PARENTING STRESS, ACCULTURATIVE STRESS, DEPRESSION, AND FINANCIAL STRAIN AMONG LATINE ADULTS IN AN EMERGING IMMIGRANT STATE

by

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DISSERTATION ABSTRACT

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Title: Parenting Stress, Acculturative Stress, Depression, and Financial Strain Among Latine Adults in an Emerging Immigrant State

Heightened anti-immigrant sentiment within recent history in the United States has exacerbated distress among Latine adults, especially by negatively affecting parenting practices and increasing acculturative stressors. Culturally responsive parenting interventions that acknowledge the saliency of acculturative stress among Latine adults present an opportunity to better support and understand mental health outcomes among this underserved population. Using the Family Stress Model and existing data from 241 Latine adults living in an emerging immigrant state, the present study addresses gaps in the literature by: 1) conducting an efficacy study of the parenting intervention *Nuestras Familias* (Martinez & Eddy, 2005) through an ANCOVA analysis, 2) examining the influence of parenting stress and acculturative stress on depression through hierarchical linear regression, and 3) assessing financial strain as a moderator of the relationship between parenting stress, acculturative stress, and depression through a moderated multiple regression. Implications for intervention and future research are presented.

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CHAPTER I

RATIONALE

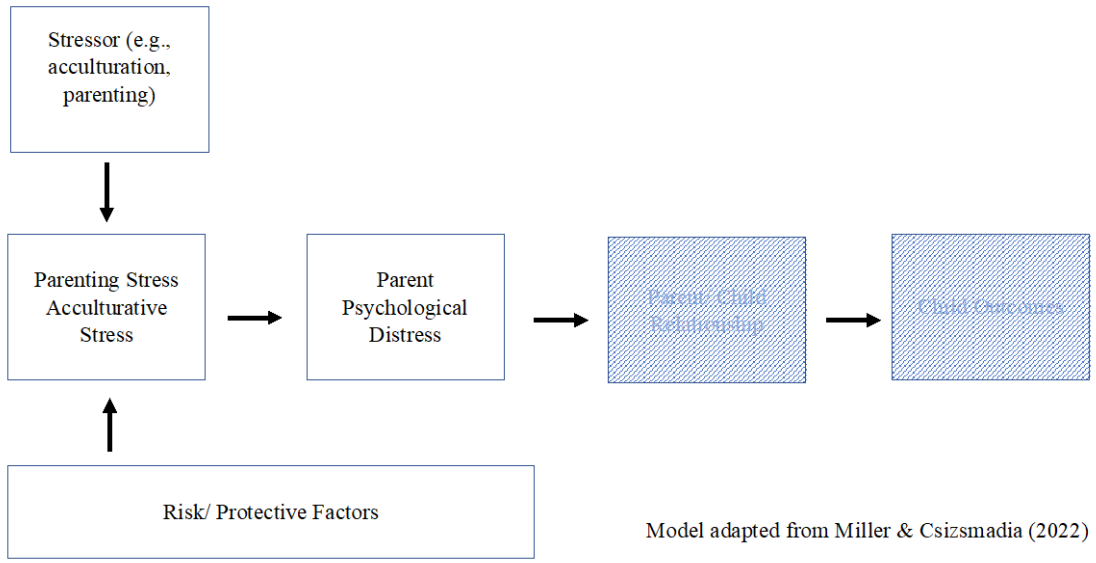
Individuals from Latin American descent comprise approximately 19% of the United States (U.S.) population, growing at an exponentially faster rate than almost all other ethnic groups (Pew Research Center, 2020). Latines (gender and linguistic inclusive term), however, disproportionately experience poor educational, financial, and health outcomes in the U.S., despite growing urgency regarding immigrant mental health promotion (Pumariega & Rothe, 2010; Rusch et al., 2020). Increasing anti-immigrant sentiment in the U.S. within recent years has exacerbated negative outcomes among Latine adults, impinging parenting (Cardoso et al., 2018; Pierce et al., 2008) and elevating acculturative stressors related to anti-immigration policies and xenophobic sentiment (Cardoso et al., 2018; López-Zerón et al., 2020; Lorenzo-Blanco et al. 2016; Parra-Cardona et al. 2019). As such, culturally responsive parenting support that considers acculturative stress presents one avenue of intervention to help mitigate stressors among Latines in the U.S., as most parenting interventions focus on non-Hispanic, White parents (López-Zerón et al., 2020; Schilling et al., 2021).

Using the Family Stress Model, the present study examines: 1) the efficacy of a parenting intervention, 2) the influence of parenting stress and acculturative stress on depression, and 3) financial strain as a moderator of the relationship between parenting stress, acculturative stress, and depression among Latine adults living in an emergent immigrant state. The Family Stress Model was created to explain the pathways through which economic adversity negatively impacts child development, considering contextual factors within a family (Conger et al., 2000; Miller & Csizsmadia, 2022). This model has been expanded to include other stressors, particularly parental acculturative stress (Miller & Csizsmadia, 2022). Even though the Family

Stress Model has been predominately used to examine child outcomes, previous research has applied it to adult Latine outcomes as well (Bostean & Gillespie, 2018; Cheng, 2022; Dillon et al., 2013; Helms et al., 2014; Hill et al., 2019; Ibañez et al., 2015; Miller & Csizsmadia, 2022; Rusch & Reyes, 2013; Williams et al., 2017), as adult mental health outcomes influence family well-being. Therefore, the Family Stress Model can be applied to exclusively examine adult mental health outcomes (see figure 1).

Figure 1

The Family Stress Model Applied to Solely Focus on Parental Mental Health



Model adapted from Miller & Csizsmadia (2022)

Parenting Stress and Acculturative Stress

In the extant literature regarding Latine adults, acculturative stress often subsumes the parenting stress construct. Given that some parents experience parenting stress and not acculturative stress, while other adults experience the converse, it stands to reason to examine these constructs separately. *Parenting stress* is defined as a particular kind of stress that manifests when parents perceive their parenting demands exceed their available personal and social resources (Abidin, 1990; Abidin, 1992; Cooper et al., 2009; Malkoff et al., 2020; Ponnet et al., 2013). Parents who endorse higher levels of parenting stress tend to be more demanding, less

responsive, and less involved as parents (Crnic et al., 1983; Deater-Deckard & Scarr, 1996; Fonseca et al., 2020; Hutchison et al., 2016; Ueda et al., 2020). While all parents experience parenting stress to varying degrees, parents who chronically experience elevated parenting stress risk undergoing psychological distress, reduced capacity to parent effectively, and greater likelihood of negative child outcomes across developmental stages (Choi & Becher, 2019; Deater-Deckard & Scarr, 1996; Short & Johnston, 1997; Kochanova et al., 2021; Pelchat et al., 2003; Ponnet et al., 2013).

Despite the abundant literature regarding the consequences of parenting stress, a dearth of studies includes Latine parents (Cardoso et al., 2010; Nam et al., 2015; Popp et al., 2019). One study demonstrated a strong association between parenting stress and coparenting conflict but exclusively focused on an adolescent Latine sample (Perez-Brena et al., 2021), indicating a need to expand the literature to include Latine adults. Furthermore, parenting stress literature predominately focuses on parenting stress in relation to parenting practices and child outcomes. Focusing on how parenting stress relates to Latine parental mental health outcomes presents an opportunity to understand the pervasive nature of parenting stress more thoroughly.

In that same spirit, a nuanced examination of parenting stress must consider gender. Despite mostly examining the parenting stress construct from a gender binary perspective, limited literature has included consideration of gender differences by examining how mothers and fathers experience parenting stress differently. While some studies claim mothers tend to experience more parenting stress than fathers (Gómez-Ortiz et al., 2022; Hildingsson & Thomas, 2014; Oronoz et al., 2007; Rayce et al., 2020), most of the parenting stress literature that includes both mothers and fathers is mixed and inconclusive, providing no definitive commentary regarding gender differences in parenting stress (Algarvio et al., 2018; Crnic & Booth, 1991;

Crnic & Ross, 2017; Hukkleberg & Nærde, 2022; Skreden et al., 2012; Solmeyer & Feinberg, 2011). Even so, researchers have theorized that due to the gender-based divisions of labor that place higher burden of childrearing responsibility on Latina mothers in traditional Latine households, parenting stress is likely higher for Latina mothers than fathers (Popp et al., 2019; Driver & Amin, 2019; Léon-Perez et al., 2021). Thus, more attention needs to be placed on the role of gender in parenting stress among Latine parents.

Acculturative stress is defined as a type of stress associated with the acculturation process (Berry, 1987). Acculturative stressors for Latines in the U.S. include, but are not limited to, pressure to be fluent in both English and Spanish, lowered family closeness due to the influence of U.S. individualism, and discrimination based on immigrant or ethnic minority status, in addition to navigating and adhering to both U.S. and Latine modalities of daily life (Lorenzo-Blanco & Cortina, 2013; Rodriguez et al., 2002; Torres, 2010). This type of stress, experienced by immigrants and their descendants regardless of generational status, is associated with poor mental health outcomes and decreased ability to effectively parent among Latine adults (Crockett et al., 2007; Hovey & Magaña, 2002; Torres, 2010; White et al., 2009; Williams et al., 2017). In addition, Latine adults who experience increased acculturative stress are more than twice as likely to demonstrate high levels of depression (Torres, 2010), more often report mental health concerns and substance use (Lorenzo-Blanco & Cortina, 2013), and meet criteria for Generalized Anxiety Disorder three and a half times more when compared to Latine adults who report low levels of acculturative stress (Salas-Wright et al., 2015). Acculturative stress in Latine adults has also been associated with insomnia and poor sleep quality (Alcántara et al., 2017; Alcántara et al., 2019; Ehlers et al., 2010), weight and body mass index concerns (D'Alonzo et al., 2019; Ro & Bostean, 2015), and overall negative self-reported physical health (Finch et al., 2001; Finch &

Vega, 2003; Finch et al., 2004; Garcia et al., 2017; Kimbro et al., 2012), which also has bearing on the ability to meet parenting demands. Moreover, direct links between acculturative stress and reduced parenting quality among Latine adults highlight the need to examine parenting and acculturative stress together (Leidy et al., 2010).

Finally, the paucity of intervention options for acculturative stress relative to parenting stress underscores the need to understand how parenting stress and acculturative stress jointly contribute to negative mental health outcomes for Latine adults with children. In other words, when faced with both stressors, should treatment efforts continue to target parenting stress or does acculturative stress warrant more focus during intervention? Whereas Latine adults are not likely to seek support for acculturative stress due to treatment barriers such as mistrust of treatment systems or acculturative stressors themselves, like language barriers or discrimination in healthcare settings (Alpers, 2018; Degrie et al., 2017; Waldman et al., 2019), Latine parents demonstrate considerable investment in their children due to the high degree of family orientation and interdependence within Latine families (Falicov, 2014; Toyokawa & Toyokawa, 2019). Targeting a stressor for which an individual is more likely to seek support (i.e., parenting stress) may be a fruitful route of intervention for negative parental mental health outcomes, but no extant research examines how parenting and acculturative stress jointly relate to mental health outcomes in Latine adults. As such, it is important to elucidate the relative contributions of parenting stress and acculturative stress to mental health outcomes in Latine adults to better understand what constructs may be more important to target in treatment.

Parenting Stress, Acculturative Stress, and Depression among Latine Adults

Depression is one major mental health concern for Latine adults. Although research regarding prevalence rates is mixed (Benuto et al., 2021), considerable evidence suggests Latine

adults show high prevalence rates of depression (30% of sample or greater; Hovey & Magaña, 2003; Mejia & McCarthy, 2010; Rusch & Reyes, 2013). Recently, current depressive symptomology was reported more frequently by Hispanic adults (40.3%) than by non-Hispanic White individuals (25.3%; McKnight-Eily et al., 2021), highlighting the saliency of depression among Latine adults in the U.S. In addition, unlike externalizing disorders which manifest in more observable symptoms, internalizing disorders such as depression merit attention due to the influence of traditional cultural beliefs that may discourage acknowledgment of symptoms and treatment, making it more likely for depression to remain hidden and unmanaged. Specifically, many Latines endorse *fatalismo,* which is the belief that one's future is pre-ordained and beyond control (Falicov, 2014; Rosales & Calvo; 2017). Fatalismo is significantly associated with lack of mental health service utilization for depression (Abraído-Lanza et al., 2007; Rosales & Calvo; 2017), indicating a culturally bound resistance to addressing depression among Latines. Furthermore, the specific mental health stigma associated with depression among Latines provides more motivation to focus on depression, as the stigma associated with a depression diagnosis often engenders feelings of failure, weakness, or concern regarding disapproval from family, which discourages treatment-seeking behaviors (Falicov, 2014). Untreated depression among parents unfortunately has been associated with more abuse, neglect, hostility, and other negative parenting behaviors, coupled with less warmth, responsiveness, and sensitivity towards children (England & Sim, 2009), presenting an important public health concern for families in the U.S.

The positive association between depression and acculturative stress in Latine adults is well-established (Castillo et al., 2015; Cheng, 2022; Cheng et al., 2016; Corona et al., 2017; Crocket et al., 2007; Driscoll & Torres, 2013; Hovey, 2000; Kiang et al., 2010; Maiya et al.,

2021; Rosario & Dillon, 2020; Rusch & Reyes, 2013). The Family Stress Model also conceptually supports the idea that increased parental stress leads to elevated depression among Latine parents (Wu et al., 2020). The limited literature regarding depression and parenting stress among Latine adults, however, is mixed, with one study demonstrating a positive association between parenting stress and depression (Nam et al., 2015) and another showing no significant relationship (Cardoso et al., 2010). Notably, the study conducted by Cardoso and colleagues (2010) examined depression as a predictor of parenting stress, leaving room for the possibility that parenting stress may predict depression among Latine adults. To the author's knowledge, the relationship between these two critical types of stress and depressive symptoms has not been previously studied in Latine adults. Clarifying how the varying types of stressors Latines encounter relate to depression may provide useful insight into the lived realities of this population.

Financial Strain in Emerging Immigrant Contexts

One important contextual factor to consider when elucidating mental health phenomena among Latines is their neighborhood ethnocultural composition, given that the kind of neighborhood a person lives in may affect their acculturation process (Fox et al., 2017; Lara et al., 2005). Prior to the 1990s, Latine immigrants tended to settle in traditional immigrant receiving sites (Stein, 2016), which were generally located in metropolitan regions. Since then, however, the demographic growth of Latines in the U.S. has occurred predominately in nonmetropolitan areas, in regions coined "new destination areas" or "emerging immigrant communities" (Alba et al., 2010). These areas are also commonly referred to as "new settlement areas", "nontraditional immigrant receiving sites", or "new immigrant gateways" and situate mostly in the South or Midwest (Lichter et al., 2010). By 2000, almost a third of U.S. immigrants

lived outside of traditional immigrant receiving sites (Singer, 2004). Despite the shifting sociocultural context of Latines in the U.S., limited research examines acculturative stress among Latines in emerging immigrant contexts (Martinez et al., 2021).

Latines in emerging immigrant contexts face unique challenges, often including reduced social support, heighted marginalization, more negative consequences resulting from language barriers, and less economic opportunities compared to Latines in traditional immigrant receiving sites (Fox et al., 2017; Portes & Rumbaut, 2006; Stein, 2016; Stepick et al., 2003). Employment barriers are particularly salient in this context, as a positive correlation exists between neighborhood concentration of Latines and social integration; areas with a greater concentration of Latines tend to foster more diverse social networks (Viruell-Fuentes et al., 2013). As such, traditional receiving immigrant sites may have more resources and a wider range of work opportunities for immigrants than emerging immigrant contexts (Xie & Gough, 2011). Therefore, Latines living in rural, emerging immigrant communities are likely to work jobs with few opportunities for upward social mobility and economic advancement (Pruitt, 2007; Stein, 2016). For the aforementioned reasons, financial strain resulting from limited economic opportunities may be a salient challenge among Latines living in emerging immigrant contexts.

Financial strain occurs when financial resources do not meet an individual's needs or expectations, resulting in difficulty affording food, clothing, housing, and other life necessities (Garey et al., 2017; McKenna et al., 2017). Differing from socioeconomic status, financial strain represents the discrepancy between income and expenses (Garey et al., 2017). Presently, 72% of Latine households reported experiencing financial problems, outpacing not only White families but also all other racial and ethnic minority groups in the U.S. (Harvard, 2020). Financial strain has been linked to many negative outcomes among Latine adults, including increased depressive

symptoms, lowered self-esteem, diminished parental academic involvement, decreased parenting self-efficacy, reduced parental satisfaction, and decreased smoking cessation when attempting to quit (Angel et al., 2003; Aranda & Lincoln, 2011; Camacho-Thompson et al., 2016; Chiriboga et al., 2002; Gómez et al., 2022; Kendzor et al., 2010; Krause, 2012). Despite being linked to negative outcomes, almost no studies examine financial strain as a moderator in Latine populations. One study examining the moderating effect of financial strain on the relationship between widowhood and depressive symptoms among older Mexican American women showed that financial strain did not moderate that relationship (Monserud & Markides, 2017). This finding may be attributed to the subjective nature of financial strain and how older adults who experience objective indicators of financial hardship may be less attuned to perceiving financial struggles later in life, presenting a "satisfaction paradox" (Garasky et al., 2012; Monserud & Markides, 2017). No other studies were identified, however, indicating a gap in the literature regarding the potential moderating role of financial strain in a group that disproportionately experiences financial troubles in the U.S. The Family Stress Model provides further rationale for examining financial strain as a moderator of the relationship between parenting and acculturative stress and depression, as the theory posits that financial circumstances have bearing on psychological adjustment to stressful life situations (McCubbin & Patterson, 1983; Monserud & Markides, 2017). As such, parenting and acculturative stress may be experienced differently by parents who have limited financial resources (Malkoff et al., 2020; Nomaguchi & House, 2013), which may have implications for depressive symptoms.

Culturally Adapted Parenting Intervention for Latine Adults

Considering the significant challenges present and the lack of parenting interventions available for Latine parents in emerging immigrant contexts (López-Zerón et al., 2020; Schilling

et al., 2021), a need exists for culturally responsive parenting interventions to mitigate mental health disparities and support Latine parents. Despite that, a small number of interventions within the limited number designed for Latine parents were created through a rigorous cultural-adaptation process. In a systematic literature review of culturally adapted, evidence-based parenting interventions, Baumann and colleagues (2015) identified eight interventions that met their criteria for rigorous cultural adaptation, despite perusing over 600 scholarly articles. Only two of these interventions were adapted for Latine families living on the U.S. mainland. Both studies were adaptations of the Parent Management Training- the Oregon Model (PMTO), which is a parent training intervention that aligns with Latine cultural and parenting values, such as *familismo* and *respeto* (Domenech-Rodriguez et al., 2011; Parra-Cardona et al., 2012). While one of the interventions was developed for the Detroit Latine community (a former and revitalizing immigrant destination; Huang, 2021), the only rigorously adapted parent management intervention designed for Latines in an emerging immigrant community is the *Nuestras Familias* intervention (Baumann et al., 2015).

Nuestras Familias: Andando Entre Culturas (Martinez & Eddy, 2005) is an intervention designed to foster prosocial parenting skills and prevent deviant youth behaviors in Latine families in an emerging immigrant state (i.e., Oregon). The intervention was originally developed as a part of the Latino Youth and Family Empowerment (LYFE) study, a National Institutes of Health-funded research project. *Nuestras Familias* is a culturally adapted, evidenced-based Parent Management Training intervention that consisted of 12 group sessions facilitated for parents in Spanish. Each session lasted about two and a half hours and included short presentations, small group discussion of the content delivered, and role-playing to teach parenting techniques. In addition, time for a meal was provided by project staff for parents to

promote social interaction and foster social supports among parents. In between sessions, project staff called each family via phone to review the previous session's content, monitor progress with assignments, answer questions, and provide support. If a parent ever missed a group, they were offered an opportunity to make up the session with a project team member either in a private make-up session or an alternative group session. Concurrent childcare was offered for the parents partaking in sessions.

In line with the Family Stress Model, the examination of parental stressors in emerging immigrant communities presents an opportunity to elucidate the unique challenges that Latine adults face in this distinct context. Two salient stressors in the lives of Latine parents that are often not often examined as two separate constructs or jointly are parenting stress and acculturative stress, given that previous research often includes parenting related stressors within the acculturative stress construct. Furthermore, life stressors do not necessarily occur independent of one another, underscoring the examination of parenting and acculturative stress in tandem as two separate variables. While extant research delineates the detrimental effects of parenting stress, acculturative stress, and depression on parental well-being, the relative contributions of these two critical types of stressors on depression has not been studied in Latine adults. Isolating the contributions of these two variables to depression can provide insight regarding whether more focus should be allocated to one construct over the other when treating depression among Latine parents. Moreover, Latines in emerging immigrant contexts may be at increased risk for depression (Martinez et al., 2021; McClure et al., 2010), warranting focus on contributors to depression in this specific context. Considering that emerging immigrant areas tend to have less available economic resources for Latines than traditional immigrant receiving sites, it would also be helpful to understand if varying levels of financial strain moderate Latine

parental outcomes. In addition, emerging immigrant contexts provide less structural support in fostering culturally inclusive communities for Latine families (Martinez et al., 2011; Martinez et al., 2021), necessitating the creation of culturally responsive parenting interventions that support Latine adults in a context that otherwise offers little structural assistance.

The Present Study

Several knowledge gaps aim to be addressed in the present study. First, despite the plethora of literature examining parenting stress, acculturative stress, and depression, limited research focuses on Latine adults. Moreover, no studies to date examine the relative contributions of both parenting stress and acculturative stress on depression among Latine adults. Additionally, only one study was identified that tested financial strain as a moderator in research focusing on Latine adults. Furthermore, most extant parenting interventions focus on non-Hispanic, White parents, necessitating the design of culturally responsive and rigorously adapted, evidence-based supports for Latine parents.

To address the gaps in the literature, the present study applies the Family Stress Model to first examine the efficacy of an intervention in reducing parenting stress for Latine adults in an emerging immigrant context. Second, this study investigates the relative contributions of parenting stress and acculturative stress to depression among Latine adults. Finally, financial strain will be tested as a moderator of the relationship between the stressors and depression.

A preexisting dataset from the Latino Youth and Family Empowerment (LYFE)-II study was used in the present research project. LYFE-II is an extension of the LYFE-I study and ran from approximately 2006 to 2012. LYFE-II strived to replicate and extend findings from LYFE-I regarding the feasibility and efficacy of the intervention *Nuestras Familias* through a randomized controlled trial with a larger and more diverse Latine sample (Martinez et al., 2021).

Longitudinal data across three different time points from LYFE-II will be used to answer the below questions.

Research Questions

1. Does participation in the *Nuestras Familias* intervention significantly affect parenting stress at intervention post-test (T2) for parents in the intervention condition compared to parents in the control condition?
2. Is parenting stress at post-test (T2) significantly related to depression at the six-month follow-up assessment after intervention (T3)?
3. Is acculturative stress at T2 significantly related with depression at T3, above and beyond parenting stress at T2?
4. Is the relationship between parenting stress at T2, acculturative stress at T2, and depression at T3 moderated by financial strain at T3?

Hypotheses

1. Participation in *Nuestras Familias* will significantly reduce parenting stress from Time 1 (before intervention delivery) to Time 2 (end of intervention) for parents in the intervention condition compared to parents in the control condition.
2. Higher levels of parenting stress at T2 will be positively associated with higher depression at the six-months follow-up assessment after intervention termination (T3).
3. Higher levels of acculturative stress at T2 will be positively associated with depression at T3, but not above and beyond parenting stress at T2.

4. The hypothesized positive relationship between the stressors (i.e., parenting stress and acculturative stress at T2) and depression at T3 will be stronger in families with high financial strain at T3 relative to families with low financial strain.

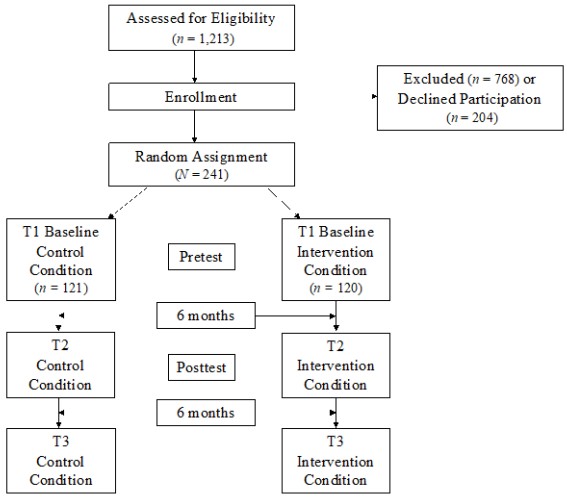
CHAPTER II

METHODS

Participants

Two-hundred and forty-one Latine parents were included in this study. Families living in the state of Oregon were recruited through churches, schools, referrals, and community events. Recruiters utilized radio announcements on local Spanish-speaking radio stations, brochures mailed or distributed at school, and announcements delivered at migrant education classes and businesses with a large Latine clientele. Eligible families included Spanish-speaking Latine families with one male or female adolescent in middle school and one parent. All participants self-identified as Latino but more specific restrictions on ethnicity or country of origin were not set. Participants also needed to agree to random assignment to the intervention or control condition, as well as indicate that they were not likely to move during the intervention to be eligible to participate. Parents who showed signs and symptoms of severe psychopathology were screened out and referred, given that random assignment would be inappropriate for these parents. After recruitment and exclusion criteria was applied, 241 families with at least one youth in fifth, sixth, seventh, or eighth grade were eligible for participation. For this study, we will only examine data for the parents (n = 237 mothers, n = 4 fathers). See figure 2 for participant flowchart.

Figure 2 *Participant Flowchart*



Mothers (M = 36.05 years old, SD = 5.38) in this sample tended to be younger than fathers (M = 39.02 years old, SD = 7.15). Ninety-six percent of mothers were born outside of the United States while 98% of fathers were foreign-born. Among foreign-born parents, mothers (M = 12.12 years, SD = 6.34) tended to live less time in the United States compared to fathers (M = 15.32 years, SD = 7.45). The majority of foreign-born parents were born in Mexico (96% of mothers; 94% of fathers), with the remaining foreign-born parents born in Central or South America. Regarding education level, most parents had a 9th grade education level or less (62% of mothers; 69% of fathers), while the remaining parents completed high school and/or had received post-secondary education (25% of mothers; 19% of fathers). Regarding socioeconomic status at baseline, most parents were employed (63% of mothers; 89% of fathers). The reported monthly household income averaged to $1894 ($SD$ = $1083), which indicated that on average, families in this study lived below the federal poverty line as indicated by the Department of Health and Human Services (2021).

Procedures

After recruitment, bilingual project team members visited families at home, explained the project, and answered questions. After families demonstrated comprehension of the project's benefits and risks, project staff obtained informed consent. Following informed consent, families were randomly assigned to either the *Nuestras Familias* intervention condition (n = 120) or the control condition (n = 121), which consisted of community-based "services-as-usual." Participants also completed assessment measures at baseline prior to receiving the intervention (T1), six months later at the end of the intervention (T2), and roughly six months after the end of intervention delivery (T3).

The first assessment at T1 prior to intervention was completed with in-person interviews conducted by project staff at participants' homes; assessors were blind to which condition participants belonged. Participants completed the following T2 and T3 assessments at the project's research center, with most participants choosing to self-administer the questionnaires on a computer, with the option to have the questionnaire read aloud via computer. At baseline, 99% of the parent assessments were completed in Spanish. Incentives were used for participating in the study; each family received $10 for every *Nuestras Familias* session they completed.

Measures

Parenting Stress. Parenting stress was measured using the Parental Stress subscale of the abbreviated version of the Hispanic Stress Inventory (HSI; Cervantes et al., 1991; see Appendix for full subscale). The HSI is a 73-item questionnaire that measures reactions to psychosocial stressors across five domains (i.e., occupational/economic, parental, marital, familial/cultural, and immigration) that may or may not have happened in the past three months. The abbreviated version of the HSI has been previously validated in Hispanic adults, showing strong reliability and validity (α = .68 to .83; Cavazos-Rehg et al., 2006). Internal consistency reliability for all

subscales of the HSI were computed using the Alpha coefficient. The internal consistency reliability of the Parental Stress subscale in the present sample was α = .83 at baseline, α = .86 at T2, and α = .85 at T3. Participants were asked to report whether a specific event occurred and if so, rate their experience on a 5-point, Likert scale from "1 = not at all stressful" to "5 = extremely stressful" on items measuring parental perceptions of conflict with children and loss of authority. Sample items include, "My children have not respected my authority the way they should", "I have seen my son/daughter behave delinquently", and "Because of American ideas about children, it has been difficult for me to decide how strict to be with my children." Mean stress appraisal scores from this subscale were utilized in subsequent analyses. Higher scores indicate more parenting stress, ranging from 1 to 5.

Acculturative Stress. Acculturative stress was measured using the Immigration subscale of the abbreviated version of the Hispanic Stress Inventory (HSI; Cervantes et al., 1991; see Appendix for full subscale). The internal consistency reliability of the Immigration subscale in the present sample was α = .85 at baseline, α = .87 at T2, and α = .91 at T3. Participants were asked to report whether a specific event occurred and if so, rate their experience on a 5-point, Likert scale from "1 = not at all stressful" to "5 = extremely stressful" on items measuring stressors related to immigration, and thus, acculturative stress. Sample items include, "Because I do not know enough English, it has been difficult to deal with day-to-day situations", "I have felt guilty about leaving family and friends in my home country", and "I have felt unaccepted by others due to my Latino culture." Mean stress appraisal scores from this subscale were utilized in subsequent analyses. Higher scores indicate more acculturative stress, ranging from 1 to 5.

Depression. Depression was measured using the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977; see Appendix for full scale). The internal consistency reliability of

the CES-D in the present sample was α = .87 at baseline, α = .95 at T2, and α = .96 at T3. Participants were asked to rate the way they have felt during the past week using a 4-point, Likert scale from "0 = Rarely or none of the time (less than 1 day)" to "3 = Most or all of the time (5-7 days)" on 20 items measuring feelings and symptoms of depression. Sample items include, "I felt sad", "I felt hopeful about the future", and "I felt that I could not shake off the blues even with the help from my family or friends." Scores range from zero to 60, with higher scores indicating the presence of more depressive symptomology. Total sum scores were used in subsequent analyses.

***Financial Strain*.** Financial strain was measured using the 7-item Ability to Afford Needs scale from the parent interview created by Oregon Social Learning Center (2005) to assess demographic information among participants in the present study, including nativity, country of origin, length of U.S. residency, family structure, living conditions, personal finance, education level, ethnicity self-identification, and religious affiliation (see Appendix for full scale). The internal consistency reliability of the Ability to Afford Needs scale in the present sample was α = .85 at T3. Sample items include, "Do you have enough money to afford the kind of food your family should have?", "Do you have enough money to afford the kind of medical care your family should have?", and "Are you able to afford a home that is large enough and comfortable enough for your family?" Participants were asked to rate their ability to afford necessities by choosing either "0 = No", "1 = Yes", or "2 = Sometimes yes, sometimes no." Raw scores from this scale were transformed to be more easily used in analyses; transformed scores ranged from zero to one, with higher scores indicating less financial strain.

Analytic Plan

All analyses were conducted using SPSS Statistics Version 28 for Mac and RStudio Version 2022.07.2. To test the first hypothesis, an ANCOVA was used to measure if parenting stress was significantly reduced by the *Nuestras Familias* intervention from T1 to T2, compared to the control condition. To test the second and third hypotheses and examine the relative contributions of acculturative stress at T2 to explained variance in depression at T3, above and beyond parenting stress at T2, incremental partitioning of variance via hierarchical linear regression was conducted. In this multiple linear regression, a built approach was used. To test the second hypothesis, parenting stress was added as the independent variable in a regression model with depression as the dependent variable. To test the third hypothesis, acculturative stress was added into the second level of the regression to explain the statistically significant amount of variance in depression after accounting for parenting stress.

To test the fourth hypothesis whether financial strain at T3 moderates the relationship between parenting and acculturative stress at T2 and depression at T3, a moderated multiple regression was conducted. Prior to running the regression, the financial strain variable was dummy coded (1 = high financial strain, 0 = low financial strain). To prevent possible high multicollinearity with the interaction term, financial strain was also centered and interaction terms between 1) parenting stress and centered financial strain and 2) acculturative stress and centered financial strain were used (Aiken & West, 1991). Since financial strain was not found to be a significant moderator, post-hoc tests were not conducted. Thus, examination of an interaction plot was not conducted to determine if financial strain has an enhancing, buffering, or antagonistic moderation effect on the relationship between parenting stress and acculturative stress and depression (Hayes, 2013).

CHAPTER III

RESULTS

Preliminary Analyses

Due to insufficient power to detect differences between mothers (n = 237) and fathers (n = 4) in the present sample, all analyses excluded fathers. Previous research provides theoretical rationale for focusing on mothers as well, as maternal parenting stress has been shown to have a "spillover" effect into other maternal experiences, while paternal parenting stress does not yield similar outcomes for fathers (Perez-Brena et al., 2021). Thus, only Latina mothers were included in analyses. Demographic information of the final sample was obtained using SPSS (Table 1).

Table 1

Demographics

Variables	*n*	%
Age		
24-30	34	14.4%
31-40	168	71.2%
41-50	29	12.3%
51-57	5	2.1%
Education Level		
8th Grade or Less	78	41%
Middle School	67	35%
GED	7	4%
High School Diploma	16	9%

Table 1, Continued

Demographics

Variables	*n*	%
Education Level		
Technical School	14	8%
College Degree	4	2%
Advanced Degree	1	1%
Immigrant Status		
Immigrant	227	96%
U.S. Born	9	4%

A post-hoc power analysis was conducted using G*Power Version 3.1 to determine if the sample size was appropriate for the proposed tests. The G*Power analysis indicated that a sample of 237 provided power of .99 to detect a difference of .50 SDs (medium effect) between the two conditions. Thus, the present sample provides enough power for the proposed study.

Descriptive statistics and bivariate correlations were conducted using SPSS (Table 2).

Table 2

Means, Standard Deviations, & Bivariate Correlations Among the Research Variables

Variable	1	2	3	4	5
1. Parenting Stress T1	–				
2. Parenting Stress T2	.729**	–			
3. Acculturative Stress T2	.359**	.379**	–		

4. Depression T3	.275**	.233**	.227**	–	

Table 2, Continued

Means, Standard Deviations, & Bivariate Correlations Among the Research Variables

Variable	1	2	3	4	5
5. Financial Strain T3	-.158*	-.138*	-.212**	-.310**	–
M	1.984	1.747	4.528	9.471	.463
SD	2.230	2.217	3.568	7.814	.263

Note. *p <.05. **p <.01.

Correlations between the predictor variables did not exceed .80, meeting the assumption for multicollinearity (Field, 2009). Multicollinearity was also inspected using R by assessing the variance inflation factor (VIF) score, which showed all variables below 4.0 and, therefore, no multicollinearity (Hair et al., 2010).

Data was inspected for outliers and violations of statistical analyses assumptions, including linearity, normality, homoscedasticity, and independence of residuals using R (Field et al., 2012). While three outliers were identified by inspecting standardized residuals, these outliers were determined not to be influential according to Cook's Distance (Cook's D < |1|; Cook & Weisberg, 1982) and, thus, retained. The assumption of linearity was met through a visual inspection of residuals, indicating a linear relationship between the predictor and outcome variables. Normality was not violated in the present data, which was determined using a visual inspection of Q-Q plots and the Kolmogorov-Smirnov test, $D(237) = 0.07$, $p > .05$. Data was proven to be homoscedastic after visual inspection of standardized residuals and a follow-up Breusch-Pagan test for homoscedasticity ($p > .05$). Finally, independence of residuals was inspected using the Durbin-

Watson statistic (Durbin-Watson value = 1.90, $p > .05$) to examine if the errors were autocorrelated with themselves, indicating that the independence of residuals assumption was met.

Two additional assumptions were tested using SPSS to ensure data was fit for the ANCOVA model. First, analyses show that no significant differences existed between the control and intervention groups for parenting stress at T1, meeting the independence of covariate and treatment effect assumption. Additionally, the homogeneity of regression slopes assumption was not violated by the data. Thus, the present data did not violate any statistical assumptions and is appropriate for the proposed analyses. All remaining analyses were conducted using R for Mac.

Missing Data

Missing data patterns were examined using Little's Missing Completely at Random Test (MCAR; Little, 1988). Results indicate that the data is missing completely at random for all primary variables: $\chi^2(65) = 48.6$, $p = .94$. To include all cases in the analyses, multiple imputation was utilized. Multiple imputation estimates and replaces missing values in a dataset by imputing values based on the available cases (Sinharay et al., 2001). Data was multiply imputed using the pooled estimates from five imputed datasets.

Hypothesis Testing

Question 1. Question 1 explored whether participation in the *Nuestras Familias* intervention significantly affected parenting stress at T2, when compared with parents in the control condition who received services-as-usual. Hypothesis 1 asserted that parenting stress would be significantly reduced from T1 (pre-test) to T2 (post-test) for parents in the *Nuestras Familias* intervention but not for parents in the control condition. A one-way between subjects ANCOVA was conducted to determine a statistically significant difference between the intervention and control group on parenting stress at T2, controlling for parenting stress at T1,

resulting in a non-significant intervention effect, $F(1, 239) = .38$, $p >. 05$. Thus, hypothesis 1 was not supported.

Question 2. Question 2 asked if parenting stress at T2 significantly related to depression at the six-month follow-up assessment (T3). Hypothesis 2 posited that parenting stress at T2 would be positively associated with depression at T3. A linear regression was conducted to test this hypothesis. Consistent with the hypothesis, the results of the regression indicate that parenting stress at T2 explained 6% of the variance ($R^2 = .06$, $F(1,166) = 15.0$, $p < .05$; see Table 3). It was found that parenting stress at T2 significantly and positively predicted depression at T3 ($b = 0.83$, $p < .05$). Cohen's f^2, which is used to determine the effect size within a multiple regression model where the independent variable and the dependent variable are both continuous (Cohen, 1988; Selya et al., 2012), was calculated to be .06. Thus, hypothesis 2 was supported.

Question 3. The third research question explored if acculturative stress at T2 significantly related with depression at T3, above and beyond parenting stress at T2. It was hypothesized that while acculturative stress at T2 would be positively associated with depression at T3, it would not account for more variance than parenting stress at T2. Acculturative stress at T2 was added to the second level of the regression model to test this hypothesis. Consistent with predictions, acculturative stress at T2 was significantly related to depression at T3 but did not contribute more unique variance than parenting stress at T2. The addition of acculturative stress to the model led to a statistically significant increase of 2%, with an R^2 of .08, $R^2_{adjusted} = .07$, $b = 0.34$, $F(1, 189) = 10.17$, $p < .05$ (see Table 3). Cohen's f^2 was calculated to be .09 Therefore, hypothesis 3 was supported.

Table 3

Hierarchical Regression Model of Parenting Stress, Acculturative Stress, and Depression

Predictor	Estimate	SE	*t*	R^2	ΔR^2
			Model 1: Depression T3		
Step 1				.06	.06
Parenting Stress T2	.83	.23	3.85*		
Step 2				.08	.02
Parenting Stress T2	.63	.24	2.56*		
Acculturative Stress T2	.34	.15	2.26*		

Note. $N = 237$; *$p < .001$

Question 4. The final research question asked if the relationship between parenting stress at T2, acculturative stress at T2, and depression at T3 was moderated by financial strain at T3. The final hypothesis claimed that the hypothesized positive relationship between the stressors (i.e., parenting stress and acculturative stress at T2) and depression at T3 would be stronger in families with high financial strain relative to families with low financial strain at T3. A moderated linear regression model was conducted to test this hypothesis. The model did not show evidence that financial strain at T3 moderated the relationship between parenting stress at T2, acculturative stress at T2, and depression at T3, $b = -0.39$, $t = -0.66$, $p > .05$. Therefore, hypothesis 4 was not supported.

CHAPTER IV

DISCUSSION

The purpose of the present study was to identify predictors of depression, elucidate the potential moderating role of financial strain on stress and depression, and determine if the *Nuestras Familias* intervention significantly reduced parenting stress among Latina immigrant mothers living in an emerging immigrant state. More broadly, this study aimed to bolster the literature regarding mental health risk factors for Latina mothers in emerging immigrant states to inform treatment for this population. While the focus on racial and ethnic minoritized groups in the field of psychology has increased over the past several decades, critics argue that much of the extant research lacks generalizability due to the treatment of Latines as a homogenous group (Ponterotto, 1988; Ruiz et al., 2016). This study supports a concerted effort to move beyond inclusion towards a greater nuanced consideration of Latine mental health by acknowledging the lived realities of many Latine adults in the U.S. through the examination of how common stressors (i.e., parenting stress and acculturative stress) and contextual factors such as financial strain and geographical context (i.e., living in an emerging immigrant state as opposed to a traditional immigrant receiving site) impact mental health outcomes. Thus, the present study aimed to illuminate mental health outcomes in an understudied geographical context for Latines and examine the efficacy of the only parenting intervention created for Latine parents living in an emerging immigrant area.

Consideration of geographical context will become particularly important as the demographic landscape of the United States shifts over the next several decades. Even though all humans will be affected by climate change to varying extents, the disproportionate impact on many traditional immigrant receiving sites (i.e., Florida, Texas, California; U.S. Environmental

Protection Agency, 2021) will make these regions inhospitable to long-term residence. Therefore, it stands to reason that Latine communities will likely migrate to relatively stabler climate regions in the country and create more emerging immigrant areas over time, underscoring the need to understand mental health phenomena in this specific context.

Existing data gathered from 2006 to 2012 as a part of the LYFE-II study was used to answer the research questions. LYFE-II included a randomized controlled trial of *Nuestras Familias*, a Parent Management Training intervention that was culturally adapted for Latine families living in an emerging immigrant state. *Nuestras Familias* innovated previous Parent Management Training programs by being the only rigorously adapted parent management intervention designed for Latines in an emerging immigrant community to date (Martinez et al., 2021). LYFE-II strived to replicate the findings of the initial efficacy trial of *Nuestras Familias*, which was conducted during LYFE-I. While the *Nuestras Familias* intervention focused on increasing prosocial parenting practices and preventing maladaptive behaviors in Latine youth, the present study exclusively examined parental mental health constructs and tested whether the *Nuestras Familias* intervention significantly reduced parenting stress. The below hypotheses were tested in the present study.

1. Participation in *Nuestras Familias* will significantly reduce parenting stress from Time 1 (before intervention delivery) to Time 2 (end of intervention delivery) for Latine parents in the intervention condition compared to parents in the control condition.
2. Higher levels of parenting stress at T2 will be positively associated with higher depression at the six-months follow-up assessment after intervention termination (T3).

3. Higher levels of acculturative stress at T2 will be positively associated with higher depression at T3, but not above and beyond parenting stress at T2.
4. The hypothesized positive relationship between the stressors (i.e., parenting stress and acculturative stress at T2) and depression at T3 will be stronger in families with high financial strain at T3 relative to families with low financial strain.

Testing Intervention Effect for Parenting Stress

Contrary to expectations, *Nuestras Familias* did not significantly reduce parenting stress among Latina immigrant mothers when compared to a control condition that received services as usual. Possible explanations for the null effect will be presented.

Emotion versus Behavior

Nuestras Familias was originally designed to prosocially influence parenting practices, such as monitoring and disciplining, while also preventing negative youth outcomes, such as substance use and other antisocial behaviors. In essence, *Nuestras Familias* primarily targets externalizing behaviors (Martinez et al., 2021), which is different from focusing on emotions, such as parenting stress. The distinction between parenting emotion and parenting behavior is important because a difference exists between emotion-focused parenting interventions and behavioral parenting programs, being that most parenting interventions are one or the other or make an intentional effort to target both emotions and behaviors (Duncombe et al., 2016). Thus, it is possible that parenting stress, which measures an internal state or emotion and not an externalized behavior, may have been inappropriate as the sole measure used to capture *Nuestras Familias*'s efficacy.

In fact, *Nuestras Familias* has proven itself to be an efficacious intervention in the past. A recent efficacy study for the intervention that focused on behavioral measures revealed

significant, positive improvement in parental practices related to skill encouragement, homework engagement, and ineffective discipline related to their child (Martinez et al., 2021). Although effect sizes were in the small to medium range in that efficacy study, those findings are typical of Parent Management Training interventions (Martinez et al., 2021; Prado et al., 2008). Furthermore, the initial efficacy study of *Nuestras Familias* (i.e., LYFE I) also showed positive changes in general parenting, skill encouragement, and overall effective parenting (Martinez & Eddy, 2005). Previous research on *Nuestras* Familias suggests that while the intervention historically demonstrated efficacy in significantly improving parenting behaviors, the present study did not yield a significant intervention effect, possibly because parenting stress is rooted in emotion and not behavior.

In addition, the self-report nature of the parenting stress measure may have contributed to the null finding. Meta-analyses and large-scale projects have found weak correlations between self-reports and behavioral measures of the same construct (Dang et al., 2020). This suggests that if a behavioral measure associated with parenting stress (e.g., observation of parent and child interactions rated for parent characteristics) was used in addition to or instead of a self-report, significance may have resulted. As such, the previously mentioned limitations of the parenting stress measure used in the present study may help account for why *Nuestras Familias* did not significantly change parenting stress, despite demonstrating efficacy in changing parenting behaviors in prior studies (Martinez & Eddy, 2005; Martinez et al., 2021).

Cultural Considerations

Cultural characteristics common among Latines should also be examined to shed light on the lack of an intervention effect in the present study, possibly due to the presence of confounding variables related to cultural norms. Namely, there are Latine cultural characteristics

that render parenting disproportionately stressful for Latina mothers, especially for Latine families who ascribe to traditional cultural beliefs. These cultural parenting expectations that disproportionately affect Latina mothers may have been too strong to overcome with a parent management intervention that does not address Latine parenting gender dynamics.

The construct of motherhood for Latinas lives at the intersection of gender and family, given that *marianismo* and *familismo* influence Latine conceptions of what it means to be a "good" mother (Bermúdez et al., 2014). Marianismo is defined as the gender expectation for Latin American women to be acquiescent, self-sacrificing, and modest, which encourages them to support their family and sacrifice themselves in silent ways for the good of their children and partner (Falicov, 2014). Familismo is a value that encourages devotion to family and interconnectedness, at the expense of individualistic well-being (Falicov, 2014). While Latine gender roles are shifting, Latine immigrants are more likely to endorse traditional Latine cultural beliefs (D'Alonzo, 2012; Falicov, 2014), meaning that the present sample had a greater likelihood of endorsing these traditional gender role beliefs when compared to nonimmigrant Latinas. These cultural ideals may make motherhood stressful for Latina mothers who ascribe to these traditional cultural values because of the expectation to sacrifice yourself for your family, which may have counteracted any parenting support provided by the *Nuestras Familias* intervention. Unless the intervention tackled the cultural norms that place the responsibility of child rearing more acutely on Latina women, the intervention might not have been enough to decrease feelings of parenting stress among Latina immigrant women. Moreover, Latina mothers may even view their ability to manage the tension and stress resulting from mothering as a strength (Bermúdez et al., 2014), promoting a sense of resiliency and, therefore, not something that is necessarily negative or needs to be changed. It should be noted, however, that this analysis

of the null effect in reducing parenting stress by *Nuestras Familias* is speculation; participants' input regarding parenting gender dynamics were not obtained.

In addition, measurements of traditional cultural values related to family or gender were not incorporated as covariates into the present study, which may have been a missed opportunity to provide support for this theoretical argument regarding cultural barriers to reduced parenting stress for mothers. Furthermore, if fathers were included in the present study, we may have been able to see their parenting stress reduced because fathers are not subject to the same gender norms that expect them to sacrifice themselves in the same way as Latina mothers for child rearing. These conjectures would benefit from empirical testing in the future.

Time

In addition, it is important to consider the longitudinal nature of parenting stress when considering explanations for the null intervention effect. Intervention efficacy for parenting stress was examined pre and post-test, with the second time point being at the end of intervention delivery. It is possible that measuring parenting stress at the end of the intervention may not have been enough time to detect differences between the control and intervention group but measuring differences between T1 and T3 (six months following the end of intervention delivery) may have shown a latent effect. Parent Management Training interventions have previously demonstrated a delayed impact, as participants who received a parenting intervention in one study improved significantly in decreasing coercive parenting practices and increasing positive parenting practices during the 6-to-12-month time frame *after* intervention termination (DeGarmo et al., 2004). Those findings suggest that assessing intervention efficacy during that time frame may be more fruitful than measuring intervention efficacy immediately after intervention termination.

Furthermore, changes in maternal mental health can fail to manifest prior to the 30-month mark, possibly due to the delayed progression of effects when changing family systems (DeGarmo et al., 2004). Parenting interventions promote change through a sequential pattern of behavior in which a parent first learns to implement new parenting skills, which then promotes behavior change for their child. Thereafter, a period of consistent implementation must ensue in the family's structural environment to create longer-lasting change for the parent (DeGarmo et al., 2004). Because these changes do not occur simultaneously, it stands to reason that you may need a significant amount of time to witness a change to an emotional aspect of parenting, such as parenting stress, due to the downstream effect inherent in parent management training. In addition, other longitudinal parenting prevention trials have shown increases in effect sizes following the end of intervention delivery (Vitaro et al., 2001), reifying the idea that an intervention's impact can change over time and may provide some explanation for why parenting stress did not reduce immediately following the *Nuestras Familias* intervention.

Measurement Sensitivity

Alternatively, it is possible that reductions in parenting stress did occur due to the *Nuestras Familias* intervention but were not captured by the 5-point Likert scale used in the Hispanic Stress Inventory. Previous research suggests that 5-point Likert items may lack the sensitivity needed to ascertain a respondent's true evaluations, as evidenced by significantly higher response interpolations when compared to 7-point Likert scales (Finstad, 2010). In addition, 7-point scales have been shown to have higher reliability when compared to all other scales (Wakita et al., 2012). While practical reasons exist for choosing a 5-point scale over a 7-point scale, such as being able to administer a scale more easily when administered orally due to

fewer response options (Wakita et al., 2012), it may have obscured a small but significant intervention related effect.

Examining Parenting Stress, Acculturative Stress, and Depression

In line with both the second and third study hypotheses, parenting stress and acculturative stress were both positively associated with depression among Latina mothers. Thus, as mothers reported experiencing higher quantities of both stressors, they also endorsed higher levels of depression. As predicted, parenting stress contributed more unique variance to depression than acculturative stress. Existing research shows a well-established, positive relationship between acculturative stress and depression for Latine adults (Castillo et al., 2015; Cheng, 2022; Cheng et al., 2016; Corona et al., 2017; Crocket et al., 2007; Driscoll & Torres, 2013; Hovey, 2000; Kiang et al., 2010; Maiya et al., 2021; Rosario & Dillon, 2020; Rusch & Reyes, 2013). Extant literature for parenting stress and depression among Latines is more limited and mixed. No previous research examined how these variables contributed to depression together, presenting a unique contribution of the present study.

These findings addressed a secondary question underlying the primary study questions; does it make theoretical sense to continue focusing on parenting interventions to address parental depression, instead of interventions for acculturative stress? As noted earlier, while an abundance of parenting interventions exist, treatments for acculturative stress are limited. This study aimed to provide theoretical rationale for focusing on one stressor over the other to address depression, as no previous research known to date through an extensive literature review examined how those two constructs jointly contributed to depression. The present study's findings point to the fact that parenting stress does account for more variance in depression when compared to acculturative stress for Latina immigrant mothers, providing preliminary evidence for

prioritizing interventions that target parenting stress over acculturative stress. An important caveat, however, is that the positive relationship between parenting stress, acculturative stress, and depression showed a small effect size, according to Cohen's f^2 guidelines (Cohen, 1988). Therefore, the relationship between the variables is not highly meaningful and has limited practical applications. As such, definitive commentary about prioritizing parenting stress over acculturative stress cannot be made at this time. Continued investigation of these variables, as well as additional constructs, is warranted to better understand contributors of maternal depression in Latina mothers.

Despite the small effect size, the significant and positive relationship between parenting stress, acculturative stress, and depression reveals information regarding the longitudinal nature of stress, given the time points in the study. As the stressors in this relationship preceded the outcome variable by six months (i.e., stress at T2 had bearing on depression at T3 six months later), significant information regarding the downstream consequences of stress exists. Again, while these results have limited practical implications due to their effect sizes, this longitudinal relationship highlights an important theoretical consideration for future studies regarding the long-lasting effects of stress.

In addition, these findings should be situated within the unique geographic context of Oregon. Latines in Oregon represent about 12 percent of the entire state population, totaling almost half a million residents and comprising the largest ethnic minority group in the state (Garcia, 2022). Approximately 63% of Latines in Oregon were born in the United States and almost 85% are of Mexican origin (Garcia, 2022). While most of the sample in the present study was of Mexican origin and, thus, reflective of the ethnic makeup of Latines in Oregon, almost all the mothers in the present sample were immigrants. This appears to suggest that this sample is

not necessarily representative of most Latines in the state of Oregon but rather newly arrived immigrants. Therefore, the positive association between parenting stress, acculturative stress, and depression identified in the present study should not be generalized to most of the Latine population living in Oregon but rather immigrants from Mexico.

Assessing Financial Strain as a Moderator of Stress and Depression

Contrary to expectations, financial strain did not significantly moderate the relationship between parenting stress, acculturative stress, and depression for Latina immigrant mothers. Despite previous literature pointing to the prevalence and impact of financial strain on mental health outcomes for this population (Angel et al., 2003; Aranda & Lincoln, 2011; Camacho-Thompson et al., 2016; Chiriboga et al., 2002; Gómez et al., 2022; Harvard, 2020; Kendzor et al., 2010; Krause, 2012), the present study did not find evidence indicating that the higher financial strain experienced, the stronger the relationship between the stressors and depression for Latina immigrant mothers. Several possible explanations will be explored.

Gender Differences

Financial strain may have neglected to show a significant moderating effect on the relationship between the stressors and depression due to potential gender differences regarding the impact of financial strain among men and women. While some research indicates that women are impacted more by financial strain when compared to men (Falconier & Espstein, 2010; Falconier & Epstein, 2011; Rosenqvist et al., 2022), other studies show men experience more negative mental health outcomes due to financial strain (Reitzel et al., 2015) or no gender differences at all (Falconier & Jackson, 2020). As such, it stands to reason that while the women in the study did not experience financial strain as a moderator, assessing financial strain as a moderator of the relationship between stress and depression with a group of Latino men might

have produced significant results. The extant literature regarding gender differences with financial strain is mixed and inconclusive, highlighting the need to include all genders in analyses when examining financial strain as a moderator to detect possible significant effects. While it is important to examine how financial strain may be experienced differently among mothers and fathers, the present study did not include fathers in the analyses, which may have possibly occluded any significant result regarding the potential moderating role of financial strain on stress and depression.

Measurement

The measure of financial strain itself may have also restricted our ability to find significant effects, as distinct ways of measuring economic trouble may impact research findings (Gudmunson et al., 2007). Financial strain as a measure appraises cognitions related to financial concerns (i.e., the perception of strain resulting from expenses exceeding income), rather than objective measures of financial hardship, such as low socioeconomic status. The reason financial strain was used as a measure instead of an objective measure of financial difficulty is because perception of financial adversity may be more important than objective measures of economic struggle, as several studies demonstrate that financial strain, rather than objective measures of financial hardship, has a negative effect on well-being (Benson et al., 2003; Falconier & Jackson, 2020; Mistry et al., 2002). The present study, however, did not extend these findings, suggesting that the relationship between financial strain and negative mental health outcomes did not hold true when financial strain acted as the moderator and not the predictor of negative mental health outcomes. Future research may consider testing objective measures of financial problems or a combination of both objective measures and financial strain as the moderator to see if that has any bearing on results.

In addition, it is important to recognize that financial strain is just one component of overall financial well-being, which might have been a more encompassing construct to utilize in understanding the impact of finances on the relationship between parenting stress, acculturative stress, and depression. Brüggen and colleagues (2017) developed a concept of financial well-being that includes perception of one's financial situation, consideration of current and future finances, desired standard of living, and financial freedom (i.e., lack of pressure, stress, or worry due to financial constraints). This definition of financial well-being includes the concept of financial strain in the component regarding perception of finances, meaning that the present study only incorporated one aspect of overall financial well-being and provides an incomplete perspective on financial well-being. Therefore, while financial strain may have captured perception of one aspect of financial well-being, assessment of other important components related to overall financial well-being that may have counteracted financial strain are missing from analyses.

Specifically, financial optimism, which incorporates consideration of one's future standard of living and future financial well-being, has been shown to help people withstand financial stressors and remain hopeful in the face of economic downturn (White et al., 2021; White et al., 2022). It is possible that this aspect of financial well-being, or another component not included in the present study, may have buffered the effects of financial strain felt by mothers. Financial optimism may play an important role in the lives of Latine immigrants, as an important cultural strength of this population is *esperanza* or the enduring faith that even in difficult times, everything will turn out okay (Adames & Chavez-Dueñas, 2016). Furthermore, Latine immigrant parents tend to demonstrate strong hope regarding their financial futures through investment in their children by providing guidance, support, and motivation for

academic success (Hill & Torres, 2010; Raymond-Flesch et al., 2017), which suggests that the role of financial optimism should not be understated in overall financial well-being for this population. It may have been an important, missing element in understanding how financial circumstances potentially moderate the relationship between stressors and depression for Latina immigrant parents.

Social Comparison

In addition, social comparison should not be overlooked when attempting to explain why financial strain was a not a significant moderator. In his social comparison theory, Leon Festinger (1954) first asserted that people naturally compare themselves to other people, as part of an innate drive to self-evaluate. Human judgment is comparative by nature, as we evaluate something and then compare it to a standard (Kedia et al., 2014) and impacts the ways in which people interact with others and their environment. Research suggests that social comparison may act as a protective factor against stressors for immigrants, specifically aiding immigrants in dealing with marginalized identities (Abraído-Lanza et al., 2016). For example, among Latine adults in the U.S., Latine immigrants perceive less distress when facing acculturative stressors when compared to U.S.-born Latines because they use more dire circumstances in their country of origin as the standard of comparison for their lives (Schwartz et al., 2011). As Latina immigrant mothers comprised the study sample, it may be that despite experiencing financial strain, social comparison to other Latines experiencing financial adversity in the United States or extenuating financial circumstances in their country of origin protected participants from the potential enhancing role of financial strain as a moderator between stress and depression.

Negative Correlation

Even though financial strain at T3 was not a significant moderator of stress at T2 and depression at T3 in this study, it was significantly and negatively correlated with every study variable (r = -.16 with parenting stress at T1, r = -.14 with parenting stress at T2, r = -.21 with acculturative stress at T2, r = -.31 with depression at T3; see Table 2). These findings mean that as participants reported experiencing higher stress at T1 and T2, they also reported lower financial strain at T3. Given the fact that stress and financial strain were measured at two different time points and are correlational, not much can be discerned from these findings. These results, however, also show that as Latina immigrant mothers reported higher financial strain at T3, they also reported lower depression at T3. This significant correlation contradicts expectations, as it seems to suggest an inverse, albeit weak, relationship between financial strain and depression. Again, while this finding is correlational and, thus, limits the scope of interpretation, it does appear to suggest that the role financial strain plays in the mental health of the Latina immigrants in the present sample may contradict previous research that indicated a positive association between financial strain and depression.

Limited Range of Outcomes

It is also possible that while financial strain was not positively associated with depression and did not significantly moderate the relationship between stress and depression, the inclusion of other negative mental health outcomes may have resulted in different findings. Given that the present study used depression as the only negative mental health outcome, the scope of examination is limited to one internalized affective problem. A wider range of potential mental health challenges, including externalizing issues, may have helped significant findings to emerge.

Limitations

Several study limitations should be acknowledged. First, the interpretation of results was restricted due to a lack of gender diversity in the sample. Specifically, only Latina mothers were included in the statistical analyses due to low participation from fathers (n = 4) in LYFE-II. While fathers were excluded due to insufficient power to meaningfully draw conclusions about possible gender differences, their exclusion raises questions regarding whether their presence in the study would have resulted in a statistically significant decrease in parenting stress for the fathers who participated in *Nuestras Familias* and/or if financial strain would have been a significant moderator of the relationship between stress and depression for fathers.

Another limitation is that a preexisting dataset was used for the analyses. While this does not invalidate the study's findings, it does require the use of caution regarding the generalizability of the findings. Since the completion of data collection for LYFE-II (which was over a decade ago), the sociopolitical context in the United States has shifted drastically, including but not limited to the rise in political division; the election and ousting of the 45th president; continued racial unrest and mass protests; a precipitous rise in mass shootings; the COVID-19 pandemic; and heightened climate instability. As such, parenting and its associated mental health outcomes are now occurring in a different setting in the United States than when compared to the era in which data was collected. While it is true that many immigrants from Latin America leave their home country due to persecution, war, poverty, or violence (Dutt & Kohfeldt, 2019), which can render the previously mentioned changes in the United States negligible from the perspective of an immigrant who encountered more dire situations in their country of origin, the sociopolitical change in the U.S. over the last several years has negatively impacted mental health for immigrant women. Specifically for Latina immigrant mothers,

changes in sociocultural stressors within the past decade, such as more discrimination and acculturative stress following the presidential campaign of the 45th president, increased stress and anxiety for these mothers (Non et al., 2022). This appears to suggest that country of origin stressors used as comparisons did not inure Latina mothers from the resultant harm of a shifting sociopolitical environment. Furthermore, weakened social networks or a loss of community integration that manifested due to feared or actual deportation of family and friends have decreased protective factors for Latina mothers since the election of the 45th president (Non et al., 2022). Even though this line of research is emerging and we are only now beginning to understand the ramifications of the last decade, the changing context in the United States warrants consideration when interpreting the present study's findings. Thus, results from this project need to be considered in concert with the current sociopolitical climate in the U.S. compared to when data was collected and necessitates restraint when drawing conclusions.

A third limitation of the present study is that even though data was collected in an emerging immigrant state, this construct was not a variable in the study and, therefore, not manipulated to assess its impact. While this research project attempted to contribute to the dearth of studies that focus on Latines in an emerging immigrant state and help understand mental health outcomes in this specific context, it cannot necessarily clarify how being in an emerging immigrant context predicts or prevents mental health phenomena for Latines. In contrast, incorporating a dichotomous variable that indicated whether participants lived in an emerging immigrant area or not (i.e., employing a traditional immigrant receiving site as a comparison group) may have been able to provide more information on the effects of living in an emerging immigrant state and enrich the findings of the present study.

A fourth limitation concerns the lack of demographic information collected about this specific sample. To combat homogenous representations of Latines and highlight the diversity within the Latine population in the U.S., it is important to collect information regarding varying participant identities, such as disability, religion, race, and indigenous status. This information, however, was not collected as a part of the LYFE-II study and, thus, not integrated into the present study.

Finally, the study may have been overly focused on internal states (i.e., perception of stress, depression, and financial strain) and, thus, did not include behavioral measures. For example, one weakness in the study design is that no behavioral measures were used to capture possible intervention effects. The study may have been bolstered by including a parenting related behavior, in addition to parenting stress, to see if *Nuestras Familias* moved the needle on increasing prosocial parenting practices. Incorporating the use of secondary behavioral measures, in addition to the measures already included in the study, could have enhanced understanding of the study findings.

Strengths, Implications, and Future Directions

Strengths

While the present study had a handful of limitations, it also demonstrated several strengths. To the author's knowledge, this study was the first project to examine how two prevalent stressors in the Latine community (i.e., parenting stress and acculturative stress) jointly contribute to depression, a rampant mental health condition for Latine adults. Likewise, this project is the second study to examine financial strain as a moderator of a relationship between mental health predictors and a mental health outcome for Latine adults. To the author's

knowledge, no previous studies examined financial strain as a moderator of the relationship between parenting stress, acculturative stress, and depression in Latine adults.

In addition, this study contributed to the scant literature on Latines living in emerging immigrant areas. Despite the increased focus on Latines in psychological research over the past several decades, most research has focused on Latines in urban environments such as New York, Miami, or Los Angeles or Latines in traditional receiving immigrant states like Texas. Highlighting the importance of sociopolitical context in mental health outcomes and acknowledging the forthcoming population resettlement of Latines in our era of climate change, this study worked to increase visibility on this understudied and underserved population. Overall, the present investigation helped contribute to research regarding a marginalized community in the United States.

Implications and Future Directions

Numerous implications and future directions for research will be detailed by focusing on key research findings. First, the null intervention effect for parenting stress among participants who completed the *Nuestras Familias* intervention may have been due to a study design weakness in only including a variable that measured parental emotion, not behavior. Future projects should consider including both emotional and behavioral measures of the same construct to help elucidate potential intervention effects. Furthermore, the inclusion of covariates that measure cultural beliefs of participants that may impact parenting should also be prioritized in subsequent research, as parenting norms are culturally laden among Latines who ascribe to traditional cultural beliefs, including gender and familial beliefs such as *marianismo* or *familismo*.

The finding that both parenting stress and acculturative stress contribute significantly to depression importantly expands previous research on maternal depression among Latinas by showing that these stressors jointly contribute to this specific parental mental health construct in an emerging immigrant state. Previous research often conflated the two constructs of parenting stress and acculturative stress, but the present study treated them as separate entities and showed that both had bearing on depression. A need for greater understanding, however, exists regarding what else contributes to maternal depression among Latina immigrants, as the effect sizes were small. Therefore, more research is warranted to help clarify other contributing factors that help account for depression to better understand risk factors among Latina immigrant mothers in emerging immigrant states. Considering the negative impact of maternal depression on children (Calzada et al., 2019), it is imperative to continue targeting dimensions of parenting and how they relate to depression for Latina mothers. In addition, more research needs to be conducted on Latines who do not identify as parents. As birthrates among Latines continue to decline (Alvira-Hammond, 2019), it will be important to know more about the mental health outcomes and possible routes of intervention for Latines who would not benefit from parenting interventions.

In response to the fact that financial strain did not act as a significant moderator for the relationship between parenting stress, acculturative stress, and depression among Latina immigrant mothers in an emerging immigrant state, future examinations of financial adversity should consider using constructs that capture a more complete snapshot of a person's financial situation. For example, instead of only including financial strain as a moderator, a more robust variable (such as financial well-being) can potentially yield significant results regarding how financial situations moderate mental health outcomes for Latina mothers. Furthermore, future research needs to include both mothers, fathers, and non-binary parents, as the extant literature

points to the fact that gender impacts the experience of financial well-being (White et al., 2022). In addition, the associations between financial strain, stress, and depression for Latina immigrants living in an emerging immigrant state should be assessed again to help better understand if the present study's correlations involving financial strain can be replicated or not, which may impact our understanding of financial strain in an understudied context with an under-researched population. A wider range of negative mental health outcomes should also be incorporated, in addition to the internalized affective problem of depression, to improve the possibility of capturing how finances impact mental health problems for Latines.

Furthermore, future studies featuring Latine communities should gather specific demographic information about participants, such as disability, racial, religious, and indigenous status. Collecting racial identification information in particular should be prioritized. While the present study was not necessarily limited by the lack of information regarding the racial identities of its Latine participants, results may have been augmented by the inclusion of participants' racial backgrounds, as all Latines live a racialized experience. This small but important recommendation stems from an attempt to center Blackness and indigeneity in Latine psychology, a practice suggested by Adames and colleagues (2021). In much of the existing research that focuses on Latine populations, ethnicity or country of origin is included but race does not receive mention. Neglecting to include racial identification among Latine participants perpetuates the "fallacy of a raceless Latinidad" and myth that race does not matter among Latine Americans (Adames et al., 2021, p.1). Given that Latines run the gamut when it comes to race, including Black, White, Asian, indigenous, and mixed raced, the practice of collecting data on racial background and identity helps fight against the erasure of the most marginalized Latines, such as Black and indigenous Latines.

Finally, in expanding research on emerging immigrant states, future work should consider the effects of ethnic enclaves in states like Oregon, given that the level of support and resources in an emerging immigrant state may vary depending on where immigrants reside. For example, Latines in Oregon are more heavily concentrated in certain geographic locations (e.g., Woodburn, OR) when compared to other parts of the state that do not have as established and robust of a Latine enclave (e.g., Springfield, OR). Assessing the impact of these enclaves may help clarify the role of financial strain in emerging immigrant states, as these communities have shown improved labor market conditions for newly arrived immigrants (Schüller & Chakraborty, 2022). It may be possible that living in an ethnic enclave in an emerging immigrant state may have bearing on financial strain as a potential moderator due to either increased employment opportunities or increased social support. The present study, however, did not take into consideration the role of ethnic enclaves in mental health outcomes. To continue taking a nuanced approach to research with Latines, the assessment of enclaves within emerging immigrant states can be a meaningful next step in future research.

Conclusion

This study provides insight into one of the few culturally adapted, evidence-based parenting interventions tested on Latine families living in an emerging immigrant area. This study also ascertained, albeit with small effect sizes, contributors to maternal depression for Latina immigrants living an in emerging immigrant state. Considerations for how to improve on the incorporation of participants' financial realities were also presented. Furthermore, the previously mentioned cultural information that is missing from the present work and posited as possible explanations for the study's null findings serves as a reminder to attend to these critical pieces of information when working with Latine samples. Incorporating cultural information

regarding Latine participants (e.g., level of endorsement of gender scripts, familismo, marianismo, etc.) can aid researchers in enriching their findings and help dynamically move forward the body of research regarding Latina immigrant mothers living in emerging immigrant states.

APPENDIX

MEASURES

Parental Stress Subscale of Hispanic Stress Inventory

Please circle on your answer sheet whether the following situations have occurred to you during the last 3 months. Then if it did occur to you, indicate how worried or tense the situation made you feel. If the situation did not happen to you, circle "no" on your answer sheet and skip to the next question. Remember there is no right or wrong answer so try and be as honest as you can.	**1- Not at all worried/tense** **2- A little worried/tense** **3- Moderately worried/tense** **4- Very worried/tense** **5- Extremely worried/tense**
1. I have seen my son/daughter behave delinquently.	**1 2 3 4 5**
2. My children have been influenced by bad friends.	**1 2 3 4 5**
3. I have thought that my children used illegal drugs	**1 2 3 4 5**
4. My children have been drinking alcohol.	**1 2 3 4 5**
5. I have thought a lot about the fact that my son/daughter left home to live independently.	**1 2 3 4 5**
6. Because of American ideas about children, it has been difficult for me to decide how strict to be with my children.	**1 2 3 4 5**
7. I have thought that my children want their independence before they are ready.	**1 2 3 4 5**
8. My children have not respected my authority the way they should.	**1 2 3 4 5**

9. I have thought that my children were not receiving a good education.	**1**	**2**	**3**	**4**	**5**
10. I have felt that my children's ideas about sexuality are too liberal.	**1**	**2**	**3**	**4**	**5**
11. My children have talked about leaving home.	**1**	**2**	**3**	**4**	**5**
12. My children have received bad school reports (or bad grades).	**1**	**2**	**3**	**4**	**5**
13. My children have seen too much sex on television or at the movies.	**1**	**2**	**3**	**4**	**5**

(Cervantes et al., 1991)

Immigration Stress Subscale of Hispanic Stress Inventory

Please circle on your answer sheet whether the following situations have occurred to you during the last 3 months. Then if it did occur to you, indicate how worried or tense the situation made you feel. If the situation did not happen to you, circle "no" on your answer sheet and skip to the next question. Remember there is no right or wrong answer so try and be as honest as you can.	**1- Not at all worried/tense** **2- A little worried/tense** **3- Moderately worried/tense** **4- Very worried/tense** **5- Extremely worried/tense**
1. I have felt unaccepted by others due to my Latino culture.	**1 2 3 4 5**
2. Because I do not know enough English, it has been difficult for me to interact with others.	**1 2 3 4 5**
3. I have not been able to forget the last few months in my home country.	**1 2 3 4 5**
4. I have been discriminated against.	**1 2 3 4 5**
5. Because of my poor English, people have treated me badly.	**1 2 3 4 5**
6. Due to problems in understanding English, I have had difficulties in school.	**1 2 3 4 5**
7. I feared the consequences of deportation.	**1 2 3 4 5**
8. Because I am Latino, I have had difficulty finding the type of work I want.	**1 2 3 4 5**
9. My legal status has limited my contact with family or friends.	**1 2 3 4 5**
10. I have felt that I would never regain the status and respect that I had in my home country.	**1 2 3 4 5**

11. I have avoided immigration officials.	**1**	**2**	**3**	**4**	**5**
12. I have thought that if I went to a social or government agency, I would be deported.	**1**	**2**	**3**	**4**	**5**
13. Because I do not know enough English, it has been difficult to deal with day-to-day situations.	**1**	**2**	**3**	**4**	**5**
14. I have not been able to forget about the war-related deaths of friends or family members.	**1**	**2**	**3**	**4**	**5**
15. I have felt guilty about leaving family and friends in my home country.	**1**	**2**	**3**	**4**	**5**
16. I have been questioned about my legal status.	**1**	**2**	**3**	**4**	**5**
17. I have had difficulty finding legal services.	**1**	**2**	**3**	**4**	**5**
18. I have felt pressured to learn English.	**1**	**2**	**3**	**4**	**5**

(Cervantes et al., 1991)

Center for Epidemiological Studies-Depression (CES-D)

Circle the number for each statement that best describes how often you felt this way DURING the past WEEK.	**0- Rarely or none of the time (less than 1 day)** **1- Some or a little of the time (1-2 days)** **2- Occasionally or a moderate amount of time (3-4 days)** **3- Most or all of the time (5-7 days)**
1. I was bothered by things that usually don't bother me.	**0 1 2 3**
2. I did not feel like eating; my appetite was poor.	**0 1 2 3**
3. I felt that I could not shake off the blues even with help from my family or friends.	**0 1 2 3**
4. I felt that I was just as good as other people.	**0 1 2 3**
5. I had trouble keeping my mind on what I was doing.	**0 1 2 3**
6. I felt depressed.	**0 1 2 3**
7. I felt that everything I did was an effort.	**0 1 2 3**
8. I felt hopeful about the future.	**0 1 2 3**
9. I thought my life had been a failure.	**0 1 2 3**
10. I felt fearful.	**0 1 2 3**

11. My sleep was restless.	**0 1 2 3**
12. I was happy.	**0 1 2 3**
13. I talked less than usual.	**0 1 2 3**
14. I felt lonely.	**0 1 2 3**
15. People were unfriendly.	**0 1 2 3**
16. I enjoyed life.	**0 1 2 3**
17. I had crying spells.	**0 1 2 3**
18. I felt sad.	**0 1 2 3**
19. I felt that people disliked me.	**0 1 2 3**
20. I could not "get going."	**0 1 2 3**

(Radloff, 1977)

Ability to Afford Needs Scale

At the present time:	**0- No** **1- Yes** **2- Sometimes yes, sometimes no**		
1. Are you able to afford a home that is large enough and comfortable enough for your family?	**0**	**1**	**2**
2. Are you able to afford furniture or household equipment when it needs to be replaced?	**0**	**1**	**2**
3. Are you able to afford the kind of car you need?	**0**	**1**	**2**
4. Do you have enough money to afford the kind of food your family should have?	**0**	**1**	**2**
5. Do you have enough money to afford the kind of medical care your family should have?	**0**	**1**	**2**
6. Do you have enough money to afford the leisure activities that your family wants?	**0**	**1**	**2**
7. Is it difficult to make monthly payments on your bills?	**0**	**1**	**2**

(Oregon Social Learning Center, 2005)

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