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NURSING INTERVENTIONS TO DECREASE DEPRESSIVE AND ANXIOUS
SYMPTOMS IN HISPANIC AMERICAN YOUTH

by

VANESSA DEL CARMEN HERNANDEZ

A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Nursing
in the College of Nursing
and in the Burnett Honors College
at the University of Central Florida
Orlando, Florida

Spring Term, 2023

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ABSTRACT

Introduction: Hispanic-American youth are less likely to receive mental health services despite being at increased risk for depression and anxiety. Having depression and anxiety at a young age can have detrimental long-term effects such as sexual risk behavior, delinquency, and suicide. Various kinds of nurses interact with this age group which can be a missed opportunity to intervene for the welfare of these youth. Interventions exist for depression and anxiety; however, they are not specific to nurses who care for young Hispanic-American patients. Methods: An integrative literature review was performed to identify nursing interventions for Hispanic American youth with depression and anxiety. Inclusion criteria included English language, academic journal articles from 2000 to 2022, and addressing interventions for Hispanic American children and youth with depression and anxiety. Results: The nursing interventions identified in the review of the literature were found to decrease feelings of anxiety and depression and have significant positive impacts on Hispanic-American youth. Discussion: Education, role play, coping skills, and ways to express emotions were the interventions that impacted depression and anxiety symptoms. Suggestions were made on applying them to nursing practice and future research.

DEDICATION

To my sister and best friend Maria, thank you for being my emotional support, sounding board, and my partner in crime. All our little adventures brighten up my days no matter how simple they may seem to someone else.

To my mom and dad for sending me endless love and being patient with my schedule.

To my dog Mina, for being the best cuddle buddy.

Lastly, to my cousin Kamila, this is for you, I love you angel.

ACKNOWLEDGEMENTS

Thank you to my thesis chair, Dr. Desiree Diaz, for being my guide through this process and always having her office door open for me. Thank you to Dr. Valerie Martinez for being my committee member. Thank you all for believing and having faith in me.

Thank you to the Burnett Honors College and the College of Nursing for this opportunity.

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INTRODUCTION

Problem

Hispanic American youth report the highest rates of depressive symptoms among the racial and ethnic groups in the United States and experience higher rates of anxiety (Kann et al., 2018; Georgiades et al., 2018; The Centers for Disease Control and Prevention [CDC], n.d.). Racial/ ethnic discrimination, low socioeconomic status, intergenerational conflict, language barriers, and acculturative stress have all been cited as contributors to this issue (Garcia & Saewyc, 2007; Cotter & Jones, 2020; Edwards et al., 2014; CDC, 2022; Zeiders et al., 2015). Identifying interventions to prevent and treat depressed or anxious Hispanic American youth early is imperative, as lack of treatment can lead to serious consequences such as: worsened academic performance, social and behavioral problems, delinquency, substance abuse, suicidal ideation, and suicide attempts (Peña et al., 2012; Guo et al., 2019). Thus, the focus of this thesis was nursing interventions for Hispanic- American youth with depression or anxiety.

Suicide-related behaviors have been demonstrated by forty percent of Hispanic high schoolers in the United States who reported feeling persistently sad or hopeless (CDC, n.d.). Twenty-five percent of the youth population in the United States are Hispanic American (Lopez et al., 2018). Despite a CDC report that depressed and hopeless feelings have increased in American high schoolers, Hispanic American youth are still less likely to receive the mental health services they need (CDC, n.d.; Georgiades et al., 2018).

Cultural Considerations

Hispanic Americans face culturally specific issues. These issues have been explored with the aim to assist the Hispanic American youth with navigating those issues themselves. Hispanic American youth experience the same challenges as their non-Hispanic counterparts with added challenges of acculturation which is a particular struggle for recent immigrants (Zeiders et al., 2015). Acculturation is the process by which individuals from one culture adapt to and potentially adopt the social or cultural norms of another more mainstream culture (Abraído-Lanza et al., 2016). The lack of conversations and stigma around mental illness in Hispanic communities combined with social determinants of health, and socioeconomic standing, have lessened Hispanic American youth's access to adequate mental health services (Mental Health America, n.d.; CDC, 2022). Hispanic American youth are also tasked with forming a bicultural identity where they are expected to adopt American values while retaining their Hispanic heritage (Garcia et al., 2013; Wasserman et al., 2021). This often leads to bicultural stress that is compromised by acculturative and enculturative stress (Wasserman et al., 2021). Enculturation is the process by which individuals adapt to or adopt their own, often ethnic cultural norms (Knight et al., 2009). Acculturative stressors are pressures to conform to mainstream norms and struggling to learn English. Enculturative stressors are familial pressure to retain cultural values and inability or difficulty speaking Spanish (Zeiders et al., 2015). These stressors combined magnify the issues Hispanic American youth experience.

Gender-specific issues are also prevalent within the Hispanic-American community. Latina-American adolescents report having the highest rates of depressive symptoms of all female populations; there have also been correlations between acculturation leading to eating disorders (Lawton et al., 2018; Anderson & Mayes, 2010). Machismo and marianismo are

gender-specific roles that exist in Hispanic culture. Machismo promotes masculinity and traditional beliefs, including the belief that men are dominant over women. Marianismo defines women as submissive, self-silencing, and putting their family above everything else (Nuñez et al., 2016; Piña-Watson et al., 2013). Nuñez et al. (2016) found that factors such as machismo and marianismo are associated with depressive and anxious symptoms. These gender roles are often a source of intergenerational conflict within the families of Latina-American youth that lead to depressive symptoms. The source of the conflict is the slower acculturation of the family than the Latina-American (who experiences more liberal values in American school settings) (Piña-Watson et al., 2013).

BACKGROUND

Nurses in the United States have a diverse population of patients. The youth population is defined as childhood through adolescence, Hispanic American youth is one of the fastest-growing populations. A twenty percent increase in the last decade has been documented (Lopez et al., 2018). Several types of nurses interact with this age group (i.e., school nurses, outpatient primary care nurses, inpatient nurses, community health nurses, etc.). Different types of nurses perform distinctive duties to improve the health of American youth (i.e., in-patient nurses helping ill youth, outpatient nurses providing preventative care, community health nurses improve communal health, etc.). One encompassing component of these diverse nursing roles is holistic care. Nurses provide holistic care for their patients, which means that they treat more than the patient's illness; they treat the whole patient. The holistic care given by pediatric nurses is unique since it includes caring for the caregiver and involving them in treating a patient's illness. It is no different in mental illness treatment.

Mentally ill Hispanic American patients pose a unique challenge for nurses as their problems can be distinctive to their culture. A 2017 United States Department of Health and Human Services (HHS) analysis found that only 5.7% of registered nurses in the United States are Hispanic, while 73.5% are White. There can be language barriers that may hinder the nurse from providing culturally competent care (Sobel & Metzler, 2016). The availability of interpreters differs between health facilities, and even when they are available, whether they are trained interpreters or not affects the quality of care (Calo et al., 2015). Hispanic American patients tend to have a lower health literacy which may be due to poor communication (even with English-speaking patients) in previous healthcare experiences. Poor communication leads to perceived discrimination which causes these patients to feel distrustful of healthcare workers (Amirehsani

et al., 2017). It is a missed opportunity for nurses not to intervene in the emotional well-being of Hispanic American youth. It is clear interventions have been used with depressed youth. However, the studies were typically conducted by psychiatrists, psychologists, or other trained personnel, not nurses. Thus, the review will be about studies that include interventions within the nursing scope to help treat anxiety and depression.

Operational definitions

Operational definitions for Hispanic or Latino/ Latina is defined as a person of Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish culture irrespective of race (CDC, 2015); youth ages five to eighteen within the Hispanic community will be referred to as Hispanic-American youth. The term Latina American youth will be used when referring to female youth specifically. The gender-neutral term Latinx is being purposely omitted because of the discourse within the Hispanic community about its use and meaning (Noe-Bustamante et al., 2020).

PURPOSE

The purpose of this thesis is to present a literature review of research over the last twenty-two years to identify practices nurses can implement for depressed or anxious Hispanic-American youth. The overall aim is to find nursing interventions that can improve or prevent depression and anxiety in these youth which may help lessen the existing health disparities.

METHODS

The Cumulative Index of Nursing and Allied Health Literature (CINAHL) Plus with Full Text, APA PsycInfo, and MEDLINE databases were utilized to find relevant peer-reviewed academic journal articles and studies. The inclusion criteria consisted of articles published in English, full text available, and published in an academic peer-reviewed journal between 2000 to 2022. Articles were excluded if they did not address interventions for Hispanic American children and youth with depression and anxiety.

Search terms included: Hispanic Americans (also Hispanic American*, Mexican Americans, Mexican American*, Mexican-American, Puerto Rican*), latina* "United States" (also latino* "United States"), depression (also depressi*), adolescence (also adolescen*, teen* or youth), anxiety (also anxiety disorders and anxiety), intervention*, therap*, and nurse*. A total of 216 results came from the database search, of which 75 results were excluded, prior to screening for being duplicates or not meeting the inclusion criteria. One hundred forty-one articles were screened by their title and abstract, which led to one hundred nineteen articles being excluded. Twenty-two articles underwent a full-text review, which resulted in ten articles from the original database search for an integrative review of the literature (see PRISMA diagram) of the literature selection method. See Table 1. For details.

RESULTS

Eleven studies included interventions for nurses to better care for depressed or anxious Hispanic-American youth. Six studies were randomized controlled trials, and three were quasi-experimental studies. Of the eleven studies, only one solely had nurses providing the intervention, pointing to the importance of researching this further. School-based interventions comprised many studies and yielded positive results on Hispanic-American youth. A few of the studies were not school-based and took place in a variety of settings (i.e., outpatient clinics, Zoom, participants' homes, etc.). The school-based and non-school-based interventions primarily focused on role-play, psychoeducation, coping skills, and talking about emotions to lessen depressive and anxious symptoms. Hispanic cultural elements were uniquely woven into most interventions. The positive impact of caregiver inclusion on depressive and anxious symptoms was also highlighted in several studies.

In a 2016 study, two hundred forty-two Hispanic American youths (aged twelve to seventeen) and their primary caregivers were randomized into the Family Unidas intervention or the control group (Perrino et al., 2016). Researchers led eight multiparent sessions where the parents learned and practiced active listening and providing support (through role-play). There were four subsequent at-home sessions where the researchers had the parents use the skills they learned on their children. The control group was offered and referred to standard care services within the participants' communities. Parents completed assessments at baseline and six- and twelve months post-baseline. These assessments found that internalizing symptoms (depressive and anxious symptoms) were lower in the intervention group compared to the control group. The Family Unidas group also had increased parent-child communication (Perrino et al., 2016).

A similar study was done by the same researchers built on the Family Unidas intervention by integrating specific Hispanic cultural issues (i.e., acculturation) into the sessions (Perrino et al., 2016). Two hundred thirteen Hispanic eighth graders with behavioral problems and their primary caregivers were randomized into the Family Unidas intervention group and control group. Intervention facilitators led nine parent group sessions that focused on positive parenting, healthy family relationships, and risks for sexual risk behavior and substance abuse. The Family Unidas intervention also included ten family sessions. Post baseline, there were four additional family sessions at ten, sixteen, twenty-two, and twenty-eight months. The control condition group was referred to three agencies in the participants' area that serve youth with behavioral problems. The Hispanic American youths and their caregivers completed assessments at baseline and six-, eighteen-, and thirty months post-baseline. Results from the assessments showed that the Family Unidas intervention reduced internalizing symptoms more than the control group and fostered better parent-adolescent communication. Post-baseline assessments found that improved parent-adolescent communication reduced externalizing symptoms (i.e., anger), which improved internalizing symptoms over time (Perrino et al., 2016).

The Mindfulness-Based Stress Reduction for Teens curriculum, which included mindfulness practices, didactic presentations, and at-home mindfulness assignments, was used in a study of twenty middle school-aged Hispanic-American youth (Edwards et al., 2014). There was no control condition as this was a pilot study. The study aimed to evaluate how effective mindfulness groups are in this specific population. The aforementioned curriculum was done over eight sessions and included experiential mindfulness practices. The didactic presentations centered around education on dealing with various stressors and allowing participants to express their emotions about that week's topic or exercise. The Hispanic American youths were given a

pre-pretest (two weeks before the pretest), a pretest, and a post-test (eight weeks after the pretest). The results from the first assessments showed no difference between the pre-pretest and the pretest results. In the post-test, a decrease in perceived stress and depression scores and an increase in self-compassion and mindfulness were found (Edwards et al., 2014).

A curriculum geared towards one gender can also have positive outcomes and be beneficial for the care of Hispanic-American youth. Garcia et al. (2013) randomized forty-two Latina-American youths from two neighboring high schools in the control condition or the Project Wings intervention condition. Project Wings Girls' Group is a school-based program meant to improve the mental health of Latina American youth. The intervention included sixteen sessions and one booster session three months postintervention of building coping skills, mind-body exercises, and sharing circles to articulate the struggles they are facing. The control condition group received a similar program that educated on and encouraged healthy living and included activities such as movies and crafts. The control condition avoided information about coping, mental health, and stress. Self-report surveys were administered to the participants at baseline, mid-intervention, postintervention, three months postintervention, and nine months post-intervention. The results of these assessments found that Latina-American youths reported decreased feelings of depression and perceived stress (Garcia et al., 2013).

Although the study was not specific to solely Hispanic-American populations, Lewis et al. (2013) implemented Positive Action over six years to examine the mental health outcomes over time in American youth (the majority of the populations were African American and Hispanic-American youth). Positive Action is a school-based educational program focusing on health promotion and social-emotional learning. Fourteen Chicago public schools were chosen to participate in the study, with seven schools having the Positive Action intervention and seven

schools being randomized into the control condition. The 1170 children who were part of the study were in third grade and were continuously assessed until they reached eighth grade. Implementation of the Positive Action included one hundred forty lessons taught four days a week for children in kindergarten to sixth grade; seventh and eighth graders received seventy lessons for two days a week. Positive Action is centered around six concepts: positive actions for mind and body, positive actions for getting along with others, self-concept, continual improvement, management, and honesty with oneself. The curriculum focused on motivating participants to increase their self-esteem while teaching about prosocial behavior and self-control. Family, counselor and teacher training was provided, and the importance of positive actions was emphasized through school-wide assemblies and posters. The control condition had no Positive Action interventions. Students completed surveys in eight waves throughout the six-year study. The results from these surveys demonstrated that students at the Positive Action intervention schools had higher levels of positive affect as well as fewer depressive or anxious symptoms (Lewis et al., 2013).

Rapp-Paglicci et al. (2011) demonstrated that artistic interventions aimed at at-risk Hispanic-American populations could be effective. Their intervention, the Prodigy cultural arts program, was an eight-week program that taught self-regulation skills to Hispanic American youth (primarily ones that had been adjudicated in the juvenile court system). There was no control condition. Three types of self-regulation skills were taught: social skills, anger management, and problem-solving skills were taught through visual, performing, musical, media, and theatre arts. The participants in the study, aged twelve to eighteen years old, completed a pretest at baseline and a post-test two months later. The results of the post-test found

that the Prodigy intervention was effective in decreasing depressive and anxious symptoms. As family functioning, attendance and self-efficacy improved, discipline referrals decreased.

Providing opportunities for mental health services in primary care settings may benefit Hispanic American youth. Brent et al. (2020) conducted a randomized controlled trial using Brief Behavioral Therapy (BBT) for anxiety and depression in nine primary care practices. BBT combines exposure for anxiety and behavioral activation for depression. The participants were one hundred eighty-five youths aged eight to seventeen (the population did not solely include Hispanic American youth) who met the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV criteria for anxiety and depression and spoke English. BBT was delivered in eight to twelve weekly forty-five-minute sessions over sixteen weeks. BBT sessions consisted of psychoeducation on anxiety and depression, relaxation techniques, problem-solving skills, practice approaching situations, and an in vivo trip to a mall to further practice facing anxiety-inducing situations. The control group had Assisted Referral to Care (ARC), an evidenced-based approach to increase adherence to mental health referrals. In ARC, research coordinators called the participants' caregivers about a referral to services and how to access them. Coordinators later followed up to encourage adherence and assist the parents with any obstacles they faced to get the participants treatment. A baseline assessment was completed at the primary care office, and subsequent assessments at eight, sixteen, twenty-four, and thirty-two weeks were completed over the phone. These assessments found that the BBT group had a higher treatment response and functioning than the ARC group. Post hoc, BBT had a significant effect on anxiety symptoms but not on depressive symptoms. The BBT group did show a reduction in depressive symptoms, but it was not superior to the decrease in the ARC group. Ethnicity also affected the results. Hispanic American youth showed a much larger response to BBT than ARC, and

Hispanic American youth had a much lower response to ARC than their non-Hispanic counterparts.

Interventions that target trauma also have the potential to increase the emotional well-being of Hispanic Americans. Orengo-Aguayo et al. (2022) conducted a study in Puerto Rico (later through video conference due to the COVID-19 pandemic) where researchers gave Trauma Focused Cognitive Behavioral Therapy (TF-CBT) to fifty-six Puerto Rican children (aged five to eighteen) who had experienced a traumatic event or were experiencing post-traumatic stress disorder (PTSD). TF-CBT has nine components known as PRACTICE: psychoeducation, parenting skills, relaxation skills, affective modulation skills, cognitive presenting skills, trauma narration and processing, in-vivo mastery of trauma reminders, conjoint child-parent sessions, and enhancing future safety and development. Individual TF-CBT sessions were delivered weekly over a year and comprised participant, caregiver, and participant-caregiver sessions. Participants and their caregivers completed a baseline assessment that included a clinical interview and a questionnaire. The same questionnaire was given to the participants and caregivers at the end of treatment. The questionnaire results found that participants had decreased post-traumatic stress, anxiety, and depressive symptoms, with caregivers and participants reporting the same findings.

A curriculum that addresses physical and mental health may be advantageous in improving the emotional welfare of Hispanic American youth. A randomized controlled trial using the COPE (Creating Opportunities for Personal Empowerment) Healthy Lifestyles TEEN (Thinking, Emotions, Exercise, and Nutrition) program (COPE/TEEN) intervention that utilizes principles of cognitive behavioral therapy (CBT) was conducted by Melnyk et al. (2009). The participants in the study were nineteen Hispanic American youths aged fourteen to sixteen in two

health classes at the same high school. The COPE/ TEEN intervention consisted of fifteen sessions that featured educational information about healthy lifestyles, cognitive behavioral skills building, creating a healthy lifestyle, strategies to build self-esteem, stress management, setting goals, effective communication, nutrition, and physical activity. The COPE/ TEEN program was delivered two to three days a week during the nine-week health class. The control condition did not incorporate physical activity, but they did receive pedometers. The control group received education on adolescent health topics not covered by the COPE/ TEEN intervention, namely first aid, acne, safety, and information about health professions. Participants completed preintervention and postintervention assessments that measured participants' beliefs, feelings, knowledge on healthy living, and laboratory work (high-density lipoproteins (HDLs), low-density lipoproteins (LDLs), hemoglobin A1C, and triglycerides). The results of these assessments found that participants in the intervention condition were less anxious and depressed and more dedicated to having a healthy lifestyle. The control group reported no change in anxiety or depressive symptoms. However, they also reported feeling more dedicated to having a healthy lifestyle. Overweight members of the intervention group had an increase in HDLs and a decrease in triglycerides.

An approach that combines various interventions may prove effective in improving the mental health of Hispanic-American youth. Guo et al. (2017) did that through a quasi-experimental study on a classroom-based Emotional Health Curriculum (EHC) that combines cognitive behavioral therapy and mindfulness skills through a nursing care approach. The participants in the study were one hundred and two third and fourth-graders from a dual-immersion Spanish-English school (that were mostly Hispanic). The participants attended EHC sessions once a week for eight weeks, with each session lasting about forty-five minutes. The

eight sessions were about emotional awareness, body signals (of emotional distress), negative and positive self-talk, deep breathing, mindfulness exercises, action steps, and steps to friendship. The participants learned to identify their emotions with words in English and Spanish and participated in role-play or small group activities based on scenarios relevant to their school lives (i.e., trying out for a school play and test anxiety). Participants and their four teachers completed a pre-intervention questionnaire at baseline and a post-intervention at the end of the eight weeks. The results of these questionnaires found that participants reported decreased anxiety and depressive symptoms, and most of them enjoyed the EHC intervention. The teachers reported decreased depression in at-risk participants and observed that their students utilized skills they acquired (i.e., mindfulness exercises, deep breathing, etc.) to manage their emotional distress.

Culturally relevant storytelling in a school setting may have the ability to connect with Hispanic American youth and lessen their anxieties. Ramirez et al. (2009) employed a cuento therapy intervention on fifty-eight Mexican American third graders who failed an exam that decided whether the children could pass onto the next grade (and were in a summer school program as a result). Cuento therapy is an intervention that consists of reading stories aloud, role-playing events from the stories, and discussing the personal significance of role-playing. Cuentos are Spanish language folktales; the folktales chosen by the researchers centered around Mexican or Mexican American protagonists. All the study participants were in a summer program that used a drill and practice technique to promote the mastery of the skills needed to pass the aforementioned exam. The participants in the Cuento Therapy intervention group would leave the summer program classroom to attend twelve one-hour sessions, while those in the control group would stay behind. Sessions included a circle time format to increase participants'

self-esteem and comprised of the researchers reading the story in English and again in Spanish while showing the pictures to the children. Researchers would then ask the participants questions about the folktale in a similar style to how questions were asked in their classrooms.

Subsequently, the children role-played the main characters and events in the story and discussed the importance role-play has for them. Participants completed a pretest and posttest. The results of these assessments found that the intervention group had increased self-esteem and decreased physiological anxiety levels compared to the control group. It was also found that the control group had increased physiological anxiety levels.

DISCUSSION

Current research demonstrates that there are a number of interventions that decrease symptoms of anxiety or depression in Hispanic-American youth. Interventions presented in the literature review have been shown to improve parent-child communication (Perrino et al., 2016; Perrino et al., 2016), reduce stress (Edwards et al., 2014; Garcia et al., 2013; Orengo-Aguayo et al., 2022), increase positive affect (Lewis et al., 2013), and increase self-esteem (Ramirez et al., 2009). Whether it be through psychoeducation, trauma processing, or expressing themselves through creative means, numerous interventions can aid this population. The various studies allowed for diverse Hispanic-American youth populations to be represented: at-risk youth, immigrants, Puerto Rican youth, and different pediatric populations (early childhood to adolescence).

Some studies' interventions were found to lessen anxiety symptoms but not depressive symptoms and vice versa. Other studies found positive results for both depressive and anxious symptoms. This may show that specific interventions do well at targeting internalizing symptoms as a whole, while other interventions are better at targeting one or the other. It also suggests that interventions should be implemented while considering whether the population has anxious symptoms, depressive symptoms, or both. The population's pediatric age and cognitive level should also be considered upon implementation of interventions. Many of the studies were directed toward specific pediatric age ranges, and interventions were adapted to the cognitive level of the population. A few of the studies' populations included more than just Hispanic American youth as participants or did not have interventions focused on cultural elements for Hispanic Americans. However, they provided significant results for Hispanic-American youth. This may be because the interventions in those studies focus on aspects of emotional wellness

that prevent anxiety and depression. It may also be due to these interventions having similarities to the interventions in the studies that only have Hispanic American youth as their participants, except the cultural element was excluded. Nonetheless, positive impacts on Hispanic American youth's internalizing symptoms were demonstrated in these studies. Most of the studies included interventions that integrated cultural elements upon implementation on the Hispanic-American youth, which produced significant results on this population. This may reflect a relationship between culture-based interventions with anxiety and depressive symptoms. Culture should be taken into account before the implementation of interventions. Still, not all interventions need to target cultural concerns, as the focus is on mental and emotional well-being. Lastly, several studies have interventions centered on or incorporating the caregivers of the participants, which positively affected the youth's mental health. Therefore, caregivers should be considered prior to intervention implementation.

Nursing Implications

There are several implications for nursing practice based on the results of the literature review. Each of the studies' interventions had elements that can be applied to nursing practice, with many of the interventions having overlapping elements. This section will first go through each of the interventions that appear in numerous studies and the different ways they can be applied to practice. Next, the interventions that are specific to a particular nursing practice. When referring to particular nursing practices, the reference is to the scope of inpatient/ outpatient nurses, school nurses, and public health nurses. The scope of these nurses' occupations is similar, but there are a few distinctions. Finally, some policy change recommendations will be made based on the interventions since that is within the scope of a public health nurse.

Education is a major component of the job of a nurse. Teaching patients how to prevent disease, disease management, referrals, and more is fundamental to patient care. The review of the literature demonstrated the benefits of education. The education presented in the articles was primarily psychoeducation. The psychoeducation included information on anxiety, depression, stress management, self-care, communication skills, emotion identification, and self-talk. Aside from psychoeducation, a study featured education about the importance of a healthy lifestyle. Some studies' education was not limited to the young participants. It was extended to their caregivers as well. Caregiver inclusion in the studies comprised many of the previously mentioned topics and information on healthy family relationships, substance abuse prevention, and at-risk behavior, which yielded positive results for the Hispanic-American youth in those studies. Role play was another intervention utilized by several studies. Role play served various purposes throughout the studies, such as a learning tool (Perrino et al., 2016; Ramirez et al., 2009), to practice approaching anxiety-inducing situations (Brent et al., 2020), to build cognitive behavioral skills (Melnyk et al., 2009), and a means to process life situations (Guo et al., 2017). Simulating a scenario between two people is a simple yet proven effective intervention that can be adapted based on the patient's needs.

Coping skills are ways that people reduce stress or other negative emotions. The studies show that coping skills can be taught in different mediums (psychoeducation, role play, creative means) depending on the patient's age group and interest. The coping skills presented in the articles encompassed approaches such as mindfulness exercises and deep breathing. Nurses can teach the relaxing or calming parts of mindfulness. As for other aspects of mindfulness, such as yoga and meditative techniques, nurses can provide resources for where those services are offered. Many of the studies' interventions created a space where participants could express their

feelings openly, which proved incredibly beneficial. A few studies included family sessions with the researchers, group sessions with other participants, and individual sessions. The different studies made expressing their emotions, processing trauma, and showing what they have learned the focus of these sessions. Nurses can develop a safe space for Hispanic-American youth and their caregivers to speak without judgment and discuss concerns by actively listening and building rapport with them.

A number of the interventions in the literature review were school-based and incorporated school-specific elements that cannot be replicated in an inpatient or outpatient setting. School nurses may be able to adapt some of the school-specific interventions to their scope of practice. A way the Positive Action intervention (Lewis et al., 2013) can be adapted is to promote emotional wellness/ self-esteem of the student body through discussions with teachers and administrators about cultivating a positive environment in the classroom (i.e., homework, in-class activities) and schoolwide (i.e., the school nurse can hold an assembly, posters, flyers, art class, etc.). Finally, public health nurses can make recommendations for policy changes and work with public schools to provide health services for students. A policy change recommendation based on the coping skills intervention is to teach meditation, yoga, or other relaxation practices as part of physical education classes. Public school nurses can also advocate for school programs that teach English to children whose native language is not English (i.e., English as a Second Language (ESL), English Language Learner (ELL), and English to Speakers of Other Languages (ESOL), etc.) to include information on how to identify emotions using words in English and Spanish from a young age. Incorporating Hispanic culture into these interventions also greatly benefitted the Hispanic-American youth, which points to the importance of cultural competence in nursing care for this population.

LIMITATIONS

Within the literature, there are several notable limitations such as small sample sizes, which limit the generalizability of the results. The quality of many of the studies were not strong. In the school-based studies that featured control groups, the intervention group participants might have shared information with the control condition participants, which may have affected the results. Finally, many studies did not include nurses providing the interventions, making it difficult to determine whether the findings would demonstrate the same effectiveness.

RECOMMENDATIONS

Further research on nursing interventions for depressed and anxious Hispanic-American youth is merited based on the pervasiveness of this issue. Larger sample sizes should be utilized to increase the generalizability of findings. Control conditions should be included to ensure the statistical significance of the results. Longitudinal research should be done so long-term efficacy of the nursing interventions can be determined. Finally, studies should be conducted to determine the feasibility and effectiveness of pediatric nurses providing these culturally specific and age-appropriate interventions to Hispanic American youth and their caregivers.

CONCLUSION

Currently, Hispanic-American youth experience disproportionately high rates of anxiety and depression. While approaches have been taken to intervene or prevent these issues in Hispanic American youth, not much focus has been given to how nurses can aid this population. An integrative review of the literature over the last twenty-two years was conducted. Various nursing interventions were identified and found to be effective in decreasing anxious or depressed emotions. Culturally competent nurses are needed to successfully deliver the interventions to yield positive outcomes in Hispanic American youth. It was found that several interventions were impactful on the youth due to their incorporation of aspects of Hispanic culture, which applied more to their personal experiences. Integrating these nursing interventions into the care for depressed or anxious Hispanic American youth can positively impact their lives, lessen healthcare disparities, and prevent dire long-term consequences.

APPENDIX A: TABLE 1: EVIDENCE TABLE

Table 1

Article	Sample/ Study Design	Intervention	Findings
<p>Perrino, T., Pantin, H., Huang, S., Brincks, A., Brown, C. H., & Prado, G. (2016). Reducing the risk of internalizing symptoms among high-risk Hispanic youth through a family intervention: A randomized controlled trial</p>	<p>242 Hispanic Youth (aged 12-17) with history of delinquency and their caregivers. Randomized Controlled Trial</p>	<p>-Family Unidas intervention over twelve weeks. -Eight two-hour multiparent group sessions where parents learn about active listening, practice providing support and guidance. -Four one-hour family visits where parents practice skills with adolescents and receive feedback.</p>	<p>-Assessments revealed that Family Unidas intervention reduced internalizing symptoms and was more effective than control. -No gender differences in results. -Parent-child communication increased in Family Unidas group. -Improved parent-child communication lessened internalizing symptoms over time.</p>
<p>Perrino, T., Brincks, A., Howe, G., Brown, C., Prado, G., Pantin, H., & Brown, C. H. (2016). Reducing internalizing symptoms among high-risk, Hispanic adolescents: Mediators of a preventive family intervention.</p>	<p>213 Hispanic eighth graders with a history of externalizing behaviors and one of their primary caregivers. Random Controlled Trial.</p>	<p>-Family Unidas intervention with culturally specific Hispanic issues integrated in. -Nine two-hour parent sessions where they discussed the impact of healthy family relationships and positive parenting on adolescent health. -Ten one-hour family sessions where parent, adolescent, and family practiced learned skills and discussed familial concerns. -Four additional one-hour booster family sessions post-intervention.</p>	<p>-Assessments revealed that the Family Unidas intervention reduced internalizing symptoms and improved parent-adolescent communication more than the control condition. -Improved parent-adolescent communication reduced the adolescent's externalizing symptoms eighteen months post-intervention which reduced internalizing symptoms thirty months post-intervention.</p>
<p>Edwards, M., Adams, E. M., Waldo, M., Hadfield, O. D., & Biegel, G. M. (2014). Effects of a mindfulness group on Latino adolescent students: Examining levels of perceived stress, mindfulness, self-compassion, and psychological symptoms.</p>	<p>20 Latino middle schoolers. Quasi-experimental, extended baseline, repeated measures design.</p>	<p>-Mindfulness Based Stress Reduction for Teens (MBSR-T) intervention. -Eight weekly fifty-minute meetings that featured body scan meditation, sitting meditation, hatha yoga, and walking meditation mindfulness practices. -Sessions also included didactic presentations, groups sharing, and instructions on at-home mindfulness practices.</p>	<p>-Pre-pretests, pretests, and posttests found no changes between pre-pretest and pretest scores before MBSR-T intervention. -Participants reported increases on the Mindfulness Attention Awareness Scale and Self-Compassion scale post-intervention. There were also decreases in participants scores on the Perceived stress and Depression Scale.</p>

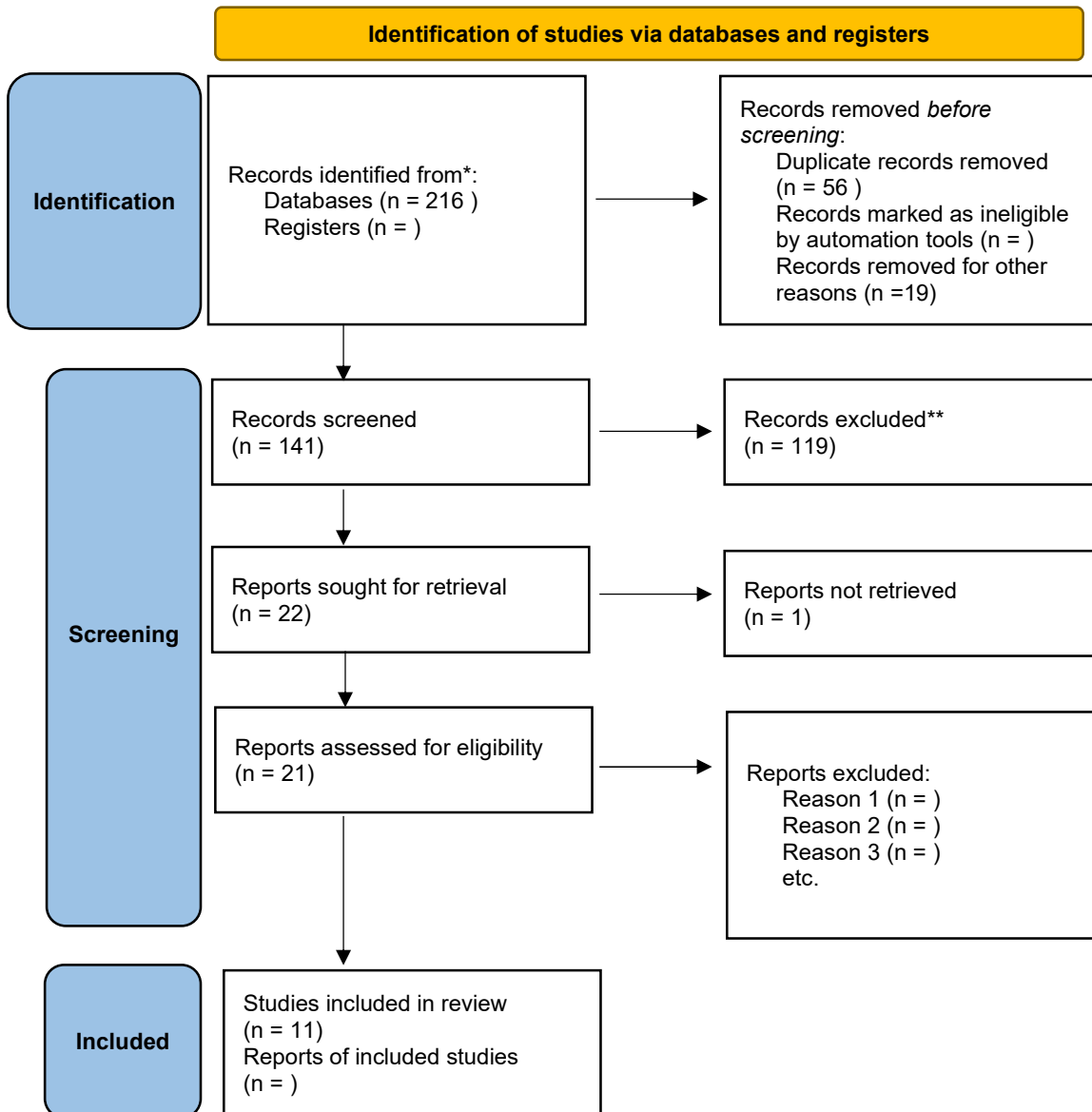
		-Participants given handouts and workbook pages to reinforce material from sessions.	
Garcia, C., Pintor, J., Vazquez, G., & Alvarez-Zumarraga, E. (2013). Project Wings, a coping intervention for Latina adolescents.	42 ninth and tenth grade Latina adolescents (aged 14-16) that spoke Spanish. Randomized Controlled Trial.	-Project Wings Girls' Groups intervention. -Sixteen weekly three-hour sessions (and one three-month booster session) that included sharing circles, mind-body exercises, and building coping skills/ attention control.	-Program attendance was higher in Project Wings intervention group that in control group. -Self-report surveys revealed increased protection for social outcomes and fewer feelings of perceived stress and depression.
Lewis, M., DuBois, L., Bavarian, N., Acock, A., Silverthorn, N., Day, J., Ji, P., Vuchinich, S., & Flay, B. R. (2013). Effects of positive action on the emotional health of urban youth: A cluster-randomized trial.	1,170 children from fourteen Chicago public schools over six years from third to eighth grade. Randomized Controlled Trial.	-Positive Action (PA) a school-based social-emotional learning and health promotion program, -One-hundred forty fifteen-to-twenty-minute total lessons with four lessons taught per week for students in kindergarten to sixth grade. -Seventy twenty-minute total lessons with two lessons taught a week for seventh and eighth graders. -PA focused on improving participants' self-esteem and with a curriculum based around six concepts: continued improvement, honesty, and management of oneself, self-concept, and positive actions for mind, body and getting along with others. -School-wide climate development that featured posters and assemblies emphasizing PA.	-Participants' self-reports collected in eight waves found that the Positive Action intervention schools had a higher positive affect and fewer symptoms and depression and anxiety than control schools. -Positive affect declined over time however, the reduction was less pronounced in Positive Action intervention schools.
Rapp-Paglicci, L., Stewart, C., Rowe, W., & Miller, J. M. (2011). Addressing the Hispanic delinquency and mental health relationship through cultural arts programming: A research note from the Prodigy evaluation.	Hispanic American youth that had been previously adjudicated in the juvenile court system. Quasi-experimental design.	-Prodigy is a cultural arts intervention. - Three types of self-regulation skills (social skills, anger management, and problem-solving) were taught over eight weeks through visual, performing, musical, media and theatre arts.	-Pretests and posttests revealed that Prodigy is effective in alleviating depression and anxiety. -Prodigy reinforced positive familial relations. -As family functioning improved, attendance and self-efficacy improved, and discipline referrals decreased.

<p>Brent, D. A., Porta, G., Rozenman, M. S., Gonzalez, A., Schwartz, K. T. G., Lynch, F. L., Dickerson, J. F., Iyengar, S., & Weersing, V. R. (2020). Brief behavioral therapy for pediatric anxiety and depression in primary care: A follow-up.</p>	<p>185 youths (aged 8-17) across nine primary care practices that met DSM IV criteria for anxiety and depression that speak English. Randomized Controlled Trial.</p>	<p>- The Brief Behavioral Treatment (BBT) intervention combines exposure therapy for anxiety and behavioral activation for depression. -Eight to twelve weekly forty-five-minute sessions over sixteen weeks that included psychoeducation on depression and anxiety, relaxation techniques, problem solving skills, and practice approaching anxiety inducing situations. -In vivo trip to mall to practice facing anxiety inducing situations.</p>	<p>-Assessments found that BBT intervention group had a higher treatment response rate and better functioning than control group. -BBT intervention group had significant effect on anxiety symptoms but not on depressive symptoms post hoc. -Hispanic youth had a much higher response to BBT than to control and their response to control condition was lower than non-Hispanic counterparts. -BBT intervention group did have reduction in depressive symptoms but, it was not superior to control.</p>
<p>Orengo-Aguayo, R., Dueweke, A. R., Nicasio, A., de Arellano, M. A., Rivera, S., Cohen, J. A., Mannarino, A. P., & Stewart, R. W. (2022). Trauma-focused cognitive behavioral therapy with Puerto Rican youth in a post-disaster context: Tailoring, implementation, and program evaluation outcomes.</p>	<p>36 Puerto-Rican children (aged 5-18) across several community based mental health or primary care clinics that experienced a traumatic event or were experiencing PTSD symptoms (and their caregivers). Quasi-experimental design.</p>	<p>-Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) intervention contains nine components known as PRACTICE: psychoeducation, parenting skills, relaxation skills, affective modulation skills, cognitive presenting skills, trauma narration and processing, in-vivo mastery of trauma reminders, conjoint child-parent sessions, and enhancing future safety and development. -Delivered in weekly sessions with participant, caregivers, or participant and caregivers.</p>	<p>-Preintervention and postintervention questionnaires revealed declines in post-traumatic stress, anxiety, and depressive symptoms in participants with caregivers reporting similar findings to the participants.</p>
<p>Melnyk, B. M., Jacobson, D., Kelly, S., O'Haver, J., Small, L., & Mays, M. Z. (2009). Improving the mental health, healthy lifestyle choices, and physical health of Hispanic adolescents: A randomized controlled pilot study.</p>	<p>19 Hispanic adolescents (aged 14-16) in two health classes in a southwestern high school. Randomized Controlled Trial.</p>	<p>-COPE (creating Opportunities for Personal Empowerment) Healthy Lifestyles TEEN (Thinking, Emotions, Exercise, and Nutrition) (COPE/ TEEN) intervention. -Fifteen sessions delivered two-to-three days a week during the nine-week health class that featured: educational information on healthy</p>	<p>-Preintervention and postintervention assessments found that COPE/ TEEN intervention group more committed to making healthy choices postintervention and were less anxious and depressed compared to the control group. -Increase in HDLs, decrease in hemoglobin A1C and triglycerides in</p>

		<p>lifestyles, cognitive behavioral skills building, creating a healthy lifestyle, strategies to build self-esteem, stress management, setting goals, effective communication, nutrition, and physical activity.</p> <ul style="list-style-type: none"> -Sessions reviewed material from previous sessions. -Homework assignments included a journal log. -Participants given pedometers to track their steps. 	<p>overweight participants in COPE/TEEN group.</p> <ul style="list-style-type: none"> -COPE/TEEN group had higher attendance than control.
<p>Guo, Y., Rousseau, J., Renno, P., Kehoe, P., Daviss, M., Flores, S., Saunders, K., Phillips, S., Chin, M., & Evangelista, L. S. (2017). Feasibility of an emotional health curriculum for elementary school students in an underserved Hispanic community.</p>	<p>100 third and fourth graders in a dual-immersion Spanish-English elementary school. Quasi-experimental design.</p>	<ul style="list-style-type: none"> -Classroom-based Emotional Health Curriculum (EHC) is a combination of classroom-based cognitive behavioral therapy (CBT) principles, mindfulness skills with a nursing care implementation approach. -Eight weekly forty-five-minute sessions where participants were taught to identify their emotions in English and Spanish, role-play, and have small group activities based on scenarios relevant to participants. - The eight sessions were: emotional awareness, body signals, negative self-talk, brave thoughts, deep breathing, mindfulness exercises, action steps, steps to friendship. 	<ul style="list-style-type: none"> -Preintervention and postintervention data showed decreased participant-reported anxiety and depression. -Teacher-reported depression decreased in at-risk participants and teachers observed participants using skills learned in EHC to manage emotional distress. -Majority of participants enjoyed EHC.
<p>Ramirez, S. Z., Jain, S., Flores-Torres, L. L., Perez, R., & Carlson, R. (2009). The effects of cuento therapy on reading achievement and psychological outcomes of Mexican-American students.</p>	<p>58 Mexican American third graders at two elementary schools who failed an exam needed to pass to the next grade (and were in a summer school program). Randomized Controlled Trial.</p>	<ul style="list-style-type: none"> -The Cuento Therapy intervention involves reading folktales aloud, role-playing, and discussing the personal significance of role-play. -Twelve one-hour sessions that has participants in a circle where therapist read a story in English and again in Spanish, asked participants questions about the story, had them role-play, and discuss the role-playing. 	<ul style="list-style-type: none"> -Pretests and posttests found that the cuento therapy intervention group had higher self-esteem and lower physiological anxiety levels. -Control group's physiological anxiety levels increased.

APPENDIX B: FIGURE 1: LITERATURE SELECTION METHOD

Figure 1



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