

# Acculturation, Acculturative Stress, and Cultural Mismatch and Their Influences on Immigrant Children and Adolescents' Well-Being

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Immigration is a life changing cultural transition that involves dealing with a variety of challenges having mental health implications. Multiple preimmigration circumstances and postimmigration conditions affect how migration is experienced, as do unique individual, family, and cultural factors. Without considering these factors, those who work with immigrants and those who conduct research with immigrants may at best fail to understand the psychological needs of the people they are working with, and at worst pathologize their experiences, perpetuating stereotypes, and/or contribute to feelings of alienation. In this chapter, we will first provide an overview of acculturation processes affecting immigrants to the USA and how acculturative stress can affect immigrant families, in terms of experiences in school and mental health outcomes. In the second section, we will present findings from two separate studies we conducted to illustrate the role of acculturation in the lives of children and adolescents. We conclude by describing how longitudinal research can improve our information about the mental health needs of immigrant families, and areas that should be focused on in future studies. We also talk about how our findings on the relations between acculturative stress and mental health can inform mental health practitioners, and our findings on cultural mismatch can inform teachers and school administrators.

There are approximately 39.9 million immigrants in the USA today. Children with immigrant parents represent 24% of school-age children (Migration Policy Institute 2011). Of these children, 77% are second-generation immigrants (children born in the USA to immigrant parents), and 23% are first-generation immigrants (children born outside of the USA to immigrant parents) (Mather 2009). Immigrant families represent a wide variety of socioeconomic, cultural, and linguistic backgrounds and often face multiple challenges attempting to navigate the educational

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system in the USA, including xenophobia and discrimination (American Psychological Association 2012). While many immigrant families are able to successfully navigate these challenges, others struggle with mental health difficulties as a result of the difficulties and stressors associated with immigrating and adapting to a new culture. These families have complex clinical needs that are underexamined in the clinical and empirical literature. Accordingly, more research is needed on immigrant populations to begin to understand their mental health needs.

Acculturation is a complex process of change on various levels including individual, family, and cultural (Berry 2002). Acculturation should not be conceptualized as a unidirectional process in which immigrants assimilate into their adopted country, whereas the host culture remains the same (Berry 2002). Although society generally conceptualizes mental health at the individual level, family, community, and cultural level factors also deeply affect personal mental health. Thus, to understand mental health needs among immigrant youth, one must understand the intersecting contexts within which they learn, play, find support, and develop identity. The two studies described in part two of this chapter strive to meet this goal. The Longitudinal Immigrant Families and Teachers Study (LIFTS) examines the context of schools, and how cultural mismatch can affect teachers' perceptions of and judgments regarding immigrant children and their parents, while the New York Academic and Social Engagement Study (NYCASES) examines how various intersecting contextual factors impact immigrant adolescents' mental health over time.

## Acculturative Stress

The negative impact of acculturation stressors on mental health among children of immigrants has been demonstrated in a variety of studies (Fine and Sirin 2007; García Coll and Marks 2009; LaFromboise et al. 1993). For this reason, understanding the role of acculturation in the lives of immigrants is an essential component to understanding the overall psychological health and well-being of this population.

Acculturation can be a stressful experience for a variety of reasons and the term *acculturative stress* is commonly used to refer to the unique stressors of immigration (for a thorough review, see Berry 2006). A variety of factors may contribute to acculturative stress, including the conditions within which one lived before immigrating, the motivation for immigrating (Organista et al. 2002), the separation of families, which has been linked to distress among immigrant children, involves temporarily disrupting families if one adult immigrates before the rest of the family in order to get established (Suárez-Orozco and Suárez-Orozco 2001). Whether or not one enters with documentation is also a factor affecting mental health. Lacking legal status is very stressful and frightening for immigrants (Suárez-Orozco and Suárez-Orozco 2001). Undocumented citizens are thus particularly at risk for a number of mental health symptoms.

Upon entering the USA, a new host of potential stressors arise. Expectations about life in the USA may be quite different from the actual experience and the

path to a safe and comfortable life may be more elusive, creating disappointment and discouragement (Portes and Rumbaut 2001; Suárez-Orozco and Suárez-Orozco 2001). Many immigrants end up in poverty-stricken urban neighborhoods, and the intersection of acculturative stress and economic stress creates unique mental health risks for urban immigrants (Organista 2007; Suárez-Orozco and Suárez-Orozco 2001).

The attitudes that immigrants encounter upon entering the USA are also a potential source of mental health distress. New immigrants may experience discrimination, stereotypes, and prejudice because of racism, antiimmigrant attitudes, or a combination of both. Attitudes toward immigrants in the USA have fluctuated over the years, but are currently quite negative (Deaux 2006). Different immigrant groups encounter different forms and degrees of discrimination owing to current stereotypes about various racial and ethnic groups. Deaux (2006), for example, found that US citizens' views about various immigrant groups varied, with Mexicans viewed the most negatively, followed by Dominicans, Cubans, and Puerto Ricans. Research has also found that Mexicans and Puerto Ricans have higher rates of depression than Cubans (Organista et al. 2002), and although these studies were not linking depression to experiences of prejudice, other studies have demonstrated increased depression among Latinos who experience discrimination (Gee et al. 2006).

Much less is known about attitudes toward African immigrants because ethnicity and race become immediately conflated upon entering the USA. African immigrants are seen as "Black" in mainstream US culture, and this racial identification is more significant to systems of discrimination in the USA than is country, or continent (or island nation), or origin (Organista et al. 2002). The institutional barriers that Black people, in the USA, face are well documented and include systematic injustice in the legal system (Grimmett et al. 2009; Williams 1992), inequality in schools (Gordon et al. 2000), and economic injustice (McNeil 2000). The effects of racism against Black Americans are also well documented and are associated with depression, suicidality, anxiety, and posttraumatic stress disorder (Grimmett et al. 2009; Utsey and Constantine 2008).

Asian immigrants also struggle with stereotypes and discrimination, but the myth of the model minority often conceals the concerns of this population (Singh 2009; Sue and Sue 2003). The term "model minority" refers to the commonly held idea that Asians accept US mainstream ideals more quickly than other immigrant groups, and are thus more easily accepted into US mainstream culture (Sue and Sue 2003). The reality, however, is that Asian immigrants have faced discrimination throughout the history of the USA and their struggles are often rendered invisible due to the assumption that they do not face discrimination or acculturative stress (Singh 2009). When they internalize this stereotype, Asian immigrant youth may have difficulty identifying the ways that racism and discrimination have affected them (Singh 2009; Sue and Sue 2003).

Another source of acculturative stress that has received quite a bit of attention is intergenerational conflict caused by differing degrees of acculturation between parents and children. Portes and Rumbaut (2001) developed a four-part model of acculturation that is specific to the dynamics between immigrant parents and children.

Dissonant acculturation occurs when children master language and US cultural norms and disconnect from ethnic culture more rapidly than their parents. Consonant acculturation occurs when parents and children acculturate to US culture, and disconnect from ethnic origin culture, at the same pace. Selective acculturation occurs when both parents and children maintain healthy connections to both cultures. Portes and Rumbaut's longitudinal study of second-generation immigrants (2001) demonstrates that dissonant acculturation diminishes parents' ability to act as protectors and authorities in their children's lives, and this in turn is associated with increased mental health risk. The selective pattern has the most positive outcomes, in part because immigrant families in this pattern were better able to cope with discrimination by maintaining support within their families and ethnic communities. These findings demonstrate the importance of examining generational cultural differences in understanding immigrant mental health. Thus, the NYCASES study investigates generational differences and the effects on mental health outcomes in depth.

Not only can the degree to which different generations identify with ethnic and US culture vary, but these processes can also vary within an individual. Phinney et al. (2001) postulated that immigrant ethnic identity development may involve two parallel dimensions: *ethnic identity*, which refers to the maintenance of a sense of belonging with one's heritage culture and the continuance of that culture's values and practices, and *national identity*, which refers to the adoption of the host culture's values and practices and the development of a sense of belonging among the mainstream culture. In studying this two-dimensional model, they found that the relationship between these constructs varied between immigrant groups and country to which one immigrated. Their results point to the necessity of studying the role that both ethnic and national (in this case, the USA) identity play in understanding adolescent mental health across different immigrant groups.

Research has demonstrated that both ethnic identity and US identity are important influences on mental health among immigrants. Strong ethnic identity is associated with more positive mental health outcomes (Phinney et al. 2001; Smith and Silva 2011). Roberts et al. (1999), in a study with a large immigrant sample including many ethnic groups, found that strong ethnic identity was associated with more positive self-esteem, better coping skills, and more optimism, and low levels of ethnic identity were associated with depression and loneliness. This is not a uniform finding, however, and the degree to which ethnic identity predicts positive mental health outcomes varies between ethnic groups. Research has found that for Asian immigrants, ethnic identity is associated with positive mental health outcomes (Lim et al. 2011). The research with Latino immigrants, on the other hand, has been less clear. Some studies have demonstrated that ethnic identity is a protective factor against mental health symptoms (Umaña-Taylor and Updegraff 2007), whereas others have not uncovered a relationship between these constructs (Huynh and Fuligni 2010). Among African Americans, ethnic identity has been found to protect against internalizing and externalizing mental health symptoms, and is associated with lower levels of parental aggression (Smith et al. 2008).

There is less research on the relationship between US identity and mental health among immigrants (Sirin et al. 2008), but research has investigated the link between

assimilation to US culture and mental health. Although assimilation to US culture is not synonymous with US identity, this body of research can help build hypotheses about the role US identity plays in determining immigrant mental health. While some studies have found that higher assimilation is related to more positive mental health outcomes (Phinney et al. 1992), other research has found that higher levels of assimilation are associated with negative mental health outcomes (Lee et al. 2000; Yoon et al. 2011). Understanding US identity or ethnic identity in isolation, however, cannot yield as thorough a picture as studying how these aspects of identity relate to each other and to an individual's mental health. Studying both ethnic and US identity as separate but related constructs allows researchers to explore the concept of bicultural identity.

Research has found that a bicultural identity, in which one feels connected to both culture of origin and adoptive culture, is associated with positive mental health outcomes (Phinney and Ong 2007). Research has used bilingualism as an indicator of biculturalism, and has linked this attribute to higher self-esteem and lower rates of depression (Benet-Martinez and Haritatos 2005; Portes and Rumbaut 2001). Benet-Martinez and Haritatos (2005) proposed the construct "Bicultural Identity Integration" (BII) as a way of describing the extent to which bicultural individuals feel the ethnic and mainstream aspects of their identity are compatible rather than difficult to integrate. In researching BII, they found it is associated with lower neuroticism and cultural isolation. Thus, a strong, bicultural identity appears to protect against acculturative stress and some of the negative mental health outcomes associated with it.

The two studies described later, focus on these various sources of acculturative stress and the potential impact they may have on immigrant children and adolescents. The first study explored attitudes toward immigrant children and their families within school systems, focusing on how teachers' perceptions of cultural differences between themselves and immigrant families can lead to judgments that could harm immigrant children's experiences in schools. The second study is a longitudinal investigation of urban, immigrant adolescents and various acculturation-related variables that affect mental health.

## **Perceptions of Immigrant Children and Their Families in Schools: Results from Longitudinal Immigrant Families and Teachers Study**

Today, approximately one-quarter of children in the USA under the age of 10 come from immigrant families (Migration Policy Institute 2011). For bicultural children and their families, cultural differences between their families and the schools can be a major source of acculturative stress. According to Bronfenbrenner's ecological model (1986), home and school are two important influences on the development of school-age children. The interactions between home and school contexts form

a mesosystem and positive interactions between these contexts can positively affect children's development. On the other hand, interactions with school personnel can be a source of stress for immigrant families, as their practices and beliefs about schooling may conflict with expectations from their child's school (Clabaugh 2000). Differences between the beliefs of the child's home culture and those of the child's school culture create a state known by a variety of terms, including "cultural incongruence" (Sirin et al. 2009), "cultural discontinuity" (Delpit 2006), and "cultural mismatch" (García Coll and Magnuson 2000). These terms all refer to difficulties that arise when, significant differences exist between a student's home culture and school culture, leading to situations where teachers can "easily misread students' aptitudes, intents, or abilities as a result of the difference in styles of language use and interactional patterns" (Delpit 2006, p. 167). Differences in values have also been demonstrated to affect teachers' perceptions of parents and students. Lasky (2000), for example, found that teachers expressed more comfort with parents whom they perceived as having similar values about education to their own. Similarly, in a study of low-income kindergarteners, Hauser-Cram et al. (2003) found that kindergarten teachers who saw more value-differences with parents had lower mathematics and literacy expectations for their children, even after controlling for an objective measure of academic achievement. These studies were not conducted with immigrant families, and there is an unfortunate lack of research examining the implications of cultural mismatch for immigrant families. Teachers in the USA often use Western cultural standards to define normative behavior in immigrant children (García Coll and Magnusson 2000). Consequently, immigrant families who have different beliefs about education than their child's school may experience challenges when attempting to navigate their child's school (Delgado-Gaitan 1991; Raeff et al. 2000). One important domain in which teachers and immigrant families may differ in their beliefs about education is in the area of school-based family involvement. American culture considers active family involvement to be a necessary contributor to students' school success (Sheldon 2002). Research has linked greater school-based family involvement to greater teacher ratings of student academic achievement (Lee and Bowen 2006), emotional regulation, and academic behavior skills (Hill and Craft 2003), and school engagement (Hughes and Kwok 2007; Izzo et al. 1999). The bulk of research on family involvement, however, has not focused on immigrant families or cultural differences in family involvement.

The few empirical studies on this topic have found that immigrant families can differ from teachers and nonimmigrant families in their involvement practices and beliefs. For example, research has shown that Chinese immigrant parents use more formal teaching methods for mathematics at home (e.g., using mathematics workbooks and setting aside time during the day to practice their mathematics skills) than White parents (Huntsinger and Jose 2009). In addition, White parents have been found to engage in more managerial parental involvement in school (e.g., checking their child's homework), whereas Chinese parents have been found to engage in more structural parental involvement at home (e.g., purchasing extra workbooks or outside materials for their child) (Chao 2000). In addition, a study of high-performing Latino-majority high schools found that Latino immigrant parents



hold more informal definitions of family involvement, viewing it as a variety of unofficial, home-based activities. In contrast, teachers held more formal definitions of family involvement, including participation in official, organized school events and opportunities (Scribner et al. 1999). Although prior research has demonstrated how immigrant families may differ in their beliefs about education, little is known about how school-based family involvement among immigrant families predicts children's academic and behavioral well-being. Consequently, the LIFTS was developed to fill this gap in the literature.

## **Findings from the Longitudinal Immigrant Families and Teachers Study**

LIFTS was designed to examine how characteristics of immigrant families influence teacher perceptions of their children's academic achievement and behavioral problems over time. Data were collected once a year over the course of 3 years from teachers and immigrant parents of students in first, second, and third grade. Data were collected from parents and teachers in suburban New Jersey public schools as well as Islamic schools in New York, New Jersey, Massachusetts, and Pennsylvania. A growing segment of private, religious education in the USA is provided by private Islamic schools. Between 1999 and 2006, the number of students enrolled in private, Islamic schools increased over 40% from 18,000 to over 26,000 (United States Department of Education 2008). This study did not examine differences between ethnic groups, utilizing a sample of immigrant students from a variety of ethnic backgrounds. The cultural mismatch between teachers and immigrant families was the focus, rather than the experiences of specific ethnic groups.

Externalizing behavior problems were assessed using the rule-breaking behavior and aggressive behavior subscales of the teacher report form (TRF) (Achenbach and Rescorla 2001). School-based family involvement and teacher perceptions of value differences with families were separately assessed by teacher-report measures developed by the *MacArthur Network on Successful Pathways through Middle Childhood* (John D. and Catherine T. MacArthur Foundation 2000). Teachers rated the degree to which the child's parent(s) were involved in school, and the degree to which they considered their education-related values to be similar or different from those of the child's parent(s) with regard to (a) discipline, (b) parents' role in a child's education, and the teaching of (c) mathematics, (d) literacy, and (e) writing.

Cross-sectional work with LIFTS data found that first grade teachers who perceived greater value differences with parents had lower mathematics and literacy expectations for their children and rated their children as having more behavioral problems (Sirin et al. 2009). Thus, teachers' perceptions of the similarity or difference between their own education-related values and those of parents predict how they view students' academic and behavioral competence. Additional cross-sectional analyses also found that less school-based family involvement in first grade pre-

dicted higher teacher ratings of value differences with parents (Ryce 2012). Thus, teachers who perceived immigrant families as less involved in their child's schooling also saw greater value differences with these parents. This result indicates that teachers may use school-based family involvement as a way of evaluating parents' education-related values. When parents are more involved, teachers see their values as more similar, but when parents are less involved, teachers see their values as more disparate. Although this is not inherently problematic, when taken in combination with our findings that teacher perceptions of value differences also predicted teacher expectations and value differences, this demonstrates that these value differences may lead to negative educational outcomes for children. Furthermore, this finding aligns with the assertion that the United States schooling system is dominated by Western cultural values, which promote active and consistent school-based involvement of parents. However, immigrant parents may not originate from countries that ascribe to that belief, may have less opportunity to demonstrate involvement because of other life demands, or may be less involved owing to language barriers. Any of these factors may lead to less school-based family involvement than is expected by teachers in the USA.

Expanding upon this study, longitudinal analyses were conducted to examine the relations among teacher perceptions of value differences with immigrant families, teacher externalizing behavior ratings (rule-breaking and aggressive), teacher academic expectations, and school-based family involvement from first through third grade (Ryce 2012). Longitudinal analyses demonstrated that when parents' school-based involvement increased over time, teachers perceived their children as having fewer rule-breaking and aggressive behaviors and had greater literacy and mathematics expectations. This significant finding remained after controlling for the effects of school type as well as student ethnicity, socioeconomic status, and gender. In addition, parental value differences moderated the relation between school-based family involvement and mathematics and literacy expectations. Specifically, the relation between school-based family involvement and teacher expectations was only significant for high parental value differences families. For low parental value differences families, school-based family involvement was unrelated to teacher expectations.

These findings extend previous research regarding school-based family involvement with nonimmigrant samples. Cross-sectional studies have found that school-based family involvement predicts socioemotional adjustment for the general population (Hill and Craft 2003; Izzo et al. 1999). The current study assessed school-based family involvement among immigrant families over 3 years of data collection. As family involvement can change from year to year based on changing circumstances in parents' lives, the current study was able to dynamically capture how teachers' ratings of children's externalizing behaviors and their academic expectations can fluctuate based on yearly changes in parents' school-based involvement. Research has linked elevated levels of externalizing behaviors to long-term consequences, including lower levels of behavioral adjustment, interpersonal conflict, crime, psychiatric disturbance, and substance abuse in adolescence and adulthood (Englund et al. 2008; Moffitt et al. 2002). In addition, research has also found



that teacher expectations can predict students' academic well-being, above and beyond the effects of their objective performance (Kuklinski and Weinstein 2001). For children of immigrants, greater school-based involvement may serve as a protective factor against externalizing behavior problems as well as low teacher expectations. This appears to be particularly true for children of parents who teachers perceive as having different beliefs about education from themselves. Thus, although education-related value differences between teachers and parents can put students at risk for increased teacher perceptions of behavioral problems and decreased teacher expectations, this risk may be reduced if these parents exhibit greater involvement in their child's schooling.

## **Findings from the New York City Academic and Social Engagement Study**

NYCASES is a longitudinal study designed to understand educational and mental health trajectories of urban youth in general, and immigrant origin urban youth in particular. We recruited more than 500, 10th grade students from 14 New York City high schools for a 3-year longitudinal study. NYCASES employed mixed methods of surveys, semistructured interviews and map drawing methodology for data collection (see Rogers-Sirin and Gupta 2012; Sirin et al. 2013). This database provides a unique opportunity to examine some of the complex relations between acculturation and mental health outcomes for immigrant origin youth with longitudinal data. First, a disproportionate number of immigrants to the USA live in urban settings. By focusing on an urban immigrant population, this analysis provides an opportunity to examine how the strengths and stressors of urban life intersect with the opportunities and stressors of immigrating to affect mental health. Second, by enabling longitudinal analyses, this dataset provides insight into how developmental processes that are prominent during adolescence, in particular acculturation and acculturative stress, relate to mental health. Finally, the longitudinal nature of this study allows for a more rounded understanding of how mental health changes for urban immigrant youth during an important phase of life—high school.

## **Measures**

In NYCASES, we assessed mental health symptoms using the internalizing subscale of the youth self report (YSR) (Achenbach 1991). This scale is designed to measure three key components of mental health: withdrawn symptoms, somatic symptoms, and anxious/depressed symptoms. The withdrawn/depressed subscale has eight items such as “I keep from getting involved with others” and “There is very little that I enjoy.” The somatic complaints subscale has nine items such as “I feel overtired without reason” and “I get headaches.” Lastly, the authors modified

the anxious/depressed subscale to include 11 items such as “I feel that no one loves me” and “I am afraid of going to school.” Although these domains are related, each represents a unique set of mental health symptoms and as such, following Achenbach’s guidelines (1991), we explored developmental trajectories of each domain separately for the current analysis.

Acculturative stress was assessed using a modified, ten-item version of the Societal, Attitudinal, Familial, and Environmental (SAFE)—Revised Short Form (Mena et al. 1987). Participants responded to items assessing their experience of negative stressors associated with acculturation (e.g., “It bothers me that family members I am close to do not understand my new American values”) using a five-point Likert scale ranging from 0 (*not at all stressful*) to 4 (*very stressful*). Cronbach’s alpha values ranged from 0.75 to 0.84 for the 3 years of data collection.

Social supports were assessed using a measure developed based on a structured interview protocol developed for the *Longitudinal Immigrant Student Adaptation Study* (LISA) and administered to 400 immigrant origin youth (Suárez-Orozco et al. 2008). Participants responded to 15 items that assessed their perceptions of support from their social network (e.g., “Are there people who you can talk to about your feelings?”) using a five-point Likert scale ranging from 0 (*definitely not*) to 4 (*definitely yes*). Data for these analyses were drawn from the second year of data collection ( $\alpha=0.90$ ).

Ethnic identification was assessed using the private collective self-esteem and importance to identity subscales of the collective self-esteem scale-race (CSE-R) (Luhtanen and Crocker 1992). Items from these subscales assessed the extent to which respondents feel that they belong to their ethnic group (e.g., “In general, I’m glad to be a member of my racial/ethnic group.”) and the importance of their race/ethnicity to their self-concept (e.g., “In general, belonging to my race/ethnicity is an important part of my self-image”). Cronbach’s alpha levels ranged from 0.75 to 0.78 for the three waves of data collection.

A parallel form of the CSE-R, adapted by Sirin and Fine (2008), was used to assess US identification. This scale was developed to identify the degree to which respondents identified with the mainstream US culture and its importance to the respondent’s identity (e.g., “The American society I belong to is an important reflection of who I am”). Cronbach’s alpha values ranged from 0.72 to 0.80 for the three waves of data collection.

## Results

**Change Over Time in Internalizing Mental Health Symptoms** A key finding of the NYCASES immigrant sample analysis was that internalizing mental health symptoms decline significantly over time. In Sirin et al. (2012), we found that, overall, the three components of mental health symptoms we explored—withdrawn/depressed, anxious/depressed, and somatic symptoms—decreased over time between 10th and 12th grade, although in different patterns. We found that a linear model fits best

for withdrawn/depressed symptoms. Specifically, withdrawn/depressed symptoms decreased between each time of measurement,  $\beta = -0.06$ ,  $p < 0.001$ . Alternatively, a quadratic model fits best for anxious/depressed ( $\beta = 0.06$ ,  $p < 0.01$ ) and somatic symptoms ( $\beta = 0.06$ ,  $p < 0.01$ ), with both following a curved pattern wherein symptoms decreased, plateaued, and then began to rise again by the third wave of data. Combined, this set of findings highlights an overall improvement in mental health symptoms over the course of high school, although it is an improvement subject to some variation and the possibility of a rebound effect toward the end of the high school years. While anxious/depressed and somatic symptoms start to increase again toward 12th grade, they do not increase back to the 10th grade levels.

Exploring these results points to an important distinction between our findings and other studies of general (i.e., nonimmigrant) samples. In fact, several studies not specific to immigrants have found that depression rates increase during adolescence (Hankin et al. 1998; Radloff 1991), whereas in our sample depression decreased. For example, studies by Radloff (1991) and Hankin et al. (1998) both demonstrated that rates of depression begin rising during the teen years; Radloff (1991) found a rise between ages 13 and 18, whereas Hankin et al. (1998) found a rise between ages 15 and 18. Research specific to immigrant populations, however, has yielded results similar to the present study. For example, Smokowski et al. (2010) conducted a study with Latino youth and found that internalizing symptoms declined over a 2-year period during the early years of high school. Smokowski et al. (2010) did not find the same curved pattern observed with our data (the authors did not specify whether they tested a quadratic term in their modeling) and this is likely because of several important differences in sampling and methodology. Smokowski et al.'s sample included only Latino youth and collected data at four points over a 2-year period. Our study included an ethnically diverse sample of urban residing immigrants and collected data in three waves over 3 years. In addition, all students were in 10th grade at the first data collection point, whereas in Smokowski et al.'s study, there was no set starting age or grade. Despite these differences, both of these two studies point to an overall improvement in immigrant youth's mental health symptoms during adolescence.

**Generation Status, Acculturative Stress, and Mental Health Symptoms** The mental health outcomes also varied based on generation status and gender (Sirin et al. 2012). We found that first-generation youth experienced higher levels of withdrawn/depressed symptoms  $F(1, 266) = 4.36$ ,  $p < 0.05$ , than second-generation youth. In addition, first-generation youth also reported greater acculturative stress than second-generation youth,  $F(1, 265) = 39.15$ ,  $p < 0.001$ . These findings are important because they contrast with a growing body of literature that has found that second-generation immigrants tend to fare worse than first-generation immigrants on a variety of outcomes. This trend, referred to as the "immigrant paradox" has focused primarily on physical health symptoms, externalizing mental health symptoms, risk behaviors, and academic outcomes (see García Coll and Marks 2011 for an overview of this literature). Our work, however, is one of the few studies that examined mental health with a nonclinical sample. Our finding that first-genera-

tion immigrants experience higher levels of anxious and depressive symptoms and higher levels of acculturative stress indicate that the stressors experienced by first-generation immigrants such as coping with loss, major life disruptions, and learning a new culture and language may have a more significant effect on internalizing mental health symptoms than do the challenges facing subsequent generations. The acculturating challenges that second-generation immigrants experience, according to previous research, appear to have a greater impact on educational and health outcomes. Continuing research will help clarify this hypothesis.

**Acculturative Stress, Social Supports, and Mental Health Symptoms** Another major finding from the NYCASES study was that longitudinal analyses showed that acculturative stress significantly altered the trajectories of internalizing mental health symptoms over time (Sirin et al. 2012). Over time, as acculturative stress increased, withdrawn/depressed ( $\beta=0.05, p<0.001$ ), somatic ( $\beta=0.07, p<0.001$ ), and anxious/depressed symptoms ( $\beta=0.10, p<0.001$ ) increased. These findings demonstrate that acculturative stress is a key developmental factor that has important implications for mental health symptoms among immigrant populations (Gil et al. 1994; Hovey 2000; Smokowski and Bacallao 2007). What this finding means for those who serve immigrant youth, including clinicians, teachers, and researchers, is that the mental health of immigrant youth cannot be fully understood without carefully attending to the sources of acculturative stress.

In a separate set of analyses with our sample of first and second-generation youth (Sirin et al. 2012), we also explored whether available social support networks could serve as a buffer against the negative role of acculturative stress. The results showed that the more positive social support the adolescents in our sample had, the fewer withdrawn/depressed ( $\beta=-0.15, p<0.001$ ) and anxious/depressed symptoms ( $\beta=-0.07, p<0.01$ ) they reported in 10th grade. In addition, social supports significantly moderated the relation between acculturative stress and anxious/depressed symptoms. Specifically, the relation between acculturative stress and anxious/depressed symptoms was significantly stronger for participants who reported lower amounts of social supports ( $Z=8.11, p<0.01$ ), in comparison with those who reported higher amounts of social supports ( $Z=4.68, p<0.01$ ). Thus, social supports appeared to act as a proactive factor that buffered against the negative effects of acculturative stress on anxious/depressed symptoms. However, social supports did not significantly buffer the influence of acculturative stress for withdrawn/depressed or somatic symptoms.

**Acculturation and Mental Health Symptoms** In addition to acculturative stress, we also explored the role of acculturation in the form of one's identification with home and host cultures, or in the context of our study, ethnic and US identification (Rogers-Sirin and Gupta 2012). Given potential ethnic variation in acculturation as highlighted in the introduction section, we focused on two of the larger ethnic groups in our sample: Asian and Latino youth. The results of a growth curve analysis on two components of acculturation show that for both Asian and Latino youth, ethnic identity and US identification demonstrated quadratic change over time. Specifically, while ethnic identity ( $\beta=-0.19, p=0.002$ ), and US identification

( $\beta = -0.13$ ,  $p = 0.05$ ) increased significantly from 10th to 11th grades, both began to decline from 11th to 12th grades over the 3 years of data collection. These results align with developmental theory, which posits that adolescence is a time when youth began to deeply engage in their search for their ethnic identity (Berry et al. 2006; Fuligni 2001). Our finding that ethnic and US identity decreased from 11th to 12th grades can also be explained by developmental theory. According to Phinney (1992) identity exploration is most intense during early adolescence, and then stabilizes during later adolescence (French et al. 2000; Phinney 1992).

Next, we explored the influence of youth's US and ethnic identification on mental health symptoms (Rogers-Sirin and Gupta 2012). US identification was unrelated to internalizing mental health symptoms for Asian and Latino youth. However, ethnic identity served as a protective factor such that higher levels of ethnic identification were associated with lower levels of withdrawn/depressed symptoms ( $\beta = -0.04$ ,  $p = 0.04$ ). In addition, higher levels of ethnic identity also protected against somatic complaints, but this relation was moderated by ethnicity ( $\beta = 0.06$ ,  $p = 0.05$ ). Specifically, greater ethnic identity predicted fewer somatic complaints for Asian youth population ( $p = 0.002$ ) but not Latino youth ( $p = 0.62$ ). These results demonstrate that ethnic identity is a valuable part of mental health for immigrant populations, but the impact of ethnic identification on various mental health outcomes will vary by ethnic group.

One potential explanation for this nuanced finding may lie in the differences between the experiences of these two immigrant communities in the USA. Asian immigrants often encounter the "model minority" stereotype (Fong 1998), and they also tend to have higher SES and educational attainment than many other immigrant groups. The model minority stereotype, combined with potential social capital that they bring to the new country, can make Asian youth feel that their struggles are invisible (Sue 2010), though this feeling may not be associated with a negative view of the USA. On the other hand, Latino immigrants are faced with an altogether different set of circumstances, including negative stereotypes (Deaux 2006; Finch et al. 2000) and economic disadvantage (Dovidio et al. 2010). As a result of these important distinctions between the two groups, it is plausible to argue that adopting a US identity is a difficult experience for Latinos, which could explain why it does not act as a protective factor against withdrawn/depressed symptoms. As these explanations are purely speculative, further research should explore the reasons behind these observed differences.

## Conclusions

Immigrant urban youth are increasing in numbers and face a variety of unique stressors. We know very little, however, about the mental health needs of this vulnerable, and yet resilient population. The NYCASES and LIFTS studies, by working with multigenerational, multiethnic group samples, shed light on factors that heighten the risk for, or protect against, mental health symptoms over time. Specifically, NY-

CASES found that internalizing mental health symptoms were found to decrease over time. In addition, first-generation youth were found to report higher levels of withdrawn/depressed symptoms and acculturative stress. Increases in acculturative stress over time were also found to predict increases internalizing symptoms. However, the NYCASES data also demonstrated that social supports and ethnic identity may serve as protective factors against the development of internalizing mental health symptoms. Specifically, greater social supports predicted fewer withdrawn/depressed and anxious/depressed symptoms. In addition, the relation between acculturative stress and anxious/depressed symptoms was significantly weaker for youth who reported greater social supports. Also, greater ethnic identity predicted fewer withdrawn/depressed symptoms for both Asian and Latino youth as well as fewer somatic complaints for Asian youth.

The NYCASES data demonstrate that acculturative stress may put urban immigrant youth at risk for mental health symptoms during the high school years. Although mental health symptoms decrease over time, demonstrating resiliency within the urban immigrant population, the presence of acculturative stress increases vulnerability to mental health symptoms. First-generation immigrants are particularly vulnerable to acculturative stress and this appears to put them at heightened risk for mental health symptoms. This is an important finding given the limited access to quality mental health care and treatment for immigrant urban populations (US Department of Health and Human Services 2001). Professionals who work with urban immigrant youth, such as teachers, mental health clinicians, social workers, and health care professionals, will be better able to meet the needs of these students if they are aware of the effects of acculturative stress, and focus their interventions toward reducing sources of stress at a systemic level (such as helping families identify sources of support, creating school programs that help immigrant students master language, and learn more about how US schools/culture operate, or foster social relationships). At the individual level, professionals should be looking for ways to empower students to cope effectively with acculturative stress as they navigate through high school.

The NYCASES data also highlight the role ethnic identity may play in protecting against mental health symptoms. Thus, ethnic identity may aid in this type of effort to help students cope with acculturative stress. As described, ethnic identity protects Asian and Latino youth from withdrawn/depressed symptoms and Asian youth from somatic complaints. Previous publications have suggested that the worldviews of Asian and more Western societies may differ in that those of Asian descent tend to experience mind and body as a whole. This leads to greater likelihood of expressing physical comfort when experiencing psychological distress (Kalibatseva and Leong 2011; Lu et al. 2010). While less connection to Asian culture can lead to psychological distress, this may be experienced as both somatic and psychological symptoms (Lu et al. 2010). In contrast, Latin America has been heavily influenced by more Western norms owing to colonialism, potentially leading to more incorporation of Western views of mental health. However, as this hypothesis mainly stems from speculation, further research is needed on this topic to determine whether our finding is unique to our urban, North Eastern population or holds across the USA.



However, these variations do demonstrate the importance of exploring ways to foster healthy ethnic and US identity for immigrant youth, with a nuanced awareness of the reality that ethnic identity mean different things to different populations, and affect different populations in different ways.

The finding that social support protects against mental health symptoms also provides important information for professionals. Putting strong support networks in place for urban immigrant youth is likely to be a particularly effective form of intervention. Mental health practitioners can be a source of social support, but in addition they should help immigrant youth identify other sources of support, or even create sources of support. Interventions could include increasing family connections with family therapy, developing friend networks through groups or clubs, and directing clients to community services and social opportunities. Research suggests that network-building interventions are more likely to be beneficial if immigrant youth are supported in building social connections that reflect the family's culture of origin, not just the adopted culture (Zhou and Kim 2006).

Findings from the LIFTS also provide many important findings regarding the behavioral well-being of children of immigrants in elementary schools. First, our data indicate that school-based family involvement is linked to how teachers perceive immigrant parents' education-related values. When teachers see greater value differences with parents, they appear to see those parents as having different education-related beliefs than themselves. Although this finding in itself is not inherently negative, previous research with LIFTS and other samples has found how value differences can negatively affect teachers' perceptions of parents (e.g., Lasky 2003) as well as their perceptions of students' academic achievement (Hauser-Cram et al. 2003) and behavioral well-being (Sirin et al. 2009). Thus, teachers may perceive value differences as harmful to students' well-being in school. Findings from LIFTS also demonstrate the importance of school-based family involvement in predicting teacher perceptions of children of immigrants' behavioral well-being over time. Specifically, teachers rate children of more involved parents as having fewer externalizing behaviors.

The LIFTS findings can impact interventions at both the teacher and family level. At the family level, professionals working with immigrant families could provide culturally appropriate and relevant ways to encourage the involvement of immigrant families in their child's school. Family engagement with teachers and other school staff may allow children to adjust more easily to school activities. Thus, schools should institute programs to help immigrant families feel comfortable, willing, and able to engage in school-based involvement, so that their children can reap the benefits of such involvement in their schooling. In addition, the study's findings highlight the importance of training teachers to work effectively with immigrant parents, particularly those whose cultural beliefs about education differ from their own. The processes that lead to discriminatory behavior are often out of the conscious awareness of the perpetrator (Sue 2010), so increasing awareness will allow teachers to consider more carefully their assumptions about students and engage in a more thorough, thoughtful, less biased evaluation of their students. Schools should train and support teachers in understanding how beliefs about family involvement may dif-

fer among cultures, particularly for immigrant families, in order to create effective school–parent partnerships and avoid the stigma and bias that can arise from teachers’ misunderstanding of the intentions and values of immigrant parents.

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