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UNDERSTANDING THE ROLE OF DISCRIMINATION IN THE EXPERIENCE OF TRAUMATIC STRESS IN LATINE

By

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Abstract

Introduction. Research has found that low provider culture knowledge leads to poor mental health outcomes for Latine clients (Duke et al., 2011). Further, the 2017 APA Multicultural Guidelines emphasize the need for clinicians and researchers to conceptualize clinical and empirical data from a culturally competent lens, especially considering clinician and researcher bias while understanding a psychological phenomenon. Despite this, limited research exists categorizing the unique factors that affect mental health symptoms among Latine living in the United States (U.S.) especially as it pertains to trauma stress and discrimination (Marmot, 2005; Nadal, 2018). As such, the current study used meditational statistical analysis to improve understanding of the unique relationship between microaggression experience, trauma symptoms, and psychological stress in Latine.

Method. Data were collected during the spring of 2024 (January to February) through an online platform Qualtrics® where participants were monetarily compensated for their time. The research team recruited 434 participants who self-identified as Latine US residents.

Result. The findings demonstrate a significant total effect linking microaggressions to psychological distress. These results suggest the presence of a meditational relationship. The significant mediation effect of trauma suggests that past experiences of trauma may exacerbate the negative impact of microaggressions on psychological well-being in Latine.

Conclusion. This study sheds light on the significant impact of racial microaggressions on the mental health of Latine, highlighting the interconnectedness of experiences of microaggressions, trauma stress, and psychosocial distress. The findings underscore the need for culturally sensitive interventions aimed at addressing the unique challenges faced by Latine individuals.

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Chapter 1: Introduction

In the United States, Latine individuals are considered the fastest growing minority group, with thousands of Latin Americans coming to the U.S. in search of new opportunities (Frey & Ayscue, 2023; Humes, 2010). Despite the growing representation of Latine Americans, limited research has been done to understand this group's experience of PTSD (Pittman, 2014). Much of the psychological research has focused on general populations analyzing differences between demographic groups (e.g., Black vs Asian vs Latine vs. Indigenous Americans); however, these studies lack nuance in understanding the particular needs of Latine Americans, such as the role of culture in their clinical presentation (Duke et al., 2011). Even less, if any, research has been conducted for this population as it pertains to their experiences with PTSD symptoms and the role of discrimination in their clinical presentation (Dawson, Carvalho, & Cuevas, 2023).

Estimates within the research suggest that discrimination cost the U.S. economy approximately 16 trillion dollars in 2020 (Peterson & Mann, 2020), due to unequal bank loan practices which preventing businesses owned by minoritized individuals from contributing to the American economy (Peterson & Mann, 2020). Discrimination can include instances of denying individuals receiving services based on their identity, sexual orientation, or ability status. Discrimination can be both covert and overt. Covert forms of discrimination are often “unseen,” harmful, and cause distrust of authority (Armstrong et al., 2013). An example of discrimination is schools requiring all students to take standardized tests that persons from marginalized backgrounds have traditionally struggled to score well in. Discrepancies in scores are typically better explained by various sociodemographic factors, including unequal access to resources and knowledge about tests and test preparation. In a study looking at Latine Texas high schoolers,

researchers found that students' performance on tests were impacted by insufficient recourse to support bilingual students learning (Bach, 2020). Overt forms of discrimination include attacks that are "seeable" or direct and intentional. An example of overt forms of discrimination can include a person physically assaulting another based on their identity (e.g., race, religion, ethnicity, sexual orientation, gender, or ability status; Sue et al., 2007).

Americans have thought that the United States exists in a "post-racial America" (DiAngelo, 2018); however, discrimination continues to exist in this country. Examples of overt discrimination can include parting swastikas on public buildings, acts perpetrated by groups such as the Ku Klux Klan (KKK) and forced sterilization of Latina women on the United States and Mexico's southern border. Instances of hate crimes targeting marginalized groups continue to occur and cause psychological pain and distress in affected communities (Antebi-Gruszka et al., 2019). The impact of experiences of discrimination is significant. Research indicates that these instances of experienced discrimination negatively affect Black Indigenous and People of Color (BIPOC) mental health and their ability to cope with psychological distress and trauma (Dawson, Carvalho, & Cuevas, 2023). In a study conducted by Torres et al. (2022) the researchers found that depression and alcohol use was significantly correlated with experiences of discrimination in Latine. Other research has found that discrimination caused significantly poorer mental health in Latine with statistically significant differences between Black and White Latine adolescents (Sanchez et al., 2024). Despite these negative effects, research has failed to fully categorize the negative effects of discrimination on Latine mental well-being, especially as it pertains to trauma symptoms (Nadal, 2018).

Recent research has begun to investigate, and argue for, discrimination to qualify as a form of trauma that is diagnosable (Nadal, 2018). This is because the negative effects of

discrimination are cumulative. Indeed, research indicates that one instance of discrimination is likely insufficient to cause clinically significant distress. However, an individual's experience of multiple instances of discrimination across a period has been shown to negatively impact BIPOC mental health (Nadal, 2018). Although these difficulties are not the immediate and shocking form of trauma that current diagnostic criteria require, their harm to mental health is still pervasive. By not diagnosing individuals with discrimination-based trauma it may limit access to mental health resources for individuals impacted.

One group affected by discrimination-based stress may include Latine with Post Traumatic Stress Disorder (PTSD). Brabeck et al. (2021) found that Latine youth exposed to discrimination are significantly more likely to report symptoms of PTSD, with female participants reporting significantly more symptoms of PTSD than males. Other research suggests that discriminated Latine, experience exacerbated PTSD and alcohol use (Lee et al., 2024). From the lens of minority stress theory, Latine experience chronic stress from various environmental factors that can have a negative impact on mental health. Valentin-Cortes et al. (2020) noted that restrictive immigration policies, fear of deportation, internalized anti-immigration sentiment, delayed medical care, and social isolation impact Latine mental health. However, the relationship between discrimination and PTSD in Latine is not well-studied and wants further investigation.

Therefore, the proposed study aims to add to the empirical literature by investigating the presentation of PTSD symptoms in a group of Latine individuals while also considering their experiences of discrimination. This phenomenon is important to study as it will increase clinicians' and researchers' ability to serve Latine Americans through improved diagnostic conceptualizations. Research has shown that a clinical provider's knowledge of cultural factors

in Latine significantly impacted clinical outcomes in PTSD treatment. Specifically, research has found that low provider culture knowledge leads to poor mental health outcomes in Latine (Duke et al., 2011). Further, the APA (2017) Multicultural Guidelines emphasize the need for clinicians and researchers to conceptualize clinical and empirical data from a culturally competent lens, especially considering clinician and researcher bias while understanding a psychological phenomenon. As such, the current study used mediational statistical analysis to improve understanding of the unique clinical presentation of discrimination and trauma symptoms in Latine Americans.

Chapter 2: Review of the Literature

Researchers suggest significant impact of discrimination on Latine mental health, especially on symptoms of post-traumatic stress disorder (PTSD; Chou & Hofmann, 2012). Various sociodemographic factors including immigration status, socioeconomic status, and acculturation appear to significantly impact Latine mental health as well (Hinton & Lewis-Fernández, 2011; Marmot, 2005). However, despite these findings limited research has investigated into the unique relationship between discrimination, psychological distress, and trauma symptoms in this group. With the growing need for mental health services by Latine (APA, 2022) the current study aims to improve understanding the relationship between discrimination, psychological distress, and trauma symptoms in Latine; as well as, understanding sociodemographic factors influence of psychological distress in Latine. This is particularly important to categorize as extant literature is limited in this group.

Posttraumatic Stress Disorder (PTSD). The American Psychological Association (APA) defines trauma as "… an emotional response to a terrible event like an accident, rape, or natural disaster" (2022). Researchers have noted a significant relationship between experience of trauma and comorbid mental health symptomatology, including anxiety (Kalin, 2021), depression (Hopfinger et al., 2016), and substance abuse (Dass-Brailsford & Myrick, 2010). Although experiences of trauma are painful and can cause adverse effects on general well-being (Downey & Crummy, 2022), not all experiences of trauma meet the criterion for PTSD. PTSD, according to the Diagnostic and Statistical Manual, fifth edition, text revised (DSM5TR; APA, 2022), includes various symptom criteria (See Figure 1).

Kilpatrick et al., 2013 found that in a nationally representative sample (N = 2,953) 89.7% of surveyed individuals experienced a significant trauma. They also found that, for the same

event, 8.3% experienced lifetime, 4.7% experienced 12-month, and 3.8% experienced 6-month Post-Traumatic Stress Disorder (PTSD) prevalence rates. The study also reported trauma type prevalence rates for women and men respectively (1) interpersonal violence victimization 58.6% and 47.1%; (2) sexual assault victimization 42.4% and 15.8%; and (3) physical assault victimization 44.9% and 42.4%. Further, the researchers found that most of the individuals in the sample experienced more than one significant trauma event. They also found that more experiences of trauma increased participants' probability of meeting the full criteria for a PTSD diagnosis. The authors argued that trauma conceptualizations should include a more nuanced approach to address the complex nature of trauma, trauma exposure, and PTSD. They also noted that the presentation of various symptom criteria could exist for one traumatic event but not the other, posing an argument for a complex understanding of trauma symptoms in clinical settings. This may suggest that investigating the complex presentation of trauma may be clinically useful.

A commonly shared experience found in individuals who have PTSD includes modifications in their cognitions regarding the world, self, and others according to the Diagnostic and Statistical Manual, fifth edition, text revised (DSM5TR; APA, 2022). The DSM-5 provides examples of these cognitions including, "I am bad," or "no one can be trusted" (APA, 2013; p. 457). These alterations in cognitions typically arise because of an individual's effort to understand the traumatic event. To solidify this concept, take the instance of an individual who has survived sexual assault. The individual may have thought that the world was safe before the traumatic event; however, after living through the traumatic experience, they may believe that the world is unsafe, and a specific gender is dangerous. The same individual may think that they are "dirty" or "bad." Because the traumatic event happened to them, the individual may even feel distrust towards themselves, thinking, "I should have done more to protect myself." These

cognitive distortions lead to the perpetuation of negative mental health symptoms—specifically PTSD symptomatology (Muran & Motta, 1993). The literature suggests that an individual may conceptualize their experiences through these cognitive distortions to "understand" the traumatic event and feel "in control" to prevent a similar situation from happening again (Muran & Motta, 1993).

Once clinicians have identified a PTSD diagnosis, there are several empirically validated treatments to help treat the symptoms of this disorder. Some of these treatments include Cognitive Processing Therapy (CPT; Galovski., Wachen, Chard & Monson, 2022), Prolonged Exposure Therapy (PE; Peterson, Foa, & Riggs, 2019), and Eye Movement Desensitization and Reprocessing (EMDR; Stickgold, 2002). These treatments are effective in decreasing symptomatology (Lenz et al., 2014) in trauma survivors (Walter et al., 2014; Eftekhari et al., 2013; Hurley, 2018). It can be therapeutic, validating, and healing for survivors to label and work through their experiences of trauma. Indeed, those who completed a PE protocol found a significant decrease in PTSD, depression, and anxiety symptoms (Eftekhari, 2013).

Despite these benefits, because of the current categorization of criteria A, those who experienced trauma that is not "actual or threatened death, serious injury, or sexual violence" would not meet the criteria for PTSD. Due to how funding services are set up, this may mean that those who need to receive trauma treatment, but are sub-threshold, would not have access to similar resources (Roll et al., 2013). This is particularly important in the context of discrimination in the form of microaggressions. Miroaggresssions can include (1) words or actions that invalidate a minoritized persons experience, (2) rude or harmful remarks about a minoritized persons background, or (3) a verbal attack intending to hurt a minorized person based on their diverse background (Sue et al., 2007). Indeed, research suggests that the harmful

effects of microaggressions are not due to their shocking or immediate impact; however, the slow and cumulative effects of stress are due to experiences of microaggressions (Hicken et al., 2021; Sue et al., 2020). As a function of the current treatment setup, marginalized individuals may not be able to receive trauma-focused treatment to heal from discrimination.

To better understand the limitations of treatment, it is important to understand billing and treatment protocols. Currently, obtaining psychological treatment is difficult for most individuals. This is because many insurance agencies do not offer extensive funding for psychological services. Indeed, Walker et al. (2015) conducted a study to better understand the barriers to mental health treatment in a nationally representative sample of individuals with mental illness (N = 36,647). The researchers found that those with no access to insurance were less likely than those with insurance to seek out mental health services, and among those with insurance 46.4% reported that structural barriers deterred them from receiving services, and 12.2% reported that even with insurance, cost was a barrier to receiving services. With other funding agencies like the United States Office of Veterans Affairs (VA), Veterans with PTSD are eligible to receive disability funding and aid; however, an official PTSD diagnosis is required to receive full benefits for trauma symptoms (VA, 2022). In the case of PTSD, subthreshold criteria A experience or experiences of trauma may exclude a Veteran from receiving additional financial help which may limit their access to resources.

Further, current well-accepted trauma treatments, including CPT (Resick et al., 2016) and PE (Foa et al., 2008), require individuals to pick the worst trauma experience to focus on during treatment. This is due to the assumption that the skills learned during treatment will generalize to other experiences of trauma. Although these methodologies are effective, the populations they have been tested on typically are limited to “clean” experiences of trauma (e.g., one clear trauma

that prevails over the others; Foa et al., 2008). However, in clinical practice, these experiences of trauma are not as "clean." Individuals who have suffered from traumatic experiences typically have several trauma exposures, which complicate their clinical presentation (Kilpatrick et al., 2013). Researchers need to delve into these complexities to best serve those who have experienced trauma.

These complexities include the experience of discrimination by marginalized groups. Indeed, those with marginalized identities are significantly more likely to experience discrimination in the form of systemic racism (King, 1996). An example of systemic racism includes police brutality. The trauma caused by police brutality extends beyond the individual or their affected family members and affects entire communities. Indeed, entire Black communities watched the news representation of Trayvon Martin's murder in Florida (Blow, 2012; Botelho, 2012). Trayvon was 17 years old and unarmed. Sandra Bland died by suicide in her jail cell after being pulled over for a false traffic stop (Klein, 2018), and George Floyd was murdered by asphyxiation and known for his cry for help through the words, "I can't breathe, Sir. Please!" (Alang et al., 2017). In marginalized communities, feelings such as grief, anger, and hopelessness are experienced as a function of witnessing these murders (Alang et al., 2017). However, the psychological pain caused within grieving Black communities is not adequately recognized by the DSM5TR (APA, 2022).

Further, marginalized communities also experience increased prolonged stress and adverse physiological reactions due to police brutality. These physiological reactions have been shown to negatively impact BIPOC mental health (Alang et al., 2017). Specifically, Latine male police brutality survivors repot high levels of repetitive trauma stress, powerlessness, negative internal identities, and difficulty expressing emotions (Ortiz, 2016). Although the direct

experience of police brutality would meet criteria A for a PTSD diagnosis, the indirect exposure to police brutality through spoken word and news reports may prove insufficient to meet the criteria A requirements. This may prove invalidating for those in marginalized, especially Latine, communities. This is due to the stress, fear, and pain experienced as a function of the pervasive and negative effects of discrimination (Walker et al., 2015; Roll et al., 2013). Further, the subthreshold criteria A may prevent individuals from marginalized backgrounds from having access to trauma treatment that focuses on healing from their experiences of discrimination, due to funding agencies' requirements (Walker et al., 2015; Roll et al., 2013).

Researchers, specifically White researchers (APA, 2017), have argued that classifying discrimination, microaggressions, or racism as a trauma would be invalidating to those who have experienced more violent forms of trauma (e.g., Veterans who experienced combat or survivors of sexual violence; APA, 2017). Although these arguments are important to consider, they fundamentally do not address the complexity and deleterious effects of prolonged, historical, and institutional racism and discrimination. To better understand these concepts, it is important to understand the people who have primarily been responsible for developing the diagnosis.

The APA guideline development panel for PTSD (2017) included 7 White Men and 4 White Women whose research mainly focused on childhood, adolescent, and Veteran experiences of Trauma. Only two members reported primary research focusing on marginalized groups. Specifically, Laura Brown, PhD, ABPP's work centers around women and Lesbian and Gay experiences of trauma, and Joseph Gone, Ph.D.'s work focuses on Native American Indian mental health and healing practices. Although the task force members are all more than qualified and highly distinguished, the lack of representation is alarming.

The lack of representation in these meetings is an example of institutionalized racism in the form of systemic oppression perpetuated by psychologists. This argument is made due to the lack of representation in a group of individuals from the majority group, making decisions regarding mental health symptomatology. Although the task force is likely doing its best to create these diagnostic criteria, as the APA (2017) multicultural guidelines highlight, cultural humility and understanding one's own biases are important to conducting culturally competent clinical work and research. The lack of cultural research emphasis and expertise on the part of the participating members of the task force leads one to question their ability to fully and adequately question their biases regarding diagnosis especially as it pertains to PTSD in marginalized groups. Subsequently highlighting the need for diverse clinicians and researchers to participate in conversations regarding diagnostic criteria. These bodies of individuals come in with their knowledge and bias, and to assume that White professionals, who do not directly focus on researching and serving marginalized communities, could adequately represent BIPOC needs is hubristic and oppressive on the part of psychology. This is due to the research supporting that even well-intentioned White liberals are more likely to perpetuate discrimination through discreet or subtle ways, oftentimes unbeknownst to them (Dovidio & Gaertner, 1996, 2000). Further, professionals in the field have often noted that White Americans often attempt to protect other White Americans from the feelings of shame and guilt associated with the perpetuation of discrimination (DiAngelo, 2018). Last, psychology and psychologists have a profound history based on eugenics, discrimination, and marginalization of BIPOC (Myrdal et al., 1944). Although more representation in panels for mental health symptomatology may not be a perfect solution, it is a good first step to attempting to improve mental health services for BIPOC, by including community representation.

Oftentimes, Latine patients report feelings of distrust towards psychologists and significant experiences of poor mental health services due to culturally insensitive interventions (Eldridge, 2021). Unsurprisingly, this happens as the bodies of people creating diagnoses and treatments are likely unequipped to meet the needs of Latine effectively, as evidenced by the APA PTSD task force (2017). This does not suggest that increased community representation would improve psychological services or that the cumulative experience of microaggressions, discrimination, or historic racism should constitute a criterion A trauma; however, the research needs to investigate the psychological effects of discrimination to understand its effects on PTSD to improve diagnosis and treatment of Latine. The current study hopes to increase understanding around the topic of discrimination, and its role in PTSD symptoms in Latine improving researchers' and clinician's understanding of microaggressions and trauma stress impact on psychological distress in this population. This is important because a clinician's conceptualization of trauma could impact the type of treatment given to patients from marginalized backgrounds and influence their access to resources.

To further emphasize the need for improved categorization of racialized trauma in the DSM-5 is the current cultural categorization of BIPOC PSTD. In the DSM-5, "minority racial/ethnic status" (DSM5 p. 277) is listed under risk and prognostic factors for PTSD. This phrasing suggests that identity itself is the problem as opposed to the instances of discrimination that a person from a minoritized group may experience. This is important to consider because it places the blame for difficulty due to discrimination on the individual's identity as opposed to lived experiences. Further, in the PTSD cultural considerations section, the authors noted that it is important to consider cultural syndromes and idioms of distress in diagnosis, the subsequent example provided included, "Attaque de nervios" and khyal which are references for symptoms

of panic symptoms by Latin American and Cambodian individuals. These examples are beneficial for conceptualizing anxiety and PTSD symptoms in Latine and Cambodian individuals; however, there are other important cultural factors to consider while diagnosing Latine, such as acculturation (Pittman, 2014).

It is notable that the most recent iteration of the DSM has remedied some of the aforementioned complaints by updating the manual to identify that exposure to discrimination, compared to minoritized identity, as a risk for PTSD onset, while identifying accumulative stress as an additional risk factor for PTSD onset in diverse groups (DSM5TR; APA, 2022). These updates are notable and progressive; however, remain insufficient to help clinicians identify the unique needs of minoritized groups, especially Latine. Further information regarding exact risk factors by cultural group may prove more useful in increasing providers knowledge and access to information regarding their diverse patients' mental health symptomology. As it stands, providers need to seek additional trainings, readings, and resources to fully identify the unique needs and cultural factors important to consider for Latine with PTSD symptoms. With increased provider burnout and clinical service need in BIPOC (APA, 2022), the current environment does not facilitate optimal conditions for adequate culturally adaptive treatment of Latine with trauma. This is because increased workload, stress, and depression may act as significant barriers for providers to find additional time to adequately train and learn about Latine needs.

Prevalence and Impact of PTSD in Latine. In a U.S. sample of participants Latines (n = 3,264) reported a significant experience of PTSD symptoms of 79.1%; experiencing any trauma. Of those traumas Latines experienced combat (4%), other trauma (e.g., trauma not assessed by the studies; 15.8%); victimization trauma (e.g., child physical and/or sexual abuse; rape, domestic partner abuse; sexual molestation/assault; 29.3%); personal violence (26.2%; e.g.,

causing injury or death to another; torturing or killing another; physical assault by another); other personal assault (e.g., mugging, held-up or threatened; kidnapped, held captive; or exposure to man-made disaster; 6.1%); loss (38.7%); witness (37.9%); accident (24.4%); 23.9 disaster; illness (18.3%); and other traumas (11.8%). The incident rates of experienced trauma among this group are significant. Especially considering the toll trauma takes on the general well-being of victims. Despite this, the cumulative effects of trauma stress, microaggression stress, and psychological distress are not well studied (Alegría et al., 2013).

Research suggests that once exposed to trauma Latine are significantly more likely to meet diagnostic criteria for PTSD compared to non-Latine White and Black individuals (Bowler et al., 2010; Fontana & Rosenheck, 1994; Lewis-Fernández et al., 2008; Ortega & Rosenheck, 2000; Schlenger et al., 1992; Stampfel, Chapman, & Alvarez, 2010). Other research has found that Latine Veterans are significantly more likely to experience symptoms of PTSD compared to non-Latine whites while controlling for premilitary (e.g., educational attainment, childhood poverty) and military factors (e.g., degree of war zone experience; Ortega and Rosenheck, 2000). Indeed, Latine Vietnam Veterans reported higher levels of current PTSD symptoms compared to non Latine white veterans (Kulka et al., 1990).

Further, Latine are more likely to experience prolonged symptoms of PTSD following exposure to the initial trauma, compared to non-Latine Whites and Blacks (Adams & Boscarino, 2006; Galea et al., 2008). Latine are also more likely to report significant symptom severity due to PTSD compared to non-Latine (Balsam et al., 2010; Denson et al., 2007; Heilemann et al., 2005; Koopman et al., 2001; Lewis-Fernández et al., 2008; Marshall, Schell, & Miles, 2009; Norris et al., 2001; Norris, Perilla, & Murphy, 2001; Ortega & Rosenheck, 2000; Pole et al., 2005; Pole et al., 2001). In a study of police officers, Latine police officers were more likely to

report PTSD symptoms compared to non-Latine officers, after controlling for significant contextual factors (e.g., incident, social desirability, and peri-traumatic dissociation). In another study looking at PTSD due to physical injury, Latine reported symptoms over time were significantly more persistent compared to non-Latine Whites PTSD symptoms (Marshall et al., 2009).

Sociodemographic factors including ethnicity, gender, and sexuality also have been investigated and suggest significant differences for Latine with marginalized identities. For example, female Mexican individuals are more likely to report higher intrusion and avoidance symptoms due to PTSD (Norris, Perilla, Ibañez, et al., 2001), and Lesbian, Gay, and Bisexual Latine are more likely to report higher symptoms of PTSD compared to non-Latine white's due to physical abuse trauma (Balsam et al., 2010). However, it is notable that research regarding PTSD and Latine is limited, especially as it pertains to the impact of contextual factors (e.g., discrimination, SES, gender, immigration status, and sexual identity (Norris, Perilla, Ibañez, et al., 2001).

Some research suggests that demographic variables within Latine may explain differences in the prevalence and experience of PTSD; however, results are mixed. One study investigating Mexican women's experience of PTSD found that immigration generation played a significant role in PTSD symptoms (Heilemann et al., 2005); while another study suggested that language ability significantly impacted reported symptomatology (Rodriguez et al., 2008). Further, some research suggests that country of origin may significantly predict elevated symptoms of PTSD with Puerto Rican and Dominican Americans being significantly more likely to experience PTSD symptoms compared to "other" Latine groups (Galea et al., 2004). Another study found that Puerto Rican Vietnam Veterans were more likely to experience PTSD

symptoms compared to non-Latine White Vietnam Veterans, and "other" Latine were significantly less likely to report PTSD symptoms compared to non-Latine White (Ortega & Rosenheck, 2000). Notably, the sample size was limited (N = 35). However, results suggest that further investigation into the differences between Latine groups requires further exploration to better understand the nuance in experience, prevalence, and impact of trauma on Latine.

The empirical literature suggests that reactions to and coping with trauma varies between Latines and non-Latine individuals. For example, the literature demonstrates that responses following a traumatic experience (peritrauma response) can be influenced by cultural factors and can lead to increased risk of Latines meeting diagnostic criteria for PTSD following a traumatic event (Denson et al., 2007; Galea et al., 2002; Galea et al., 2008; Galea et al., 2004; Pole et al., 2005; Pole et al., 2001). Further, the research suggests that endorsed PTSD symptoms may vary significantly based on demographic factors such as nation of origin, language ability, and gender (Ortega and Rosenheck, 2000; Perilla et al., 2002; Norris, Perilla et al., 2001). Other research has looked at acculturation and its impact on PTSD symptoms. Studies have found mixed results with some research suggesting that American-born Latines are more likely to report PTSD symptoms (Williams et al., 2008) and others finding no statistically significant difference (Ortega & Rosenheck, 2000; Adams & Boscarino, 2005). The mixed and limited nature of this research emphasizes the need for researchers to continue to investigate and better categorize factors that impact Latines who have experienced a traumatic experience. As such, the current study aimed to fill this gap by looking at the relationship between microaggressions, traumatic stress, and psychological distress in a nationally representative sample of Latine.

Discrimination. The unequal treatment of BIPOC has prima facie been in the collective American unconscious as emphasized through the classic book, To Kill a Mockingbird by

Harper Lee (1999). The book narrates the experience of a White lawyer defending an innocent Black man (Tom Robinson) against a false accusation of rape. Despite his innocence, Tom Robinson was found guilty by an all-White jury. The story written in the 1960's points to the general awareness of inequality in the American unconscious. Research supports this general feeling and understanding of discrimination in the United States. According to a Pew Research Study, Americans agreed that Black (40%), Hispanic (30%), and Asian (27%) Americans experience "a lot" of discrimination (Danieller, 2021). Although Americans have a general sense regarding the existence of inequality, the specific differences between terms require clarification (Schwartz et al., 2014).

Within the empirical literature researchers have created distinctions between the two concepts of racism and discrimination; however, Schwartz et al., (2014) argue that these differences are not well categorized. According to Grosfoguel (2016), racism refers to a social hierarchy that separates humans as "inferior" and "superior" and is perpetuated through political, cultural, and economic institutions across time. This particular definition of racism is a result of integrating the philosophical works of contemporary Faononian Philosophers, Frantz Fanon, and Boaventura de Sousa Santos. These philosophers seem to point to the dehumanizing nature of racism, and the ways that systems perpetuate the "zone of non-being" (de-humanization) through racist policy (Grosfogue, 2016). While the American Psychological Association (APA, 2019) defines discrimination as, "the unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age or sexual orientation." The differences between the two concepts include systemic (racism) and action-based (discrimination) forms of oppression of a non-dominant group. Although researchers and philosophers have spent much time categorizing these differences within the literature, lay Americans understand these concepts in varied ways

(Horowitz et al., 2021). This can prove difficult in studying a phenomenon (discrimination) when the working operational definition of the phenomenon is not well understood by the target population. Therefore, within the context of this study, discrimination will refer to a broad set of unfair or prejudicial experiences including both systemic and individual experiences, especially as they pertain to someone's ethnic identity.

An example of discrimination includes psychologists limiting resources for BIPOC in overt and covert ways. Indeed, researchers found that 33 American Psychological Association (APA) presidents were presidents or leaders of Eugenics organizations—including Carl Rogers, the founder of humanistic psychology. Eugenics is the idea that certain ethno-racial groups are "better" than others. A researcher said the following quote, "Area for area, class for class, Negroes cannot get the same advantages in the way of prevention and care of disease that Whites can" (Myrdal et al., 1944). This quote highlights the gatekeeping providers engaged in preventing marginalized individuals from receiving services. Then, to add insult to injury, in 1994 Hernstien and Murray published The Bell Curve: Intelligence and Class Structure in American Life. The authors purported that Black and Latine Americans were inferior to White Americans based on differences in average intelligence quotients (IQ). These findings were subsequently used to support racist policies, such as "separate but equal." The authors' conclusions, however, failed to consider the complex sociocultural climate of the United States, including access to quality education, socioeconomic status, language, acculturation, stress, and culturally valanced IQ questions. The differences in IQ are not indicative of superiority or inferiority of the individual; however, access to sundry resources (Taylor & Hare, 2002). However, despite their inaccuracy these policies and psychological theories have had long-term negative effects on BIPOC's access to culturally competent psychological resources.

Research has shown that the harmful experiences of discrimination exacerbate mental health problems in individuals with marginalized identities (Barbee, 2002; Williams & Etkins, 2021). Smedly et al., 2003 found that negative mental health symptoms in BIPOC were exacerbated due to cultural insensitivity and low cultural knowledge on the part of the provider. However, research suggests that many healthcare providers, including psychologists, report believing that their knowledge of cultural adaptions and nuances especially as they pertain to treatment is insufficient (Pittman, 2014). These cultural insensitivities are further exacerbated due to limited cultural research and culturally insensitive research (Pilgrim, 2008). These findings are particularly alarming as current psychological recommendations suggest that integration and awareness regarding cultural nuances within a clinical presentation are important to consider while working with diverse populations (APA, 2017). Therefore, the proposed study will aim to fill the gap regarding experiences of discrimination in Latine as it pertains to their symptoms of PTSD to begin to bridge the knowledge gap between culture and clinical presentation in this population.

Microaggressions. Within the context of the proposed study, experiences of "discrimination" will include micro and macroaggression. Microaggressions entered the psychological literature around the 1970s with researchers working to describe this new conceptualization of racism. We can describe microaggressions through their 'discrete' presentation; however, they are not innocuous. In his book How to be an Anti-Racist, Ibram X. Kendi calls microaggressions "racist abuse" (p. 177). Kendi emphasizes that the term "racist abuse" better reflects the harmful nature of microaggressions. Indeed, research has repeatedly found that microaggressions have a deleterious effect on well-being (Spanierman & Heppner, 2004; Thompson & Neville, 1999). However, the definition of microaggressions has evolved.

Some researchers described microaggressions as, “subtle, stunning, often automatic, and non-verbal exchanges which are ‘putdowns” (Pierce et al., 1977 p. 66) or "subtle insults (verbal, non-verbal, and/or visual) directed toward people of color often automatically or unconsciously" (Solorzano et al., 2000).

The most widely accepted definition of microaggressions is based on the seminal article published by Sue et al., (2007). Sue et al., (2007) note that there are three types of microaggressions: (1) Microassault—a verbal or non-verbal attack intended to hurt someone. An example includes a person who holds racist beliefs and feels comfortable displaying them through name calling or intentional discriminatory acts (e.g., using terms such as “colored” or “oriental”), (2) Microinsult—demeaning a person’s identity through rude or hurtful remarks. An example includes someone saying that an individual obtained work due to affirmative action. The phrase suggests that a person of color is not inherently qualified (Hinton, 2004), and (3) Microinvalidation—words or actions that invalidate a person’s experience (especially as it pertains to racism). An example of microinvalidations includes common phrases like, “I don’t see color” or “ALL lives matter.” These phrases inherently fail to validate the racial or ethnic experience of a person of color (Helms, 1992). Although microaggressions can appear “small” or “innocuous” they can have a deleterious negative effect on BIPOC. Specifically, research suggests that BIPOC reports increased feelings of distrust and anger (Spanierman & Heppner, 2004; Thompson & Neville, 1999).

Following the Sue et la., (2007) article, research surrounding microaggression increased exponentially. In their article, Wong et al., (2014) conducted a review of the literature and found that all articles (apart from one) used Sue’s model for defining microaggressions. They also found notable between-group differences in experiences of microaggressions. They posited that

the phenotypic presentation of targets may mediate the relationship between experienced microaggressions and negative mental health outcomes. However, the majority of the research around microaggressions was focused on general psychology student populations. Wong et al., (2014) argued that understanding microaggression experiences by racial groups can improve psychologist's ability to understand the phenomenon. Indeed, research suggests that BIPOC experience different types of microaggressions (Constantine et al., 2008). The review of the literature suggested that researchers should investigate the clinical utility of integrating microaggressions into clinical work (Wong et al., 2014), as research in this area is limited (Torres-Harding et al., 2012). As such, the proposed research study aims to include microaggressions into a general framework of "discrimination" to better understand Latine experience of discrimination and its impact on their symptoms of trauma.

Macroaggressions. After the seminal Sue et al. (2007) article, Huber & Soloranzo (2014) published the concept of macroaggressions. Researchers misrepresent microaggressions and macroaggressions in the literature (Perez Huber & Solorzano, 2015), this is often due to their misunderstanding of the concept (Sue et al., 2019; Sue et al., 2020). Sue et al. (2020) defines macroaggressions as the "active manifestation of systemic or institutional biases that live in the philosophy, policies, programs, practices, and structures of institutions and communities" (Sue et al., 2020 p 10; Perez Huber & Solorzano, 2015; Sue et al., 2019). Essentially, macroaggressions are the systemic and cultural manifestation of racism that leads to the oppression of marginalized groups.

The disproportionate number of incarcerated Latino and Black men highlights the negative impact of racism on marginalized men (Nowotny & Kuptsevych-Timmer, 2018). These differences are often falsely justified by racist beliefs held by Americans. One such racist belief

includes the idea that BIPOC men engage in more crime (Kumah-Abiwu, 2020). However, these justifications are harmful and limited in scope. They fail to recognize several factors that contribute to the increased rate of incarceration among BIPOC men including (1) increased policing of BIPOC neighborhoods (Lautenschlager & Omori, 2019), (2) unequal drug sentencing (e.g., sentencing for "crack" v. "cocaine;" Pollard, 2020), (3) poor mental health resources (Ashton et al., 2003), (4) negative media portrayal of Latine and Black men (Kumah-Abiwu, 2020), (5) police violence on Black and Brown bodies (Alang et al., 2017), and (6) unequal access to resources (Hagle et al., 2021). These inequalities are important to point out as racism and discrimination are common experience among BIPOC and can shape the way BIPOC engage with the world (Lee, Perez, Boykin, & Mendoza-Denton, 2019). For example, Black families will often teach their children how to stay calm and engage with law enforcement as a way of self-preservation. Black households call this "the talk" (Glover Dodson, 2022). These adaptions highlight the negative effect of discrimination on BIPOC.

In his book, Drug Use for Grown Ups, Carl Hart describes the research and experience of unequal treatment of Black men because of racialized policy (2022). He noted that these policies started during the Nixon administration with the War on Drugs, and portrayed drug users as socially deviant and dangerous (Provine, 2011). Subsequently, programs such as Drug Abuse Resistance Education or D.A.R.E., which used fear-mongering to teach children the negative effects of drugs; however, such programs were marginally effective (Ennett et al., 1994) and further stigmatized drug users struggling with mental illness (Hart, 2022). Harsher drug laws have subsequently led to an increased rate of incarceration of Black men and the pervasive cultural narrative that Black men are "dangerous" (Nowotny & Kuptsevych-Timmer, 2018). Although, the laws and programs may originally seem innocuous or even helpful (e.g.,

decreasing harmful substance use) their implementation led to a detrimental effect on the Black community including a decreased number of men in Black households due to increased incarceration rates (Browning et al., 2018). Hart notes that these types of laws have intergenerational effects leading to differences in opportunity, access to wealth, and resources (2022).

Other forms of systemic discrimination are highlighted through stories shared in popular culture through works such as Bryan Stevenson's book, Just Mercy: A Story of Justice and Redemption. In the book, Mr. Stevenson describes his experience with defending Black men on death row. He describes the horrors of the jail system and the unfair incarceration of Black boys and Black men with mental illness. One salient example is Horace Dunkins. Legal officials documented Mr. Dunkins' intellectual disability and childhood trauma. Despite his documented intellectual disability, the jail staff punished him harshly for not following rules, specifically with solitary confinement. Mr. Stevenson found that the young man's mental well-being significantly deteriorated over time. Notably, the young man eventually died because of the jail's Draconian punishment procedures (Stevenson, 2014, p. 71). The treatment of this young man alludes to the irreparable harm that systemic inequality can have on marginalized individuals. Research supports this claim that systemic oppression causes harm. For example, Black communities affected by police violence report elevated feelings of anger, grief, and hopelessness (Alang et al., 2017). Further, the Black individuals directly impacted by police brutality experienced twice as high rates of negative mental health symptomatology (McLeod et al., 2020). These findings emphasize not only the negative harm that systemic inequality has on the individual but entire communities of individuals with marginalized identities.

The Effect of Discrimination. Research suggests that discrimination negatively impacts the aggressor and the target; however, more recent research has incorporated the effects of discrimination on bystanders (Sue et al., 2019). Understanding discrimination alone is not sufficient; however, it provides a helpful framework for researching and conceptualizing its harmful effects (Lefforge et al., 2020; Smith et al., 2007). Sue et al. (2019) discussed the effects of discrimination on targets, bystanders, and perpetrators in more depth.

Targets are typically the individuals that are victimized by prejudice or discrimination. Targets can include any individual with a minoritized identity (e.g., BIPOC, LGTQ+, immigrants, women, persons with disabilities). This literature review will focus on the impacts of discrimination on BIPOC. The negative impact of discrimination can include feelings of isolation, pain, and threat (Sue, 2010), as well as elevated base heart rate due to increased levels of stress (Franklin, 2004; Smith et al., 2007, 2011). The chronic negative effect of repeated exposure to discrimination has been called "Racial Battle Fatigue." This phenomenon refers to the negative impact on the psychological well-being (e.g., frustration, anger, exhaustion) and coping resources (e.g., verbally, nonverbally, physical defense) of BIPOC on predominantly White campuses (Smith et al., 2007).

There are several ways that BIPOC choose to cope with the harmful effects of discrimination including leaning on faith practices (Holder et al., 2015), social networks, changing behaviors, avoiding people or places, "fighting back," (Shorter-Gooden, 2004), collective coping (Solorzano et al., 2000), withdrawing from a harmful situation (Houshmand et al., 2017; Mellor, 2004), and racial identity development (Brondolo et al., 2009). Despite the well-categorized negative effects of microaggression, mental health professionals have done little to provide BIPOC with resources and tools to cope with discrimination's harmful effects

(Sue et al., 2019). However, one advancement includes research investigating the efficacy of healing circles and groups to help BIPOC heal and process experiences of racism (Lefforge et al., 2020).

Bystanders are individuals who observe discriminatory behavior that is especially "worthy of comment or action" (Scully & Rowe, 2009; Sue et al., 2019). Bystanders can include anyone, including individuals from the same marginalized group targeted by discriminatory behaviors (Sue et al., 2019). However, Helms (1995) argues that bystanders are typically White individuals. These types of bystanders typically believe they are good and unaware of the greater sociopolitical impact of their "whiteness." As a function of the White bystanders' particular naivete regarding the institutionalized nature of discrimination (Sue et al., 2019), they are less likely to identify discrimination and racism (Dovidio et al., 2002; Obear, 2018). To combat discrimination, Scully and Rowe (2009) argue that institutions should encourage employees to recognize discrimination and praise them for their participation in institutionalized changes. This intervention can prove efficacious through the meta-communication of allied support by the organization and within the organization (DuBois et al., 2008; Scully & Rowe, 2009).

Perpetrators are the offenders of racist acts and come from the majority group (e.g., White Americans). Sue et al. (2007) described an impactful instance of a microaggression they had experienced. Specifically, Sue (an Asian researcher) and his colleague (a Black researcher) were talking across the aisle on a plane. The flight attendant asked the two men to move to the back of the plane. The perpetrator rarely recognizes their whiteness and privilege (Helms, 1995), and the White flight attended did not either. Often, perpetrators will deny or defend their actions as non-racist, (Lefforge, Mclaughlin, Goates-Jones, & Mejia, 2020) or they cannot identify their actions as racist (Dovidio, Gaertner, Kawakami, & Hodson, 2002, Obear, 2018). This is often

due to the perception of their own "goodness" (Sue & Sue, 2016). Although perpetrators are often ignorant and well-intentioned, they fail to identify the gravity of their actions, which can compound the negative effects of 'racist abuse' (Sue, 2018). In Sue's example, the flight attendant insisted that she "wanted to ensure they could speak comfortably." Her inability to recognize the racist valence of her actions perpetuates the harm done to Sue and his colleague. Indeed, instances of discriminatory behavior have been associated with increased levels of stress and decreased health outcomes in BIPOC (APA, 2016). However, research is still needed to better understand their negative effects.

Intersectionality and Discrimination. A current obstacle in the field is understanding the unique and lived experiences of marginalized communities from a lens that is aware of bias and allows for further knowledge and exploration. The APA Multicultural Guidelines (2017) have served as a basis for psychological research, clinical, and advocacy work. The guidelines highlight several general competencies that psychologists should hold in their minds, (1) identity is fluid and complex, (2) humans are cultural beings with bias, (3) language shapes interaction, (4) environment shapes the lives of patients, (5) historical and current institutional inequalities that perpetuate inequality, (6) culturally adapted interventions are needed, (7) understanding psychology from an international lens is important, (8) using the developmental stages in biosociocultural lens can be useful, (9) working from a culturally appropriate lens informed by the Layered Ecological Model of Multicultural Guidelines can be helpful, (10) using a strength-based approach while working with patients can improve outcomes. These guidelines suggest that humans are complex and research, clinical work, and advocacy work should focus on understanding the experience of marginalized groups from a holistic and multifaceted lens. This

is due to the intersecting and multidimensional factors that can influence an individual's experience.

A way to understand the complex clinical presentation of an individual is to consider their various identities. Although intersectionality is not the focus of this study, the researchers will look at the experience of discrimination in a group of Latine who hold multiple identities. The research has established that Latine people (Constante et al., 2021) have experienced discrimination and that intersecting marginalized identities can impact the etiology of PTSD symptoms following experiences of discrimination. However, understanding the unique experience of this group is not well understood, especially considering the interweaving effects of their various identities on their experience of PTSD. This concept is called intersectionality.

Crenshaw (2013) notes that the concept of intersectionality is meant to emphasize the ways various identities (e.g., race, ethnicity, gender, sexual orientation) converge in the experience of one person, subsequently leading the individual to live a unique set of experiences. Holding the concept of intersectionality in mind while understanding the experiences of individuals with marginalized identities can improve a researcher's ability to understand the social world (Crenshaw, 2013). Cho et al., 2013, argue that integrating intersectionality into the conceptual framework of psychology can facilitate the researcher's ability to understand the multidimensional and multifactorial effects of identity in marginalized groups' experiences in a socio-cultural context (Cho et al., 2013). Other researchers argue intersectionality is a tool for understanding the interwoven effects of power and privilege on marginalized groups (Alexander-Floyd, 2012; Carastathis, 2018; Coogan-Gehr, 2011). An example of intersectionality may include the act of White women preventing Black women from voting (Terborg-Penn, 1998), or cis-women excluding trans-women from feminist discussions because trans-women are not

"real" women (Serano, 2016). The intersecting effects of discrimination on marginalized groups have been a part of the collective unconscious; however, research has only recently applied these concepts to health (Fagrell Trygg et al., 2019).

Racial Discrimination as a Predictor of PTSD. There are several factors of discrimination trauma that researchers and those creating the criterion for diagnoses fail to address according to Nadal (2018), including (1) traumatic discrimination, (2) microaggressive trauma, (3) insidious trauma, and (4) race-based traumatic stress. Traumatic discrimination refers to those who experience discrimination and the following, "(1) intense, (2) extensive and enduring, (3) threatening to one's sense of safety, and (4) causal of symptoms that are aligned with PTSD (e.g., avoidance, disassociation)." These symptoms can arise due to direct and violent discrimination such as racial hate crimes or sexual assault, overt non-violent discrimination such as harassment (e.g., bullying and sexual harassment), persistent and excessive experiences of micro or macro-aggressions (e.g., APA governing bodies not adequately representing marginalized group's needs). Microaggressive trauma refers to mental health symptomatology that arises due to the experience of extreme and continual exposure to subtle forms of discrimination. Insidious trauma refers to BIPOC's daily experiences of oppression in the forms of discrimination and poverty. These experiences are particularly harmful due to their historical and subtle nature. The research suggests that insidious forms of trauma can negatively affect psychological well-being in ways similar to PTSD (Root, 1992; Nadal, 2018).

Bryant-Davis (2007) defined race-based trauma as (1) emotional harm that is racially motivated and directed towards a person or group, (2) a race-based stressor that impedes an individual's ability to cope, (3) an interpersonal stressor that causes physical harm or threat to integrity and is racially motivated, (4) systemic or interpersonal race-based stressors that causes

psychological distress. Carter and Sant-Barket (2015) conducted a study using the Race-Based Traumatic Stress Scale (RBTSS) to understand patient's clinical presentation as it pertains to racial experiences. The researchers found that individuals who conceptualized racialized experiences as trauma compared to stress were more likely to experience personality changes. Further, their samples' experiences of trauma one month and contemporaneously were significantly correlated, which was suggestive of the pervasive negative effects of trauma across time. This is significant because these negative effects can impair life and daily functioning and general well-being in marginalized individuals.

Currently research is mixed regarding the impact of discrimination on symptoms of PTSD. Some research suggests that in Latine experience of racial microaggression significantly worsens trauma symptoms (Torres & Taknin, 2015). While other research has suggested that there is no relationship between experience of racial microaggressions and symptoms of PTSD (Haeny et al., 2023). Differences may be better explained by included populations the samples with some study's (Torres & Taknint, 2015) focusing on Latine mental health and other's including various ethnoracial groups (Haeny et al., 2023). This is notable as it highlights the current literatures limitation in understanding and categorizing Latine mental health. Indeed, in a systematic review looking at impact of racial microaggressions and psychological distress in Latine, approximately half of the included studies' participants included other etho-racial groups. The lack of specific focus on Latine serves as a limitation to extant literature on this group as study methods may lack nuance. Therefore, this study aims to increase understanding of the experiences of Latine Americans experience of trauma and discrimination. This will be done to improve cultural diagnostic ability—one of the cultural aims identified by DSM5 (p. 759).

Racial Discrimination as a Predictor of Psychological Distress. With regard to mental health functioning and well-being limited research has been done in the realm of discrimination, psychological well-being, and Latine. In a systematic review, Choi et al., 2022 identified nine studies looking at the impact of racial microaggressions on Latine mental health. The studies' authors found that racial microaggressions significantly impacted Latine mental health across various domains. Anderson & Finch (2017) found no statistical differences between English and non-English speaking Latine on symptoms of emotional and physical stress. However, Franklin et al., showed a significant psychological stress response produced by experienced racial microaggressions in a group of undergraduate and graduate students using structural equation modeling. Huynh and Gillen-O'Neel found a significant relationship between subtle forms of discrimination and sleep, with more discrimination predicting less sleep even while controlling for perceived stress. Torres and Taknint (2015) found significant relationships between experienced racial microaggressions with increased trauma and depression symptoms in Latine. Sanchz et la., (2018) found a significant relationship between racial microaggressions and psychological distress in Asian American and Latine college students. Huynh (2012) found a relationship between subtle discrimination and anxiety, anger, and stress in Latine and Asian American adolescents. Hope et al., (2018) found a significant relationship between experience of racial microaggression stress, with political activism as a mediator for the negative effects of discrimination in Latine college students. Kim (2017) found significant relationship between experience of racial microaggressions and decreased psychological well-being in African American, Asian American, and Latine undergraduate students. Other research found that racial microaggressions increased mistrust and worsened psychological well-being in Latine (Whaley, 2001; Kim 2017).

Overall, the research suggests a significant relationship between experienced racial microaggressions and various forms of psychological distress. However, it is notable that 9 studies were found in 2022 investigating into this topic (Choi et al., 2022) and approximately half of the studies found included non-Latine participants. Research needs to begin to better understand and categorize the relationship between psychological distress and racial microaggressions in Latine. As such, the current study focused specifically on Latine individuals experience of racial microaggression, psychological distress, and symptoms of trauma to continue to categorize this relationship in Latine.

Sociodemographic Factors that Impact MH/Trauma in Latine. The research suggests that various sociodemographic factors impact mental health symptoms such as socio-economic status (SES), immigration status, housing access, access to health care, education, access to childcare, and language ability (Marmot, 2005). These factors are important to consider with regard to Latine individuals. Indeed, the APA Multicultural Guidelines (2007) indicate that psychologists should consider intersecting identities in researching diverse individuals. Further, the guidelines suggest that it is important to take an ecological approach in the conceptualization of mental health symptoms in diverse individuals. This is because humans exist as individuals interacting with complex systems, societies, cultures, and historical factors that can influence the etiology of mental health disorders. Historically, mental health access has been primarily available to individuals who were upper middle class, white, and cis-women—the predominant subjects of early psychological research. As such, research is limited in understanding the multifaceted factors that impact mental health, especially in diverse individuals such as Latine.

Research has begun to look into the impact of subjective social status (SSS) to attempt to identify its impact on mental health in Latine to start to understand the impact of

sociodemographic factors on mental health. SSS refers to an individual's perception of their place in society and SES (Marmot, 2005). The purpose of SSS is to attempt to allow individuals to integrate nuances of their lived experiences and values that may impact their perception of their standing in society (Alder et al., 2000). For example, immigration to the United States may lead a Latine family to experience a lower SSS trajectory in comparison to their standing in their home country, which may impact their mental health negatively. However, this relationship may be mediated by hope and aspiration for upward mobility in SSS in the United States, which would act as a protective factor against the negative impact of lower SSS in this population (Rumbaut, 2006). However, this research is limited. A study conducted by Dawson, Carvalho, and Cuevas (2021) investigated these disparities. Specifically, the study team researched the relationship between SSS, mental health disparities, and discrimination in Latine. The researchers found that SSS significantly contributed to lower mental and physical well-being and that the relationship was significantly mediated by experiences of discrimination. The authors argued these findings emphasize the importance of investing in interventions to help buffer against the impact of microaggressions on the mental and physical well-being of Latine. The study also emphasizes the need to better understand the impact of discrimination on mental health symptoms and better explain its role in symptomatology etiology (Dawson, Carvalho, & Cuevas, 2023).

Further, social factors such as socioeconomic status or lack of resources (e.g., access to insurance and discrimination) have been shown to significantly impact PTSD symptoms. Indeed, several studies have found that sociodemographic factors such as education, income, poverty, and work difficulties act as a risk factors for PTSD symptoms in Latine and account for variance outside of ethnic identity (Adams & Boscarino, 2006; Balsam et al., 2010; DiGrande et al., 2008;

Galea et al., 2008; Galea et al., 2004; Norris, Perilla, Ibañez, et al., 2001; Rodriguez et al., 2008). However, other studies have found that this relationship does not exist in their sample (Bowler et al., 2010; Heilemann et al., 2005; Stampfel et al., 2010; Williams et al., 2008; Zatzick et al., 2007). Other research suggests that higher education can also serve as a protective factor for PTSD symptoms; however, it is notable that less education is associated with lower well-being compared to more educated Latine peers (Roberts et al., 2011). The inconclusiveness of the research emphasizes the need for researchers to better categorize the impact of demographic factors on Latine mental health.

Ethnic Identity. There have been long discussions over the differences between the constructs of race and ethnicity. Researchers have argued that race refers to skin tone and ethnicity refers to shared cultural beliefs and norms held by a group of people (Phinney, 1996). Although scientists have discussed the differences between race and ethnicity, non-scientists rarely know the difference. Cokley (2007) argued that ethnicity is a "euphuism" for race. Differences in individual lived experiences among diverse groups further conflate the constructs. For example, studies have found that Black Americans find that their ethnicity and race are inseparable due to the roots of discrimination in slavery (Yip et al., 2010), while other ethno-racial groups experience discrimination because of immigration status or language ability (Umaña-Taylor et al., 2014). Further, the importance of ethnic identity can convolute the effects of discrimination on a person from a minoritized group (Schwartz et al., 2014). Although researchers have discussed the differences between ethnicity and race, they have not categorized the differences well (Schwartz et al., 2014). Therefore, this study will focus on ethnicity, while recognizing that race and ethnic experiences can vary based on the understanding of the

constructs by the participant. Further, the researchers will use the term Latine to speak to the unique experience of individuals with cultural identity ties to Latin America.

A predominating theory regarding ethnic identity and ethnic identity formation includes Phinney's (1996) model. Erikson's (1969; 1982; 1959) psychosocial stages of development and Marica's (1996; 1988) model of psychosocial ego-identity formation inspired Phinney's (1996) model of ethnic identity development. Phinney's ethnic identity formation model includes three stages: (1) unexamined ethnic identity, (2) Ethnic identity search/moratorium, and (3) ethnic identity achievement. It is important to note that these stages focus on the development of, as opposed to the content of, ethnic identity (Phinney & Alipuria, 1990). During the first stage, an individual from a marginalized group typically accepts the values and attitudes of the majority culture. These values include negative views of their ethnic group (Atkinson et al., 1983). Some examples of common beliefs an individual may have can include, "I believe the White man is superior intellectually," or "Sometimes I wish I belonged to the White race" (Phinney, 1996, p. 66). Marginalized groups also view themselves through the lens of the majority group, including negative views (Kim, 1981). This may lead to feelings of shame due to the physical and cultural characteristics held by the marginalized group, especially if they differ from the majority group (Phinney, 1996 p. 68). During interviews with young Mexican Americans Phinney (1989) found that participants endorsed a desire to be White. Although beliefs can include negative views, this stage is better categorized through accepting beliefs about one's identity sans thought. This is like Macia's (1996; 1988) identity foreclosure stage, in which a person accepts ideas about themselves without question. Previous research found that Mexican American youth reported similar views to their parents about their ethnic identity (Cross, 1978; Kim, 1981). Therefore,

this stage can include a marginalized individual holding similar views to the majority culture or their group, and these views are accepted without thought (Phinney, 1996).

According to Phinney (1996), the second stage is the point at which a young person encounters a situation that prompts them to gain a deeper understanding of their ethnic identity (p. 69). Erikson (1968) referred to this part of identity development as a "turning point" in the person's understanding of themselves. The event that prompts this change can be personal, social (Cross, 1978), or political (Kim, 1981). These prompting events can include discrimination (Phinney, 1996, p.69) or education. However, these prompting events must lead the individual to understand that the values held by the dominant group may not benefit their group (Atkinson et al., 1983). This stage can lead to high emotionality (Kim 1989, p. 149; Cross, 1978) and increased interest in learning about the individual's culture (Phinney, 1989).

After the individual has investigated their own ethnic identity, they transfer into the third stage—or feeling secure in their ethnic identity (Phinney, 1996 p. 71). As an individual has resolved any uncertainties during this state (Marcia, 1980), a person will experience a sense of calm, security (Cross, 1978), fulfillment (Atkinson et al., 1983), improved self-esteem (Phinney & Alipuria, 1990), and improved relationships (Phinney, 1989). Kim (1981) found that, during this stage, Asian and American individuals held a holistic view of their identity. Interestingly, researchers found a significant relationship between ego identity achievement and ethnic identity achievement, with stronger ego identities leading to stronger ethnic identities in BIPOC youth (Phinney, 1989). As a function of this, Phinney argues that understanding a person's ethnic-identity development can improve mental health resources and interventions for BIPOC (Phinney, 1996, p. 76).

Although the current study will not investigate where Latine Americans are within the ethnic identity development model, these factors are important to keep in mind while working with this population. This is because where one is within the development of their ethnic identity can influence the ways they interpret acts of discrimination. Indeed, if an individual experiences identity foreclosure before fully understanding their own ethnic identity during the first stage, the individual may hold some form of internalized discrimination which could subsequently impact their understanding of an experience of discrimination (Phinney, 1996). Therefore, the researchers will hold in their mind the ideas of ethnic identity and ethnic identity development during the proposed study.

Purpose of the Current Study. The purpose of the current study was to investigate the relationship between the experiences of microaggressions on symptoms of trauma and psychological distress in a community sample of Latine individuals. Limited research has unpacked this relationship within the Latine communities, and therefore the current study aims to provide more insight into the lived experiences of Latine navigating microaggressions and the associations to symptoms of trauma and psychological distress. It is hypothesized that (1) experiences of microaggressions will significantly predict increased levels of psychological distress in Latine and (2) experiences of trauma will act as a significant mediator between the relationship of microaggressions and psychological distress, with increased levels of reported trauma leading to increased levels of psychological distress in Latine.

This study will also explore the moderating effects of various demographic factors on the relationships between microaggressions and symptoms of trauma and psychological distress among Latine individuals. This study is particularly important as research has shown that discrimination is systemic (Feagin, 2013), multifaceted, and the role it can play in an individual's

life can vary (Sue, 2010), and that demographic factors can impact the relationship between racial microaggressions and psychological well-being in Latine (Choi et al., 2022). However, despite this, limited research has investigated the unique role discrimination plays on symptoms of PTSD and the ways sociodemographic factors impact that relationship. Thus, the researchers will investigate the observed effect of demographic factors (e.g., SES, income, and immigration status) on the relationship between microaggressions and psychological distress. The researchers will investigate into: (1) socioeconomic status as a moderator on the relationship between microaggressions and psychological distress in Latine; (2) income as a moderator on the relationship between microaggressions and psychological distress in Latine; (3) immigration status as a moderator on the relationship between microaggressions and psychological distress in Latine; (4) socioeconomic status as a moderator on the relationship between microaggressions and psychological stress in Latine; (5) forms of microaggressions as predictors for reported symptoms of traumatic stress in Latine and (6) the relationship between types of psychological distress (e.g., stress, anxiety, and depression) and racial microaggressions in Latine.

Chapter 3: Method and Analysis

Participants. The current study investigated the impact of racial microaggression and trauma stress on symptoms of psychological distress in a group of Latine individuals. Data were collected during the spring of 2024 (January to February) through an online platform where participants were monetarily compensated for their time (i.e., five dollars for study participation). The research team recruited 434 participants who self-identified as Latine US residents through an online survey using Qualtrics®. To participate in this study individuals must have met the following criteria: (1) 18 years or older, (2) currently living in the United States, (3) have a fluent understanding of the English language to complete measures, and (4) identify as Latine/LatinX/Hispanic. The survey included a consent form, a demographics questionnaire, various psychological measures, and a microaggressions questionnaire (see Figure 2). Participants took an average of 10 minutes to complete the study.

Participants included 434 Latine individuals approximately half identified as women (n = 220; 50.7%) approximately half identified as a man (n = 211; 48.6%), 0.2% preferred to not respond (n = 1), and 0.5% identified as another gender (n = 2). Regarding education participants received high school or GED (n = 173, 39.9%); attended college but not completed (n = 8; 18.4%); associates degree (n = 45; 10.4%); bachelor's degree (n = 66; 15.2%); master's degree (n = 25; 5.8%); doctoral or professional degree (n = 5; 1.2%); and trade/vocation (n = 13; 3.0%). The majority were housed (n = 360; 82.9%); not housed (n = 62; 14.3%); preferred not to answer (n = 12; 2.8%). With regard to sexuality participants included Bisexual (n = 28; 8.8%); Fluid (n = 1; 0.2%); Gay (n = 12; 2.80%); Heterosexual (n = 361; 83.2%); Lesbian (n = 5; 1.2%); Pansexual (n = 3; 0.7%); Queer (n = 1; 0.2%); Questioning (n = 2; 0.5%); Other (n = 6; 1.4%); Preferred not to answer (n = 5; 1.2%). With regard to military service participants included

Veterans (n = 26; 6.0%); Active duty (n = 4; 0.9%); and non-military civilians (n = 404; 93.1%). With regard to immigration status participants immigrated to the U.S. after 12 (n = 24; 5.5%); immigrated before the age of 12 (n = 34; 7.8%); were born in the U.S. and one of their parents immigrated to the U.S. (n = 141; 32.5%); they and their parents were born in the U.S. and one of their grandparents immigrated to the U.S. (n = 108; 24.9%); their parents and grandparents were born in the U.S. (n = 121; 27.9%); other (n = 6; 1.4%; see Table 1).

Measures. Demographic Questionnaire. A demographic questionnaire was administered to obtain demographic information including age, ethno-racial identity, gender, individual and parental educational obtainment, income, housing, sexual identity, Veteran status, immigration status, and SES. The demographic questionnaire was created following the American College Personnel Association or the College Student Educators International (ACPA/CSEI) 2013 Standards. The demographic questionnaire can be found in Figure 1.

The Racial Microaggressions Scale (RMAS). The RMAS is a 32-question assessment tool used to gather information regarding individuals' experiences around racial microaggressions. The questions are on a scale from 0 to 3 (e.g., 0 = never, 1 = Rarely, 2 = Sometimes, and 3 = often). The scale was found to have the following 6 factors, (1) "Invisibility," the authors noted that this refers to being treated as having lower status, and being dismissed or devalued, (2) "Criminality," the authors referred to this as being treated as though one is a criminal or aggressive, (3) "Low-Achieving/ Undesirable Culture," assuming that those from a similar ethno-racial background are unintelligent, and not capable of achieving, (4) "Sexualization," those from various entho-racial backgrounds being treated in a way that aligns with sexual stereotypes, (5) "Foreigner/Not Belonging," being treated as though one is foreign-born and not a "real" American, and (6) "Environmental Invalidations," seeing the limited

representation of one's ethno-racial group in various socio-demographic settings including work, school, community settings, or persons with positions of power. These factors are important to note as they relate to the various types of microaggressions identified by Sue et al. (2007) in their seminal article describing the types and impact of microaggressions. The RMAS is a psychometrically valid measure with good internal consistency Environmental Invalidations (α = 0.81), Foreigner/Not Belonging (α = 0.78); Sexualization (α = 0.83), Low-Achieving/Undesirable Culture (α = 0.87), Criminality (α = 0.85), and Invisibility (α = 0.89); Convergent Validity was good with all 6 factors significantly correlating to the Schedule of Racist Events Scale (SRE) $p < 0.01$; and Concurrent Validity was good with ethno-racially diverse individuals scoring statistically significantly higher than their white peers $p < 0.001$ across all six factors (Torres-Harding et al., 2012). The RMAS was shown to be a psychometrically valid measure with good internal consistency within this sample for a total score (α = 0.97). The RMAS was used as a questionnaire to understand the extent to which participants have experienced ethno-racial microaggressions within this sample.

The Short Post-Traumatic Stress Disorder Rating Interview (SPRINT). The SPRINT is an 8-question self-report measure that looks at symptoms of PTSD. The measure looks at the core symptom clusters of PTSD including intrusion, avoidance, numbing, and arousal. The measure also collects data on somatic malaise, stress vulnerability, and social impairment. Participants rate experienced symptoms on a 5-point scale from 0 = not at all to 4 = very much. The measure has been shown to correlate with PTSD symptoms over time and demonstrates good psychometric properties. The SPRINT has been shown to have good test-retest reliability with an intraclass correlation coefficient (ICC) of 0.78 $p < 0.001$, good internal consistency (α = 0.77), and good convergent validity compared to the total Davidson Trauma Scale score (DTS) r =

0.73, and good construct validity (Connor & Davidson, 2001). The SPRINT was shown to be a psychometrically valid measure with good internal consistency within this sample for a total score ($\alpha = 0.88$). The measures authors suggest that psychologists use a cutoff score of 14 as a guideline for further assessment. Indeed, those who scored between symptoms ratings of 14-17 were associated with 96% accuracy for PTSD with those with trauma. For this study, reported symptoms were used on a continuous scale to look at the level of impact between the relationship of microaggressions and PTSD symptoms; therefore, the suggested cut-off score was not used.

The Depression and Anxiety and Stress Scales (DASS-21). The DASS-21 is a 21-question self-report measure assessing experiences of negative emotions during the past week. Participants rate symptoms on a 4-point scale from 0 = did not apply to me to 3 = applied to me very much, or most of the time. The scale was found to have the following 3 subscales, (1) depression, (2) anxiety, and (3) stress. The DASS-21 was shown to have good internal consistency across all subscales in a general population (i.e., depression: $\alpha = 0.83$; anxiety: $\alpha = 0.78$; stress: $\alpha = 0.87$), and similar results were found in a sample of Latine individuals (i.e., depression: $\alpha = 0.83$; anxiety: $\alpha = 0.79$; stress: $\alpha = 0.84$). The measure also demonstrated good convergent and discriminant validity (Norton, 2007). The DASS was shown to be a psychometrically valid measure with good internal consistency within this sample (total score: $\alpha = 0.88$; depression: $\alpha = 0.64$; anxiety: $\alpha = 0.74$; stress: $\alpha = 0.71$). The DASS-21 was used as a measure looking at psychological distress in this sample.

Data Entry and Screening. Data were exported to SPSS followed by direct participant data entry into an online software program (Qualtrics). Participants were prompted to answer all questions prior to continuing with the survey. This eliminated missing data and data errors from manual data entry. The researchers followed the data screening and cleaning recommendations in Tabachnick and Fidell (2013) table 4.4 (p. 91). Box plots were used to check for univariate outliers, no outliers were identified. Both skewness and kurtosis were evaluated using histograms. Data was considered normally distributed if skewness and kurtosis were between ± 1.0 (Mallory, 2010). We determined that the data was linear by plotting standardized residuals against predicted values, so we did not carry out any transformations. Multivariate outliers were looked at using the Mahalanobis distance test, no multivariate outliers were found. Last, we examined the data for multicollinearity (e.g., variables with high correlation) and singularity (e.g., redundant variables) by analyzing the covariance and correlation matrix.

Main Analyses: Hypothesis one. The study hypothesis was tested using simple linear regression analysis to see if the experiences of microaggressions significantly predict levels of psychological distress in Latine individuals.

Hypothesis two. The study hypothesis was tested using mediational analysis to see whether symptoms of trauma are mechanisms for the relationship between microaggressions and psychological distress. That is, do trauma symptoms mediate the relationship between the experiences of microaggressions and the effect on psychological distress in Latine individuals?

Hypothesis three. The researchers further explored whether there are individual variations among Latine individuals with the experiences of microaggressions and the relationships to psychological distress and symptoms of trauma. Specifically examining the individual variations

of SES, gender, and immigration status and the moderating effects of these demographic factors in Latine individuals.

Results. Hypothesis One. A simple linear regression was used to analyze whether microaggression predicts psychological distress (DASS; Torres-Harding et al., 2012). Microaggressions significantly predicted psychological distress, $\beta = 0.35$, $t = 12.15$, $p < 0.001$. Microaggressions also explained a significant proportion of variance in psychological distress, $R^2 = 0.26$, $F(1, 432) = 147.58$, $p < 0.001$.

Hypothesis Two. The researchers used Hayes' (2013) Macro PROCESS via bootstrapping method Model 4 to investigate into the indirect effect (IE) of microaggressions on symptoms of psychological distress via trauma stress (i.e., IE = i.e., IE = path a x path b; a = the effect of microaggressions on the mediator of trauma stress, b = the effect of trauma stress on psychological distress) the bias corrected 95% CI around the IE from 5000 bootstrap re-samples. The researchers accepted the IE as statistically significant if its bias corrected 95% CI excluded zero. We accepted the IE if the bootstrapping confidence interval falls outside of and above 0 which is evidence for substantial framing in mediation. The results showed that there was a significant total effect between microaggressions and psychological distress (B = 0.21, SE = 0.023, $p < 0.001$, 95% CI [0.157, 0.259]), and path a (i.e., microaggressions on trauma stress) (B = 0.17, SE = 0.019, $p < 0.001$, 95% CI [0.130, 0.206]) and path b (i.e., trauma stress on psychological distress) (B = 0.87, SE = 0.060, $p < 0.001$, 95% CI [0.752, 0.986]) were both significant. Finally, when trauma stress entered the relationship between microaggressions and psychological distress, a significant indirect effect (B = 0.15), based on the 5,000 bootstrap resamples was above zero (95% CI [0.107, 0.189]). Hence, trauma stress is considered as a mediator for microaggressions on psychological distress (see Figure 3).

Exploratory Analyses. The researchers used Hayes' (2013) PROCESS macro (Hayes, 2013) via bootstrapping method Model 1 to investigate the observed effect of demographic factors (e.g., SES, income, and immigration status) on the relationship between microaggressions and psychological distress.

Exploratory Analysis: Socioeconomic Status as a Moderator on Psychological Distress. The interaction between X and M was not significant for SES ($b = 0.002$, $SE = 0.011$, $t = 0.133$, $p = 0.894$), indicating that the relationship between X and Y was not moderated by M.

Exploratory Analysis: Income as a Moderator on Psychological Distress. The interaction between X and M was not significant for income ($b = -0.019$, $SE = 0.18$, $t = -1.081$, $p = 0.280$), indicating that the relationship between X and Y was not moderated by M.

Exploratory Analysis: Immigration Status as a Moderator on Psychological Distress. The interaction between X and M is nearing significance for immigration status ($b = -0.047$, $SE = 0.024$, $t = -1.936$, $p = 0.536$), indicating that the relationship between X and Y was not moderated by M.

Exploratory Analysis: Socioeconomic Status as a Moderator on Psychological Stress. The observed effect of socioeconomic status status on the relationship between microaggressions and psychological stress (DASS-Stress) demonstrated a statistically significant relationship between X and M ($b = 0.090$, $SE = 0.0163$, $t = 5.504$, $p = 0.028$), indicating that the relationship between X and Y was moderated by M. The simple slope of X on Y was significant at low levels of M ($b = 0.131$, $SE = 0.132$, $t = 9.906$, $p < .001$), moderate levels of M ($b = 0.110$, $SE = 0.0114$, $t = 9.636$, $p < .001$), and high levels of M ($b = 0.0895$, $SE = 0.016$, $t = 5.504$, $p < .001$). Results are evident of a moderational relationship (see Figure 4).

Exploratory Analysis: Forms of Microaggressions as Predictors for Reported Traumatic Stress. Multiple regression was run to predict various forms of microaggressions (e.g., invisibility, criminality, low-achieving/ undesirable culture, sexualization, foreigner/not belonging, and environmental invalidations) on reported traumatic stress (SPRINT; Torres-Harding et al., 2012). This resulted in a significant model, $F(6, 433) = 13.87$, $p < 0.001$, $R2 = 0.163$. The individual predictors were examined further and indicated that sexualization ($t = 2.963$, $p < 0.01$) was significant; while invisibility ($t = 0.777$, $p = 0.437$), criminality ($t = 1.087$, $p < 0.277$), low-achieving/ undesirable culture ($t = 1.065$, $p = 0.288$), foreigner/not belonging ($t = -0.790$, $p = 0.430$), and environmental invalidations were not ($t = 0.927$, $p = 0.354$).

A multiple regression analysis was run to predict various forms of microaggressions (e.g., invisibility, criminality, low-achieving/ undesirable culture, sexualization, foreigner/not belonging, and environmental invalidations) on psychological distress (DASS; Torres-Harding et al., 2012). This resulted in a significant model, $F(6, 433) = 25.62$, $p < 0.001$, $R2 = 0.265$. The individual predictors were examined further and indicated that sexualization ($t = 2.369$, $p = 0.018$) and invisibility ($t = 2.636$, $p = 0.009$) were significant; while criminality ($t = 0.793$, $p = 0.428$), low-achieving/ undesirable culture ($t = 1.078$, $p = 0.282$), foreigner/not belonging ($t = -1.021$, $p = 0.308$), and environmental invalidations were not ($t = 1.652$, $p = 0.099$).

Exploratory Analysis: Psychological Distress and Racial Microaggressions .The researchers ran a one-way multivariate analysis of variance (MANOVA) and found a statistically significant relationship between levels of psychological distress (e.g., anxiety, depression, and stress) based on racial microaggressions experienced, $F(252, 1041) = 1.764$, $p < .001$; Wilk's $\Lambda = 0.344$, partial $\eta^2 = 0.299$. The results suggest that racial microaggressions have a statistically

significant effect on symptoms of anxiety ($F(84, 349) = 2.986$; $p < 0.001$; partial $\eta^2 = 0.418$), depression ($F(84, 349) = 2.611$; $p < 0.001$; partial $\eta^2 = 0.386$), and stress ($F(84, 349) = 3.175$; $p < 0.001$; partial η^2).

Chapter 4: Discussion

The purpose of the current study was to look into the relationship between reported experiences of microaggressions on symptoms of psychological distress and trauma in Latine individuals. The researchers also sought to better understand the relationship between microaggressions, psychological distress, and sociodemographic factors through exploratory analyses. This study is particularly important and novel as research studying Latine is limited, and the role of trauma in the relationship between microaggression stress and psychological stress is not well categorized in this group. Further, researchers have discussed that the role of sociodemographic factors on psychological distress in Latine needs study, so the researchers conducted exploratory analyses to better categorize this relationship.

Hypothesis One: Microaggressions Relationship to Psychological Distress. The findings demonstrate that microaggressions significantly predicted psychological distress. These results support previous findings in the scientific literature that have established the deleterious effects of microaggressions on psychological well-being (Smith et al., 2007) including increased stress (Franklin, 2004; Smith et al., 2007, 2011), pain, and isolation (Sue, 2010). Further, other researchers have proposed that chronic experiences of microaggressions constitute a form of trauma, stating that microaggressive stress can negatively harm the target's psychological well-being in ways reminiscent of PSTD (Root, 1992; Nadal, 2018). As such, this study's findings support the extant literature and highlight the importance of increasing understanding of the myriad of ways microaggressions can impact mental health and treatment implications. Indeed, clinicians need to be aware of microaggressions' impact in the clinical space as previous research suggests that clinicians can further perpetuate harm to patients by expressing microaggressive comments in the therapeutic space (Sue et al., 2007).

Hypothesis Two: Symptoms of Trauma as a Mediator. The findings demonstrate a significant total effect linking microaggressions to psychological distress, with both Path A (microaggressions on psychological distress) and Path B (microaggressions on trauma stress) exhibiting significance. These results suggest the presence of a mediational relationship. When trauma stress was entered into the relationship between microaggressions and psychological distress, a significant indirect was found. Hence, trauma stress is considered as a mediator for microaggressions on psychological distress. The significant mediation effect of trauma suggests that past experiences of trauma may exacerbate the negative impact of microaggressions on psychological well-being in Latine. This underscores the importance of addressing both individual-level experiences of discrimination and broader societal factors contributing to experiences of microaggressive trauma, using interventions aimed at promoting mental well-being in BIPOC. Indeed, research has shown that experiences of discrimination are perpetuated on both micro and macro levels (Sue et al., 2007; Sue et al., 2014), and as these results demonstrate that discrimination can negatively impact psychological well-being. Furthermore, the nuanced understanding of these dynamics can inform culturally sensitive approaches to therapy and support services tailored to the unique needs of Latine. Indeed, research has begun to identify the importance and utility of including microaggressions in group treatment for various mental health difficulties (Lefforge, 2020). Future research should continue to explore these relationships to develop more targeted interventions aimed at reducing psychological distress and promoting resilience within Latine, especially as it pertains to increasing well-being following the experience of a traumatic stressor.

Further, the findings provide support for the argument that trauma stress causes a cumulative negative effect on psychological well-being. Existing literature suggests that the

increased number of traumas experienced by an individual increases their probability of encountering mental health difficulties including depression (Mandelli, Petrelli, & Serretti, 2015), anxiety (Fernandes & Osório, 2015), and complex PTSD (Hyland et al., 2017). The findings of this study align with this perspective, indicating that trauma stress may exacerbate the impact of microaggressions on psychosocial distress among Latine. Therefore, exploring trauma stress and microaggressions as interconnected sources of stress may offer valuable insights into understanding and addressing mental health challenges within this population.

The results of this study underscore the importance for researchers and clinicians to include microaggressions, trauma stress, and psychological distress during intake, assessment, and research procedures in clinical practice. While the negative impact of microaggressions on psychological distress has been well-established in the literature (Robinson-Perez, Marzell & Han, 2020; Knighton et al., 2022; Torres-Harding & Turner, 2015; Wong et al., 2014), this study suggests that traumatic stress may exacerbate or better explain this relationship among Latine. However, the research in this area remains limited (Torres & Taknint, 2015), indicating a need for further research to be conducted in this area. Additionally, including assessment of these factors in clinical practice can improve outcomes by providing psychologists with a more comprehensive understanding of the unique challenges faced by Latine patients. By incorporating assessments of microaggression and trauma-related stressors into intake procedures, treatment planning, and research studies psychologists can tailor interventions to address the specific needs and experiences of Latine, ultimately improving treatment outcomes and promoting the overall well-being of Latine communities.

The study results highlight the need for culturally competent interventions to address the psychological distress experienced by Latine due to microaggressive and trauma stress. To

address this disparity, psychologists should develop community-based psychoeducation programs to increase awareness and understanding of microaggressions and their impact on mental health within the Latine community. These programs can provide coping skills as research has shown that positive psychological coping significantly lowers a stress reaction (Schäfer, Pels, & Kleinert, 2020), and resilience-building techniques have been shown to improve psychological outcomes in individuals (Smith et al., 2016) to help individuals navigate discriminatory experiences effectively. Further, the integration of community members can improve the accessibility and comprehensibility of the education program. Notably, research has begun to emphasize the importance of community engagement in research and dissemination to improve the quality and accuracy of research for diverse populations (Rodriguez Espinosa & Verney, 2021).

Further clinicians can incorporate culturally competent therapeutic approaches, such as adapting well-established evidence-based protocols, such as cognitive-behavior therapy (CBT), to incorporate Latine cultural values and beliefs. Culturally adaptive interventions have been shown to improve outcomes across various cultural domains including age, ethnicity, language, and cultural values and beliefs (Rathod et al., 2018). This approach can help individuals challenge negative thought patterns related to microaggressions and trauma while promoting cultural strengths and utilizing positive coping skills from a culturally adaptive lens. However, it is important to note that research around culturally adaptive mental health interventions require further investigation (Rathod et al., 2018). Other impactful clinical approaches include integrating decolonized psychological treatments that integrate traditional healing practices in the therapy space. Decolonized approaches can include storytelling, dancing, spiritual/religious practices, and music. Recent findings suggest that these approaches are effective in diverse

populations (Gone, 2021). As such, future research should continue to categorize the influence of decolonized therapeutic approaches on treatment outcomes, especially in the realm of microaggressive trauma stress in Latine.

Practitioners can also implement community-based interventions that provide social support and safe spaces for Latine to process their experiences of stress due to discrimination and share their knowledge of available resources. Group therapy, support groups, and community outreach programs can facilitate healing and promote a sense of belonging and solidarity within minoritized communities. This is important as research suggests that community involvement is imperative in effectively aiding in the healing process following the experience of traumatic stress (Bryant-Davis, 2019), and providing support due to microaggression stress (Lefforge et al., 2020) in Latine. However, future research should continue to investigate the ways psychologists can better integrate into the community to provide psychological and emotional support to Latine.

Furthermore, psychologists can advocate for systemic changes to address the root causes of microaggressions and trauma, such as supporting policies promoting social justice and equity. Indeed, racist policy has been shown to have deleterious negative effects on the mental health functioning of BIPOC (Sue et al., 2014). By addressing both individual and systemic factors contributing to psychological distress, psychologists can contribute to the well-being and resilience of the Latine community. This can be done by promoting a policy that supports equal access to resources, opportunities, and education. Psychologists can also advocate for inclusive research, culturally adaptive interventions, and the inclusion of diverse students in psychology programs to expand the lens of research currently being done by predominantly White individuals in academic settings (Roberts et al., 2020).

Exploratory Analysis: Socioeconomic Status as a Moderator on Psychological Stress. The results of this study shed light on the nuanced relationship between microaggressions and psychological stress among Latine, with socioeconomic status emerging as a significant moderator. Our findings show that the impact of microaggressions on psychological stress varies depending on an individual's socioeconomic status, suggesting the importance of considering socioeconomic-related factors in understanding mental health outcomes within this population. Specifically, our analysis revealed that, when examining the simple slope of microaggressions on psychological stress at different levels of socioeconomic status, the relationship was significant at low, moderate, and high levels of socioeconomic status. This suggests that regardless of an individual's socioeconomic status background, experiences of microaggressions consistently contribute to psychological stress among Latine.

Results highlight the need for tailored interventions that address the unique challenges faced by individuals with varying socioeconomic statuses. Indeed, results concur with previous research findings that suggest that socioeconomic status significantly impacts mental health (Marmot, 2005). Psychologists can play a crucial role in mitigating the impact of acculturation on mental health by providing culturally sensitive care that addresses the role of socioeconomic status-related stressors on mental health. Advocacy efforts aimed at addressing systemic inequalities in policies promoting significant disparities in economic resources may help mitigate the negative impact of discrimination and marginalization on psychological well-being among Latine immigrants, as well. This is notable as research suggests that income inequality is increasing in the U.S. (Manduca, 2018) and other research has shown a relationship between economic disparities and policy, with these disparities impacting health generally (Woolf & Braveman, 2011). Overall, our study underscores the importance of considering socioeconomic

status as an important factor in understanding and addressing mental health disparities within the Latine community. By recognizing the intersecting influences of microaggressions, socioeconomic status, and psychological stress, psychologists can develop more targeted interventions to promote resilience and well-being among Latine individuals, regardless of their economic background.

Exploratory Analysis: Forms of Microaggressions as Predictors for Reported Traumatic Stress. The multiple regression analysis conducted in this study aimed to explore the relationship between various forms of microaggressions and reported traumatic stress among participants. The results revealed a significant overall relationship, suggesting that the combined influence of the predictor variables—specifically, invisibility, criminality, low achieving, undesirable culture, sexualization foreigner, and environmental invalidation—was significantly related to reported traumatic stress. Upon closer examination of the individual predictors, sexualization emerges as the only significant predictor of reported traumatic stress, while the remaining forms of microaggressions (invisibility, criminality, low achieving, undesirable culture, foreigner, and environmental invalidations) did not reach statistical significance. This finding shows that experiences of sexualization, such as objectification or sexual stereotypes, may have a significant impact on individuals that reported traumatic stress levels. These results have important implications for understanding the differential effects of various forms of microaggressions on mental health outcomes. Specifically, they highlight the need for researchers and practitioners to consider the unique psychological consequences associated with different microaggressions. With sexualization, interventions may need to focus on addressing issues related to objectification, boundary violations, and sexual harassment to mitigate the impact on an individual's traumatic stress levels (Skinta & Torres-Harding, 2022). Indeed, researchers have

argued for further investigation of and advocacy for feminist activism and scholarship to better understand and advocate for an individual's agency and resistance as it pertains to sexualization (Lerum & Dworkin, 2009). Our studies' findings also underscore the importance of incorporating intersectionality into research and clinical practice, as individuals may experience multiple forms of microaggressions simultaneously, each with its unique contribution to psychological distress (Moody & Lewis, 2019; Nadal, Erazo, & King, 2019). Future studies should continue to explore the complex interplay between various forms of microaggressions and mental health outcomes to develop more nuanced interventions tailored to the specific needs of diverse populations.

Exploratory Analysis: Psychological Distress and Racial Microaggressions. The findings of this study provide valuable insights into the impact of racial microaggressions on levels of psychological distress (e.g., anxiety, depression, stress). The results of the one-way MANOVA revealed a statistically significant effect of racial microaggressions on symptoms of anxiety, depression, and stress among Latine participants. These findings underscore the detrimental effects of racial microaggressions on the psychological well-being of Latinos, highlighting the need for increased awareness and psychological resources dedicated to addressing these experiences within this population. The significant relationships observed between racial microaggressions and multiple dimensions of psychosocial distress suggest that these experiences may contribute to a broad range of mental health symptoms, including anxiety, depression, and stress. This highlights the need for clinicians to understand the root causes of distress in Latine to ensure that intervention efforts their distress from an ecological and multifactorial lens. This is because researchers suggest that treatment improves when clinicians

use a culturally integrative approach to treatment (Hilty et al., 2020). However, further research is needed to better categorize the utility of cultural integration and treatment outcomes.

The findings also highlight the importance of considering the intersectionality of race and ethnicity in understanding mental health disparities (Harari & Lee, 2021; Keith & Brown, 2018). Therefore, interventions aimed at providing culturally adaptive care are imperative in this population (Hall et al., 2016). The results emphasize the need for psychologists to consider the importance of increasing their cultural competence around providing culturally sensitive care to Latine to better treat these mental health difficulties. This is because traditionally marginalized communities have not always had access to fair treatment of mental health conditions. Indeed, historically APA presidents and psychologists have supported eugenics organizations (Pilgrim, 2008), studied predominantly white populations (Buchanan et al., 2021), and pathologized the suffering of marginalized communities (Sorentino, 2022). These systemic and historic forms of discrimination have decreased the quality and access of mental health services in this group (Buchanan et al., 2021), so intentionality around caring for their unique needs while avoiding harm is imperative. As the results of this study have shown, the negative effects of microaggressions can exaggerate negative mental health symptomatology, and studies have found that mental health providers have been perpetrators of microaggressions (Dictado & Torres-Harding, 2023). This is alarming, as the perpetuation of microaggressions causes direct harm; however, it also impairs the therapeutic relationship between therapist and patient (Owen et al., 2011; Yeo & Torres-Harding, 2021)—which research suggests is the most important factor in enacting effective psychological change in patients. As such, the results highlight the need for providers to continue to seek further education on microaggressions to improve their ability to provide culturally competent care and avoid perpetuating harm to their patients.

Further, our findings underscore the importance for psychologists to invest in decolonized therapies, recognizing the historical context of harm perpetuated onto marginalized communities, including Latines, by traditional psychological practices. The legacy of such harm has fostered a deep-seated distrust of the institution of psychology within these communities, resulting in decreased utilization of psychosocial services (DiMartino, 2021). The decolonization of therapy refers to the practice of removing "colonization" from psychological practices, with colonization referring to the subjugation, dominance, erasure, and minimization of the practices of indigenous groups. Colonization practices stripped from our modern conscious traditional healing practices that were commonly used in indigenous communities, such as dancing, storytelling, and music (Sharma, R., & Kivell, 2024; Gone, 2021). Currently, psychological treatment of mental health ailments centers on ideologies studied in institutions with predominantly white researchers and their healing practices based on 15th-century European values. By centering healing practices around treatments that are considered "academic" and "scientific" from a colonist lens, our ability to connect to diverse patients to provide meaningful healing experiences is limited (Sharma, R., & Kivell, 2024; Gone, 2021; Fellner, 2018). Indeed, patients have identified finding value in integrating spiritual beliefs and practices into their treatment; however, religion and spirituality have traditionally been gauche to include in treatment (Rosmarin, 2018). To address this barrier and optimize mental health treatments for Latine, psychologists must prioritize decolonizing therapies and providing culturally competent care. This aligns with the APA 2007 Multicultural Guidelines, which emphasize psychologists' ethical obligation to deliver culturally competent care. This might look like clinicians integrating patients' own spiritual and cultural rituals into practice such as prayer or dancing. By dismantling colonial frameworks and centering the experiences and perspectives of marginalized

communities, psychologists can foster trust, increase utilization of psychosocial services, and ultimately promote the well-being of Latine individuals and communities.

Limitations. It is important to acknowledge several limitations in interpreting the findings of this study. First, the researchers faced limitations because of the use of the SPRINT (Connor& Davidson, 2001), a short psychological questionnaire for assessing trauma symptoms, which may not capture the full complexity of symptomatology compared to more commonly used and comprehensive clinical measures such as the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5; Ibrahim et al., 2018). However, because of funding constraints, the study team could not collect a sample size large enough to conduct the desired mediational and moderation analyses, while also using more comprehensive assessment tools. The focus on racial microaggressions, rather than racial microaggressions, may limit the generalizability of the findings. While researchers have extensively studied the RMAS (Torres-Harding et al., 2013), failing to differentiate between ethnicity and racial identity may conflate variance within these constructs, potentially overlooking important nuances in the experiences of Latine individuals. Another limitation of the RMAS is that it does not specify who the perpetrator of the microaggression was. Specifically, the measure does not include microaggressions by dominant versus marginalized communities. Further, the measure does not specify types of sexualization microaggressions, which limited the researchers ability to investigate into microaggression by dominant group versus marginzalized individuals and understand nuances in experiences of sexualization microaggressions.. Further research should aim to address these limitations by employing larger sample sizes, using more robust assessment measures, and examining a broader range of microaggressions to prove a more comprehensive understanding of their impact on psychological well-being among Latine individuals.

Conclusion. This study sheds light on the significant impact of racial microaggressions on the mental health of Latine, highlighting the interconnectedness of experiences of microaggressions, trauma stress, and psychosocial distress. The findings underscore the need for culturally sensitive interventions aimed at addressing the unique challenges faced by Latine individuals. Psychologists play a pivotal role in this endeavor, as evidenced by the call to invest in decolonizing therapies and provide culturally competent care aligned with ethical guidelines. While this study provides valuable insights, it is not without limitations, including the use of limited measures and the focus on racial rather than ethnic microaggressions. Future research should aim to address these limitations and further explore the nuanced relationships among microaggressions, trauma stress, and mental health outcomes within diverse populations. By fostering trust, increasing the utilization of psychological services, and promoting resilience, psychologists can contribute to the well-being and empowerment of Latine.

Appendix

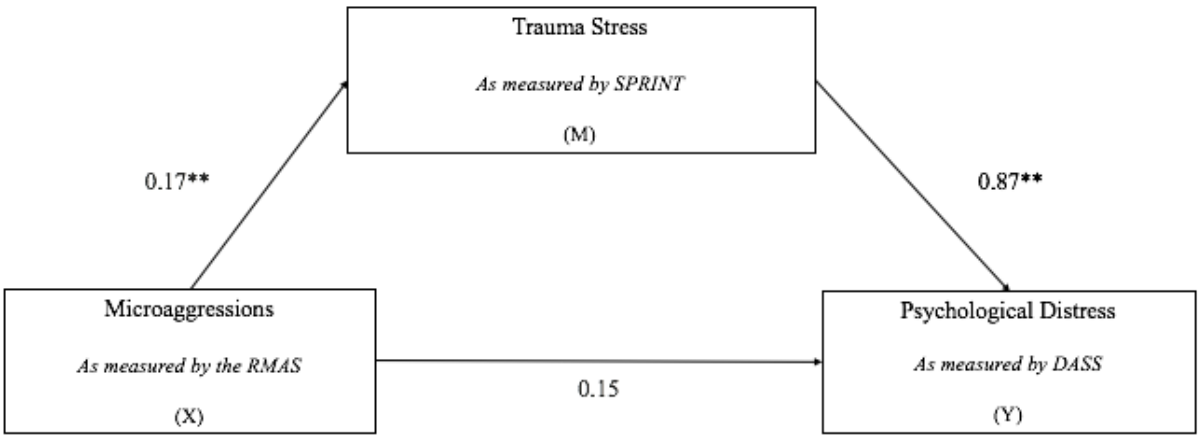
Figure 1.

Posttraumatic Stress Disorder (PTSD) Symptoms According to the Diagnostic and Statistical Manual, Fifth Edition, Text Revised (DSM-5-TR)

	DSM-5-TR: PTSD
Criteria A	Received, witnessed, or learned (from a close relationship) of a traumatic experience, or were exposed to repeated or intense traumatic events.
Criteria B	Presence of intrusive symptom(s) including, (1) recurrent and intrusive memories, (2) recurrent dreams related to the stressful experience, (3) dissociative reactions (e.g., flashbacks) that feel like the traumatic event were happening again, (4) intense distress due to exposure to a reminder of the stressful experience, and (5) intense distress due to internal reminders of the traumatic event.
Criteria C	Presence of avoidant symptoms including avoidance of (1) internal (e.g., memories, thoughts, feelings) or (2) external (e.g., people, places, things) that reminders of the traumatic experience.
Criteria D	Presence of negative changes in mood and cognition. (1) inability to remember aspects of the traumatic event, (2) changes in cognition (e.g., distorted thoughts about the world, self, and others), (3) distorted beliefs about the cause or consequence of the traumatic event, (4) lasting negative emotions (e.g., horror, guilt, fear, and shame), (5) decreased interest in pleasurable activities, (6) feeling disconnected from others, and (7) inability to experience positive emotions (e.g., joy or love).
Criteria E	Marked changes in arousal and reactivity including: (1) problems with sleep (e.g., falling asleep, staying asleep, sleeping too much), (2) hypervigilance, (3) risky behavior, (4) exaggerated startle response, and (5) difficulty concentrating.
	Symptom Criteria B-E last longer than one month.
	Symptoms cause clinically significant distress or impairment in functioning.
	Symptoms are not due to other causes such as substance use or another medical condition.

Figure 2.

Mediational Relationship Between Microaggressions, Trauma Stress, and Psychological Distress



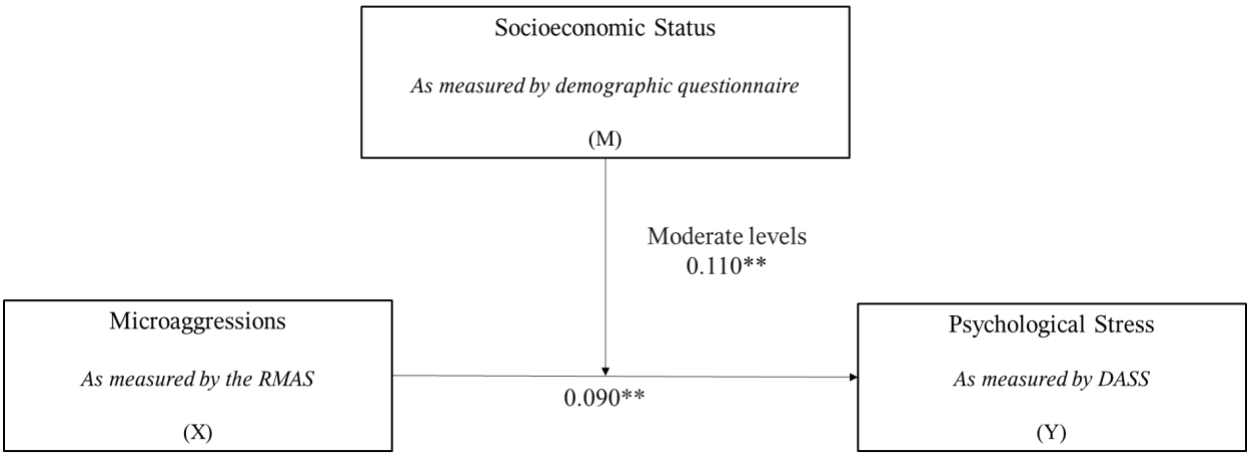
Note. Standardized regression coefficients for the relationship between microaggressions and psychological distress as mediated by trauma stress.

*p < 0.5

**p < 0.01

Figure 3.

Moderational Relationship between Microaggressions, Socioeconomic Status, and Psychological Stress



Note. Standardized regression coefficients for the relationship between microaggressions and psychological stress as moderated by socioeconomic status.

*p < 0.5

**p < 0.01

Table 1.

Sociodemographic Characteristics of Participants

Baseline characteristic	n	%
Gender		
Man	211	48.6
Woman	220	50.7
Another gender	2	0.5
Preferred not to respond	1	0.2
Education		
Highschool or GED	173	39.9
Some college	8	18.4
Associates degree	45	10.4
Bachelor's degree	66	15.2
Master's degree	25	5.8
Doctoral or professional degree	5	1.2
Trade/Vocation	13	3
Housing		
Housed	360	82.9
Not house	62	14.3
Preferred not to answer	12	2.8
Sexuality		
Heterosexual	361	83.2
Bisexual	28	8.8
Fluid	1	0.2
Gay	12	2.8
Lesbian	5	1.2
Pansexual	3	0.7
Queer	1	0.2
Questioning	2	0.5
Other	6	1.4
Preferred not to answer	5	1.2
Military Service		
Veterans	26	0.6
Active duty	4	0.9
non-military civilians	404	93.1
Immigration Status		
After age 12	24	5.5

Before age 12	34	7.8
Parent(s) immigrated	141	32.5
Grandparent(s) immigrated	108	24.9
Parents and grandparents U.S. Born	121	27.9

Note. N = 434. Participants were at least 18 years old to participate in this study.

Table 2.

Descriptive Statistics for SPRINT, DASS, RMAS

Descriptive statistics	Mean	Standard Deviation	Standard Error
SPRINT	13.57	10.20	0.49
DASS			
Total	24.95	16.45	0.79
Anxiety	7.51	5.76	0.28
Depression	8.52	6.12	0.29
Stress	8.92	5.66	0.27
RMAS			
Total	33.72	23.44	1.23
Invisibility	6.21	5.66	0.27
Criminality	3.77	3.61	0.17
Low SES	10.73	7.16	0.343
Sexualization	2.77	2.76	0.13
Foreigner	3.26	2.84	0.14
Environmental	6.06	3.90	0.19

Note. N = 434. Measure total and sub-scale mean, standard deviation, and standard error listed above.

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Curriculum Vitae
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Education

Ph.D.	Clinical Psychology University of Nevada Las Vegas (APA-Accredited) Dissertation: *Understanding the Role of Microaggressions on symptoms of Post-Traumatic Stress Disorder (PTSD) in LatinX's* Chair: Gloria Padoongpat, Ph.D. *Anticipated defense date: 2023*	Expected 2024
M.A.	Clinical Psychology University of Nevada Las Vegas (APA-Accredited) Dissertation: *Understanding the Role of Identity Salience in the Relationship Between Experience of Ethnic/Racial Discrimination and Mental Health Symptomatology* Chair: Daniel Allen, Ph.D.	August 2022
B.A.	Psychology, Minor in Neuroscience *Magnum Cum Laude* University of Nevada Las Vegas, Honor's College Honors Thesis: *Emotion Learning and Memory in Schizophrenia* Chair: Daniel Allen, Ph.D.	December 2017

Awards & Scholarships

- College of Liberal Arts, Summer Stipend Scholarship (2020) $3,000
- Undergraduate Honors Thesis, *Graduate Mentor* (2020)
- The Graduate College Rebel Research and Mentorship Program, *Mentor* (2019) $2,500
- Grad rebel writing boot camp completion (2018) $100
- College of Liberal Arts, Summer Stipend Scholarship (2019) $3,000
- Graduate Assistantship (2018 – 2022) $14,000
- McNair Post-Baccalaureate Scholarship (2018) $4,000
- Psi Chi PSYCH Talks 3rd place, University of Nevada Las Vegas (2017) $300
- McNair Conference Travel Award (2017) $1,000
- McNair Research Funding (2017) $2,500
- Completion of McNair Summer Research Program (2017)
- Dean's Honors List (2015 – 2017)
- Sans Sustainability Scholarship (2016) $1,200
- CSUN Textbook Scholarship (2015) $200
- Millennium Scholarship (2014) $10,000

Clinical Internship

Psychology Intern, VA Southern Nevada Healthcare System, Couples and Family Services Rotation	July 4 2023 – Present

Las Vegas, NV

Supervisor: Benjamin Loew, PhD.
16 hours per week

- The couples and family services rotation provides weekly supervision, dydactics, and clinical practice in evidence based couples psychotherapy.
- Conducting diagnostic interviews, treatment planning, and session notes within the integrated Computerized Patient Record System (CPRS).
- Providing telemental health services to Veterans through the VA Video Connect platform.
- Implementing measurement-based care, utilizing various tools to assess treatment outcomes (i.e. PHQ- 9, PCL-5, GAD-7, CSI-4, and CSI-16).
- Co-facilitating behavioral health groups (e.g., Couples Communication Skills Class, Parenting skills class, Relationship Skills for IOP, and Relationship skills Class).
- Implementing evidence-based treatments (e.g., IBCT, BFT, and CBCT) for couples with a range of presenting concerns including partner relationship distress, PTSD, and serious mental illness.

Psychology Intern, VA Southern Nevada Healthcare System, Primary Care Behavioral Health (PCBH)
Las Vegas, NV

July 4 2023 – Present
Supervisor: Onyinyechi Anukem, Ph.D.
8 hours per week

- PCBH is a comprehensive multidisciplinary program integrating primary care and behavioral health in increasing treatment compliance for Veteran and improving behavioral health outcomes in an out patient setting. PCBH utilizes short-term evidence-based treatments offered in primary care settings.
- Collaborating with medical doctors, psychiatrists, nurse practitioners, physician assistants, nurses, pharmacists, nutritionists, and social workers in providing holistic care to Veterans.
- Conducting diagnostic interviews, treatment planning, and session notes within the integrated Computerized Patient Record System (CPRS).
- Providing telemental health services to Veterans through the VA Video Connect platform.
- Completing intake assessments to assess for program fit.
- Implementing measurement-based care, utilizing various tools to assess treatment outcomes (i.e. PHQ- 9, PCL-5, GAD-7, and AUDIT).
- Developing and co-facilitating behavioral health groups (e.g., short-term DBT)
- Implementing short-term evidence-based treatments (e.g., Mindfulness-Based psychotherapy, CBT, ACT, CBT-I, and CBT-CP) for a wide range of presenting concerns epecially as they pertain to Veterans physical and mental well-being.

Psychology Intern, VA Southern Nevada Healthcare System, The Behavioral Health Interdisciplinary Program (BHIP)
Las Vegas, NV

July 4 2023 – Present
Supervisor: Sease Yasheka, PsyD.
8 hours per week

- BHIP is a a group of mental health professionals (providers and clerical staff) working together to focus on the Veteran's mental health and well-being through the integration of recovery oriented evidence based care.
- Conducting diagnostic interviews, treatment planning, and session notes within the integrated Computerized Patient Record System (CPRS).
- Providing telemental health services to Veterans through the VA Video Connect platform.
- Completing intake assessments to assess for program fit.
- Completing Diagnostic Assessment to asses for PTSD diagnosis (CAPS-5)
- Implementing measurement-based care, utilizing various tools to assess treatment outcomes (i.e. PHQ- 9, PCL-5, GAD-7, and AUDIT).
- Implementing evidence-based treatments (e.g., ACT-D, DBT, PE, and EMDR) for a wide range of presenting concerns.

Psychology Intern, VA Southern Nevada Healthcare System, Psychological Assessment Rotation
Las Vegas, NV
July 4 2023 – Present
Supervisor: Lisa Duke, PhD.
8 hours per week

- The Psychological Assessment rotation provides students with the opportunity to provide psychological, health, and neuropsychological assessment for a wide range of presenting concerns.
- Conducting diagnostic interviews, treatment planning, and session notes within the integrated Computerized Patient Record System (CPRS).
- Administering, scoring, and interpreting psyhcological and neuropsychological assessment (e.g., PHQ- 9, PCL-5, GAD-7, PAI, MMPI-3, YBOCS, FAS-PV, SCID-5, SCID-PD, Boston Naming, DKEFS, and WAIS).

Clinical Practica

Advanced Psychology Trainee, VA Southern Nevada Healthcare System, The Las Vegas VA Residential Recovery and Renewal Center (LVR3)
Las Vegas, NV
January 2022 – May 2023
Supervisor: Tricia Steeves, Ph.D.
8 hours per week

- LVR3 is a 30-45 day, 20-bed substance use and gambling residential treatment program, with five dedicated rooms for female Veterans.
- Collaborating with medical doctors, psychiatrists, nurse practitioners, physician assistants, nurses, pharmacists, nutritionists, and social workers in providing holistic care to Veterans.
- Conducting diagnostic interviews, treatment planning, and session notes within the integrated Computerized Patient Record System (CPRS).
- Completing intake assessments to assess for program fit.
- Implementing measurement-based care, utilizing various tools to assess treatment outcomes (i.e. PHQ- 9, PCL-5, and GAD-7).
- Co-facilitating behavioral health groups (e.g., ACT-SUD, CBT-SUD, and IMR).

Advanced Psychology Trainee, VA Southern Nevada Healthcare System, Inpatient Rotation
Las Vegas, NV

July 2021 – Dec. 2021
Supervisor: Leah Dockler, Psy.D.
17 hours per week

- The inpatient rotation offers intensive 24hour care to Veterans with serious mental health symptomatology.
- Collaborating with medical doctors, psychiatrists, nurse practitioners, physician assistants, nurses, and pharmacists in providing holistic care to Veterans.
- Completing Diagnostic Assessment to asses for cognition
- Facilitating behavioral health groups

Advanced Psychology Trainee, VA Southern Nevada Healthcare System, Addictive Disorders Treatment Program (ADTP)
Las Vegas, NV

January 2021 – June 2022
Supervisor: Tricia Steeves, Ph.D.
16 hours per week

- ADTP is a comprehensive, multidisciplinary program of recovery for veterans with substance use disorders and co-occurring mental health disorders. ADTP utilizes evidence-based treatments offered in individual, couples, family & group settings.
- Collaborating with medical doctors, psychiatrists, nurse practitioners, physician assistants, nurses, pharmacists, nutritionists, and social workers in providing holistic care to Veterans.
- Conducting diagnostic interviews, treatment planning, and session notes within the integrated Computerized Patient Record System (CPRS).
- Providing telemental health services to Veterans through the VA Video Connect platform.
- Completing intake assessments to assess for program fit.
- Completing Diagnostic Assessment to asses for PTSD diagnosis (CAPS-5)
- Implementing measurement-based care, utilizing various tools to assess treatment outcomes (i.e. PHQ- 9, PCL-5, GAD-7, and CAMS).
- Co-facilitating behavioral health groups (e.g., ACT-SUD, Seeking Safety, Gambling IOP,
- Substance Abuse IOP, community group, and Mindfulness group)

Advanced Psychology Trainee, VA Southern Nevada Healthcare System, Evidence Based Psychotherapy (EBP)
Las Vegas, NV

July 2021 – Dec. 2021
Supervisor: Jesse Scott, Ph.D.
16 hours per week

- Implementing evidence-based treatments (e.g., EMDR, ACT-SUD, CPT, and Seeking Safety) for Co-occurring Substance use and Mental health problems.

- EBP focus on using VA supported EBPS to treat veterans within the context of General Mental Health and the Posttraumatic Stress Disorder (PTSD). EBP rotation utilizes evidence-based treatments offered in individual, couples, family & group settings.

- Collaborating with medical doctors, psychiatrists, nurse practitioners, physician assistants, nurses, pharmacists, nutritionists, and social workers in providing holistic care to Veterans.
- Conducting diagnostic interviews, treatment planning, and session notes within the integrated Computerized Patient Record System (CPRS).
- Providing telemental health services to Veterans through the VA Video Connect platform.
- Implementing measurement-based care, utilizing various tools to assess treatment outcomes (i.e. PHQ- 9, PCL-5, GAD-7, AUDIT, and CAMS).
- Co-facilitating behavioral health groups (e.g., STAIR, and CPT)
- Implementing evidence-based treatments (e.g., ACT-D, STAIR, CPT, and Exposure Therapy for Specific Phobia) for PTSD and Mental health problems.

Psychology Trainee, Volunteers in Medicine of Southern Nevada (VMSN) — August 2020 – June 2021
Las Vegas, NV — Supervisor: Claudia Mejia, Psy.D.
16 hours per week

- VMSN, is a 501(c)3 nonprofit health organization that provides medical care and support at no cost to the uninsured and underserved residents of Clark County.
- Collaborating with medical doctors, psychiatrists, nurse practitioners, physician assistants, nurses, pharmacists, nutritionists, and social workers in providing holistic care to patients.
- Providing telemental health services to patients through the Doxy.me telemedicine platform.
- Facilitating groups (Terapia dialéctica conductual [DBT])
- Translating psychotherapy materials for clinical use.
- Conducting clinical intakes in Spanish.
- Implementing evidence-based treatments in Spanish for PTSD and Mental health problems (e.g., Traditional Healing and LatinX communitie, Brief Eclectic Psychotherapy (BEP), Psychodynamic Psychotherapy, Person-Centered Psychotherapy, Terapia Cognitivo Conductual (TCC), Terapia dialéctica conductual (DBT), and Terapia de Aceptación y Compromiso (ACT)).
- Cultural competencies gained
    - Increased experience and knowledge working with Spanish speaking, undocumented, low-income LatinX individuals.
    - Increased knowledge pertaining to culturally adapting clinical interventions, especially as they relate to the LatinX community.

Psychology Trainee, Department Group Psychotherapy Clinic
University of Nevada Las Vegas — May 2020 – August 2020
Supervisors: Amelia Black, Ph.D., Noelle Lefforge, Ph.D.
10 hours per week

- Co-facilitated a weekly skills-based psychotherapy groups (e.g., CBT & DBT).
- Participated in weekly case rounds where new patient intakes were reviewed.
- Provided case management as adjunct to group psychotherapy to prevent patient drop-out and improve patient engagement and utilization of group psychotherapy, as well as

management of acute symptoms that may necessitate management in addition to group psychotherapy (e.g., suicidality).
- Provided pre-treatment preparation to incoming group members.
- Monitored outcomes of group patients (Outcome Questionnaire and Group Questionnaire) and consulted group facilitators on patient issues as needed.

Psychology Trainee, Department Community Mental Health Clinic: The PRACTICE
University of Nevada Las Vegas
August 2019 – July 2020
Supervisors: Noelle Lefforge, Ph.D., Michelle Paul, Ph.D., & Stephen Benning, Ph.D.
12 to 16 hours per week

- The PRACTICE was the 2019 recipient of the Association of Psychology Training Clinic's (APTC) Clinic Innovations Award - Training; this national award recognizes one training clinic annually for its leadership in innovations that impact students training.
- Collaborating with counseling and clinical mental health professionals to provide holistic care to patients.
- Providing telemental health services to adolescences living in rural Nevada.
- Implementing evidence-based treatments (e.g., CBT, DBT, Interpersonal Psychotherapy, Psychodynamic Psychotherapy, et cetera) for Mental health problems.
- Co-facilitating behavioral health groups (e.g., DBT, CBT, Candle Lighters Grief and Loss Group [Spanish Case Management])
- Conducted psychodiagnostic and neuropsychological assessments using psychological test battery of psychometrically validated tests and measures with adults referred from the community with a range of referral questions.

Behavioral Therapist, LOVAAS Center
Las Vegas, NV
May 2015 – August 2016
10 to 12 hours per week

Supplemental Clinical Experience

- Provided Applied Behavioral Analysis (ABA) therapy for children with Autism Spectrum Disorder. Therapy sessions included, but were not limited to: Speech Therapy, Verbal Reasoning, and pronominal discrimination training.
- Other responsibilities included collecting session data, tracking weekly progress, and writing reports for insurance funding.

Gambling, Addictions, and the Marginalized Experience, Graduate Research Assistant
University of Nevada Las Vegas
August 2021 – Present
Supervisor: Gloria Wong-Padoongpat, Ph.D..
15 to 20 hours per week

Research Experience

- Project: Dissertation – The Effects of Microaggressions on symptoms of PTSD in LatinX individuals.

The Optimum Performance Program (TOPP), Graduate Research Assistant
University of Nevada Las Vegas
August 2017 – May 2020
Supervisors: Bradley Donohue, Ph.D.

15 to 20 hours per week

- Project: Thesis - The Investigation of Differences in Motivation, Ratings, and Rankings of Problems and Importance of Culture in Student Athletes as compared to Non-Student Athletes.
- Data management, data collection, human resources coordination, research writing, grant writing, project oversight and coordination, training research assistants, and participant recruitment.

Neuropsychology Research Program, Graduate Research Assistant, Lab Manager — January 2016 – July 2017; August 2019 – May 2020
University of Nevada Las Vegas — Supervisor: Daniel Allen, Ph.D.
15 to 20 hours per week

- Project: Family Behavior Therapy for Youth Athletes (National Institute on Drug Abuse, NIDA PA-18-055) Controlled evaluation of an optimization approach to prevention and intervention of substance use disorders in ethnically/racially diverse youth in low income neighborhoods who participate in community-based sport organizations (i.e., YMCAs or Police Athletic League)
- Assisted with preparation & submission of grant proposal (2019)
- Projects: (1) Psychometric Evaluation of a New Brief Test of Social Cognitive Abilities (BTSCA) and (2) Translation and Validation of the Emotional Verbal Learning Test (EVLT)
- Administration of Neuropsychological tests for research purposes in both Spanish and English (e.g., BTSCA, WAIIS, EIWA, EVLT, CVLT, PANAS, and TVME).
- Supervising undergraduate research assistants and research procedures.

Neurobiology of Disease and Behavior Laboratory, Senior Research Assistant — August 2016 – July 2017
University of Nevada Las Vegas — Supervisors: Jefferson Kinney, Ph.D.
15 to 20 hours per week

- Project: Hyperglycemia in a Mouse Model of Alzheimer's Disease
  - Funding: NIH Centers of Biomedical Research Excellence (COBRE) grant
- Running behavioral assays (e.g., Barnes Maze, Morris Water Maze, Novel Object Recognition, Open Field Test, Cued and Contextual Fear Conditioning, and Behavioral Screening), Wet Bench Work Techniques (e.g., Western Blot, RT-PCR, Immunohistochemistry, Genotyping), Animal breeding, basic mouse handling, mouse blood glucose measurement, basic surgical care, brain tissue cultivation, animal injections, data cleaning, and general lab maintenance.

Publications

5) Barrita, A., Strong, M.N., Ferraris J., & Wong-Padoongpatt, G. (2022, in press). Drugs and racial microaggressions: A mediation analysis of racism, psychological distress, and coping strategies. *Journal of Substance Abuse Treatment*.

4) Wong-Padoongpatt, G., Barrita, A., King, T., & Strong, M. N. (2022, in press). The Slow Violence of Racism on Asian Americans During the COVID-19 Pandemic. *Frontiers*.

3) Becker, M. L., Maietta, J. E., Strong, M. N., Kuwabara, H. C., Kinsora, T. F., Ross, S. R., & Allen, D. N. (2022). Spanish and English Language-Based Differences in Cognitive Performance

and Symptom Reporting on ImPACT Baseline Concussion Assessment. *Journal of Pediatric Neuropsychology, 8*(1), 22-31. https://doi.org/10.1007/s40817-021-00114-w
2) Jasso, M. S., Nelson, P., Donohue, B., Strong, M., Kepka, J., & Allen, D. N. (2021). Differences in ethnic and sport culture salience among college students participating in NCAA and recreational sports. *Spectra Undergraduate Research Journal, 1*(1),16-33.
1) Donohue, B., Gavrilova, E., Strong, M., & Allen, D.N. (2020). A sport-specific optimization approach to mental wellness for youth in low-income neighborhoods. *European Physical Education Review, 26*, 695-712. https://doi.org/10.1177/1356336X209053

Book Chapters

2) Strong, M.N., Constantine, M., Chang, R., Cheung, D., & Wong-Padoongpatt G. (Accepted). Trauma Related to Racial Discrimination During COVID-19: Lessons Learned. In Rezai et al., (Eds.), *Handbook of cultural factors in behavioral health: A guide for the helping professional*. Springer Nature.
1) Paul, N.B., Lopez, L.A., Strong, M.N., & Donohue, B. (2020). Cultural considerations in the behavioral assessment and treatment of substance-related disorders. In L.T. Benuto, F.R. Gonzalez, & J. Singer (Eds.), *Handbook of cultural factors in behavioral health: A guide for the helping professional* (pp. 403-418). Springer.

Posters

9) King, A., Tong, T., Sim, D., Strong, M., Barrita, A., Le, D., & Wong-Padoongpatt, G. (2022, June 25). *Adverse childhood experiences predict addictive behavioral patterns in U.S. college students: Video game addiction is the exception.* APA Division 50's Practice of Addiction Psychology Conference. San Diego, California.
8) Strong M., Johnson, K., Hill J., Gavrilova, E., & Donohue, B. (May 2020). *A Replication Study Looking at Ratings of Importance, Ratings of Offense, and the Effects Offensive Remarks on Mental Health in a Diverse Population of College Students*. Presentation at the 32nd APS Annual Convention (canceled due to COVID19), Chicago, IL.
7) Strong M., Johnson, K., Hill J., Gavrilova, E., & Donohue, B. (February 2020). *The Importance of Various Cultural Domains in Athletes.* Poster presentation at the UNLV Graduate & Professional Student Research Forum, Las Vegas, NV.
6) Strong, M., Kowal, I, Hill, J. Cohen, M., Kawi, J., & Donohue, B. (2019, November). *A Comprehensive Examination of the Relationship between Psychiatric Symptoms and Substance Us in College Athletes.* Poster presentation (presented) at the Association for Behavioral and Cognitive Therapies, Atlanta, GA.
5) Strong, M., (2018, August). *Differences in Recall of Emotional and Non-Emotional Words Between Patients with Schizophrenia and Healthy Controls.* Poster presentation at the University of Nevada Las Vegas, Honors College Research Symposium, Las Vegas, NV.
4) Strong, M., Lee, B., Strauss, G., & Allen, D. N. (2018, April). *Differences in Recall of Emotional and Non-Emotional Words Between Patients with Schizophrenia and Healthy Controls.* Poster presentation (submitted) to the Western Psychological Association, Portland, OR.
3) Strong, M., & Allen, D. N. (2017, October). *Emotion Learning and Memory in Schizophrenia.* Poster presentation at the University of Nevada Las Vegas McNair Summer Research symposium, Las Vegas, NV.

2) Hussey, J., Call, E., Strong, M., Strauss, G., & Allen, D. N. (2017, October). *Intrusion and Repetition Errors on the Emotional Verbal Learning Test (EVLT) in Schizophrenia.* Poster presentation at the 37th Annual Conference of the National Academy of Neuropsychology, Boston, MA.
1) Paul, N., Zenisek, R., Becker, M., Gomez, R., Strong, M., Chaleunsouck, R., & Allen, D. N. (2017, October). *Psychometric Evaluation of a New Brief Test of Social Cognitive Abilities (BTSCA).* Poster presentation at the 37th Annual Conference of the National Academy of Neuropsychology, Boston, MA.

Other Presentations

3) Habashy, J., Phrathep, D., Strong, M., & Lefforge, N.L. (August 2020). *Routine Outcome Monitoring & Reducing Premature Termination*. Symposium presented at the American Psychological Association (APA) Virtual Conference.
2) Strong, M., Strauss, G., & Allen, D. N. (2017, November). *Emotion Learning and Memory in Schizophrenia*. Presentation at the Psi Chi psychology talks, Las Vegas, NV.
1) Strong, M., & Kinney, J. (2016, April). *The Effects of Hyperglycemia in an Animal Model of Alzheimer Disease.* Presentation at the University of Nevada Las Vegas Neuroscience Journal Club, Las Vegas, NV.

Trainings

Minnisota Multiphasic Personality Inventory-III (MMPI-3) Fall 2023, 3hours
Paul Ingram, PhD., United States Department of Veterans Affairs (VA), Las Vegas NV

- Comprehensive training focused on the MMPI-3, a standardized psychometrics test for personality and psychopathology.

Cognitive Behavioral Therapy for Insomnia (CBT-CP) Fall 2023, 4 hours
Elizbeth Briggs, PhD., United States Department of Veterans Affairs (VA), Las Vegas NV

- Comprehensive training focused on CBT-CP, an evidence-based treatment for chronic paint. CBT-CP combines standard cognitive-behavioral techniques while combining psychoeducation on chronic pain to improve symptom management.

Cognitive Behavioral Therapy for Insomnia (CBT-I) Fall 2023, 4 hours
Elizbeth Briggs, PhD., United States Department of Veterans Affairs (VA), Las Vegas NV

- Comprehensive training focused on CBT-I, an evidence-based treatment for Insomnia. CBT-I combines standard cognitive-behavioral techniques while combining psychoeducation on Insomnia symptoms, and techniques to improve sleep quality.

Integrative Behavioral Couples Therapy (IBCT) Summer 2023, 8 hours
Benjamin Loew, PhD., United States Department of Veterans Affairs (VA), Las Vegas NV

- Comprehensive training focused on IBCT, an evidence-based treatment for couples. IBCT focuses on improving the interpersonal relationship between couples by increasing emotional acceptance, communication, and behavior change.

Eye Movement Desensitization and Reprocessing (EMDR*)* Spring 2022, 8 hours
Nicole Anders, Psy.D., United States Department of Veterans Affairs (VA), Las Vegas NV

- Comprehensive training focused on EMDR, an evidence-based treatment for PTSD and Substance Abuse. EMDR uses exposure therapy techniques to improve symptom presentation of PTSD, by encouraging patients to visualize their experiences of trauma, while integrating coping skills needed to "survive the trauma." Patients are also taught various coping skills to improve mindfulness and ability to compartmentalize.

Skills Training in Affective and Interpersonal Regulation (STAIR) Fall 2021, 4 hours
Nicole Anders, Psy.D., United States Department of Veterans Affairs (VA), Las Vegas NV

- Comprehensive training focused on STAIR, an evidence-based treatment for PTSD. STAIR combines standard cognitive-behavioral techniques while combining psychoeducation on PTSD symptoms, and techniques to cope with symptoms of PTSD (e.g., interpersonal skills, boundaries, and personal rights).

Acceptance and Commitment Therapy (ACT) Fall 2021, 4 hours
Nicole Anders, Psy.D., United States Department of Veterans Affairs (VA), Las Vegas NV

- Comprehensive training focused on ACT, an evidence-based treatment for sundry mental health concerns. ACT is a third wave behavior therapy that integrates mindfulness and standard cognitive-behavioral techniques to decrease suffering and increase goal oriented living.

Military Culture Training for Health Care Professionals Summer 2021/22/23, 4 hours
VA Southern Nevada Healthcare System, Las Vegas, NV

- Training included self-awareness and military ethos, organization and roles, stressors and resources, and treatment resources, prevention & treatment.

Emotion Focused Couples Therapy (EFT) Summer 2021, 4 hours
United States Department of Veterans Affairs (VA), Las Vegas NV

- Comprehensive training focused on EFT, an evidence-based treatment for couples. EFT, developed by Sue Johnson, focuses on improving interpersonal communication in couples through increased knowledge on emotions.

Cognitive-Behavioral Psychotherapy for Couples (CBCT) Summer 2021/22/23, 4 hours
United States Department of Veterans Affairs (VA), Las Vegas NV

- Comprehensive training focused on CBCT, an evidence-based treatment for couples. CBCT focuses on improving the interpersonal relationship between couples with one or more patients experiencing PTSD symptomatology. Therapy sessions include communication skills and psychoeducation on PTSD.

Prolonged Exposure Therapy (PE) Summer 2021/22/23, 4 hours
Nicole Anders, Psy.D., United States Department of Veterans Affairs (VA), Las Vegas NV

- Comprehensive training focused on PE, an evidence-based treatment for PTSD. PE uses exposure therapy techniques to improve symptom presentation of PTSD, by encouraging patients to speak about, in detail, their index trauma to progressively decrease autonomic arousal elicited by the memory.

Cognitive Processing Therapy (CPT) Summer 2021/22/23, 4 hours
Nicole Anders, Psy.D., United States Department of Veterans Affairs (VA), Las Vegas NV

- Comprehensive training focused on CPT, an evidence-based treatment for PTSD. CPT combines standard cognitive-behavioral techniques while combining psychoeducation on common cognitive themes found in those who experience PTSD.

Dialectical Behavior Therapy (DBT) Training parts I & II Fall 2019, 42 hours
Alan and Armida Fruzzetti, Ph.D., Nevada Psychological Association (NPA), Las Vegas NV

- Comprehensive 6-day training focused on DBT, an evidence-based treatment for complex, difficult to treat mental disorders. DBT combines standard cognitive-behavioral techniques for emotion regulation and reality-testing with concepts of distress tolerance, acceptance, and mindful awareness largely derived from Buddhist meditative practice. Workshop introduced DBT theory, structure, targets, treatment strategies, skills, skill training, and skill coaching.

Interprofessional Education Day Spring 2020, Spring 2021, 12 hours
University of Nevada Las Vegas Supervisor: Michelle Paul, Ph.D.

- Annual integrated care workshops with medical, nursing, psychology, physical therapy and social work students aimed at increasing awareness of interprofessional education, roles, responsibilities, & understanding of interprofessional team functioning to better serve patients.

Decolonizing Digital Therapy & Wellness Summer 2020, 1 hour
Jennifer Mullan, Ph.D., Maryam Ajayi, & Constanza E. Chinea, provided by Dive in Well

- Webinar reviewed ways to destigmatize mental health and wellness in BIPOC communities and options for accessible digital mental health and wellness resources for BIPOC.

Family Behavior Therapy (FBT) Session I & II Summer 2019, 25 hours
Bradley Donohue, Ph.D., University of Nevada Las Vegas

- Comprehensive 3-day training focused on FBT for Adults, evidence-supported behavioral treatment for substance use and mental health disorders, developed with support of NIDA and NIMH.

Cryostat Protocol Training Summer 2017, hours
Jefferson Kinney, Ph.D., The University of Nevada Las Vegas, Genomics Core

- Training included the explanation of the cryostat machine, temperature settings, proper way to make brain slices, explanation of tools, and demonstration of using a cryostat machine.

Suicide Prevention Training Spring 2017, hours
Daniel Allen, Ph.D., University of Nevada Las Vegas, Neuropsychology Research Program

- Training in risk management especially as it relates to individuals with active suicidal ideation.

TEACHING EXPERIENCE

Social Psychology Instructor August 2022 – May 2023
University of Nevada Las Vegas

- Taught 1 section of live PSY 360 – Social Psychology course each semester.
- Developed syllabi, planned courses, prepared and presented lectures, facilitated class discussions, developed online content pages, and created and graded exams.

Developmental Psychology Instructor August 2020 – May 2021
University of Nevada Las Vegas

- Taught 1 section of virtual-classroom Psychology 330 – Developmental Psychology course during the summer.
- Developed syllabi, planned courses, prepared and presented lectures, facilitated class discussions, developed online content pages, and created and graded exams.

Introduction to Psychology Instructor August 2021 – May 2023
University of Nevada Las Vegas

- Taught 3 sections of live- and virtual-classroom Psychology 101 courses each semester.
- Developed syllabi, planned courses, prepared and presented lectures, facilitated class discussions, developed online content pages, utilized MindTap learning platform, and created and graded exams.

- Adapted lectures, exams, and discussion for virtual instruction in response to COVID-19.

Introduction to Psychology Instructor August 2020 – May 2021
University of Nevada Las Vegas Supervisor: Wayne Weiten, Ph.D.

- Taught 2 sections of live- and virtual-classroom Psychology 101 courses each semester. Concurrently enrolled in Teaching of Psychology with a supervisory component for the initial semester of teaching.
- Developed syllabi, planned courses, prepared and presented lectures, facilitated class discussions, developed online content pages, utilized MindTap learning platform, and created and graded exams.
- Adapted lectures, exams, and discussion for virtual instruction in response to COVID-19.

PROFESSIONAL SERVICE ACTIVITIES

Diversity, Inclusion, & Equity Committee Member May 2020-May 2021
Nevada Psychological Association (NPA)

- Attending monthly/bi-monthly committee meetings. Assisted in coordination of events and planning, voiced feedback to licensed psychologists committee members.

Journal Reviewer August 2020 - June 2021
Journal of Child & Adolescent Substance Abuse Editor: Bradley Donohue, Ph.D.

- Reviewed research articles submitted for publication in the academic journal.

Undergraduate Honors Thesis Graduate Mentor August 2020 - May 2021
Honors College, UNLV

- Collaborated weekly with an undergraduate student to increase their knowledge and research skills critical for graduate education and professional development.

Graduate Student Mentor, Research & Mentor Program August 2019 - May 2020
Graduate College, UNLV

- Collaborated weekly with an undergraduate student to increase their knowledge and research skills critical for graduate education and professional development.

OUMP Mentor Program August 2019 - May 2020
Psychology Department, UNLV

- Collaborated weekly with an undergraduate student to increase their knowledge and research skills critical for graduate education and professional development.

MEMBERSHIP

- Nevada Psychological Association (NPA) 2020/2021/2022
- American Psychological Association 2019/2020
- Association for Psychological Science (APS) 2020
- Outreach Undergraduate Mentoring Program (OUMP), *Mentor* 2018/ 2019/2020
- National Academy of Neuropsychology (NAN), *Student Affiliate* 2017
- Western Psychological Association, *Student Affiliate*
- McNair Scholar 2016
- Outreach Undergraduate Mentoring Program (OUMP), *Mentee* 2015
- University of Nevada Las Vegas Psychology Club 2015

- UNLV Neuroscience Journal Club 2015

Languages

- English
- Spanish