403) was passed in 2001 which made all residents of the state of Texas, regardless of documentation status, eligible for in-state tuition. The bill requires Texas students meet specific criteria in order to qualify. First, while in high school, the student must have been the dependent of a parent or guardian who resides in Texas. The student must have graduated from a Texas high school or obtained a GED. The student must provide proof of residence in Texas for a minimum of three years prior to graduating high school or the receipt of a General Equivalency Diploma (GED). The student must register at a Texas public college or university. Finally, the student must file an application to seek permanent residency in the United States. Despite current debates regarding this bill, when it passed, it received bipartisan support and passed with 130 yeas, 2 nays, and 2 abstentions (HB 1403, 2001). As such, all undocumented immigrants in Texas have the legal right to access higher education, although their experiences therein are unclear given lack of research.

A large portion of undocumented immigrants are children who have lived in the U.S. for most of their lives and some of those immigrants were eligible for a federal program called Deferred Action for Childhood Arrivals (DACA), which was implemented in 2012 under the Obama administration. Through DACA, individuals who arrived to the U.S. before the age of 16, were eligible for deferred action for deportation

for a two-year renewable period after meeting the following criteria. First, the individual had to be under the age of 31 as of June 15, 2012. Beyond entering the U.S. before their 16th birthday, the individual had to have continuously resided in the U.S. since June 15, 2007 to time of application, be physically present in the U.S. on June 15, 2012, and have no lawful status as of June 15, 2012. In terms of education, the individual had to be currently enrolled in school, have graduated from or obtained a certificate of high school completion or the equivalent or be an honorably discharged veteran of the Coast Guard or Armed Forces of the U.S. Finally, the individual could not pose any threat to national or public safety, been convicted of a felony or significant misdemeanor, or have three or more other misdemeanors (U.S. Department of Homeland Security, 2012). Individuals eligible or protected under DACA are often called “DREAMers,” in reference to the Senate bill “Development, Relief, and Education for Alien Minors (DREAM) Act.” Originally introduced to the Senate in 2001, the bill has yet to be passed, but proposed similar protections as the DACA program.

Individuals enrolled in the DACA program are not technically “undocumented,” as they are issued a social security number and must frequently submit proof of their adherence to the criteria listed above. However, in 2017, the federal government rescinded the DACA program, which protected about 800,000 of the 1.1 million eligible young immigrants (Krogstad, 2017). As of September 2018, DACA has been partially reinstated and is accepting renewal requests but no new applicants (U.S. Department of Homeland Security, 2018). In Texas alone, there are 124,300 registered DACA recipients (Krogstad, 2017). Studies show that DACA improved mental health outcomes for its recipients, such as decreasing anxiety for DACA eligible mothers and their children

(Hainmueller, Lawrence, Marten, Black, Figueroa, Hotard, et al., 2017). Additionally, when compared to DACA ineligible undocumented immigrants, those protected under DACA were less likely to meet screening criteria for psychological distress (Venkataramani, Shah, O'Brien, Kawachi, & Tsai, 2017). During this time of ambiguity for the future of the DACA program, recipients may experience significant distress as a result. The current study is optimally timed to examine, for the first time, whether college campuses in Texas are meeting the potential mental health needs of DACA recipient students.

Mental Health of Undocumented Young Adults

While little research has been conducted specifically in undocumented college students, studies of adults link the lack of documentation to increased depression, anxiety, anger, and substance abuse (American Psychological Association, 2012; Cavazos-Rehg, Zayas, & Spitznagel, 2007). In an archival study of adult psychiatric outpatients, undocumented immigrants were more likely to be diagnosed with anxiety, adjustment, and substance abuse disorders than their documented counterparts (Perez & Fortuna, 2005). Additionally, undocumented immigrants in this study experienced significantly higher rates of psychosocial stressors than documented immigrants or U.S.-born Latinx adults, specifically related to occupation, access to healthcare, and the legal system (Perez & Fortuna, 2005). Despite these higher rates of psychiatric comorbidities, undocumented immigrants in this study had a lower mean total number of mental health appointments and lower rates of treatment utilization (Perez & Fortuna, 2005). Further, prior research conducted in youth has found that undocumented adolescents experience higher negative mental health difficulties such as increased stress due to their

undocumented status and decreased motivation in school (see Gonzales, 2013 for a review). Gonzales (2013) discusses four key mental health domains that are areas of concern for undocumented youth: identity formation, missing milestones, isolation, and the chronic stress of having no place to belong.

The mental health consequences of undocumented status may be particularly pronounced in adolescence and young adulthood. Indeed, these are developmental stages marked by identity confusion and psychological vulnerability (Belfer, 2008; Erikson, 1968). The identity development crisis is particularly difficult for adolescents who belong to minority groups, as they “may internalize the negative views of the dominant society, thereby developing a negative identity and self-hatred” (Phinney, 1989). For undocumented immigrants, these developmental struggles are further exacerbated by immigration concerns and the differential experiences of multi-generational families (Pina-Watson, López, Ojeda, & Rodriguez, 2015). The marginalization that stems from undocumented status means young adults may be unable to meet specific rites of passage typical during this developmental period, like driving a car, getting a first job, or applying for and receiving financial aid. Instead, undocumented youth are faced with the additional challenge of watching their documented or citizen peers complete these milestones while they are unable to. Previous qualitative studies have demonstrated that this experience is related to increased feelings of anger and hopelessness (Gonzales, 2011) and feelings of shame and guilt (Abrego, 2006; Abrego & Gonzales, 2010). Additionally, undocumented young adults may first discover their legal status during these developmental stages, when attempting, for instance, to obtain a driver’s license (Gonzales, 2011). This experience has been cited as one that “prompted reactions of confusion, anger,

frustration, and despair, followed by a period of paralyzing shock,” (Gonzales, 2011).

Soon after, there was a second shock as they realized the impact their status would have on the remainder of their adult lives, and the challenges they would face in trying to obtain education or employment. Finally, undocumented youth may experience significant feelings of isolation due to unwillingness or hesitation to disclose their documentation status or fear of being discovered. Because of the stigma surrounding their status, most do not want to admit they are undocumented and instead report living “in the shadows” (Casabona, 2014). Taken together, these experiences of chronic stress, identity struggles, and isolation may produce significant mental health problems.

These challenges can exacerbate the already difficult transition from adolescence to adulthood that overlaps with college enrollment and, thus, the mental health problems that result may be best addressed on college campuses. While many undocumented youths will be unable to go to college because of lack of available scholarships/funding or the inability to find a job because of lack of documentation (see Sullivan & Rehm for a review), those who do attend college report higher levels of depression, anxiety, and stress and report engaging in negative coping skills such as substance use (Arbona & Jimenez, 2014; Casabona, 2014). Perez (2012) found that undocumented college students experienced more stress and negative feelings than their documented counterparts. Taken together, undocumented immigrant college students experience significantly more stressors and negative mental health outcomes than their documented classmates, and require specific mental health examination and intervention.

Undocumented Undergraduate Use of Campus Counseling Services

The use of campus counseling services is associated with positive outcomes for the students. Several studies have shown the improvement of depression, anxiety, and somatic symptomatology after receiving treatment from university counseling services (Biasi, Patrizi, Mosca, De Vincenzo, 2017; Connell, Barkham, and Mellor-Clark, 2008; Vescovelli, Melani, Ruini, Ricci Bitti, & Monti, 2017). The use of counseling services is also associated with improved academic performance and student retention (Lee, Olson, Locke, Michelson, & Odes, 2009).

Despite the aforementioned need for mental healthcare among undocumented young adults, several studies have found that undocumented students underutilize treatment resources. Dozier (1993) reported noticing that most undocumented students were willing to use resources for immigration purposes, but not for personal or emotional needs. Taking research conducted in ethnic minority groups and extending it to undocumented immigrants, it was hypothesized that undocumented students were not using campus resources for fear of deportation and because it would be difficult for the undocumented student to trust campus employees (Dozier, 1993). Additionally, qualitative studies highlighted the necessity of campus resources and oftentimes the lack of resources due to language barriers or campus staff not understanding the nuanced issues of undocumented immigrants (Diaz-Strong & Meiners, 2007; Hernandez et al., 2010).

Muñoz (2013) found that in a “rural, mountain West ski resort community” and the de-identified “Mountain West University,” Mexican women who were undocumented students felt uncomfortable using campus resources because of their documentation

status. Although the university knew their status, they did not want to “out” themselves and felt that they had to deal with their troubles alone. Muñoz points out that unlike California and Texas, Mountain West University has a small Hispanic and small undocumented immigrant population. However, Huber and Malagon (2006) found similar experiences among undocumented college students in California. Not only were these participants fearful of being “outed,” but they felt neglected by their campus and felt invisible. This fear is a common theme across many narratives of undocumented immigrants; they feel like they are “living in the shadows” and cannot discuss their experiences and struggles because of racism, discrimination, and legal consequences of their documentation status (Hernandez et al., 2010; Pérez, Cortés, Ramos, & Coronado, 2010; Perez, Espinosa, Ramos, Coronado, & Cortes, 2009;).

Stebelton and Aleixo (2015) qualitatively identified three key findings in undocumented students’ use of campus resources: sharing one’s story, encountering barriers to full participation, and experiencing significant interactions. Their participants reported a hesitance to discuss their documentation status because of lack of trust with university personnel and the fear of being discovered. Barriers that hindered communication included feelings of marginalization and invalidation. One participant reported that after disclosing his status to a faculty member who wanted to hire him as a research assistant, the faculty member felt “uncomfortable with his status then stopped interacting with him based on his status,” (Stebelton & Aleixo, 2015). The authors argue that students not only feel marginalized based on their documentation status but because they are students of color. Significant interactions, such as connecting with a faculty

member, or having valuable support programs, increased the participants' engagement and willingness to disclose.

This experience is discussed in Perez et al. (2010) through the idea that undocumented students are of triple minority status: ethnic origin, lack of documentation, and economic disadvantages. Because of this, many university staff and faculty do not know much about the population or their needs, which leads to invalidating experiences, discrimination, hostility, and relying on stereotypes. These experiences are distressing to the individual and lead to the avoidance of university resources. The experiences are so pervasive that the majority of students (67%) participating in a study by Suárez-Orozco et al. (2015) reported experiencing discrimination from either other students or university staff, especially the financial aid office.

Limitations in Existing Research

Despite the recent growth of this population, existing research on undocumented college students in Texas is sparse and suffers from several limitations of note. First, the majority of studies examining undocumented immigrant college students are conducted in California. It is important to examine the experiences of Texas immigrant undergraduates specifically, as Texas is known largely as a conservative state where immigrants experience high levels of discrimination, such as being questioned about their legal status while doing everyday activities like walking down the street or waiting for the bus (Hagan & Rodriguez, 2002).

Second, many of these studies are qualitative or use small sample sizes. For example, a study conducted by Garcia and Tierney (2011) posed the following questions: "1) How do the formal educational experiences of unauthorized college students affect

their postsecondary education goals? 2) How do undocumented students attend college on a daily basis (e.g., transportation, finances, studying, employment, support networks?) 3) What role does social, political, and economic support play in authorized students success in college?” These questions were examined using the interviews of 40 undocumented students enrolled in California universities and 5 educators with knowledge of undocumented students. Cervantes, Minero, and Brito (2015) interviewed six DACA college graduates in California regarding aspects of their childhood and young adult development to shed light on their experiences, both positive and negative, while enrolled in university. This study focused on the importance of validation by staff and faculty in order to decrease student’s anxieties and fears. Another study, published by Hallett (2013) used meeting observation, document analysis, and interviews with 18 active members of a student organization in a California university called Assisting Students Concerned with Educating, Not Deporting (ASCEND) to examine barriers and supports for undocumented college students. This study found the importance of social support and adequate peer networks.

Third, many existing studies have yet to undergo the peer-review process but are published online as theses or dissertation projects. In addition, these studies typically feature small sample sizes and the qualitative nature of those described above. One of these, a dissertation conducted in Texas (Stuart-Carruthers, 2014), examined factors that hindered academic success of undocumented Latino students through qualitative means. Several difficulties were found, such as access to information on schools and financial aid. However, family support and individual determination were found as motivators to succeed. Another, a thesis conducted in California (Segura, 2013), examined mental

health outcomes due to prolonged stress of AB 540 students, a law in California akin to Texas's HB1403. While this study did collect demographics, and used a depression scale, it also used qualitative data from an interview conducted in a focus group. Importantly, this study discovered that undocumented immigrants admitted to not using campus counseling services despite depression or anxiety symptoms because the hours were inconvenient, a hesitation to receive help, or because it was believed the counseling would not help.

Fourth, the role of perceived discrimination on the use of college immigrant undergraduate counseling use has not been previously examined empirically. Although the effect of perceived discrimination on mental health for Latino college students has been explored (Hwang & Goto, 2008), to our knowledge, no study has specifically explored the impact of perceived discrimination and immigration status on immigrant undergraduate use of campus counseling services. This is an important exploration given the positive outcomes associated with the use of counseling services (Biasi, Patrizi, Mosca, De Vincenzo, 2017; Connell, Barkham, and Mellor-Clark, 2008; Storrie, Ahern, & Tuckett, 2010).

Additionally, while growing, this body of research is relatively recent. An early review published by Dozier (1993) examined the emotional concern of undocumented and out-of-state "foreign students," but only cited seven articles published in years ranging from 1984-1992. Most of the research on undocumented college students has been published from 2006 onward (Huber & Malagon, 2006).

The Current Study

In order to address the aforementioned limitations, the first aim of this study was to examine if campus counseling use differs across immigrant groups in order to test the unique relevance of documentation status, in this regard, while controlling for factors that may be present across immigrant groups (e.g., resistance to mental health treatment or mistrust of healthcare provided by the dominant culture.) We hypothesized undocumented students would be less likely than non-immigrant citizens, immigrant citizens, and documented immigrants to use the campus counseling resources that are available to them based on findings from Muñoz (2013), Stebelton and Alexio (2015), and a thesis by Segura (2013). Put together, these three articles show undocumented immigrant's hesitation to attend campus counseling due to the belief they will be misunderstood or judged by faculty, fear of documentation status disclosure, and time constraints. As such, we hypothesized undocumented immigrant students would report significantly fewer number of counseling sessions attended both during the current semester and during their college career. We hypothesized documented immigrants would be significantly more likely to use counseling services than undocumented immigrants but less likely than their non-immigrant citizen counterparts. Further, we hypothesized non-immigrant citizens would report more use of counseling services than immigrant citizens, documented immigrants, and undocumented immigrants. No specific a priori hypotheses between DACA recipients and non-immigrant citizens, documented immigrants, or undocumented immigrants were made due to the lack of empirical research on the subject.

To our knowledge, no prior empirical study has been conducted in Texas examining the experience of perceived discrimination among immigrant college students and their use of campus counseling resources. Thus, the second aim of this study was to determine if the use of campus counseling resources is moderated by experiences of perceived discrimination on campus. We expected to find evidence of statistical moderation between immigration status and perceived discrimination in predicting counseling use, such that individuals who are undocumented avoid counseling when they are also experiencing perceived discrimination. This has been qualitatively demonstrated for undocumented immigrants by Cervantes, Minero, and Brito (2015) but, to our knowledge, has not been empirically evaluated.

In the approach of this study, we were guided by a model of racial and ethnic minority college students' stigma associated with seeking psychological help (Cheng, Kwan, & Sevig, 2013). The study used structural equation modeling to demonstrate racial and ethnic minority undergraduate self-stigma of seeking psychological help is due to four factors: psychological distress, perceived discrimination, ethnic identity, and other-group orientation. These factors then create perceived stigmatization by others, which causes hesitation by the individual to seek treatment they need. This model, while found in racial and ethnic minority undergraduates broadly, was applied specifically to hypotheses formulated for undocumented undergraduates in the current study.

CHAPTER II

Methodology

Participants. For the current study, only participants who self-reported a Hispanic ethnicity and correctly answered three control questions were included in analyses. These control questions (e.g., Select “somewhat agree” as your answer) were embedded within three surveys throughout the battery and served as attention checks. All other participants were excluded. After these selections, there was a sample of $N = 474$. Participants reported a mean age of 21.57 ($SD = 4.46$) and the sample was predominantly female ($n = 352$; 74.4%). Beyond reporting a Hispanic ethnicity, the sample reported being White ($n = 210$; 46.5%) or Other race ($n = 209$; 46.2%). Most participants were college Freshman ($n = 139$; 29.4%), Sophomores ($n = 114$; 24.2%) or Juniors ($n = 104$; 22.0%), although there were participants who had been continuously enrolled in university for four to seven years.

In regards to immigration status, $n = 223$ (48.6%) of the sample were non-immigrant citizens, $n = 110$ (24.0%) were immigrant citizens, $n = 55$ (12.0%) were documented immigrants, $n = 62$ (13.1%) were DACA recipients, and $n = 9$ (2.0%) were undocumented immigrants. Several participants ($n = 15$; 3.2%) did not report their immigration status and were therefore excluded from subsequent analyses.

In regards to campus counseling use, $n = 72$ (15.2%) endorsed using counseling services at some point during college. The majority of these students, $n = 35$ (48.6%) were non-immigrant citizens. Additional subject characteristic information is available in Tables 1 and 2.

Measures

Demographics. As a part of the aforementioned larger study, the authors created a specific questionnaire to capture relevant demographic information. The survey comprised of questions such as age, gender, ethnicity, and current university standing (i.e. Freshman, Sophomore, Junior, Senior). Additionally, participants were asked to provide information on their immigration status: “What is your country of origin?” and “What is your current immigration status?” Participants were provided space to type their country of origin. Choices for immigration status were a) Undocumented, b) Refugee/Asylee, c) Visa/Green card holder, d) DACA (Deferred Action for Childhood Arrivals), e) Legal Permanent Resident (LPR), and f) Citizen. In regards to campus counseling use, participants answered, “Do you use the on-campus counseling services?” with a dichotomous yes/no answer choice. Additionally, subjects were asked to provide the number of times they visited the counseling center during the current semester and since beginning college.

Depression, Anxiety, and Stress. The Depression Anxiety and Stress Scale (DASS 21; Lovibond & Lovibond, 1995) is a 21 item self-report questionnaire designed to measure the severity and range of symptoms common to depression and anxiety. The DASS 21 focuses on past week experiences to capture recent symptomatology of depression and anxiety. Sample items include, “I found it hard to wind down,” and “I tend to over-react to situations.” The DASS 21 has three subscales: Depression, Anxiety, and Stress which are created by summing items within the specific domains. The DASS 21 has good convergent and divergent validity when compared to other measures of depression and anxiety and demonstrates adequate construct validity and high scale

reliability when used in a non-clinical sample (Henry & Crawford, 2005). The measure demonstrated high levels of reliability in the current sample, with a Cronbach's alpha of .94. The DASS 21 also demonstrated adequate cross-cultural construct validity when tested in Caucasian, African American, Hispanic and Asian undergraduates (Norton, 2007). In the current study, this measure was used to characterize the sample in terms of psychological stress.

Perceived Discrimination. The Brief Perceived Ethnic Discrimination Questionnaire (Brief PEDQ; Brondolo et al., 2005) is a 17 item self-report questionnaire that asks individuals to reflect on their experiences of discrimination and racism in their lifetime. The measure features four subscales regarding various potentially discriminatory situations: exclusion, workplace discrimination, stigmatization, and threat and harassment. Additionally, items can be summed for a total perceived discrimination score. Instructions ask subjects to answer items based on situations that have happened specifically because of their ethnicity. Sample items include, "Have policemen or security officers been unfair to you?" and "Have others made you feel like an outsider who doesn't fit in because of your dress, speech, or other characteristics related to your ethnicity?" The Brief PEDQ has adequate reliability, with alphas ranging from .66-.88 in a sample of graduate and undergraduate students (Brondolo et al., 2005). Cronbach's alpha for the current sample was .91, demonstrating high internal consistency. In terms of cross-ethnic measurement, the Brief PEDQ performed adequately to measure experiences of both African American and Latino participants (Brondolo et al., 2005). Additionally, the Brief PEDQ has good convergent validity with the Perceived Racism Scale (PRS;

Collado & Shirley, 1999; McNeilly, Anderson, Armstead, et al., 1996), a measure commonly used to assess experiences of racism.

Procedure. The current study used measures collected as part of a larger, ongoing study conducted across seven separate Texas universities. Appropriate IRB approval was obtained from all seven collaborating institutions. Because of the sensitive nature of the topic (i.e. documentation status), we aimed to maintain complete confidentiality in all points of the study. We obtained a Certificate of Confidentiality from the National Institutes of Health in order to protect potentially identifiable information from forced disclosure (e.g. following a subpoena). Additionally, data was collected completely anonymously using the “Anonymize Responses” feature on Qualtrics which does not record IP addresses. Further, no written consent or any identifying information was obtained during data collection. Instead, participants gave their consent by reading a cover letter prior to beginning the survey and completing the study. The full study battery took approximately 90 minutes to complete and was administered in English. For their participation, students were granted course extra credit. Participation was completely voluntary and anonymous, and participants were able to decline participation at any time. For the purposes of the current study, the aforementioned measures were selected from the larger study battery.

CHAPTER III

Results

The current immigration status variable was recoded into the following groups: non-immigrant citizens (control group), immigrant citizens, documented immigrants, DACA recipients, and undocumented immigrants. We chose to re-group the variables due to the low number of subjects in some groups. For example, there was only one asylee participant in the dataset; therefore, we coded that individual as a documented immigrant. Variables used to capture the number of sessions subjects attended both in the current semester and during college were not normally distributed; therefore, both were transformed using the log function in SPSS. The means of counseling sessions per semester and in college are plotted by documentation status group in Figures 1 and 2.

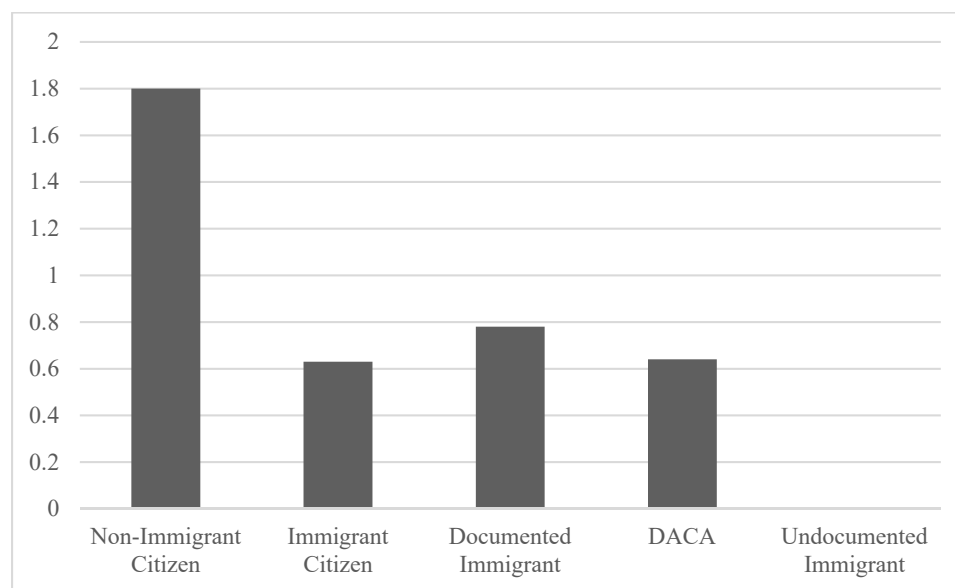


Figure 1. *Means of Counseling Service Use within the Current Semester by Documentation Status.*

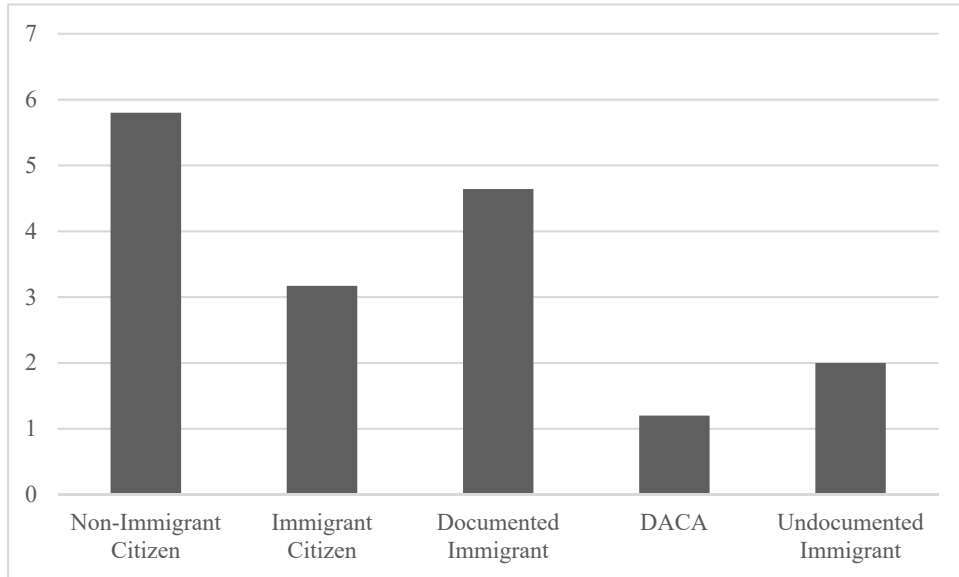


Figure 2. *Means of Counseling Service Use since Beginning College by Documentation Status.*

Subject characteristics, such as age and the endorsement of relevant variables (e.g., perceived discrimination, depression, anxiety, and stress) are presented in Table 1.

Table 1

ANOVA Results of Age, Counseling Sessions, Perceived Discrimination, Depression, Anxiety, and Stress by Documentation Status Group.

	Non-Immigrant Citizens <i>M (SD)</i>	Immigrant Citizens	Documented Immigrants	DACA Recipients	Undocumented Immigrants	F	<i>p</i>
Age	21.2 (4.3)	23.0 (5.5)	21.8 (5.0)	20.7 (2.1)	19.8 (1.6)	4.38	.00
Semester	1.3 (2.7)	0.6 (1.2)	0.8 (1.3)	0.6 (0.7)	0.0 (0.0)	1.87	.12
College	5.8 (8.7)	3.2 (4.3)	4.6 (6.0)	1.2 (1.6)	2.0 (2.8)	1.24	.30
Level of PD	24.6 (8.2)	26.5 (9.5)	27.4 (10.0)	26.4 (9.4)	30.3 (10.7)	2.24	.06
Depression	12.5 (4.7)	13.0 (5.0)	13.4 (5.2)	13.1 (5.9)	15.0 (6.9)	0.97	.43
Anxiety	12.3 (4.1)	13.0 (4.5)	13.9 (4.6)	13.5 (4.7)	12.1 (4.1)	2.04	.09
Stress	13.9 (4.3)	14.6 (4.7)	14.9 (4.7)	15.1 (5.2)	15.4 (4.4)	1.30	.27

Note: Semester indicates number of counseling sessions during the current semester. College indicates the number of counseling during college. Level of PD represents the total score of the PEDQ. Depression, Anxiety, and Stress are the scales from the DASS21.

Dichotomous characteristics, such as gender and endorsement of attending counseling at all, are

presented in Table 2.

Table 2

Chi-Square results for Gender and Endorsement of Counseling Use by Documentation Groups.

	Non-Immigrant Citizens N (%)	Immigrant Citizens	Documented Immigrants	DACA Recipients	Undocumented Immigrants	Pearson Chi-Square	P
Male	70 (15.3)	27 (5.9)	12 (2.6)	6 (1.3)	2 (0.4)	13.93	.08
Female	152 (33.2)	82 (17.9)	43 (9.4)	56 (12.2)	7 (1.5)	13.93	.08
Counseling	35 (7.7)	21 (4.6)	8 (1.8)	6 (1.3)	2 (0.4)	3.06	.55

Note: Counseling represents the endorsement of campus counseling use (yes/no).

Correlations were conducted to determine any associations between all study variables. These are reported in Table 3.

Table 3

Correlations of Age, DASS21 Variables, Perceived Discrimination, and Counseling Sessions.

	Age	Depression	Anxiety	Stress	PD	Semester	Total
Age	-						
Depression	-.175**	-					
Anxiety	-.134**	.687**	-				
Stress	-.151**	.812**	.771**	-			
PD	-.132**	.385**	.302**	.370**	-		
Semester	-.023	.263	.226	.201	.290	-	
Total	-.007	-.154	-.080	-.145	.059	.676**	-

Note: Depression, Anxiety, and Stress are subscales derived from the DASS21. PD is the total score of perceived discrimination from the PEDQ. Semester and Total indicate the number of counseling sessions attended during the respective time periods. Significance at a $p < .05$ level is denoted by **.

A negative relation between depression and age, anxiety and age, and stress and age were found. In regards to perceived discrimination, there was also a negative correlation with age. Further, a significant positive relation was found between perceived discrimination and depression, anxiety, and stress. Notably, no association between depression, anxiety, stress, or perceived discrimination and counseling sessions were found. We conducted a chi-square analysis to determine differences between documentation status based on gender, which yielded no evidence of a significant relation between the two variables, $\chi^2(8, N = 458) = 13.93, p = .08$. We then conducted a one-way analysis of variance (ANOVA) test to determine potential age differences across the documentation groups. Findings of the ANOVA were significant, $F(4, 457) = 4.38, p < .01$. Tukey's HSD post-hoc tests were then conducted to determine which groups were statistically different. These analyses revealed Immigrant Citizens were significantly older than Non-Immigrant Citizens and older than DACA recipients at the .05 level of significance. Mean ages are reported in Table 2.

We then conducted chi-square analyses in order to determine group differences in counseling use. Chi-square analyses did not provide evidence of a significant relation between students who reported using campus counseling services versus those who did not based on documentation status, $\chi^2(4, N = 457) = 3.10, p = .55$. There was a significant relation between the use of campus counseling services and depression, $\chi^2(21, N = 468) = 34.4, p < .05$. Results did not provide evidence of a significant relation between the use of services and anxiety, $\chi^2(20, N = 465) = 29.8, p = .07$, or stress, $\chi^2(21, N = 469) = 27.80, p = .15$.

Then, we conducted a series of separate one-way analysis of variance (ANOVA) tests to determine group differences in depression, anxiety, stress, level of perceived discrimination, and in the amount of counseling services used (1) during the current semester and (2) since beginning college. Results found no significant difference in symptoms of depression, $F(4, 454) = .97, p = .43$, anxiety, $F(4, 451) = 2.0, p = .09$, or stress, $F(4, 455) = 1.3, p = .27$. Results indicated a near-significant difference in perceived discrimination scores amongst documentation status groups, $F(4, 444) = 2.34, p = .06$. Concerning group differences in counseling service use during the current semester, no evidence of significant differences was found, $F(3, 42) = 1.88, p = .15$. Further, analyses conducted to determine differences of services use since beginning college, yielded a similar conclusion, $F(4, 66) = 1.43, p = .24$.

Lastly, the PROCESS (Hayes, 2017) macro in SPSS was used to conduct logistic regression moderation analyses in which counseling use (dichotomous, yes/no) served as the outcome variable, immigration status served as a multi-categorical independent variable, and perceived discrimination served as the moderator. Results are reported in Table 4 and indicate a near-significant main effect of documented immigrant status, $\chi^2(4) = 2.78, p = .06$, and a statistically significant interaction between documented immigrant status and perceived discrimination, $\chi^2(4) = -.09, p = .05$.

Table 4

Logistic Regression Moderation Analyses from SPSS Process (2.16.1) for Perceived Discrimination, Documentation Status, and Counseling Use.

	Coefficient	SE	Z	p	LLCI	ULCI
Constant	1.7	.59	2.87	.00	.54	2.86
PEDQ Total	0.0	.02	-.06	.95	-.05	.04
Immigrant Citizens	-.93	.00	-.93	.35	-2.87	1.02
Documented Immigrants	2.78	1.47	1.90	.06	-.09	5.66
DACA Recipients	-.29	1.75	-.17	.87	-3.73	3.14

Undocumented Immigrants	3.83	4.19	.91	.36	-4.39	12.05
PDxImmigrant Citizens	.03	.04	.75	.35	-.05	.10
PDxDocumented Immigrants	-.09	.04	-.20	.05	-.18	.00
PDxDACA Recipients	.04	.07	.59	.56	-.10	.18
PDxUndocumented Immigrants	-.13	.11	-1.11	.27	-.35	.10

Note: "PDx" denotes the interaction terms between perceived discrimination and documentation status

These results are displayed graphically in Figure 3, which indicates that, for documented immigrants, increased perceived discrimination was associated with reduced likelihood of counseling use. A similar interaction effect appears in the figure for undocumented immigrants, though this interaction did not reach statistical significance, $\chi^2(4) = -.13, p = .27$.

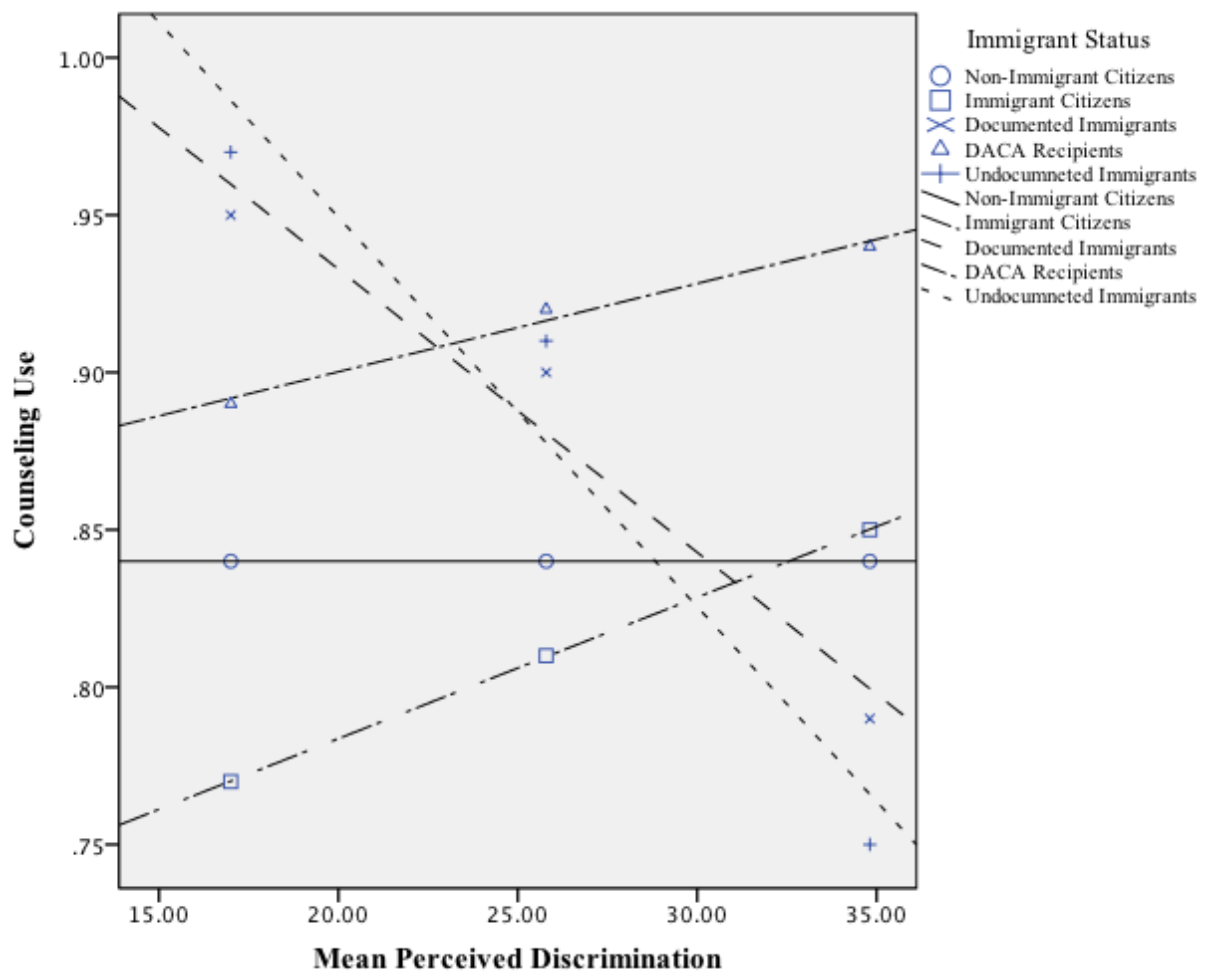


Figure 3. *Logistic Regression of Perceived Discrimination and Documentation Status on Endorsement of Counseling Use.*

Discussion

The current study aimed to better understand undergraduate immigrant use of counseling services based on immigration status. First, we hypothesized campus counseling service use would differ across documentation status, such that undocumented students would be less likely to use services than non-immigrant citizens, immigrant citizens, and documented immigrants. Additionally, we hypothesized documented immigrant students would be less likely to use services than non-immigrant citizen students; therefore, we hypothesized non-immigrant citizens would be the most likely to endorse using counseling. No a priori hypotheses were made on DACA students' use of the counseling center. Finally, we hypothesized a moderating effect of perceived discrimination, such that undocumented immigrants experiencing high levels of perceived discrimination would be less likely to use counseling services.

Correlation analyses revealed several notable associations. Results suggest a negative relation between age and mental health symptoms such that, as participants grow older, they experience less depression, anxiety, and stress. Previous research suggests a parabolic experience of depression symptoms, such that depression symptoms are higher during adolescence and late adulthood, and are at their lowest during middle age (Mirowsky & Ross, 1992). The association observed in the current study may reflect this relationship—as the age of the college students increased beyond adolescence, their negative mental health symptoms decreased. A similar negative association was found between age and perceived discrimination. Previous research has found a similar

association, such that younger participants report higher rates of experience than older subjects (Kessler, Mickelson, & Williams, 1999).

As expected, results revealed a relation between depression and counseling use (Davidson, Yakushka & Sanford-Martens, 2004); however, no significant relation was found between anxiety or stress and the use of counseling services. This is unexpected as previous research has found both depression and distress to be primary factors in ethnic minorities seeking counseling services on college campuses (Davidson, Yakuska, & Sanford-Martens, 2004). This finding suggests there are other factors besides anxiety or stress driving students to use counseling, but echoes previous research suggesting students experiencing high levels of emotional distress do not use counseling services (Rosenthal & Wilson, 2008).

Additionally, results found no association between perceived discrimination and counseling use. This finding suggests that undergraduates who perceive discrimination are not likely to seek counseling services. Given the paucity of empirical research in this area, it is difficult to compare this finding to previous literature; however, when compared to qualitative studies conducted in ethnic minority, specifically in undocumented immigrant undergraduates, it is not surprising (Cervantes, Minero, & Brito, 2015).

A marked underutilization of services was noted across the entire sample. In the non-immigrant group the proportion of utilization (7.7%) was comparable to the estimated national college sample, which estimates about 10% of students use campus counseling services (Gallagher, 2004) and reflects previous research suggesting a general underutilization of services amongst college students (Rosenthal & Wilson, 2008).

However, the rates of use were much lower than 10% in all other immigrant groups, suggesting possibly unmet campus mental health needs in immigrant groups regardless of documentation status. Qualitative data collected from the larger study, while outside the scope of the current study, suggest the low reported use may be due to various factors, such as lack of knowledge about the counseling center, lack of time, using other types of services (i.e. medical doctors), or being “scared” to talk to counseling staff. Future studies should focus on these additional factors which hinder undergraduate use of counseling.

Despite noted underutilization of services, findings revealed a moderating effect of perceived discrimination on counseling use for documented immigrants, such that documented immigrants experiencing high levels of perceived discrimination are less likely than non-immigrant citizens to use campus counseling services. A similar trend appeared for the undocumented immigrant group, although the interaction term was not significant (possibly due to reduced power). Notably, the opposite trend was found for DACA and immigrant citizens; although interaction terms were not statistically significant for those groups, findings suggest the more perceived discrimination experienced in these groups the more likely students are to use counseling. Together, these findings, while preliminary, would seem to indicate that DACA and citizen students may cope with discrimination in counseling while no such experience characterizes the documented and undocumented groups.

Although mean use of counseling services appears to trend in the hypothesized direction (Figures 1 and 2), findings from bivariate documentation status group analyses did not provide evidence of significant differences in counseling use. The absence of

significant difference is likely attributable to the low endorsement of counseling use overall. Additionally, these findings are likely due to several limitations of the current study. First, while our overall sample size was large, several of the comparison groups were small. Given the known difficulty of collecting data within immigrant populations, specifically undocumented immigrants (Cervantes, Minero, & Brito, 2014; Hernandez et al., 2010), this is not surprising. Undocumented immigrants are known to feel as though they are “living in the shadows,” and commonly feel unsafe to disclose their statuses to new individuals (Casabona, 2014). Most studies conducted on undocumented immigrants are qualitative, because they typically include periods of time where researchers build rapport and trust with the individuals. In order to create a safer environment for individuals to disclose their statuses, we conducted this study online and anonymously. Multiple steps were taken to reduce barriers to participation for undocumented students; however, it is understandable that subjects were reluctant to include their statuses. Unfortunately, the topic we are attempting to further understand may be the exact reason individuals were reluctant to participate or disclose their documentation status. Therefore, rather than conducting an online study, future researchers may consider meeting with individuals instead.

The universal underutilization of campus counseling use found in this study points to a large and systemic problem affecting all immigrant groups. While perceived discrimination may not play a role for all documentation groups, there are clearly other obstacles inhibiting use of counseling service. These obstacles, within specific documentation status groups, should be studied in future research, as our findings suggest there are differences in experience based on documentation status. Thus, clinical

implications of this study center on increasing awareness of campus resources. First, campus counseling centers should find more ways to recruit all college students, regardless of documentation status. These efforts should be inclusive and welcoming, in order to attract students who may be hesitant to use services. University administrators or campus organizations may also consider outreach campaigns to bring awareness of the services available to students. While also focusing on overall outreach, campus counseling centers may consider specific campaigns targeting the various documentation status groups, as the groups may have different needs than the general population.

Further, the findings of this study suggest perceived discrimination negatively impacts counseling use for documented immigrants, such that when they experience high levels of perceived discrimination, they do not use services. As such, universities may consider adopting specific policies or outreach programs for documented immigrants, in order to increase counseling use for this population. Beyond focusing on increasing services generally for students who may benefit from counseling, there should be a specific focus by universities to temper the experience of perceived discrimination on their campuses and to increase awareness of counseling centers. Universities should consider adopting staff training programs to decrease interactions which may be perceived as discriminatory and find ways to make students of various documentation status groups aware of services available to them. Overall, the current study highlights the various needs of specific documentation status groups and the importance of considering their individual experiences.

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APPENDIX A**Demographics****General**

1. Age:
2. Gender:
 - a. Male
 - b. Female
 - c. Other: _____
3. Ethnicity:
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African-American
 - d. Native Hawaiian or Other Pacific Islander
 - e. White
 - f. Other
4. Hispanic or Latino
 - a. Yes
 - b. No
5. Marital Status:
 - a. Single, never married
 - b. Married or living with domestic partner
 - c. Widowed
 - d. Divorced
 - e. Separated
6. Current Year in University:
 - a. 1st
 - b. 2nd
 - c. 3rd
 - d. 4th
 - e. 5th
 - f. 6th
 - g. 7th
 - h. 8th+
7. Current Standing in University:
 - a. Freshman
 - b. Sophomore
 - c. Junior
 - d. Senior
8. Father's highest level of education:
 - a. No schooling completed
 - b. Elementary school
 - c. Junior high
 - d. Some high school

- e. High school graduate; GED
 - f. Some college credit
 - g. Trade/technical/vocational school
 - h. Associate's degree
 - i. Bachelor's degree
 - j. Master's degree
 - k. Professional or Doctorate degree
9. Mother's highest level of education:
- a. No schooling completed
 - b. Elementary school
 - c. Junior high
 - d. Some high school
 - e. High school graduate; GED
 - f. Some college credit
 - g. Trade/technical/vocational school
 - h. Associate's degree
 - i. Bachelor's degree
 - j. Master's degree
 - k. Professional or Doctorate degree
10. Employment Status:
- a. Unemployed, not looking
 - b. Unemployed, looking
 - c. Part-time employment (under 35 hours a week)
 - d. Full-time employment (40 hours+ a week)
 - i. If employed, how many hours per week, on average, do you work?
 - ii. What is your hourly wage?
 - iii. Is your job on campus or off campus?

Immigration

11. What is your country of origin?
- a. If not US, at what age did you emigrate?
 - b. If not US, did your parents leave your home country before you did?
 - i. If yes, at what age(s) did your parents leave your home country?
 - ii. Who took care of you after parents migrated?
12. What is your current immigration status?
- a. Undocumented
 - b. Refugee/Asylee
 - c. Visa/Green card holder
 - d. DACA (Deferred Action for Childhood Arrivals)
 - e. Legal permanent resident (LPR)
 - f. Citizen
13. If not US citizen, please rate how welcome/accepted you feel in the U.S.
- a. 1-5
14. If not US citizen, please rate how welcome/accepted you feel on your college campus.

- a. 1-5
- 15. If not US citizen, please rate how much you fear being deported.
 - a. 1-5
- 16. If not US citizen, please rate how much you fear being harassed or hurt because of your legal status.
 - a. 1-5
- 17. Have you been to immigration court?
 - a. Yes
 - b. No
 - c. Not Yet
- 18. Have you received any form of help in order to prepare yourself for immigration court (you can choose more than one option).
 - a. Yes, I helped myself by research what I need to know for immigration court
 - b. Yes, I asked a charity organization for help
 - c. Yes, I asked a family member for help
 - d. Yes, I asked a friend for help
 - e. Yes, I asked someone else for help: _____
 - f. Yes, other: _____
 - g. No
 - h. Not applicable
- 19. Do you feel prepared for immigration court?
 - a. Yes
 - b. No

University

- 20. What is your major?
- 21. What was your GPA last semester?
- 22. What is your current cumulative GPA?
- 23. Do you receive any financial aid?
- 24. Are you part of a social Fraternity/Sorority on campus?
 - a. If yes, how many hours per week do you participate in this group?
- 25. Are you part of a political student organization on campus?
 - If yes, how many hours per week do you participate in this group?
- 26. Are you part of an academic organization on campus?
 - If yes, how many hours per week do you participate in this group?
- 27. Are you part of a cultural organization on campus?
 - If yes, how many hours per week do you participate in this group?
- 28. Are you part of a religious organization on campus?
 - If yes, how many hours per week do you participate in this group?
- 29. Are you part of an honors organization on campus?
 - If yes, how many hours per week do you participate in this group?
- 30. Are you part of a service or social justice organization on campus?
 - If yes, how many hours per week do you participate in this group?
- 31. Are you part of a sports team or organization on campus?
 - If yes, how many hours per week do you participate in this group?

32. Have you received any of the following disciplinary sanctions from your university?
- a. University Warning
 - b. Charged a Fine
 - c. Limitations of Activities
 - d. Student Organization Disciplinary Action
 - e. Academic Probation
 - f. Residential Life Probation
 - g. University Probation
 - h. Suspension
 - i. Expulsion
33. Have you ever interacted with on-campus police?
- a. Yes
 - b. No

Health

34. When was your last doctor's visit?
35. When was your last physical?
36. Last dentist appointment?
37. Last eye appointment?
38. Are you up to date on your vaccinations?
39. Do you use the on-campus Student Health Center ?
- a. If yes, how many times have you attended this semester?
 - b. How many times since you started college?
 - c. If no, what stops you from using on-campus student health center?
40. Do you use the on- campus Counseling Services?
- a. If yes, how many times have you attended this semester?
 - b. How many times since you started college?
 - c. If no, what stops you from using on-campus counseling services?
41. Do you have health insurance?
- a. If yes, what plan or program?
 - b. If no, why not?

APPENDIX B

DASS 21

Please read each statement and circle a number 0, 1, 2, or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all – NEVER

1 Applied to me to some degree, or some of the time - SOMETIMES

2 Applied to me a considerable degree, or a good part of the time – OFTEN

3 Applied to me very much, or most of the time – ALMOST ALWAYS

	N	S	O	AA	D	A	S
1. I found it hard to wind down.	0	1	2	3			
2. I was aware of dryness of my mouth.	0	1	2	3			
3. I couldn't seem to experience any positive feeling at all.	0	1	2	3			
4. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5. I found it difficult to work up the initiative to do things.	0		2	3			
6. I tended to over react to situations.	0	1	2	3			
7. I experienced trembling (e.g., in the hands).	0	1	2	3			
8. I felt that I was using a lot of nervous energy.	0	1	2	3			
9. I was worried about situations in which I might panic and make a fool of myself.	0	1	2	3			
10. I felt that I had nothing to look forward to.	0	1	2	3			
11. I found myself getting agitated.	0	1	2	3			
12. I found it difficult to relax.	0	1	2	3			
13. I felt down-hearted and blue.	0	1	2	3			
14. I was intolerant of anything that kept me from getting on with what I was doing.	0	1	2	3			
15. I felt I was close to panic.	0	1	2	3			
16. I was unable to become enthusiastic about anything.	0	1	2	3			
17. I felt I wasn't worth much as a person.	0	1	2	3			
18. I felt that I was rather touchy.	0	1	2	3			

19. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat).	0	1	2	3			
20. I felt scared without any good reason.	0	1	2	3			
21. I felt that life was meaningless.	0	1	2	3			
Totals							

Brief PEDQ- Community Version

Your Ethnicity/Race: _____

How often have any of the things listed below happened to you, **because of your ethnicity?**

BECAUSE OF YOUR ETHNICITY/RACE...

How often...	Never		Sometimes		Very Often
1. Have you been treated unfairly by teachers, principals, or other staff at school?	1	2	3	4	5
2. Have others thought you couldn't do things or handle a job?	1	2	3	4	5
3. Have others threatened to hurt you (ex: said they would hit you)?	1	2	3	4	5
4. Have others actually hurt you or tried to hurt you (ex: kicked or hit you)?	1	2	3	4	5
5. Have policemen or security officers been unfair to you?	1	2	3	4	5
6. Have others threatened to damage your property?	1	2	3	4	5
7. Have others actually damaged your property?	1	2	3	4	5
8. Have others made you feel like an outsider who doesn't fit in because of your dress, speech, or other characteristics related to your ethnicity?	1	2	3	4	5
9. Have you been treated unfairly by co-workers or classmates?	1	2	3	4	5
10. Have others hinted that you are dishonest or can't be trusted?	1	2	3	4	5
11. Have people been nice to you to your face, but said bad things about you behind your back?	1	2	3	4	5

12. Have people who speak a different language made you feel like an outsider?	1	2	3	4	5
13. Have others ignored you or not paid attention to you?	1	2	3	4	5
14. Has your boss or supervisor been unfair to you?	1	2	3	4	5
15. Have others hinted that you must not be clean?	1	2	3	4	5
16. Have people not trusted you?	1	2	3	4	5
17. Has it been hinted that you must be lazy?	1	2	3	4	5

VITA

Tessa Long, B.S.

EDUCATIONAL HISTORY

August 2016 – Present	Doctor of Philosophy, Clinical Psychology (Expected 2022) Sam Houston State University, Huntsville, TX Thesis: <i>The Effect of Perceived Discrimination and Documentation Status on Immigrant Undergraduate Use of Campus Counseling Services</i> (Proposed Spring 2018) Chair: Amanda Venta, Ph.D.
August 2010 – May 2014	Bachelor of Science University of Houston Major: Psychology; Minors: Chinese Studies, Phronesis Cumulative GPA: 3.39; Major GPA: 3.6 Distinction: Cum Laude

HONORS AND AWARDS

March 2017	<i>Diversity Grant</i> Society for Personality Assessment (\$650)
March 2017	<i>Student Travel Grant</i> Society for Personality Assessment (\$200)
January 2014	<i>Provost Undergraduate Research Scholarship</i> University of Houston Office of Undergraduate Research (\$1000)
May 2013	<i>Summer Undergraduate Research Fellowship</i> University of Houston Office of Undergraduate Research (\$3500)
May 2011	<i>Houston Junior Chamber Scholarship</i>

May 2011	University of Houston Office of International Studies and Programs (\$500) <i>International Education Fee Scholarship</i>
Aug 2010 – May 2014	University of Houston Office of International Studies and Programs (\$500) <i>Academic Excellence Scholarship</i>
May 2010 – May 2014	University of Houston (\$2000) <i>Tenneco Scholarship</i>
May 2014	University of Houston Honors College (\$1000) <i>Areté Award</i>
Fall 2010, 2013, 2014	University of Houston Honors College <i>Dean's List</i> University of Houston

PEER REVIEWED PUBLICATIONS

1. **Long, T.**, Reinhard, E., & Anderson, J. (in preparation). An Examination of the Reliability and Validity of the Computerized Adaptive Test for Personality Disorder-Static Form (CAT-PD-SF).
2. Ha, C., Madan, A., **Long, T.**, & Sharp, C. (2016). An Examination of Incentive Strategies to Increase Participation in Outcomes Research for an Adolescent Inpatient Unit. *Journal of Psychiatric Practice*, 22(3), 250-256.

BOOK CHAPTERS

1. Sharp, C., & **Long, T.** (2017). Personality disorders: Psychological factors. *The SAGE Encyclopedia of Abnormal and Clinical Psychology*

CONFERENCE PRESENTATIONS

1. **Long, T.**, Anderson, J., Guerra, R., Souza, M., Burchett, D., Tarescavage, A. M., & Glassmire, D. M. (2019, March). *The Incremental Utility of MMPI-2-RF Triarchic Psychopathy Scales in Predicting Future Violence*. Paper accepted to the 2019 annual convention of the Society for Personality Assessment (SPA). New Orleans, LA.
2. **Long, T.**, Yenne, E., & Henderson, C. (2018, February). *SHSU Clinical Psychology Doctoral Program Diversity Committee: Successes, Challenges, and Future Directions*. Workshop presented to the 14th annual Diversity Leadership Conference, Huntsville, TX.

CONFERENCE POSTER PRESENTATIONS

1. Galicia, B. E., **Long, T.**, & Venta, A. (2018, November). *Perceived Social Support in Citizen, Documented, DACA, and Undocumented Latinx Immigrant Undergraduates*. Poster accepted to the 2018 Annual Texas Psychological Association (TPA). Frisco, Texas.

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2. **Long, T., & Venta, A.** (2018, October). *The effect of perceived discrimination and documentation status on immigrant undergraduate use of campus counseling services*. Poster presented at the 2018 annual convention of the National Latinx Psychological Association (NLPA). San Diego, CA.
 3. **Long, T., Galicia, B. E., & Venta, A.** (2018, July). *Association of Cultural Values and Drinking in Latino Immigrant Undergraduates*. Poster presented at the 5th Biennial APA Division 45 Research Conference (APA Div45). Austin, TX.
 4. **Long, T., Reinhard, E., Anderson, J., & Sellbom, M.** (2018, March). *An examination of the reliability and validity of the Computerized Adaptive Test of Personality Disorder-Static Form (CAT-PD-SF)*. Poster presented to the annual convention of the Society for Personality Assessment (SPA). Washington, D.C.
 5. **Long, T., Kasowski, A., & Anderson, J.** (2017, November). *The association between sexually aggressive cognitions and pathological personality traits in men*. Poster presented at the Texas Psychological Association Annual Convention (TPA). Houston, TX.
 6. Ryan, L., **Long, T., & Henderson, C.** (2017, November). *Associations of daily positive and negative affect with daily alcohol use and exercise in an undergraduate sample*. Poster presented at the Texas Psychological Association (TPA). Houston, TX.
 7. Marshall, K., **Long, T., Abate, A., Barker, M., Henderson, C., & Venta, A.** (2017). *First data on linguistic analysis as a method for assessing symptoms after sexual trauma in adolescents*. Poster presented to the annual convention of the American Psychology Law Society (AP-LS). Seattle, WA.
 8. Mattos, L., Bernhard, P., Varela, J., Yenne, E., Kavish, N., **Long, T., Holdren, S., & Manyose, M.** (2017, March). *The Effects of Telepsychology on Interview Disclosure*. Poster presented at the annual meeting of the American Psychology-Law Society (AP-LS). Seattle, WA.
 9. **Long, T., Mellick, W., & Sharp, C.** (2016, April). *Bottom-up and top-down mentalizing in adolescents with psychopathic traits following inpatient hospitalization*. Poster presented at the 2016 Biennial Meeting for the Society for Research in Adolescents (SRA). Baltimore, MD.
 10. **Long, T., Ha, C., Kalpakci, A., & Sharp, C.** (2015, March). *Ethnic Differences in Interview-based and Self-reported Borderline Personality Disorder in Hospitalized Adolescents*. Poster presented at the annual meeting of The North American Society for the Study of Personality Disorders (NASSPD). Boston, MA
 11. Ha, C., **Long, T., Cirino, P., & Sharp, C.** (2013, November). *The relation between theory of mind and executive function in adolescents*. Poster presented at the 2013 annual convention of Texas Psychological Association (TPA). Houston, TX.
 12. **Long, T., Vanwoerden, S., & Sharp, C.** (2013, October). *Increased frequency of nonsuicidal self-injury in comorbid depression and ADHD and the role of executive function*. Poster presented at the University of Houston's annual Undergraduate Research Day. Houston, TX.

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13. Schramm, A. T., Vanwoerden, S., **Long, T.**, Venta, A., & Sharp, C. (2013, September). *The relation between attachment security and borderline personality disorder in adolescent psychiatric inpatient sample*. Poster presented at the 27th annual meeting of the Society for Research in Psychopathology (SRP). Oakland, CA.

RESEARCH POSITIONS AND EMPLOYMENT

August 2016 – Present	<i>Graduate Research Assistant</i> , Assessment of Personality Psychopathology Lab Sam Houston State University, Huntsville, TX Director: Jaime Anderson, Ph.D.
August 2016 – Present	<i>Graduate Research Assistant</i> , Youth and Family Studies Lab Sam Houston State University, Huntsville, TX Director: Amanda Venta, Ph.D.
August 2016 – Present	<i>Graduate Research Assistant</i> Sam Houston State University, Huntsville, TX Director: Craig Henderson, Ph.D.
August 2016 – March 2017	<i>Graduate Research Assistant</i> Sam Houston State University, Huntsville, TX Director: Jorge Varela, Ph.D.
July 2014 – July 2016	<i>Research Coordinator II</i> , Adolescent Treatment Program The Menninger Clinic, Houston, TX Directors: Carla Sharp, Ph.D. & Christopher Frueh, Ph.D.
September 2013 – July 2014	<i>Research Assistant</i> , Adolescent Treatment Program The Menninger Clinic, Houston, TX Directors: Carla Sharp, Ph.D. & Christopher Frueh, Ph.D.
April 2013 – June 2014	<i>Lab Manager</i> , Developmental Psychopathology Lab University of Houston, Houston, TX Director: Carla Sharp, Ph.D.
August 2012 – April 2013	<i>Research Assistant</i> , Developmental Psychopathology Lab, University of Houston, Houston, TX Director: Carla Sharp, Ph.D.

TEACHING EXPERIENCE

Fall 2017 – Spring 2018	<i>Instructor</i> , Sam Houston State University, Huntsville, TX Course: Introduction to Psychology
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CLINICAL EXPERIENCE

May 2018 – Present	<p><i>Practicum Student – Individual Evaluator</i>, Montgomery County Probation and Detention Center, Conroe, TX Supervisor: Darryl Johnson, Ph.D.</p> <p><u>Responsibilities</u></p> <ul style="list-style-type: none"> • Conduct psychodiagnostic evaluations on justice-involved youth: pre-adjudicated juveniles in detention, juveniles on probation • Coordinate with juvenile care-givers and juvenile probation officers in order to obtain collateral interviews • Co-author integrated reports for the juvenile probation officers, attorneys, and judges presiding over the juvenile’s cases including diagnostic impressions and treatment recommendations
July 2017— Present	<p><i>Practicum Student – Therapist and Individual Evaluator</i>, Psychological Services Center, Huntsville, TX Supervisor: Craig Henderson, Ph.D.; Darryl Johnson, Ph.D.; Jorge Varela, Ph.D.</p> <p><u>Responsibilities</u></p> <ul style="list-style-type: none"> • Individual psychotherapy with adult and child clients; family therapy <ul style="list-style-type: none"> ○ Conducted intake evaluations and authored intake reports ○ Formulated treatment plans and monitored treatment goals ○ Applied evidence-based interventions including components of Dialectical Behavioral Therapy (DBT) and MATCH-ADTC • Conducted psychodiagnostic assessments: <ul style="list-style-type: none"> ○ Clinical and collateral interviews ○ Intelligence and achievement testing ○ Personality and psychopathology testing ○ Authored comprehensive, integrated reports <p><i>Practicum Student - Forensic Evaluator</i>, Psychological Services Center, Huntsville, TX Supervisor: Mary Alice Conroy, Ph.D.; Darryl Johnson, Ph.D.; Wendy Elliot, Ph.D.</p> <p><u>Responsibilities</u></p> <ul style="list-style-type: none"> • Conducted court-ordered pre-trial evaluations (i.e. competency to stand trial and mental state at the time of the offense for adults) • Conducted court-ordered juvenile evaluations • Co-authored forensic evaluation reports for court including documentation of psycholegal opinion and treatment recommendations

CLINICAL SUPERVISION

- August 2018 – *Peer Supervisor*, Doctoral Practicum I (PSY 8382)
Present Supervisors: Craig Henderson, Ph.D.; Wendy Elliot, Ph.D.
Responsibilities
- Co-facilitate supervision sessions of a second-year doctoral student
 - Provide feedback on intake and 120-day reports
- May 2018 – *Peer Supervisor*, Introduction to Doctoral Practicum (PSYC 8382)
Present Supervisor: Mary Alice Conroy, Ph.D.
Responsibilities
- Co-facilitated supervision sessions of first year doctoral students with clinic director
 - Reviewed mock therapy session videos with supervisees
 - Provided feedback on foundational counseling skills
 - Served as a mock therapy client for students practicing clinical skills

PROFESSIONAL SERVICE

- August 2017 -- *Peer Mentor*, Clinical Psychology Doctoral Program
Present Supervisor: Jorge Varela, Ph.D.
- Facilitated the transition into graduate school for incoming doctoral students
 - Scheduled monthly meetings with mentees
- April 2017 – *Student Member*, Diversity Committee
Present SHSU Clinical Psychology Doctoral Program
Responsibilities
- Founding member of the committee
 - Assisted in the development of the committee mission statement, program commitment to diversity statement, and diversity related videos for the program website
 - Participated in the diversity portion of faculty interviews
 - Attended monthly committee meetings and recorded minutes
- August 2018— *Campus Representative*, APA Division 45, Society for the
Present Psychological Study of Culture, Ethnicity and Race
Responsibilities
- Disseminated information from Division 45 to the program's student body and faculty
 - Coordinate three yearly campus meet-ups
 - Attend meetings with campus representatives from other institutions

- August 2017—
August 2018
- Student Representative, Sam Houston State University Clinical Psychology Doctoral Program, Huntsville, TX*
- Responsibilities
- Attended weekly faculty meetings to serve as the student liaison
 - Recorded meeting minutes and disseminated information to the study body
 - Organized, disseminated, and communicated annual program review feedback from students to faculty and vice versa
 - Organized and planned interview weekend for potential doctoral students
 - Organized New Student Orientation for the incoming cohort of doctoral students

CLINICAL ASSESSMENT EXPERIENCE

Basic Assessment System for Children, Third Edition (BASC-3)
 Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF)
 Personality Assessment Inventory (PAI)
 Test of Memory Malingering (TOMM)
 Weschler Adult Intelligence Scale-Fourth Edition (WAIS-IV)
 Weschler Abbreviated Scale of Intelligence-Second Edition (WASI-II)
 Weschler Individual Achievement Test-Third Edition (WIAT-III)
 Weschler Intelligence Scale for Children-Fifth Edition (WISC-V)
 Wide Range Achievement Test 4 (WRAT4)
 Wide Range Achievement Test 5 (WRAT5)
 Woodcock-Johnson Achievement (WJ-Achievement)
 Woodcock-Johnson Cognitive (WJ-Cog)

SPECIALIZED TRAININGS

Multidimensional Family Therapy Research (MDFT) Coding using Therapist Behavior Rating Scale, August 2016
 Mutuality of Autonomy (MOA) on the Rorschach Rater Training, September/October 2015
 Systems Training for Emotional Predictability & Problem Solving (STEPPs), May 2015
 Child Attachment Interview Administration and Rater Training, November 2014
 Columbia-Suicide Severity Rating Scale Training, July 2014