trauma care

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A Mixed-Methods Exploration of Legal Vulnerability, Trauma, and Psychological Wellbeing in Immigrant Caregivers and Youth

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Abstract: (1) Background: Immigrant families in the U.S. face a myriad of migration-related stressors and trauma, and legal vulnerability can further compound such stressors, influencing both immigrant caregiver and child wellbeing. This study explored the relationships between legal vulnerability, trauma, and migration and their effects on caregiving, psychological distress, and resilience in immigrant families. (2) Methods: In total, 37 Latinx immigrant caregiver–child dyads from a community sample were interviewed and completed self-report measures on their experiences of migration, trauma, psychological functioning, and parent–child relationships. (3) Results: Using a community-based, sequential quantitative-qualitative design, person-centered analyses revealed two caregiver clusters: "Personalizing Stress" and "Meaning-making". Exemplar case analyses characterized differences between clusters, particularly related to trauma symptoms, in which the "meaning-making" cluster endorsed higher levels of psychological functioning and wellbeing compared to the "personalizing stress" cluster, in which the process of creating meaning from adversity appeared to function as a resilience resource for the "meaning-making" cluster. While most indicators of caregiver–child wellbeing were not correlated, family legal vulnerability was strongly correlated with high resilience in children. (4) Conclusions: Clinicians should attend to the resilience resources that immigrant families from legally vulnerable communities utilize, including meaning-making.

Keywords: immigrant family mental health; legal vulnerability; risk and resilience

Citation: Roberg, R.; Camargo, T.; Marks, A.K. A Mixed-Methods Exploration of Legal Vulnerability, Trauma, and Psychological Wellbeing in Immigrant Caregivers and Youth. *Trauma Care* **2024**, *4*, 60–74. https://doi.org/10.3390/traumacare4010006

Academic Editor: Lorenzo Tarsitani

Received: 1 December 2023
Revised: 9 February 2024
Accepted: 28 February 2024
Published: 3 March 2024

1. Introduction

There are over 45.3 million immigrant people living in the U.S. as of 2021, of which an estimated 11 million have unauthorized legal status [1]. In 2019, an estimated 5.5 million children under 18 lived with an unauthorized immigrant caregiver, and 86% (4.7 million) of these children were U.S. citizens [1]. Legal vulnerability broadly refers to the precarious legal status or uncertainty that individuals with an immigrant background may experience due to their legal status, such as having temporary or unauthorized status. There is burgeoning evidence that legal vulnerability is associated with significant risks across the lifespan, including barriers to accessing healthcare and education. These barriers often have a significant, intergenerational impact on immigrant families' mental health and wellbeing, as they directly influence the socioecologies of immigrant families, in which immigrant caregivers and children may experience many competing demands (e.g., acculturative, economic) and stressors (e.g., discrimination, fear of deportation) that compound one another, leading to an increased risk of experiencing mental health challenges [2]. Indeed, recent studies have shown that mental health and wellbeing are closely linked with familial legal vulnerability, in which heightened legal vulnerability, including experiences of feared or actualized deportation, detainment, and perceived discrimination, has been associated with increased anxiety, depression, and psychological distress among both legally vulnerable immigrants and their U.S. citizen family members [3–5].

While legally vulnerable immigrant families often face considerable hardship before, during, and after migration, the resilience of this community is well documented. In

fact, research has shown that opportunities to foster resilience exist at various levels of the immigrant family's socioecology, including at the individual, family, and community levels [6,7].

1.1. Social–Ecological Perspectives of Immigrant Family Adaptation and Wellbeing

Our understanding of immigrant family development is grounded in a multi-level, integrative risk and resilience model, adapted from Bronfenbrenner's ecological framework that demonstrates the importance of context in influencing development and wellbeing [8]. Within this social–ecological model, immigrant family development is shaped by bidirectional interactions between individuals and their contexts, occurring within individual and contextual changes over time. On the individual level, factors that inform adaptation and wellbeing include one's biological and cognitive resources, race, ethnicity, gender, legal status, and exposure to trauma (e.g., violence, deportation, discrimination). On the microsystemic level—the individual's immediate environment—characteristics include family (e.g., family cohesion, caregiver-child attachment, intergenerational conflicts), school (resources, community engagement), and neighborhood (e.g., presence of police and crime). The sociopolitical level of the immigrant family's socioecology includes national and state immigration laws that directly influence one's degree of legal vulnerability and legal status. Globally, factors that inform immigrant family adaptation and wellbeing include xenophobia, Islamophobia, wars, poverty, and environmental disasters [7].

Guided by this framework, the present study examined risk and resilience factors at the individual (i.e., psychological functioning, legal status, and coping with trauma), microsystemic (family), and the sociopolitical levels (individual and family interactions with the structural force of the immigration system, as measured through legal status and legal vulnerability) that impact the mental health and wellbeing of immigrant caregivers and their children.

1.2. Legal Vulnerability and Liminality

The legal status of immigrant families is an understudied but increasingly important developmental factor used to examine in immigrant families. A type of legal vulnerability is legal liminality, which refers to an "in-between" status in which individuals may possess some documents (e.g., social security numbers and work permits) but have no guarantee of eventual citizenship [9]. Many mixed-status families exist in a state of legal liminality, in which families are composed of individuals with mixed legal statuses, including unauthorized immigrants who live within the country without the legal authorization to do so, liminally authorized status individuals (e.g., having temporary protected status, temporary Visa), and U.S citizens. Mixed-status families face particular challenges related to the threat of deportation, as they usually have one of three choices regarding their resettlement: (1) they may leave the U.S. with their U.S.-born and citizen children and uproot their established and familiar lives; (2) the undocumented caregiver may leave, leaving the child with a single-parent or caregiver; or (3) the family may remain in the U.S. with the chronic risk of deportation [10]. Most families make the latter choice, remaining as a unit in the U.S. facing the chronic risk of deportation [11].

Mounting evidence indicates that legal vulnerability plays a powerful role in influencing mental health outcomes in immigrant families. In fact, researchers conceptualize the chronic threat of deportation and family separation as a form of psychological violence, which has a significant impact on immigrant parent and child psychological functioning [12]. For example, one study found that rapid changes in immigration policies led to permanent residents, Temporary Protected Status (TPS) individuals, and undocumented parents experiencing more significant negative impacts on their psychological states compared to U.S. citizens, including worsening worries about family separation and their child's wellbeing, with many modifying their behaviors in response to immigration news (e.g., avoiding medical care) [13].

Furthermore, research has demonstrated the harmful effects of parent–child separation related to school attendance difficulties, income loss, and disruptions in attachment that impair learning and emotional development [14]. Attachment is a very important relational construct for children and youth that can be both protective of family challenges and negatively impacted by deportation and family separation [15]. One study from the vantage point of children "left behind" in Mexico also recorded lower levels of academic and behavioral outcomes in children whose parents left for the U.S. compared to Mexican children whose parents stayed with them [16]. Taken together, research to date elucidates the enormous disruptions in children's lives caused by parent–child separation. The resulting developmental difficulties for immigrant children in a number of contexts, whether here or in their country of origin, are just beginning to emerge.

Indeed, legal liminality often functions as a substantial barrier to positive child development, perpetuating health inequities through the intergenerational transmission of trauma and marginalization, regardless of the child's own legal status. In fact, mixed-status families reported worse physical health for their children compared to their U.S. citizen co-ethnic counterparts, and parental perceptions of their immigration status further exacerbated health disparities between families [17]. In contrast, research investigating the impact of pro-immigrant policy change found that reducing parents' legal vulnerability via mothers' DACA eligibility significantly decreased adjustment and anxiety disorder diagnoses among their U.S. citizen children [18].

Such health disparities are likely due to the disproportionate exposure to chronic stress and decreased use of health services immigrant families experience compared to their U.S. citizen co-ethnic counterparts. Legally vulnerable immigrant families are often appropriately mistrustful of the social and health service organizations that are meant to serve them due to historical and systemic institutional betrayal, which highlights the need for community-based participatory research (CBPR) approaches that are founded in trust, empowerment, and justice-based partnerships between researchers and community members [19].

1.3. Resilience in Immigrant Families

Within legally vulnerable immigrant families, structural forces influence immigrant families' resilience, in which these ecosystemic factors (e.g., anti-immigrant policies, discrimination) may consume familial resources and complicate access to resilience resources, perpetuating inequality, structural violence, and family maladaptation [20]. For immigrant caregivers and children with trauma histories who continue living in high-stress conditions, including those created through legal vulnerability, resilience (i.e., a person's ability to recover from adversity or significant challenges) is key to promoting long-term positive development. Resilience is a process rather than an outcome, in which an individual can utilize resources at various levels of an individual's ecosystem to foster resilience and buffer against the effects of adversity [21]. While the extant literature on resilience initially focused on individual resilience, emerging scholars have shifted to considering family resilience and how family processes influence individual resilience [22]. Despite significant contextual challenges, research indicates that legally vulnerable immigrant caregivers and children demonstrate individual-, family-, and community-level resilience. Ecological factors that support resilience in legally vulnerable families include family cohesion, community connectedness, social capital, spiritual coping, school support, and the development of positive ethnic and racial identity [6,23].

1.4. Current Study

Many previous studies have provided a wealth of insights into the struggles that unauthorized immigrant families face; however, immigrant legal status today constitutes many in-between statuses, in which legal vulnerability may be examined on a spectrum. To the best of our knowledge, the psychological impact of legal vulnerability as a dimensional construct has yet to be quantitatively and comparatively explored. The present study

explored the impact of multiple legal immigration categories on caregiving, psychological distress, and resilience in immigrant caregivers and children with diverse legal statuses—an advancement compared to the current literature, which tends to compare authorized vs. unauthorized legal status without considering the multiple types and combinations of statuses that may exist within a household.

This study is part of a larger protocol that examines the psychological and social impacts of legal vulnerability in immigrant caregiver and child dyads over a 3-year time frame. To examine the impact of liminal legality on caregiver and child functioning, the following hypotheses were tested:

Family legal vulnerability will be related to the psychological experience of caregivers in the family environment (defined as caregiver/parental stress and psychological distress). In addition, we anticipate that a hierarchy of caregiver experience/functioning by documentation status will emerge, that is, caregivers who are undocumented will have greater distress and stress compared to documented caregivers, with liminally legal caregivers falling in between.

Family legal vulnerability will be related to the psychological distress of the child (defined as caregiver report of child impairment in functioning and distress in the caregiver–child relationship). Caregivers who are undocumented are expected report their children as having greater psychological impairments and greater distress in the caregiver–child relationship compared to documented caregivers, with liminally legal children falling in between.

To the best of our knowledge, this study is the first study to examine risk and resilience factors among legally vulnerable families using a family systems approach to capture legal vulnerability. The purpose of this research is to gain a better understanding of the psychological and social impacts of legal vulnerability among immigrant families with diverse legal statuses living in a Northeast urban area. This is an emergent area of research, in which there is great urgency and consequence for public policy and for the nation's immigrant community.

2. Materials and Methods

2.1. Participants

The study sample consisted of 37 immigrant parents and caregivers (e.g., grandparents) and children (either Spanish- or Portuguese-speaking individuals) from a Northeast urban community. Of the adult participants, sixteen participants (59%) were women, eight participants (25.9%) were male, and one participant (3.7%) did not report their gender. Our average caregiver participant age was 37.6 years (SD = 8.99), and the age ranged from age 18 to 55. Participants were from a variety of Latin American countries of origin, including Brazil (n = 14, 51.9%), El Salvador (n = 6, 22.2%), Guatemala (n = 4, 14.8%), Ecuador (n = 1, 3.7%), Honduras (n = 1, 3.7%), and Mexico (n = 1, 3.7%). Regarding legal status, nineteen 19 were unauthorized (70.4%) of whom 3 participants had a deportation order (11.1%), 4 participants had a valid visa (14.8%), 2 participants (7.4%) were legal U.S. residents and/or had a Green Card, and 2 participants (7.4%) were U.S. citizens. The average time living in the U.S. was 9.26 years (SD = 9.32), ranging from 1 to 32 years. Select interviews were conducted with 10 children of caregiver participants to ascertain dyadic experiences. Overall, 5 child participants were boys (50%), 4 child participants were girls (40%), and 1 child participant (10%) did not report their gender. The average child participant age was 11 years (SD = 3.53), and the age ranged from 7 to 17 years. For additional participant demographic information, please refer to Table 1.

Table 1. Participants' demographics.

Variable	Mean (SD)	N	Percentage
Caregivers		27	
Age (years)	37.6 (SD = 8.99), range = 18–55		
Gender			
Woman (%)		16	59.30%
Man (%)		7	25.90%
No response (%)		1	3.70%
Caregiver Type			
Biological mother		15	55.60%
Biological father		7	25.90%
Grandmother		1	3.70%
Other caregiver		4	14.80%
Birth Country			
Brazil		14	51.90%
Ecuador		1	3.70%
El Salvador		6	22.20%
Guatemala		4	14.80%
Honduras		1	3.70%
Mexico		1	3.70%
Self-Identified Primary Ethnic Identity			
Brazilian/Brasileira(o)		8	29.63%
Salvadorian		1	3.70%
Hispanic/Hispana(o)		9	33.33%
Branca(o)		2	7.41%
White		2	7.41%
Latin American/Latina(o)		4	14.81%
Not sure		1	3.70%
Education			
None		2	7.40%
Grade school		2	7.40%
Middle school		5	18.50%
High school		10	37%
College		8	29.60%
Legal Status			
Undocumented		12	44.40%
U.S. Citizen		3	11.10%
Legal U.S. resident		3	11.10%
Valid U.S. green card holder		2	7.40%
Temporary permit to reside		3	11.10%
Have a deportation order		3	11.10%
Time Spent Living in the U.S. (years)	9.26 (SD = 9.32), range = 1–32		
Children		10	
Age (years)	11 (SD = 3.53), range = 7–17		
Gender			
Girl		4	40%
Boy		5	50%
No response		1	10%
Preferred Language			
English		5	50%
Portuguese		3	30%
Spanish		2	10%
Family Legal Vulnerability Total Score (n = 24)	5.46 (SD = 2.23), range 1–8		

2.2. Study Design

Using a mixed-methods approach, we examined the impacts of diverse legal statuses and migration experiences on caregiving, psychological functioning, and wellbeing among immigrant caregivers and children. Recruitment targeted culturally diverse and typically lower-income Latinx community centers that serve clients with a variety of legal statuses

in several Northeast urban locations. In addition, we used word of mouth in our sampling and recruitment approaches. The inclusion criteria included first- (i.e., born abroad) and second-generation (born in the U.S.) self-identified Latinx immigrant caregivers with at least one child aged 6–22 who spoke Spanish, Portuguese, and/or English.

The surveys and semi-structured interviews took place in a private office or at the participant's home. Each caregiver completed a survey (either written or orally administrated), followed by a 10-min interview about resiliency, sources of legality-related fear, experiences of discrimination, and other participant-nominated legal challenge-related stress in the family. After study completion, participants were offered a USD 20 gift card or the chance to donate their gift card to a community organization.

2.3. Measures

2.3.1. Caregiver Survey Measures and Interview

Demographic Information

Participants were asked to report their age, gender, generation status (i.e., whether they and their caregivers were born in the U.S.), number of years in the U.S., ethnicity, language use, marital status, occupation information, and level of education. Information regarding other children and partners in the U.S or in participants' countries of origin was also obtained to understand the structures of mixed-status families.

Family Legal Vulnerability

This measure was adapted from Brabeck and Xu (2010). The ref. [24] measure of the effects of detention and deportation examines the family's legal vulnerability pertaining to the caregiver and child's legal status and personal or family experiences with deportation. The current questionnaire builds upon the existing legal vulnerability index (LVI) by (1) asking an open-ended question (i.e., "Do you have papers?"), (2) asking about the adolescent's immigration status (i.e., not just the caregiver's), and (3) ascertaining whether caregivers or adolescents better qualify for an in-between status. Participants were asked 17 "Yes" or "No" questions, as well as 1 open-ended question, regarding their legal immigration experiences.

From caregivers' responses, caregivers were categorized as authorized, liminally legal, or unauthorized. Their experiences with deportation were similarly categorized as personal (i.e., parent), familial, or both familial and personal experiences with detention and/or deportation. Parent responses were then used to create the variable "family legal vulnerability" containing numerous levels, contingent upon participants' responses. Higher levels indicate greater familial legal vulnerability. Brabeck and Xu [24] used a version of these questions on 132 Latino immigrants, 70.5% of whom were women (mean age was 36.7 years) from Guatemala, Colombia, the Dominican Republic, El Salvador, Mexico, and Honduras.

Caregiver's Problems and Resiliency in Response to Stress

We used the PTSD Checklist for DSM-5 (PCL-5) to capture each caregiver's PTSD-related symptoms, which is a 20-item self-report measure that assesses the 20 DSM-5 symptoms of PTSD [25]. The PTSD-related items were taken from a well-validated checklist and adapted for the undocumented community [26]. These items were followed by the 6 items making up the Brief Resilience Scale [27], another well-validated measure used with international and cross-cultural samples to capture parental resilience.

Kessler Psychological Distress Scale (K10)

This is a 10-item questionnaire that is used to capture caregiver distress based on anxiety and depressive symptoms experienced in the most recent 4 weeks [28]. Respondents reported frequency of symptoms on a 5-point scale (1 = none of the time, 2 = a little of the time, 3 = some of the time, 4 = most of the time, and 5 = all of the time). The numbers attached to the participants' 10 responses are added up, and the total score was the score on

the K10, ranging from 10 to 50. Scores under 20 suggest psychological distress is unlikely, scores of 20–24 suggest mild psychological distress, scores of 25–29 suggest moderate psychological distress, and scores of 30 or above suggest severe psychological distress. The K10 has good precision, being in the 90–99th percentile range of the population distribution, as well as consistent psychometric properties across sociodemographic subsamples [28]. This measure has been used numerous times with Hispanic mothers in an urban context [29,30].

Brief Impairment Scale (BIS)

The Brief Impairment Scale [31] is a 23-item instrument that evaluates three domains of functioning: interpersonal relations, school/work functioning, and self-care/self-fulfillment. Respondents' rated their child on a Likert-type scale, where 0 = no problem, 1 = some problem, 2 = a considerable problem, and 3 = a serious problem. Caregivers were required to respond to at least half of the items per subscale for the scores to be valid. Scoring entailed adding the sum of the valid items, dividing that number by the number of valid items, and multiplying it by the number of items on the scale or subscale, as appropriate. The internal consistency of the BIS ranged from 0.81 to 0.88 and from 0.56 to 0.81 on the three subscales. Test–retest reliability for individual items ranged from fair to substantial in all but six items. The BIS has high convergent and concurrent validity and has been validated on children and adolescents up to 18 years of age of diverse ethnic and racial backgrounds [31].

Parenting Stress Index-Short Form (PSI-SF)

The PSI-SF consists of 36 items derived from the original 101-item Parenting Stress Index [32]. The measure is a 5-point Likert-type scale (1 = Strongly Agree, 2 = Agree, 3 = Not Sure, 4 = Disagree, 5 = Strongly Disagree), and each item is reversed-scored (5 = 1,4 = 2,3 = 3,2 = 4,1 = 5). All of the scores are then added together to obtain a total score. High scores indicate high parenting stress and low scores indicate low parenting stress. The PSI-SF has the following three subscales: Parental Distress (PD), Parent–Child Dysfunction Interaction (P-CDI), and Difficult Child (DC). Abidin (1995) reports reliabilities of 0.91 for the total scale and 0.87, 0.80, and 0.85, respectively for the PD, PCDI, and DC. The PSI-SF demonstrated concurrent validity (r = 0.94, $p < 0.0001$) with the long form of the PSI. Copeland and Harbaugh (2005) found reliabilities of 0.92 for the total scale, 0.87 for the PD subscale, 0.86 for the P-CDI subscale, 0.85 for the DC subscale, and 0.80 for the DEF subscale [33]. The measure was designed for parents over 18 and children under 12; however, it has also been normed with adolescents [34,35]. Solis and Abidin (1991) also validated a Spanish version of this measure with 223 Hispanic mothers from a large metropolitan city in the Northeastern U.S. [36].

Caregiver Interview

Upon the completion of their responses to the survey items, caregivers were asked several follow-up questions about their experiences of migrating to and living in the U.S. With participants' consent, these questions were audio-recorded and then transcribed and later analyzed using qualitative methods.

2.3.2. Child/Adolescent Survey Measure and Interview

Individual, Family, and Community Resilience

We asked youth questions from the Child and Youth Resilience Measure (CYRM-28) [37]. This is a 28-item questionnaire that measures overall resilience and includes three subcategories that influence resilience processes: individual traits, relationships with caregivers, and contextual factors that facilitate a sense of belonging. This study used the youth version (ages 6–22). Reliability for the three components of the CYRM ranged from $\alpha = 0.65$ to $\alpha = 0.91$, which was deemed acceptable [38]. All items were rated on a 5-point scale from 1 = does not describe me at all to 5 = describes me a lot, with higher scores indicating the increased presence of resilience processes [38].

Attachment

The Inventory of Parent and Peer Attachment-Revised (IPPA-R) is a self-report tool filled out by youths aged 6–18 aimed at measuring psychological security derived from relationships with significant others, specifically parents and close friends [39]. Items are rated on a three-point scale with 'always true', 'sometimes true' and 'never true' as the response options. Internal consistency ranged from adequate to good, with coefficients ranging between 0.60 and 0.88 [39]. Correlations between corresponding parent and peer subscales were strong when tested against a sample of youths aged 9–15 [39].

Psychological Challenges

Children and adolescents reported on their own psychological challenges using the Strengths and Difficulties Questionnaire (SDQ) [40]. This measure serves as a marker of overall child self-reported mental health, tapping into 5 inventories of symptomatology (conduct symptoms, emotional symptoms, hyperactivity, peer relations, and prosocial behavior), with 25 questions in total. This measure is a widely used instrument in community mental health research into children and families, and it has been translated into over 70 languages and contextualized for many cultural groups [41]. The internal consistency of the self-report version has been found to be in the range 0.69–0.87 in past studies, with adequate test–retest reliability [41].

Child Interview

A brief interview asked children about their perceptions of community discrimination and beliefs about immigrants.

2.3.3. Data Preparation and Analyses

Using a sequential quantitative–qualitative research design, we first conducted an exploratory person-centered analysis of the quantitative data, examining whether meaningful subpopulations of immigrant caregivers emerged based on psychosocial variables. A person-centered approach aims to portray development as a holistic, individualized process that includes an individual's contextual risk and protective factors [42]. By taking a person-centered approach, the data's statistical power comes from the holistic combination of different constructs rather than the number of cases, allowing for a smaller sample size due to the richness of the system of variables collected from each individual participant [42]. This approach also allows for the detection of complex relationships between different variables, which may remain undetected in variable-centered approaches [43]. For this study, analyses were conducted to explore patterns in risk and resilience factors, focusing our person-centered analysis on caregiver psychological distress, caregiving-related stress, PTSD symptoms, and resilience. Using SPSS software, a two-step clustering approach examined shared experiences in patterns of individuals' self-report data of mental health functioning and caregiver–child interactions. This hierarchical clustering technique is suitable for the sample size (n = 27) of the current study and appropriate for analyzing data in which the a priori number of clusters is unknown [44]. Missing data were addressed using mean imputation, in which missing values were replaced with the mean of the observed values for that variable.

After identifying meaningful latent subgroups among individuals, a variable-centered analysis was conducted to determine whether group membership in the clusters varied systematically based on legal vulnerability. Post hoc analyses were then conducted to understand the relative importance of legal vulnerability in the composition of the latent construct and how well legal vulnerability could discriminate between clusters.

Following the identification of meaningful latent clusters, exemplar cases of each cluster's qualitative interview data were selected to explore the different characteristics that made up the latent profile to further contextualize each cluster's psychosocial functioning and experiences. We utilized exemplar case consensus coding, in which two independent researchers coded the same transcripts and compared results on a one-to-one basis, exam-

ining patterns of immigrant caregiver psychological experiences, with a particular focus on discussions of caregiving. This rigorous analytical method involves a deeper immersion into the data prior to generating key themes, enhancing the trustworthiness and integrity within the qualitative data analysis process, including reducing coder bias by representing multiple researchers' perspectives within the final codes [45]. This method of qualitative data analysis is aligned with the best practices in qualitative analysis [46,47]. Lastly, we ran variable-centered analyses of select children and their caregivers to explore potential relationships between caregiver and child wellbeing.

Accession numbers will be provided during the review stage. The Suffolk University Institutional Review Board (IRB) provided approval, with the following corresponding ethical approval code: 1062987-9.

3. Results

This study's main results are as follows:

- Using a maximum likelihood two-step clustering analysis, we found two clusters of immigrant caregivers. Cluster 1 (n = 10) individuals experienced higher levels of PTSD symptoms (m = 54.11, $p < 0.01$), higher overall psychological distress (m = 25.89, $p < 0.01$), lower resilience (m = 2.76, $p < 0.05$), and lower caregiver distress (m = 38.78, $p < 0.01$). Cluster 2 (n = 17) individuals experienced lower levels of PTSD (m = 26.69, $p < 0.01$), lower levels of psychological distress (m = 16.89, $p < 0.05$), higher resilience (m = 3.48, $p < 0.05$), and higher caregiver distress (m = 48.50, $p < 0.01$). Notably, the cluster solution was able to place 100% of the cases into one of these two groups.
- Chi-square analyses found no statistically significant differences between the two clusters in terms of participants' legal vulnerability ($X^2(4, N = 27) = 0.64$, $p = 0.423$). Thus, cluster membership did not vary significantly based on legal vulnerability. No subtle differences violated the Chi-square statistic. In Cluster 1, 44.4% of caregivers (n = 4) had low vulnerability (LV score between 1 and 4), and 55.6% (n = 5) had higher legal vulnerability (LV score between 5 and 8). In Cluster 2.35% of individuals (n = 3) had low vulnerability, and 65% of individuals (n = 8) had high legal vulnerability. A t-test analysis showed no significant difference in mean legal vulnerability between the two clusters (p = 0.546): Cluster 1′s mean legal vulnerability was 4.89 (SD = 2.8), and Cluster 2′s mean legal vulnerability was 5.55 (SD = 1.97). The Pearson correlations indicated that the only psychosocial variable that was significantly correlated with legal vulnerability was caregivers' levels of psychological distress ($r(23) = 0.69$, $p = 0.02$; See Table 2).
- Given that caregiver levels of distress did not appear to align with other forms of psychological distress and was the only variable that was strongly correlated with legal vulnerability, we looked for qualitative exemplars of these patterns of their lived experiences around parenting/caregiving. A careful analysis of four exemplars from each cluster was performed to understand the contextual experiential characteristics of individuals from each cluster. We found that individuals from both clusters experienced significant adversity before, during, and after migration, including current fears regarding their immigrant and/or legal status.
- Qualitative data from the exemplar cases in Cluster 1 reflected a more personalized manifestation of stress, in which individuals focused primarily on their own concerns and struggles as immigrants with varying degrees of legal vulnerability (for an example, see Table 3 for "Personalizing Stress Cluster", Participant A). This mother's quote focuses on her struggles as an immigrant experiencing discrimination and xenophobia, which further contextualizes her elevated PTSD (41; indicative of probable PTSD diagnosis) and overall psychological distress symptoms (34; in the severe range).
- Similarly, see Table 3 for "Personalizing Stress Cluster", Participant B. While this participant's legal status had recently changed and become more stable, this participant had experienced significant adversity and uncertainty prior to receiving her permanent residence (i.e., experiencing trauma while crossing the border and having several

family members detained and deported). The qualitative and quantitative data suggest that this mother may still be contending with past migration-related traumas that have manifested as a personal focus on her safety, further supported by her clinically meaningful levels of PTSD (63; indicative of probable PTSD diagnosis) and overall psychological distress (41; in the severe range).

- In contrast, a primary concern for individuals in Cluster 2 was related to their roles as caregivers for their children (e.g., sending money home, staying in the U.S. for their children despite their limited rights; for an example, see Table 3 "Meaning-making Cluster", Participant A). In this quote, the caregiver centers her son in her main concerns regarding her family's legal vulnerability, worrying about the impact that deportation would have on her son rather than on her own wellbeing. Similarly, see Table 3 for "Meaning-making Cluster", Participant B. Notably, while both mothers were more legally vulnerable, they placed their focus on their children's future and how they could best support them as caregivers. Although serving in this role was immensely stressful for these caregivers, it was also a source of meaning in their lives, which was linked to higher resilience and better mental health (for more case exemplar quotes, see Table 3).
- We named Cluster 1 the "Personalizing Stress Cluster" because the stress of immigrant and/or legal status manifested in a personal way through heightened PTSD symptoms and general psychological distress as a result of pre-, during, and post-migration experiences. The "Personalizing Stress Cluster" caregivers also showed a more personal focus in the caregiver interviews, in which a key theme was participants' own concerns and struggles as immigrants with varying degrees of legal vulnerability. We named individuals in Cluster 2 members of the "Meaning-making Cluster" because these individuals placed their children at the forefront of their worries, with their focus on their role as caregivers fostering resilience, which was linked to better mental health outcomes and higher resilience.
- After identifying and contextualizing two groups of immigrant caregivers, a variable-centered analysis of select caregiver–child dyads was conducted to explore whether there was a link between caregiver and child mental health and legal vulnerability. The Pearson correlation analyses indicated that the majority of caregiver and child indicators of mental health and wellbeing (e.g., psychological distress, resilience, attachment difficulties) were not correlated, with the exception of family legal vulnerability and child resilience, which were positively strongly correlated ($r(8) = 0.891$, $p < 0.01$).

Table 2. Mean cluster differences between clusters 1 and 2.

Variable	"Personalizing Stress Cluster" (n = 10)	"Meaning-Making Cluster" (n = 17)	df	F	p-Value
PTSD	54.11	26.69	23	65.45	0
Psychological Distress	25.89	16.89	25	58.99	0.008
Resilience	2.76	3.48	25	0.56	0.026
Caregiver Distress	38.78	48.5	23	77.46	0.014

To capture participants' psychological experiences, participants completed the Kessler Psychological Distress Scale [28], Brief Resilience Scale [27], Parenting Stress Index-Short Form [32], and PTSD Checklist for DSM-5 [25].

Table 3. Exemplar interview excepts representing clusters 1 and 2.

Cluster	Interview Excerpt (Age in Years, Gender, Country of Origin, Legal Status)
"Personalizing Stress Cluster", Participant A	*"I think that it is difficult to be an immigrant. Regardless of documentation status, it's really difficult. Without documentation, it's even more difficult, obviously. When people on the street treat you badly, they don't know if you're documented or not. So, in that sense it's indifferent, having documentation or not"* (39, F, Brazil, Green-Card Holder)

Table 3. *Cont.*

Cluster	Interview Excerpt (Age in Years, Gender, Country of Origin, Legal Status)
"Personalizing Stress Cluster", Participant B	*"My life changed when I got my residency, they just gave it to me a year ago and now I feel safer, but before I was worried because I felt unsafe, that my life was always at risk being in this country"* (48, F, Honduras, Permanent Resident)
"Personalizing Stress Cluster", Participant C	*"I would never want to be anywhere near ICE. . . from what you see on the news they are just so aggressive and mean and they just take you by surprise and I know my kids aren't here but the idea of having to explain that experience to them or to my husband is scary. I also think about, you know, my husband came the same way as me, so he's also in danger"* (50, F, Mexico, Undocumented)
"Meaning-making Cluster", Participant A	*"My only concern is that I get deported and as he (son) will come along, he will struggle to adjust in Brazil, that he doesn't adapt. He is growing up here, right. . .He already knows what he wants. He has lived his whole life here; he knows the advantages that he has here"* (37, F, Brazil, Undocumented)
"Meaning-making Cluster", Participant B	"*I am very worried because I want the best for my children. . . and I think that here I could be able to give them a better life. . .*" (28, F, El Salvador, Political Asylum Seeker)
"Meaning-making Cluster", Participant C	*"My biggest concern today is for my oldest son. . . he was a college student in Brazil and had to stop. What worries me today is that he is no longer studying. I would really like for him to finish his degree, he's still young, I didn't want him to stop. But we're seeing if we can get him to continue his studies—it'll work out! We are going to work things out to get him to study and finish his degree"* (40, F, Brazil, Tourist Visa)
"Meaning-making Cluster", Participant D	*"There's always a light that will guide you to move on and all the difficult things you went through will have a reward. . .I feel that this is part of life that one has to value and to add more to life. You don't have to despair, while there is life there are solutions. . . As long as one can speak and stay alive, everything has a solution"* (32, M, Guatemala, Undocumented)

4. Discussion

The main objective of our study was to use an exploratory mixed-methods approach to better understand the relationship between legal vulnerability and psychological functioning and wellbeing among immigrant caregivers and children living in a Northeast urban community. We distinguished two distinct groups of immigrant caregivers: (1) the personalizing stress cluster and (2) meaning-making cluster.

Immigrant caregivers in the "Meaning-making Cluster" based their primary focus and source of meaning in their lives on their role as caregivers, which was associated with better mental health outcomes and higher resilience. By placing their children at the forefront of their worries, caregivers in this group experienced higher levels of caregiver distress, which was compounded by legal vulnerability, including fears of family separation, concerns regarding financially supporting their family, and worries for their children's future if they had to relocate to their country of origin. This is in line with previous research, which highlights that contextual stressors, such as legal vulnerability, contribute to increased caregiver distress among immigrant caregivers [24]. While this group endorsed higher levels of stress related to caregiving, making meaning out of their experiences by connecting to their values as caregivers may have functioned as a source of resilience and motivation to continue staying engaged with their families and community despite significant adversity related to legal vulnerability and discrimination. This finding is in line with the meaning making model, in which having a strong sense of meaning or purpose in life can facilitate post-traumatic resilience [48]. Furthermore, these findings are consistent with previous research into Latinx immigrant families, in which familism, a term used to describe the loyalty, respect, and interdependence that often exists within nuclear and extended Latinx families, is an essential pathway to resilience, even in cases where the nuclear or extended

family remains in the country of origin [49]. This cluster's profile characteristics of better mental health and resilience, while also experiencing higher levels of caregiver stress, may be because they are not struggling with their own mental health challenges, so caregivers in this group may have had the personal resources to direct their attention to their role as caregivers, with the caregiving-related stressors functioning as a motivational source of meaning in their lives. This is consistent with previous research into the impacts of mental health challenges on parenting [50].

Individuals who belong to the "Personalizing stress cluster" profile may benefit from engaging in meaning-making processes related to their past and ongoing hardships by increasing connectedness to their role and values as caregivers related to questions such as "Why me?" and "Why do I keep going?". Clinicians can play an important role in facilitating post-trauma meaning-making for immigrant caregivers who exhibit characteristics of the "personalizing stress" cluster. A strengths-based, values-informed approach is recommended to enhance psychological wellbeing and resilience in the face of ongoing adversity that legally vulnerable immigrant families often face. There is burgeoning evidence that acceptance and values-based therapies, such as Acceptance and Commitment Therapy (ACT), show great promise in offering culturally responsive treatment to marginalized and underserved groups by increasing psychological flexibility and contact with values [51].

Notably, although participants were recruited from the community and this was not a clinical sample, a significant portion of caregivers had high levels of PTSD symptoms, which further emphasizes this group's current healthcare needs. Psychotherapy alone may be insufficient to address ongoing and severe migration-related stressors; therefore, clinicians and advocates should help families to identify additional sources of support (e.g., support groups, connecting to legal resources) [52]. In addition, clinicians and researchers can serve as advocates for macro-level systemic policy changes to mitigate, rather than contribute to, structural and psychological violence, as a large portion of caregivers from both groups experienced inhumane treatment and trauma before, during, and after migrating to the U.S.

An additional notable finding was that the only significant pattern in caregiver and child functioning was that children from the most legally vulnerable families showed the highest resilience, which merits further investigation to understand this pattern in experiences. One possible explanation is that individuals increase their capacity to access resilience resources through experiencing adversity; therefore, the children most exposed to adversity and hardship related to legal vulnerability experience a heightened demand to develop resilience to resist the effects of trauma exposure. Given that this pattern was not mirrored in our adult sample, there may unique protective factors within the legally vulnerable children's social ecology (e.g., school environment) that facilitated positive development under stress [34].

There are several limitations of this study that deserve attention. The first is that although person-centered approaches provide a rich, contextual, and holistic picture of different groups' experiences, these profiles cannot be generalized outside the study population. Future research is needed to establish the generalizability of these person-centered findings in other Latinx migrant communities and with larger sample sizes. Another limitation of our findings is that due to the cross-sectional nature of the data, we cannot make causal claims about the relationships between different risk and resilience variables. Thus, future longitudinal studies are necessary to capture changes over time in the adaptation and wellbeing of legally vulnerable immigrant families to understand the long-term effects of migration-related trauma and legal vulnerability. Furthermore, due to the use of only two researchers to code the qualitative data, it is possible that this limited the variety of perspectives available for interpreting the interview data, as each researcher reviewed the data through the lens of their own knowledge and lived experiences. Additionally, since all survey questions regarding legal status were optional, not all participants chose to provide data regarding their legal vulnerability, which limits our full understanding of the role of legal vulnerability in this study.

Future directions for this research could include examining the effectiveness of a values-based, meaning-making intervention for immigrant caregivers who are struggling with mental health symptoms due to trauma and/or distress related to their immigrant and/or legal status. It would also be of great importance to examine how changes in one's legal status impact immigrant caregiver and child psychological functioning, resilience, and caregiving, as previous research has shown that reducing legal vulnerability by gaining authorization to live in the U.S. has been associated with improved caregiver and child mental health outcomes [15]. Lastly, future research would also benefit from exploring the experiences of clinicians who work closely with legally vulnerable immigrant families to increase our understanding of the systemic barriers that clinicians face in their work.

5. Conclusions

The current study makes a significant contribution to the literature, with direct implications for clinicians who are supporting immigrant families in navigating complex and dynamic micro- and macro-level systems and stressors. Our findings highlight two distinct profiles of immigrant caregivers and the various impacts of legal vulnerability and migration-related trauma on immigrant families, as well as the role of meaning making as a potential source of resilience to buffer against the effects of legal vulnerability and trauma. These results indicate the importance of considering the impact of the immigrant family's socioecology when designing interventions for immigrant families, as well as ensuring that immigrant caregivers, particularly those who match characteristics of the "Personalizing Stress" cluster, are connected with targeted support to enhance their psychological wellbeing and resilience. Given the near-universal account of severe mistreatment that immigrant caregivers in our sample received upon arriving to the U.S., our results also underscore the urgent need to advocate for more humane and just social policies and practices to support legally vulnerable immigrant families.

Author Contributions: Conceptualization, A.K.M. and R.R.; methodology, A.K.M.; formal analysis, R.R. and A.K.M.; investigation, R.R., A.K.M. and T.C.; resources, A.K.M.; data curation, R.R. and T.C.; writing—original draft preparation, R.R.; writing—review and editing, A.K.M.; supervision, A.K.M.; project administration, R.R., T.C. and A.K.M. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: This study was conducted in accordance with the Declaration of Helsinki and approved by the Institutional Review Board of Suffolk University (protocol code 1062987-9, date of approval: 18 July 2017).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author.

Acknowledgments: We thank the families who bravely shared their stories with us. We also acknowledge the support of the graduate and undergraduate research assistants at the Youth Development in Context Lab, in particular G. Alice Woolverton and Isis Garcia-Rodriguez. Lastly, we thank Pavel Uranga for his partnership, compassion, and solidarity in helping to make this study happen.

Conflicts of Interest: The authors declare no conflicts of interest.

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