

The Acceptability and Perceived Effectiveness of a Psychoeducational Session on Parent-  
Adolescent Communication for Immigrant Parents

By

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A Doctoral Project Submitted in Partial Fulfillment of  
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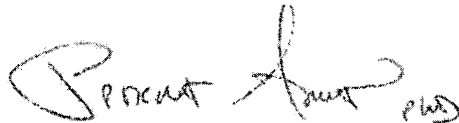
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PREVIEW

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### ABSTRACT

The United States is experiencing a shift in the cultural composition of its' population, specifically seen in the increase of immigrants and children of immigrants. These populations encounter unique stressors that influence the prevalence rates of adverse mental health outcomes such as depressive symptomatology. However, little has been done to develop culturally sensitive preventative programming in order to provide tier one support to these populations. This study sought to evaluate the perceived effectiveness and acceptability of a tier one psychoeducational preventative session geared for immigrant parents to increase their knowledge of healthy parent-adolescent communication. Results of the study indicated that immigrant parents ( $N = 86$ ) found the psychoeducational session to be both effective and acceptable. Furthermore, certain characteristics of these immigrant parents led to differences in the perceived effectiveness and acceptability, such as the existing quality of parent-adolescent relationships and parent demographics. Study findings demonstrate the importance of increasing efforts to provide culturally-sensitive brief preventative programming for tier one immigrant populations. Implications for mental health professionals serving immigrant parent populations indicate the need for greater research into population characteristics as they influence the success of culturally-sensitive mental health programming as well a need to better evaluate long term outcomes of mental health programming.

## **CHAPTER I**

### **INTRODUCTION**

In response to the influx of immigrant populations in the United States (Cherng, Sanzone & Ahram, 2015; Hoeffel, Rastogi, S Kim & Hasan, 2012; Humes, Jones & Ramirez, 2011), greater efforts to understand the mental health needs of these populations is a crucial step for mental health professionals to undertake in providing culturally-informed care. Within these rising immigrant populations, children of immigrants in particular often are exposed to unique stressors (i.e., separation and reunification from parents, poverty, interpersonal discrimination, language fluency) that correspond to an increase in internalizing concerns such as depression (Cairns, Yap, Reavley, & Jorm, 2015; Greene et al., 2006; Han, 2014; Huynh, 2012; S. Y. Kim, Gonzalez, Stroh & Wang, 2006; Ling, Okazaki, Tu & J. J. Kim, 2014; C. Suárez-Orozco, Bang & H. Y. Kim, 2011; C. Suárez-Orozco, Todorova & Louie, 2002).

Furthermore, the quality of familial relationships has been intimately linked to adolescent mental health (Ahmadimehr & Yousefi, 2014). Children of immigrants exposed to the requirement of being a language broker and to acculturative dissonance often times experience greater rates of depressive symptomatology as a result (Chao, 2006; Huq, Stein & Gonzalez, 2015; Juang et al., 2012; S. Y. Kim, Q. Chen, Li, X. Huang, & Moon 2009; Martinez, McClure & Eddy, 2009; Sirin, Ryce, Gupta, Rogers-Sirin, 2013). Within the parent-adolescent relationship, characteristics such as warmth and autonomy support have been shown to be protective factors against the development of adverse mental health outcomes (Joussemet, Mageau, & Koestner, 2014). Focus on these positive facets of the parent-adolescent relationship is even more crucial for children of immigrants, as they often experience a greater degree of emotional reactivity to less supportive forms of parenting (Chung, Flook & Fuligni, 2009;



Weaver & S. Y. Kim, 2008). This review of existing literature elucidates culturally-specific areas in which prevention and intervention can occur to improve mental health care access to children of immigrants.

Psychoeducational preventative programming offers a promising avenue for improving access to mental health care for children of immigrants that not only circumvent the stigma of accessing care but are also preferred by immigrant populations (Cairns et al., 2015; Corrigan, Morris, Michaels, Rafacz, & Rüsche, 2012; Ford-Paz, Reinhard, Kuebbeler, Contreras, & Sánchez, 2015; Lee et al., 2009). A review of existing literature has shown great success in reducing rates of adverse mental health outcomes in adolescents using psychoeducational programming provided to their immigrant parents, in both tier one and identified populations (Fabrizio, Lam, Hirschmann, & Stewart, 2013; Fosco, Van Ryzin, Connell & Stormshak, 2016). In conjunction with the need for preventative programming as an avenue in serving immigrant families, when mental health programming is culturally-sensitive, treatment outcomes are often times met with greater success (Bernal, Jiménez-Chafey & Domenech Rodríguez, 2009). Efforts to include community stakeholders in the development of mental health programming, offer trainings in a participant's native tongue and in culturally-specific treatment groups further enhance treatment outcomes (Cardemil, S. Kim, Davidson, Sarmiento, Ishikawa, Sanchez & Torres, 2010; Griner & Smith, 2006; Nastasi, Varjas, Sarkar, & Jayasena, 1998; Smith, 2004; Wallerstein & Duran, 2006).

While previous research has underscored various features of effective programming, greater work is needed to develop brief (i.e., one session) tier one preventative programming for immigrant parents. The current study sought to develop and examine the perceived effectiveness and acceptability of a brief culturally-informed psychoeducational session focused on health

parent-adolescent communication targeted for immigrant parents of adolescents within an urban school system.

PREVIEW

## **CHAPTER II**

### **LITERATURE REVIEW**

#### **Ethnic Minority Youth in the United States**

The United States (U.S.) is experiencing a reorganization of its population structure. Immigration rates in the U.S. have seen an exponential increase since the 1970s (Migration Policy Institute, 2017b). Individuals from Latin American (e.g. Puerto Rico, Dominican Republic and Mexico) and Asia (e.g. China and the Philippines) are considered to be two of the fastest growing ethnic minority and immigrant groups in the U.S. (Hoeffel et al., 2012; Humes et al., 2011). According to the 2010 U.S. Census, the Latino population (i.e., those who identified their ethnicity as Hispanic or Latino) grew by 43% since 2000 and totaled 50.5 million people, 48% of whom reported that they were foreign-born (Grieco et al., 2012; Humes et al., 2011). The rise in the Latino population contributed to half the growth in the total population of the U.S. between the years of 2000 and 2010 (Ennis, Rios-Vargas, & Albert, 2011). Similarly, the population of Asian-identified individuals grew by 43% between the years of 2000 and 2010, increasing up to four times faster than that of the general U.S. population and were the fastest growing race in the U.S. (Hoeffel et al., 2012; Humes et al., 2011). In 2010, 14.7 million people residing in the U.S. were of Asian descent (Hoeffel et al., 2012), nearly 13% of whom reported that they were foreign-born (Grieco et al., 2012).

Relatedly, there has been growth of the school-age population who identify as Latino or Asian (Aratani & Liu, 2015; Potochnick & Perreira, 2010). Of the school-aged (6-17) population in 2015, 12,106,000 had at least one immigrant parent and represented 25.5% of families considered to be ethnic minorities (Migration Policy Institute, 2017a). This is a substantial increase from the 5,324,000 (13.4%) who had at least one immigrant parent in 1990 (Migration

Policy Institute, 2017a). Certain states, such as New York, report that a higher percentage of their populations are comprised of foreign-born individuals as compared to other U.S. states (Grieco et al., 2012). The school aged population in New York, specifically, is reported to have a higher percentage of children having at least one immigrant parent in 2015 (36.7%) than compared to the U.S. (25.5%) as a whole (Migration Policy Institute, 2017a). With the influx of individuals from Asian and Latin American countries, the U.S. is relatedly seeing an increase in the number of school-aged children who are the offspring of adult immigrants (Cherng et al., 2015). These children's experiences in the U.S. are uniquely tied to their family migration history and status as ethnic minorities.

### **Internalizing Concerns within the Latino and Asian Adolescent Population**

The period of late childhood and early adolescence, among youth generally, has been highlighted as a peak time during which mental illnesses, generally, and internalizing concerns, such as depression, in particular, develop (Cairns et al., 2015). Specifically, this crucial period of time is when rates of depression have been shown to increase by six-fold (Merikangas et al., 2010). Studies that have directly sought to determine the incidence rates of depressive symptoms have found that the incidence is as high as 22% for Latino youth and 17% for Asian youth, in early adolescence, compared to 18% in non-Hispanic, White counterparts (Saluja et al., 2004). Rates of depression have been consistently found to be higher in Latino youth than compared to their non-Hispanic, white counterparts (Potochnick & Perreira, 2010). However, comparison of rates of internalizing concerns between Asian youth to their non-Hispanic, White counterparts has been equivocal. The aforementioned rates of depression in Asian youth may not be precise as certain studies have found higher rates of depressive symptoms amongst Asian girls compared to non-Hispanic, white and Latino counterparts (Bisaga, et al., 2005). Other studies have found no

significant differences in the rates of depression when comparing Asian youth and Latino youth to non-Hispanic White youth (Austin & Chorpita, 2004; Tummala-Narra, 2015). Furthermore, there is currently a dearth in the literature to date directly seeking to measure the prevalence of depressive symptoms in late-adolescence for Latino and Asian youth.

The reason for these differing rates of incidence of depression among Asian youth compared to non-Hispanic white counterparts may lie in the methods with which researchers and clinicians assess symptoms of depression. For example, some studies have posited that somatic endorsements of depression may be higher than cognitive endorsements in Latino and Asian cultures (Jenkins, Kleinman, & Good, 1991). Somatic complaints have been positively correlated with the incidence of depression among children and are often the most commonly endorsed symptom of depressive disorders, specifically amongst urban adolescent populations (Garber, Walker, & Zeman, 1991; Reynolds, O’Koon, Papademetriou, Szczygiel & Grant, 2001). Furthermore, somatic complaints may be a more culturally acceptable means of expressing depression than the cognitive expression that is more common among non-Hispanic, White youth, an interpretation corroborated by previous research conducted with culturally diverse adults (Kirmayer & Young, 1998).

A recent study questioned whether differences in incidence rate truly exist amongst ethnic groups (Vaughn-Coaxum, Mair & Weisz, 2016). Upon evaluating responses from adolescents of four major ethnic groups on the Children’s Depression Inventory (CDI) (Kovacs, 1992; Kovacs, 2004; Vaughn-Coaxum et al., 2016). The researchers found that in fact equivalent raw scores on the CDI do not indicate equivalent scores of symptom severity when comparing for each of the four ethnic groups (Vaughn-Coaxum et al., 2016). Furthermore, different types of symptoms are more indicative of an equivalent rate of depression amongst each of the four

ethnic groups (Vaughn-Coaxum et al., 2016). When using a differential item functioning (DIF) analysis, researchers ultimately found the disparities amongst rates of depression as measured by the CDI all but disappeared, indicating equal rates of depression regardless of ethnicity (Vaughn-Coaxum et al., 2016).

Due to the long and continued period of immigration growth, special consideration should be provided to the potential impact of generational status and corresponding levels of depression. Research has typically focused on Latino and Asian adolescents who are either first-generation (foreign born adolescent born to a foreign-born parent), second-generation (U.S. born adolescent born to a foreign-born parent) or third-generation (U.S. born adolescent born to a U.S. born adult). Similar to research discussing prevalence rates of depression, research evaluating the impact of generational status on depression has been equivocal. One study pointed to the potential impact of generational status on the incidence of depression; indicating that second generation adolescents may be at greater risk for depression than first generation counterparts (Harker, 2001). Using the Center for Epidemiologic Studies Depression Scale (CES-D), a twenty-item measure of depression, researchers equivocally found that first-generation Asian adolescents and all generations of Latino adolescents were at greater risk for depression than their White counterparts (Perreira, Deeb-Sossa, Harris & Bollen, 2005; Radloff, 1977). However, other research has highlighted the negligent effect of generational status on the prevalence of internalizing symptoms such as depression (Cervantes, Padilla, Napper & Goldbach, 2013; Tummala-Narra, 2015). Rather, Cervantes and colleagues posited the potential implication of other factors, such as acculturation status, have a greater impact on depression than a more simplistic explanation of immigrant generational status (2013).

The focus on depression within Latino and Asian adolescents is equally important despite uncertainty regarding prevalence rates. Depression during adolescence is accompanied by a slew of future adverse outcomes. For example, an incidence of a major depressive episode in adolescence increases the risk of later recurrent episodes in later adulthood (Harrington & Dubicka, 2001). Adolescent depression has also been correlated with poorer acute physical illness and greater impairment in adulthood (Keenan-Miller, Hammen, & Brennan, 2007). Furthermore, adolescent depression has been correlated with an increased incidence of anxiety disorders, substance abuse, suicidality, and future unemployment (Thapar, Collishaw, Pine, & Thapar, 2012). Latino youth in particular demonstrate a higher long-term incidence of mental health concerns than when compared to their non-Hispanic White counterparts (Merikangas et al., 2010). Specifically, of concern is the observed higher rates of suicide attempts amongst Latino (11.3%) youth compared to non-Hispanic, White (6.8%) youth as indicated by responses on the 2015 Youth Risk Behavior Survey (Kaan et al., 2016). Immigrant status was found to be a predictive factor for an increase in suicide risk for Latino youths, with the incidence of suicidal behavior being 2.87 times greater in second-generation youth (with immigrant parents) compared to first-generation youth, perhaps eluding to the impact of generational conflict implicated in the incidence of depression (Cervantes et al., 2013; Peña et al., 2009). Moreover, Asian youth also endorse higher rates of suicide attempts (9.5%) compared to non-Hispanic, White (8.0%) youths as indicated by responses on the 2013 Youth Risk Behavior Survey (Wyatt, Ung, Park, Kwon & Trinh-Shevrin, 2015). Unfortunately, there is an absence within the literature that evaluates generational status and the subsequent effects of generational conflict on suicidal behavior amongst Asian adolescents.

The impact of generational status is somewhat equivocal; however, the status of being an ethnic minority and a child of an immigrant<sup>1</sup>, (whether the child themselves is an immigrant or born in a country different than their parent) can both be considered stressors that impact the incidence of depression for this unique subset of adolescents. Based on the prevalence and consequences of internalizing disorders among Latino and Asian youth who are the children of immigrants, appropriate and effective mental health prevention for such individuals is needed. However, in order to best serve their needs, a first step in this process involves a study of the stressors they face as children of immigrants in a new Western culture.

### **Factors Related to Depression in Latino and Asian Adolescents**

Certain stressors associated with depression among Latino and Asian children of immigrants are unique to their status as ethnic minorities. These stressors can vary according to an adolescent's immigration status; however as previously stated, the discrepancy between depressive prevalence rates dependent on immigration status is complex (Cervantes et al., 2013). Therefore, an analysis of all risk factors for depression in ethnic minority children of immigrants is necessary, despite generational status.

For those Latino and Asian adolescent children of immigrants, a percentage of them may be first-generation immigrants. Not uncommon in a first-generation adolescent's migration story is the experience of a separation and reunification with a parent (C. Suárez-Orozco et al., 2002). In fact, in a sample of 385 adolescent Chinese and Latino immigrants residing in major U.S. metropolitan cities, 85% reported experiencing a separation from at least one parent due to immigration (C. Suárez-Orozco et al., 2002). During these periods of separation, the amount of

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<sup>1</sup> This paper will use the term *children of immigrants* to refer collectively to first- and second-generation children born to first-generation immigrant parents in the United States.



contact an adolescent may greatly vary (C. Suárez-Orozco et al., 2011). Furthermore, reunification can lead to a host of familial conflicts (C. Suárez-Orozco et al., 2011). For example, immigrant parents reported struggles to reestablish authority when reunited with their adolescent children and perceived that their adolescents lacked an appreciation for their sacrifice (C. Suárez-Orozco et al., 2011). These difficulties were reported to be the main reasons for parent-adolescent conflict (C. Suárez-Orozco et al., 2011). Consequently as a result of these conflicts and the stress of being separated from their parents, children and adolescents who have experienced a separation from parents are more likely to report symptoms associated with depression than those who had not (C. Suárez-Orozco et al., 2011).

Furthermore, although migration is commonly pursued for economic betterment, many foreign-born individuals (and subsequently their children) are more likely to live in poverty than native-born counterparts in their new country of residence (Grieco et al., 2012). While both Latino and Asian families commonly immigrate for economic betterment, differences between the two groups exist: Latino immigrant families are commonly in lower socioeconomic brackets than their Asian immigrant counterparts (Liu & Lau, 2013). Falling within a lower socioeconomic status has been correlated with greater depressive symptoms (expressed as somatization) and lower self-esteem in Latino adolescents (Reynolds et al., 2001; Ríos-Salas & Larson, 2015). For Asian youth, there exists a stratification: individuals' responses who identified as "Asian" on the 2014 Census Data indicated that they are the most affluent ethnic group when compared to other racial and ethnic groups in the U.S. (DeNavas-Walt & Proctor, 2015). However, measuring the rates of poverty in urban cities, such as New York City, in 2014 shed light on higher of poverty amongst Asian individuals (26.6%) when compared to Latino (24.0%) or White (14.4%) individuals (D'Onofrio, Krampner, Shin, Silitonga & Virgin, 2016).

Due to perhaps the higher average income of Asians, little research has been conducted on the impact of poverty on corresponding internalizing symptoms. However, the impact of poverty has been researched qualitatively as impacting relationship dynamics within the family, available social support systems and future career aspirations (Yeh, A. B. Kim, Pituc & Atkins, 2008).

Latino and Asian adolescent-aged children of immigrants are prone to greater experiences of discrimination such as interpersonal discrimination, or discrimination experienced in direct interactions than their non-Hispanic, White peers (Córdova Jr. & Cervantes, 2010; Juang & Cookston, 2009; Ríos-Salas & Larson, 2015; Tummala-Narra & Claudius, 2013). Even in the absence of the majority culture, Latino and Asian adolescent-aged children of immigrants perceive greater interpersonal discrimination from both adults and peers within the school system (Greene, Way & Pahl, 2006). Such experiences of discrimination have been linked to Latino and Asian adolescent reporting greater degrees of low self-esteem and depressive symptoms than other ethnic minority groups, such as their Black American counterparts (Greene et al., 2006; Han, 2014). Direct occurrences of discrimination are not limited to overt signs; microaggressions (i.e., emphasis on differences, denial of racial reality and negative treatment) have a large impact in the lives of ethnic minority adolescents (Huynh, 2012). For both, Latinos and Asian adolescent children of immigrants, they experience and are affected by microaggressions. Latino and Asian adolescents reported that they experience an emphasis on differences from others, which was subsequently correlated with higher frequency of depressive symptomatology (Huynh, 2012). Of note, Latino adolescents reported experiencing a greater incidence of negative treatment and denial of racial reality than Asian adolescents (Huynh, 2012).

Furthermore, Asian and Latino children of immigrants have the unique experience of being exposed to two or more competing cultures. As a result, a negotiation and/or adaptation

must be made to navigate cultural differences, a process otherwise known as acculturation stress (Berry, Kin, Minde & Mok, 1987). Acculturation stress in of itself is a stress-inducing experience that is linked with greater incidence of depressive symptomatology for Latino and Asian adolescent-aged children of immigrants (Cano et al., 2015; Hovey & King, 1997; Katsiaficas, C. Suárez-Orozco, Sirin & Gupta, 2013; Li, 2014; Romero, Carvajal, Valle & Orduña, 2007). Stress due to acculturation can be due to any number of differences in culture. For example, language use is a nuanced source of acculturation stress for many Latino and Asian adolescents. In general, if a language other than English is spoken in the homes of Asian or Latino children of immigrants, they experience a greater risk of being bullied which has been linked to negative psychological outcomes such as depression (Nansel, Overpeck, Pilla, Ruan, Simons-Morten & Scheidt, 2001; Yu, Z. J. Huang, Schwalberg, Overpeck & Kogan, 2003). Moreover, the decision to speak in their native language (as opposed to English, the language of the majority culture) has been reported to be a source of discrimination for Latino children of immigrants (Córdova Jr. & Cervantes, 2010). For Asian youth, proficiency in their native tongue was found to be a protective factor against depressive symptomatology for first-generation youth but not for second-generation youth (Wyatt et al., 2015). However, the inability to speak English with fluency, the language of the majority culture, is correlated with experiences of lower levels of self-esteem for all Asian adolescent-aged children of immigrants (S. Y. Kim et al., 2006; Ling et al., 2014). The level of proficiency and choice of language is undoubtedly a complicated factor correlated with acculturative stress.

In all, adolescent-aged children of immigrants experience multiple stressors that correlate to an increase in incidence rates of depression including, but not limited to, separation and

reunification from their parents, socioeconomic status, as well as the experiences of discrimination and acculturative stress.

**Parent-adolescent relationships impact on depression.** Overall, families have a significant impact on their adolescent's mental health (Ahmadimehr & Yousefi, 2014). Of the factors that contribute to rates of depression and depressive symptomatology amongst Asian and Latino children of immigrants is the quality of the parent-adolescent relationship. Language use and proficiency, previously mentioned, can also be conceptualized as a family-based stressor that is associated with an increased expression of depressive symptoms. For example, the act of being a "cultural broker," or "language broker" (i.e. when an adolescent serves as a translator for their less English-proficient immigrant parent) can place a burden on adolescent-aged children of immigrants to navigate the Western world for their parents (Abright & Chung, 2002; Cervantes et al., 2013; Kouider, Koglin & Petermann, 2015; Ling et al., 2014; C. Suárez-Orozco & M. Suarez-Orozco, 2001). For Latino adolescents, those who were more frequent language brokers experienced lower psychological adjustment and, while adolescent's themselves did not report any discrepancies in depressive symptoms, parents of high language brokers reported higher observations of internalizing symptoms (Martinez et al., 2009). For Asian adolescents, those who participated in greater amounts of language brokering furthermore have reported greater rates of depressive symptomatology (Chao, 2006). However, the feeling of burden from being a "cultural broker" is complex: researchers found that those individuals with a higher acculturative gap between themselves and their parents were more likely to view cultural brokering as a burden and a strain on positive parent-adolescent relationships (Wu & S. Y. Kim, 2009).

The onset of adolescence is witness to a degree of parent-adolescent conflict, considered to be normative (Laursen, Coy & Collins, 1998). However, if intergenerational conflict and

everyday conflict reach maladaptive levels between parent and adolescent, increasing rates of depressive symptomatology reported by adolescents are an unfortunate outcome (Greenberger, C. Chen, Tally & Dong, 2000; Juang, Syed & Cookston, 2012). Intergenerational conflict is made more complex and is intimately tied to their family's status as immigrants or ethnic minorities (Juang et al., 2012; Li, 2014). Complications arise through family acculturative dissonance which falls under the larger realm of intergenerational conflict (Li, 2014). Briefly, acculturative dissonance (i.e., when a parent and adolescent experience stress due to differences in their level of acculturation or assimilation) is correlated with reports of depressive symptoms in ethnic minority adolescents: the greater the acculturative dissonance, the greater the incidence of depressive symptoms (Huq et al., 2015; Juang et al., 2012; S. Y. Kim et al., 2009; Sirin et al., 2013). This commonly occurs within Latino and Asian adolescent-aged children of immigrants due to adolescent tendency to assimilate faster than their immigrant parents (Juang & Umaña-Taylor, 2012).

Reducing the negative impact of intergenerational conflict can perhaps be achieved by addressing the quality of the parent-adolescent interactions. For example, certain patterns of parental behaviors have been linked to later incidences of adolescent depression (Ahmadimehr & Yousefi, 2014). Research has shown correlations between specific characteristics associated with each of defined characteristics of warmth and autonomy support and fewer negative mental health outcomes in children (Joussemet et al., 2014). Furthermore, children of immigrants are specifically at risk as less supportive parenting practices are typically perceived by children of immigrants and higher depressive symptoms reported when there is greater acculturation stress between adolescents and parents (Weaver & S. Y. Kim, 2008). Moreover, children of immigrants, compared to children with U.S. born parents, typically experience more emotional

reactivity to intergenerational conflict (Chung et al., 2009).

A key conflict that arises during the period of adolescence is regarding a desire to develop increasing levels of autonomy (Phinney, Kim-Jo, Osorio & Vilhjalmsdottir, 2005). Within immigrant families (i.e., when at least one parent is an immigrant), Latino and Asian children reported less ability to disagree with their parents; however, children of immigrants experience the same degree of increasing desire to achieve autonomy as their peers from U.S. born families (Fuligni, 1998). Perceptions of parental over-involvement or control (that which does not support the development of autonomy support) has further been correlated with higher incidence of depression amongst adolescents in Western English-speaking communities (Maccoby & Martin, 1983; Pettit, Laird, Dodge, Bates, & Criss, 2001; Soenens, Luyckx, Vansteenkiste, Duriez, & Goossens, 2008; Yap et al., 2014). Within Latino and Asian adolescent populations residing in the U.S., parental control has been found to correlate with higher incidences of depression (S. Y. Kim et al., 2009; Ozer, Flores, Tschann, & Pasch, 2011; Rohner & Britner, 2002; Sulaiman, 2014). Parental control often differs in degree between Western and Eastern or collectivist cultures (Dwairy & Achoui, 2010). While control within a collectivist culture may seem normative, when adolescents are further placed in a Western community (such as the U.S.), the disparity between what is normative and their family's values may create discord, accounting for the greater incidence of depressive symptomatology observed (Dwairy & Achoui, 2010). For example, within Chinese American families, the greater the disparity between parent and adolescent perceptions of the amount of control a parent should display were correlated with greater degrees of depressive symptomatology (Juang, Syed & Takagi, 2007). Levels of parental control are especially concerning for Latino families, as they exhibit the highest levels of control when compared to an international sampling of families (Deater-

Deckard et al., 2011).

High levels of parental warmth (i.e., parents who are accepting and affectionate) that is a characteristic of authoritative parenting, are protective factors against depression in adolescents (Ahmadimehr & Yousefi, 2014; Baumrind, 1991; Ingram & Ritter, 2000; Maccoby & Martin, 1983; Steinberg, 2001). High levels of parental warmth towards adolescents have also been associated with lower incidence of depression in adulthood, indicating the long-term benefits of parental warmth on adverse mental health outcomes (Yap et al., 2014). A maladaptive pattern of parenting is the act of parental rejection which can be defined as the absence of warmth or approval from a parent (Khaleque, 2015). The experience of parental rejection, otherwise known as aversiveness, has been correlated with and can even predict reports of clinical depression, sub-clinical depression and depressive affect in youth (Ahmadimehr & Yousefi, 2014; McLeod, Weisz & Wood, 2007; Rohner & Britner, 2002; Yap, Pilkington, Ryan & Jorm, 2014). These correlational findings between warmth and lower incidences of adverse mental health outcomes such as depression have also been demonstrated in Asian and Latino adolescents (S. Y. Kim et al., 2009; Ozer et al., 2011; Rohner & Britner, 2002; Sulaiman, 2014). However, the lack of parental warmth is especially concerning for Asian families. Comparing Asian families to an international sample of parents has found them to exhibit lower levels of warmth, as measured by adolescent perception (Deater-Deckard et al., 2011). Adaptively, Latino families were found to exhibit higher levels of warmth compared to international samples (Deater-Deckard et al., 2011).

Collectively, the literature highlights areas of remediation amongst parenting practices that have a positive impact on reducing the incidence of serious mental health concerns such as depressive symptomatology, some of which are more common in Latino immigrant families or Asian immigrant families. Due to the specificity and complexity of stressors faced, high

incidence rates, and detrimental long-term outcomes of depressive disorders in ethnic minority, children of immigrants, efforts to address and prevent serious mental health concerns is needed and should be tailored with these unique risk factors in mind.

**Psychoeducational preventative programs.** A need for culturally-sensitive preventative psychological services for ethnic minority populations and in particular Latino and Asian children of immigrants is growing apparent. Latino and Asian children of immigrants face many unique stressors that have previously been shown to correlate with an increased prevalence of depression or depressive symptomatology. However, Asian and Latino adolescent populations consistently demonstrate lower mental health care seeking practices as a whole and are less likely to seek mental health services when suffering from depressive symptoms (Abe-Kim et al., 2007; Alegría et al., 2007; Avenevoli, Swendsen, He, Burstein & Merikangas, 2015; Cummings & Druss, 2011). These findings point to the importance of preventing depression among this underserved population as these populations remain unavailable for intervention. Programs that focus on prevention may be key in reducing the later incidence of depression and also of promoting positive mental health behaviors that persist throughout a youth's lifetime (Cairns, et al., 2015). Prevention programs can be advertised in a non-stigmatizing manner and in community settings (i.e., schools), which may encourage ethnic minority populations to utilize these services in lieu of more traditional intervention approaches (Cardemil, et al., 2010).

A manner in which to focus on prevention may be through psychoeducation.

Psychoeducation for families is defined as type of intervention model that combines education with family support and the therapeutic nature of group work to enact a change (Pollio et al., 2005). However, the vast majority of psychoeducation effectiveness studies to date have focused on psychoeducation used as an intervention. Psychoeducation has been successful in achieving