Subjective Well-Being, Self-Care, and Mental Health Help-Seeking Tendencies among DACA Students at a Large Public Institution in the Mid-Atlantic United States

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Dedication

To Matt - my best friend and biggest supporter. I could not have completed this without your love, encouragement, and patience (and help with Adobe Illustrator).

To Vince - adopting a four-month-old puppy right as I began writing my dissertation was exhausting but worthwhile. I am thankful to you for keeping me grounded, forcing me to leave my office and get outside, and for greeting everyday with infectious enthusiasm.

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Abstract of Dissertation

Subjective Well-Being, Self-Care, and Mental Health Help-Seeking Tendencies among DACA Students at a Large Public Institution in the Mid-Atlantic United States

Deferred Action for Childhood Arrivals (DACA) is a presidential directive introduced under the Obama administration in 2012 to provide work and study authorization to previously undocumented immigrants who entered the United States as minors (Napolitano, 2012). As of December 2019, the DACA program is providing amnesty to 688,810 young people (United States Citizenship and Immigration Services, 2019). Despite widespread popular support for DACA recipients, the politically conservative Trump administration has reacted to this policy with hostility (Brannon & Albright, 2017; Kopan, 2018; Totenberg, 2020; Williams, 2020). In light of an uncertain political future, increasing numbers of DACA recipients are falling out of legal status and becoming undocumented again. This sudden change in status can have significant impacts on the subjective well-being of the program's beneficiaries; however, little is known about how recipients engage in self-care or access mental health resources. This study utilized a grounded theory approach to explore how DACA recipients understand subjective well-being, engage in self-care, and explain their help-seeking behavior while studying at a large public university in the Mid-Atlantic United States. Through the use of sequential interviews with students, interviews with University staff and health providers, and transcript analysis, this research sought to answer the following questions: how do DACA recipients at a large public university in the Mid-Atlantic state of Maryland understand and experience psychological distress and subjective well-being? Specifically, the research explored how DACA recipients understand personal self-care and how social

relationships and family dynamics impact help-seeking tendencies during their undergraduate studies. As this study was completed during the COVID-19 global pandemic, the research additionally examines how a global public health crisis has impacted the aforementioned experience. Data was triangulated through interviews with campus based mental health clinicians to better understand the institutional response to the complex mental health needs of diverse student populations, with particular attention to clinician cultural competence. Based on an analysis of the data, a theoretical framework has been presented to explain the development of this comparatively understudied group of students. Importantly, this framework explores the impact of significant life transitions, including immigration to the United States, application for DACA status, entrance into university life, and interruptions to education due to a public health emergency to discuss how role transition and burden impacts DACA recipients. Recommendations are provided for higher education institutions to improve the experiences of DACA recipients and opportunities for future studies are discussed.

Keywords: DACA, psychological distress, subjective well-being, COVID-19, Coronavirus, self-care, help-seeking tendencies, role burden, transitional stress, grounded theory, social network, familial relationships

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List of Acronyms

CDC	Centers for Disease Control and Prevention
CHC	Campus Health Center
CITI	Collaborative Institutional Training Initiative
DACA	Deferred Action for Childhood Arrivals
DFM	Dual Factor Model of Mental Health
DREAM Act	Development, Relief, and Education for Alien Minors Act
ERIC	Educational Resource Information Center
FERPA	Federal Education Rights and Privacy Act
GKT	Gatekeeper Training
GT	Grounded Theory
HEI	Higher Education Institution
HIPAA	Health Insurance Portability and Accountability Act
IRB	Institutional Review Board
MDD	Major Depressive Disorder
NAMI	National Alliance on Mental Health
OHR	Office of Human Research
PAIS	Public Affairs Information Services
PRU	Public Research University
PWI	Primarily White Institution
SAT	Speech Accommodation Theory
SDOH	Social Determinants of Health
SES	Socioeconomic Status

SWB	Subjective Well-Being
TPS	Temporary Protected Status
USCIS	United States Citizenship and Immigration Services
WHO	World Health Organization

Glossary of Terms

Code-Switching: A process by which an individual alternates between two or more languages in conversations. Communication accommodation theory posits that individuals alternate between languages and methods of speech in order to accommodate listeners, gain approval, and maintain positive social relationships (Gallois & Giles, 2015). For my participants, code-switching is a method of accommodating individuals in dominant identity groups in an effort to "fit in."

Coronavirus disease 2019 (COVID-19): An infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that was first identified in December 2019 in Wuhan, China. This disease, referred to as COVID-19 in the following study, rapidly spread outside China and was recognized as a global pandemic by the World Health Organization on March 11, 2020.

Deferred Action for Childhood Arrivals (DACA): U.S. immigration policy providing temporary protected status to children who entered the country as minors. Provides work and study authorization, among other benefits. Recipients must apply for renewal every 2 years.

DACAmented Immigrant: A beneficiary of the DACA program who has been provided temporary protective status from deportation, access to educational opportunity, and work sponsorship. This term is used in place of "Dreamer" throughout this study to avoid confusion with pending federal legislation.

Emotional Distress: "Mental suffering as an emotional response to an experience that arises from the effect or memory of a particular event, occurrence, pattern of events or

condition. Emotional distress can usually be discerned from its symptoms (ex. Anxiety, depression, loss of ability to perform tasks, or physical illness)" (Legal Information Institute, 2020).

Familial Relationships: Relationships between immediate family members, including parents/legal guardians, siblings, grandparents, aunts/uncles, and first cousins.

Financial Caregiving: the act of providing unpaid help in managing finances or providing direct financial assistance to any member of the family (National Caregivers Library, 2019; Powell, 2017). Unlike legal caregiver roles, as often seen within families of permanently disabled individuals, DACA financial caregivers do not assume power of attorney or other legal access to bank accounts, bill payments, or the like. Rather, these are informal relationships that appear within individual families and vary based on need.

Health Equity: Full health equity refers to the equal attainment of complete health for all people and includes efforts to ensure that all people are able to lead healthy lives regardless of their socioeconomic backgrounds. True health equity can only be achieved through an analysis of system level structures of oppression designed to keep minoritized populations from achieving their full potential (Braverman, 2005; Cohen et al., 2017; Graham et al., 2016). See literature review for detailed definition.

Help-Seeking Tendencies: In general, the individual likelihood of seeking help for specific issues. In the context of this research, help-seeking tendencies refers to the individual student's likelihood of seeking professional care for mental health concerns and the process by which they seek this support. Familial and social relationships can impact a person's understanding of how and whether to seek help.

In Vivo Coding: The practice of assigning a label to a section of data, such as an interview transcript, using a word or phrase taken directly from the subject. Synonymous with emic language.

Latinx: Any individual whose ethnicity originates in Latin countries in Central and South America. Latinx is a gender-neutral alternative used in place of Latina/o to better account for the individuals who identify outside of the gender binary (Morales, 2018). I recognize that the decision to use Latinx, as opposed to Latina/o, is not a universally accepted identifier among the wide and diverse population of individuals from Central and South America. Per Morales (2018), many individuals take issue with combining diverse groups of people under a single monolithic identifier, still others see the inclusion of the "x" as an elitist, Euro-American attempt at imposing values on Latin American cultures (Nuño-Pérez & Aviles, 2019). In the context of this study, I elected to use Latinx due to its openness, its growing appeal among young people of Latin American descent, to deliberately encompass the vastness of gender identity and expression, and to encourage readers to reflect on the exclusive nature of gendered language (Hatzipanagos, 2018). Finally, and most importantly, I utilize the term Latinx because it is consistent with the language my participants use to describe themselves.

Lifespan Development: How individuals change and grow over time, from birth to death. A concept that posits individual development as a lifelong process that includes three domains: physical, cognitive, and psychosocial (Heckhausen & Schulz, 1995).

Major Depressive Disorder (MDD): "Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of

emotional and physical problems. You may have trouble doing normal day-to-day activities, and sometimes you may feel as if life isn't worth living" (Mayo Clinic, 2020).

Mental Health: Includes emotional, psychological, and social well-being. Mental health impacts how individuals think, feel, and act and determines how one handles stress and makes life choices (National Institute of Mental Health, 2019). Mental health is left as a broad term in this proposal to act as an all-encompassing term to explain specific mental health challenges that arise as a result of data gathering.

Minoritized: In the context of this study, and the experiences of DACA students, minoritized is used to describe socially constructed identities that have less power or representation compared to dominant social groups; in all instances, these power dynamics create systems of discrimination for situations beyond individual control (i.e., country of origin) (Smith, 2016).

Mixed Family: A term used to describe a family made up of undocumented individuals, young people with DACA status, and any immediate family members who have other legal status (i.e., naturalized citizens, permanent residents, asylees, etc.)

Self-Care: A process by which an individual takes an active role in protecting one's own well-being and happiness, in particular during periods of stress. Self-care is an individual process of maintaining well-being outside of professional medical care (Barofsky, 1978; Dean, 1981).

Social Determinants of Health (SDOH): Refers to the economic and social conditions that impact differences in health status. SDOH specifically reference living conditions and social constructs (e.g., wealth distribution, race, gender, etc.) and do not include individual risk factors or epidemiological influences of health (e.g. genetics, behavioral

risks, previous injury, etc. unless these are a result of socioeconomic status/social constructs). See literature review for detailed definition.

Social Relationships: Relationships outside of the immediate family. These may include peers, professional relationships, and others. These relationships do not need to occur on campus to have a meaningful impact on the subject. As such, the study will not be delineated to exclude any population (e.g., a spiritual or religious advisor, faculty member, etc.).

Socioeconomic Status (SES): The social standing or class of an individual person or group, often measured as a combination of education, income, occupation, and access to social resources. SES is used in this study as a consideration impacting the many intersecting social determinants of health and is used to refer specifically to family income and access to resources.

Subjective Well-being: Overall psychological well-being utilizing a dual-factor model of mental health that accepts mental health as a complete state, inclusive of positive and negative experiences, self-perceptions, and diagnoses (Wang et al., 2011). Subjective well-being considers both "indicators of positive subjective well-being (SWB) and measures of psychopathological symptoms to comprehensively determine an individual's psychological adjustment" (Antaramian et al., 2010, p. 462).

Undocumented Immigrant: An individual living in the United States who does not possess legal immigration status on a nonimmigrant visa, through refugee status, permanent residency, or naturalization. Undocumented immigrants do not include DACA recipients who hold temporary protected status.

Chapter One: Introduction

I have heard this a lot actually – 'You think you're American. You want to have all these other things that everybody else has.' But [my father] always warned me that I don't get to make mistakes. They can, other people (Keisha, Personal Communications, July 24, 2019).

Overview

On June 15, 2012 the Secretary of Homeland Security, Janet Napolitano, announced that the Obama administration would no longer deport certain undocumented individuals who entered the United States as children (Napolitano, 2012). Two months after this announcement, the United States Citizenship and Immigration Services (USCIS) began to accept applications for the Deferred Action for Childhood Arrivals (DACA) program. In short, DACA is a presidential adoption of the six times unsuccessful House and Senate Bills called the Development, Relief, and Education for Alien Minors (DREAM) Act. The DREAM Act was first introduced in 2001 to provide temporary protection from deportation to undocumented young people and pathways to legal citizenship (S.1615, 2017). Young people who have received legal status under DACA, otherwise known as DACAmented immigrants[1] (Adams & Boyne, 2015; Gonzalez et al., 2014; Patler & Cabrera, 2015), are temporarily protected from deportation, are authorized to work, and can study in the United States. Temporary protected status under DACA lasts for

[1] Note: DACAmented is used in the context of this study to provide a name to beneficiaries of the DACA program. Dreamers is not used in order to avoid confusion with federal legislation, discussed at length in chapter two.

two years before beneficiaries must apply for reauthorization; DACA does not provide legal status in perpetuity (Napolitano, 2012). As with other legal immigration statuses within the United States, excluding citizenship and permanent residency, DACA recipients are required to apply for reauthorization every two years so that USCIS can maintain statistics on the number of young people living in the country, track the fluctuations in the numbers individuals benefitting from the program, and evaluate the impact this program has on the well-being of individuals and communities with large populations of undocumented people (Jawetz et al., 2018)

Since DACA's inception in 2012, 798,980 undocumented individuals have received temporary legal status, with 703,890 people enrolled in the program as of 2018 (see Appendix D) (Robertson, 2018). The greatest percentage of DACA recipients come from Mexico with 561,420 beneficiaries (79.7%), followed by El Salvador with 26,630 (3.8%), and Guatemala with 18,220 (2.6%). Of all recipients, over 66% are currently under 25 years of age and thus fall within, or below, the traditional age of college enrollment: 18 – 24 (National Center for Educational Statistics, 2018; Lopez & Krogstad, 2017).

Although DACA has been continuously active since June 2012 (Napolitano, 2012), there exists little scholarly literature exploring how recipients understand well-being and self-care, engage in help-seeking behavior, or access health resources. This issue is particularly important as existing research suggests that first generation immigrant youth, especially those who are undocumented or holding temporary protected status, experience higher rates of depression and suicidality when compared to peer groups (Collier, 2015; Potochnick & Perreira, 2010).

Much of the existing literature on DACA has primarily focused on the social and economic implications DACA has at the state level, with particular attention to the negative impact rescinding the program may have on local economies (Brannon & Albright, 2017; Capps et al., 2017; Jones, 2017; Kuka et al., 2018; Kurtzleben, 2017a; Lopez & Krogstad, 2017; Nowrasteh, 2017; Schoen, 2017; Mathema, 2015). Additional literature has explored the lived experiences of DACA recipients as they enter education or the workforce, primarily focusing on experiences of social isolation and stigma surrounding their status (Gonzales, 2018; Kuczewski & Zaidi, 2017; Perez, 2015; Raymond-Flesch et al, 2014; Venkataramani & Tsai, 2017; Wong & Valdivia, 2014). There is also an emerging body of research exploring mental health issues that present in DACA recipients thought to be related to social pressures and their uncertain legal status (Benuto et al, 2018; Siemons et al, 2017; Uwemedimo et al., 2017), as well as overall physical health outcomes for DACA beneficiaries (Cebulko & Silver, 2016; Gonzales et al, 2018), though very little work explores help-seeking strategies and the processes by which recipients come to develop subjective well-being (SWB).

As of 2020, the United States is experiencing significant shifts in the political and public health climates; the shift from the liberal Obama administration to the conservative Trump administration, as well as a republican-controlled senate and judiciary, have contributed to a political climate that is no longer supportive of undocumented young people and the DACA program (Kurtzleben, 2017b; Shear & Hirschfeld Davis, 2017). The changing political landscape of 2020 brings a number of legal challenges to the DACA program. For example, In September 2017, President

Trump instructed USCIS to stop accepting new applications to the DACA program. Furthermore, President Trump frequently threatens to rescind the DACA program whenever he needs support from the Democratic party to advance his political agenda. (National Immigration Law Center, 2020). Despite all these challenges, by most accounts it is too soon to determine whether or not the Trump administration's hostility towards DACA has impacted the number of recipients pursuing higher education. In fact, USCIS has released few updated statistics on DACA recipients since 2018. What can be understood from Trump's statements on DACA is that the policy stands on troubled ground (Brannon & Albright, 2017; Kopan, 2018). Initially, when Trump ended the DACA program in September 2017, he provided a firm deadline of March 5, 2018 by which time Congress had to provide him with an acceptable bipartisan replacement to the program. This deadline has passed, DACA has not been replaced, and young people are still able to apply for DACA reauthorization (National Immigration Law Center, 2020; United States Citizenship and Immigration Services, 2020). As of November 2019, the Supreme Court has heard oral arguments regarding the legality of DACA in light of the Regents of the University of California's legal challenge against Trump's rescission. On June 18, 2020 the Supreme Court announced that they were overturning the Trump administration's termination of DACA (Liptak & Shear, 2020; Totenberg, 2020). Despite this response, the president considers considering additional legal challenges to support his effort at rescinding DACA. As of December 2020, the DACA program remains active and legal, and is accepting new applicants.

Statement of the Problem

Though the DACA program is relatively new immigration policy, it remains embattled and contentious at the federal level. Beneficiaries of the program have earned protected immigration status since 2012, but their security in the United States is not guaranteed. DACA recipients have markedly higher rates of depression and suicidality as a result of social exclusion, acculturation stress, and concerns over their safety than their peers with U.S. citizenship, permanent residency, or other legal visa status (Bjorkland, 2018; Calterone Williams, 2016; Ellis, 2010; Flores, 2016; Suarez-Orozco et al., 2015; Wong & Valdivia, 2014). The current political climate and uncertainty of DACA protections is likely related to increases in stress that DACA recipients' experience regarding their sense of safety in the United States and belonging on university campuses. Sources of distress, whether personal, political, or otherwise, may have significant impacts on the subjective well-being of DACA recipients. Failure to address the unique concerns of DACA students, especially in light of the complex political landscape of 2020, not only raises concerns for their ability to engage fully in their communities, but also for the physical and psychological health of program beneficiaries.

Purpose

The purpose of this research was to develop theory to help explain the developmental process of SWB, and to understand the self-care practices and mental health help-seeking tendencies of DACA recipients pursuing a baccalaureate degree at a large public university in the state of Maryland. This research was designed to understand how beneficiaries of the DACA program understand SWB and to identify

how they access health resources, with attention to their psychological needs. This study initially looked exclusively at the impact of immigration status on the subjective well-being of students at a large public university in Maryland but evolved to additionally explore the added impact of physical distancing and social upheaval as a result of the COVID-19 pandemic. The qualitative grounded theory (GT) approach to this research allowed the participants' experiences to drive the emergence of theory. This study led to the development of a theoretical understanding of DACAmented students' development of SWB and the processes by which they seek support. Ultimately, the information shared through sequential interviews was able to provide a foundation for a new theoretical model, recommendations for future research, and to guide the development of services to support similar populations of students on university campuses in the United States.

Higher Education Institutions (HEIs) and their communities of students, faculty, and staff will benefit broadly from this research. The results of this study can be used to inform practices on campus to improve student well-being and sense of belonging when a university community is operating under normal circumstances and when external forces may require students to leave the campus for extended periods of time. Addressing remediable issues of inclusion that arise at HEIs may improve subjective well-being among all students, expose the campus to more diverse experiences and worldviews, and serve to encourage further discussion among institutional stakeholders about campus community building.

Research Questions

An extensive review of the existing scholarly literature demonstrated a number of significant knowledge gaps regarding the mental health and well-being experiences of DACA recipients. The following research questions have been developed in response to these gaps as well as the evolving political landscape in the United States:

1. How do undergraduate DACA students studying at a large public university understand and experience subjective well-being, inclusive of both psychological distress and emotional affect?
    I. How do these students understand and engage in personal self-care?
    II. How do these students describe, understand, and experience personal sources of distress?
    III. How do these students engage in mental health help-seeking practices?
    IV. How do these students experience and describe the process of accessing health resources?
    V. How has the COVID-19 global pandemic impacted any of the aforementioned experience?

Potential Significance

In the absence of a clear policy directive from the sitting president or a Supreme Court ruling, DACA recipients will continue to benefit from temporary protective status under the terms of the program. As it stands, the DACA program retains legal recognition, though recipients cannot be guaranteed of their security until a bipartisan replacement bill for DACA is introduced and passed at the federal level.

It seems likely that President Trump will continue to use any amnesty for young immigrants as leverage in his larger immigration reform platform (Redden, 2019; Shear & Hirschfeld Davis, 2017; Uwemedimo et al., 2017).

In light of this political uncertainty, it remains important that HEIs protect and support DACA recipients by developing both academic and non-academic policies that provide them with an equitable opportunity to safely live and learn on campus. These policies must be designed to meet the developmental needs of DACA recipients, while still ensuring access to a safe and equitable educational experience whether students are located on a physical campus or engaged in distance learning. The results of this study may provide institutional leaders with an understanding of the campus experiences of DACA recipients. The grounded theory related to the development of their SWB may be useful for administrators and student support centers at schools with similar populations. Further, the data derived from this study may provide insights that will improve institutions' abilities to provide support services and programming designed to meet the unique mental health needs of this minoritized community of students.

Summary of Methodology

This project is rooted in grounded theory, a research methodology designed to collect and analyze data, and ultimately to construct theory from the data themselves. This study approached grounded theory through a constructivist lens; a paradigm first developed by sociologist and occupational therapist, Kathy Charmaz (Charmaz, 2014; Chong & Yeo, 2015). In short, the constructivist approach recognizes individuals are active players in the development of their reality, that "truth" is subjective, and that

social context impacts meaning making (Lather, 2006). Unlike many other research methodologies, grounded theory operates inductively and requires the researcher to actively utilize specific observations across a clearly defined target population to develop broad generalization. These broad generalizations are "grounded theories." Essentially, grounded theory allows individual subjects to guide theory development through shared understanding of their own experiences, rather than rely on preconceived knowledge or the experiences and biases of the researcher.

Central to the development of this study was an understanding of the social determinants of health and health equity. Discussed at greater lengths in chapters two and three, the social determinants of health posit that economic and social conditions impact individual and group differences in health status as much as individual risk factors such as genetics (Marmot et al., 2008; Sharma et al., 2017). Health equity refers to the highest possible level of health for all people, regardless of social or economic background, and seeks to provide full and equal access to health by addressing the social causes of inequity (Braverman, 2005; Cohen et al., 2017; Graham et al., 2016). I believe that immigration status, access to education, and opportunities for economic advancement are important social determinants that create health inequities among DACA recipients. Though a secondary purpose, this research study sought to better understand the role specific social determinants of health have on the perceived well-being of DACA students, a socially and economically disadvantaged population of people.

Pilot study

A pilot study can be used in social science research as an initial small-scale version of a larger research endeavor (Polit et al., 2001). Pilot studies are particularly useful in encouraging the researcher to review their study protocol to search for any ambiguities or to determine if potential research participants have trouble understanding or responding to prompts within the study (De Vaus, 1993). The George Washington University allows individuals to pilot a study without seeking specific approval from the Office of Human Research's (OHR) IRB as long as the study engages fewer than four individuals and is used specifically in an educational context or to refine a larger study that will seek complete IRB review.

Consistent with this allowance, I conducted a pilot study of my demographic questionnaire and my initial interview protocol with a DACA recipient who attended a large public university. This pilot study was completed under the guidance of my methodologist. This participant provided rich descriptions of her experience moving through life as an undocumented young person up until she received DACA status. Her insights provided useful in developing my study protocol and engaging in early coding practice. The result of this study, detailed in length below, was used in refining the initial questionnaire tool and to address methodological gaps as well as issues of clarity throughout my interview protocol. Appendix B provides a detailed overview of the questionnaire and Appendix C contains the study's interview protocol as updated following the pilot study.

Impact of pilot study on the proposal. As a result of my discussions with a DACA recipient during the pilot process, I updated my initial questionnaire to include

questions specifically asking students to self-identify race and family income. My interview protocol evolved to include more detailed questions exploring student sources of emotional distress and to include such prompts as perceived stigma attached to immigration status, financial stressors impacting the overall family unit, and to discuss how belonging to a family with variable statuses impacts the DACA student perception of emotional well-being. In the context of this study, the term mixed family is used to describe a family made up of undocumented individuals, young people with DACA status, and any immediate family members who have other legal status (i.e. naturalized citizens, permanent residents, asylees, etc.). Additionally, and to minimize bias when developing questionnaire and interview protocol, I ran my questions by colleagues and qualitative researchers to provide third party expert perspectives to ensure that I was not influencing the data I would be collecting.

Limitations

There are a number of limitations associated with grounded theory as a methodology and with this study specifically. Broadly, grounded theory provides a high level of freedom in terms of research design, data collection, and the process of analysis (Chong & Yeo, 2015). A lack of firm and specific guidelines required me to continuously work closely with my methodologist in order to ensure that I conducted rigorous and appropriate research. In addition to a lack of clear study guidelines, grounded theory research studies a very specific population in a very specific setting which limits generalizability. For this reason, researchers exploring a similar phenomenon on a different school campus may derive different conclusions (El Hussein et al., 2014).

Specific to my study, which utilized snowball sampling, I may have experienced selection bias. Students who opted into my study often came from the same social circle and have shared characteristics that may not exist in those eligible participants who opted out. This selection bias may have ultimately impacted the data I collected and could have had a meaningful impact on my theoretical findings (Maxwell, 2013).

Additionally, I maintained a practice of reflexivity throughout my study, since my perceptions on the data collection process and my understanding of the data may have initially been a response to my own subjectivity. Reflexively engaging my work through comprehensive reflective memoing ensured that I checked and challenged my assumptions as I continued working with DACA students to explore this particular phenomenon (Charmaz, 2014).

COVID-19 Pandemic and its Impact on this Study

In March 2020, as I finished the initial interviews in my data collection, the COVID-19 pandemic began closing university campuses across the United States (World Health Organization, 2020). Eight interviews with students were completed and, upon finishing initial coding, I realized that a common theme was stress for students during significant period of life transitions (e.g., coming to the U.S., learning English in primary school, entering college, etc.). Many of these transitions are expected rites of passage for students, however they nevertheless negatively impacted the emotional affect of all the students in this study. COVID-19 represents a significant and unprecedented transition for all the students in this study; suddenly all of my participants found themselves unable to work or attend school. With this in

mind, and out of concern for their physical and emotional well-being, I updated the following study to examine how these students were coping with the stress of this new transition. In this way, the pandemic and the concurrent Supreme Court review of the DACA program in 2020 became central issues framing the discussions I had with my participants.

Delimitations

I have self-selected a number of delimitations for this study. When approaching existing research, I only reviewed material published in English due to my poor proficiency in Spanish. Additionally, all participants in this study were actively enrolled at a public higher education institution in the state of Maryland and had active DACA status or were in the process of applying for renewal at the point of participation. This study specifically looked at the experiences of DACA recipients in order to better understand the needs of a largely understudied population of students with a unique immigration experience, having come to the United States as children (Benuto et al., 2018; Collier, 2015; Nguyen & Kebede, 2017). Additionally, all students included in this study emigrated from countries in Central and South America due to the disproportionately large number of Latinx DACA recipients in the United States (see Appendix A). For this reason, the theory developed at the conclusion of this study may not be applicable to other populations of immigrants, to undocumented individuals, or to DACA recipients who do not attend postsecondary institutions or identify as Latinx. Furthermore, this study specifically explores the experiences of undergraduate students who are enrolled half-time or full-time, and so

the results may not accurately capture the experiences of graduate level learners or students who are enrolled less than half-time.

Summary

Though the DACA program is only eight years old, the number of young people enrolled who are attending college remains steady. Due to the complex political response to DACA and the relative uncertainty of the Trump administration's support of the program, it remains crucial for higher education practitioners to understand the best ways to support DACAmented students. In the coming years, it is anticipated that an increasing number of DACA recipients will fall out of status and become undocumented again (Cebulko & Silver, 2016; Kuczewski & Zaidi, 2017). The stress regarding their sense of belonging and safety in the United States may have significant impacts on the subjective well-being of DACA recipients. Thus, the purpose of this qualitative research study was to understand how DACAmented young people understand SWB, engage in help-seeking behavior and access health resources to address any perceived sources of stress. The study ultimately evolved to primarily consider stressors related to their campus experience, their immigration status, and their health and well-being in light of the global COVID-19 pandemic.

This manuscript provides the context for this study, a clear statement of the problem, as well as a detailed literature review to explain the rationale by which I enter the research. This study utilized grounded theory methodology, particularly through the use of an initial questionnaire, sequential in-person interviews, a negative case study, and provider interviews. Specifically, this research sought to answer the

following questions: how are undergraduate level DACA recipients studying at a large public university in the Mid-Atlantic understanding and experiencing subjective well-being? Furthermore, how do these students understand and engage in self-care? Central to these questions is an understanding of how DACA students describe, understand, and experience personal sources of psychological distress and engage in mental health help-seeking practices. Consequently, this research explores how social relationships and family dynamics may impact help-seeking tendencies. Further, this research sought to understand how DACAmented students describe the process of accessing health resources on their campuses and in the United States more broadly. Finally, this study hoped to understand how the COVID-19 global pandemic has impacted any of the aforementioned experiences. Based on an analysis of the data, a theoretical framework has been developed and is represented in chapter five to explain the experiences of this group of students. The study ultimately provides conclusions and implications for future research and provides guidelines for practice to improve the experiences of DACA students.

Chapter Two: Literature Review

Overview of the Literature Review Process

Consistent with grounded theory research, I engaged the process of research without a presupposed theoretical framework. The majority of this literature review was iterative and took place as a result of data gathering and analysis (Charmaz, 2014). Central to this process was a belief that the development of a comprehensive literature review regarding the process by which DACA recipients understand their subjective well-being, engage in self-care, and explain help-seeking behaviors, or access health resources prior to conducting a detailed analysis of data can constrain the development of theory rather than assist in guiding the research (Charmaz, 2006; Glaser, 1992; Ramalho et al, 2015). The final literature review includes additional material that was gathered in light of the themes that came up during data analysis.

In order to understand the lens through which I entered this research, it is critical to understand the key tenants guiding this study. As discussed in greater length below, this research specifically explores the experiences of Latinx DACAmented students. The majority of individuals in the United States under temporary protected status through DACA are from countries in Central and South America and this demographic trend is reflected in the enrollment rates at Public Research University (PRU), the site of this study. This literature review considers research exploring the experiences of both Latinx DACA recipients and undocumented Latinx youth in the United States. While I recognize the experiences of DACA beneficiaries and individuals without temporary legal status are

significantly different, there is a dearth of literature that specifically discusses the DACA experience due the relatively young age of the program and its tenuous legal nature. While it is not possible to draw direct parallels, the experiences of undocumented Latinx young people may be useful in understand how Latinx DACA recipients are making sense of their experiences, especially in light of the current political administration's hostility toward the DACA program and their uncertain legal future in the United States (Nguyen & Kebede, 2017; Suarez-Orozco et al., 2015).

Central to the development of my research agenda has been recent policy action regarding immigration and the political climate surrounding legal immigration in the years since DACA was introduced in 2012. This literature review considers laws at the federal and state level that impact the experiences of DACA students in the United States and, specifically, within the state of Maryland. I then frame the remainder of this study by discussing the COVID-19 pandemic that began to impact American colleges and universities in March 2020. I further provide background on diversity and inclusion efforts in American colleges and universities including the impact of cultural organizations, religious faith-based support, and other supplemental advising on student outcomes. This chapter continues by providing some contextual information by discussing current literature regarding the lived experiences of DACA recipients, with specific attention to physical and psychological outcomes and subjective well-being.

In response to data analysis and thematic coding, additional research was collected. Following interviews with DACA students, line-by-line coding, and data

analysis, a number of common themes began to emerge. Importantly, all interview participants discussed the campus health center (CHC) but noted that this was not a source that they commonly utilized. Literature was gathered to understand the role of CHCs, particularly with regard to addressing concerns of behavioral and mental health and student service utilization. Following this, I provide an overview of three universal sources of distress among study participants: caregiver burden, role conflict, and transitional stress accompanying significant life events.

Following this overview, I provide a definition of health equity and a foundational understanding of the social determinants of health based on an emerging understanding of health as a basic human right. Consistent with my ontological and epistemological points of view, I subscribe to the belief that access to healthcare and overall health outcomes are largely determined by an individual's socially constructed identities and systems that oppress marginalized people. These definitions are used to frame the sections on exploring self-care and help-seeking tendencies of minoritized populations of young people as well as general developmental and sense making experiences of young immigrants to the United States. This chapter ends with a discussion on the impact that family and peer relationships have on shaping the development of Latinx immigrant youth.

Initial Search Methods

Sources for this study were primarily identified through a comprehensive search of George Washington University's electronic systems in the Gelman Library and the Himmelfarb Health Sciences Library, as well as through the Educational Resources Information Center (ERIC), the Public Affairs Information Service (PAIS)

Index, and Google Scholar. Only articles published in English were used in the development of this literature review. A combination of key terms was used to conduct the literature search (e.g. Deferred Action for Childhood Arrival, development, sense making, help-seeking tendencies, self-care, and physical/psychological health outcomes, etc.) which yielded an initial combined result of over 2,000 results published since 2000. To include important nonacademic work, including newsprint and policy responses, the Google search engine was used and the publication list of significant Non-governmental Organizations (e.g. United We Dream, University Leaders for Educational Access and Diversity Network, and the Association of American Medical Colleges) and current events news sources were consulted. I also referred to seminal and well-known studies in the area of adolescent identity development and the impact of immigration on meaning making.

In sum, over 2,200 sources and studies were identified through early search efforts. I culled through this list to remove articles of little significance to the study, specifically those that did not directly discuss DACA recipients or undocumented young people and sources that did not specifically explore the unique cultural experiences of Latinx peoples. The resulting resources were then filtered according to three specific criteria for this literature review: (1) where possible, all literature specifically discussed the experiences of DACA recipients as opposed to undocumented young people. Where this was not possible, I specifically discussed the implications of this difference. (2) Any piece or journalism or other documents discussing state and federal policy was required to come from a credible and bipartisan news source or think-tank. And finally, (3) in reviewing discussions of

political discourse, articles provided fair and transparent discussions of opposing positions.

Search Methods Following Data Analysis

Consistent with my initial literature review, I primarily utilized George Washington University's electronic systems through the Gelman Library and Himmelfarb Health Sciences Library to identify material directly related to the themes that emerged during data analysis. In addition to academic resources and databases, I pulled current events and journalism discussing relevant events that occurred during data collection, most notably the 2020 global coronavirus pandemic and the 2020 Supreme Court ruling on DACA. I applied the same filtering principles to my iterative literature review as I did my initial. As discussed above, the themes that were added to this literature review include campus diversity and inclusion efforts through cultural organizations, faith-based support services, and other DACA specific support initiatives. I additionally reviewed material discussion campus efforts at addressing behavioral and mental health issues among college students and specifically explored issues related to caregiver burden, role conflict, and transitional stress accompanying life transition.

Background on Deferred Action for Childhood Arrivals

On June 15, 2012 the Obama administration announced that it would no longer deport certain populations of undocumented individuals who entered America as minors (Napolitano, 2012). Two months after this announcement, the United States Citizenship and Immigration Services (USCIS) began to accept applications for the Deferred Action for Childhood Arrivals (DACA) program. DACA is a

presidential adoption of the six times unsuccessful Senate bill called the Development, Relief, and Education for Alien Minors (DREAM) Act. The DREAM Act was introduced to provide temporary protection from deportation to undocumented young people and offer opportunities to apply for legal citizenship (S.1615, 2017). Young people who have received legal status under DACA, otherwise known DACAmented immigrants, are temporarily protected from deportation, are authorized to work, and can study in the United States. Although DACA has been continuously active since June 2012, there exists little scholarly literature exploring how young recipients develop subjective well-being (SWB), engage in self-care, help-seeking behavior, or gain access to professional mental health care.

Qualifications

A popular misconception suggests that any undocumented immigrant is able to apply for temporary legal status under DACA (Gonzales, 2018; Kuka et al., 2018; Lopez & Krogstad, 2017). In fact, the qualifications for application are inflexible and require that any applicant be under the age of 31 at the time the policy was enacted but must also be at least 15 years old to apply and have lived in the United States continuously since June 15, 2007. Candidates must fit any of the following categories: have no other lawful immigrant status; have a legal status that expired prior to the date DACA was enacted or, have entered the states without border inspection. Applicants additionally must currently be enrolled in high school, graduated from high school, have an earned GED, be currently serving in the United States armed forces, or have been honorably discharged. In order to be granted

DACA status, applicants must have no felony convictions, no "significant" misdemeanors (defined as burglary, domestic violence, sexual abuse, unlawful possession of a firearm, driving under the influence, or other crimes which result in a sentence of 90 days in prison or longer), and have no more than three misdemeanors of any kind (Napolitano, 2012). Applicants who are granted DACA status must reapply every two years to maintain their temporary residency and submit a reapplication fee. As of 2018, the initial application and reapplication fees are $495, an increase from the original fee structure of $465 (United States Citizenship and Immigration Services, 2018; Wong & Valdivia, 2014). Between 2018 and 2020, the government no longer accepted new DACA applications in response to legal challenges from the Trump administration. (Department of Homeland Security, 2017; Liptak & Shear, 2020; National Immigration Law Center, 2018).

DACA by the numbers. Since the program's inception, 798,980 undocumented individuals have received temporary residency under DACA, with 703,890 people enrolled as of 2018, the last year by which reliable data has been available (See Appendix A) (Brannon & Albright, 2017; Robertson, 2018; United States Citizenship and Immigration Services, 2018b; Zong et al., 2017). Since 2012, roughly 70,000 DACA recipients have either not applied for renewal or had their renewals denied, and another 40,000 became lawful permanent residents of the U.S. (Robertson, 2018). Among current DACA recipients, the greatest percentage come from Mexico with 79.4%, followed by El Salvador with 3.7%, and Guatemala with 2.6%. Given the disproportionate number of DACA recipients coming from countries in Latin America, this study delimits participation to students born in Central and

South American countries (Lopez & Krogstad, 2017; United States Citizenship and Immigration Services. 2018b).

The above numbers help to illustrate how significant a group of individuals have come out of undocumented status over the last eight years. It is important to be aware, however, that these numbers do not capture the complete population of undocumented young people living in the United States. DACA relies on the assumption that all undocumented individuals who are eligible for the program are willing and able to come forward, identify themselves, and subject themselves to regular government review and scrutiny. As Stone (2002) argues, numbering an issue and using statistics to tell a story involves a decision as to who is included within a count. Looking ahead, it is important that DACAmented and undocumented students be supported as two separate and distinct groups of people; however, for the scope of this literature review I considered shared cultural experiences to help frame the research.

Why Individuals Decide Not to Apply for DACA. Though DACA has served to provide recognition to otherwise undocumented young people, and therefore access to work and postsecondary education, not all undocumented individuals decide to apply. Of course, there is a population of young people who do not meet the requirements to apply for the program as detailed above in Qualifications (Napolitano, 2012). Often cited as barriers are the educational requirement for application as well as the financial cost of applying for initial approval and reauthorization every two years (Pérez, 2015).

Not counting those who are ineligible, as of 2018 it is estimated that approximately 1.3 million individuals elected not to apply for DACA status (Hipsman et al., 2016; Robertson, 2018). The financial cost of the application acted as a significant barrier to new applicants. As previously noted, the initial and biyearly application fee for DACA is $495, plus any legal fees an individual may need to pay for representation (United States Citizenship and immigration Services, 2020). It is also important to recognize that this $495 fee is for a single individual; in families with multiple people eligible for DACA, the cost of application can be prohibitively expensive (Pérez, 2015).

Fear for individual safety and the safety of the extended family, both physical safety in inhospitable states and legal security, acts as a detriment to some eligible applicants. The DACA application process relies on applicants who are willing and able to provide their legal information, contact information, and home addresses in order to apply for the program (Cebulko & Silver, 2016; Siemons et al., 2016; Wong & Valdivia, 2014). By nature of this application requirement, individuals must have entered the country without documentation or overstayed initial visas (Benuto et. al., 2018; Capps et al., 2017; Napolitano, 2012). A common concern among undocumented young people is that providing this information to the U.S. government not only opens the applicant to scrutiny, but also their family.

DACA: A Retrospective

As DACA was introduced early in President Obama's second term as President, this executive branch memorandum received little meaningful opposition under his administration. While there has been opposition to the program at both the

state level and among Republican federal lawmakers during Obama's tenure (Austin & Avila, 2016; Epps, 2016; United States v. Texas, 2016), the largest opposition came following Donald Trump's election to the Presidency in 2016 (National Council of State Legislatures, 2018). The Trump administration has expressed opposition to the Obama administration's immigration policies, specifically with regard to their efforts to expand protections and services for undocumented immigrants (Jordan, 2019; Pierce & Selee, 2017; White House, 2019). Though occasionally changing his position to promise amnesty for some people who entered the country without documentation (Gomez, 2018; Suarez, 2016), President Trump has been fairly consistent in his hostility toward the DACA program and his insistence on Congress finding a permanent replacement (Shear & Hirschfeld Davis, 2017). In many instances since his election in 2016, President Trump has leveraged the continued legality of the DACA program in his attempts to legislate (Karni & Stolberg, 2019). What is clear from Trump's statements on DACA is that the protections DACAmented immigrants were granted under the Obama administration stand on uncertain ground.

Despite the variability in his public rhetoric, in September 2017 President Trump officially ended the DACA program and instructed United States Citizenship and Immigration Services (USCIS) to accept no new DACA applications and to initiate a six month phase out period (United States Department of Homeland Security, 2017). Initially, when the Trump Administration ended DACA in September 2017, Congress received a deadline of March 5, 2018 by which time they had to provide an acceptable bipartisan replacement to DACA (Department of

Homeland Security, 2017). This deadline passed, and the Trump Administration has yet to take definitive action on rescinding DACA status from individuals currently benefiting from the program. In fact, the administration is accepting new applications and applications for renewal as of 2020 following the Supreme Court's ruling, discussed in greater length below (Kopan, 2018a; Kopan, 2018b; Regents of the University of California and Janet Napolitano v. the United States Department of Homeland Security, 2018; United States Citizenship and Immigration Services, 2018a; Williams, 2020; Zong et al, 2017). That said, there remained a growing concern that Trump may not take direct action to rescind DACA, but rather allow recipients to lapse out of status and force the policy to end through legislative inaction despite the bipartisan popularity of DACA among lawmakers and citizens alike (Shear & Hirschfeld Davis, 2017; Williams, 2020).

Federal Policy Action

As discussed, DACA was introduced as a presidential directive designed to provide temporary protective status to a group of previously undocumented immigrants who arrived in the United States as minors. This program was enacted to provide a temporary solution to address the needs of a growing number of undocumented young people; a program that would eventually be replaced with a permanent legal solution (Snyder, 2016).

It is important to note that all student participants in this study were not yet born, or were very young children, when initial federal policy action on amnesty for undocumented young people entered the public discourse. The following history of the DREAM Act and the American Dream and Promise Act of 2019, as well as

Maryland's specific state laws, serve to provide context to the political landscape in which study participants grew up.

An important aspect of America's structural system of political power and exclusion can be seen through the relative homogeneity of our lawmakers. In fact, the 116th Congress, which was sworn in on January 3, 2019, is made up of representatives and senators from dominant identity groups. Over 88% of all members of Congress come from Christian religious denominations, compared to 70.6% of American citizens (Pew Research Center, 2019a; Pew Research Center, 2019b). Within the Senate, there are 74 men to 26 women and 88 members identify as non-Hispanic white. In the House of Representatives, there are 334 men to 101 women and 319 members identify as non-Hispanic white (Jin, 2019; Panetta & Lee, 2019). Per Jin (2019), there are fewer than ten members who identify as sexual minorities (e.g. Lesbian, Gay, Bisexual, Transgender) across both houses of Congress, fewer than 2% of the legislative population. This number is compared against an estimated 4.5% of citizens of the United States (Newport, 2018). For a detailed comparison with data from the aforementioned references, refer to table 2.1. These demographics are important to understand as they highlight a crucial reality: lawmakers do not represent members of the communities that they are governing (Stone, 2002).

Table 2.1: Congressional Demographics Compared to Population of the United States

	116th Congress		Population of the United States per 2019 Census (n = 328 million)
	House (n = 425)	Senate (n = 100)	
Gender Identity	**Male**: 334 (76%) **Female**: 101 (24%) **Trans***: 0	**Male**: 74 (74%) **Female**: 26 (26%) **Trans***: 0	**Male**: (49.2%) **Female**: (50.8%) **Trans***: (0.6%)
Race/Ethnicity	**White**: 319 (75%) **Black**: 52 (11%) **Hispanic/Latino**: 38 (8%) **Asian/PI**: 10 (2%)	**White**: 88 (88%) **Black**: 3 (3%) **Hispanic/Latino**: 4 (4%) **Asian/PI**: 3 (3%)	**White**: (60.1%) **Black**: (13.4%) **Hispanic/Latino**: (18.5%)

	Native American: 5 (1%) **Not Provided:** 13 (3%)	**Native American**: 0 **Not Provided:** 3 (3%)	**Asian/PI**: (6.1%) **Native American**: (1.3%) **Two or More Races**: (2.8%)
Religion	**Christianity**: 223 (52%) **Catholic**: 141 (33%) **Mormon**: 6 (1%) **Jewish**: 26 (6%) **Other/None/Not Listed**: 39 (8%)	**Christianity**: 60 (60%) **Catholic**: 22 (22%) **Mormon**: 4 (4%) **Jewish**: 8 (8%) **Other/None/Not Listed**: 6 (6%)	**Christianity**: (49.9%) **Catholic**: (20.7%) **Mormon**: (1.6%) **Jewish**: (1.9%) **Other/None/Not Listed**: (25.8%)
Sexual Identity	**Heterosexual**: 418 (98%) **Queer****: 7 (2%)	**Heterosexual**: 98 (98%) **Queer****: 2 (2%)	**Heterosexual**: (95.5%) **Queer****: (4.5%)

The term Trans is used inclusively to encompass all gender identities outside the binary.
**The term Queer is used inclusively to encompass all sexual minority identities.

DREAM Act

The Development, Relief, and Education for Alien Minors (DREAM) Act was a long-standing proposal for a permanent process that would grant legal residency status to qualifying immigrants who entered the United States as minors, by first providing conditional residency and a pathway to legal permanent residency (American Immigration Council, 2019). This policy was introduced long before DACA was implemented by the Obama Administration, but has failed to become law six times since 2001. The DREAM Act has been updated considerably over the 18 years since its first inception, however the spirit of the bill remains the same. Under the most recent language of the bill, beneficiaries of the proposed DREAM Act would have to meet a number of strict application requirements, including:

- Being inadmissible or deportable from the United States, or hold temporary protected status;
- Being younger than 18 years of age upon entry to the United States (changed to 16 by the DREAM Act of 2017);

- Have proof of residence in the United States for at least four consecutive years since their date of arrival;
- If male, have an active registration with the Selective Service;
- Be between the ages of 12 and 35 by the time the bill is enacted;
- Have graduated from an American high school, earned a GED, or received acceptance to an American HEI;
- Be of "good moral character" as defined through an absence of a criminal record.

Assuming an applicant would qualify for protected status under the DREAM Act, they would first need to complete six years of conditional status. Under this status, individuals would be required to meet the following additional requirements:

- Complete a two-year community college degree;
- complete two years of a four-year college degree; *OR*
- serve two years in the U.S. military;
- Pass a series of criminal background checks and drug screenings.

If beneficiaries then met all the requirements of their conditional status, they would be eligible to gain full legal permanent residency (American Immigration Council, 2019; S.1291, 2001; S.729, 2009; S.3992, 2010; S.952, 2011; S.1615, 2017; H.R.2820, 2019).

2001. The DREAM Act as we have come to know it was first introduced to the House by Representative Luis Gutiérrez (D-IL) as the "Immigrant Children's Educational Advancement and Dropout Prevention Act of 2001" (H.R. 1582, 2001). This bill would have provided opportunities for undocumented young people to

pursue advanced education and apply for permanent residency upon completion of their studies. Largely unpopular, this bill failed and was heavily edited before being reintroduced by Senator Orrin Hatch (R-UT) as Senate Bill (S.) 1291, the DREAM Act, in 2001 (Chronicle of Higher Education Staff, 2001). This first attempt at passing the DREAM Act ultimately failed in the Senate but underwent a number of minor revisions and saw attempts at passage as a rider to other bills introduced in the Senate (S. 2611, 2006; S. 1348, 2007; S. 2919, 2008). All of these attempts failed and the DREAM Act as a stand-alone piece of legislation would not be reintroduced until 2009.

2009. Senate Bill 729, the DREAM Act of 2009, was very similar to its predecessor but continued to add new eligibility requirements. In this iteration, the bill's cosponsors added age requirements, residency requirements, and an expectation that all beneficiaries would have completed a minimum secondary school equivalency in the United States (S.729, 2009). In addition to these eligibility requirements, the DREAM Act of 2009 would have allowed previously undocumented immigrants to apply for student loans, work study, and other forms of federal financial aid for postsecondary education. Ultimately, this bill failed in the Senate.

2010. Senate Bill 3992, The DREAM Act of 2010, is perhaps the closest the American government came to passing this piece of legislature over its 18-year history (American Immigration Council, 2019). In 2010, this iteration of the bill passed the House of Representatives and an attempt was made to bring the bill to a vote in the Senate, failing just five votes short of the required majority to pass cloture (S.3992, 2010). Ultimately, the failure of this bill has largely been attributed to a

small number of opposing senators who engaged in a filibuster to delay discussion (United States Senate, 2010).

2011. On May 11, 2011, Senate Majority Leader Harry Reid (D-NV) and Senator Richard Durbin (D-IL) attempted to reintroduce the DREAM Act (S.952, 2011). Ultimately, this attempt failed following the reversal of a number of Senate Republicans who wished to see increased immigration enforcement as part of the overall package. The failure of this attempt would mark a six-year period of inaction on the DREAM Act.

2012. Within a year of failing to pass the Senate, President Obama introduced the DACA program which provided a number of the protections and eligibility requirements consistent with the DREAM Act (Napolitano, 2012).

2017. Following the election of Donald Trump as President of the United States, lawmakers began to see an increased need for a permanent replacement for the DACA Program (American Immigration Council, 2019; National Conference of State Legislatures, 2018; National Immigration Law Center, 2018). To this end, Senate Bill 1615, the DREAM Act of 2017, was introduced to the Senate. This bill was a new iteration of the DREAM Act last seen in 2011, updated slightly to increase the application rigor, particularly with regard to the burden of proof required to show length of residency within the United States (S.1615, 2017). This bill failed to pass, despite bipartisan agreement that a legal replacement must be made.

2019. The DREAM Act was most recently reintroduced to the 115th U.S. congress in 2019 through a bipartisan effort to produce a formal bill to replace the DACA program in response to the Trump administration's efforts at rescinding

DACA status. This iteration of the bill was introduced first as House Resolution (H.R.) 2820, rather than a Senate Bill (2019). The Trump administration continues to waiver on their support for DACA recipients, and the 115th Congress was ultimately unable to come to consensus and pass the newest iteration of the DREAM Act. In its place is the proposed American Dream and Promise Act of 2019; however, this was introduced to the House in June 2019 and it remains to be seen how this bill will be received. Accordingly, it remains important for institutions to support DACA students in light of the negative impact that discrimination plays on their development.

American Dream and Promise Act. Following the failure of the DREAM Act of 2019, Representative Lucille Roybal-Allard (D-CA) introduced H.R. 6, the American Dream and Promise Act. This bill would cancel existing removal proceedings against certain undocumented immigrants, would prohibit future deportation proceedings, and would provide a pathway toward legal permanent residency (Congressional Research Services [CRS], 2019). As with DACA and all iterations of the DREAM Act, the American Dream and Promise Act would apply to immigrants who came to the United States as minors. As with other attempts at formal and lasting immigration reform, this new approach would require a period of conditional residency prior to becoming eligible for permanent residency, would require continuous presence in the United States, and would require the completion of certain educational expectations (H.R. 6, 2019). In the context of higher education, the American Dream and Promise Act would repeal restrictions that specifically "bar states from providing higher education benefits to undocumented aliens unless those benefits are available to all U.S. citizens" (Congressional Research Service [CRS],

2019, pp. 4). As of June 4, 2019, the American Dream and Promise Act passed the House of Representatives and was passed to the Senate for review and a vote (H.R.6, 2020). By December 2020, this bill had still not been brought up for debate in the Senate (Personal Communications, 2020).

2020 Supreme Court Decision on the Constitutionality of DACA

DACA has been embattled in the United States court system since the Trump administration's decision to rescind DACA in 2018 and the ensuing lawsuit filed by the University of California System under the presidency of Janet Napolitano (Regents of the University of California and Janet Napolitano v. United States Department of Homeland Security and Kirstjen Nielson, 2018a). In the same year, U.S. District Judge William Alsup ordered the government to continue the DACA program through the duration of the legal challenge brought by the University of California (Regents of the University of California and Janet Napolitano v. United States Department of Homeland Security and Kirstjen Nielson, 2018b).

On June 28, 2019, the Supreme Court of the United States agreed to take up this case, with oral arguments being heard on November 12, 2019 (National Immigration Law Center, 2020). On the morning of Thursday, June 18, 2020 the Supreme Court issued a ruling that the Trump administration is unable to end the DACA program immediately (Williams, 2020). In this 5-4 ruling, the Supreme Court determined that the Trump government failed to provide adequate justification for ending the DACA program. Importantly, this ruling does not guarantee permanent safety for DACA recipients, but rather allows the Trump administration to challenge the program again after offering a more detailed explanation for this action

(Totenberg, 2020). Any future challenges to DACA will need to originate in the Department of Homeland Security and move through the lower courts again before an argument may be presented to the Supreme Court again (Liptak & Shear, 2020).

State Policy Action

As DACA is a presidential directive only identifying methods by which recipients can remain in the country legally, each state is empowered to develop their own legal processes by which they determine the levels of support that will be guaranteed to DACA recipients (American Immigration Council, 2019; National Conference of State Legislatures, 2018). This freedom is perhaps most noticeable through access to public services, including state sponsored postsecondary education. As this research specifically explores the experiences of DACA recipients studying at a large public university in the state of Maryland, this literature review only considers Maryland state policy.

Maryland

The state of Maryland has a long legislative history of proposing laws to provide social services and access to in-state tuition rates, financial aid, and other institutional supports to undocumented young people. In the interest of brevity, this literature review will focus specifically on the efforts of the Maryland legislature to provide support and funding for higher education in terms of tuition-equity to undocumented and DACAmented students over the last 17 years. In this context, tuition equity refers to in-state tuition rates, access to institutional scholarships for state residents, and state specific financial aid (Aboytes, 2009; Dougherty et al., 2010; Garcia, 2004; Nguyen & Serna, 2014).

2003. Maryland's lawmakers began considering a form of tuition equity for undocumented residents in 2003 as part of a bill designed to extend in-state tuition rates to certain classes of immigrants as well as to out-of-state dependents of military personnel (University Leaders for Educational Access and Diversity Network, 2018). This bill successfully moved through the state's legislative body but was vetoed by Republican Governor Robert Ehrlich, Jr. who specifically cited the clause providing tuition equity to undocumented immigrants living within Maryland as his reason for veto (H.B. 253, 2003). In sum, Governor Ehrlich argued that federal law preempts states from providing access to higher education to undocumented immigrants.

2009. Following the veto by Governor Ehrlich, there was little movement on improving access to public higher education for undocumented peoples until 2009. House Bill 612, Higher Education Tuition Charges for Maryland High School Students, received hearings in the House Ways and Means Committee but stalled after discussion was not brought to the floor for full debate (H.B. 612, 2009). This act would have exempted "undocumented aliens" from paying out of state tuition rates at public colleges and universities within the state of Maryland so long as they were able to show proof of income tax payment.

2011 – 2013. After eight years of failed efforts, S.B. 167, the Maryland DREAM Act, was introduced to the senate in 2011, passed by the legislature, and put up for referendum in 2012. This bill enables qualified undocumented students to receive in-state tuition rates at community colleges within Maryland. If students successfully complete a community college education or earn 60 credits at a community college, then the in-state tuition benefit is extended to cover the tuition

costs at a four-year public institution (S.B. 167, 2011). In addition to these academic requirements, the Maryland DREAM Act requires that all students provide proof that they (or their legal guardians) have filed income taxes each year since the student began their formal education. Ultimately the citizens of the state of Maryland voted to pass this bill and tuition equity became law in 2013 (Maryland Office of the Attorney General, 2011; University Leaders for Educational Access and Diversity Network, 2018).

2013 – 2020. As of January 2018, Maryland provides eligible undocumented and DACAmented students with access to in-state tuition at public community colleges which extends to public four-year institutions upon completion of an associate degree or 60 credits of coursework (University Leaders for Educational Access and Diversity Network, 2020). It is important to recognize that the Maryland state legislature is often in contention regarding the level of support they provide to DACA recipients. In the 2017 legislative session two bills regarding DACA were introduced: one to make college campuses sanctuaries for students who lose legal immigration status; another that would require local governments to comply with federal immigration officers regarding the identification of undocumented immigrants and surrendering them for trial and deportation (University Leaders for Educational Access and Diversity Network, 2018). Both of these bills failed after unfavorable reviews from the Judiciary Committee (H.B. 598, 2017; H.B. 1362, 2017). In the years since 2017, the state of Maryland has not proposed any additional legislation that would directly impact DACA recipients (University Leaders for Educational Access and Diversity Network, 2020).

COVID-19 Global Pandemic

In addition to understanding the political environment in which this study occurred, it is important to understand the global health context of 2020. SARS-CoV-2, otherwise known as the novel Coronavirus 2019 (COVID-19), is a respiratory illness was first identified in Wuhan, China in December 2019 and quickly spread outside of the country (Hui et al, 2020). By January 21, 2020, the United States confirmed their first case of COVID-19 (Centers for Disease Control and Prevention, 2020a). The virus was identified as an international pandemic in March 2020 and, as of December 5, 2020 has resulted in more than 66.3 million confirmed cases and 1.52 million deaths globally (Johns Hopkins University of Medicine, 2020; Thakaran et al, 2020; World Health Organization, 2020a). According to John Hopkins University of Medicine and confirmed by the Maryland Department of Health, as of December 5, 2020, the United States has experienced over 14.4 million confirmed cases of the disease and over 279,000 deaths. In the state of Maryland, these numbers are above 210,000 and 4,790 respectively.

Spread of COVID-19 and Mortality Rates in the United States

COVID-19 is primarily spread from person to person through close contact, most often by way of small droplets produced by coughing, sneezing, and speaking, though instances of transmission through contact with contaminated surfaces has also been confirmed (Center for Disease Control and Prevention, 2020b). The most common symptoms of COVID-19 include fever, cough, loss of appetite, fatigue, shortness of breath, and muscle aches and pains and the majority of cases are mild and resolve within two weeks from the point of infection (Tu et al., 2020). More

serious cases can result in hospitalization, intubation, and death. In the United States, the mortality rate is roughly 1.7% as of December 2020 and seems to largely present in individuals with preexisting medical conditions and other comorbidities such as hypertension, diabetes, cardiovascular disease, chronic respiratory illnesses, or forms of cancer (Tharakan et al, 2020; World Health Organization, 2020b). That said, it is difficult to accurately assess the overall severity of this virus. Though the majority of confirmed cases seem to recover, the country does not yet have sufficient testing to determine the exact scope of COVID-19. Additionally, research suggests that many individuals who contract COVID-19 may remain asymptomatic and we do not yet know if individuals who recover from the virus are incapable of contracting COVID-19 multiple times (Centers for Disease Control and Prevention, 2020a). For this reason, mortality rates may vary significantly.

While COVID-19 has impacted the lives of people globally, the greatest impact in the context of my study has been on the economic security of my participants and their families, many of whom have lost jobs, and the limitations social distancing has imposed on their lives. These issues are explored in greater detail below.

Preventing the Spread of COVID-19

As COVID-19 is a new strain of the Coronavirus, there is no vaccine readily available as of December 2020 however, multiple pharmaceutical companies are introducing vaccines with effectiveness above 90 percent (World Health Organization, 2020d). Additionally, there are few accepted and clinical proven methods of treating the virus (World Health Organization, 2020c). For this reason, the

World Health Organization (WHO) along with the Centers for Disease Control and Prevention (CDC) have provided guidance on preventing the continued spread of COVID-19. In addition to regular hygiene such as hand washing, avoiding touching the face, and regular surface cleaning, the WHO and CDC agree that physical distancing is the best method of controlling the spread of the virus. Physical distancing includes many different elements including avoiding crowded gatherings, wearing face coverings, and maintaining a distance of between three and six feet between individuals outside of one's immediate household are the best methods of remaining healthy. Further, staying home and self-isolating when even minor cold symptoms present can decrease the risk of infecting individuals in shared community spaces.

COVID-19 and Physical Distancing in Maryland

As noted above, maintaining a physical distance between people, avoiding crowded places, and self-isolation are among the most effective methods for slowing the spread of COVID-19 (Centers for Disease Control and Prevention, 2020; World Health Organization, 2020c). In America, each state is approaching physical distancing restrictions in different ways and issuing various orders to protect public health. The state of Maryland, which houses the institution of study, has taken swift and comprehensive measures to mitigate the spread of disease across the state. In March 2020, shortly after the announcement of the global pandemic, the Governor of Maryland, Larry Hogan, banned gatherings of more than 10 people, closed all restaurants and bars in Maryland, and closed all schools. It was this first executive order that caused the closure of all public education in the state, moved all

postsecondary education online, and moved all study participants off-campus. Further, in April 2020, Hogan issued an executive order requiring all state residents to wear face masks when in public spaces and on public transportation (Maryland Department of Health, 2020). The Maryland Department of Health (2020) has since identified these efforts as positively impacting the spread of COVID-19; Maryland has seen fewer cases identified and few deaths reported in response to efforts at encouraging physical distancing.

Maryland's Gradual Reopening Efforts.

As cases of COVID-19 began to decline in response to Maryland's physical distancing efforts, Governor Hogan introduced a plan for the gradual reopening of the state (The Office of Governor Larry Hogan, 2020). The first phase of this plan began on May 13, 2020 during which the state allowed retail stores to reopen at half capacity, manufacturing to resume following state health guidelines, and reopened churches and other houses of worship at half capacity. As of September 2020, the state is entering the third phase of reopening. This effort will allow indoor theatres to resume operations at 50% capacity, allow outdoor venues to host live art performances at 50% capacity, and will allow retail operations and religious facilities to open to 75% capacity. Under the same phase, the Governor announced that all public schools across the state can begin implementing reopening plans that will return students to on-campus instruction (The Office of Governor Larry Hogan, 2020).

Economic and Educational Impact of COVID-19 in the United States

Though COVID-19 has impacted many aspects of daily life, the participants in my study identified the economic impacts and the interruption to their education as the most prevalent repercussions of the virus. By April 2020, over 20.5 million Americans lost their jobs and the national unemployment rate rose to 14.5% in response to the economic fallout of the COVID-19 pandemic (Jackson et al, 2020). Individuals working in the service industry, including restaurant workers, domestic aids, laborers, and retail employees saw significant decreases in their working hours or otherwise lost employment altogether (Kochhar & Barroso, 2020; Van Dam, 2020; United States Bureau of Labor Statistics. 2020).

The Bureau of Labor Statistics (2020) notes that individuals working in low-wage jobs are being disproportionately impacted by COVID-19 shutdowns than individuals in high paying jobs. All participants in this study were working while attending university full-time and all were working in low-wage service positions as a way to make ends meet. Each participant who conducted an interview with me during the Maryland shutdown identified losing their jobs and/or having members of their families lose jobs as a result of COVID-19. The accompanying financial stress is explored in detail in chapter four.

Of similar significance to my study is the impact COVID-19 has had on academic operations for HEIs across the United States. While there is no federal moratorium impacting on-campus education, many public and private universities have been moving to an entirely online experience during the 2020-21 academic year in response to surging cases of the novel Coronavirus (Nierenberg & Pasick, 2020).

Halting in-person programming has negative financial implications for all HEIs due to decreased revenue from campus housing and decreased enrollments, and increased costs from adjusting all instruction to online platforms, among a myriad of other issues (Hess, 2020). These real costs have resulted in a number of schools closing, programs being shuttered, and staff or faculty layoffs at HEIs across the country. Changes which have tangible impacts on the experiences of all students.

Economic and Educational Impact of COVID-19 in Maryland

Consistent with national trends, the state of Maryland experienced a number of economic repercussions due to the Coronavirus. Local businesses have been impacted by the state's stay-at-home mandate and many citizens have been impacted by reduced working hours, furloughs, or layoffs. In real terms, the state of Maryland saw a 27% reduction in tax revenue between March and May 2020 and anticipates an overall budget shortfall of nearly two billion dollars (Baye, 2020). Per Baye, the state legislature under Governor Larry Hogan has approved an updated budget measure that would reduce nearly 190 million dollars for public higher education.

At the local level, PRU entered a period of online learning beginning in mid-March 2020 and announced that all educational activities will remain online through the summer 2020 semester. In June 2020, the university announced that they will begin a phased reopening in August in anticipation of beginning full campus operations in the fall 2020 semester. This unanticipated transition off-campus has implications on the learning experiences and psychological adjustment of all students, as discussed in detail further in Chapter Two.

Existing DACA and DACA-Adjacent Studies

As of 2020, research is emerging that recognizes the increased complexity of the DACA program, and the hesitancy young people have to enroll, specifically with regard to the relative lack of safety the program provides to beneficiaries and their undocumented family members (Hipsman et al., 2016). Complementary to these studies are research projects that explore the other negative impacts that having undocumented parents can have on young people with otherwise legal status, specifically related to socioeconomic development (Capps et al., 2016). Research suggests that young people who receive DACA status see greater levels of social and economic incorporation within society than undocumented young people with similar socioeconomic and cultural backgrounds (Gonzalez et al., 2014). To this end, it is important to continue to improve access to higher education for DACA recipients to improve economic opportunities that they may otherwise not be afforded due to their personal immigration background (Gonzales & Bautista-Chavez, 2014; Wong & Valdivia, 2014).

Similarly, DACA recipients provide significantly positive impacts to the U.S. economy more broadly through direct consumer spending, utilization of public services, and income and sales tax revenues (Kurtzleben, 2017a; The Foreign Staff, 2017). By way of illustration, DACA recipients contribute as much as $2 billion dollars in taxes annually (Hudak & Kamarck, 2017). In fact, repealing or rescinding DACA would likely cost the United States approximately $10 billion dollars in direct financial losses and administrative costs surrounding reclassification and possible deportations, without considering longer term losses through tax revenue and direct

consumer spending (Brannon & Albright, 2017; Hudak & Kamarck, 2017; Schoen, 2017). From a financial perspective, the DACA program provides substantial benefits to the U.S. economy and provides an incentive for greater social and economic contribution from previously undocumented people.

An emerging body of literature focuses more specifically on the educational attainment and work ethic of DACA recipients and undocumented people more broadly (Bjorkland, 2018; Gonzales, 2018; Gonzales & Bautista-Chavez, 2014; Kuka et al., 2018; Rivarola, 2017). Additional research directly combats a common misconception that undocumented young people, DACAmented young people, and specifically Latinx young people are responsible for high rates of crime within communities across the United States (Bjorkland, 2018; Chavez, 2008; Nowrasteh, 2017). In fact, new research addresses the increasingly vocal, politically engaged nature, and community-focused orientation of DACA recipients and undocumented young people more broadly in light of the changing U.S. political climate (Bjorkland, 2018; Cervantes, Minero & Brito, 2015; Muñoz, 2016; Wong & Valdivia, 2014).

Health Equity

In order to ensure equity of services to all students, including those with varying immigration statuses, HEIs should be mindful of health equity and the impact access has on overall health outcomes. Based on current research from established authorities in the area of health equity, the following definition is proposed to provide context to this rationale for this study (Reutter & Kushner, 2010; Mise, 2014; Graham et al., 2016). Studies in health equity include principles of social justice related to the

allocation of health-related resources. An understanding of health equity must include the following assumptions:

- Equity is based on a human-rights framework including the basic right to health and freedom from discrimination;
- Equity includes an understanding of the social determinants of health (e.g. socioeconomic structures, culturally shaped preconceptions, and environmental conditions);
- Health equity is only achievable through an absence of systemic, controllable, and remediable differences in access to care across social groups;
- Health equity can only be achieved through an analysis of system level structures or oppression designed to keep marginalized populations from achieving their full potential (Braverman, 2005; Cohen et al., 2017; Graham et al., 2016).

As socially constructed centers of power, HEIs must be aware of issues of health equity and how social identities, cultural backgrounds, and other socioeconomic structures impact the lived experiences of the students on their campuses. In the context of this study, DACA students may be experiencing negative affect and low subjective well-being, thus struggling on campus, as a result of systemic health inequities.

Social Determinants of Health

The combined understanding of health equity and the social determinants of health has been critical to my understanding of healthcare access and health outcomes for large populations of the American public. Understanding the role that historic and

social structures of power play on access to basic care needs has impacted my interest in the intersection of healthcare and educational research.

In the last decade, the WHO charged their Commission on the Social Determinants of Health, to address health equity in the United States. This commission conducted longitudinal epidemiological research and generated a report recognizing that community-specific health disparities can impact generational well-being (Marmot et al., 2008). The authors theorized that health inequities are systemic and cannot be corrected until clinicians and health professionals begin addressing the micro-level social determinants of health. When discussing the social determinants of health, clinicians and researchers are referring to the socioeconomic conditions, and the distribution of these conditions, among sections of the population that are related to differences in health status (Sharma et al., 2017).

Social determinants of health are directly related to living and working conditions. These determinants are not related to specific health risk factors, such as genetic predisposition or inherited illnesses unless these elements are a direct result of one's social identity and environment. Some common examples of social determinants of health might include wealth distribution, racial status, cultural background, immigration status, gender expression/identity, sexuality, or membership in other marginalized identity groups. In sum, social determinants of health refer directly to those measurable, individual, and socially constructed circumstances that impact access to care and influence help-seeking tendencies (Decker et al., 2017).

Critical to the understanding of social determinants of health is the understanding of intersectionality. It is not unusual for an individual, or a particular

community, to be impacted by numerous social determinants of health and their interrelationships (Gottlieb et al., 2016; Grumbach et al, 2007). For example, undocumented families do not have access to work authorization and are unable to receive government subsidized health insurance. This combination of immigration status, unemployment, and inability to access social services are among the issues that impact their ability to receive adequate care.

Physical Health Outcomes for DACA Recipients

Existing research suggests that there are significant disparities in physical health outcomes for DACA recipients when compared to peers with other immigration statuses. Qualitative research exists that suggests DACA recipients avoid accessing the U.S. healthcare system wherever possible. Those with DACA status tend to seek health within their cultural communities before accessing formal medical care, often due to concerns over cost, limited understanding of the U.S. healthcare system, and mistrust of providers due to fear of discrimination (Castañeda & Melo, 2014; Giuntella & Lonsky, 2018; Raymond-Flesch et al., 2014). However, more recent research suggests that physical health outcomes for individuals with DACA status tend to be better than outcomes for those who are ineligible to apply for the program, in other words undocumented students who do not meet DACA criteria (Giuntella & Lonsky, 2018; Sudhinaraset et al., 2017; Venkataramani, et al., 2017). Per Sudhinaraset and colleagues (2017), individuals with DACA status benefit from economic stability, increased educational opportunities, access to greater community resources, and access to healthcare plans which contribute to their higher levels of physical wellness when compared to undocumented individuals. Though DACA

recipients fare better in terms of physical health outcomes than undocumented people, they still see comparatively lower levels of physical wellness than do American citizens (Edward, 2014; Hacker et al., 2015; Martinez et al., 2013; Stimpson et al., 2013).

Mental Health Outcomes for DACA Recipients

Notably, in the context of higher education, DACA recipients experience high levels of social exclusion and microaggressions related to their immigration status and these experiences begin as early as the college choice process and continue through their time on campus (Bjorkland, 2018; Calterone Williams, 2016; Morales et al., 2011; Nienhusser et al., 2016). However, complementary research suggests that these same students often show enhanced psychological resiliency as a result of poor campus environments and other negative social experiences if they have adequate support systems within their families and larger communities (Bjorkland, 2018; Cervantes et al., 2015; Hainmueller et al., 2018; Morales et al., 2011; Silver, 2012).

In addition to the typical developmental processes that accompany entering young adulthood and the social exclusion that may impact this population, DACA recipients face the additional burden of acculturation stress. Acculturation stress refers to the psychological strain that accompanies general acculturation, or the process by which individuals learn to adopt the social and cultural normative behavior of their dominant communities (Ellis, 2010). Per Ellis, the acculturation stress coupled with their uncertain futures in the states tends to lead to higher levels of depression among DACA recipients than young people with other immigration statuses.

Further research supports these findings and additionally suggests that DACA students experience the same stressors as their citizen colleagues but experience higher levels of psychological distress due to the compounding concerns regarding their immigration status (Flores, 2016; O'Neil et al, 2016; Siemons et al, 2016; Suarez-Orozco et al., 2015). In short, DACA students experience life in the U.S. similarly to other American college students, but with the added stress of being unable to make mistakes due to fear of losing their status (Sudhinaraset et al., 2017; Venkataramani, et al., 2017; Venkataramani & Tsai, 2017). In spite of these concerns, many young people who benefit from DACA consider the program worth the risk, though they also note the additional stress of disclosing their immigrant status as they navigate social, academic, and professional spaces (Wong & Valdivia, 2014).

In sum, this collective body of research highlights the importance of ensuring the protection of DACA recipients to improve overall outcomes for this population and will lead to greater education and social attainment (Hainmueller et al., 2018; Patler & Laster Pirtle, 2018; Raymond-Flesch et al., 2014). The importance of developing the American Dream and Promise Act to become a permanent replacement to DACA and provide undocumented young people with a more consistent and protected status is beneficial to the health and well-being of this population. As part of the DREAM Act's redevelopment, policymakers across both political parties must work toward eligibility requirements that ensure equitable access to protections for young people who entered the country as minors. Until the federal government is able to take action and develop a lasting replacement to the DACA program, it remains critical for HEIs to care for DACA recipients and assist in

addressing their needs. At the moment, there is a significant research gap in exploring the intersection of immigration status, particularly as it impacts students with temporary protective status, and the campus experience (Nguyen & Kebede, 2017; Suarez-Orozco et al., 2015)

Diversity and Inclusion on American College Campuses

As previously discussed, DACA recipients hold multiple intersecting minoritized identities in the United States. In the context of this study, and the experiences of DACA students, minoritized is used to describe socially constructed identities that have less power or representation compared to dominant social groups; in all instances, these power dynamics create systems of discrimination for situations beyond individual control (i.e., country of origin) (Smith, 2016; Stone, 2002). As immigrants to the United States, individuals of color, and often of "nontraditional" age, DACA recipients often feel left out of the college experience (Adams & Boyne, 2015; Bjorkland, 2018; Cervantes et al., 2015). In an effort to address and remediate these feelings, many HEIs are making efforts to address issues of diversity and inclusion on their campuses however there remains much work to be done (Griffith, 2016; Harper & Hurtado, 2007; Patton et al., 2019). In response to the data collected through sequential interviews, I will briefly describe the efforts that have most impacted the participants in my study: Latinx cultural organizations, faith-based student support, and other specialized support mechanisms specific to DACA recipients.

Cultural Organizations

One common feature among American HEIs is the existence of cultural affinity organizations for the campus. Defined simply, cultural organizations are designed to bring individuals with a shared cultural identity together and may include such organizations as student clubs, cultural Greek letter organizations (i.e., fraternities and sororities), or other co-curricular groups designed to facilitate relationships between culture sharing groups (Luedke, 2019). In the context of this study, Latinx student organizations were cited as significant sources of social support as students learned to navigate the university environment. Luedke (2019) specifically notes that Latinx student organizations act as one of the primary sources of support for students as they navigate higher education and early adulthood.

Multicultural organizations, specifically Latinx groups, support students during moments of acculturation stress on-campus, assist students with processing experiences of cultural bias at predominantly white institutions (PWIs), and navigating new environments; this is all accomplished by facilitating the introduction of Latinx students to peers with similar cultural backgrounds so they can process experiences together and find a sense of belonging among community members who understand their worldview (Cerezo & Chang, 2013; Grapkin & Pereiras, 2019; Yasso et al., 2009). These benefits are especially true among Latinx members of cultural Greek letter organizations, specifically organizations designed to create solidarity and empower Latinx students on-campus. Latinx fraternities and sororities support student success by encouraging social integration within the campus community, requiring members to engage in community service work that better

integrates them within the larger community beyond the campus, and by offering familial support on-campus by individuals who are able to provide some cultural congruence based on shared backgrounds (Arellano, 2020; Delgado-Guerrero et al., 2014). This cultural congruence is of particular importance as it helps to expose individual Latinx students to the campus environment while being supported by a community who shares cultural values, beliefs, and worldviews.

Campus Faith Development

Notably, current research on faith development among students suggests that individuals entering higher education from homes with a strong faith orientation develop some amount of skepticism towards organized religion and faith teachings when presented with scientific empiricism; this same research suggests that this change is particularly true among students who attend selective secular HEIs where faculty commitment to secularism, the degree of student academic engagement, and the exposure to diverse students with alternative worldviews impact existing method of student sense making (Hill, 2011; Schwadel, 2017). Shwadel notes that students with religiously active families, regardless of religious affiliation, often undergo a period in which they separate from their faith whereas students without a strong religious context at home begin identifying more with one faith or another. “In particular, being in college is associated with declines in prayer … however, nones [religiously unaffiliated students] who attend and graduate from college are relatively likely to become more religious” (p. 882).

While the experiences of my participants may not exactly mirror theories of faith development as noted above, there is a significant body of research that supports

the importance of religious identity. Essentially, many researchers suggest that students can develop cognitive skills in college along with a moral identity (Braskamp, 2007; Laboe & Nass, 2012; Small, 2011; Stewart, 2012). In particular, Braskamp (2007) believes that there are four domains of campus life that can impact student development, including the campus' overall culture, academic programming (e.g., programs of study, course design, etc.), on-campus student events and groups, and the culture of the community surrounding campus. Braskamp's research suggests that students do not necessarily become less religious while at college but notes that the four elements identified above can impact this change. HEIs should support all students, regardless of religious faith or their faith development by recognizing the role of faculty, staff, and campus culture on student development. Particularly, faculty and staff should be empowered to discuss religion with students when appropriate opportunities are presented (Bowman & Small, 2010; Braskamp, 2007; Laboe & Nass, 2012; Patel, 2018). In addition to the educational advantages of supporting faith development among students, there are important psychological implications to self-actualization through religion identity. By developing a relationship with God, researchers suggest that students express higher levels of satisfaction with life broadly, better adjustment to life on campus, and are better prepared to exit school and enter in a world made up of diverse individuals with various faith backgrounds (Braskamp, 2007; Laboe & Nass, 2012).

Other Support Mechanisms for DACA Students

In recent years, many schools are adopting advisors who are culturally responsive to the needs of DACA students (Sotolongo, 2012; Wangensteen, 2017).

These individuals are typically attached to multicultural centers or international student offices, and while their exact advising role varies across institutions, they share similar expectations with regard to their support for DACAmented individuals on campus. DACA advisors are primarily expected to be aware of the range of state and federal laws impacting education access and full social integration for DACA recipients and understand how proposed changes to the law may impact individual students and their communities (Casavantes Bradford et al., 2017). As discussed above, many DACA recipients come from families with mixed immigration status and consequently laws impacting undocumented individuals might be just as relevant to students as those impacting DACA beneficiaries. In addition to understanding the legal rights of students, DACA advisors are increasingly being relied upon by institutions to act as subject matter experts as students transition out of the institution and consider life after graduation, work opportunities, and opportunities for advanced graduate study (Nienhusser & Espino, 2017). For this reason, DACA advisors need to have a general understanding of immigration law, financial aid policies at the local and state level, and any limitations on graduate training and work placement.

Subjective Well-Being

Central to the topic of study is an understanding of subjective well-being (SWB) as described by the dual factor model of mental health (DFM). In general, SWB is described as "a person's cognitive and affective evaluations of his or her life" (Diener et al., 2002, p. 63). In this definition of SWB, the cognitive element of a person's perception of well-being refers specifically to what an individual thinks about their life as a whole and in more specific domains (e.g. personal relationships,

work, etc.). The affective element refers to emotions, feelings, and general moods. Per Diener, Onishi, and Lucas (2002), affective conditions can be either positive (e.g. happiness, love, affection, etc.) or negative (e.g. guilt, jealousy, anger, shame, etc.), and both must be considered when evaluating an individual's well-being. Importantly, cognitive satisfaction, positive affect, and negative affect must be measured and considered both separately and comprehensively in order to best understand an individual's well-being (Lucas et al., 1996; Wang et al., 2011). Researchers must likewise consider specific life circumstances, cultural backgrounds, and specific personality traits that have impacted the causal pathways leading to an individual's positive and negative affect as well as cognitive satisfaction (Diener, et al., 1999). In sum, aspects of the whole person need to be understood in isolation and comprehensively in order to understand subjective well-being and the development of this state of being.

Dual Factor Model of Mental Health

The Dual Factor Model of Mental Health (DFM) contends that mental health is a complete state, inclusive of emotional affect and any diagnosed mental health challenges. Consequently, this model considers well-being as a combination of positive and negative emotional affects (Antaramian et al., 2010; Wang et al., 2011). Recent studies have shown that the DFM is useful in working with patients who have a clinical diagnosis of depression or express suicidality, as the consideration of both negative and positive affect can help clinicians come up with treatment plans (Antaramian, 2015; Wang et al., 2011). Research by Teismann (2018) notes that positive affect can co-occur with suicide ideation and found that overall lifetime

suicide attempts were less likely in patients who experience suicidality but also report positive emotional affect. In sum, the DFM approach to understanding well-being may allow caregivers to better understand the emotional affect and individual perceptions that lead to higher rates of suicidality among patients.

Of interest to this study, the DFM has been used extensively to study the well-being of late adolescents and traditionally aged college students (Antaramian et al., 2010; Eklund et al., 2011; Lyons et al., 2013; Lyons et al., 2012; Suldo & Shaffer, 2008). These various studies agree that students with higher subjective well-being than their classmates tend to engage more deeply with the college experience, have higher cumulative grade point averages, and engage with the campus' external community more than students with low subjective well-being (Antaramian, 2015; Antaramian et al., 2010; Ekland et al., 2011). Furthermore, studies exploring the relationship between DFM and traditionally aged college students found that individuals with some level of psychopathology still showed normal emotional, cognitive, and behavioral development so long as they also had a strong positive emotional affect (Lyons et al., 2013; Suldo & Shaffer, 2008). These collective results are of particular interest to the study on DACA students and their perceptions of well-being as it highlights the relevance of the dual factor model of mental health as a theoretical approach to understanding subjective well-being.

Campus Health Centers

Campus health centers (CHCs) have a long history on American college campuses and have significantly impacted student health services and medical practice for young adults more broadly. Those CHCs can look very different

depending on institutional context, I am providing the following broad definition of campus health services to frame this study and further discussion. Campus health centers exist at HEIs as,

> services at the tertiary education level, i.e., for adolescents and young adults, where the health problems include many associated with the stresses and strains of emotional development and the increasing intellectual challenges of higher education. Thus, there is more emphasis on mental health than in health services provided for younger school children (Porta & Last, 2018, pp.1).

History of CHCs

The earliest roots of CHCs emerged in the middle of the 19th century, initially at Amherst College and in response to a growing interest in physical education and student athletic development (Grace, 2007; Prescott, 2007). Specifically, in 1861 the first medical director for physical education was hired at Amherst College in Massachusetts, and this role was quickly adopted by other institutions in the U.S. (American College Health Association, 2020a). Prescott (2017) discusses how public health issues and the U.S. political situation have influenced and formed the modern CHCs that exist on campus in the 21st century. Modern CHCs largely developed their wide range of health care services in response to growing concerns in the late 1980s and early 1990s with regard to the HIV/AIDS crisis.

Mental health care began appearing on campuses earlier still; it was the needs of student veterans entering college after World War II that may have influenced the availability of student mental health services, specifically in response to the emotional

needs of students suffering from "shell shock," or post-traumatic stress disorder (PTSA) (Grace, 2007 & Prescott, 2007). Over time, the role of CHCs have significantly evolved to move beyond physical education such that they now encompass preventative health care, medical treatment, health promotion and wellness education on campuses, and mental health care.

Today, CHCs are complex clinical operations that exist on nearly every campus in the United States. These clinical sites are advised by the American College Health Association (ACHA), the largest professional body for student health care in the United States, which advocates for improved holistic health care for students, conducts research into campus health, and provides guidance for CHCs and their administrative and clinical staff (American College Health Association, 2020b).

Utilization of CHCs

Though CHCs have a long history in American HEIs, they are often underutilized by students on campus (Patrick 1988; Perrault, 2018; Russell et al., 2007). Fletcher and colleagues (2007) note that students are often aware of the services available on campus, but infrequently utilize these services. Russell, Thomson and Rosenthal (2007) specially explored experiences of internationally born students in American higher education and found that while students who utilized campus health centers reported positive outcomes, a majority of students who needed care did not seek it out. Per their research working with a sample of 979 international students, reported barriers including a lack of information about services on campus, cost of these services, as well as doubts and discomfort surrounding the quality of care available on campus.

Behavioral and Mental Health in American HEIs

While modern CHCs typically include both physical health resources as well as mental health resources, this is not universally true (Brown et al., 2008). Regardless of the administrative orientation to campus mental health counselling, the need for these services is significant. Per the National Academies of Science, Engineering, and Medicine (2016), nearly one in four American will experience a mental health issue in their lifetime. Clinical research on mental illness, specifically major depressive disorder (MDD), typically presents in individuals beginning in late teenage years through early 30s (Mayo Clinic, 2020). In the context of higher education, the National Alliance on Mental Health (NAMI) found that nearly two-thirds of student attrition may be attributed to mental-health-related issues (2018). NAMI additionally found that roughly 70% of students with bipolar disorder and 47% of students with schizophrenia leave school, compared to a 27% dropout rate among neurotypical students. Perhaps most importantly, half of the students who do not persist have never utilized campus mental-health services.

Wilson (2015) notes that some of the above issues may be attributed to CHC personnel burden. Many campus counseling centers are overwhelmed and unable to adequately support all students who need services. Wilson explores two cases in which students at two prestigious universities sought care for depression through the campus health center. In the first case, a student at the College of William & Mary spoke to campus counseling about suicidal ideation. The response was swift, within a few hours the student was removed from school and spent five days in a mental health hospital ward and a few additional weeks on academic leave. Upon returning

to campus and feeling stigmatized, overwhelmed by work, and unsupported, he committed suicide. The second student, a junior at the California Institute of Technology, emailed a campus counselor about his suicidal ideation. The counselor informed this individual that she was unable to see him for a few days and, within the week, he too killed himself. Wilson notes that there is no nationwide standard of mental health care on campuses in the United States.

General Barriers to Access for Mental Health Care

Underutilization of mental health care both generally and on college campuses may largely be explained by the stigma that surrounds issues of mental health and substance abuse disorders (National Alliance on Mental Health, 2018; Smith & Applegate, 2018). Nobiling and Maykrantz (2017) surveyed a population of 753 undergraduate students to get a sense of their perceptions around mental illness using the Health Belief Model and found that primary concerns for students struggling with mental illness were the sociocultural perceptions of illness and care. This study likewise found that many students have trouble understanding the U.S. healthcare system and do not understand how CHCs fit into the healthcare system. Importantly, research by Lipson (2015) has found that large, public, doctoral-granting institutions with a high percentage of commuter students tend to be associated with worse mental health outcomes among students. This study is particularly important as Lipson's research site largely aligns with the size, location, and demographic structure of the site of this study. Students who have apparent mental health problems tend to seek treatment at lower levels than similar peers at small schools with strong residential programs.

Provider Bias and Diversity in Mental Health Care

In addition to the concerns regarding cost and access to campus service, a number of participants in this study identified a fear that campus health providers might now treat them due to their immigration status. There seems to have been a consistent concern regarding the ability to safely access treatment given their DACA status. Research suggests that there is empirical validity to support these perceptions, specifically with regard to levels of pain, severity of need, and willingness to provide timely care to low-income individuals of color (Johnson et al, 2016; Kugelmass, 2016; Nazione & Silk, 2013; Trawalter et al., 2012). Kugelmass (2016) conducted an important study looking at general practices among mental health providers. This study measured therapist response to new patient requests comparing individuals of different social classes, gender identities, and races. Research found that when all other things are equal, therapists were more likely to accept middle-class patients over working-class patients. Racial preferences were apparent only after class considerations were made (i.e., therapists seemed to take more middle-class white patients than middle-class patients of color). This study essentially confirmed the implicit biases that exist among providers.

It is important to understand how provider bias impacts access to care. Despite the increased number of citizens with access to care, the United States has a persistent problem with educating and retaining clinicians and this shortage results in poor access to care for certain populations. Per Dorning (2016), the United States has only 2.6 practicing doctors per 1,000 citizens. This number is significantly smaller than the average of 3.3 physicians per 1,000 people in other developed countries. The

evolving demographics of the American population and the present growing access basic care suggests that the need for doctors will continue to grow. (Quinton, 2017). Well educated physicians will be well placed to enter the market, be competitive, and meet some of the workforce needs. That being said, physicians should be able to contribute in other meaningful ways to the American healthcare landscape than just filling open positions. While there is a physician shortage in the country, there is a greater shortage of physician diversity which can have a corresponding impact on the help seeking tendencies of minoritized populations (Kirch & Nivet, 2013; Melderis et al., 2015; O'Neill et al., 2013). Much research argues that patients have better health outcomes and are more likely to seek care when they are able to interact with physicians who have an understanding of their unique sociocultural experiences (Smedley et al., 2001). Doctors with a firm grounding in health equity, who are able to understand the needs of diverse patient populations, and who can meet patients in culturally sensitive ways will be uniquely placed to support marginalized populations both through basic care and advocacy efforts (Johnson et al., 2016).

Caregiver Burden

Purk (2014) defines caregiver burden, or caregiver stress, as "a high level of stress that may be experienced by people who are the primary caregivers for another person (usually a family member) with an illness or disability." Purk further notes that the caregiver role is multidimensional and may include physical care, emotional care, social support, and financial support of the recipient. Fekete (2015) largely agrees with this assessment but adds that caregiving in this context typically exceeds the bounds of what is normative in a family relationship.

Burden refers to the management of this care in addition to the caregiver's primary responsibilities. This particular phenomenon may be difficult to measure as it is a subjective experience and thus attempts at measuring this phenomenon often result in vague findings due to complexity and various cultural understandings of this construct (Fekete, 2015; Friedmann & Buckwalter, 2015; Purk, 2014). What is clear from research is that caregivers who experience extreme burden are at higher risk of depression, anxiety, isolation, and in severe cases, self-harm or harm to their dependents (Chitayat, 2009; Fekete, 2015; Purk, 2014)

Gender Variance in Caregiving

Important to my study and consistent with data I have collected, Friedmann and Buckwalter (2015) note that Latinx individuals, specifically those of Mexican descent, experience strong family commitments and thus do not readily admit negative feelings around caregiving. It is only after building rapport and discussing subjective well-being at greater length that Latinx individuals reflect on the psychological toll caregiving carries. Regardless of the caregiver's cultural background, researchers tend to agree on one universal point: women experience greater stress in response to assuming caregiving roles than men, even when the roles are identical (Bédard et al, 2005). Additionally, women report stronger associations with guilt when they are unable to give greater support to members of their families (Bédard et al, 2005; Chitayat, 2009; Friedmann & Buckwalter, 2014; Pinquart & Sörensen, 2006). Friedmann and Buckwalter (2014) additionally find that men and women experience differing perceptions of burden because they also assume different workloads. In general, they find that women assume greater responsibilities in caring

for members of the family than men in similar circumstances. Interestingly, among Latinx participants of their study, women adopted more caregiving roles. This perception largely agrees with the data from my study wherein all the women participants identified child care, parent care, and maintenance of the home as stressors, whereas all the men primarily identified loss of income from work as their primary source of distress, even though all participants were full-time students with at least part-time jobs.

Support for Caregivers

While caregiver burden can cause a significant negative impact to an individual's well-being, there are methods that can be simply employed to support caregivers. Pinquart and Sörensen (2006) note that all caregivers benefit from formal support groups of individuals in similar circumstances, from informal forums for discussions and information sharing, and from access to information on addressing and coping with experiences of distress. Chang, Brecht, and Carter (2008) specifically identify the significant role that social networks and informal relationships that caregivers are able to maintain on positively impacting subjective well-being. Kimura and colleagues (2019) agree with the above and further argue that the familial functioning between caregivers and care receivers is particularly important. For this reason, it is equally beneficial to provide counseling services to both the caregiver and the care receiver to improve communication and build cohesion. HEIs are perfectly placed to address a number of these issues by utilizing campus health centers and the resources available through behavioral health services as discussed earlier in Chapter Two.

Role Conflict

Jeanes (2019) provides a simple definition of role conflict which well aligns with the experiences expressed by study participants:

> A state said to exist when two or more social roles held by an individual are temporarily or permanently incompatible such that the performance in one role negatively impacts the performance of another. It is a concept drawn from role theory. Role conflicts can occur within the organization when someone is facing multiple conflicting expectations from the different roles they hold (e.g., being asked by two managers to accomplish a task at the same time) or it can be between roles across work and non-work life (e.g., being expected to work late to meet an important deadline and go and see your child's play at school at the same time). Conflict is experienced because of the competing pressures and the desire to accomplish both roles (pp. 1).

While it is useful to have a working definition of role conflict, we must also understand the discrepancies between groups who experience role conflict. This phenomenon is not universally similar across gender, race, or cultural background and it impacts entire families, not just the individual assuming additional responsibilities (Archuleta & Teasley, 2013; Cinamon & Rich, 2010). Research regularly finds that among married individuals, or individuals in a committed relationship, one person's work or family conflict directly impacted the other's work of family engagement (Cinamon et al., 2007; Park & Jang, 2017). In short, burdens are shared and though only one individual experienced a particular phenomenon, both individuals see negative correlations with their perceived self-worth. Solomon and

colleagues (1993) have found that while role conflict impacts the entire family unit, a supportive family is particularly important during periods of disaster and are correlated to positive individual responses to conflict. By contrast, individuals without supportive familial systems experience higher rates of substance abuse disorder and higher rates of emotional distress (Archuleta & Teasley, 2013). The relationship between acculturation and cultural values may create stressful experiences for individuals. This is compounded, when expectations at work/school are vastly different than those in the home, particularly when familial systems do not understand or support the role balance.

Transitional Stress

In the context of this study, transitional stress refers to the negative affect that arises due to demands for which a person has no automatic adaptive response (Lazarus & Cohen, 1977; Skyes & Eden, 1985). In other words, transitional stress refers to the period of adjustment and concurrent stress that occurs during expected and unexpected life transitions. These transitions can be expected (e.g., marriage, entering the workforce) or unexpected (e.g., the onset of a global pandemic impacting an individual's ability to work or study).

Expected Transitions

The most common transitions that participants cited as providing significant stress were transitions that could be described as expected. These transitions include traveling to the United States, applying for visa status under DACA, entering higher education, and entering the workforce. There are numerous studies that explore the impact of life transitions on the well-being of individuals. Specifically, Showers and

Ryff (1996) have found that levels of self-differentiation are related to lower levels of depression and higher levels of well-being. In the context of this study, self-differentiation refers to an individual's ability to set themselves apart from others. If an individual identifies the purpose of the move as positive (e.g., to pursue a dream job) or negative (e.g., to get away from a poor relationship), self-differentiation can have a strong impact on their sense of well-being. In other words, if someone with a high level of self-differentiation sees a positive reason for their transition, they compare themselves favorably against others in their lives. The opposite is true for someone who sees negative causes for a life transition.

In addition to individual self-differentiation, social support has been shown to be beneficial to individuals experiencing transitional stress (Ryon & Gleason, 2018; Showers & Ryff, 1996; Sykes & Eden, 1985). Importantly, existing research on transitional stress has found that poor social support from members of the family, or the unavailability of adequate social support through family or peers, results in higher rates of depression and the inability to successfully navigate transition. This inability to navigate transition can take many shapes, but for young adults in school it often presents as attrition.

Unexpected Transitions

While many transitions are fairly anticipated and each of them is unique to the individual, all of my study participants expressed some distress due to a shared unexpected transition as a result of the COVID-19 pandemic. All students who completed interviews with me noted that the spread of COVID-19 and the corresponding state shutdown resulted in job loss, moving back into family homes,

and/or transitioning to online education. Unexpected transitions require individuals to redefine their lives, seek new sources of purpose, and reassess their priorities. Brissette, Scheier, and Carver (2012) explored the experiences of college students and found that an inherent optimism, combined with adequate social support, results in better psychological adjustment and the development of coping skills during a life transition that is unexpected. Importantly, the authors found that the size of a social network is not correlated to outcomes, but the perceived strength of friendships is so correlated. These assertions are supported by multiple researchers considering various unexpected transitional experiences (King et al, 2000; Wang et al., 2003).

Self-Care

A principal aspect of my research question seeks to understand how DACA recipients engage in self-care, specifically to address negative affect. In conducting a grounded theory design, I aimed to avoid preconception and allow study participants to largely define how they understand and engage in self-care (Charmaz, 2014). That being said, it would be impossible to enter this study without providing a brief overview of the phenomenon of self-care and how this practice is understood within the research community. To that end, I provided a working definition grounded in existing literature, which ultimately evolved after I began working directly with DACAmented students.

Self-care has been recognized as a basic level of health care across societies which, regardless of cultural context, is a complex, multifaceted, and diverse phenomenon (Dean, 1981; Wilkinson & Whitehead, 2009). Behavioral scientists have long recognized that the process of engaging with the professional medical system

requires some level of socialization into a healthcare system. Essentially, patients need to learn how to be patients (Barofsky, 1978; Dean, 1981). Before this begins, all people are able to engage in practices of self-care wherein they personally learn how to address individual health concerns (Williams et al., 2001).

Barofsky (1978) posits five possible models of self-care to emphasize that there is no exact consensus on how individuals care for themselves or learn to engage with a formal healthcare system. The five models explored by Barofsky include: (1) naturalistic self-care: the individual natural capacity to care for oneself and meet basic need without the intervention of formal medical care; (2) egoistic self-care: the individual capacity to care for oneself as a result of the "dynamics of intrapsychic structures (the id, ego, and superego) … the unconscious processes by which one determines self-care needs" (p. 371); (3) ideological self-care: the individual capacity to care for oneself as a result of one's sense of reality coupled with one's perception of society's expectations for well-being; (4) existential self-care: the individual capacity to care for oneself recognizing that individual needs are distinct, that social norms are damaging, and that the individual should be free to determine how they care for themselves; and (5) exchange self-care: the individual capacity to care for oneself based on the assumption that positive self-care will result in valued consequence (e.g. caring for one's physical wellness will result in better chances of attracting a sexual partner). These five models are used to provide an illustration of possible methods and rationale by which individuals care for their subjective well-being but will not be used as a theoretical framework to replace participant experience that may arise through data collection.

Help-Seeking Behaviors among Latinx Immigrant Communities

Research from Martínez Pincay and Guarnaccia (2007) suggest that depression is "among the most prevalent mental illnesses in the Latinx community and is responsible for a significant number of disabilities" (p. 17). There are many structural and cultural barriers to seeking help, but the most commonly cited include the stigma of mental illness within various Latinx communities, issues with accessing health insurance or financing psychological care that is not covered by insurance plans, and concerns over immigration status impacting safety in seeking formal care for medical professionals in the United States (Martínez Pincay & Guarnaccia, 2007; Ransford et al., 2010; Turnage, 2017). Additionally, research suggests that Latinx individuals preferred personal counseling over medication in considering treatment for any experienced psychopathologies and that often this preference was due to shared cultural conceptions of antidepressants and other pharmacological treatments (Cabessa, 2007; Cabessa & Zayas, 2007; Ishikawa et al., 2010). Cabessa and Zayas (2007) and Ishikawa, Cardemil, and Falmagne (2010) further found that Latinx individuals identified the interpersonal skills of medical professionals, structural and financial barriers such as access to health insurance, and general healthcare literacy as important considerations in their decisions to seek continued professional care. Moreno and Cardemil (2013) largely agree with this assessment, but further note that Latinx immigrants are also more likely to seek medical care for psychological issues if they believe that these issues were biological in origin and if they felt safe from deportation when seeking care.

Turner and colleagues (2018) looked at mental health help-seeking among veterans and non-veterans controlling for racial identity. Interestingly, this study found that Latinx and Black non-veterans utilized health care services at significantly lower rates than any other population under study. The study found that Latinx and Black individuals unaffiliated with the military did not seek care due to perceived stigma and the attitudes around formal care that exist within their social support systems. Latinx and Black veterans had higher rates of utilization which is attributed to the military's emerging culture of embracing mental health treatment among enlistees, but even controlling for military group membership, access was lower among these participants.

Importantly, researchers found that Latinx respondents discussing issues of depression referenced their faith communities and family members as important sources of support in their help-seeking strategies (Cabessa, 2007; Kaniasty & Norris, 2000; Moreno & Cardemil, 2013). Organized and informal religious and spiritual practices are more important among older generations of Latinx immigrants than formal or professional medical care when addressing issues of adversity or depression. In fact, cultural alternatives such as traditional healers and herbal medications, coupled with prayer-based treatment, often supersedes Western medical treatment in the help-seeking practices of Latinx individuals over the age of 50 (Moreno & Cardemil, 2013; Ransford et al., 2010). That said, emerging research suggests younger generations may be moving away from this reliance on faith-based communities of care (Moreno & Cardemil, 2013). In fact, Kaniasty and Norris (2004) have found that the central role of the family in Latinx culture is critical to the extent

by which individuals engage in help-seeking behaviors, especially among younger generations of Latinx immigrants. This sentiment is echoed by Villatoro, Morales, and Mays (2014) who further argue that a supportive family network can have positive impacts on an individual's likelihood for seeking professional medical support in addition to informal sources of care.

Inference for Study

As expressed through this literature review, there is a growing body of research exploring the experiences of DACA recipients, their families, and larger communities. In fact, emerging literature has examined physical and psychological outcomes for DACA recipients; however, there is a clear gap in knowledge surrounding the process by which DACA beneficiaries come to understand self-care, engage in help-seeking practices, or access health resources. There is a rich body of literature exploring these phenomena for immigrants in the U.S. on legal visa status and for undocumented individuals; however, little work explores the unique experiences of young people living somewhere on the margins between legal status and again becoming undocumented. Research suggests that Latinx immigrants face higher levels of depression than other marginalized populations within the United States and argue that cultural concerns and issues of safety largely impact the help-seeking tendencies of these individuals. This group of young people will continue to face legal challenges and health concerns and so it remains critical for higher education institutions to explore possible solutions and services to meet their needs.

Chapter Three: Methodology

Overview of Methodology

As discussed in chapter one, this research study used grounded theory to understand how DACAmented young people develop subjective well-being (SWB), engage in self-care, explain their help-seeking behavior, and gain access to health resources. Through the use of sequential interviews with students, interviews with campus health providers and other staff, and transcript analysis, this research sought to understand how DACA recipients understand self-care, well-being, and engage in help-seeking practices. Based on an analysis of the data, a theoretical framework has been developed to explain the experiences of this comparatively understudied group of students.

As of 2020, there remains little scholarly literature exploring how young DACA recipients engage in help-seeking behavior or access health resources. The problem itself centers on the lived experiences of DACA undergraduate students and their understanding of psychological distress, specifically in light of the current political climate and the complexity of their immigration status. The purpose of this research was to develop a theory explaining contributors to the development of SWB among DACA recipients pursuing a baccalaureate degree at a large public university in the Mid-Atlantic. This research was designed to identify and understand how beneficiaries of the DACA program, as undergraduate students, develop a sense of overall subjective well-being. The qualitative approach to this research allowed the participants' experiences to drive the emergence of theory. The development of a

theoretical understanding of DACAmented students' development may provide a foundation for future research and guide the development of services to support similar populations of students.

Research Questions

A review of the existing scholarly literature demonstrates a number of significant knowledge gaps regarding the mental health and well-being of DACA recipients. The following research questions have been developed in response to these gaps as well as the evolving political landscape in the United States:

1. How do undergraduate DACA students studying at a large public university understand and experience subjective well-being, inclusive of both psychological distress and emotional affect?
    I. How do these students understand and engage in personal self-care?
    II. How do these students describe, understand, and experience personal sources of distress?
    III. How do these students engage in mental health help-seeking practices?
    IV. How do these students experience and describe the process of accessing health resources?
    V. How has the COVID-19 global pandemic impacted any of the aforementioned experience?

Paradigm of Inquiry

This study is rooted in grounded theory, a research methodology in the social sciences designed to collect and analyze data in order to construct theory from the data themselves. I approach grounded theory through a constructivist lens, a design

developed by Kathy Charmaz (Charmaz, 2014; Chong & Yeo, 2015). Essentially, the constructivist paradigm posits that people actively construct their own realities, that "truths" are many and subjective, and social context greatly impacts meaning (Lather, 2006). Grounded theory research approached with a constructivist lens centers the experiences of study participants and uses In Vivo language to ensure that theory development is firmly grounded in the self-expression of the population under study (Charmaz, 2006). Unlike many other research methodologies, grounded theory operates inductively, which allows researchers to utilize specific observations across a population to develop broad generalization. Per Charmaz (2014), studies situated in grounded theory will often begin with a question followed immediately by data gathering and analysis. As data is gathered and reviewed, the researcher will begin to code for themes, identify recurring concepts, and ultimately group codes into larger themes as data continues to be collected and analyzed. Grounded theory often does not incorporate significant pre-research literature reviews. In this way, grounded theory allows in the individual subjects to guide theme and theory development rather than rely on preconception based on prior research.

In the context of my specific research questions, grounded theory is a sensible methodological approach for three specific reasons: (1) DACA students remain a little studied population and thus existing theory on well-being are insufficient as they do not account for unique lived experiences of people living on the margins of legal status in the United States; (2) grounded theory encourages an iterative process to research design and encourages early data analysis to refine the study, engage study participants, and continuously center the experiences of the study participants; and (3)

Charmaz's (2014) particular approach to grounded theory recognizes that research is not a unidirectional view of a specific phenomenon, but rather a multifaceted and complicated set of interactions between individuals and society. This final point well aligns with the purpose of my study which proposes to explore how the DACA student experiences perceived mental wellness through an analysis of their personal relationships and their relationship with the federal government as a result of their immigration status.

Ontology and Epistemology

My self-identification as a researcher is born out of my lived experiences and my work supporting minoritized communities in higher education, particularly through my work in academic medicine. Ontologically, I believe that there is no objective truth, but rather that subjective experience and individual understanding impacts knowledge and meaning making. My epistemological perspective is situated in the intersection between social constructivism and critical theory, most accurately aligned with critical constructivism. Critical constructivism builds upon social constructivism in the ways that it recognizes that individual environments and experiences impact reality, but it further suggests that meaning making is a social experience, and that knowledge is ultimately developed through interactions with other people (Creswell, 2012; Jackson & Hogg, 2010; Michael, 1997). The deviation in critical constructivism is in an added recognition of the historic, social, cultural, economic, and political contexts that impact individual meaning making (Kincheloe, McLaren, 2005). In short, critical constructivists argue that reality is also culturally situated, and thus truth is constructed through an interplay of individual experience,

institutional power, historical contexts, and existing systems of social control (Kincheloe et al., 2011). This particular epistemological approach is relevant to my study as I sought to explore how systems of power, specifically immigration status and access to health resources, impact the experiences of DACA students, individuals with little relative power and influence.

Research Procedures

Impact of COVID-19 Global Pandemic on Research Procedures

This research study began in February 2020, shortly before COVID-19 was declared a global pandemic and states began issuing stay-at-home orders. Within a month of IRB approval, my research location sent students off-campus and entered a period of virtual learning. This operational change significantly impacted my data gathering and introduced a number of complications. The first impact was to participant recruitment; as a result of campus moving to a virtual environment, I had difficulty in recruiting students through student organizations or advising offices. Campus gatekeepers sent emails and reached out to students on my behalf, but an inability to speak to students in-person may have limited recruitment. Similarly, as a result of the pandemic impacting all student well-being, the university counseling center was heavily utilized. With so many of the research site's counseling staff busy providing direct patient care, I was only able to schedule an interview with one university psychologist. Finally, due to physical distancing requirements all interviews and focus groups were conducted using VoIP technology rather than in-person, as explained in greater detail below.

Research Site Overview

At the time this study was completed, research participants were actively enrolled students at a single large public university in the Mid-Atlantic state of Maryland. The university is classified as an R1 institution, an organization with the highest research activity, by the Carnegie Classification of Institutions of Higher Education (2014). In the interest of providing participant confidentiality, the site is only identified as Public Research University (PRU) throughout this study. PRU enrolls roughly 13,000 undergraduate students and 5,000 graduate students. Based on self-reported statistics, PRU is home to over 200 undocumented students, and roughly 50 students with DACA status. Importantly, PRU does not retain formal lists of students who have DACA classification in the interest of ensuring information security and privacy for all students. These decisions are often made in response to institutional concern for the long-term security of their students and to ensure that immigration status remains confidential in light of a subpoena from ICE or other federal organizations. PRU was selected as a research site due to their large population of DACA recipients, the state of Maryland's inclusive policies regarding access to higher education for DACA beneficiaries (discussed at length in chapter two), and the institution's culture of support and inclusion for DACA students. Due to PRU's support for the DACA program and their large suite of resources for this population, the DACA students on campus tended to be vocal and engaged.

Participants and Sampling

Research participants were recruited through three primary channels. First, an email was circulated through an undocumented student resources listserv at the

university to solicit support from institution faculty and staff. These listservs are closed and protected, so I worked with institutional stakeholders to design email collateral and worked with campus leaders to circulate the material on my behalf. To this end, I reached out to the leaders of an undocumented student support group as well as the Director of the international student office.

Second, I coordinated with the university's Office of Diversity and Inclusion to post flyers on campus and solicit participation through email blasts to various student organizations, including the Latinx specific cultural organizations and scholarship programs that support underrepresented student populations. In all instances, university administrators contacted students on my behalf in order to ensure confidentiality and information security; I did not solicit student distribution lists. In this way, students were able to self-identify themselves and contact me directly if they were interested in participating in this study.

Third, snowball sampling was employed in which study participants were asked to refer additional subjects from among their list of friends and acquaintances (Creswell, 2013). To achieve saturation, I sought responses from all eligible DACA recipients studying at the university who respond to initial inquiries or conduct interviews until data gathering produces no new theoretical insights (Charmaz, 2014).

Recruitment

The following step-by-step procedures explains how participants were recruited for the study:

1. The sources of recruitment were contacted through email. A detailed explanation of the research project was provided along with copies of

recruitment documents (emails to students, social media posts, flyers, etc.).

2. University personnel contacted possible participants directly through emails to student listservs, postings on campus, and through direct student advising. Interested participants were directed to contact me for additional details.
3. Potential participants were provided with an initial questionnaire to capture demographic information to ensure eligibility. This questionnaire requested information including the student's age, enrollment status, immigration status, and asked general open-ended questions about participants to reflect on their sense of wellness (See Appendix B).
4. Upon receipt of the initial screening questionnaire, students were contacted to schedule in-person interviews. Informed consent was explained to students and they were provided with an opportunity to ask questions before the interview began. In order to ensure participant confidentiality in light of their vulnerable immigration status, informed consent was verbally collected. Allowing for verbal consent removed the need to collect and maintain secure paperwork with participants' legal names and signatures.
5. Once informed consent was received, the participants completed an in-person interview either on-campus or through a video conference system such as Skype or Webex. Emerging research suggests that voice over IP (VoIP) methods are an appropriate alternative for qualitative researchers

engaging in data gathering (Lo Iacono et al., 2016) (See Appendix C). VoIP has been applied in this study due to the limitations COVID-19 has placed on physical gatherings. To ensure the safety of all participants, interviews were primarily conducted via VoIP technology following the stay-at-home orders issued by the state of Maryland.

6. Students who completed interviews were invited to refer peers to take part in the study. This method of snowball sampling assisted in recruiting three of the nine participants.
7. Students who completed initial interviews were contacted to schedule a follow-up interview within two to four weeks.

Participant Remuneration

All students who agree to conduct an interview were given a $20 Visa gift card for their time and labor in supporting this study. Students were eligible to receive a $20 Visa gift card for each interview they completed, at a maximum of $40 dollars for completing two in-person or virtual interviews. Students did not receive any form of payment for completing the initial questionnaire. Individuals completing the staff interviews did not receive any payment for their participation.

Procedures

In keeping with grounded theory research situated in a constructionist paradigm, I engaged first in a process of initial sampling, followed by theoretical sampling during the study (Charmaz, 2006). Study participants were selected with the intention of gaining an understanding of their experiences as a DACA recipient on a large college campus engaging with mental health services.

Initial Sampling

To begin, this study engaged in a process of initial sampling designed to gather initial data and begin developing relevant codes and categories to inform later stage theoretical sampling (Charmaz, 2006). During initial sampling, I spoke with three students.

Initial sampling criteria. Study participants who were invited to conduct initial interviews were required to be enrolled at PRU either part-time or full-time and must have held an active DACA status or have been in the process of applying for DACA renewal. Participant eligibility was determined through the circulation of a pre-interview questionnaire (see Appendix B).

Theoretical Sampling

Following a period of initial sampling, I engaged in more direct theoretical sampling to collect additional data to elaborate on and refine codes and categories identified during the process of initial sampling. Interviews conducted during this process were built on the basis of themes that emerged during the process of initial sampling. Theoretical sampling is a more deliberate process of data gathering that seeks to saturate the data and allow the researcher to identify and begin developing the emerging theory (Charmaz, 2006). Central to this process was the constant comparison of data, codes, and themes to identify patterns. Per Charmaz (2006), "this process ultimately ensures construction of full and robust categories and leads to clarification of the relationships between the identified categories" (p. 103). During this process, I conducted a further six interviews.

During theoretical sampling, I began conducting an iterative literature review designed to make further sense of the themes emerging from participant interviews. It was this iterative literature review that led to the development of chapter two in its current state. Further, I completed regular research memos tracking my progress, decision making process, and subjective experiences in the field. Per grounded theory research situated in a constructivist worldview, the researcher cannot be wholly removed from the process of data gathering and theory development. Rather, data collection and analysis are "created from shared experiences and relationships with participants and other sources of data" (Charmaz, 2014, p. 239). In this way, the process of writing memos was crucial to ensure that I regularly reflected on the ways that my presence, experiences, and biases impacted my relationship to this study. I discuss memoing in greater detail below.

Instruments/Method of Data Collection

The study utilized qualitative data collection consistent with grounded theory, including questionnaire responses and interviews designed to gather rich data (Charmaz, 2006). Data was collected during the Spring 2020 and Summer 2020 semesters, allowing for interviews with students to occur during the 2019-20 academic year.

Initial Questionnaire

Though grounded theory relies substantially on interviews as the primary source of data, pre-interview questionnaires are an increasingly common method of identifying study participants and collecting information through open ended questions prior to in-person conversations (Charmaz, 2014; Currie, 2009). This

questionnaire instrument allowed me to spend more meaningful time with my participants in the interviews by ensuring I screened early for principle features that align with my study design (Glaser & Strauss, 1967). This initial questionnaire was provided to all students eligible to participate in the study and was circulated through use of the Survey Monkey platform. This questionnaire was designed to gather demographic information including the participants name, age, gender identity, enrollment status, campus residency status, country of origin, and the date on which they gained legal status under DACA. Participants were also asked to speak briefly to their experiences on campus, in the community in which they live, to self-assess their well-being, and to identify existing systems of support. Consistent with grounded theory research, the questionnaire was not used to test existing notions of well-being and help-seeking, but rather to better identify the principal features that I am seeking to explore in this study (Glaser & Strauss, 1967). The early gathering of this data allowed for more meaningful interviews to follow.

Sequential Interviewing

The foundation of my research was grounded in immersive interviewing with my participants. Interviews were semi-structured to ensure that there was a focus on the phenomenon that I studied, but which still allowed for participants to guide the discussion and provide their own interpretation of their experiences. Interview questions were broad and open ended, designed to ask the participants to reflect on their experiences of daily life and to allow the participants to do much of the talking (Charmaz, 2014). I ran an initial pilot interview process with one participant to review and refine my protocol and ensure that my design was producing meaningful

data. Once I received questionnaire results, I began scheduling these semi-structured interviews with a full body of participants. Important to this process was the use of sequential interviewing during the theoretical sampling phase of data collection. Sequential interviews allowed me to engage with study participants, leave the space, and encourage subjects to reflect upon the experience. A follow-up interview was scheduled to allow deeper discussion with individual participants and ensured that I was capturing rich information and developing a nuanced description of the help-seeking tendencies of DACA students (Charmaz, 2014). All interviews were recorded using a digital voice recorder and transcribed through NVivo's transcription service which I then reviewed and manually corrected.

Appropriate interviews in grounded theory allows the participant to choose what to disclose and how, encourages them to reflect on earlier events, tell their stories in their own words, and express feelings that may not be allowed to surface in other relationships or in other settings (Corbin & Struss, 2015; Glaser, 1992). Much of my interview protocol was crafted to understand the experiences of DACA recipients on a college campus, understand their sense making process in light of the political climate in which they live, and explore how these young people understand emotional well-being, engage in self-care, and seek help. Interviews were completed once I achieved saturation.

In the context of this study, saturation was met when I conducted interviews with all willing student participants (Charmaz, 2014). This study explored the experiences of nine students at PRU, a relatively small sample size, however the stories captured through interviews provide important insights into the experiences of

an understudied population of students. Consistent with my epistemological perspective, which is situated in critical constructivism, I posited that halting the research until I was able to recruit additional students following the COVID-19 pandemic would negatively impact my ability to share the meaningful experiences of the nine participants. Furthermore, there is an increasing body of researchers who argue that small sample size may limit generalizability but that does not mean small studies are without value (Baker & Edwards, 2012; Burns et al., 2018; Sandoval, 2000; Slekar, 2005). For one, it is difficult to require a specific sample size when research minoritized and relatively unprotected groups of people (Ellard-Gray et al., 2015; George et al., 2014). Engaging in research presents a number of potential risks, including the risk of personal identifying information being made explicit through a review of data. Additionally, halting research due to a small sample size of minoritized individuals further limits their representation in research and can silence important voices that are otherwise underrepresented in studies (Ellard-Gray et al., 2015). In light of the sociopolitical environment of 2020, it is beneficial that the stories gathered during data collection for this study be faithfully represented and the implications of the data be analyzed.

Negative Case Study

To further ensure the theoretical validity of my data analysis, I conducted a negative case analysis. In the context of qualitative research, a negative case analysis is a strategy useful for establishing points of comparison against the subject group of the primary research project. In sum, a negative case analysis provides a control sample toward the development of my theory (Charmaz, 2014; Mays & Pope, 2000).

In the context of this study, I provided my initial questionnaire and engaged in similar sequential interviews with two permanent residents of the United States, one Latinx student and one Black student. This specific population of students was selected to provide a point of comparison that allowed me to determine whether phenomena discovered in my interactions with DACA recipients were a result of their immigration status, shared cultural background, or both. Comparing their experiences to Latinx citizens of the country allowed me to identify experiences that are unique to DACA students and those that are more common among culture sharing groups. The negative case analyses included in this study gave power to the DACA recipients' experiences and indicated that their long-standing sources of emotional distress were truly unique and impacted their emotional development in ways that were not present among individuals without a temporary protected status. Additionally, these negative case studies may be useful in providing a roadmap for future studies that expand to include the worldview of individuals other than just DACA recipients. Importantly, I did not include undocumented Latinx students in the negative case analysis due to a lack of undocumented student interest.

Provider Interviews

In addition to the interviews with DACA students, I conducted interviews and/or focus groups with campus healthcare providers at the University. In an effort not to impact my interactions with students or my analysis of their experiences and interviews, the provider discussions occurred at the end of my data collection process. I explored opportunities to speak with the providers in the CHC, specifically those specializing in mental health services, behavioral health, and student development

work. In the interest of clarity, I adopted Premack Sandler's (2009) definition of mental health and behavioral health as below:

> It can help to think of behavioral health as a subset of mental health, in that not all mental health disorders are a result of behavioral issues. Some of them are caused by brain chemistry or genetic inheritance. A short list of mental disorders that are not directly related to or caused by behaviors are:
>
> - Bipolar disorder
> - Schizophrenia
> - Depression
> - Generalized anxiety disorder
>
> By contrast, behavioral health disorders result from maladaptive behaviors that negatively impact your physical or mental condition. Some examples of behavioral health disorders are:
>
> - Substance abuse
> - Gambling
> - Sex addiction
> - Eating disorders

Each interview with University staff lasted just over 60 minutes and was made up of open-ended questions designed to elicit conversation among participants (Krueger & Casey, 2017). This interview was designed to learn more about the student population making use of the CHC's services, to understand how campus providers engage with students, and to better understand providers' attitudes towards DACA and other minoritized students. The three staff interviewed specifically noted

the significance of the DACA student coordinator on-campus. I attempted to reach out to this individual, but I was unable to make contact as they left the University at the time of my data collection. PRU was in the process of hiring a new coordinator, but this individual was not hired before the end of this study. I did not ask staff participants to provide any information protected under HIPAA or FERPA, defined in detail later in chapter three, but instead asked general questions to understand the attitudes and experiences of campus providers.

Field Notes

While conducting my campus-based student interviews, I took regular field notes to add to my data collection. There are two types of field notes that I utilized in the data collection process: descriptive notes and reflective notes. Descriptive notes provide factual data about what is happening in the research site, including times of interactions, physical descriptions of the space, descriptions of the subjects, and the impact of the researcher on the campus environment. Reflective field notes represent my specific observations, ideas that arise through the data gathering process, personal concerns that develop, or other thoughts that represent my subjective opinion (Cresswell, 2013; Maxwell, 2013). The greatest limitation to the use of field notes is that they were subject to my memory, as it is rare that they were developed immediately in the moment, but rather were often quick notes that I expanded upon later. Additionally, these notes were subject to my own unconscious bias and thus cannot be construed as fact, but rather just as personal reflections to understand and justify decisions I made during the data gathering process.

Memoing

Throughout the data gathering process, I also engaged in regular memoing from both a descriptive and analytic lens. Descriptive memos provided a general overview of the research site, interview location, and other physical descriptors. By contrast, analytic memos acted as a reflection on the data analysis process, the code development process, and provided a real-time reflection on the emergence of patterns across data. Memos may have helped me in drawing connections to theory, identifying problems in the research process, documenting emerging research questions, and/or explaining and providing justification for decisions made in the field (Saldaña, 2009). Importantly, these memos also were a place for me to reflect on my own emotions and subjectivity throughout the process. Memos ultimately became part of my dataset and assisted in influencing my process of analysis (Charmaz, 2006).

Table 3.1 Participant Inclusion & Exclusion Criteria

DACA Student Participants	
Inclusion Criteria	**Exclusion Criteria**
● Hold active DACA status ● Maintain full-, half-, or part-time enrollment at University ● Enrolled in an undergraduate level course of study ● Self-identify as Latinx (immigrate from country in Central or South America)	● Inactive DACA status or other immigration status ● Graduate of University, on leave of absence, or other status outside of regular enrollment ● Graduate level course of study ● Does not identify as Latinx
Negative Case Study Participant	
Inclusion Criteria	**Exclusion Criteria**
● Citizen or Permanent Resident of the United Status ● Maintain full-, half-, or part-time enrollment at University ● Enrolled in an undergraduate level course of study ● Self-identify as Latinx or Other	● Hold any temporary protected status or visa status ● Graduate of University, on leave of absence, or other status outside of regular enrollment ● Graduate level course of study
Provider Focus Group Participants	
Inclusion Criteria	**Exclusion Criteria**
● Employed by the University in the CHC or another relevant unit	● Employed by the University in any capacity outside the CHC

• University is primary place of employment • Minimum six months working experience at the University	• Shares clinical responsibilities with any entity outside of the University system • Less than six months working experience at the University

Table 3.2 Data Sources & Data Collection Methods

Data Collection Method	Data Sources
Demographic Questionnaire *(online through Survey Monkey)*	1. Self-identified DACA student at PRU
Individual Sequential Interviews *(In-person or VoIP – semi-structured)*	1. Self-identified DACA students at PRU 2. Negative Case Study Interview
Focus Groups with Campus Health Providers *(in-person or VoIP)*	1. Staff in CHC 2. Providers in CHC 3. Providers in Campus Counseling Center
Field Notes	1. Researcher Observations
Research Memoing	1. Descriptive & Analytic Memos

Data Analysis

Data analysis occurred simultaneously with data collection, and I engaged in the constant comparative method. The constant comparative method is a multistep process of data analysis that occurs at all stages of data collection (Glaser & Strauss, 1967). All data was analyzed, coded, and managed through use of the NVivo 12 Plus software package. Per Glaser and Strauss (1967), this process begins with the initial identification of a population of interest, a specific setting to study, and a central phenomenon of interest. In the context of this research, I explored DACA students at PRU with a goal of understanding their process of developing SWB. Second, I conducted initial sampling to identify concepts and common features of the experiences the DACA recipients share. I began the process of open coding and refined my research protocol before engaging in theoretical sampling with a second group of DACA students. I continuously reviewed the data from my initial sample as I engage in more deliberate axial coding of the theoretical sample. This helped to

ensure that my theory development was firmly grounded in the language and experience of my participants (Corbin & Strauss, 2015). Central to this was the process of coding the data, discussed at greater length below.

Coding

Consistent with grounded theory research, I engaged in iterative coding throughout the data collection process. This process encompassed open and axial coding (Corbin & Strauss, 2015; Charmaz, 2014; Glaser, 1992). The work began with a process of open line-by-line coding in which I started breaking down interview transcripts to compare and categorize data broadly. I developed a substantial number of codes to describe, name, and classify emerging themes. A sample of initial coding can be seen in table 3.3. In Vivo language, or the language of my study participants, was used to develop codes because the expression of study participants often provided me with thick, rich, and contextual information (Corbin & Strauss, 2015). Focused thematic coding followed, in which I began relating the codes developed earlier in the analysis to find interrelationships and specifically identify conditions, contexts, and interactions that were shared among study participants (Charmaz, 2006). An excerpt of thematic coding can be seen in table 3.4.

Table 3.3: Initial Line-by-Line Coding Excerpt

Initial Line-by-Line Coding	**Excerpt: Lili, DACA Recipient, March 10, 2020**
Identifying citizenship; immigration experience; age at time of immigration "legal documentation" Family relationships; immigration experience applying for status; time in the U.S. Waiting to apply for status	I was born in El Salvador. I came to the U.S. in 2005 when I was 12 and, well, pretty much I was in the country without any kind of legal document. I came here with my sister then. And I would say that I got my DACA status on probably … 10 years after that? In 2015, so

Putting off DACA application; confusion over process; concern over requirements of DACA application;	three years after the [DACA] program was introduced. Yeah, I didn't do it, um, as soon as possible because I was looking into it, I was … um … I was getting information; I was getting my legal documents prepared to apply for it.

Table 3.4: Focused Coding Excerpt

Focused Thematic Coding	**Excerpt: Lili, DACA Recipient, May 28, 2020**
Identifying sources of distress and naming emotions Stress causing physiological responses Help-seeking practices; recognizing need to seek professional support	And then I kind of like noticed these past two semesters that I've been suffering from anxiety. Every time I take exams and um [pause], because I was noticing that for some reason, every time I take an exam I kind of like forget everything. I get so nervous and I was like this might be an issue that I want to like actually talk to someone about it. Some I'm planning to go and look for some kind of health or counseling in the university.
Help-seeking practices; recognizing need to seek professional support; Identifying sources of distress and naming emotions; understanding of subjective emotional well-being	I haven't, I haven't, like I said before, looked for any help. But this time I kind of like feel like have to, because some of [pause] I noticed the trend, especially in the classes that I have to take exams only, like science classes, all of those used to be like a big issue for me because all the grades are not coming from anything else. So, I guess that is something to talk about, something to look for, kind of like something I

	need help with. This definitely is becoming an issue.

Addressing Methodological Weaknesses

According to Bryant and Charmaz (2007), some of the weaknesses of grounded theory include: (a) a lack of standardized rules to following for the development of a research protocol, the process of data analysis, or the identification of theoretical categories; (b) a large and often difficult to manage set of data, (c) the difficulty in removing researcher subjectivity from data analysis and interpretation, and (d) limited generalizability. In the context of my study, I have considered these four areas of methodological weakness carefully. I addressed the first weakness by designing this study in consultation with a grounded theorist who has experience in designing studies that explore the lived experiences of individuals in health settings. Second, to allow myself a manageable study population, I set a number of important delimitations on the study to ensure that I worked with a specific population of students and allowed myself to remain focused. With regard to the third weakness, preparation, reflectivity, and subjectivity are inevitably necessary to acknowledge. In working with my dissertation committee, I crafted a subjectivity statement and a statement of ethical considerations. By acknowledging my experiences and biases, and incorporating strategies such as member checking and memoing, I sought to bring additional trustworthiness to my study (El Hussein et al, 2014). To address the final concern, limited generalizability, I freely recognized that this study is limited in scope and the results may help to inform policy development for a small subset of students within a specific institutional context. I do not claim wide generalizability or

intend to impose the findings of this study on students outside of the specific context of this research project. Rather, I see this as a tool or model to encourage further study in the area of SWB.

Table 3.5 Data Collection Timeline

Projected Dates	Tasks
February 2020 – June 2020	Collected online questionnaire responses
February 2020 – July 2020	Scheduled first individual interviews
July 2020 – August 2020	Scheduled provider and staff interviews
February 2020 – July 2020	Schedule first negative case study interview
February 2020 – August 2020	Scheduled second individual interviews & second negative case study interviews
February 2020 – September 2020	Data analysis, memoing, field notes

Ethical Considerations

In addition to conducting research that will deepen my own understanding of how DACA college students engage in mental health help-seeking tendencies, I am committed to conducting research that will have a positive impact on students who belong to the community under study. Central to my work is ethically considerate research practices, particularly as I worked with a population of students with uncertain legal protection under a failing immigration program, and who are thus considered at-risk by the Collaborative Institutional Training Initiative (CITI) Program. The CITI Program is an online training program that is designed to provide education to faculty, students, and other researchers who are planning to engage in studies involving human research. This program was funded by the Office of Human Integrity through the federal Department of Health and Human Services to provide a uniform course of instruction to all members of higher education communities

regarding working with human subjects or biomedical data (Collaborative Institutional Training Program, 2019). While I did not anticipate any physical risk to study participants, there were a number of emotional concerns that I considered.

My research sought to understand three central phenomena among a marginalized population of students, namely subjective well-being, self-care, and help-seeking tendencies among DACA recipients. There was a distinct possibility that discussions with participants would elicit complex responses that could have caused some level of stress and emotional discomfort. Due to this risk, I ensured that all potential concerns were explored and that study participants were provided with a comprehensive informed consent and detailed handouts with information on counseling and other support services available through the university. Students who engaged with me were informed of their right to discontinue conversation, their right to refrain from discussing issues of a sensitive nature, and their freedom to ask any questions of me during the research process.

Another significant ethical consideration of this project regards confidentiality of students and the maintenance of privacy, especially in light of my snowball sampling process. To this end, all raw questionnaire and interview data, personal memos, and other relevant research material was stored securely in an external hard drive and on the internet in a cloud-based storage system with double authentication security, GW Box. As interviews occurred with campus mental health providers and other staff, it was important that I ensured all discussions and sources of data adhered to both the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA). In short, FERPA is a federal

law that limits access to educational records and information to individuals and organizations that do not have legitimate educational interest in student records. In other words, FERPA limits information access to certain employees within a student's HEI or individuals and parties that the student specifically approves (U.S. Department of Education, 2018). HIPAA is a multifaceted law but, relevant to this study, it provides standards to ensure that individuals have right of ownership over their health records and further ensures that all health records are protected and remain confidential (Rowe, 2005). My methodologist and I were the only people who had access to all study data. Further, all transcribed data from questionnaires, interviews, focus groups, and research memos were de-identified through the use of pseudonyms that the students and staff self-selected. I additionally ensured that I followed all IRB protocol regarding the safeguard and destruction of data per the George Washington University's IRB Office.

Subjectivity Statement

Subjectivity is the recognition that the researcher plays an active role in the development of a study, the data collection, and most importantly, in the data analysis (Creswell, 2013). Subjectivity further recognizes that it is impossible to objectively present the experience of diverse study participants in an unbiased way because the researcher's perspective will always impact the interpretation of data. That being said, recognizing subjectivity is not a weakness in qualitative research, but rather an approach by which we can strengthen a study. Ratner (2002) notes, "subjective processes, social relations, and artifacts (including research instruments and methods) enable researchers to objectively comprehend psychological phenomena" (p. 1). In

sum, recognizing subjective experiences and owning biases can help a researcher better understand the experiences of others more objectively. By bringing our biases to the forefront of our work, we are more adequately able to recognize and overcome them when engaging in data analysis.

Privileged Identities

In considering my own subjectivity, it was important to recognize that I own a number of dominant and privileged social identities that impact the work I do with DACAmented students. As a citizen of the United States, a white male, and someone from the middle class, I have had access to many opportunities that other people with less privileged identities may not have experienced. Throughout my life I have had access to secure housing, adequate healthcare, and high-quality education. I recognize that my positionality as a researcher with multiple powerful identities impacts the way I engage in particular spaces of study and the ways I work with marginalized students. I work diligently to represent myself and my work well to the student participants, accurately capture their voices, and develop a rapport that will encourage trust and comfort. To this end, I have captured some specific examples of where my subjectivity may impact my research.

Youth

I was born in Boston, Massachusetts and raised in small cities and towns on the south shore of the state. I am the second son of a multi-generational family of Americans who have historically lived in the New England states of Massachusetts and Maine. My paternal family is Anglo-Irish and have lived in the United States

since the early 18th century and my maternal family are Italians who emigrated to the country in the early 20th century.

Throughout my childhood, I moved through public systems of education and made friends with young people from diverse and varied walks of life. Many of these friends came to the United States as young children, or had parents who emigrated before they were born, but I had no understanding of what this experience was like for my peers. In fact, I had no meaningful understanding of immigration, or some of the complications that they experienced making a life in the United States, until I entered high school. I began taking driving education classes as a high school junior alongside the majority of friends in my class and, after a few months of work in the classroom, scheduled to take my road permit test. I passed; however, one of my friends did not take the test and soon removed herself from the class. When I approached her to ask why she did not want to drive or what she was planning to do about getting around town and, eventually, college, she explained that her parents made her drop the course and would not allow her to apply for a permit or any other form of state identification as they came into the U.S. from Haiti "illegally." This marked my first real exposure to undocumented immigration, though I still did not have a real conception of the risk this represented to my friend's family. My ignorance surrounding the significance of immigration status would persist through college.

Experience with Non-Resident Students

After graduating from college in 2012, I began looking for work in higher education. My first job was at the New England College of Optometry in Boston,

Massachusetts where I was employed in the Registrar's Office. In my position as a Designated School Official, I supported the student visa process on behalf of the United States Citizenship and Immigration Services (USCIS). Incidentally, 2012 was also the year that the Obama Administration implemented the DACA program and, consequently, this new population of students was added to my support portfolio.

It was while working at the New England College of Optometry that I became more fully aware of the many different visa statuses available to non-residents of the United States, learned about the varied limitations of each visa status, and first understood the danger that falling out of legal status had for families in the country. DACA students, and their still undocumented family members, were first introduced to me in my role at the College where I acted as their primary point of contact and source of support. As the DACA program was so new, and the scope of protection for these students at both the state and federal level was still fairly uncertain, my work became a job primarily of advocacy. It was through my work with DACA recipients that I decided to pursue a master's degree in education to better equip myself to be a stronger and more knowledgeable source of support.

Lack of Shared Background

Upon reflection, I recognized that I have not shared many of the early and formative experiences that define the DACA recipient's life. My parents were both born in the country, I was not exposed to any personal risk while a young person, and my positionality in the country and in my community has always been secure. These are not experiences that DACA recipients have shared with me, so our understanding of community, of education, and of safety are fundamentally different. Recognizing

this variance in experience and understanding that my background has been different from the students I support has been important in helping me to reframe my approach to providing academic and personal support. In the absence of shared experiences, I have been forced to better empathize with diverse students and do additional research beyond the scope of my job duties to ensure that I can understand the ways that my students present and enter the spaces we share.

Biases in Research

Pannucci and Wilkins (2010) note that bias in research is unavoidable and that prejudice is a trait common among all people. They further note that "understanding research bias allows readers to critically and independently review the scientific literature and avoid treatments which are suboptimal or potentially harmful. A thorough understanding of bias and how it affects study results is essential for the practice of evidence-based research" (p. 1). In order to enter this research most ethically and transparently, it was necessary for me to identify the biases I bring to the study. These biases are two-fold. First, I believe that the federal and state governments are equally to blame for the poor experiences that DACA recipients receive across the country. Second, I distinctly fault the Trump administration's alternating hostility and inaction toward DACA is a large contributor to Congress' inability to pass a formal legal replacement for this program.

Trustworthiness

According to Creswell (2013), in order to establish validity in qualitative research, the study should be methodologically sound, and the researcher should incorporate safeguards into the process. Memoing acted as one way to establish

trustworthiness through careful documentation of my research techniques, decision points, and an assessment of my subjectivity throughout the study.

Additionally, in recognizing that I am working with a vulnerable population, I carefully included all participants in my data analysis through a rigorous process of member checking. This process allowed all study participants to review transcripts of their conversations with me to ensure that I accurately capture their language and do not impose my assumptions onto their experiences (Creswell, 2013). I ensured that interview transcripts and my data analysis was correct, fair, and centered on the student experience by asking participants to review my work. By the end of my study, three students and one staff member requested a review of their transcripts and my initial analysis. Their feedback provided critical guidance as I continued to make sense of the information I was hearing. I also included thick, rich description that participants in my study provided to ensure that I accurately captured their lived experiences as students, DACAmented immigrants, and individuals seeking mental wellness.

Further, I worked with my committee methodologist and subject matter expert to engage in peer debriefing. The process of peer debriefing required that I meet with impartial colleagues who have an understanding of my subject matter to ensure that I was being critical in the implementation and evolution of my research project (Maxwell, 2013). I worked closely with subject matter experts who are familiar with the study of health equity and others who are engaged in advocacy of DACA recipients. I was able to trust this professional support system to provide honest and critical feedback throughout the research process. These peer debriefers helped me

consider proper methodological approaches to my topic, provided feedback regarding the accuracy of my data collection and analysis, and helped me to reflect on areas of my study that may be impacted by my own biases. Though these three approaches to addressing validity in my study were in no way comprehensive, they provided some useful guidelines as I considered how my own worldview might have impacted my study.

Chapter Four: Results

Overview

The purpose of this study was to examine the process of developing a sense of overall subjective well-being (SWB) among Latinx DACA recipients at a large public university in the state of Maryland. Specifically, the aim of this study was to answer the following research questions through a grounded theory qualitative research design.

1. How do undergraduate DACA students studying at a large public university understand and experience subjective well-being, inclusive of both psychological distress and emotional affect?
    I. How do these students understand and engage in personal self-care?
    II. How do these students describe, understand, and experience personal sources of distress?
    III. How do these students engage in mental health help-seeking practices?
    IV. How do these students experience and describe the process of accessing health resources?
    V. How has the COVID-19 global pandemic impacted any of the aforementioned experience?

In this chapter, I discuss the results of the sequential interviews with students at Public Research University (PRU) and the individual interviews with University staff and healthcare providers. Five distinct themes emerged from data analysis that contributed to the theoretical construct, including

1) the shared understanding of subjective well-being as an internal construct inclusive of resilience, adaptability, and other internal attributes;
2) the impact of moments of transition on individual well-being;
3) how role ambiguity leads to greater instances of psychological discomfort;
4) the prevalence of caregiver burden among participants;
5) the positive impact that supportive social and familial networks have on overall subjective well-being.

This chapter is primarily organized by question and sub-question with the five primary themes discussed based on how they emerged in response to a particular research question. A detailed map is provided below:

Primary Research Question: How do undergraduate DACA students studying at a large public university understand and experience subjective well-being, inclusive of both psychological distress and emotional affect?

Theme One: Shared understanding of subjective well-being

Sub-question One: How do these students understand and engage in personal self-care?

Sub-question Two: How do these students describe, understand, and experience personal sources of distress?

Theme Two: impact of transitional stress

Theme Three: role ambiguity and conflict

Theme Four: caregiver burden

Sub-question Three: How do these students engage in mental health help-seeking practices?

Sub-question Four: How do these students experience and describe the process of accessing health resources?

Theme Five: impact of social and familial networks on subjective well-being

Sub-question Five: How has the COVID-19 global pandemic impacted any of the aforementioned experience?

Context

Nine students and three clinicians shared their stories as part of this study on subjective well-being, self-care, and help-seeking practices. The bulk of this study occurred during two significant events: the COVID-19 global pandemic and the Supreme Court's ruling on the constitutionality of the Trump administration's effort to rescind DACA. These two events had important implications to my overall study. As I was specifically looking at DACA recipients' understanding of subjective well-being, the looming threats to their physical health as well as personal security in the United States uniquely framed the results of this study.

COVID-19 Global Pandemic

As discussed in Chapter Three, the COVID-19 global pandemic significantly impacted the process of participant recruitment and the method by which I was able to conduct interviews and a provider focus group. In light of the pandemic and PRU's educational continuity plan, which required students, faculty, and staff to move off-campus, many of my initial campus stakeholders were unable to recruit students on my behalf. As part of this plan, the university suspended all communication to students that were not directly related to campus operations, safety, and health. I was therefore unable to recruit participants through university gatekeepers and colleagues.

Additionally, the state of Maryland introduced a stay-at-home order and guidance for physical distancing. This order made it impossible to meet with participants for in-person interviews; all of the interviews scheduled between March and August had to be conducted using VoIP technology exclusively.

Supreme Court and 2020 DACA Ruling

Of similar importance to the context of this study has been the Trump administration's challenge to the DACA program and the Supreme Court's decision to review the case. Oral arguments began in November 2019 and a positive decision was not issued until June 2020. Essentially, this timeline meant that I completed half of my interviews before the decision was rendered and another half afterward. The variability around student concern regarding their security in the United States may be due to the timeline by which data was collected. Additionally, it is important to note, as the COVID-19 pandemic began to spread, students expressed less concern over the long-term security of their immigration status and focused primarily on the physical health of themselves and their loved ones.

Profiles of DACA Student Participants

The following section provides a basic profile of the nine student participants who held active DACA status at the time data was collected. Each table provides an overview of the participant's demographic and academic information. Additionally, I briefly discuss the makeup of their families and other personal demographics including their work profiles, academic background, and marital status at the time of our interview. These demographics provide an important snapshot of the diversity of experiences that can be found among Latinx DACA recipients within a single

institution. More detailed profiles are available in Appendix M. The heterogeneity of this group will be important to keep in mind as we later discuss emergent themes.

Profiles of Negative Case Student Participants

In addition to DACA recipients, I spoke with two permanent residents of the United States. As discussed in Chapter Three, the negative case analysis is a strategy useful for establishing points of comparison against the subject group of the primary research project. Essentially, a negative case analysis provides a control sample toward the development of theory (Charmaz, 2014; Mays & Pope, 2000). The two students in this negative case analysis were selected to provide a point of comparison that will allow me to determine whether phenomena discovered in my interactions with DACA recipients are a result of their immigration status, shared cultural background, or something else.

To provide a point of comparison against the Latinx cultural experience and the DACA recipient experience, I spoke with a Latinx permanent resident and a Black permanent resident of the United States. The tables below capture the same demographic and academic information as is available for the DACA participants. As above, I also describe the makeup of their families and other personal demographics including their work profiles, academic experiences, and marital status.

Table 4.1: Student Participant Demographics

Participants					
Participant	**Age**	**Gender Identity**	**Hours Worked/Week**	**Family Income**	**Marital Status**
Dania	20	Female	~10	unanswered	Single
Elizabeth	19	Female	~5	unanswered	Single
Jamie	33	Male	~30-40	between $50,000 and $74,999	Long term girlfriend

Jay	21	Male	0	unanswered	Single
Keisha	32	Female	0	between $50,000 and $74,999	Single
Lili	27	Female	~5	between $15,000 and $29,999	Married
Richard	20	Male	~5	between $15,000 and $29,999	Long term girlfriend
Negative Case Participants					
Andrea	20	Female	~10	between $30,000 and $49,999	Single
Michel	23	Male	~15-20	under $15,000	Single

Table 4.2: Student Participant Immigration Backgrounds

Participants					
Participant	**Immigration Status**	**Country of Birth**	**Age entering the U.S.**	**Age at time of study participation**	**Other immigration status in family**
Dania	DACA	Honduras	8	20	• Sister: DACA • Parents: undocumented
Elizabeth	DACA	Honduras	7	19	• Siblings: DACA • Parents: undocumented
Jamie	DACA	Mexico	9	33	• Siblings: DACA • Parents: other temporary protected statuses
Jay	DACA	El Salvador	2	21	• Siblings: DACA • Parents: undocumented
Keisha	DACA	Honduras	6	32	• Siblings: DACA • Siblings: U.S. citizens • Parents: undocumented
Lili	DACA	El Salvador	12	27	• Sister: DACA • Parents: undocumented
Richard	DACA	El Salvador	2	20	• Brother: DACA • Parents: undocumented

Negative Case Participants					
Andrea	Permanent Resident	Peru	10	20	• Sister: Permanent Resident • Parents: Permanent Resident
Michel	Permanent Resident	Cameroon	11	23	• Parents: Permanent Resident

Table 4.3: Student Participant Academic Information

Participants					
Participant	**First enrollment term at PRU**	**Residential Status**	**Enrollment Status at time of Interview**	**Major**	**Family Educational Background**
Dania	Fall 2016	Commuter - family home	Full-time	Business	1st generation
Elizabeth	Fall 2018	Commuter - family home	Full-time	Biology	1st generation
Jamie	Fall 2019	Commuter - family home	Full-time	Computer Science	1st generation
Jay	Fall 2016	Commuter - family home	Full-time	Psychology & Computer Science	Siblings attended college; parents no college
Keisha	Fall 2010	Commuter - apartment & roommates	Part-time	Liberal Studies	Siblings attended college; parents no college
Lili	Fall 2019	Commuter - own house	Full-time	Dietetics	1st generation
Richard	Fall 2019	Commuter - family home	Full-time	Electrical Engineer	Siblings attended college; parents no college
Negative Case Study					
Andrea	Fall 2019	Commuter - family home	Full-time	Marketing & International Business	1st generation
Michel	Fall 2019	Commuter - apartment & roommates	Full-time	Electrical Engineer	1st generation

Profiles of Campus Staff & Health Provider Participants

In addition to my interviews with students, I met with campus staff who provide mental and behavioral health counseling and spiritual guidance. The following tables provide a basic profile of the three providers who took part in this study. More detailed profiles describe the individual's specialty, their length of service at the Public Research University, and their experiences or comfort level in providing care to DACA recipients (see Appendix N). Consistent with my practice of providing a confidential report of all participant engagement, each member of the campus staff was provided with both a pseudonym and a changed title to best protect their identities. In all cases, their titles still accurately reflect the roles they hold on campus.

Table 4.4: Campus Staff Participant Information

Participant	**Role**	**Specialty**	**Employment Status**	**Length of Service (approx)**
Michelle	Mental Health & Wellness Coordinator	•Peer Education •Gatekeeper Intervention •Mental Health & wellness	Part-Time	3 years
Rebekah	Coordinator of Campus Ministries	•Catholic Services •Student Faith Development	Full-Time	10 years
Dr. Edwards	Licensed Psychologist	•Multicultural and Identity-Related Counseling •Latinx Student Support	Full-Time	5 years

Qualitative Analysis Process

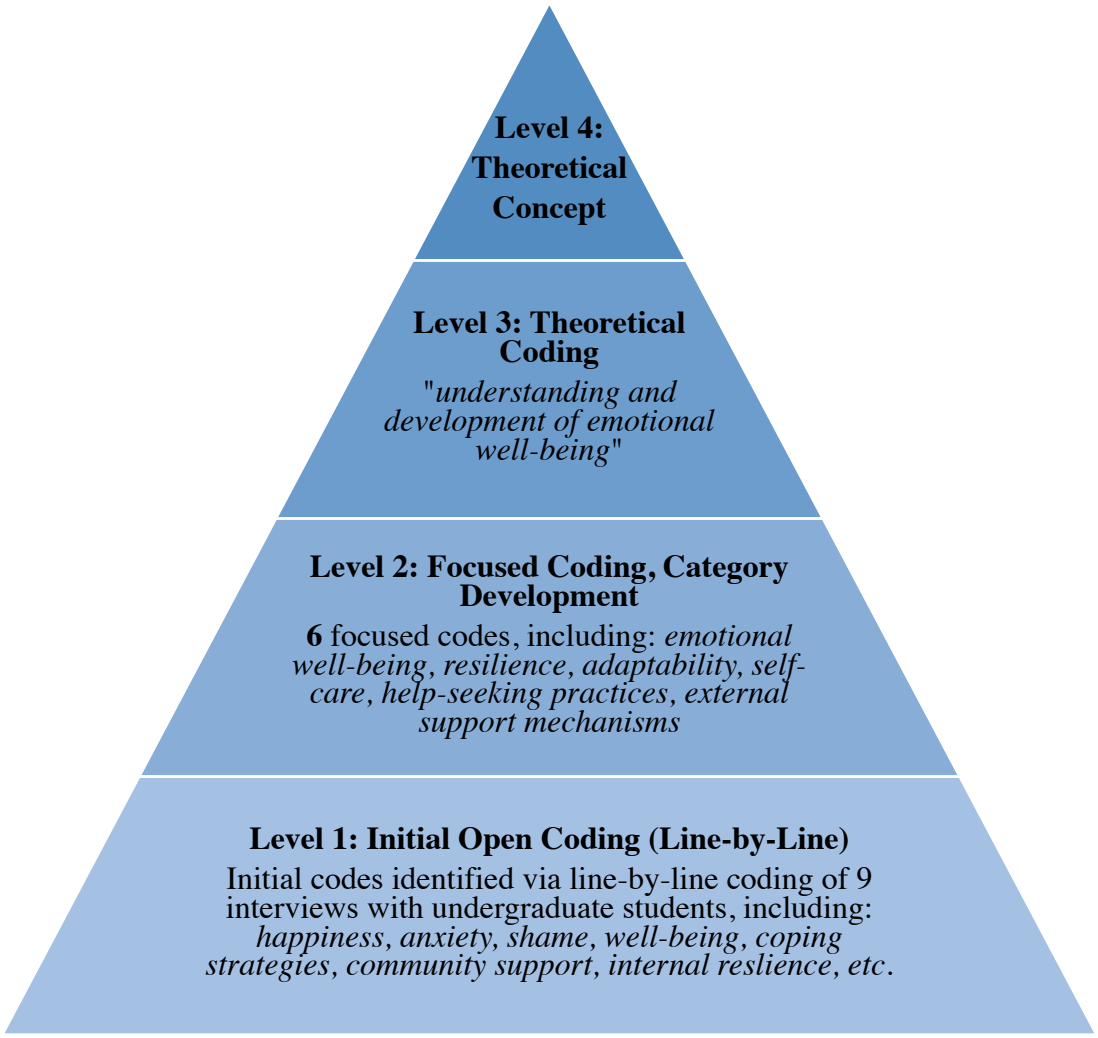
As described in Chapter Three, the data collection process consisted principally of interviews with DACA recipients and campus health providers as well as two negative case analyses. The interviews were conducted over a six-month period, which began in February 2020 and ended in August 2020. Three interviews were completed in-person at the PRU and the remaining 13 were completed via VoIP technology in response to the COVID-19 global pandemic. In addition to these discussions, I collected basic demographic data through an open-ended questionnaire circulated to all student participants. The information in this questionnaire was primarily used to determine eligible for student interviews and to collect and manage demographic information as reflected in the tables above.

All interviews were transcribed initially by a third-party transcription service available through NVivo and were then reviewed and manually corrected by me. While reviewing the word document produced by NVivo, I listened to the audio recording and edited any incorrect transcriptions and identified significant pauses or hesitations in the interviews. In addition to these corrections, I manually redacted instances wherein participants used their legal names, the names of their friends, or other personal identifying information. Once these corrections were complete, transcripts were uploaded to NVivo for analysis.

Chapter three contains a detailed description of my coding and analysis procedures. The emergent coding process resulted in the development of the five broader themes discussed below. These themes are discussed broadly and then brought together in a proposed theoretical model in Chapter Five to explain how

DACA recipients understand subjective well-being, typically experience psychological discomfort, and cope with these feelings. This chapter concludes with answers to my research questions and the themes that emerged during discussions with campus health providers. The information obtained through these discussions is used to better frame the proposed theoretical model in the context of an HEI as illustrated in chapter five.

Figure 4.1: Sample Coding Process for Theme One, Subjective Well-Being



Thematic Findings

Upon completion of an iterative analysis of transcripts, five themes emerged from those data. These themes include, 1.) the shared understanding of subjective well-being as an internal construct inclusive of resilience and adaptability as well as external systems of support; 2.) the impact by moments of transition on individual well-being; 3.) how role ambiguity leads to greater instances of psychological discomfort; 4.) the prevalence of caregiver burden among participants; and 5.) the positive impact that supportive social and familial networks have on overall subjective well-being. These relationships are discussed in light of each participant's unique experiences of transitional stress, role ambiguity, and caregiver burden to determine how important social supports are to an individual's ability to cope during times of transition and maintain a positive state of well-being. These themes emerged from a deeper analysis of responses to specific research questions central to this study.

Primary Question One: Understanding of Subjective Well-Being

The primary research question guiding this inquiry was designed to understand how undergraduate DACA students studying at a large public university understand and experience subjective well-being, inclusive of both acute distress and broad emotional affect. To understand the similarities and differences between Latinx DACA recipients and their permanent resident peers included in the negative case study, the below section delineates between experiences and responses unique to each group of participants.

Theme One: DACA Recipient Understanding of Subjective Well-Being

The university students who are DACA recipients presented no universal definition of subjective emotional well-being; rather, individuals defined the phenomenon in varied ways depending on their own lived experiences. Though their responses were unique, there were a number of common threads across interviews which resulted in the first theme of this study. These threads included a general belief that positive well-being required some level of resilience and that well-being was primarily managed internally but that students received support as necessary from external resources such as family, peers, and the healthcare system. The following stories highlight how some DACAmented students understand subjective emotional well-being in their own lives.

While still a young person, Jamie knew that he wanted to pursue higher education and had a deep interest in computer science and technology studies, however he had to put this goal on hold for a number of years in order to financially support himself. Jamie described emotional well-being as an internal feeling and explained that resiliency and self-efficacy impacts his understanding. Richard largely agreed with Jamie's understanding of emotional well-being, but Richard described a level of comfort with your environment and situation and understands that adaptability is central to his sense of well-being. Lili's understanding of subjective well-being was predicated on an individual person's ability to monitor their feelings and recognize when they feel out of balance or unhappy, in other words, self-awareness. Specifically, Lili replied:

> Well, I'd say that feeling good overall, balanced, happy feeling, feeling safe, feeling that you are worthy of having what you have, and making sure that you are not feeling depressed … or, if for some reason you are not feeling well, that you're not your normal self, you recognize that (Lili, Personal Communication, March 10, 2020).

Keisha is the second oldest DACA recipient to participate in this study and is unique in that she received her DACA status after beginning postsecondary education, initially entering college using tuition benefits available under the Maryland DREAM Act. Unique among participants, Keisha described subjective emotional well-being as a largely active process of making meaning and reacting to the world around her. "Emotional wellness is being self-aware having a high level of emotional intelligence and understanding how you function within the world around you" (Keisha, Personal Communication, December 4, 2019).

Negative Case Study Participants Understanding of Subjective Well-Being

Consistent with my goal of providing a point of comparison against the Latinx cultural experience and the DACA recipient experience, the below responses on subjective well-being came from two negative case study participants. Michel, a Permanent Resident from Cameroon who came to the United States specifically to study electrical engineering, understands subjective emotional well-being as being an ability to adjust to change and manage discomfort that accompanies change. When asked for a specific definition, Michel responded:

> You know, [life is] not always going to go according to what we want. You have to always get comfortable being sometimes uncomfortable, you know.

> Like whenever you want change, you need to be okay with being a little uncomfortable during change (Michel, Personal Communication, May 29, 2020).

Andrea, the Latinx Permanent Resident originally from Peru, agreed with Michel's understanding of well-being as being predicated on an individual's ability to respond to change and manage stress. Much like other participants in the study, Andrea stated that subjective well-being is a personal phenomenon that is uniquely managed on an individual level.

Though the question of subjective well-being does not yet discuss specific themes that emerged through this study, nor the variation in responses across student populations, I framed all research questions in chapter four through the perspectives of DACA recipients and negative case study participants. Notably, all students who participated in this study had unique definitions but a fairly similar understanding of subjective emotional well-being. Namely, all students believed that well-being is a singular phenomenon largely independent of external factors. Essentially, subjective emotional well-being refers to an internal understanding of wellness and how an individual is able to adapt to change and overcome challenge. Only two students discussed the impact that support systems, either informally through peer and family networks or formally through healthcare systems, may have on subjective well-being.

Sub-Question One: Understanding & Engaging in Self-Care

The first sub-question sought to understand how students understand and engage in practices related to self-care. As above, to understand the similarities and differences between Latinx DACA recipients and their permanent resident peers

included in the negative case study, the below section delineates between experiences and responses unique to each group of participants.

DACA Recipient Engagement in Self-Care

As discussed in chapter two, a significant element of well-being is an individual's ability to engage in self-care and manage negative emotional affect. In the context of this study, self-care refers to a process in which individuals personally learn how to address individual health concerns without engaging formal medical care. The following section discusses the ways by which student participants understand self-care and internally process emotional discomfort or stress.

Reliance on Family

For many students, self-care meant spending time among family and seeking comfort in the relationships they developed outside of school. For Jamie and Richard, both DACA recipients, their romantic relationships were the greatest sources of support. In the context of this study, I include romantic relationships under the broad term "family" given the long-term nature of the relationships. Both Jamie and Richard have been with their partners for years and have spent significant periods of time sharing a home with these women. When asked to discuss their self-care practices, both specifically noted that they spent time with their girlfriends who provided a needed source of physical intimacy as well as an outlet for discussing their emotions. For Jamie, self-care was spending time at home with his girlfriend relaxing,

> my girlfriend … I guess she's my best friend and she fulfills a lot of my emotional needs. [pause] My needs of time, affection, physical love, and I guess she's kind of the resource for me. We spend a lot of time together and

> we're both homebodies, so we usually stay home, playing games, watching movies, you know (Jamie, Personal Communication, March 17, 2020).

While for Richard, self-care means turning to his girlfriend to "rant" about issues that are bringing him stress.

> I rely a lot on my girlfriend, you know, I feel like whenever I have something to rant about, I can just talk to her about it. I feel like I'm lucky to have that too because I know a lot of people might not have somebody that they could just rant to (Richard, Personal Communication, May 18, 2020).

Outside of personal romantic relationships, the broader family unit was a significant source of support for students. All nine students who completed interviews suggested that their families played a significant role in their self-care practices. Jay specifically stated that he "feels lucky that I already had an established support system with my family" (Personal Communication, June 1, 2020). When asked how they engage in self-care, the remaining five DACAmented students identified discussions with family members as playing an important role in supporting their well-being.

Reliance on Friends and Peer Network

In addition to support through the family unit, a number of DACA recipients also identified friends or peer networks as being a source of self-care. While this looked a bit different for all students, the seven DACA participants noted a particular reliance on students with similar cultural or immigration backgrounds. Richard, the rising senior, specifically noted that other DACA students provided an important outlet for him to discuss his issues. "I have been able to find a lot of similar people in similar situations just based off like my existing friends. I feel like [pause] as a

DACA student, if you don't know where these people are, you might feel isolated or like you can't talk to anyone" (Richard, Personal Communication, May 18, 2020). Dani had similar experiences at the University. She joined a professional fraternity made up of other students majoring in business and she identified this organization as her source of self-care in the form of a social outlet. She discussed sharing her DACA status with members of this fraternity and said that "everyone's just very crushed about it because it's like you don't introduce yourself as having DACA, so they get to know you a little bit and then they find out this like tragic thing that means you have so many limitations" (Dani, Personal Communication, June 6, 2020). Throughout her time at the University, the members of her fraternity helped Dani to identify opportunities for her to succeed and helped to introduce her to other DACAmented business students. This outlet allowed her to better expand her network and develop meaningful relationships on campus.

Reliance on Self

An important element to self-care is a reliance on the individual ability to manage emotional distress independent of others. A common thread across interviews with DACA recipients was an emerging ability for participants to find individual ways to manage stress outside of formal support systems. Keisha specifically noted that she needed to learn how to reflect on her experiences and needs before seeking formal mental health care, stating that she "had been seeking help for a long time but like I didn't understand where the trauma came from. So, it's hard to kind of hard to say, "alright therapist, look let's work through this issue" because I can't see the forest for the trees" (Personal Communication, July 24, 2019). Other students noted

that self-care meant finding activities to engage with that acted as outlets for their emotional distress, both mild and severe; for some this meant working out, for others it meant watching movies, for Lili it presented in a new passion for baking. “It's funny, but over the past year I learned that I like baking. I love baking actually. So, every time I tell my sister, ‘you see me baking, it's because I'm stressed or because … I need to get my mind off things’” (Lili, Personal Communication, May 28, 2020).

Cultural Perceptions

Five of the seven Latinx DACAmented students noted important cultural perceptions regarding mental health and self-care practices. Lili summed these perceptions up well in stating,

> If I were to talk for Hispanic people, we don't actually look for help unless we notice that there is an actual problem, like a big problem. And for us having to deal with stress, a little bit of stress, a little bit of depression, a little bit of anxiety... that’s normal. It wouldn't something we go to help for, like I said, unless it's really bad (Lili, Personal Communication, March 10, 2020).

Dani echoed these sentiments, specifically discussing how her intersecting identity impacts her self-care routines. For Dani, there exists a tension between her life on campus and among friends with her life at home and her family’s cultural identity. The perceptions of these students well align with the research considered in chapter two, under Latinx perceptions of mental health, self-care, and help-seeking practices. The comments from Lili and Dani suggest that outside influence, specifically cultural expectations, can impact how individuals engage in self-care or address mental health

concerns. This seems inconsistent with the larger suggestion among participants that addressing emotional well-being is largely an internal experience.

Negative Case Study Participants Engagement in Self-Care

Though a small population, the negative case participants identified two primary sources of self-care: reliance on the family unit and individual resilience. As discussed above, both participants are Permanent Residents, Andrea originally from Peru and Michel originally from Cameroon.

Reliance on Family

Of the two negative case study participants, Andrea was the one most close to her family as Michel was living alone in the United States and did not discuss his family in Cameroon in great detail. Both interviews with negative case participants suggest that the most meaningful interactions with systems of support come from in-person relationships. Whenever Andrea experienced any negative emotional affect, she found support from her mother. “When I'm not feeling well, I'm the kind of person that doesn't like to talk about her feelings. But with my mom, we're so close that she gets me when I'm not well, so she kind of like wants me like to talk it all out” (Andrea, Personal Communication, March 12, 2020).

Reliance on Self

As with the other students, both Andrea and Michel felt comfortable in managing negative emotions on their own. For both, self-care included a blend of physical activity and low impact activities like watching movies or listening to music. Andrea specifically said, “I try to do exercise, try and listen to music, or just watch TV, or watch something that makes me laugh ... so that I don't think a lot about it,

which most of the time helps me" (Personal Communication, May 13, 2020). Michel provided a similar response, "So, for a while I would do 30- or 40-minutes walking around campus. I was just going to the gym, exercising a little bit, listening to music. And, honestly that's been enough to help with me stress" (Michel, Personal Communication, June 5, 2020).

Sub-Question Two: Understand & Describe Sources of Distress

My next sub-question asked students to describe the sources of distress that most impact their sense of well-being. As above, to highlight possible differences between Latinx DACA recipients and their permanent resident peers included in the negative case study, the below thematic findings are delineated between experiences and responses unique to each group of students.

Understanding Sources of Emotional Distress

My protocol asked students to discuss emotional distress. This term was left broad to encompass any negative emotions including stress, sadness, anxiety, or other relevant feelings. From this discussion, three major themes of emotional distress sources emerged: 1) transitional stress, 2) role change and ambiguity, and 3) role burden. Beyond these overarching themes, a number of smaller concerns emerged including acculturation stress upon entering the United States and higher education, comparison to peers, and missed rites of passage.

Some Causes of Distress Among DACA Recipients

In addition to the major themes discussed above, all recipients identified a few smaller causes of distress including acculturation stress upon coming to the United

States, stress related to comparison to peers, and the disappointment the accompanies missed rites of passage.

Acculturation Tension and Identity Development

Three students discussed the impact that acculturation stress, the emotional impact of adapting to a new culture, had on their sense of emotional well-being and their identities as young children. Keisha attempted to entirely fit in with her new American peers, changing how she spoke and acted, for fear that her immigration status would negatively impact the way people interacted with her. She notes,

> I changed the way I talked … I also repressed my emotions a lot and that feeds poor mental health, right, because I've always been afraid of talking about things. I don't like talking about my status now really [*pause*] because I don't know how people are going to treat me. It was kind of like … I felt there was a big stamp on my head that said immigrant and I did everything I could to cover it (Keisha, Personal Communication, July 24, 2019).

In this way, Keisha crafted an American identity to mirror her peers and developed a sense of shame around her immigration status. During a crucial developmental period in her adolescence, she attempted to become more like her American peers to the detriment of her cultural identity. Jay also expressed acculturation concerns but addressed them by attempting to highlight the positive contributions that a Salvadorian can bring to their community. He noted that much of his drive in the classroom was an attempt to challenge negative stereotypes against Salvadorans,

> I would probably say being identified with my country of origin would probably be the most meaningful [*identities I hold*] because the country has a

> reputation for not being so great. I don't want to have that reputation; I want to showcase the potential that it has. It actually has surprised others, when they ask me like where I'm from or when they asked me about my past and I tell them all, I'm actually not American. I'm from El Salvador (Jay, Personal Communication, June 1, 2020).

Code-Switching

Alongside acculturation stress, two participants specifically noted code-switching as a mechanism by which they attempted to better fit in with their American peers. While there are many theories that explain code-switching, I utilized the communication accommodation theory (CAT) to explain the efforts my DACA participants took to change their patterns of speech. In short, CAT posits that code-switching is a process by which individuals alternate between two or more languages and methods of speech in conversation to accommodate listeners, gain approval from dominant groups, and maintain positive social relationships (Gallois & Giles, 2015; Giles et al., 1991). For my participants, code-switching is a method of accommodating their classmates or friends who belong to dominant identity groups in an effort to "fit in." Dani specifically noted that she and her sister worked very hard to learn English upon moving to the United States and that they watched American television shows, took English language classes through school, and felt like they had to master the language to fit in even as young children.

Importantly, CAT has evolved over time to also consider the purpose by which individuals engage in code-switching behavior. CAT recognizes that all interactions are impacted by social and historical contexts. Per Gallois, Ogay, and

Giles (2005), “a group’s vitality is influenced by three structural factors: status (in terms of economical and socio-cultural prestige), demography, and the institutional support enjoyed by the group” (p. 25). Ultimately, this theory argues that a group’s vitality refers to their overall positional power that allows for them to behave as a distinctive and active group. In the context of this study, the American peers have a higher level of positional power and the DACA recipients are changing their behavior to accommodate them.

Comparison to Peers

Participants also discussed the negative feelings that accompanied comparing themselves to colleagues. These feelings took different shapes across interviews; however, the most common point of comparison is against American peers who are able to move quickly through education and into the workforce. Elizabeth sums this concern up well in discussing the classmates she began her with in community college. Importantly, Elizabeth began her academic career as a biology minor with a goal of eventually entering forensic sciences or a health adjacent career however she moved through her associate degree at a part-time pace so she could work to support herself. In considering her academic career, Elizabeth notes that, “right now I have friends that are graduating and starting nursing jobs. They’re graduating college this year, while me, I'm just transferring over to the Public Research University” (Elizabeth, Personal Communication, June 5, 2020).

This type of comparison is also apparent in reviewing interview transcripts with Richard and Dani, both of whom compared themselves against the successes of their classmates. In particular, Richard noted that he had to work part-time through

community college to ensure that he could focus exclusively on his academics after transferring to PRU, a concern his peers did not share. “I worked throughout the semester to just to pay for classes. And I feel like if I hadn't been able to save as much money as I did, I would have to continue working now” (Richard, Personal Community, March 11, 2020). Dani’s experiences focused specifically on the process of applying to college and for financial aid; she quickly learned that there were a number of limitations she faced based on her DACA status. “As soon as it hit that I'm not a citizen, it brought me out from consideration [*for scholarships*] completely, which is very discouraging. You see people that didn't have as good of a GPA apply for it … they got it” (Dani, Personal Communication, June 6, 2020).

Missed Rites of Passage

Another interesting concern was the missed rites of passage that students’ experienced, often due to their immigration status. The below statements are from four DACA recipients who specifically discussed which rites of passages they missed and how this made them feel. Keisha spoke about being a teenager and watching her friends get their first part-time jobs, “it was kind of like in high school or earlier when I found out about my status and when my friends started getting jobs and I couldn't. You just kind of feel like you're not a part of this normal experience (Personal Communication, July 24, 2019). Other students discussed how their DACA status impacted their ability to apply to colleges, get involved on campus, and take advantage of opportunities available to students. Dani discussed that application process, “I also applied to San Diego State. I got in and everything. And I had a scholarship from my dad's job, but it wasn't going to be enough to cover the out-of-

state tuition. I went over there, I toured and everything [*pause*] and I regret doing it because I fell in love with it" (Personal Communication, June 6, 2020).

Jamie discussed how his DACA status impacted his ability to pay for school and get involved in campus activities. "If I had the opportunity to cover some of my tuition or like my living expenses, I might get involved. Clubs and stuff [*pause*] that is something I may have considered, but unfortunately government financial aid is not available to DACA students" (Jamie, Personal Communication, March 17, 2020). In short, because he had to pay out-of-pocket for his education, Jamie did not have the time to join organizations or explore extracurricular opportunities at the University. Lili shares similar disappointment in her inability to study abroad, "I would love to study abroad. There's so many good classes or programs that you can go with and study abroad. I can't, I definitely can't do that" (Personal Communication, March 10, 2020). From these stories, it seems clear that immigration status impacts individuals along the whole of their lives, from adolescence through adulthood. DACA status has significantly impacted how this study's participants are able to engage in their communities and highlights the limitations these students face.

Theme Two: Transitional Stress

The second apparent theme to emerge from data analysis was with regard to the stress that accompanies both expected and unexpected life transitions. In the context of this study, expected transitions refer to significant life experiences that subjects expect to occur (e.g., applying to college, entering the workforce, etc.), whereas unexpected transitions include changes that are often sudden or traumatic (e.g. immigration to the United States, learning about their undocumented status,

etc.). Chapter two discusses transitional stress in greater detail. Through this research, it is clear that transitional stress is best navigated when individuals have familial or peer support.

Expected Transitions Among DACA Recipients

The expected transitions most often discussed by DACAmented students include entry to higher education and entry into the workforce. The seven DACAmented students noted that entry into higher education was something they had long planned for, often electing to enter community college so that the goal of completing an undergraduate degree was more feasible. Similarly, all students spoke about the eventuality of entering the workforce and identified some of the tensions that accompanied that realization.

Transition into Higher Education. In all seven interviews with DACA recipients, the students universally agreed that entry into postsecondary education was a transition they all expected. Though they knew that there would be some difficulty in applying to schools, or attending their first-choice school, there was no question that higher education represented an opportunity to improve their lives. While it was clear to these participants that attending postsecondary was inevitable, the process of applying to colleges led to significant financial stress. Importantly, DACA status does not allow students to benefit from federal financial aid.

As discussed in detail in chapter two, Maryland provides extensive state financial aid to DACAmented students however, this is not often enough to allow direct entry into a four-year institution. Oftentimes, it was easier for DACA recipients to apply to private schools and earn scholarships at private institutions. As Dani

stated, “applying to college like right off of high school was the difficult part. It's really because I couldn't apply to a public school then. Private schools are a lot more lenient with their stuff. No matter what, I had to apply as an international student … try to find information, what's the best route for me to take, and what scholarships I can get right” (Personal Communication, June 6, 2020). Lili echoed this sentiment in stating her concerns around being able to access higher education at all due to the impact her status had one her access to financial aid, “but even if I apply and I get in, I was shut out of the school by the financial situation” (Personal Communication, March 10, 2020).

The financial concerns extend beyond tuition payment. Some students have had to hold off on moving forward in other elements of their personal lives. For some students this meant staying at home with their parents, for others it presented as taking a delay between high school and entering higher education. For Jamie, the cost and time burdens associated with higher education impacted his ability to start a family. As he notes,

> You know, for whatever reason, I always kind of had it in my mind that I want to get like at least my bachelor's degree and … I've kind of like held off on starting a family, um, getting married and those things. I don't have those other responsibilities… both financial and in terms of my time. Because if I did it would be really impossible to be able to go to school (Jamie, Personal Communication, March 17, 2020).

Beyond the financial concerns and the impact that pursuing higher education has on the personal life, there was additional stress surrounding the process of

entering and acclimating to higher education more generally. Jay spoke well to the difficulty of moving into a school the size of the PRU and adjusting to life on campus.

> Well, it was [pause], I wouldn't say it was frightening, but it was [pause], an adjustment because I used to be really introverted, isolated type of person. Coming into a school with I think over 30 [pause] 40,000 students was a big change (Jay, Personal Communication, June 1, 2020).

While all students discussed how they were able to anticipate the struggles inherent in attending a university, there were fewer expectations that accompanied the process of entering the workforce.

Into the Workforce. Four of the seven DACA recipients spoke specifically about the complications that would impact their future professional goals that they learned about only after entering the PRU. Of the four, two students were interested in pursuing careers in criminal justice and two were interested in careers in medicine. Dani and Keisha came to PRU with goals of joining the U.S. Federal Bureau of Investigations (FBI) or the Central Intelligence Agency (CIA). Dani specifically noted that she changed majors following a career fair where she learned that her DACA status would preclude her from working in either the FBI or CIA,

> I switched because one, the goal would be to work for you as the FBI or CIA … and I would've graduated from college and not had like my citizenship for example. So, I would have done a career for nothing potentially. So, I decided to take like an easier route and I went for business (Dani, Personal Communications, June 6, 2020).

Keisha noted a similar experience and lamented losing over two years of an education trying to complete major requirements that she no longer believed would serve her professional interests. At the time of our interview, Keisha had switched into a liberal studies major and was considering law school.

Lili and Elizabeth were two DACA students who expressed interest in pursuing careers in medicine, but also expressed some hesitation given what they learned about entering medical school and finding work after graduation. For Lili, this concern became apparent when she was pursuing part-time employment while still enrolled in community college. Following the completion of her associate degree, Lili applied for a role as a medical assistant to help support her through the remainder of her bachelor's degree. At the same time, she was waiting for reauthorization of her DACA status, a process which caused stress and ultimately forced her to give up a job in healthcare. In her own words, Lili noted, "they were asking for my papers. They were asking for everything, but the DACA process … they were taking too long to process it out. And I pretty much have to quit that job because I didn't have my papers back then" (Personal Communication, March 10, 2020).

Unexpected Transitions Among DACA Recipients

Among DACA recipients, the unexpected life transitions that brought the most distress include entering the United States as children, learning they were undocumented, and searching for opportunities to gain status either through DACA or other programs.

Coming to the United States

All seven DACA recipients spoke at length about their immigration stories. All of the participants entered the United States before they entered adolescence and all of them discussed the confusion and fear that they felt upon leaving their countries of birth. There was also a significant element of helplessness that these young people experienced given their parents' decision to move to the United States. For some, like Dani, there was a clear recognition that this was a difficult experience for her parents.

> It was a scary thing for her. She had already been here for four years, already established a life, found her job, and everything. Same with my dad … and just to leave and not have a plan to come back. That was the scariest thing I think that she's ever had to go through, especially with three daughters, bringing three daughters and all that's involved with that (Dani, Personal Communication, June 6, 2020).

A similar sentiment was shared by Jamie, who travelled to the United States through Mexico with his mother and experienced conditions that put his family into direct physical danger:

> You know, when we were traveling and we got to the border, I knew things were like [*long pause*] this is not what she mentioned. I remember that we had the coyotes [*individuals who escort individuals across borders*] and they essentially took us across the river. And when we were crossing the river … my mom was about to drown with one other coyote. But, of course, she made it okay (Jamie, Personal Communication, March 17, 2020).

The stresses that were borne by families and the dangers they faced during their emigration often caused distress for my participants. Dani and Jamie specifically discussed the fear and dangers that their two families experienced in coming to the United States and how their families' uncertain positions in the United States impacted their lives growing up. When participants learned about their undocumented status, they developed a sense of shame and fear regarding their status and their inability to fully engage in American society.

Some students, like Elizabeth, did their best to focus on the positive outcomes and the relationship building that resulted from their emigration,

> well, I think there were some bad memories, but for some reason … [long pause] I try not to focus on them and only on the good. So, every time I remember, I just remember think about how we were in Cancun for two days. We got to see a lot of the world as kids … and it was okay cause kids are resilient (Personal Communication, June 5, 2020).

Dani remembers her journey through a similarly positive lens, "It took her 11 days to come to the U.S. which was a smooth process… we went to the beach in Mexico for the first time, which was amazing … I remember we stayed in a bunch of hotels, which was fun" (Personal Communication, June 6, 2020).

That said, the whole immigration experience was not always positive, and a number of students note that they developed methods to cope with the fear they experience during their travel to the United States. Dani expressed this sentiment in noting that she does not remember the entirety of her journey to the United States as she "chose to just forget about them or just put them behind" when discussing the

particularly difficult part of her move from Honduras to the United States (Personal Communication, June 6, 2020). Similarly, Elizabeth remembers turning seven shortly after arriving in Texas with her mother and sisters; the days before arriving to the United States were full of stress, "we stayed … in a trailer in the middle of nowhere, in the Texas country. I think that was almost like a breaking point for us … that's an empty place you feel abandoned." Like Dani, Elizabeth learned to focus on the positive outcome of her coming to the United States, including an improved relationship with her family.

Learning about Immigration Status

Moving to the United States was not the end of the complex immigration experience for any of the DACA recipients. Each participant described a different variation of a similar experience: the moment that they learned they were undocumented. For some individuals, this occurred when they attempted to engage with the U.S. government in some capacity. For Keisha, it was when she asked her parents about getting her driver's license; for Richard and Lili it was when they first attempted to find a job after finishing high school and community college. Other students, like Jay, learned about their status when they were younger from conversations with their parents. Jay remembered,

> [having] a question for one of my parents. I think it was with my dad … and I asked him a simple question about like: "Oh, why don't we have this?" I think it was about a program that people can do, I don't remember exactly what it was … but he told me, "Oh, we can't get it because we're undocumented." I was like, "Oh, what does that mean?" So, he explained that we had no

> documentation, no citizenship, no government benefits, no assistance, or something like that (Person Communication, June 1, 2020).

Regardless of how these participants learned about their undocumented status, the outcome was often the same. Though there was no universally shared emotional reaction, the responses were invariably negative. Students felt fear, shame, confusion. The emotions that accompanied this realization are well summed up by Keisha, "and for my adolescence it never resonated because I feel American, I espouse American values. ... But the reality is it's not real for me. To this day I… (long pause) I have to remember I cannot do things that everybody else gets to do" (Personal Communication, July 24, 2019).

Applying for DACA Status

Given the nature of this study, all study participants experienced a transition after learning that they were undocumented: the process by which they applied for legal recognition under DACA. Though the program was introduced in June 2012, study participants applied for initial authorization under the program between 2012 and 2015. Of the seven DACA participants, Dani, Elizabeth, and Jamie were among those who applied closest to the program's release. These three students noted that they completed early applications through support from organizations and community members with knowledge of the process. Dani and her sister applied to DACA shortly after the program's introduction with support from a non-profit immigration advocacy organization. Per Dani,

> we used to volunteer there back in like 2012 when elections were going on. We did a lot of polling and going out and talking about questions. When it

> was time to apply for DACA, we got priority in applying. They did our paperwork first and then we were able to help out for anybody else (Personal Communication, June 6, 2020).

Elizabeth shared a similar experience in that she had support of experts when trying to navigate a new immigration application process. She and her sister applied for DACA in November 2012 with the support of an immigration lawyer who provided guidance to her father in his pursuit of permanent residency. Jamie was able to apply with the pro-bono support of a lawyer he met through his part time job working in a medical office setting. The remaining four participants, Keisha, Lili, Jay, and Richard applied a year or more after DACA was introduced. These four participants all cited apprehension for their personal safety, the security of their families in the country, and financial concerns as reasons for the delay in applying to DACA.

Expected Transitions Among Negative Case Participants

For the two negative case study participants, expected transitions were much the same as those among DACA students. Specifically, the entrance into higher education and the workforce. A significant deviation is in their immigration stories: both students anticipated moving to the United States.

Into Higher Education

Both Andrea and Michel anticipated entering college after completing secondary school and both decided to enter community college prior to matriculating at a four-year institution. Both Andrea and Michel recognized that there was some anxiety surrounding their matriculation at a school as large as the Public Research University. However, there seems to be an overarching expectation that their

experiences are not unique and that they belong to a community of students with similar experiences. As Michel notes,

> When I feel like I'll be overwhelmed, I know it's a universal experience for people. So, when I was extremely overwhelmed my first semester because there's lot of deadlines, classes were a little more tough, I was getting used to campus [pause] it's like typical in college to get stressed out (Personal Communication, May 29, 2020).

Andrea experienced similar stress during her first semester and did not spend much time on-campus outside of coursework. Andrea noted that she quickly overcame this anxiety and began getting involved in campus with likeminded students, "after the first semester, I just started walking around and not staying only in the business school. Then I got the opportunity to learn more about the Multi-ethnic Office student ambassador program" (Personal Communication, March 12, 2020).

Into the Workforce

As with all other participants, Michel and Andrea anticipated entering the workforce upon completing their undergraduate degrees. In fact, Michel moved to the United States with the express goal of pursuing an education in electrical engineering and bringing this knowledge back to his home country of Cameroon. Though only a rising senior, Michel has already invested significant time and effort in pursuing opportunities for internships, to conduct research, and is considering practical work opportunities in the United States following his graduation. Ultimately, Michel's goal is to return to Cameroon in a few years to improve the country's infrastructure. In his own words,

> I started to realize the resources back home were very limited. I learned that they're [*long pause*] electricity is very limited. And I did some research with a friend about solar energy and how that could be a great innovative way to make a better community back home. Solar would also be great for the environment as well. So, that's why I decided to study solar energy. And I cannot study solar energy back home really meaningfully. There's only so much I could learn there before I realized that we're doing it backwards. So, I decided to come to country that has like more innovation in solar energy and was very advanced in that area (Michel, Personal Communication, May 29, 2020).

Importantly, Michel's relative privilege as a permanent resident of the United States allows him to determine how he wants to enter the workforce in the United States, what he wants to accomplish after college, and also allows him to consider moving freely between America and Cameroon. These are not options that are readily available to DACA recipients who have significant limitations with regard to professional licensure and travelling outside the United States.

Coming to the United States

Unlike the DACAmented students, Andrea and Michel knew that they would be coming to the United States and anticipated many of the stressors that would accompany this experience. While Andrea came to America as a young child, it was to join parents who were already in the country. Initially, her parents entered the United States without documentation, however they were eventually able to apply for status. Andrea arrived as a dependent of her parents' years after their immigration.

Per her history, “my mom came here illegally. So, it took some time before I got to meet her here. Then, it was around ten years until she was able to get the permanent resident and I was able to come here” (Andrea, Personal Communication, March 12, 2020). As she noted, the process of applying for permanent residency was not without stress. “I got here like with some different visa… I don’t know what. My mom did all the work with the lawyers so that I could get my residents and all that. So, it took time” (Andrea, Personal Communication, March 12, 2020).

Michel’s immigration story was similar to Andrea’s in some ways. At 11-years-old, Michel came to the United States along with his mother who was able to quickly secure their permanent residency. Michel did not stay in the country long at this point; ultimately returning to Cameroon and living with his grandmother throughout high school. As previously mentioned, Michel returned to America to pursue postsecondary education in electrical engineering with the eventual goal of moving back to Cameroon permanently. “I thought that once I finished my studies, I could stay in the U.S. and work for companies. For maybe eight or ten years, learn a lot, and take it back to Cameroon” (Michel, Personal Communication, May 29, 2020). In both Andrea’s experience and Michel’s experience, the trip to the United States was not particularly complicated or stressful according to their interviews. For both negative case study participants, the transnational experience was not unusual, they both knew what to expect during their immigration, and were ready to come to the United States.

Unexpected Transitions Among Negative Case Participants

Interesting, neither Andrea nor Michel identified any significantly unexpected transitions impacting their sense of well-being. When prompted to discuss their experiences in greater detail, Michel noted that he was most concerned for future opportunities and what he might be able to accomplish with the time he wanted to remain in the United States. He did not speak to previous lived experiences. Andrea spoke more to her experience moving to the United States, and particularly discussed the stress she experienced in living away from her parents for so many years in her youth and the effort she made to better get to know her mother when she moved to the country. Interestingly, unexpected transitions shaped the lives of DACA recipients in a way that permanent residents did not experience.

Theme Three: Role Ambiguity & Conflict

In addition to caregiver burden, many students stressed a phenomenon which often emerges as a result of assuming caregiver roles in the home: role ambiguity and conflict between their school lives, personal lives, and family lives.

Among DACA Recipients

DACA recipients identified how changing expectations at home contributed to their feelings of role ambiguity or role conflict. This experience most powerfully manifested in the experiences Lili had as she adjusted to life at home during the COVID-19 pandemic. In addition to her work providing healthcare to a sick husband and sister, Lili provided childcare, care for the family pets, and continued to study full-time at home. The below section of her interview discusses how these different roles create conflict and stress in her life.

> I feel like if I'm home I always have to be doing something either cleaning, studying, cooking, all kinds of things … So, definitely that has impacted overall my stress level … And, I have two dogs too … But I'm also trying to balance it all out with hobbies and talking to people because it can be really consuming being home. I noticed that I'm not doing certain things that I was doing before and I'm always kind of like feeling stressed because, you know, I always have something to do (Lili, Personal Communication, May 28, 2020).

Lili expressed that all of the conflicting responsibilities she has to attend to at home with her family, with schoolwork, and in attending to everyone's physical health, she lost time to engage with things that bring her happiness. She feels conflicted in her role as wife, sister, aunt, and student and attempts to balance all of these competing responsibilities. Richard discussed similar feelings in discussing moving home in light of the COVID-19 pandemic, "the process of trying to get used to having to stay in and not really going out and doing much …. I have no complaint in terms of where I'm at. I'm at home safe, it just feels very unreal" (Personal Communication, May 18, 2020).

Among Negative Case Participants

Both permanent resident participants identified some sources of role conflict, primarily in discussing their feelings over whether they should be more concerned with their academic future or their personal health and wellness. As discussed above, neither Andrea nor Michel assumed high stress caregiver roles, unlike a number of DACA participants. Andrea notes that being home from campus has caused her to provide additional support at home but feels that the burden is not too great, nor does

she feel it significantly impacts her ability to feel successful at school. “When I came back from school, now that I spend most of my time at home, I help out more … I have more time home because usually I drive from here from school, that takes like around like 40 minutes of my time” (Andrea, Personal Communication, May 13, 2020). Michel experienced the opposite situation. In response to the pandemic, he lost his part-time job and suddenly found himself with more time and less money. “I was working at the gym part-time, that was my employment and that was kind of a blessing. Because of that, financially I was okay. Now I’m not working though [*pause*] so that is a challenge, financially” (Michel, Personal Communication, June 5, 2020).

Theme Four: Caregiver Burden

Caregiver burden was a significant issue that continuously came up in discussion with study participants. In the context of this study, participants identified three primary caregiving roles that they were expected to play at home, especially in light of the COVID-19 pandemic: physical caregiving, emotional caregiving, and financial caregiving to members of their families. Due to their unique immigration status, the DACA participants were often responsible for providing support to their undocumented parents and siblings throughout their young adulthood. These responsibilities became much more prevalent as the COVID-19 pandemic began impacting their family members’ ability to work, their health, and their access to social supports outside of the immediate family.

Among DACA Participants

Though a number of DACA participants identified some caregiver responsibility within their families (e.g., providing occasional childcare, assisting parents with English translation, supporting the family economy, etc.), Richard and Lili provided the greatest level of detail on the caregiver roles they assumed in response to unexpected transitions that occurred due to the COVID-19 pandemic.

Financial Caregiving

A unique experience expressed among four of the seven DACA participants has been the assumption of a new role that emerged primarily in response to the COVID-19 pandemic: financial caregiving for members of the immediate family. As discussed in chapters two and three, it is not uncommon for DACA recipients to come from families with mixed immigration statuses. This is the case among this study's participants as well; the majority of participants had parents who were undocumented and siblings who were either DACA recipients or citizens of the United States by birth. It is also true that many of these undocumented parents are working in service sector jobs that were significantly impacted by the COVID-19 global pandemic. The parents of this study's participants worked in industries including food service and restaurant work, maintenance and domestic work, and construction. Richard captured this experience very succinctly in discussing the impact COVID-19 had on his family three months into the pandemic:

> You have people like my mom who worked at a laundry mat and she just doesn't get as much money now. They don't get as much business in the laundry mat. So, she's also like working like very reduced hours. And then my

> dad used to work at a restaurant. He works very little now compared to what he used to. So, there's a financial strain on us right now, and I feel like for me, especially since I've just been staying at home, if they need something financially, I'm there to help (Richard, Personal Communication, May 18, 2020).

As discussed above, Richard's parents work in the food service and hospitality industry and both saw significant reductions in their working hours. Although Richard worked part-time at a gym and has also seen his hours cut in response to the pandemic, he had some saved money that he has been able to use to provide financial support to his family. He noted, "there's a financial strain on us right now and I feel like [*pause*] I feel like I've definitely helped a lot more. So, let's say for example, my parents need something financially. I'm there to help. Because I'm not really spending any money" (Richard, Personal Communication, May 18, 2020). Richard's brother has also assumed some of the financial responsibility for supporting the family as he has been classified as an essential worker through his position working in waste management. This has caused some additional stress for Richard in that he now also worries about his brother's long-term health and ability to support himself and the family.

> My brother [*pause*] he could help us financially being that he's still working during this thing. So, he can also help us in any way he can. We also need to worry a little about my brother. I feel like he is the one probably with the highest risk [*pause*] he's highest risk with possible exposure because there were other case that popped up at his job, so that's definitely something that

> has been concerning. But he can't really stop going to work because he can't [*long pause*] he's like the head of our household. If he stops going [to work] who knows what'll happen with the finances (Richard, Personal Communication, May 18, 2020).

Richard's experience generally mirrors the experiences of DACA recipients, both before and during the COVID-19 pandemic. Given that DACA recipients are eligible to work in the United States, more than half of participants in this study noted that they provided some level of financial support, in actual dollars and in administrative support for banking and money management, to their family members beginning in their early adulthood. This support extended to family in the country as well as extended family in their country of birth. Given these experiences, in the context of this study I posit the following definition of financial caregiving: individuals who provide unpaid help in managing finances, or who are providing direct financial assistance to any member of the family (National Caregivers Library, 2019; Powell, 2017). Unlike legal caregiver roles, as often seen within families of permanently disabled individuals, DACA financial caregivers do not assume power of attorney or other legal access to bank accounts, bill payments, or the like. Rather, these are informal relationships that appear within individual families and vary based on need.

Physical Caregiving

In addition to financial caregiving and the associated stress accompanying this role, Richard assumed additional responsibilities supporting the maintenance of his family's home. These new responsibilities related to caregiving have significantly

impacted the stress Richard experiences. In his own words, “when it comes to feeling the stress of that, I feel like I'm not normally one who feels very stressed, but with everything going on you can't help but have it in the back of your head. Like, it is crazy how everything's going on” (Personal Communication, May 18, 2020).

Medical Caregiving

Unlike Richard, Lili did not specify that she assumed any financial caregiving roles within her family, however the COVID-19 pandemic presented unique challenges in her home. Lili was the only participant in my study who tested positive for COVID-19 and, following her recovery, she had to provide significant care to her husband, sister, the children in the family, and their pets. The below account provides greater detail on her experiences in mid-March 2020.

> So, to be honest I was not even sure if I was the one that brought COVID-19 here or if it was my sister. Anyway, I got sick first, then it seems like it went away [*pause*] or at least a lot of it was out of my system. Some of the symptoms were still lingering around… After me, then my husband got it. I was like, “okay, let me just take care of him now.” Normally, I don't have to like take care of anyone in a specific way, but right there and then I was giving him medicine, constantly cooking, cleaning, and doing all that stuff. And then I had to do this all for both of them, for my sister and my husband. Because suddenly she got sick. Since they have all the symptoms, they both might as well both isolate. So, I helped at home and with the kids and did school stuff [*pause*] Since I was not sure I had it, since I was feeling better, I was like constantly cooking, I was constantly giving medication, and then I

> was trying to balance that out with my school. And I have two dogs too … And then they started to have to care for me. Because I was still showing some of some of the symptoms from the beginning… I was feeling pretty well for a while [*pause*] and then suddenly the coughs started. And like I said, since I have a preexisting condition [*asthma*], it was not good having those two mixed. I was sent to the hospital for an emergency visit just to check my oxygen because I was having trouble breathing (Lili, Personal Communication, May 28, 2020).

Ultimately, Lili tested positive for COVID-19 and had to change roles with her husband and sister. She was put into a 14-day isolation and placed on a strong regime of medication to help manage her asthma as she coalesced. Overall, Lili also noted that she struggled with negative emotions during this time, "I feel like if I'm home I always have to be doing something either cleaning, studying, cooking, all kinds of things. Yeah. So definitely that has impacted overall my stress level" (Personal Communication, May 28, 2020).

Among Negative Case Participants

Both negative case participants noted that they assumed new responsibilities at home in the time between our first and second interview, however these experiences have been specifically related to maintenance of their family homes. Neither are providing financial support to their family nor are they providing any other forms of personal care. For Andrea, it has largely included helping around the house for her parents. "I have more time now available that I can help out with cooking and helping with other things around the house. So, I have more chores,

which is fine (Andrea, Personal Communication, May 13, 2020). Michel shared similar experiences to Andrea, but the greatest deviation is that he lives with roommates rather than members of his family and has elected to spend more time improving his living space. “I do it because I want to do it. For instance, with cleaning, I used to maybe clean the bathroom like at every other week. But now I have time, and I’m glad to be able to do stuff around the apartment more” (Michel, Personal Communication, June 5, 2020). In short, even in assuming new responsibilities around home, the negative case participants reported generally less stress than did the DACA participants.

Sub-Question Three: Engage in Mental-Health Help Seeking Practices

The third sub-question of this study sought to understand how students engaged in mental-health help seeking practices, both formally and informally. To best understand the deviations in experiences between Latinx DACA recipients and their permanent resident peers, the below section delineates between experiences and responses unique to each group of participants. Namely, DACA students identified three resources for when they needed mental-health support: 1.) faith-based communities, 2.) university faculty, and 3.) the campus health center. By contrast, negative case participants identified 1.) peers and 2.) faith-based communities as their most significant sources of mental-health support.

DACA Recipient Help-Seeking Tendencies

There was no universal help-seek strategy among the seven DACA participants in this study. For some, avenues of support varied based on context and for others there was a single consistent source of help. A few important sources

mentioned multiple times by multiple participants include faith groups, university faculty, and campus health centers.

Faith

Three DACA recipients identified their religious faith as a strong source of support in difficult times and found campus faith services important to their sense of belonging at the university. Though a small population of students, these three DACA recipients identified faith leaders, campus faith organizations, or informal relationships among members of their church as being particularly important to their sense of belonging, understanding of life, and ability to cope with distress.

Among my participants, Jamie noted that the Catholic Church provided financial support to his family when they first moved to the United States and noted that they remain involved with the Catholic faith into his adulthood. Keisha grew up in a family with a strong faith foundation and relied on support from faith leaders when she began looking into finding legal status in the U.S. Lili maintained the most active connection with her faith group, regularly attending mass, belonging to a support group, and keeping active friendships with members of her church's leadership. Lili noted, "mentally health wise, they're really good at helping me out and dealing with stress" (Personal Communication, March 10, 2020). She further expressed that the church was the body she went to for support when managing the COVID-19 diagnoses within her home.

> I got the support from church again. We have small groups, so the leader reached out to me when I was sick, and they were nice. In our church we are doing this pretty basic food supplies drive where we are giving it out to

> people in the church in need. So, they were reaching out to me to see if I needed any kind of groceries … they brought some stuff I needed here at home and they left it outside. So, I was very thankful for that (Lili, Personal Communication, May 28, 2020).

Lili discussed how the church remains one of her first resources when she is looking for support regardless of the nature of her concern. As discussed later, she did note that she is considering seeking help outside of her faith group to address some particular mental health concerns she has developed.

University Faculty

A number of DACA students noted the support they received from University faculty and staff, though faculty seemed to be the primary point of contact for students seeking help within and outside the classroom. Five of the seven DACA recipients noted that they enjoyed positive relationships with their faculty and felt that they were able to approach them for support. Jay represents a student with a particularly strong relationship with his program faculty. He discusses the relationships he has cultivated with his faculty, as below.

> I'd say I developed a relationship with [*the faculty*]. They seem to be really caring and really want to help … they do treat you with respect and like an adult. So, it makes me feel valued. It makes me feel important. They actually want me to learn and they want to be almost like a mentor to me. Being there because I had many questions and aside from schoolwork, they would just talk to me about the whole career field … give me advice on the path, be silly at times. And it was just really nice to have someone in this career not just doing

schoolwork with you but being there for you when they weren't teaching. That's really important (Jay, Personal Communication, June 1, 2020).

Jay further notes that the faculty have been able to provide specific career guidance as well as support for concerns beyond the classroom. He has continued to work on developing mentoring relationships with faculty members in the psychology department.

Campus Health Center (CHC)

The University's CHC was cited as a source of support for three of the seven DACA recipients interviewed in this study. Keisha utilized on-campus mental health resources many times while a student, stating "I use the heck out of my supports in college. I was in the counseling center Monday through Friday and it was good" (Personal Communications, July 24, 2019). Richard found himself in a similar situation, regularly benefitting from the counseling center to discuss personal sources of distress, "I'd say that, uh, these services definitely helped me offload my shoulders in times when I couldn't have definitely gone through and carried the weight on my shoulders alone" (Personal Communication, March 11, 2020).

While Keisha and Richard regularly sought help from the campus health center, this was a recent consideration of Lili's, which she admitted was borne out of her interview for this study. She discussed how she has been experiencing physical responses to her anxiety and had been concerned over her ability to manage the stress of her academic career. Specifically, Lili stated,

I noticed these past two semesters that I've been suffering from anxiety. Every time I take exams I kind of forget everything. I get so nervous and think this

> might be an issue that I want to actually talk to someone about. So, I'm planning to go and look for some kind of health or counseling in the university … I haven't, like I said before, looked for any help. But this time I kind of feel like I have to, because I noticed this trend, especially in the classes that I have to take exams only … every time I do the exams it's just like I panic, and otherwise other classes are going very well. So, I guess that is something to talk about, something to look for, kind of like something I need help with. This definitely is becoming an issue (Lili, Personal Communication, May 28, 2020).

Though it was not a habit she had yet adopted, Lili reaffirmed her intent to seek support from the counseling center to discuss her academic anxieties once the fall semester began.

Negative Case Study Participants Help-Seeking Tendencies

Andrea and Michel discussed their help-seeking tendencies at length over the two interviews they completed. Andrea relies largely on seeking help from members of her family or peer group, while Michel's greatest source of support comes from his Christian faith group and his church.

Peer Support

Andrea's primary mechanism of seeking support is to go to her friends and family. In our second interview, Andrea spoke briefly about how she values the people in her life who provide help when she needs it, "I'm really thankful for my family, my friends, and people around me because they're really supportive and I know that when I'm not feeling good, they're there. They can always easily make me

feel better. And to have people who can always steer me in the right path when I'm not doing something that I'm supposed to or when I'm stressed is great" (Personal Communication, May 13, 2020). Andrea also mentioned that she will occasionally seek help from medical practitioners, but this is largely limited to physical ailments as opposed to mental health concerns.

Faith

Michel, much like Lili, Keisha, and Jamie, often seeks help from members of his Christian faith group and members of his home church. Per Michel,

> As a Christian, basically whenever I'm questioning my motivation or if I'm being concerned in some ways, I always focus on my region belief … similarly, my behavior comes out from my interaction with religion instead of just out of my feelings. So, I use my religious background to determine how I should react to what other people are doing. Of course, I'm going to act as best as I can in God, and that's my main foundation (Personal Communication, May 29, 2020).

Michel similarly noted that he often seeks help from members of his bible study group who meet regularly in person and, during COVID-19, through online mediums. In this group, Michel discusses issues of faith and explores how his Christian identity can support his meaning making in the United States.

Theme Five: Impact of Social & Familial Network on Subjective Well-Being

All study participants noted that their social networks and members of their family impacted their understanding of subjective emotional well-being as well as their help-seeking tendencies. As previously discussed, the information below is divided into DACA recipient responses and negative case analysis respondents.

Among DACA Recipients

For the seven DACA recipients who completed this study, family and friends played a significant role in positively impacting well-being and often impacted how participants seek help. Dani and Richard discussed the important roles that their families play in ensuring their overall sense of wellness. Specifically, Dani said that her relationship with her parents is "not always perfect: now I have an amazing relationship with my parents and it's just great … we all know how to communicate with each other and be there and guard each other, for instance" (Personal Communication, June 6, 2020), but takes comfort in her relationship with her older sister who provides a great deal of support. Richard mirrored this sentiment in saying, "I feel like now I also have more space and time for like my family. Being that, you know, we're always here together. They've definitely helped with my emotional well-being" (Personal Communication, May 18, 2020). Keisha felt similar to both Dani and Richard, noting that her father and sister are her primary sources of support regarding issues of immigration. "Anything that goes on with immigration, I talked to my dad about it and I talk to my sisters … we're all kind of in the same boat. My older sister is a DACA recipient as well. So, it's nice to share that" (Keisha, Personal Communication, July 24, 2019).

Richard and Jay spoke specifically about the role that their social networks had on their sense of well-being and their understanding of help-seeking practices. For Jay, this support came largely from student organizations at the University.

> I would say probably the Latino/Latina Association here made by the students. There are other organizations that the school has and if you go to the one of

> their offices, and just talk with someone, they could provide substantial amount of help and act almost like a mentor (Jay, Personal Communication, June 1, 2020).

For Jay, students on-campus from similar cultural backgrounds were able to provide guidance as he navigated his way through the University and sought support for the needs that arose during this period of transition. For Richard, the friends he made through online gaming provided an important emotional outlet during the COVID-19 pandemic. Per Richard, "I got to play video games and some of my friends play and I was able to talk to them, catch up with them. And that's something that has definitely helped me along the way with this transition" (Personal Communication, May 18, 2020).

Among Negative Case Participants

Michel and Andrea noted the impact that peer and familial support had on their sense of well-being and their help seeking practices. For Michel, as previously discussed, much of this support came from peers in his Christian faith groups. For Andrea, her mother largely impacts how she addresses emotional distress and provides a large amount of support to help Andrea manage her stress. Per Andrea, "my mom, she's very supportive. She takes care of the baby. And she tries to make sure the baby does not cry when I'm during class … when I'm feeling like stressed and all that, I talk to my mom" (Personal Communication, May 13, 2020).

Sub-Question Four: Describe the Process of Access Health Resources

The fourth aim of this study was to understand how students explain the process of accessing formal and informal health resources related, specifically related to their mental health. As above, the below section delineates between the experiences and responses unique to the Latinx DACA recipients and their permanent resident peers.

DACA Recipients Experiences Accessing Health Resources

Of the seven DACA recipients I spoke with, five noted that they had received care from a physician or a psychologist in the past. Below, I provide some narrative from students who access health resources and will discuss the benefits and barriers to seeking care according to the DACA participants in this study. For some students, healthcare providers are a great source of support given their professional mission of providing care regardless of an individual's background. For Keisha, this was particularly important as she utilized on campus health resources. "I used the heck out of my support in college … They didn't care about your status in the counseling center and it was great. I know that there's a place where I can go and talk about how I'm feeling and be heard. And no one's going to report what I said afterwards and put it in a file. So, in that sense I felt safety" (Personal Communication, July 24. 2019). Others, like Lili, determined that there was a benefit in speaking to mental health professionals when her negative emotions began to physically manifest. Lili relays a discussion with a physician below,

> They said that a lot of physical problems can come from stress. So, for example, there was one time I was having difficulties even saying words. And [*my doctor*] was saying if you're constantly repeating a word or you have problems saying what you want to say … it is probably related to your stress … then I noticed these past two semesters that I've been suffering from anxiety. For some reason, every time I take an exam I kind of forget everything. I get so nervous and I see this might be an issue that I want to actually talk to someone about. So, I'm planning to go and look for some kind of counseling in the University (Lili, Personal Communication, May 28, 2020).

Questions of convenience may also influence how DACA recipients accessed the healthcare system. Jay noted that his family accessed health resources based on what they could easily access, stating, "Instead of going to a doctor, we would go to clinics … just hop in whichever one was nearby. It didn't really matter who it was as long as they were close to us" (Personal Communication, June 1, 2020).

Barriers to Accessing Formal Healthcare

Importantly, many of the DACA recipients who took part in this study identified some barriers to accessing care. Three significant threads emerged from this conversation: confusion in accessing the healthcare system, concerns regarding insurance coverage, and uncertainty regarding the actual benefits of care.

Confusion in Accessing Formal Healthcare. At the most foundational level, one student noted some general confusion as to how people access the healthcare system. Richard discussed being part of a program that ensured he received basic

medical treatment up until he reached the age of 18, after which he was expected to navigate the system independently. According to Richard, “now I'm an adult, I have to figure things out kind of by myself in terms of applying to clinics or doing this and that” (Personal Communication, March 11, 2020).

Insurance Concerns. Beyond the process of accessing the healthcare system, the most pervasive concern among DACA recipients was the affordability of care and ensuring that treatment might be covered under insurance. Lili noted that she does not have the university health insurance and, therefore, has not attempted to utilize services through the counseling center on-campus. “I think insurance might play a role in that … I’m not sure, I don't have the school insurance. I have my own health insurance so … if I have to get something I'll probably go to my regular doctor” (Lili, Personal Communication, March 10, 2020). Jamie experienced another form of confusion regarding insurance coverage, particularly as he moved from one insurance provider to another.

> Once the Affordable Care Act was passed, I was able to find one of the plans on the marketplace and at the time the more cost-effective option was Kaiser Permanente. So, I visited them and didn’t really experience any issues with their system … now that I transferred over to the University, I joined their insurance which is actually pretty good. It's actually much more affordable through them than they would be through the marketplace. The only thing is that with Kaiser you just go to their offices and everything is there … I remember that I was speaking with a therapist through my last insurance, but when I switched over the University insurance, it was like I had to start over

> again now because my last person was out of network. And with Kaiser, my therapist was in the same building as my regular doctor. And that made it easy (Jamie, Personal Communication, March 17, 2020).

From Jamie's experiences, it seems that additional information about student insurance and access to care off-campus might be beneficial.

Uncertainty Regarding the Benefits of Formal Healthcare. The last significant concern expressed by DACA participants was whether there was any tangible benefit to seeking care. For example, Keisha expressed concern that providers could not support her mental health concerns if she was unable to discern their root cause, "I had been seeking help for a long time, but I didn't understand where the trauma came from. So, it's hard to say, 'alright therapist, let's work through this issue'" (Personal Communication, July 24, 2019). Richard expressed some similar concerns in discussing the emerging stress due to the COVID-19 pandemic; he noted that while he is experiencing increased worry about his health and wellness, he still prefers seeking support informally through his girlfriend and his family rather than engaging with formal mental health counseling.

Negative Case Study Participants Experiences Accessing Health Resources

Both Andrea and Michel noted that they had no hesitation in seeking medical care for any concerns they experience. Andrea has a regular doctor and helps support her mother in making and attending appointments due to her mother's difficulty in understanding and speaking English. Per Andrea, "when I'm sick I usually just go call my doctor … I don't tell my mom because my mom doesn't know a lot of English. So, I am always the one that makes the doctor's appointments (Personal Communication,

March 12, 2020). Michel likewise noted that he accessed medical care when he was feeling unwell, but typically utilized the University's CHC rather than a regular primary care physician.

Sub-Question Five: COVID-19 Impact on Aforementioned Experiences

Finally, given the unique context in which this study was completed, I had to consider how the evolving COVID-19 global pandemic may have impacted the data I collected, and the experiences shared, during the spring and summer of 2020. Consistent with the rest of chapter four, the following section delineates between the experiences of Latinx DACA recipients and their permanent resident peers included in the negative case study.

Among DACA Recipients

The DACA participants experienced significant changes to their lifestyles, their sense of emotional well-being, and the ways that they approach addressing their needs. Two students, Richard and Lili, spoke to these changes in detail. I have represented elements of their narrative below. According to Lili, she experienced a near break point with her stress when she was first diagnosed with COVID-19 during mid-term examination time at the University.

> To be honest, I have experienced a lot of stress lately and it could be from this pandemic situation, but it's not been easy. I felt like I wouldn't [*long pause*] I will not make it sometimes when I'm not doing well … I don't want to put it as an excuse, but I feel like I would have had better grades if I were in school. But I did pass all my classes … it was pretty stressful, because when I sent my professors that letter that I was sick, some of them were not responding and

> some of them were like, “Oh, she's probably just sick. Let's just give her a week extension.” But they didn't know what was going on. So, at the end I had to go to the hospital because I had asthma too. So, with all the COVID issues going on, they sent me to get tested, [*pause*] and I was positive for COVID (Lili, Personal Communication, May 28, 2020).

Lili noted that she struggled to succeed in her coursework while trying to manage her COVID-19 symptoms and felt that she did not have the support of her course faculty. Ultimately, Lili had to manage these issues on her own in response to a lack of support from the University faculty. Fortunately, she was able to pass all of her coursework with the slight extension she was granted. Richard identified a significant source of stress as his trouble in addressing the balance between working on school from home and finding time to relax.

> I don’t know, it's just a transition. It's hard to really try to differentiate when you have to do work and when you can lay back and relax at home. So, that has definitely been difficult to learn… And then work starts piling on and I'm like, “I can't not do anything. Oh my God, it's actually really tough right now” (Richard, Personal Communication, May 18, 2020).

Richard also noted that he is struggling with a new daily lifestyle that includes long periods of physical inactivity since he is no longer moving around the University’s campus.

> One thing that's really changed about my day-to-day life is that I'm very inactive. Like I [*long pause*] Oh, I guess I’m saying that you don't realize how much walking from building to building and walking upstairs … how much

> physical activity that is until you don't do it (Richard, Personal Communication, May 18, 2020).

In fact, as discussed earlier in chapter four, Richard has not left home much since the pandemic emerged due to the state's stay-at-home orders. As he previously mentioned, Richard has not been able to go to his part-time job at a local gym due to the pandemic.

Among Negative Case Study Participants

For the two negative case study participants, the greatest source of distress related to COVID-19 seems to largely be the impact on their environment. Namely, their inability to benefit from being on-campus to complete coursework, see friends, and engage with their larger community. Michel saw the largest impact on his ability to spend time with peers on-campus and get academic support from classmates.

> In school we have that student lounge [pause] the electrical and computer engineering lounge. If I don't understand a question, I could just go to a student or look in the lounge, we have a board where we can mockup questions and we will come together and work. So, if I don't understand something, some other students could help out, but now I'll have to learn by myself most of the time … (Michel, Personal Communication, June 5, 2020).

Andrea expressed a similar disappointment in discussing her inability to access the central student union at the University, "we're not able to use that space that we had available, which is really sad … and now we're not able to do anything, we just like have to stay home" (Andrea, Personal communication, May 13, 2020). Michel also expressed concern for the health of his friends and loved ones, many of whom do not

live nearby. For this reason, Michel had to rely on virtual communication and the news to hear how COVID-19 is impacting his friends locally and his community back in Cameroon and has been doing this more regularly in light of the pandemic.

> I've been keeping in touch with back home [*pause*] my family and friends are there … So, I've basically been in touch with family and really watching the news … I got some friends who I would like to catch up with, like who ask me how I'm doing. Some are longtime friends or family back home who are checking base on how I'm doing. And I like to check back, too. And during the school year, it's very busy. So, I don't have time to check with friends of family, but now [*pause*] I guess I do that a lot now (Michel, Personal Communication, June 5, 2020).

Andrea spoke to how COVID-19 impacted her family's life, both in terms of daily activity and with regard to their long-term plans to spend time together.

> Because of the baby, we're really careful not to go outside. So, we only go like once or possibly twice a week to buy groceries for the whole week. We don't go out and expose ourselves too much. So, it's been challenging because we weren't able to do a lot of activities that we had planned or to go outside and all that … My family had plans for the summer, to possibly travel. I was thinking maybe we could go to Florida for the summer with the baby. Then at the end of like for the December, like winter break, travel again with my mother. (Andrea, Personal Communication, May 13, 2020).

In short, the four study participants I spoke with after the COVID-19 pandemic emerged agreed that the change to their academic experiences and their daily lives impacted their sense of subjective emotional well-being.

Recommendations from DACA Participants

The student participants provided recommendations to younger DACA recipients who were considering pursuing higher education. These recommendations were made to help ease the transition into postsecondary school and to provide guidance for a new generation of young people preparing to navigate a new environment. I asked students to provide any words of wisdom or recommendations that might improve the experiences of younger students and all their recommendations were made with regard to the emotional complexity that accompanies entering higher education as a DACA recipient. These recommendations are placed in chapter four because they are grounded specifically in the language and experiences of study participants and are not related to the recommendations presented later in chapter five. Specifically, students recommend,

1. finding a community on campus;
2. utilizing university support services, and;
3. being engaged on campus and vocal about their needs.

Find a Community on Campus

The importance of a support network was a consistent theme across all interviews and regularly emerged through data analysis. Though the source of support was variable (e.g., faith groups, friends, culture sharing organizations, etc.) the impact was significant, especially when it came to managing stress related to their

immigration status. Dani noted that it was important to find people on-campus who could be trusted to safeguard personal information but that ultimately, it was helpful having "our own little club of protection against anyone else" made up of students with similar immigration status. As discussed in chapter four, Jay agreed with this sentiment and thought it was similarly important to act as role models for younger students at PRU and to provide outlets for sharing concerns. Consistent with my data analysis, these recommendations directly support the fifth theme: the positive impact that supportive social and familial networks have on overall SWB.

Utilize University Support Services

Beyond identifying supportive communities on campus, a number of DACA recipients recommend that incoming students learn about formal university support services and learn to take advantage of these resources. All nine student participants discussed different resources that supported their acclimation to PRU, but the most common included the office of the undocumented student coordinator and individual PRU faculty and staff. The undocumented student coordinator provided DACA recipients with important advice related to their status, worked with PRU lawyers to provide pro bono representation to students in need of legal advice, and sponsored campus-wide trainings to inform students, faculty, and staff about the DACA program and how to provide support to program beneficiaries. Beyond the formal work this coordinator conducted, she was also able to provide referral to trained and supportive practitioners in other campus offices to ensure that DACA students were provided information that was relevant and sensitive to their immigration status. DACA recipients further encourage younger students to develop relationships with

faculty and staff at PRU who may act as mentors as they navigate the university and consider life after graduation.

Be Engaged and Be Vocal

The third recommendation that five of the seven DACA participants made was to find opportunities to get engaged on-campus and to be vocal in expressing their concerns and needs with PRU faculty and administration. As discussed with the limitations of the sample, the DACA recipients who engaged in this study were involved in leadership initiatives at PRU and so were representative of what may be a vocal minority of students. Essentially, many of the DACA recipients I interviewed were comfortable in sharing their status with others and discussing concerns with university leaders; however, these same students recognized that this may not be something all students are comfortable doing.

The Staff Perspective

As discussed in chapter three, I conducted interviews with staff in the campus health center and the campus faith center. In an effort not to impact my interactions with students or my analysis of their experiences and interviews, the staff interviews occurred at the end of the student data collection process. I explored opportunities to speak with the staff members in the University Health Center, specifically those specializing in mental health services and general health promotion. Consistent with the strong faith identity of student participants, I spoke with a Catholic campus minister.

As the interviews with university staff did not focus on the primary research question, namely how students understand subjective emotional well-being, the below

narrative relates to the relevant sub-questions addressing how students understand self-care, explain sources of distress, engage in help-seeking practices, and access health resources. Importantly, all staff participants provided responses that agree with both the student experiences and literature, specifically studies that explain the relationships between Latinx culture and help-seeking tendencies. Specific examples are provided in greater detail below. This section also briefly considers how campus health and campus ministry has adjusted to provide student centered care during the COVID-19 pandemic.

Understanding of DACAmented Student Needs

Before I was able to ask University staff how they are supporting DACAmented students, it was important to gauge the level of comfort they had in speaking about issues related to immigration and the unique needs that face these students. Fortunately, the three staff who completed interviews all felt confident in their ability to support diverse groups of students. Interestingly, all three staff noted that they completed an optional two-part training exploring the experience and needs of undocumented and DACAmented young people.

Campus Ministry - Rebekah

Rebekah has been with the University for nearly ten years and notes that she has become more familiar with providing support to DACAmented students over the past five years. She notes that the University "ran a couple of workshops on-campus" through the Undocumented Student Resource Center and that she was able to attend one of those trainings, however she has not been able to engage in any of the advanced workshops. This initial workshop helped her to develop a competency in

discussing relevant issues impacting DACAmented young people and helped her reflect on their unique challenges. When specifically asked if she was comfortable in providing support to DACA recipients, Rebekah notes, “I think so. I feel confident of where to send them within the university system. Like, I know that the resources that the university has available are better than anything we can offer [*in campus ministry*]. And so, I would be totally comfortable helping them out” (Personal Communication, August 5, 2020). When asked to speak to some of the concerns impacting the DACA students she knows, Rebekah replied, “I've worked with several DACA students and some of them have faced some real challenges with the ways the laws have changed and in navigating things like finances and different family supports, or issues with not a lot of family support, especially financially” (Personal Communication, August 5, 2020).

Health Promotion and Wellness – Michelle

Michelle has been providing support to the Campus Health Center since 2017 and notes that she is unsure whether she has specifically supported any DACA recipients in her role in health promotion. Michelle stated that she is certain she has shared space with these students and has likely met with them in her role providing guidance to the University student body but notes that the focus of her role typically does not require that she inquire about any private or protected identities students hold. Like Rebekah, Michelle completed a workshop on support DACA recipients through the Undocumented Student Resource Center. Michelle shared the following information on the particular workshop she attended,

> I think it was about three days in total. It was broken up into a three-part program over the course of three months... we met once a month for three months and we covered different topics including resources on-campus, resources off-campus. … the first class was learning terminology and the legal overview of the program, how DACA came about, the history of immigration policies, and impact to campuses. The second class, I remember we had like actual testimonials for students. And so, we were all listening to students share their experiences and what some struggles are for them. (Personal Communication, July 7, 2020).

This workshop provides important information to university faculty and staff and does the important work of centering the voices of DACA recipients themselves. When discussing this training, Michelle highlights a common thread discussed by the DACA participants in this study - that DACA students face fear and political uncertainty every day. Michelle notes that she does feel comfortable in speaking with DACAmented students should they identify their immigration status and is certain that she and her team would be able to guide them or otherwise direct them to a sensitive support on-campus through the Health Center.

Mental Health Counseling – Dr. Edwards

Dr. Edwards is a licensed psychologist who has been working at the University for just over five years by the time of our interview. Of the three staff participants, Dr. Edwards was the individual most comfortable in providing culturally sensitive care and support to Latinx students who are undocumented or DACAmented. Much of this comfort comes from Dr. Edwards own identity as a

Latinx woman and her personal experiences in supporting friends and loved ones who have varying immigration statuses. As a note, Dr. Edwards uses the term undocumented fairly broadly to encompass individuals who do not have any legal documentation as well as folks who are DACAmented or under any other Temporary Protected Status. In fact, upon joining the University, Dr. Edwards quickly became involved in a school wide committee designed to support DACA recipients specifically. Dr. Edwards notes,

> I felt like I could contribute and make a difference by working with these students. So, I became involved with a campus-wide committee… I forget the original name of the group. Now, it's something like the Undocumented Students Working Group. A few years ago, I began doing more work related to understanding campus resources available for undocumented students and started being the person that shared information with our staff related to undocumented students to make sure everybody else was aware of some of the issues (Personal Communication, August 25, 2020).

Most recently, Dr. Edwards has been working to develop group therapy for Latinx students and students with varying immigration statuses. This effort has been based upon student feedback, however there is some difficulty in launching this initiative.

> A few students have mentioned like, "Oh, it would be cool if this kind of a group was available." But then when I've asked to schedule the time to do this group, they're unavailable at the times that we can offer. Their schedules are really crazy and chaotic. It's hard to get like several people together at the same time to do a group, but I think like that would be great. Like that could

be a supportive thing, right. For students to be able to come together and talk to each other about their struggles (Dr. Edwards, Personal Communication, August 25, 2020).

Sub-Question One: Understanding & Engaging in Self-Care

The first sub-question relevant to staff interviews addresses the question of how DACA recipients engage in and understand the process of self-care. Across the three staff interviews, I asked participants to identify how they perceive student self-care and what their work does to provide an outlet for students to engage in these practices.

Campus Ministry - Rebekah

Rebekah's work exclusively connects her with students who belong to the Catholic faith or who are working to develop a relationship with the Catholic faith. She notes, "I do something called spiritual direction with students, which is kind of helping them develop a prayer life, a relationship with God and just helping them see the different ways that God is at work in their life" (Rebekah, Personal Communication, August 5, 2020). For her, students engaging in self-care typically presents as students who are working to deepen their relationship with God or who are otherwise trying to find some kind of spiritual growth. Rebekah said that much of her job in facilitating student self-care practices is "what we call ministry of presence, just be being here and being at the different things that we offer and meeting students and welcoming them and seeing how they can best connect with the different parts of our program here" (Personal Communication, August 5, 2020). Her goal is to help students learn about the developmental and spiritual opportunities available to them at

the University and to encourage fellowship among groups of students with shared faith identities.

Health Promotion and Wellness – Michelle

Much of Michelle's work in Health Promotion and Wellness is designed to teach students how to engage in self-care practices. One such example of her outreach efforts includes a Thriving Thursday weekly event. Michelle describes this outreach as,

> a popup table that we set up around different places on campus. And the purpose of it is to spread information about our health center and then to provide a friendly face so that students will come up and talk. And we post a reflection question every week at these tabling events. And so, students can come and reflect. They can ask questions about health services, ask questions about wellness, about self-care, about how to live their best life, about how to thrive on campus (Personal Communication, July 7, 2020).

Michelle further noted that her team is often concerned with providing tools and resources to students that empower them to take a more active role in managing their health and well-being, from understanding how to access formal care to the many different ways that individuals can engage in self-care to reduce stress and anxiety.

Mental Health Counseling – Dr. Edwards

Dr. Edwards and I had an interesting discussion regarding the hesitancy among Latinx individuals to seek care for emotional distress unless the distress presented physically, such as in the case of panic attacks or lapses in memory. Dr. Edwards noted that this was a very common phenomenon among many Latinx

cultures and further noted that it often also extends into their understanding of self-care practices. To this end, Dr. Edwards has been working to address these concerns,

> we have done some events, what we call outreach events around campus, where I would collaborate with the undocumented student coordinator. We would do events focused on self-care for undocumented students or we would just talk through mental health issues in the community. And for an hour or two hours, we would sit and have a conversation with the students as a group (Personal Communication, August 25, 2020).

However, she also stated that these outreach events have not become a regular occurrence due to turnover in the undocumented student coordinator position and the COVID-19 pandemic's impact on campus operations.

Sub-Question Two: Understand & Describe Sources of Distress

I asked the staff participants to provide me with some examples of unique sources of distress that DACA students experience on-campus and I asked them to base their responses on their work supporting these students. Essentially, I asked for real examples of issues they have witnessed or worked through with students rather than to share their understanding of issues that research suggests Latinx DACAmented people face. The following section provides rich information on the various ways that distress presented in students based on the perceptions of individuals who provide support services at the University.

Campus Ministry - Rebekah

Rebekah notes that much of her experience in supporting DACA students deals with the legal and financial pressures that impact them. Specifically, Rebekah

said that she has "worked with several DACA students and some of them have faced some real challenges with the ways the laws have changed and in navigating things like finances and different family supports, or issues with not a lot of family support, especially financially …" (Personal Communication, August 5, 2020). Though she recognizes that the Catholic Ministry on-campus is not a large organization, she believes it is important to empower her team to learn about diverse student populations and determine the most effective avenues for providing support. Rebekah has seen some success within her ministry and says that it is important to "build relationships with those kids, figure out how to point them to campus resources, and in a few cases, we've been able to actually like step in and offer some different resources or types of assistance through our office" (Personal Communication, August 5, 2020).

Health Promotion and Wellness – Michelle

Much of Michelle's understanding of the concerns impacting DACAmented students are rooted in the unique political context of 2020. Given the Trump administration's hostility toward the DACA program and undocumented people more broadly, Michelle sees continued safety as a primary concern. She relays the following discussion that occurs regularly among members of her office,

> So, my office often uses the saying "you can't pour from an empty cup." We use that as like, we've got to put in as much as we are pouring out. And I know that seems so vague, but when I think about undocumented students and just how much their immigration status is threatened and how much their safety is threatened … our idea is that they are experiencing these stressors so

much on our campus and in our community (Michelle, Personal Communication, July 7, 2020).

Mental Health Counseling – Dr. Edwards

Given her unique work in supporting Latinx DACA recipients, Dr. Edwards was able to speak at length regarding the complex set of circumstances that impacts these students. In order to provide the best detail, Dr. Edward's complete narrative regarding the nature and sources of distress among DACA students is reflected below.

> Well, definitely uncertainty about the future. It's really hard to plan ahead for career related goals, especially not knowing if they're going to finish their degree, which they worked very hard for. And not knowing whether they'll be able to work in their particular field when they graduate … Fear of deportation or losing a family member to deportation is definitely there in the background as well … Fear about policies changing haphazardly, which has definitely been the case the last couple of years with constant changes which have been very stressful … I think there has been some struggles related to stigma in the community about admitting that they might need mental health support or asking for help being difficult because many of them come from like families that are like super hard working and self-sacrificing. Many think that talking about their feelings is a sign of being weak … So, some self-judgment for having some emotional struggles sometimes. Then there's also relationship issues … there's a lot of like questions around like who to disclose to when to disclose. Generally, wondering who's safe enough to talk

> to, who to trust. Sometimes teachers or professors making comments that feel insensitive or hurtful. … I was just thinking also about how financial stress is a really big thing too. Like a lot of students that are maybe trying to go to school part-time very slowly to be able to pay for it, or they're working (Dr. Edwards, Personal Communication, August 25, 2020).

From Dr. Edward's response, it is clear that the concerns facing DACA students are complex, multifaceted, and impact many different areas of their lives including academic success, personal relationship development, meaning making, and goal setting. It is also important to note that the collected list of concerns that Dr. Edward shared align with the collective experiences of all seven DACA participants in this study. While not every student discussed every issue Dr. Edward mentioned, the combined experience encompasses all of these issues.

Sub-Question Three: Engage in Mental-Health Help Seeking Practices

The three staff participants were uniquely qualified to discuss the help seek practices of the students they support given their positions on campus as healthcare providers and religious counselors. The following information reflects their perceptions of how students seek support for mental health concerns. Importantly, these responses are based on experiences the three staff have had in working directly with students at the University.

Campus Ministry - Rebekah

A large part of Rebekah's role is supporting fellowship among Catholic students and this effort is reflected in her understanding of how students manage their mental health. Rebekah believes that "a sense of community and friendship would

probably be almost the number one thing students say [*benefits their mental health*] and then right alongside that, the opportunity to develop just a deeper experience of their faith. Deepening of their relationship with God and maybe also just understanding of what it is to be a young Catholic in the world today" (Personal Communication, August 5, 2020). For Rebekah, given her role at the University and her relationship to her faith, engaging with a shared faith-based community is a significant way she sees students address mental health concerns.

Health Promotion and Wellness – Michelle

Michelle's understanding of how students engage in mental health help-seeking is much more aligned with a clinical understanding of care. She recognizes that many students at the university are not comfortable sharing private information with clinicians with whom they do not have a relationship and believes that her team in health promotion can help encourage conversations about health. She notes, "I think that we find ourselves in moments where students are okay with being vulnerable around us because we are not providing clinical treatment, per say. And in this vulnerability, they share things that you don't typically get to hear in a 15-minute appointment with their provider" (Michelle, Personal Communication, July 7, 2020). Michelle further recognizes that students are often comfortable in discussing mental health concerns with people within their peer groups. To this end, her office trains undergraduate peer educators who "also do work on the ground and hear what's going on at all times because they are: one, a student; and two, out there interacting with students at all of our different programs" (Personal Communication, July 7, 2020).

This program, a type of gatekeeper training among students, will be discussed in greater detail below.

Mental Health Counseling – Dr. Edwards

Dr. Edwards, as the sole clinical provider among staff participants, primarily sees students who engage in formal mental health help-seeking. Namely, she sees students who elect to pursue formal care through the University Counseling Center. Dr. Edwards notes that "I wouldn't say I work with undocumented students daily, but it's pretty frequent that I do get these students coming to me." (Personal Communication, August 25, 2020). Dr. Edwards does note that there are limitations to the support the campus counseling center is able to provide to all students given the size of the University population, the many needs of students, and the overall number of licensed providers available. In discussing her office's work, Dr. Edward explains "we do short-term therapy at the counseling center because of the number of students that want to seek counseling. We're just not able to meet the demand for regular treatment" (Personal Communication, August 25, 2020). However, Dr. Edwards does recognize that this is not a perfect solution for students who are undocumented. In her own words, Dr. Edwards notes, "with undocumented students that have less access to other resources, we try to provide the services for them inside the counseling center through either individual short-term therapy or group therapy or other things that we can provide rather than referring them out" (Personal Communication, August 25, 2020). By providing multiple avenues of support for undocumented students, Dr. Edwards and her team seek to provide sustainable and affordable care to students who otherwise might not be able to access long term treatment off-campus.

Sub-Question Four: Describe the Process of Access Health Resources

In addition to their experiences in providing support to students directly, I asked staff participants to discuss their perceptions of how students access health resources. Consistent with the student interviews, I asked University staff to consider formal and informal health resources including medical care, individual and group therapy, or any other modality they could think of discussing.

Campus Ministry - Rebekah

As Rebekah does not have a background in healthcare and does not provide direct formal care to students, she was unable to speak to the experiences that students have in accessing health resources. When probed, specifically to consider herself as an informal resource to students facing mental health concerns, Rebekah noted that her team does not have a formal intake process for students accessing campus ministry spaces or events. The students at the University are able to freely enjoy the events and community through the campus faith center, but they do not provide formal counseling to students in a clinical sense. Rebekah did state that when there are significant causes for concern, she has partnered with campus health and other University resources to ensure that students are adequately served.

Health Promotion and Wellness – Michelle

Michelle primarily discussed the many services available to students through the CHC and provided background on the various ways that students can engage with the center. She further noted that her team in health promotion and wellness are not clinicians and so they do not provide psychological care in the way that the University counseling center does. She discussed some of their services, including

"individual consultations with students, whether it's a birth control consultation, sexual health consultation, mental health, substance use, whatever … and these consultations are non-clinical and we are very upfront about that. If there are clinical needs, we can obviously refer to our staff" (Michelle, Personal Communication, July 7, 2020). Michelle's team is the primary face of the University health center given their jobs working directly with students across campus and acting as visible representations of the health center in student spaces. As discussed earlier, the Health Promotion and Wellness team also employs a gatekeeper model wherein undergraduate students are trained to identify students in distress, provide immediate triage, and support referrals to campus clinicians. As discussed at length in chapter two, these gatekeeper programs can provide a significantly positive impact on population health on campuses.

Mental Health Counseling – Dr. Edwards

As discussed above, given Dr. Edwards' role providing formal counseling to students, her experiences are largely related to exposure she has to the patients she sees on campus. She discusses how beneficial formal counseling can be for undocumented and DACAmented students.

> To make more explicit, these students are dealing with really high levels of anxiety, depression, even suicidal ideation at times because of all these stressors that we talked about earlier. It does have a significant impact on their mental health. And the students that I've worked with are very hungry for support resources. Often, just someone to talk to that validates their

> experience. It feels like they really need the counseling support (Dr. Edwards, Personal Communication, August 25, 2020).

Dr. Edwards goes on to suggest that additional resources on campus would support the work of campus mental health counselors. She also suggests that additional outreach on-campus and education regarding the benefits of psychological care might fight some of the stigma that Latinx DACA recipients perceive in seeking care.

Sub-Question Five: COVID-19 Impact on Aforementioned Experiences

Given the unique public health context that framed this study, it was important to ask the staff participants to discuss how their functional units are adjusting in light of the COVID-19 pandemic. In short, all three offices are beginning to shift services to virtual environments to ensure that they are able to continue providing service to students on and off campus. As of September 2020, the University is planning a hybrid reopening for the fall 2020 semester, wherein some academic programs with required campus components such as laboratory coursework will be conducted in-person. Roughly half of the university community will remain entirely online through the fall semester. The three participants discuss their experiences in adjusting at length below.

Campus Ministry - Rebekah

Rebekah's team in campus ministry has been working to move much of their events online for the fall semester and she feels fortunate that the Catholic faith group has a large chapel to use on campus. This space will allow some on-campus gathering using appropriate social distancing techniques to mitigate the spread of the

coronavirus. Rebekah provided the following narrative when asked to describe how they plan on adjusting events with a large on-campus footprint,

> We know what is possible … what is allowed are small groups and small gatherings. And so, we're basically reframing everything we do in terms of small groups. So, instead of advertising a service project for 20 to 30 kids, it'll be a small group for the fall. And that small group will go and do service together … We already were doing small groups with our weekly Bible study. And so that'll just continue, but we're adding additional options to each event or social activity, to allow a couple of small groups to do things together. Whereas before it was just one large group event (Rebekah, Personal Communication, August 5, 2020).

Health Promotion and Wellness – Michelle

Michelle recognizes that the impact COVID-19 is going to have long-lasting implications on the way the university operates and on how students engage with the campus health center. She further discussed how COVID-19 seems to be impacting the mental health of all students, regardless of their identities. When asked whether her workload has lightened since she is no longer meeting students in their spaces on-campus, Michelle stated, "work has not slowed down whatsoever. I actually think that it has sped up. We've lost a lot of time waiting to see what the university is going to do in the fall. Right now, my team is busy" (Personal Communication, July 7, 2020). When asked whether Michelle is planning to move many of their events that occur on-campus to a virtual environment, she noted that her team is attempting to be strategic so as to keep students from getting overwhelmed. Michelle reflected on her

team's work in trying to accomplish all of their regular on-campus efforts over the summer semester by saying that,

> at the beginning of the pandemic, we were trying to figure out exactly what we could do to support students, and we kind had the mentality to try and do it all … We'll host this virtual event, and we'll host that on social media, and we'll do consultations and trainings and everything on zoom. And then we kind of hit like a wall … and students were very clear that they were zoomed out. They were exhausted from spending all day online (Personal Communication, July 7, 2020).

At the time of our interview, Michelle's health promotion and wellness team has been working to determine the best methods of providing support to students outside of VoIP events and meetings. In part, they are developing videos and readable resources to share with students to ensure they are still providing support without overburdening students.

Mental Health Counseling – Dr. Edwards

Dr. Edwards' team has been providing telehealth counseling to students at the University since the pandemic first emerged. She notes that the University's mental health counselors are, "doing everything online, all teletherapy for both individual and group therapy online. We do both video through zoom and we also do phone if someone doesn't have access to a computer with a video … there's been some changes and we've tried to be flexible and adapt to people's home situations" (Dr. Edwards, Personal Communication, August 25, 2020). This work has not been without issues, though. For many students, it is not easy to find secure and quiet

spaces to have private conversations with counselors. In addition to the available of private space where students live, Dr. Edwards notes that there have also been issues with internet connectivity issues. Even with these difficulties, Dr. Edwards believes that their efforts have overall been successful, and her team is continuing to explore additional methods to provide support to students without a secure place to meet at home. She notes, "we're trying to get a space in a different building on campus where students can reserve the room to be able to do teletherapy from this office space if they don't have space at home. I think I'll have that set up for the fall semester soon (Dr. Edwards, Personal Communication, August 25, 2020).

How can the University Improve Support for DACA Students?

To conclude my interviews with the University staff participants, I asked everyone how they believed the University could improve their support for DACAmented students. The below responses highlight the variety of needs that different functional areas see across the University campus.

Campus Ministry - Rebekah

Rebekah feels that the University has been increasing the amount of support provided to minoritized students broadly. She spoke to new offices at the university and the institution's work in hiring an undocumented student coordinator and assigning financial resources to support the coordinator's training efforts. When asked how these new offices could ensure that staff and faculty across the university were taking advantage of these new opportunities, Rebekah noted that convenience is an important way to encourage increased engagement. Specifically, Rebekah states, "convenience is always an important thing. So, that extra step of like coming to you

or extra outreach of saying, 'Hey, I'm reaching out to all the chapels on campus or whatever. And like I'm willing to come to your office and have a 30-minute meeting and just kind of share face-to-face with you'" (Rebekah, Personal Communication, August 5, 2020). However, Rebekah also notes that this does not always occur due to personnel constraints as well as heavy workloads that staff at the University manage.

Health Promotion and Wellness – Michelle

Michelle provided some interesting perspective on the climate at the university. She notes that her team, the entire health promotion and wellness unit, is funded entirely by student fees. For this reason, "any time we want to expand our team or want to increase pay or do anything that changes the structure of our program, we have to consult with students which I think is really powerful. It goes to show that our unit is truly for the students and it is by the students that decisions are made" (Michelle, Personal Communication, July 7, 2020). She further notes that this reliance on student fees is not ideal and, in fact, highlights some concerning operational priorities on behalf of the larger university. Since the school does not provide funding for salary, benefits, or programming, the health promotion team is unable to grow to meet student needs. Beyond the needs of her unit, Michelle believes that the institution "actually has a lot of work to do as it relates to supporting our students. Not just in terms of community building, but also financially. I do think that there could be much bigger support financially for diverse students … our campus has done a lot in the past probably five years to change how they support immigrant students. But I do think that we have a lot more work to do" (Personal Communication, July 7, 2020).

Mental Health Counseling – Dr. Edwards

Dr. Edwards agrees in large part with the feedback that Michelle provided; that the university's most important responsibility should be to provide support personnel and financial resources to minoritized students at the university. Like Michelle, Dr. Edwards references the undocumented student coordinator and noted that this hire was a student initiative. Dr. Edwards provided some background on this role,

> It began with a push from students to hire an undocumented student's coordinator. This is a job that was a person in charge of helping undocumented students navigate college. And first it was a contract-based position that was only active for a year. They put a person into that role and then it had to get renewed yearly. The individual had to prove that it was really a necessary job and was being used to be able to renew it for another year (Personal Communication, August 25, 2020).

Dr. Edwards argues that the University should invest additional money into direct funding opportunities to support undocumented students. Per Dr. Edwards, "one of the biggest things is just like the cost of attending the university and the difficulty of getting scholarships or funding. That's where the university could be more supportive [pause] in finding a way to reduce the cost of admission for some students" (Personal Communication, August 25, 2020). Additionally, Dr. Edwards suggested improving "legal support, having more regular legal support … right now the school helps coordinate for students to be able to get one free legal consultation, but they're not

being represented by that lawyer. I think more support on the legal side of things could be helpful" (Personal Communication, August 25, 2020).

Recommendations from PRU Staff

At the conclusion of each interview, I asked members of the PRU staff to provide their thoughts on how the institution might improve the campus climate for DACA students. As with recommendations from student participants, I am including staff recommendations in chapter four in recognition that these thoughts are grounded specifically in the experiences of PRU staff members and are unrelated to the recommendations I developed in response to data analysis. The staff had a number of suggestions, but universally agreed on three common things,

1. investing in expanded support services for minoritized communities on campus;
2. expanding training opportunities for campus constituents, and;
3. encouraging cultural humility among faculty, staff, and students.

Invest in Supporting Minoritized Communities on Campus

The three staff participants universally agreed that PRU had made a number of improvements over the years to support minoritized students on-campus, but also agreed that there was work still to be done. In considering the needs of DACA students, especially in light of their inability to qualify for federal financial aid, Dr. Edwards and Michelle argued that PRU should invest real money into developing scholarship opportunities or tuition discounts for DACA recipients and other undocumented students. This suggestion would increase opportunities for students to pursue a four-year degree without having to work in order to afford their education,

thus increasing their time to degree completion and providing additional time to become involved on-campus.

In addition to direct financial support, the three staff participants noted that PRU should further invest in personnel to support DACAmented students at the university. Michelle noted that the single undocumented student coordinator was hired based on feedback from current students and shared that the funds available to this coordinator for programming efforts, trainings, and other initiatives were pulled from student fees (i.e., the fees students pay each semester to PRU), rather than from the school's operating budget. This current financial structure means that while there is a coordinator on-campus, the university's investment in this position is relatively minimal. The staff recommended that the university invest more heavily in the undocumented student coordinator's office as well as in hiring other support personnel for international students as a broad population (e.g., a university lawyer specializing in immigration issues).

Expand Training Opportunities for Campus Constituents

In addition to direct financial aid to students and greater investment in support personnel, the staff participants recommended that PRU provide expanded training opportunities to campus constituents regarding the DACA program and DACA student needs. As discussed above and in chapter four, the undocumented student coordinator already provides a multipart training series on the DACA program which incorporates a legal brief, an overview of campus services, as well as a panel discussion with DACA students. Though this program has consistently been discussed as a great benefit to the PRU community, the undocumented student

coordinator is a single individual and consequently cannot offer this training continuously or mandate training for new hires at the university. The staff participants in this study recommend investing more heavily in training series, building a module into new hire orientations, and taking this training across campus to meet faculty and staff where they are located. Rebekah specifically noted that an asynchronous version of this training, or training opportunities that could be held in academic buildings across campus might attract faculty or other staff who are not centrally located in the PRU student union. These recommendations again assume a greater financial investment from PRU.

Encourage Cultural Humility among Faculty, Staff, and Students

The final recommendations from the staff participants, and most strongly by Michelle, call on PRU leaders to encourage a university wide culture shift toward cultural humility among faculty, staff, and students. Yeager and Bauer-Wu (2013) define cultural humility as "a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities (p. 252)." Cultural humility relies on individuals to reflect on their own identities, beliefs, and biases and to regularly challenge their preconceptions as they engage with the world and the people around them (Tervalon & Murray-Garcia, 1998). Michelle noted that there was a sense of complacency among senior PRU administrators and faculty, particularly those protected by tenure, that oftentimes made the campus feel hostile to minoritized students. Dr. Edwards agreed with this assessment and noted that there were a number of bias incidents on-campus and in classroom settings that made minoritized

students feel unwelcomed. These issues were exacerbated in 2016 following Donald Trump's ascension to the presidency and remain and ongoing issue through to the present. While PRU has taken action to address these bias incidents, the staff felt that their responses have been largely reactive and that there have been few efforts on behalf of senior leaders to shift the campus toward a more inclusive culture that was aware of and sensitive to cultural differences.

Conclusion

The nine student participants provided rich information about their experiences at the university and their understanding of subjective emotional well-being which informed the five themes identified in this study. These themes include the shared understanding of subjective well-being as an internal construct inclusive of resilience and adaptability; the impact of moments of transition on individual well-being; how role ambiguity leads to greater instances of psychological discomfort; the prevalence of caregiver burden among participants; the positive impact that supportive social and familial networks have on overall subjective well-being. In relaying their experiences, there was a great deal or deviation between the seven DACA recipients and the two Permanent Resident negative case participants. Notably, all DACA recipients expressed greater concerns over financial well-being and the long-term safety of their families within the country. These concerns largely impacted their abilities to engage fully on-campus and pursue their extracurricular interests in light of their commitments to family and work. These differences were exacerbated due to the COVID-19 pandemic, during which the DACA recipients were largely required to act as financial and medical caregivers to their families, in

addition to managing household maintenance, childcare responsibilities, and their academic needs. Consistent with the literature, there was some hesitancy among Latinx students to seek formal treatment for their mental health concerns and instead a large reliance on support from members of the family, faith community, or culture sharing groups. All student participants understood emotional well-being as primarily an internal phenomenon made up of resilience and the ability to adapt to changing circumstances. Many students engaged in active processes of self-care to ensure that they were staying well. Though the majority of participants understood emotional well-being to include internal processes, they also recognized the importance of a support network in maintaining their emotional health, including family, peers, and formal mental healthcare.

The university staff who participated in this study largely recognized the concerns and multiple responsibilities held by DACA students. They primarily saw students who expressed fear over their safety in light of the 2020 political climate, their concerns about their finances, and the uncertainty regarding their futures in the United States. When asked to reflect on how the university might better serve students, all participants agreed that the University has made significant improvements in their services available to undocumented and DACAmented students over the past five years. In particular, the university has invested in an undocumented student's coordinator, launched a university wide staff and faculty steering committee, and committed to providing legal support to DACA students in response to the Trump administration's hostilities. However, they all universally agreed that additional financial support to DACA students would be largely

beneficial, both in terms of actual financial support to meet the cost of attendance at the university and with regard to increased investment in mental health counseling services across the university.

Chapter Five: Theoretical Model and Conclusions

Sometimes it just feels like we're chess pieces … or like a pawn in a chess game, man. The only thing I can say is that there's a lot on our shoulders and we're trying to do the best we can (Jamie, Personal Communication, March 17, 2020).

Overview

Chapter five is devoted to reflecting the cumulative experiences of all study participants through a theoretical model discussing the process by which individuals realize subjective well-being (SWB). This model considers individual lived experiences, external factors such as one's political or physical environment, internal attributes such as resilience or self-efficacy, sources of distress, and how their dynamic interactions lead to the development of individual SWB. The five themes discussed at length in chapter four have been used to create a new model exploring the development of perceived high or low levels of SWB. Importantly, whether one's SWB is perceived as high or low will impact how they engage in self-care or pursue support for their mental health concerns. Those with high SWB will engage in healthy and impactful methods of self-care and pursue support when necessary. Those with lower SWB will engage in unsafe self-care such as consumption of illicit substances or other dangerous pursuits.

Importantly, this chapter does not seek to provide responses to the study's research questions but rather to synthesize all collected data and present a unified model to tell a larger story. Consistent with grounded theory research, my study sought to understand the processes by which DACA recipients develop SWB. By

fragmenting chapter five to search for arbitrary answers to broad research questions, I risk adding my own preconceptions and biases to the data I collected. Consequently, I begin this chapter by presenting a model of SWB and discuss each element of this figure. Following this presentation, I discuss the findings of this study and explore implications and limitations related to this study and provide recommendations for practice at higher education institutions. Chapter five concludes with possible areas for future research and my final thoughts.

In this study, twelve participants described their understanding of SWB and how their lived experiences, external factors, and internal attributes contributed to their personal sense of wellness. As discussed at length in chapter four, five primary themes emerged through interviews with student and staff participants that influenced the development of a new theoretical model to help explain the development of a sense of SWB. These themes include:

1) the shared understanding of SWB as an internal construct inclusive of resilience, adaptability, and other internal attributes;
2) the impact of moments of transition on individual well-being;
3) how role ambiguity leads to greater instances of psychological discomfort;
4) the prevalence of caregiver burden among participants; and
5) the positive impact that supportive social and familial networks have on overall SWB.

In addition to these overarching themes, a number of theoretical threads emerged. These threads were not as widely shared as the five themes above but did indicate additional important issues, namely, the impact that lived experiences have on the

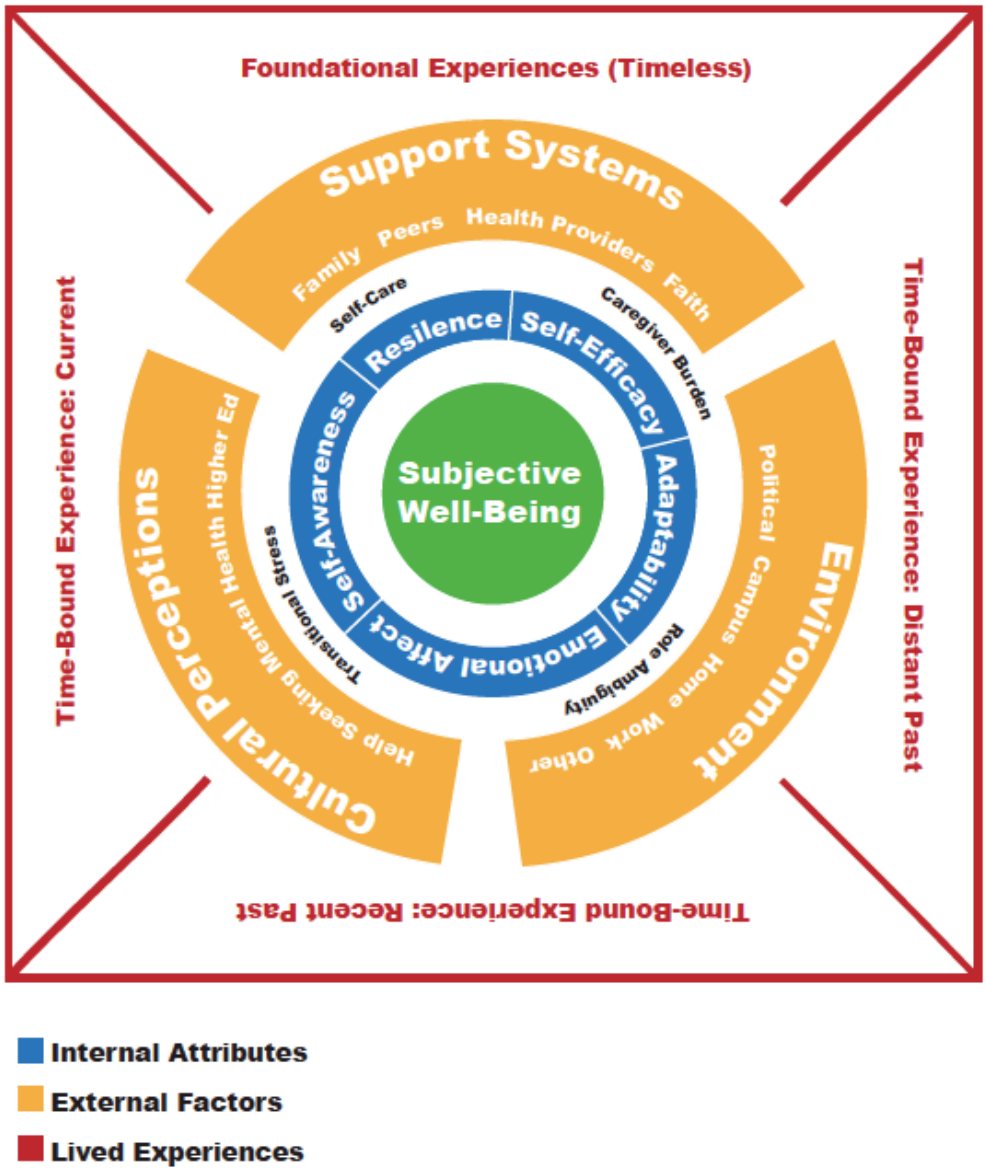
various external factors and the internal attributes that individuals developed. Consequently, variable lived experiences were incorporated into the theoretical model to help frame the major themes (see Figure 5.1). Though there were few universally shared lived experiences, the experiences of participants had a significant impact on how they perceive their emotional well-being.

Discussion of Findings & Proposed Theoretical Model

Figure 5.1 provides an overview of the theoretical model that emerged in response to data collection and analysis. The Integrated Model of Individual Subjective Well-Being – DACA incorporates the five major themes that emerged during this study and provides a roadmap for understanding how individuals develop a sense of SWB along a spectrum from low to high. Importantly, this model is not meant to be a static representation of all possible experiences, factors, or personal attributes that lead to an individual's sense of well-being; rather, this model provides a broad overview of the macro and micro level impacts on development. While the proposed theoretical model is discussed in greater length below, it is important to recognize that there will be some variability in the application of this model based on individual experiences, identity salience, and a number of other factors including diagnosed mental illnesses, socioeconomic status, and other social determinants of health. In short, the model presented below may be relevant to a small percentage of the population while it may need to be adapted for others. Rather than claim broad generalizability for the below model, I encourage individuals to see this model as a dynamic tool that may expand or condense based on an individual's lived experiences, external factors, and internal attributes as defined in greater detail below.

The model is designed to move from the outside, the macro influences, toward the center, the micro influences. In this way, my proposed model represents an ecological approach to understanding the development of SWB by considering the interrelationships between the DACAmented individual and the settings in which they live (i.e., the external factors) and the social processes that have impacted their growth (i.e., lived experiences) (Richard et al., 2011). At the center of this model is the individual characteristic, subjective well-being. We begin with individual lived experiences, move toward external factors that impact an individual's life, but which are often outside their direct control, through stresses and coping mechanisms, toward internal attributes which include individual characteristics and emotional affect. At the center of this model is SWB.

Figure 5.1: An Integrated Model of Individual Subjective Well-Being – DACA



Outermost Layer: Lived Experiences

The outermost layer of Figure 5.1 is made up of two main categories including timeless experience and timebound experiences as described in Table 5.1.

Table 5.1: Outermost Layer: Lived Experiences

Item	Definition	Examples
Timeless	Moments in an individual's life that had a profound impact on an individual's development. Always tied to life transitions.	Transition from country of birth to the United States, transition between undocumented status and DACA recipient

Timebound: Current	Important moments but without an expected lasting impact on lifespan development - participants live through these experiences at the time of data collection. May be tied to life transitions.	Transition from on-campus learning to virtual learning due to COVID-19; Period of physical distancing from family and friends
Timebound: Recent Past	Important moments but without a lasting impact on lifespan development – occurred within three years of data collection. May be tied to life transitions.	Transition from community college into four-year degree at PRU; Applying for DACA Reauthorization
Timebound: Distant Past	Important moments but without a lasting impact on lifespan development – occurred more than three years prior to data collection. May be tied to life transitions.	Transition from high school into community college

Timeless experiences are significant moments in an individual's life that have a profound impact on their lifespan development, and that shape all experience since the foundational event. Participants in this study identified their timeless experiences as their emigration to the United States with their family to be considered foundational as well as the moment that they learned they were undocumented and/or earned legal recognition under DACA.

Timebound experiences comprise the remaining three sections of the outermost layer of the model: current experiences, experiences in the recent past, and experiences in the distant past. These are moments that participants noted as being important but have not had a lasting impact on their lifespan development. For example, participants identified various timebound experiences which include leaving high school and enrolling in community college, applying for DACA reauthorization during the Trump administration, and most recently transitioning from on-campus learning to virtual learning due to the COVID-19 pandemic.

Third Layer: External Factors

The third layer of the Integrated Model of Individual Subjective Well-Being – DACA offers external factors that impact an individual's lifespan development. These factors are external as they impact an individual's life and development, but they are not an internal function or within the individual's direct scope of control. This model specifically considers three external factors on the development of SWB:1) systems of support, 2) cultural perceptions, and 3) external factors.

Table 5.2: Third Layer: External Factors

Item	Definition	Examples
Systems of Support	A network of people who provide an individual with physical and/or emotional support.	Family, faith sharing groups, classmates, friends
Cultural Perceptions	How individuals gather information and make sense of the world around them as informed by their specifically cultural background.	Believes about mental health treatment, the importance of higher education, how individuals seek help
Environmental Factors	The physical (e.g., urban/rural), social (e.g., exposure to crime), and attitudinal (e.g., liberal/conservative) environments in which people live.	Campus climate, political environment, work culture, home life

Each of these three factors includes elements that will be unique to an individual and are ultimately shaped by lived experiences. In other words, one's lived experiences impact these external factors or expose them to the environments, support systems, and cultural perceptions with which they navigate the world. For example, in considering Lili's experiences as a DACA recipient, her systems of support include her husband, sister, and members of her faith community. The cultural perceptions impacting her SWB include her approach to seeking mental health support, namely

her reliance on her family and her faith community over professional health providers to meet her needs. Finally, the environmental factors impacting Lili's SWB include the larger political environment of 2020, her environment at home (living with husband, sister, pets), and the public health environment due to COVID-19. The interplay between various external factors and individual lived experience directly impacts the next layer of this model. The next layer of this model includes an individual's internal attributes; namely the unique characteristics that influence how individuals behave and respond to stressors developed in response to lived experiences.

Second Layer: Internal Attributes

The second layer of the model concerns the internal attributes or characteristics an individual may possess. Among study participants, the most common were resilience, self-efficacy, adaptability, self-awareness, and emotional affect.

Table 5.3: Second Layer: Internal Attributes

Item	**Definition**
Resilience	The ability to recover quickly from setbacks or difficulties.
Self-Efficacy	The beliefs an individual holds about their ability to address situations, control their own success, or achieve specific goals.
Adaptability	The ability to adjust to new conditions or changes across the lifespan.
Self-Awareness	The conscious understanding of an individual's feelings, motivations, and goals.
Emotional Affect	The experience of feeling an emotion or a mood (e.g., happiness, discontent, etc.).

Consistent with the model as a whole, the relevance of these internal attributes will vary person-to-person and between situations. The first four internal attributes are developed in response to the lived experiences of study participants and the external

factors that impact their lives. Consequently, an individual may express higher or lower levels of resilience, self-efficacy, adaptability, and self-awareness based on the circumstances of their lives.

Emotional affect is an ever-changing condition and the internal attribute with the greatest variability. As discussed in chapter two, emotional affect refers to the emotions that an individual experiences day-to-day and in response to situations in their lives. However, we also know that emotional affect is positively or negatively impacted by the first four internal attributes. In short, individuals who report feeling resilient, efficacious, adaptable, and self-aware tend to experience more positive emotions and show higher levels of optimism (Diener et al., 1999; Lucas et al., 1996; Wang et al., 2011). Ultimately, it is these internal attributes that are closest to individual SWB and which are formed in response to lived experiences and external factors.

These internal attributes, though variable person-to-person, act as a filtering mechanism between stressors, negative experiences, and coping mechanisms as represented by the black text on Figure 5.1, and SWB. In the context of this study, role ambiguity, caregiver burden, transitional stress, and the ways by which individuals engage in self-care are significant issues among all participants. Individuals who express high levels of resilience, self-efficacy, adaptability, and self-awareness, as discussed above, are less likely to experience a negative impact to their SWB when facing stressors.

Innermost Layer: Subjective Well-Being

SWB is situated at the center of the Integrated Model of Individual Subjective Well-Being – DACA as it is the central process this study seeks to understand. In the context of this study, SWB refers to the overall psychological well-being of an individual inclusive of emotional affect, self-evaluation of one's satisfaction with life, and any diagnosed mental health issues. Research suggests that SWB is largely stable over time however, this state can be impacted positively or negatively by lived experiences (Diener et al., 1999; Yang & Ma, 2020). This research is consistent with my model which suggests that the development of SWB is ultimately framed by the outermost layer of an individual's lived experiences. There is a long history of research to suggest that SWB and health may mutually impact one another (Diener & Chan, 2011; Diener et al., 2002; Okun et al., 1984). In other words, good physical and mental health tends to be associated with greater happiness and high emotional affect may have a positive benefit to health outcomes.

Other existing models of subjective well-being have considered the role of an individual's ability to adapt over time as important to maintaining high SWB (Diener et al., 1993). King and colleagues (2004) further developed SWB to consider the role of individual personality, cultural background, and personal values have on SWB. The 2011 "3P Model of Subjective Well-Being" by Durayappah incorporates and places emphasis on the role that present, past, and prospective (future) timebound experiences play on development. In this model, Durayappah proposes a unified theory of SWB that categorizes components of well-being under the three timebound states above and suggests that individuals need to consider these experiences to make

sense of their overall SWB. The model proposed in Figure 5.1 represents a holistic understanding of SWB that incorporates all of these disparate elements.

Illustrative Case Studies

To better illustrate the dynamic nature of the Model of Individual Subjective Well-Being – DACA, I present three case studies below to highlight how the experiences of three participants cause changes to the two external layers, lived experiences and external factors, ultimately impacting their overall development of SWB. The first case highlights the experiences of Jamie, the second of Lili, and the third of a negative case participant, Andrea.

Case One: Jamie

During our interviews, Jamie discussed his earliest memories of moving between Mexico and El Salvador after his parents divorced. Ultimately, Jamie moved between these countries twice before emigrating to the United States with his mother when he was nine years old. Of particular significance to Jamie was his experience traveling through Mexico with his mother and a particularly perilous moment when his mother nearly drowned while crossing the Rio Grande by Eagle Pass, Texas. Jamie identified this experience as one of the most important early experiences that impacted the relationship he had with his mother and his sense of safety upon first arriving in the United States.

As he grew up in the country, Jamie noted that economic stress impacted the choices he made into adulthood. He regularly worked two jobs and put off going to college until nearly decade after finishing high school. At the time of our interview, Jamie owned a successful small business and worked part-time in an office job doing

administrative support work. In addition to supporting himself, Jamie provides financial support to his family still living in Mexico and noted that his primary impetus for completing a university degree was to improve his overall earning potential. He also noted that he initially struggled academically and was unable to get involved or seek academic support due to his conflicting responsibilities.

Outside of work and school, Jamie is in a serious relationship with a long-term girlfriend and has a large support system made up of friends and family. Jamie strongly identifies with other DACA recipients and has made a point to build community with others who share this immigration status. In discussing his emotional well-being, Jamie perceives himself as being particularly resilient and adaptable and noted that his professional success and personal support systems make him feel optimistic about his life. An illustration of Jamie's personal model of subjective well-being would shift to represent the significant impact that his foundational lived experiences had toward the development of his systems of support and his internal characteristics.

Case Two: Lili

Lili first entered the United States from El Salvador with her sister when she was twelve years old. Upon coming to the U.S., Lili moved in with her parents who had already been living in the country for years. At the time of our interview, both of Lili's parents were undocumented, as was her husband. She and her sister both have DACA status and Lili's infant son is a citizen of the U.S. by birth. Lili initially struggled to develop a meaningful relationship with her parents but maintains a very strong bond with her sister and with members of her church. For Lili, her faith

community strongly impacts how she makes sense of the world around her. Importantly, Lili also mentioned that the culture in which she was raised impacted her perceptions around seeking medical care for mental illness. Namely, Lili never sought formal treatment for mental health concerns, instead opting to speak with leaders in her church and members of her close family.

During our interview, Lili said that she was driven to complete her undergraduate degree at PRU and pursue a career in medicine. She is very community oriented and was involved in many different service projects prior to the onset of COVID-19, particularly service work related to nutritional health and wellness among school aged children. During our second interview, Lili noted that the COVID-19 pandemic significantly impacted her ability to manage competing responsibilities including her work, commitments to school, and need to care for her husband and extended family who all contracted the coronavirus. Importantly, Lili found out she also tested positive for COVID-19 about a month prior to our virtual interview. An illustration of Lili's personal model of subjective well-being would primarily reflect the ways in which her systems of support, cultural background, and role burdens have impacted her overall SWB.

Case Three: Andrea

Andrea is a permanent resident who came to the United States from Peru when she was ten years old. She initially came to the country on a visitor's visa, but her mother was able to gain permanent residency for her family right around the time their initial visa expired. At the time of our interview, Andrea's family in the United States were either legal citizens or held permanent residency. In our discussions,

Andrea said that she feels she had an easier time growing up than her parents did, that she enjoyed her upbringing in the country, and that she feels she was able to learn English and make American friends comparatively quickly and easily. She said she credits this to her adaptability and the resilience that came with being a child. Andrea feels comfortable in managing her emotions and believes she has effective self-care habits but is comfortable seeking help when she needs support with something. On the whole, she believes she is capable of effectively managing sources of distress when they present.

Andrea is currently studying at PRU and preparing for a career in business. She ultimately decided to enroll at PRU because of its proximity to her family and out of her desire to be a commuter student and live at home. Andrea is involved on-campus, especially in a mentoring program she joined through the multicultural student center and through an academic leadership program that provides her with a financial scholarship. An illustration of Andrea's personal model of subjective well-being would consequently reflect the role that her security in the United States has on her ability to live in a comfortable environment, develop a strong support system, and to adapt to stressors.

Summary

In sum, the Integrated Model of Individual Subjective Well-Being – DACA incorporates the five themes that emerged during data analysis and provides a framework for practitioners to understand how DACAmented individuals develop SWB. The four layers of this model include lived experiences, external factors, internal attributes, and the central matter of SWB. I posit that development is an

internal process that begins with lived experiences and moves progressively inward as an individual develops across the lifespan. Importantly, this model is not representative of all possible experiences, external factors, or personal attributes that lead to the development of SWB; rather, it is a tool designed to provide a visual representation of the macro and micro level factors that impact SWB among DACA recipients.

The Integrated Model of Individual Subjective Well-Being – DACA is unique among models for SWB in that it considers both temporal elements that impact development (i.e., live experiences) alongside both external factors and internal attributes, or personal characteristics. The earliest model of SWB developed by Ed Diener (1984) posit development as a result of the interactions between positive and negative emotional affect and individual cognitive evaluation (e.g., life satisfaction) without consideration for one's background or the external elements that may impact individual development. While various existing models consider individual elements of my proposed theoretical model (i.e., one's internal attributes, external factors, and lived experiences), none have proposed a unified model as I have represented in Figure 5.1.

Challenges and Limitations

There were a number of challenges and limitations to this study, namely the limitations of the sample, challenges of data collection during COVID-19, and the limited generalizability of the study. These limitations and challenges provide important context for the implications of this study, recommendations for actions inside HEIs, and opportunities for future study.

Limitations of the Sample

The first limitation corresponds to the characteristics of study participants and the sample size. First, this study focused on the experiences of DACA recipients studying at a public four-year institution in Maryland. Six participants in this study were identified by a university gatekeeper who was engaged in leadership initiatives and, consequently, identified student leaders who had an active DACA status. Three additional participants were identified through snowball sampling; thus, I may have experienced selection bias. Students who opted into my study often came from the same social circle and have shared characteristics that may not exist in those eligible participants who opted out. These students were involved on-campus and in their communities, were all full-time students, and self-identified as DACA recipients who were willing to discuss their immigration experiences and emotional state. Accordingly, my participants may not have been representative of the experiences of DACA recipients who are working full-time to put themselves through school, who are less involved on-campus, or who are less comfortable discussing their immigration status with an unfamiliar researcher.

Though this is conjecture, my study participants largely came to their interviews with relatively positive emotional affect and other internal attributes that bolster them during times of stress. Furthermore, as I delineated my study to only include Latinx DACA recipients, the results of this study may not accurately represent the SWB developmental processes for individuals with other racial or cultural backgrounds and immigration experiences.

Challenges of Data Collection Process

In addition to the limitations related to the study's participants, a number of challenges related to the data collection process emerged due to the COVID-19 global pandemic and the state of Maryland's stay-at-home order. Data collection began in February 2020, three weeks before the novel Coronavirus began spreading across the country and moved academic operations for many universities off-campus. My research site was impacted by this closure in mid-March 2020 and necessitated that all interviews moved from in-person discussions onto VoIP platforms. While VoIP technology was sufficiently useful to conduct interviews with students I had previously met with in-person, it did represent challenges in interviewing new students and university staff. Namely, VoIP technology did not all allow me to capture all non-verbal reactions that may have otherwise been captured through in-person interactions. Additionally, in response to the COVID-19 pandemic, the university implemented a policy to only send emails to students directly related to the pandemic and academic continuity. Solicitations for research participants were no longer sent unless the research was clinically related to the pandemic (i.e., medical research). As my study relied on institutional gatekeepers to assist in identifying student participants, this new policy limited the number of students I was able to invite to participate in this study.

Limitations of the Research Design

As discussed in chapter three, there are a number of inherent limitations with grounded theory research. In short, grounded theory research studies a specific population in a specific setting. For this reason, researchers exploring a similar

question on a different campus, or through the lens of a different research design, may derive different conclusions (El Hussein et al., 2014). Although I supported my findings and the analysis of data using thick description and the language of my participants, it is conceivable that another researcher approaching this study, utilizing another design or using different data collection tools may gather different information from even a similar participant population. Finally, as grounded theory relies on the researcher to approach their study with limited preconceptions, another study design which may have included a more robust initial literature review, or an assumed theoretical framework could have identified alternative themes or issues while still addressing a similar research question.

Limited Generalizability

Given the nature of my research design, the study site, and the relative homogeneity of my participants, there is limited generalizability associated with this study. As discussed above, the nature of grounded theory research focuses on a very specific question within a specific context. This reason alone means that there is little generalizability outside of a public research university in the unique political and legal landscape of Maryland, a state with a number of legal protections and benefits for DACA recipients. Additionally, as the research was completed at a large public research university, the study does not capture the experiences of students at two-year institutions or private universities. Additionally, as PRU has heavily invested in supporting minoritized students, the DACA recipients who engaged in this study have a large apparatus supporting their success in college. This support may have had an impact on the experiences of my participants; students in another state or a more

conservative campus may not have similar success in postsecondary education. Finally, the DACA recipients who participated in this research came from similar cultural backgrounds and, as discussed in length above in the limitations of the sample, share a number of common characteristics that may have influenced the specific themes that emerged through this study. That said, I do believe that the questionnaire and interview protocol used in this study could well be adapted to suit other institutional contexts or other student characteristics.

Recommendations from the Researcher

The findings of this study are presented within the context of higher education institutions to provide recommendations for student affairs practitioners, campus health providers, and other campus leaders. The recommendations I present in chapter five are based on data analysis, existing literature, and framed in the context of the Integrated Model of Individual Subjective Well-Being – DACA. Importantly, these recommendations are not included with recommendations from student and staff participants as they are based on my analysis of the data and are not situated within the data themselves. I believe that improving student utilization of CHCs, and specifically their access to campus mental health care must be a multipronged approach. Specifically, HEIs must,

1. improve utilization of CHCs;
2. considers general updates to the campus climate;
3. provide advanced training for campus clinicians;
4. and provide gatekeeper training for non-clinician members of the campus community.

Improved Utilization of Campus Health Centers

Many researchers cited above, and supported by participants in this study, argue that university staff and CHC clinicians should be more active on campuses in promoting the services of their centers and advocate for the importance and the benefits of seeking help (Canal & Anderson, 2001; Fletcher et al, 2007; Fullerton, 2011). HEIs and CHCs might also benefit from approaching student health services in new and more approachable ways given the relatively young age of their patient population. Perrault (2018) reviewed the digital information available on 294 Division I institutions with specific attention to the information available on 2,127 campus health providers. Results showed that schools put a lot of effort in discussing the medical expertise and academic background of their providers, but do not share information on their lives outside of a medical context. Of the 181 schools providing information on their clinician's academic background, only nine explained what these credentials meant and how students might benefit from their care. Perrault suggests that HEIs should humanize their clinicians and include clear explanations of degree credentials and specialties so that they are more approachable to a patient population that is overwhelmingly made up of young adults.

Campus advocates should specifically make clear the relationship that exists between student well-being, both physical and mental, and successful graduation. One barrier to student service utilization seems to be correlated to awareness about the resources that do exist and their affordability for students. Additional researchers argue that clinicians in CHCs should be aware of external factors that impact student health and wellness including the current political climate and town-gown

relationships. These external factors ultimately impact the internal campus environment which will also impact student wellness. Clinicians likewise need to be able to care for each student's individual health needs. Ricks, Strümpher and van Rooyen (2010) posit a four-step model of holistic health care that can support the well-being of students in American HEIs. Essentially, this model is a four-step process in which providers

1. address the external and internal environment;
2. assess the individual needs of student patients;
3. plan a care treatment and ensure proper maintenance of this plan, and;
4. follow-up with students to ensure proper resolution of their health concerns.

Ultimately, incorporating these changes will directly impact the third layer of the Integrated Model of Individual Subjective Well-Being – DACA. In particular, changing campus perceptions of CHCs may ultimately impact both the cultural perceptions surrounding mental health care and positively impact the campus environment by normalizing seeking help for emotional needs. It will also bring greater visibility to existing systems of support for students, likely improving overall health outcomes.

General Changes to Campus Climate

The stigma that surrounds mental illness is significant but can see meaningful improvement through education and improved communication regarding the nature of these illnesses. HEIs should create a culture of inclusion on campus, and institutional faculty and staff should be intentional in how they discuss mental health disorders and should normalize help-seeking among the campus community. HEIs should

embrace neurodiversity, encourage new research on mental health stigma as a social construct, and improve communication about campus resources and systems of support for all students (Nobiling & Maykrantz, 2017; Smith & Applegate, 2018). Additionally, HEIs need to be proactive in their approaches to providing student health care by looking into flexible alternatives to providing care by embracing telehealth tools and technology. Beyond adjusting the clinical practices within CHCs, HEIs should begin more broadly incorporating mental health education and awareness into university curriculum to ensure that all students are reached, that mental illness is destigmatized, and that students know how to find care (Sanders, 2013; Turnage, 2017; Williams, 2014). These efforts will continue to impact the third layer of the Integrated Model of Individual Subjective Well-Being – DACA by creating a more positive and supporting environment on-campus for students. Additionally, the second layer of the model may be positively impacted as students continue to develop and enter adulthood in a positive environment. Growing as an individual in an environment with a positive relationship to seeking help and addressing individual needs will likely impact the individual characteristics of students and lead to a higher level of SWB.

Advanced Training for Clinicians

There is much work being done within medical schools to address the evolving landscape of healthcare, the growing interdisciplinarity of medicine, and the development of telemedicine and other medical innovations that allow for greater and more affordable access to care (Casiro & Regehr, 2018; Gruppen et al., 2003; Kaufman, 1998). Of particular significance to these recommendations are the

curricular changes being made to address social developments, to address issues of health inequity, and teach clinical students to be resources and advocates for their patient populations (Aysola & Myers, 2018; Mullan et al, 2014). Many institutions are beginning to introduce coursework design to specifically address social inequities, teach cross-cultural communication skills, and instruct students on culturally relevant methods of providing care (Grumbach et al., 2016). These courses and supplemental continuing education courses should be made available to active practitioners as well to ensure that all clinicians are learning how to address implicit bias and treat diverse patient populations.

In addition to didactic coursework, many medical schools are beginning to incorporate community clinical practice into their required rotations, a period in which students gain first-hand experience in a medical setting. These opportunities encourage health science students to engage in clinical education within a community local to the medical school and provides both unique relationship development between the town and the academy, but also allows students to see the variety of patients living directly in their own communities (Decker et al., 2017). These community clinic partnerships can expose students to diverse patient populations earlier in their academic career and help to reinforce the didactic focus on health equity and social determinants of health.

One of the surest ways to ensure the advancement of health equity in the medical school curriculum is to develop a professional standard regarding the development of cultural competency, an understanding of the various social determinants of health, and ways that health inequities may be addressed by

clinicians. Health education is also beginning to stress the importance of learning more about diverse patient populations and culturally sensitive methods of providing care. Qualitative research conducted by Mise (2014) reports that a large number of health science students are leaving school dissatisfied with their lack of exposure to community practice and a poor understanding of how to serve underrepresented and under resourced patient populations. Additional research with medical students explores how the implementation of professional competencies as a framework for medical education can have a positive impact on the student experience. Mullen and colleagues (2014) conducted research with a small cohort of medical students engaged in a program designed to address global health and health disparities. Consistent with other research, this evaluation found where there is congruence between program mission, relevance to practice, and a strong student experience, outcomes and student reported satisfaction is high. This direct student feedback is support enough for the argument that the medical profession, and thus its academic institutions, should focus further on health equity education. These opportunities should be provided to current students as well as active practitioners through continuing education coursework.

The recommendations proposed to provide advanced training for campus providers will ultimately impact the third layer of the Integrated Model of Individual Subjective Well-Being – DACA by providing greater systems of support for students on-campus and, importantly, may improve the rate by which students seek help for their medical needs.

Expand Gatekeeper Training for Non-Clinicians

While the campus climate and training for mental health providers are important elements of health outcomes improvement, it is likewise important to develop a culture of support among all campus stakeholders. Campuses need to embrace holistic student care and consider alternatives to traditional mental health counseling. Lipson and colleagues (2014) explore the effectiveness of gatekeeper training (GKT), a process by which individuals who are in frequent contact with members of a campus community are trained to recognize, intervene with, and connect distressed individuals to appropriate health care, including campus counseling. GKT works specifically with people who do not have clinical training and often include staff, faculty, and student leaders (Lipson et al, 2014; Sander 2013). These studies find that GKT can be effective at assisting HEIs identify and support students in emotional distress or crisis. However, modifications to existing programs should be made to improve these efforts. In particular, GKT seems to be effective in training individuals to identify incidents of emotional distress on campus, but it does not necessarily impact help-seeking among individuals who are identified as at risk. In other words, the greatest benefits are for individuals who complete the training and not individuals in crisis. Many researchers within HEIs argue that more effort should go into teaching all students on campus about mental health resources, the importance of self-care, and the benefits of seeking support as community-based interventions can be invaluable in ensuring student safety on campus. These practices can ease the burden on an overtaxed counseling center (Field, 2016; Turnage, 2017). As with other recommendations, expanding GKT at PRU will positively impact the third layer of

the Integrated Model of Individual Subjective Well-Being – DACA by providing additional supports to students and normalize seeking help for psychological needs.

Implications

Though there is limited generalizability associated with this study, the results still present important implications for research in higher education and psychology. The results of this study suggest a need to better understand the experience of DACA students as they navigate life on and off campus, particularly with regard to the unique stressors that impact their overall sense of psychological well-being as well as methods by which students attempt to manage these experiences. The model proposed in this chapter may be used by HEI practitioners to better understand the needs of their students and to identify areas of intervention.

Although these participants represent a small population of DACA recipients studying at a large public university, the data suggest that there are some universal experiences that impact SWB among DACA recipients that are unique to their immigration status. Though each student experienced life differently, they all shared in the process of entering the United States and living much of their early lives without legal documentation. With that in mind, the model presented in Figure 5.1 might be broadly applicable to the experiences of other students born internationally and who are either undocumented or protected under a temporary status (i.e., DACA, Temporary Protected Status, etc.).

Though the data from student interviews indicated unique experiences and concerns related to their immigration experiences and DACA status, the broad themes that emerged may be applicable to a diverse population of students. Namely, the

impact that lived experiences, external factors, and internal attributes have on the procedural development of individual SWB may be applicable to other populations of young people regardless of their backgrounds. The five primary themes discussed above are certainly not unique to DACA recipients and so the Integrated Model of Individual Subjective Well-Being – DACA may be adapted to understand the SWB of any young person.

Opportunities for Additional Research

In addition to the recommendations made above and the broad need to expand this study to include additional DACA recipients at large public research institutions in the state of Maryland, there are four opportunities for additional research driven by the findings of this study. Research should be conducted to,

1. Expand this study to include additional DACA recipients within the state of Maryland;
2. Apply this study design to DACA recipients across the United States, specifically within states with less inclusive immigration laws;
3. Test the Integrated Model of Individual Subjective Well-Being – DACA against the experiences of other student populations to determine broader generalizability, and;
4. Revisit the research question utilizing alternative research designs.

Testing Model with Additional DACA Students within the State of Maryland

As discussed above and at length in chapters three and four, this study utilized a small pool of DACA participants from relatively homogenous culture sharing backgrounds and personal characteristics. As all students were from Central and

South American countries, this study may benefit from additional data that represents students from different countries of origin. Additionally, as all the DACA participants were pulled from a campus leadership program, this study would benefit from collecting a broader sample of students who may not share similar characteristics. By continuing to recruit participants from within the state of Maryland, future research might better refine the Integrated Model of Individual Subjective Well-Being – DACA while still controlling for environment. That is to say, by collecting data from DACA recipients in a relatively inclusive state with many legal protections for DACA recipients, this model may further improve and be appropriate for expanded use.

Applying the Study to DACA Students across the United States

Next, after the Integrated Model of Individual Subjective Well-Being – DACA is refined with additional data from DACA recipients within the state of Maryland, future research can begin applying this model in different state contexts. By comparing the developmental processes of DACA beneficiaries in a state as inclusive as Maryland against states with less inclusive local laws, the model may further be refined to determine the impact factor of an individual's environment on their development. For example, by collecting data from DACA recipients studying at HEIs in the state of Montana, researchers may gather a different sense of how students perceive support on-campus and how this different state contexts may impact well-being.

Applying the Study to Other Student Populations across the United States

In order to make the model illustrated in Figure 5.1 more generalizable, future research can take this study design and apply the research questions to address more broadly the developmental processes of other minoritized student populations or to students in dominant social groups. Testing the proposed theoretical model against other participant identities would allow this model to evolve such that it could be used to understand the process by which people more broadly develop a sense of SWB. By broadly canvassing college students, the primary themes identified through this research may shift and require additional study of phenomena not explored in this project.

Exploring Alternative Research Designs

Finally, researchers should consider exploring the questions posed in this study through alternative research designs which may yield additional useful data. While the grounded theory approach allowed for the development of a novel model to explain the processes by which SWB develops, it is not a perfect approach and it does not provide absolute answers to the questions addressed in this study. Beyond qualitative assessments, a mixed methods approach would allow future researchers to incorporate quantitative methods to the study. This mixed approach would allow researchers to gather data from a larger participant pool and to weigh the various elements presented in Figure 5.1 to determine their relative importance toward the development of SWB. Since this study examines individual processes, I do not believe it would be beneficial to remove the qualitative elements of the study entirely.

However, by integrating quantitative ways of knowing, the data may present unique insights not garnered through a purely qualitative lens.

Final Thoughts

This study contributes to the research in both the higher education and psychological sciences literature through the presentation of the Integrated Model of Individual Subjective Well-Being – DACA for students pursuing postsecondary education. While this model has been designed so that it may be applied to individuals to understand the processes that contribute to their well-being there remains work to be done to address the challenges and needs unique to DACA recipients. Though the results of this study are limited to a small group of participants, this research provides an important developmental model and opportunities for future research in the space of SWB. When put in the context of higher education, it becomes clear that the impact of lived experiences, external factors, and individual attributes will inform how students perceive themselves and their well-being before ever arriving on campus. Practitioners must be aware of the great variety in lived experiences among our students, especially those coming from minoritized populations, in order to best meet students' needs and ensure their continued growth and success.

The issue of supporting DACA recipients on campus will remain particularly important as we enter a new presidential administration under Joseph Biden. The country can anticipate seeing a renewed attention to developing pathways to legal citizenship for DACA recipients and a bipartisan replacement for DACA, both issues highlighted in President-elect Biden's political platform (National Immigration

Forum, 2020). However, this transition of power will not be the end of the challenges our students face. As the political landscape of the United States changes over the next few years, there will likely remain challenges that DACA students face on campus and incidents of bias that will need to be addressed by leaders of HEIs. Recommendations suggest the need for a changed campus culture that stresses cultural humility and inclusion, improved access to campus health resources, and expanded gatekeeper training for faculty, staff, and students that will assist in identifying mental health crises. Ultimately, enrollment in an HEI is about more than just learning new knowledge or developing skills to be successful in the labor market; institutions must broaden students' horizons and invest in the development of the whole person, including their well-being. As Dr. Edwards asserts:

> these students are dealing with really high levels of anxiety, depression, even suicidal ideation at times because of all these stressors that we talked about earlier. The students that I've worked with are very like hungry for support resources. Often, just someone to talk to that validates their experience. And I wish that we could provide them with more sometimes, because they also need concrete changes in their life. It's not just talking about your feelings that's going to be helpful. That's one of the struggles for me in working with this population [*pause*] there's only so much that I can do to support these students and larger systemic things need to happen to really make a significant difference in their lives (Personal Communication, August 25, 2020).

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Appendix A: DACA Population by State & Territory

Approximate Active DACA Recipients: State / Territory Residence as of July 31, 2018			
State of Territory of Residence (by population size)	Number (rounded)	State of Territory of Residence (by population size)	Number (rounded)
Grand Total	**703,890**	Connecticut	4,010
California	201,640	Missouri	3,240
Texas	116,030	Nebraska	3,160
Illinois	27,330	Idaho	2,940
New York	32,240	Kentucky	2,900
Florida	27,310	Iowa	2,610
Arizona	26,280	Louisiana	1,910
North Carolina	25,650	Mississippi	1,420
Georgia	22,300	Delaware	1,370
New Jersey	18,050	Rhode Island	990
Washington	17,220	District of Columbia	650
Colorado	15,890	Wyoming	560
Nevada	12,860	Hawaii	350
Virginia	10,410	New Hampshire	280
Oregon	10,400	South Dakota	210
Indiana	9,540	West Virginia	120
Utah	9,190	North Dakota	120
Maryland	8,560	Puerto Rico	90
Tennessee	8,150	Montana	80
Wisconsin	7,110	Alaska	80
Oklahoma	6,580	Maine	50
New Mexico	6,300	Virgin Islands	40
Kansas	6,120	Vermont	20
South Carolina	6,120	Guam	20
Massachusetts	6,090	Northern Mariana Islands	fewer than 10
Minnesota	5,690	Armed Forces Americas	fewer than 10
Michigan	5,660	Armed Forces Pacific	fewer than 10
Pennsylvania	4,900	American Samoa	fewer than 10
Arkansas	4,810	Armed Forces Africa, Canada, Europe, Middle East	fewer than 10
Alabama	4,190	Federated States of Micronesia	fewer than 10
Ohio	4,080		

*These numbers are not inclusive of individuals who have obtained permanent residency status or U.S. citizenship. Totals may not sum due to USCIS rounding.

Data courtesy of United States Citizenship and Immigration Services, 2018b.

Appendix B: Informed Consent – Students

Informed Consent for Participation in a Research Study

Title of Research Study: *Self-Care and Mental Health Help-Seeking Tendencies among DACA Students at a Large Public Institution in the Mid-Atlantic*

IRB #: *NCR191902*

Principal Investigator: *Beth Tuckwiller, PhD – GSEHD, Education and Disability Studies*

Version Date: *December 12, 2019*

Key Information:

You are being invited to participate in a research study under the direction of Dr. Beth Tuckwiller of the Department of Education and Disability Studies, George Washington University (GWU). Taking part in this research is entirely voluntary. Further information regarding this study may be obtained by contacting Patrick Corr, doctoral candidate and primary study contact, at pcorr@gwu.edu.

This page will give you key information to help you decide whether or not you want to participate in this study. More detailed information can be found on the next pages. Do not hesitate to contact the research team questions during the consent process, and use the contact information on this form to ask questions later.

What is the purpose, procedures, and duration of this study?

The purpose of this study is to understand how DACA recipients at a large public university engage in self-care, explain help-seeking behavior, and gain access to health resources. This study *aims to explore the processes by which students care for their subjective well-being on college campuses*.

This research will include Latinx students with varying immigration statuses. Including Latinx students from different immigration statuses will provide a more nuanced depiction of the experiences of Latinx students as it relates to their subjective well-being.

If you choose to take part in this study, student participants will first complete an online questionnaire followed by two sequential interviews. Interviews will be held in-person at the study site or via a video chat service (e.g., Zoom, Webex, Skype, etc.). All interviews will be audio-recorded and transcribed by the research team.

The following table shows the amount of time and frequency required for each activity:

Research Activity	Amount of Time	Frequency	Duration
Online Questionnaire	15-30 minutes	One-time submission	January – February, 2020
One-on-one Interviews	45 – 60 minutes	Two Interviews	February – April, 2020

The online questionnaire is designed to capture demographic information from you and to learn about your experiences as students at the University. The one-on-one interviews are designed to better understand your individual experiences related to subjective well-being, immigration status, entering the University, applying for DACA status (for those that this applies to) and the relationships you have developed on campus.

What are the reasons you might choose to volunteer for this study?

- Voluntary participation in this study will contribute to the body of research in higher education on the experiences of DACA students.
- The data collected from this study will enable administrators to better understand the experiences and needs of DACA students in order to better develop on-campus services and support programs for other DACA students.

What are the reasons you might not choose to volunteer for this study?

Individuals may choose not to volunteer for this study if:

- You do not have adequate time to complete components of the study (i.e. online survey, and individual interviews)
- You do not want to engage in reflection on their perspectives and experiences related to the study topic.

Do you have to take part in this study?

- You do not have to take part in this research. It is your choice whether or not you want to take part. You can agree to take part and later change your mind. If you choose not to take part or choose to stop taking part at any time, there will be no penalty to you or loss of benefits to which you are otherwise entitled.
- Your academic standing/employment status will not be affected in any way should you choose not to take part or to withdraw at any time.

What if you have questions or concerns?

The person in charge of this study is Dr. Beth Tuckwiller. If you have questions, suggestions, or concerns regarding this study or you want to withdraw from the study her contact information is: btuckwiller@gwu.edu, 202-994-9860

This research is being overseen by an Institutional Review Board ("IRB"). You may talk to them at 202-994-2715 or via email at ohrirb@gwu.edu if:

- You have questions, concerns, or complaints that are not being answered by the research team or if you wish to talk to someone independent of the research team.
- You have questions about your rights as a research subject.

Detailed Consent Form:

Who can I talk to if I have questions?

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team by contacting Dr. Beth Tuckwiller (btuckwiller@gwu.edu, 202-994-9860) or Patrick Corr (pcorr@gwu.edu, 571-553-0329).

How long will I be in the study?

We expect that you will be in this research study for the 2019-20 academic year, however individuals will not be expected to provide more than two hours of engagement across the Fall and/or Spring semester. You will be able to schedule the questionnaire and/or interviews at your convenience.

Depending on the research activity, the total amount of time you will spend in connection with this study can range from 15 minutes to 2.5 hours. You may refuse to answer any of the questions and you may withdraw from participation at any time.

How many people will take part in this research study?

We expect that about 25-30 people will take part in the entire study.

What happens if I agree to be in research, but later change my mind?

You may refuse to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you would otherwise be entitled.

If you decide to leave the research, please contact the research team so that they can ensure the confidential ***destruction of any records associated with your participation.***

There are possible risks associated with this research study. You may experience emotional and psychological discomfort and stress due to the nature of the interview questions. If you do experience discomfort or feel distressed and would like to talk to someone, the research team will provide a resource list of services which offer

support. There is also a possible risk of loss of confidentiality given the nature of our discussions and the data that is being collected. In light of the current sociopolitical climate in the U.S., this may cause some emotional distress or fears regarding the identification of family immigration status (e.g., security of livelihood in the U.S. and eligibility of DACA renewal).Every effort will be made to keep your information confidential, however, this cannot be guaranteed. To remediate these concerns, all information is being de-identified. Your personally identifiable information collected will be coded using a fake name (pseudonym). The coded lists are only accessible to the research team. The information that has your personally identifiable information will be kept separately from the rest of your data. The only time identifiable information (email address) will be directly linked to your responses is if you decide to have the research team email you a copy of the transcript for review of its accuracy. There is an option to do this accuracy check in-person. All study materials will be saved in a password protected cloud storage device only accessible to the research team.

You will not benefit directly from your participation in the study. However, your participation will provide important information that may benefit other students and future DACA recipients enrolling at your institution.

What happens to my information collected for the research?

To the extent allowed by law, we limit your personal information to people who have to review it. Every effort will be made to keep your information confidential. All data with identifying information of study participants will be stored within a password protected data storage platform and data analysis software. If results of this research study are reported in journals or at scientific meetings, those who participated in this study will not be directly named or identified. All participants will be assigned a pseudonym for use in the study to protect privacy.

Consent

To ensure confidentiality your signature is not required. Your willingness to participate in this research study will be obtained through verbal consent. Please keep a copy of this document in case you want to read it again.

Appendix C: Informed Consent – Providers

Informed Consent for Participation in a Research Study

Title of Research Study: *Self-Care and Mental Health Help-Seeking Tendencies among DACA Students at a Large Public Institution in the Mid-Atlantic*

IRB #: *NCR191902*

Principal Investigator: *Beth Tuckwiller, PhD – GSEHD, Education and Disability Studies*

Version Date: *December 12, 2019*

Key Information:

You are being invited to participate in a research study under the direction of Dr. Beth Tuckwiller of the Department of Education and Disability Studies, George Washington University (GWU). Taking part in this research is entirely voluntary. Further information regarding this study may be obtained by contacting Patrick Corr, doctoral candidate and primary study contact, at pcorr@gwu.edu.

This page will give you key information to help you decide whether or not you want to participate in this study. More detailed information can be found on the next pages. Do not hesitate to contact the research team questions during the consent process, and use the contact information on this form to ask questions later.

What is the purpose, procedures, and duration of this study?
The purpose of this study is to understand how DACA recipients at a large public university engage in self-care, explain help-seeking behavior, and gain access to health resources. This study *aims to explore the processes by which students care for their subjective well-being on college campuses*.

If you choose to take part in this study, participants will complete a single focus group which will be held in-person at the study site. This focus group will be audio-recorded and manually transcribed by the research team.

The following table shows the amount of time and frequency required for each activity:

Research Activity	Amount of Time	Frequency	Duration
Provider Interviews*	60 – 90 minutes	One-time Occurrence	January – April, 2020

* *While we cannot guarantee the privacy of the focus group discussion, we request*

that all present respect the group by not telling anyone outside the group what is said.

What are the reasons you might choose to volunteer for this study?

- Voluntary participation in this study will contribute to the body of research in higher education on the experiences of DACA students.
- The data collected from this study will enable administrators to better understand the experiences and needs of DACA students in order to better develop on-campus services and support programs for other DACA students.

What are the reasons you might not choose to volunteer for this study?

Individuals may choose not to volunteer for this study if:

- You do not have adequate time to complete components of the study (i.e. 60-90 minute focus group)
- You do not want to engage in reflection on their perspectives and experiences related to the study topic.

Do you have to take part in this study?

- You do not have to take part in this research. It is your choice whether or not you want to take part. You can agree to take part and later change your mind. If you choose not to take part or choose to stop taking part at any time, there will be no penalty to you or loss of benefits to which you are otherwise entitled.
- Your employment status will not be affected in any way should you choose not to take
  part or to withdraw at any time.

What if you have questions or concerns?

The person in charge of this study is Dr. Beth Tuckwiller. If you have questions, suggestions, or concerns regarding this study or you want to withdraw from the study her contact information is: btuckwiller@gwu.edu, 202-994-9860

This research is being overseen by an Institutional Review Board ("IRB"). You may talk to them at 202-994-2715 or via email at ohrirb@gwu.edu if:

- You have questions, concerns, or complaints that are not being answered by the research team or if you wish to talk to someone independent of the research team.
- You have questions about your rights as a research subject.

Detailed Consent Form:

Who can I talk to if I have questions?

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team by contacting Dr. Beth Tuckwiller (btuckwiller@gwu.edu, 202-994-9860) or Patrick Corr (pcorr@gwu.edu, 571-553-0329).

How long will I be in the study?

We expect that you will be in this research study for the 2019-20 academic year, however individuals will not be expected to provide more than two hours of engagement across the Fall and/or Spring semester. Participants will be able to schedule the focus groups at their convenience.

Depending on the research activity, the total amount of time you will spend in connection with this study can range from 60 minutes to 1.5 hours. You may refuse to answer any of the questions and you may withdraw from participation at any time.

How many people will take part in this research study?

We expect that about 25-30 people will take part in the entire study, including students and focus group participants.

What happens if I agree to be in research, but later change my mind?

You may refuse to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you would otherwise be entitled.

If you decide to leave the research, please contact the research team so that they can ensure the confidential ***destruction of any records associated with your participation.***

The risks and discomforts associated with participation in this study are not expected to be greater than those ordinarily encountered in daily life or during the performance or routine physical or psychological examinations or tests. If you do experience emotional discomfort and would like to talk to someone, the research team will provide contact resources at the study site who are capable of providing support. There is also a possible risk of loss of confidentiality associated with participation in this study.

We cannot promise any benefits to you or others from your taking part in this research. However, your participation will provide important information that may benefit other students and future DACA recipients enrolling at your institution.

What happens to my information collected for the research?

To the extent allowed by law, we limit your personal information to people who have to review it. Every effort will be made to keep your information confidential. All data with identifying information of study participants will be stored within a password protected data storage platform and data analysis software. If results of this research study are reported in journals or at scientific meetings, those who participated in this study will not be directly named or identified. All participants will be assigned a pseudonym for use in the study to protect privacy. Additionally, any personally identifiable information will be kept separately from the rest of participant's data and is only accessible to the research team.

Consent

To ensure confidentiality your signature is not required. Your willingness to participate in this research study will be obtained through verbal consent. Please keep a copy of this document in case you want to read it again.

Appendix D: Recruitment Emails – Students

Subject:
INVITATION: Participate in Study on Self-Care and Mental Health among DACA Recipients

Body:
Dear Student,
You are invited to participate in a dissertation research study that examines the self-care and mental health help-seeking tendencies of DACA recipients at a large public university.

You are receiving this email because you are a member of an applicable student organization and/or have been referred by a fellow student or a faculty/staff member.

Am I eligible to participate?
To serve as a student participant, you must:
- Be a current undergraduate student at the University
- Have an active DACA status

As a participant, what will I be asked to do?
Your participation in this study is completely voluntary. As a participant, you will be asked to share about yourself, your experiences applying for DACA status, the immigration status of family members, your experiences as a university student, and your understanding of self-care and mental well-being.

When and how will my participation take place?
Participation in this research study involves:

Research Activity	Amount of Time	Frequency	Timeframe
Online Questionnaire	15-30 minutes	One-time submission	January – February, 2020
One-on-one Interviews	45 – 60 minutes	Two Interviews	March – April, 2020

The online questionnaire will remain open for approximately two (2) weeks

One-on-one interviews will take place in-person at an on-campus location or through the use of a video conferencing software (e.g. Skype, Zoom, Webex, etc.).

Compensation
All students who participate in one-on-one interviews will be given a $20 Visa Gift Card in recognition for their effort and time. Students will receive a $20 Visa Gift

Card for each interview they complete for a maximum of $40 in compensation.

How can I sign up to participate?
If you choose to take part in this study, you will complete an online questionnaire and two individual interviews.

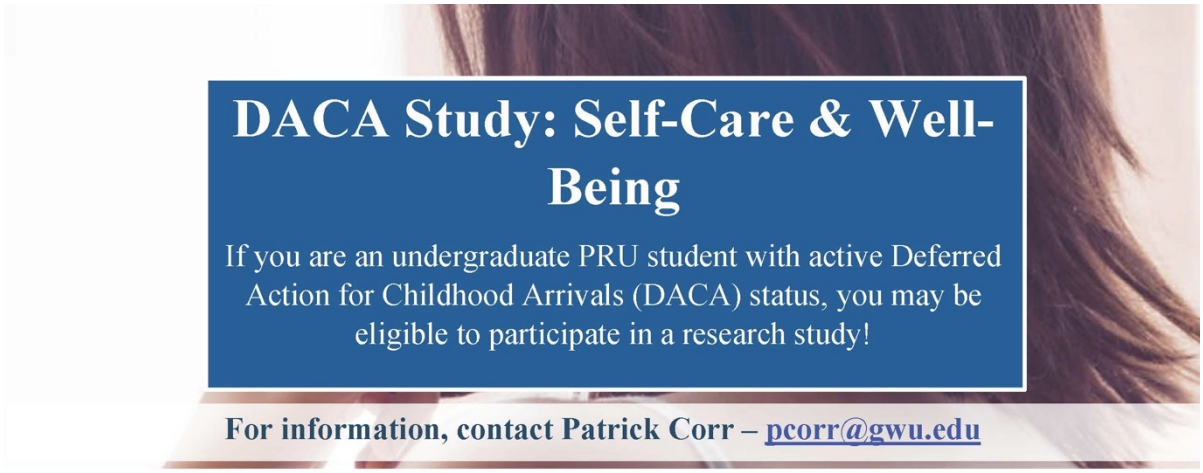
1. **Online Questionnaire**: To participate in the online questionnaire, please click on the hyperlink below of copy/paste the full link into your interview browser

2. **Individual Interviews**: At the end of the questionnaire, you will be able to indicate your interest in participating in an individual interview. You will be contacted via email with additional details and scheduling instructions.

Your participation in this study is greatly appreciated and your responses will be extremely helpful in accomplishing the purposes of this research study. Your responses have the potential to contribute meaningfully to higher education research and institutional practices and policies.

Should you have any questions or would like additional information about this study, please contact Patrick Corr at pcorr@gwu.edu or Dr. Beth Tuckwiller at btuckwiller@gwu.edu.

Appendix E: Recruitment Flyers – Students



DACA Study: Self-Care & Well-Being

If you are an undergraduate PRU student with active Deferred Action for Childhood Arrivals (DACA) status, you may be eligible to participate in a research study!

For information, contact Patrick Corr – pcorr@gwu.edu

Self-Care and Mental Health Help-Seeking Tendencies among DACA Recipients

The purpose of this study is to understand how DACA recipients at a large public university engage in self-care, explain their help-seeking behaviors, and access health resources.

Students will complete an online questionnaire (15-20 minutes) and two one-on-one interviews (45-60 minutes) on campus or through a video chat service (e.g. Zoom, Webex, Skype, etc.).

Participants will receive:

- Snacks and light refreshments if completing on-campus interviews
- $20 Visa Gift Card per completed interview

Are you eligible?

- Undergraduate student at PRU
- Active DACA status (or status in renewal)

If you're unsure if you meet the requirements, call or email a member of the study team:

Patrick Corr, M.Ed.
Doctoral candidate & study coordinator
pcorr@gwu.edu
508-944-5207

DACA Study pcorr@gwu.edu DACA Study pcorr@gwu.edu DACA Study pcorr@gwu.edu DACA Study pcorr@gwu.edu DACA Study pcorr@gwu.edu DACA Study pcorr@gwu.edu DACA Study pcorr@gwu.edu DACA Study pcorr@gwu.edu DACA Study pcorr@gwu.edu DACA Study pcorr@gwu.edu

Appendix F: Recruitment Emails – Providers

Subject:
INVITATION: Participate in Study on Self-Care and Mental Health among DACA Recipients

Body:

Dear Staff Member,

You are invited to participate in a dissertation research study that examines the self-care and mental health help-seeking tendencies of DACA recipients at a large public university.

You are receiving this email because you are a member of the campus health center and/or have been identified as a behavioral health provider through the university and/or have been identified by a student participant as an important provider of care (e.g., faith leader, mentor, etc.).

Am I eligible to participate?
To serve as a participant, you must:

- Be employed by the university as a health provider
- Identify the university as your primary place of employment (i.e. no other significant clinical responsibilities off-campus)
- Have a minimum of six (6) months experience working at the university
- OR be identified as an important source of care by a student participant engaged in this study

As a participant, what will I be asked to do?

Your participation in this study is completely voluntary. As a participant, you will be asked to share about yourself, your experiences in providing care to the university community, and your knowledge of supporting DACA students.

When and how will my participation take place?

There is one way you can participate in this study:

Research Activity	Amount of Time	Frequency	Timeframe
Focus Group or Interview	60-90 minutes	One-time occurrence	March - April, 2020

The focus group will take place at an on-campus location (TBD).

How can I sign up to participate?

If you choose to take part in this study, please contact Patrick Corr at pcorr@gwu.edu. Patrick will provide additional details and scheduling instructions.

Your participation in this study is greatly appreciated and your responses will be extremely helpful in accomplishing the purposes of this research study. Your responses have the potential to contribute meaningfully to higher education research and institutional practices and policies. Should you have any questions or would like additional information about this study, please contact Patrick Corr at pcorr@gwu.edu or Dr. Beth Tuckwiller at btuckwiller@gwu.edu.

Appendix G: Questionnaire for Demographic Data

Note: The questionnaire will be circulated to students through use of the Survey Monkey platform. Questionnaire prompts will be further refined to ensure appropriateness in consultations with my committee chair and methodologist.

Dear Participant,

My name is *Patrick Corr* and I am a doctoral student at George Washington University. I am studying the experiences of DACA undergraduate students at the Public Research University (PRU), with specific attention to emotional well-being and help-seeking tendencies.

The following 30 item questionnaire is designed to collect demographic information, to determine your eligibility for the study, and to indicate your willingness to conduct a 45-60-minute interview with me. Please note that all data submitted will remain confidential. Only my research mentor and I will have access to your responses and all responses will be securely stored on an external hard drive and in a cloud-based storage system utilizing double authenticity security.

DACA students play a pivotal role in the community life of our schools, however little is known as to how DACA students navigate their university campuses or engage in help-seeking and self-care. This study is an effort to better understand your unique experiences and ultimately determine best practices for institutions seeking to provide support services to DACA students.

This questionnaire contains 30 questions and should take no longer than 30 minutes to complete. I will contact you directly following the questionnaire to set-up an in-person interview.

If you have any questions about your rights as a research participant, please contact *Dr. Beth Tuckwiller*, the Primary Investigator of this study, at *btuckwiller@gwu.edu*.

Instructions

1. Please complete the following questionnaire. If there are questions you do not wish to answer, please type that in the question response box or skip the question.
2. If at any point you wish to no longer participate in the questionnaire, please close your browser window. No responses or information will be recorded if you close your browser before submitting the questionnaire.

Questionnaire

Part One: Demographic Information: Your answers to this section of the questionnaire will help determine your eligibility to engage in the full study through in-person interviews.

1. How would you like to be identified in this study (name, nickname, pseudonym)? _____
2. How old are you? _____
3. What is your gender identity? _____
4. Please prove your preferred email address (PRU or personal):_____
5. How did you learn about this study? _____
6. When did you first enroll at PRU? _____
7. How many credits are you taking this semester? _____
8. Are you currently a commuter student or do you live on campus? _____
9. Are you the first person in your family to attend college? _____
10. Do you currently work? *(Radio option for Yes or No)*
    - If yes is selected, additional radio question to ask number of hours per week: 1-5, 6-10, 11-20, 20-30, 30+
11. What is your family's average yearly income? (*radio options for under 15k, 15-29,999k, 30-49,999k, 50-74,999k, 75-99,999k, 100-150k, over 150k, I am unsure)*
12. What roles do you play in your family? (*multiple checkboxes – parent, sibling, son/daughter, caregiver to other family member, financial supporter)*
13. Do you currently hold an active DACA status*? (radio options for Yes or No)*

14. When did you receive DACA status or last receive reauthorization (mm/yyyy)? _____
15. How would you describe yourself? (*multiple checkboxes for American Indian/Alaskan Native, Asian, Black or African American, Hispanic/Latinx/Spanish Origin, Native Hawaiian or Pacific Islander, Middle Eastern of Northern African, White, Other Race/Ethnicity/Culture [please explain])* – options following U.S. Census recommendations.
16. What is your country of birth? _____
17. How old were you when your family entered the United States? _____
18. Are you the only person in your family with DACA status? (*radio option for yes or no)*
19. What other immigration statuses are represented in your immediate family? (*multiple checkboxes for undocumented, Permanent Resident of the U.S., Citizen of the U.S., Refugee, Asylee, Other [please specify]).*

Part Two: Open Response Questions Regarding Campus Experience: Your answers to this section of the questionnaire will help guide our conversations during the in-person interview. Remember, if you do not wish to answer these questions, please indicate so in the text box.

1. How would you describe your overall mental health (consider sources of stress, distress, anxiety, happiness, etc.) _____

_____

_____

2. What are common sources of distress, if any, in your life (e.g. relationships, academics, family relationships, financial matters, residency status, etc.)? _

3. Who do you speak to about personal problems, concerns, or other sources of emotional distress (e.g. parent/guardian, siblings, friends, roommates, therapist, minister/priest etc.)? _____

4. Have you utilized any support services on-campus (e.g. student health services, advisors, etc.) or off-campus (e.g. a family physician, hospital, etc.) since enrolling at PRU? *(Radio option for Yes or No, On-Campus and/or Off-Campus). If students answer Yes to either, additional questions will be populated as below.*
    - If on-campus, for which of the following needs? *Students will be provided a multiple check box options of the support services available to students at PRU as well as a write in space for additional items.*

- If off-campus, for which of the following needs? *Students will be provided a multiple check box options of common support services (faith-based support, community services, high school counselors, medical doctors, licensed therapists, etc.) as well as a write in space for additional items.*

5. Are there any other comments you wish to provide that may help me understand your sources of emotional distress of emotional well-being and support services you have used _____

_____

_____

_____

_____

Part Three: Indication of Willingness to Interview: Please complete the below section to indicate your willingness to continue our conversation with an in-person interview.

1. If contacted, would you be willing to spend 45-60 minutes in completing an in-person interview at PRU*? (radio option for Yes or No), if yes, an additional question will populate requesting contact information.*

_____

Electronic Signature

_____

Date

Thank you for your participation! I will be in touch with those who indicated their willingness to complete an in-person interview. Please do not hesitate to contact *Dr. Beth Tuckwiller* at *btuckwiller@gwu.edu* if you have any questions, concerns, or would like to provide follow-up information.

Appendix H: Initial Interview Protocol – DACA Students

Introduction

My name is *Patrick* and I am a doctoral student at George Washington University studying the experiences of DACAmented undergraduate students with specific attention to their emotional well-being and help-seeking tendencies. I appreciate your response to my initial questionnaire and look forward to speaking with you more today.

My goal is to learn a bit more about you and your experiences in college thus far. Our conversation will remain confidential. No personal identifying information will be made available to anyone other than me and my research advisor, and you will be assigned a pseudonym for purposes of coding information as well as the final report. I encourage you to be as open and honest in your responses as you feel comfortable. This is a space free of judgement and you will have an opportunity to review the transcript of our discussion after we meet to review and clarify any information you share today.

I have a series of 10 questions, and I anticipate that our conversation will take between 45-60 minutes. I will be taking notes while we are talking.

- Participants will be asked if they are comfortable with a voice recording of the interview session. If so, this will be accomplished through the use of a digital voice

recorder. Students must consent to voice recording in order to take part in the study to ensure accurate transcripts and reliable data for NVivo analysis.

NOTE: This is a semi-structured interview. If study participants begin to discuss a topic in depth or a theme begins to emerge, I allow them to continue to guide the conversation in this direction if I believe it is important to the study. The following questions are designed for the purpose of the interview, but some interviews may not address all of the questions and additional questions may arise based on the information shared with me during the conversation. The below is a draft of an interview protocol and may change. As I continue to work with my committee, this protocol will evolve into a series of two sequential interviews and any changes to protocol will be submitted to GW's IRB as a study modification.

PROMPT BREAK: Thank you again for agreeing to take part in this research

study. As a reminder, I will ask you to please refrain from using your legal name

or the legal names of anyone you may mention in this study. If you are discussing

a member of your family or a friend, just identify them as brother, sister,

roommate, and the like. I ask you to avoid using legal names to ensure the confidentiality of our conversations.

1. **Ice Breaker: Tell me a little about yourself.**

   Prompt: I see you identified XXX as your fake name for this interview. Why did you pick this name?

   Prompt: What interested you in this research study?

   Prompt: What is your favorite thing about studying at PRU?

2. **Can you tell me why you decided to attend PRU?**

   Prompt: Tell me about the application and decision process

   Prompt: Were your guardians involved in the application process? Did they support your decision?

   Prompts: Did your friends influence your decision to attend this school?

   Prompts: What kind of support or guidance did you get from your high school as it related to your college decision making process?

3. **Tell me what it's like to be a student at PRU.**

   Prompt: Are you involved in any extracurricular activities?

   If yes, Tell me about these activities

   Prompt: How do you feel that you are perceived by faculty and staff?

   Prompt: How do you feel that you are perceived by your peers?

   Prompt: How do you think these perceptions held by others have shaped your own self- perception?

   Prompt: Do the perceptions of others make you re-think the way you view yourself? If yes, how? If no, why?

Prompt: How do you feel about the faculty and staff at PRU?

PROMPT BREAK: I want to now switch our conversation from that of a student at PRU to that of your experience as a DACA recipient. The next three questions are going to be about your DACA experience

1. **Can you share with me your DACA story?**

   Prompt: Tell me about your family background.

   Prompt: How familiar are you with services offered by PRU?

   Prompt: Have you found PRU supportive of your needs as a DACA student?

   Prompt: Can you elaborate on how they have or have not been supportive?

   Prompt: How did you learn you were undocumented?

   Prompt: How did this information make you feel?

   Prompt: Did you ever feel stigmatized by your status in any setting or situation?

   Prompt: Can you talk a bit about your experiences before receiving DACA status?

2. **Has your DACA status shaped your experiences as a student at PRU?**

   Prompt: Can you tell me a bit more about that?

PROMPT BREAK: As you know, my study is largely looking at emotional distress and wellness. I now want to shift the conversation to this topic.

1. **How would you define emotional wellness?**

   Probe: for both positive and negative understandings of well-being.

2. **When you completed the questionnaire, you noted utilizing the following services (list depending on the student). Can you tell me a bit more about these services and your experiences?**

   robe: If yes, can you explain how you learned about these services and the

support you sought?

Probe: If no, why not?

3. Can you tell me about how you access health resources?

*Prompt***:** physical

health *Prompt***:**

Emotional health

*Prompt***:** Spiritual

health

Probe: Can you talk to me about your experiences seeking health care?

Probe: Does your family encourage you to seek professional care when you are ill?

4. What do you think I should understand about your experiences as a student with DACA status at PRU, regarding your sense of mental well-being, or regarding your access to health resources?

5. Is there anything I didn't ask that you believe is important to my study?

Appendix I: Initial Interview Protocol – U.S. Citizen Students

Introduction

My name is *Patrick* and I am a doctoral student at George Washington University studying the experiences of Latinx undergraduate students with specific attention to their emotional well- being and help-seeking tendencies. I appreciate your response to my initial questionnaire and look forward to speaking with you more today.

My goal is to learn a bit more about you and your experiences in college thus far. Our conversation will remain confidential. No personal identifying information will be made available to anyone other than me and my research advisor, and you will be assigned a pseudonym for purposes of coding information as well as the final report. I encourage you to be as open and honest in your responses as you feel comfortable. This is a space free of judgement and you will have an opportunity to review the transcript of our discussion after we meet to review and clarify any information you share today.

I have a series of 10 questions, and I anticipate that our conversation will take between 45-60 minutes. I will be taking notes while we are talking.

- Participants will be asked if they are comfortable with a voice recording of the interview session. If so, this will be accomplished through the use of a digital voice

recorder. Students must consent to voice recording in order to take part in the study to ensure accurate transcripts and reliable data for NVivo analysis.

NOTE: This is a semi-structured interview. If study participants begin to discuss a topic in depth or a theme begins to emerge, I allow them to continue to guide the conversation in this direction if I believe it is important to the study. The following questions are designed for the purpose of the interview, but some interviews may not address all of the questions and additional questions may arise based on the information shared with me during the conversation. The below is a draft of an interview protocol and may change. As I continue to work with my committee, this protocol will evolve into a series of two sequential interviews and any changes to protocol will be submitted to GW's IRB as a study modification.

PROMPT BREAK: Thank you again for agreeing to take part in this research

study. As a reminder, I will ask you to please refrain from using your legal name

or the legal names of anyone you may mention in this study. If you are discussing

a member of your family or a friend, just identify them as brother, sister, roommate, and the like. I ask you to avoid using legal names to ensure the confidentiality of our conversations.

1. **Ice Breaker: Tell me a little about yourself.**

   Prompt: I see you identified XXX as your fake name for this interview. Why did you pick this name?

   Prompt: What interested you in this research study?

   Prompt: What is your favorite thing about studying at PRU?

2. **Can you tell me why you decided to attend PRU?**

   Prompt: Tell me about the application and decision process

   Prompt: Were your guardians involved in the application process? Did they support your decision?

   Prompts: Did your friends influence your decision to attend this school?

   Prompts: What kind of support or guidance did you get from your high school as it related to your college decision making process?

3. **Tell me what it's like to be a student at PRU.**

   Prompt: Are you involved in any extracurricular activities?

   If yes, Tell me about these activities

   Prompt: How do you feel that you are perceived by faculty and staff?

   Prompt: How do you feel that you are perceived by your peers?

   Prompt: How do you think these perceptions held by others have shaped your own self- perception?

   Prompt: Do the perceptions of others make you re-think the way you view

yourself? If yes, how? If no, why?

Prompt: How do you feel about the faculty and staff at PRU?

PROMPT BREAK: I want to now switch our conversation from that of a student at PRU to that of your experience as a Latinx individual. The next three questions are going to be about your family's cultural background.

3. **Can you share with me your family's story?**

   Prompt: Tell me about your family background. *Prompt*: Where did you grow up?

   Prompt: Can you tell me about your life before coming to PRU?

   Prompt: Can you elaborate on how they have or have not been supportive?

   Prompt: Did you ever feel stigmatized by your cultural background in any setting or situation?

4. **Has your Latinx identity shaped your experiences as a student at PRU?**

   Prompt: Can you tell me a bit more about that?

PROMPT BREAK: As you know, my study is largely looking at emotional distress and wellness. I now want to shift the conversation to this topic.

6. **How would you define emotional wellness?**

   Probe: for both positive and negative understandings of well-being.

7. **When you completed the questionnaire, you noted utilizing the following services (list depending on the student). Can you tell me a bit more about these services and your experiences?**

Probe: If yes, can you explain how you learned about these services and the support you sought?

Probe: If no, why not?Can you tell me about how you access health resources?

*Prompt***:** physical health

*Prompt***:** Emotional health

*Prompt***:** Spiritual health

Probe: Can you talk to me about your experiences seeking health care?

Probe: Does your family encourage you to seek professional care when you are ill?

8. What do you think I should understand about your experiences as a student regarding your sense of mental well-being, or regarding your access to health resources?

9. Is there anything I didn't ask that you believe is important to my study?

Appendix J: Initial Interview Protocol – Undocumented Students

Introduction

My name is *Patrick* and I am a doctoral student at George Washington University studying the experiences of Undocumented undergraduate students with specific attention to their emotional well-being and help-seeking tendencies. I appreciate your response to my initial questionnaire and look forward to speaking with you more today.

My goal is to learn a bit more about you and your experiences in college thus far. Our conversation will remain confidential. No personal identifying information will be made available to anyone other than me and my research advisor, and you will be assigned a pseudonym for purposes of coding information as well as the final report. I encourage you to be as open and honest in your responses as you feel comfortable. This is a space free of judgement and you will have an opportunity to review the transcript of our discussion after we meet to review and clarify any information you share today.

I have a series of 10 questions, and I anticipate that our conversation will take between 45-60 minutes. I will be taking notes while we are talking.

- Participants will be asked if they are comfortable with a voice recording of the interview session. If so, this will be accomplished through the use of a digital voice

recorder. Students must consent to voice recording in order to take part in the study to ensure accurate transcripts and reliable data for NVivo analysis.

NOTE: This is a semi-structured interview. If study participants begin to discuss a topic in depth or a theme begins to emerge, I allow them to continue to guide the conversation in this direction if I believe it is important to the study. The following questions are designed for the purpose of the interview, but some interviews may not address all of the questions and additional questions may arise based on the information shared with me during the conversation. The below is a draft of an interview protocol and may change. As I continue to work with my committee, this protocol will evolve into a series of two sequential interviews and any changes to protocol will be submitted to GW's IRB as a study modification.

PROMPT BREAK: Thank you again for agreeing to take part in this research

study. As a reminder, I will ask you to please refrain from using your legal name

or the legal names of anyone you may mention in this study. If you are discussing

a member of your family or a friend, just identify them as brother, sister, roommate, and the like. I ask you to avoid using legal names to ensure the confidentiality of our conversations.

1. **Ice Breaker: Tell me a little about yourself.**

   Prompt: I see you identified XXX as your fake name for this interview. Why did you pick this name?

   Prompt: What interested you in this research study?

   Prompt: What is your favorite thing about studying at PRU?

2. **Can you tell me why you decided to attend PRU?**

   Prompt: Tell me about the application and decision process

   Prompt: Were your guardians involved in the application process? Did they support your decision?

   Prompts: Did your friends influence your decision to attend this school?

   Prompts: What kind of support or guidance did you get from your high school as it related to your college decision making process?

3. **Tell me what it's like to be a student at PRU.**

   Prompt: Are you involved in any extracurricular activities?

   If yes, Tell me about these activities

   Prompt: How do you feel that you are perceived by faculty and staff?

   Prompt: How do you feel that you are perceived by your peers?

   Prompt: How do you think these perceptions held by others have shaped your own self- perception?

   Prompt: Do the perceptions of others make you re-think the way you view

yourself? If yes, how? If no, why?

Prompt: How do you feel about the faculty and staff at PRU?

PROMPT BREAK: I want to now switch our conversation from that of a student at PRU to that of your experience as an Undocumented Young Person. The next three questions are going to be about your experiences with your immigration status.

1. **Can you share with me your immigration story?**

   Prompt: Tell me about your family background.

   Prompt: How familiar are you with services offered by PRU? *Prompt*: Have you found PRU supportive of your needs as an undocumented students? *Prompt*: Can you elaborate on how they have or have not been supportive?

   Prompt: How did you learn you were undocumented?

   Prompt: How did this information make you feel?

   Prompt: Did you ever feel stigmatized by your status in any setting or situation?

2. **Has your Undocumented status shaped your experiences as a student at PRU?**

   Prompt: Can you tell me a bit more about that?

PROMPT BREAK: As you know, my study is largely looking at emotional distress and wellness. I now want to shift the conversation to this topic.

1. **How would you define emotional wellness?**

   Probe: for both positive and negative understandings of well-being.

2. **When you completed the questionnaire, you noted utilizing the following services (list depending on the student). Can you tell me a bit more about**

these services and your experiences?

Probe: If yes, can you explain how you learned about these services and the support you sought?

Probe: If no, why not?

3. Can you tell me about how you access health resources?

*Prompt***:** physical health *Prompt***:** Emotional health

*Prompt***:** Spiritual health

Probe: Can you talk to me about your experiences seeking health care?

Probe: Does your family encourage you to seek professional care when you are ill?

4. What do you think I should understand about your experiences as a student with an Undocumented status at PRU, regarding your sense of mental well-being, or regarding your access to health resources?

5. Is there anything I didn't ask that you believe is important to my study?

Appendix K: Second Interview Protocol – All Students

Introduction

Thank you again for agreeing to meet with me for a second interview! As a reminder, I am studying the experiences of undergraduate students with specific attention to their emotional well-being and help-seeking tendencies. Our discussion today will be a continuation of the first interview you completed back in March. Today's interview has been designed to focus more specifically on some of the topics and issues that came up during my conversations with different students and to understand how you are doing in light of the COVID-19 pandemic.

Ultimately, my goal is to continue to learn a bit more about you and your experiences in college thus far. As before, our conversation will remain confidential. No personal identifying information will be made available to anyone other than me and my research advisor. Your name will be assigned a pseudonym for purposes of coding information as well as the final report. I encourage you to be as open and honest in your responses as you feel comfortable. This is a space free of judgement. You will have an opportunity to review the transcript of our discussion after we meet to review and clarify any information you share today.

I have a series of 13 questions, and I anticipate that our conversation will take between 45-60 minutes. As with our last discussion, I will be taking notes while we are talking.

- Participants will be asked if they are comfortable with a voice recording of the interview session. If so, this will be accomplished through the use of a digital voice recorder.
- Students must consent to voice recording in order to take part in the study to ensure accurate transcripts and reliable data for NVivo analysis.

NOTE: This is a semi-structured interview. If study participants begin to discuss a topic in depth or a significant theme begins to emerge, I will allow them to continue to guide the conversation in this direction if I believe it is important to the study. The following questions are designed for the purpose of the interview, but some interviews may not address all of the questions and additional questions may arise based on the information shared with me during the conversation.

PROMPT BREAK: Thank you again for agreeing to take part in this research study. As a reminder, I will ask you to please refrain from using your legal name or the legal names of anyone you may mention in this study. If you are discussing a member of your family or a friend, just identify them as brother, sister,

roommate, and the like. I ask you to avoid using legal names to ensure the confidentiality of our conversations.

1. **Ice Breaker: How have you been since our last conversation?**

   Prompt: We last spoke on [INSERT DATE OF FIRST INTERVIEW] and you were in the process of completing your mid-term examinations. How have things been at school since our last chat?

2. **I know PRU recently moved all of their instruction online for the remainder of the semester. Can you talk to me a little bit about this transition?**

Prompt: How has your living situation changed since the University transitioned to online education?

Probe: Ask about current Learning Environment?

3. **In what ways have you found your communities (e.g. University faculty/staff, family, faith, friends, etc.) supportive of your needs during this transition?**
4. **How are you thinking about the future in this climate?**

   Prompt: Thinking about education experience moving forward

   Prompt: Thinking about career/work experiences moving forward

   Prompt: Other things you are concerned about

PROMPT BREAK: After talking with you and a number of other students, I heard a lot about the stress that can come with big periods of transition (e.g., coming to the U.S., starting community college, transferring to PRU, entering the workforce, etc.). Many of these transitions are pretty expected – like graduating high school and

finding work. However, we recently all experienced a pretty big, unexpected transition due to COVID-19. I am interested in talking to you a little bit about this transition to social distancing and some of the other changes that are also happening.

1. **Can you share with me how this COVID-19 pandemic has affected your experiences broadly?**

   Prompt: With Family

   Prompt: With Friends

   Prompt: With Education

   Prompt: With Work

3. **Has the Coronavirus impacted your personal life at all (e.g. work, relationships, etc.)?**

   Prompt: Daily routine impact?

   Prompt: Playing additional roles due to the pandemic (e.g caring for ill family/friends,

   financially supporting family/friends, emotionally supporting family/friends)?

4. **Has the Coronavirus impacted your personal health or well-being?**

   Probe: Why or why not?

5. **Has the Coronavirus impacted the health or well-being of any of your loved ones?**

   Probe: Why or why not?

PROMPT BREAK: Thank you for sharing with me. I know this pandemic has not been easy on anyone, especially given how seriously it has impacted basic areas of our lives, like going out with friends and going about a daily routine. As you know, my

study is largely looking at emotional distress and well-being and how students are managing self-care. I now want to shift the conversation to talk a little bit more about how your understanding of emotional well-being may have changed, how you are engaging in self-care, and how you look for support when you need it.

1. **How would you define emotional well-being today?**

   Probe: for both positive and negative understandings of well-being.

   Probe: for how this definition may have changed since our first conversation.

2. **During our last interview you mentioned seeking support from [*LIST RELEVANT SERVICES/INDIVIDUALS BASED ON FIRST INTERVIEW*]. Has COVID-19 impacted your help-seeking strategies?**

   Probe: If yes, can you explain how your help-seeking strategies have adapted.

   Probe: If no, talk to me a little bit more about this – have you or your family made plans for seeking care if anyone gets sick?

3. **Have you found yourself experiencing higher levels of stress of emotional distress?**

   Probe: What have these feelings been like?

   Prompt: Tell me more about why you think this may be?

   Prompt: What do you believe are the sources of higher instances of stress or other instances of emotional distress?

4. **Can you tell me how you are managing your stress levels during this time?**

PROMPT BREAK: Thank you again for your time and your effort in these discussions! I have just one final question to wrap up this interview.

1. Do you have any final thoughts you would like to leave me with before we conclude this interview?

Appendix L: Provider Focus Group Protocol

PRU Campus Health Providers & Other Sources of Student Support

Introduction (10 minutes)

Hello folks. Thank you so much for joining me today and for investing your time and energy into meeting with me. As I mentioned in my email, this focus group, which will last no longer than 1.5 hours, is part of my dissertation study (Wong, n.d.).

The purpose of my study is to better understand the self-care and help-seeking tendencies of DACA recipients with specific attention to their emotional well-being, especially in light of the COVID-19 pandemic. This focus group is designed to understand both how you generally serve the PRU student population and how these practices may have evolved during the pandemic.

The data for my study will come from an online questionnaire for students, one-on-one interviews with students, focus groups with care providers, and direct campus observations.

We are here today because all of you are all individuals who have been identified as sources of support for students at the University. Some of you provide healthcare services, others advising through campus life/ministry, and others in informal roles as mentors. You all share a common experience – you have provided positive support to students on this campus and can provide some insight into their experiences.

Since this study is qualitative in nature, it is extremely important that I honor the narratives of individuals and the insight, perspectives, and experiences they share with me. That said, I am not asking you to share any identifying information about students on an individual level. Rather, I am seeking to learn about your experiences supporting DACA students as a population. Wherever you think it appropriate to refer to specific individual student cases, I request that you do not use any identifying information (names, location/time of care, etc.).

Some details about your participation:

1. Your participation is voluntary -- You have to option to not answer any questions or stop your involvement altogether at any time.
2. I will make every attempt to protect your confidentiality and anonymity, but I cannot guarantee it. However, I will be the only person with access to your recorded responses.
3. I will send the recording to a transcription service, but no identifiers will be associated with the audio file. Excerpts of your responses may be used in my dissertation, as well as journal articles or conference presentations, but no identifiers will be used.

4. As a reminder, please refrain from using specific names of students or other individuals you support when responding to these questions.

Before we begin, I have a Participant Informed Consent Form (which you will also receive a copy to take with you) that I would like you to review and complete.

****Participant will review and complete Informed Consent form (10 minutes)****

I have a few prepared questions for us to discuss, but this interview has the flexibility to cover other related and relevant topics.

After these questions, we will have some time for you to ask me questions and to provide additional comments.

Do you have any questions for me at this point?

Before we get started, may I have your permission to audio record this interview?

Great! I'll press record now and will need to ask you again so that I have your answer on record.

Thank you for speaking with me today. Do I have your consent to audio record this interview (Wong, 2020)?

****Focus Group Prompts (60 minutes)****

Participant Introductions

1. Please share a little about yourself, your campus position/title, and some of the student services you are involved in or provide on campus. As a reminder, please refrain from using specific names of students or other individuals you support when responding to these questions.

Questions Related to COVID-19 Campus Response

It is impossible to have a conversation about providing care without acknowledging the pandemic that hit our country in early 2020. This impacted the way all of us have to engage with students and stakeholders. So, before specifically discussing your work with DACA students, I would like to discuss your institution's response to COVID-19.

1. How has the PRU responded to the COVID-19 situation, specifically concerning the physical and emotional needs of the student community?
2. Has your work evolved at all, either in your approach to providing care or the type of need you are seeing on campus?
    1. Can you talk a bit more about why this is the case?

Perceptions of DACA Recipients

1. Can you please tell me what you know about the Deferred Action for Childhood Arrivals Program?
2. Do you have any familiarity with providing care to DACA students? As a reminder, please refrain from using specific names of students or other individuals you support when responding to these questions.
3. Have you learned anything about DACA through any University lead trainings or initiatives?
    1. Have you completed trainings through UndocuTerp?
        1. If so, please describe that work you have done.

b. Have you engaged with the Undocumented Student Resources Center in any capacity?
    1. If so, please describe that work you have done.

Experiences Providing Care to DACA Recipients

1. How would you describe the campus perception of DACA recipients or, if you are not sure, undocumented students more broadly?
2. If applicable, tell me about your personal involvement in providing support to DACA students as a community or individually?
    1. What specific efforts have you been a part of and what was your role?
    2. Do you believe that the student(s)' DACA status had any impact on the support that they requested?
3. Do you feel prepared to support DACA students who come into your office or community space?
    1. Specifically, in light of their immigration status?
4. In your opinion, how might the University community better prepare you to serve DACA students?

Wrapping Up Questions

1. Based on your experience, is the larger campus community aware of the needs and experiences of DACA students?
    1. If yes, where does the familiarity come from: (1) attending programs or events hosted by undocumented student coordinator, International Student Resources/other University organization; (2) news and current events occurring off-campus (e.g. federal policy level); (3) direct student activism, or (4) other ways?
2. What challenges, if any, do you believe specifically impact DACA recipients at PRU?
3. In your opinion, what can the University community be doing as a whole to better support DACA students?

****Conclusion (10 minutes)****

As we wrap up this interview, is there anything you would like to add or that we did not cover today?

Do you have any questions for me?

Also, after I complete the write-up of my dissertation by next summer, I can share the final product with you. If you'd like to see a copy, please let me know via email.

Thanks again for your time and sharing your experiences and perspectives with me today!

N.B. In grateful acknowledgment to my colleague Kristen Wong for supporting the development of this protocol.

Appendix M: Student Profiles

DACA Participants

Dani

Dani is a 20-year-old Honduran who identifies as female. Dani entered the United States at 8 years old, initially traveling through central America and into the United States as a tourist with her two siblings and mother. Both of Dani's parents had been living in the U.S. for a number of years before returning to Honduras to bring their children into the country. Prior to coming to America, Dani was raised by her maternal grandmother. She comes from a mixed family wherein she and her siblings have DACA status, but the rest of her family remains undocumented. Dani is a first-generation college student who first entered PRU in Fall 2016, following two years of study at a local community college. Dani is completing a business major at PRU. At the time of our interview, Dani was working an average of 10 hours a week and attending school full-time as a commuter student. Dani is unmarried and did not mention a romantic partner or children.

Elizabeth

Elizabeth is a 19-year-old Honduran who identifies as female. Elizabeth entered the United States at 7 years old, initially entering the United States on tourist visas that belonged to friends of the family. Elizabeth, her older sister, and their mother came to the United States five years after her father entered on Temporary Protected Status (TPS) and found work in Maryland. Elizabeth comes from a mixed family wherein she and her sister have DACA status, her mother is undocumented, and her father maintains TPS through a federal program by USCIS that allows

Hondurans to temporarily live and work in the United States. This status is set to expire in 2021 following termination of the TPS program. Elizabeth is a first-generation college student who entered PRU in Fall 2018 following two years of study at a local community college. Elizabeth is completing a biology major at PRU. At the time of our interview, Elizabeth was working fewer than five hours a week and was attending school full-time as a commuter student. Elizabeth is unmarried and did not mention a romantic partner or children.

Jamie

Jamie is a 33-year-old Mexican who identifies as male. He entered the United States at 9 years old, ultimately as a result of his parents' divorce. When he was 5 years old, his mother and father divorced, and Jamie remained in Mexico with his father and extended family. At 9 years old, his mother returned to Mexico and brought Jamie into the United States to join her and an older brother already living in the country. He is the only individual in his family with DACA status, the others are undocumented or hold permanent residency. Jamie is a first-generation college student who entered PRU in Fall 2019 after two years studying at a local community college. He is a recipient of a leadership scholarship and is completing a computer science major at PRU. At the time of his interview, Jamie was working between 30 and 40 hours per week while also attending school full-time as a commuter student. Jamie is unmarried and without children but does have a long-term girlfriend with whom he lives.

Jay

Jay is a 21-year-old Salvadoran who identifies as male. He entered the United States at 2 years old along with his parents and two older sisters. Given his age at the time of emigrating to the country, Jay does not remember what initially brought his family to the United States beyond better work opportunities for his parents. Jay and both of his sisters are DACA recipients and they all attend universities in the state of Maryland. The remainder of Jay's family are undocumented. Jay initially entered PRU in Fall 2016 after completing his associate degree at a local community college. At the time of our interview, Jay was not working and was enrolled as a full-time commuter student studying psychology with a computer science minor. Jay is unmarried and did not mention a romantic partner or children.

Keisha

Keisha is a 32-year-old Honduran who identifies as female. She entered the United States at 6 years old on a tourist visa. At the time she entered the country, both her parents and older siblings were living in the Northeast United States. Keisha's family has mixed immigration status where she and her older brother are DACA recipients, her two younger siblings are citizens having been born in the U.S., and her parents are undocumented. Her siblings have all attended HEIs in the Northeast or Mid-Atlantic United States. Keisha initially enrolled at PRU in Fall 2010 and has been completing coursework at a part-time basis, completing coursework as a liberal studies major as her finances allow. Keisha is unmarried and did not mention a romantic partner or children.

Lili

Lili is a 27-year-old Salvadoran who identifies as female. She entered the United States at 12 years old with her older sister and met up with their parents who were already in the country. Lili and her sister came through the southern border between Mexico and Texas and entered without documentation. Lili comes from a mixed family wherein she and her sister have DACA status and her parents are undocumented. She is a first-generation college student who entered PRU in Fall 2019 following the completion of an associate degree at Pa local community college. At the time of our interview, Lili was working roughly five hours a week and studying full-time, completing a degree in dietetics. She hopes to attend medical school following the completion of her undergraduate studies. Lili is married to an undocumented husband and has a two-year-old son.

Richard

Richard is a 20-year-old Salvadoran who identifies as male. He entered the United States at 2 years old with his parents who were leaving El Salvador due to civil unrest and concern over the safety of the family. They initially came to the United States on tourist visas which they overstayed. Richard comes from a mixed family wherein he holds DACA status, his siblings are citizens having been born in the country, and his parents are undocumented. He and his siblings have all attended HEIs in the Mid-Atlantic United States. Richard first enrolled in PRU in fall 2019 after earning an associate degree at a local community college. At the time of our interview, Richard was working roughly five hours a week and was a commuter student studying full-time toward a degree in electrical engineering. Richard is unmarried and did not mention a romantic partner or children.

Negative Case Study Participants

Andrea

Andrea is a 20-year-old Peruvian who identifies as female. She entered the United States at 10 years old, following her mother who entered eight years prior. When Andrea came to the country, her mother had earned her permanent residency and was able to arrange for Andrea's status. At the time of our interview, Andrea's family in the United States were either legal citizens or held permanent residency. She first enrolled at PRU in Fall 2019 following the completion of her associate degree at a local community college. At the time of our interview, Andrea was working roughly ten hours a week and was a commuter student studying full-time toward a double major in marketing and international business. Andrea is unmarried and did not mention a romantic partner or children.

Michel

Michel is a 23-year-old Cameroonian who identifies as male. He entered the United States at 11 years old, following his mother who emigrated when Michel was an infant. When Michel first came to the country, his mother was a permanent resident and was able to assist Michel in applying for this status. At the time of our interview, Michel's family in the United States were either permanent residents or held protected status as asylees. He first enrolled at PRU in Fall 2019 following the completion of his associate degree at a local community college and he was a member of numerous scholarship and leadership programs. When we spoke, Michel was working between 15 and 20 hours a week and was a commuter student studying full-time toward a degree in electrical engineering. He noted that his goal was to complete

this degree, gain some practical experience, and return to Cameroon to support infrastructure improvement in his home country. Michel is unmarried and did not mention a romantic partner or children.

Appendix N: Staff Profiles

Michelle

Michelle is a member of the health promotion and wellness services unit through the University Health Center (UHC), a functional area that provides a variety of services to students including peer education, nutrition coaching, sexual health training, meditation and wellness resources, and acts as the public face for UHC. Michelle began working with UHC as an undergraduate peer education and, upon graduation, as a professional member of their staff coordinating mental health and wellness programming. In total, she has been working with PRU for approximately three years at the time of our interview.

Rebekah

Rebekah is a member of the University's Catholic Student Center (CSC), an arm of Campus Ministry that specifically supports the spiritual growth and development of Catholic students on- and off-campus. In her role, Rebekah oversees the CSC's student programming and advising in coordination with the Catholic chaplain and supporting campus ministers. Rebekah has been at PRU for over 10 years and in campus ministry generally for approximately 12 years.

Dr. Edwards

Dr. Edwards is a doctorally prepared member of the Counseling Services team through UHC. With a specific interest in multicultural student and identity-related counseling as well as Latinx mental health and development, Dr. Edwards is one of the foremost subject matter experts at PRU. In addition to her individual support to students at the University, Dr. Edwards leads affinity groups for Latinx students and

provides group support sessions to students on campus. Dr. Edwards has been at the University for approximately five years at the time of our interview.