



## Frances McClelland Institute Children, Youth, and Families

---

### **Greetings from the Frances McClelland Institute,**

We are wrapping up a busy school year that each day feels more like a return to the pre-pandemic normal. We are preparing for our first in-person event since February 2020! We hope you can join us on Friday, April 29th from 12:30 - 2:30 for our annual Student Poster Showcase. See below for details. This is one of the few events on campus that features presentations by undergraduate and graduate students. This event highlights our commitment to supporting the next generation of scholars and community leaders who will build family and community resilience by creating opportunities for children, youth and families from marginalized backgrounds to thrive.

Another goal of FMI is to support and share family and developmental science to inform practice and policy with children, youth and families. We have recently updated our webpages to better highlight resources for youth and to specifically include research evidence on the health and wellbeing of transgender youth. We are also pleased to release our newest [research brief](#) (see below) on poverty, stress and policy.

We are excited to share that FMI has launched our first ever [crowdfunding campaign](#)! Please help support student research! FMI has funded meaningful research that has helped students gain critical skills and experiences to launch their careers. We need your help to sustain and increase this impact. Any donation amount can help. Spread the word about this campaign! You can share the campaign on social media directly from the crowdfunding site.

Finally, we want to acknowledge that the University of Arizona is celebrating [Asian Pacific Islander Desi American \(APIDA\) Heritage](#) month. Last year at the height of the pandemic, there was growing attention to the racism and discrimination experienced by members of the APIDA community, including as highlighted by FMI student researchers (<https://www.youtube.com/watch?v=hHV-N3ss3Ek>). Although this issue is no longer the subject of popular press headlines, it's important to remember that these injustices persist, and research has clearly demonstrated that discrimination in all forms has direct implications for physical and mental health.

---

## FMI Crowdfund Campaign



Help us support the next generation of scholars and community leaders through our crowdfund campaign! Funds raised will go towards providing funding for students to conduct research. Donate [here](#).

---

## New Research Brief

We are pleased to announce the publication of our newest brief titled, "Reducing High-Stress Response of Children in Poverty Can Improve Overall Physical and Mental Health Outcomes: A Research Brief" in English and Spanish. This brief was produced in collaboration with Kim Peace-Tuskey, MSW and Graduate Research Associate with the Mel & Enid Zuckerman College of Public Health.

kim peace-tuskey, MSW

**INTRODUCTION**

A baby is born into poverty in the United States every minute, and a baby is born into extreme poverty in the United States every two minutes. Growing up in such an impoverished setting has far-reaching effects on children's physical and mental health. Complicating this further, the COVID-19 pandemic has contributed to job loss and increasing poverty rates in the U.S. with potential long-term ramifications, especially among families with children and families of color. These circumstances create significant barriers to health-promoting resources such as accessible recreational spaces and fresh healthy food. The federal poverty level was defined in 2019 as the income of a family of four earning below \$25,750, an amount estimated to be about half of what is needed to afford housing, food, childcare, transportation, and health insurance.<sup>1</sup> Living with a chronic paucity of resources increases accumulating stress loads in children. There is extensive research on the correlation between poverty and adverse health outcomes for children.<sup>2-4</sup> Children growing up in poverty are at a disadvantage in almost every domain of development, including social, emotional, and cognitive areas.<sup>5</sup>

In addition to stress from financial challenges, stress from environmental inequities contributes to health disparities for children living in poverty. For example, toxic environmental exposures are more frequent for children living in impoverished areas. Furthermore, impoverished areas tend to have scarce healthy food outlets, community green spaces, and recreational spaces. These exposures and scarce resources create an accumulation of stress and chaotic patterns of stress activation that exert an incalculable toll on children's mental and physical health over a lifetime.<sup>6</sup>

**FAMILY ADJUSTMENT AND ADAPTATION RESPONSE**

Financial stress impacts parents' well-being, and in turn interferes with family dynamics, potentially leading to poor child adjustment.<sup>7</sup> The Family Adjustment and Adaptation Response (FAAR) Model<sup>8</sup> (see Figure 1) presents four non-linear processes that can occur when families face stress, including stressors associated with poverty.

First, families experience imposed demands (e.g., day-to-day hassles, past due bills, illness and no insurance), and they might begin to interpret circumstances in order to make meaning of what is occurring (e.g., how this might highlight family identity, or fitting/not fitting in society). They may assess and employ their existing strengths (e.g., stretching a budget, seeking close family bonds or kinship support).

Lastly, families decide how they might adapt to the circumstances (e.g., adjustment in family values, how this problem was handled in the past in order to adapt, and regain life balance). Families navigate these processes the very best that they can. Some families remain unable to adapt in successful and healthy ways, resulting in heightened levels of vulnerability and poor health outcomes. The piling up of imposed demands overwhelms their capacity for healthy adaptation.

This type of outcome is not due to family or personal shortcomings, but rather as a result of the failings of various systems that do not provide the necessary supports and resources for all families to thrive. Chronic stress exposures, like those associated with poverty, pose significant health risks for children and families. Protective mechanisms must be put in place to stop the damaging cascading health risks for children and their families.

**RECOMMENDATIONS**

The reduction of poverty-induced stressors can improve overall physical and mental health in the nearly 15 million children living in poverty in the U.S.<sup>9,10</sup> Government assistance programs prevent negative impacts that children experience from poverty (see Table 1). Policymakers must act in two ways:

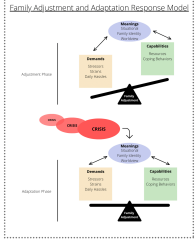


Figure 1. FAAR Model adapted from Patterson (2003).<sup>8</sup>

First, we need policies to support the continuation and expansion of relief measures to protect children and their families from the debilitating stressors of poverty.

Government Assistance Program	How Many Were Helped *2019
Child Tax Credit/Earned Income Credit	4 million
Social Security	1.4 million
Supplemental Nutrition Assistance Program (SNAP)	1 million
Housing Subsidies	763,000

Table 1. 2019 Government Assistance Programs

**SCARCITY OF RESOURCES**

- Healthy Food Outlets
- Community Green Spaces
- Recreational Spaces

**TOXIC EXPOSURES**

- Sewage Treatment Plants
- Landfills
- Waste Sites
- Industrial Plants
- Warehouses

Second, we need policies and programs to improve the health of the environments where families, particularly poor families, live. Areas with waste sites, landfills, or sewage facilities must be removed and placed in areas away from residential neighborhoods. This must be coupled with the development of community green spaces, parks, and recreational areas, as well as access to markets, stores or programs that offer fresh and healthy foods in impoverished neighborhoods.

The benefits of these policy efforts are two-fold. First and foremost, our children and their families struggling to manage adjustment and healthy adaptation will have the supports they need to experience resilience. When children and families are lifted out of poverty, our communities flourish. Moreover, our national economy will be strengthened. It is estimated that costs in the U.S. related to anxiety, depression, and other stress-related health issues associated with poverty, total an estimated \$247 billion annually in lost productivity and increased provision of needed services.<sup>11</sup> Therefore, by adopting this policy approach, our nation will reduce the high-stress response of children in poverty, thus improving overall health outcomes, while demonstrating excellence in fiscal responsibility. These strategies will lead to the regeneration of a nation with stronger children, families, and communities.

**REFERENCES**

1. Children's Defense Fund. The state of America's children: 2021. <https://www.childrensdefense.org/wp-content/uploads/2021/04/The-State-of-Americas-Children-2021.pdf>. Published November 2021. Accessed December 4, 2021.
2. Francis L, Depress K, Wilson M, et al. Child poverty, toxic stress, and social determinants of health: Screening and care coordination. *Journal of Issues in Nursing*. 2018; 23(3):2-21.
3. Scarborough WJ, Collins C, Ruppainner L, Landivar LC. Head Start and families' recovery from economic recession: Policy recommendations for COVID-19. *Interdisc J of App Fam Science*. 2021; 02:26-42.
4. Braveman AP. Health disparities beginning in childhood: A life-course perspective. *Pediatrics*. 2009; 124:163-175. doi:10.1542/peds.2009-1100.
5. United Way. ALICE in Michigan: A financial hardship study. [https://static1.squarespace.com](https://static1.squarespace.com/static/5b1e1111-437-4010-1542/peds-2009-1100). Published March 2021. Accessed February 27, 2022.
6. Huston A, Bentley A. Human development in societal context. *Annual Review of Psychology*. 2010; 61:411-437.
7. Hambrick E, Braveman T, Perry B. Timing of early-life stress and the development of brain-related capacities. *Frontiers of Behavioral Neuroscience*. 2019; 13(183):1-14.
8. Patterson JM. Integrating family resilience and family stress theory. *Journal of Marriage and Family*. 2002; 64:349-360.
9. Fox L. The supplemental poverty measure 2019. Appendix Table 7. Suitland, MD: U.S. Census Bureau. 2020. <https://www.census.gov/content/dam/census/library/publications/2020/demop66-272.pdf>.
10. National Research Council and Institute of Medicine. Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. <https://bookscentral.proquest.com/files/viewed/acton/bcid/3378526>. Published September 2009. Accessed November 14, 2021.



Read Now

# Upcoming FMI Events



THE FRANCES MCCLELLAND INSTITUTE FOR CHILDREN, YOUTH, & FAMILY INVITES YOU TO

**SPRING 2022 STUDENT POSTER SHOWCASE**

April 29, 2022 | 12:30 - 2:30 PM | McClelland Park Lobby

Join us for the in-person Spring 2022 Student Poster Showcase on Friday, April 29, 2022, from 12:30 - 2:30 PM. Graduate and undergraduate students will present their research on a variety of topics centered around improving the lives

of children, youth, and families. This is a great opportunity to learn firsthand about the exciting work of our students.

---

## FSHD Student Updates



Kayla Osman earned an honorable mention for her Ford Foundation Predoctoral Fellowship application. This is an extremely competitive fellowship, so being recognized with an honorable mention is an impressive accomplishment. Congratulations, Kayla!



Congratulations to graduate student Elia Bueno for being selected as the College of Agriculture & Life Sciences Ph.D. Level Meritorious Graduate Teaching Award recipient!

Additional congratulations to Elia, who had the opportunity to translate research findings in an accessible manner, resulting in an article written in both English and Spanish for parents and families at The University of Arizona.

[Read in English](#)

[Read in Spanish](#)

---

---

## Current Research from the Institute



Dr. Brian Mayer (School of Sociology), Dr. Sabrina V. Helm (Norton School), Dr. Melissa Barnett (FMI), and Dr. Mona Arora (Mel and Enid Zuckerman College of Public Health) recently published an article in the International Journal of Workplace Health Management titled, "The impact of workplace safety and customer misbehavior on supermarket workers' stress and psychological distress during the COVID-19 pandemic."

[Read Now](#)

---

---

## FMI Resources

# MENTAL HEALTH & SCHOOL-AGED YOUTH

Authors: Lio D. Falco, Ph.D., Austin Guida, and Connor Kendziora, University of Arizona College of Education

Many American schools continue to face systemic challenges associated with meeting the mental health needs of all students, and mental health problems remain a leading cause of disability among children and adolescents with estimates suggesting they affect between 10%-20% of youth worldwide (Kieling et al., 2011). De-stigmatizing mental health problems and promoting help-seeking while also working to improve access to services is necessary to help reduce the risk of mental health problems for all individuals across the lifespan, and it is especially important for school-aged youth. The COVID-19 pandemic has created many new stressors for school-aged youth and their families. The impact of the pandemic has led to increased stress and anxiety among the general population, and mental health problems remain serious among youth during this crisis (Lee, 2020). Mental health concerns among youth, in general, are growing and, at the same time, many new mental health concerns are emerging or compounded as a result of the COVID-19 pandemic (Tang, Xiang, Cheung, & Xiang, 2020). Caregivers, schools, and even entire communities need solutions for providing timely and responsive services to support students' mental health.

## School-Based Mental Health Services: "Talk it Out"

Barriers to access, including cost and transportation, significantly impact the utilization of mental health services among school-aged youth. Embedding mental health services in school settings can help reduce barriers and increase the utilization of mental health services (Merianos, Vidourek, & King, 2016). Creating practicum experiences for pre-service mental health counselors in schools can improve social equity in schools that need additional systems of support.

Created in partnership with the Tucson Unified School District in 2019, Talk it Out began from the clearly identified need to provide mental health services to students and families in the community who might otherwise encounter significant barriers to access.

By embedding the programming in the district's Family Resource Centers, Talk it Out services are community facing and designed to reduce stigma and improve help-seeking.

The use of telehealth in Talk it Out has been designed to address barriers and limitations via provision of timely, accessible, no-cost services for a array of presenting problems and mental health concerns.



## University of Arizona College of Education Research

Program evaluation is ongoing and guided by a structure-process-outcome framework for assessing access to and quality of care for clients and effectiveness of training and supervision for practicum students. The practicum training model (including telehealth services) is intended to directly improve access to mental health counseling services and enhance the quality of services provided in a school-based community setting. The direct effects are expected to have a positive impact on the utilization of mental health counseling services, the social-emotional wellbeing of students, and academic outcomes for PreK-12 students as well as graduate counseling students.



College of Education

CONTINUED ON PAGE 2

## ADOLESCENTS AND COVID-19: SCHOOL RE-OPENINGS AND MENTAL HEALTH AND ACADEMIC CHALLENGES

Authors:

Bianca Levario, graduate student in Masters of Educational Policy  
Erica Rowell, graduate student in Masters of Public Health  
Cynthia Slobowicz, Ph.D., candidate in Educational Leadership & middle school teacher  
Dr. Katharine Zelders, Associate Professor in Norton School of Family & Consumer Sciences  
Dr. Ada Wilkison-Lee, Associate Professor in the Department of Mexican American Studies

DECEMBER 2021

Nearly a year and half later, the effects of COVID-19 continue to unfold, most youth have returned to in-person learning, but the ongoing stress of new COVID-19 variants and changes in school policies regarding safety protocols are posing serious academic and mental health challenges for youth and families. Advocating for adolescents who face these risks is needed as academic problems, depression, and anxiety can impact youths' daily functioning and long-term development.

### Background

School closures transformed face-to-face instructions into virtual remote learning during the pandemic. The transition raised concerns about adolescents' access to technology and their educational progress. Less obvious was the impact of remote learning on adolescents' mental health, including anxiety and depression.



### Academic Challenges During School Closures

#### National Data

Barriers to virtual learning (e.g. access to technology) disproportionately affected youth of marginalized backgrounds. According to an ASU Morrison Institute poll, about 53% of parents reported their concerns about their children falling behind in their classes and these concerns were highest among Black and Latinx parents (Lough, 2020). In addition to parental concerns, school closures also had implications for school engagement, particularly for students from low-income backgrounds. During the early stages of the pandemic, only 60% of lower income students not attending in-person school were logging on for online instruction, whereas for 90% of higher income students were logging online (Dorn, 2020).

#### Local Community Data

The challenges that youth faced nationally were also seen here in our own Tucson community. In Pima County, thousands of high school and middle school students were failing classes during the transition to online remote learning. In Tucson Unified School District, there was an increasing failure rate in middle and high schools, with 32% of students obtaining a failing grade in at least one class (Khmaro, 2021). In some schools, the percentage of students failing at least one course was even higher (e.g. 67%).

### Mental Health Challenges During School Closures

#### National Data

During the pandemic we also saw alarming rates of mental health problems, including increased anxiety, depression, and suicidal ideations. In a national survey of parents of adolescents, 54% reported that their teens experienced worsened mental health, particularly depression during the pandemic (Vierlander et al., 2021). According to the CDC, the prevalence of suspected suicide attempts with Emergency Room visits were 50% higher among adolescent girls aged 12 to 17 years old from February to March, 2021 than in the previous year (Vard, 2021). School closures disrupted youths' daily opportunities to engage with peers, leading to high rates of loneliness due to quarantine (Laddes et al., 2020).

#### Local Community Data

Within our Tucson community, similar trends emerged. For instance, Pima County reported a 67% increase in suicide deaths since the transition to remote learning among youth ages 12-17 years old (Pima County Health Department, 2020). The rates in suicide among Tucson youth continue to remain elevated due to limited mental health services within our city. School counselors at high schools in Tucson Unified School Districts have witnessed an increase in depression and anxiety symptoms among their students (Khmaro, 2021).



Francis McClelland Institute Children, Youth, and Families

Read Now

## Resources to Support Transgender Youth

We want to acknowledge that the science is clear. Supporting transgender youth in policy and practice saves lives.

# We Support Transgender Youth: A Statement and Framing Guidance

The research is clear that policies, practices, and care that accept and affirm young people's gender identities can help transgender young people thrive.

## CONNECT THE NEEDS OF TRANSGENDER YOUTH TO THE NEEDS OF ALL ADOLESCENTS.



Include phrases like "all young people" and "just like youth of every gender" to highlight what all adolescents have in common and diffuse harmful othering.

## EMPHASIZE THE FUTURE IMPACTS OF DOING THE RIGHT THING.



Remind people that when young people are happy, healthy, and able to pursue their goals—regardless of gender—it creates a better future for us all.

## MAKE IT ABOUT OVERALL WELLBEING, NOT JUST MEDICAL CARE.



Gender appropriate medical care is just one aspect of health and wellbeing. Take this opportunity to talk about making sure transgender youth have all the supports they need, including caring relationships, educational opportunities, and policies that prevent discrimination in every aspect of their lives.

## USE A MORAL ARGUMENT.



Make the case that attacking transgender children and youth is immoral and wrong because it does so much harm. Talk about the motivations of policymakers passing and enforcing these laws and policies as uncaring. Starting with the moral case is more effective than beginning with a rights-based argument, because people don't always attribute "rights" to children and young people.

## TELL POSITIVE STORIES ABOUT TRANSGENDER YOUTH WHO DO GET THE SERVICES THEY NEED.



Demonstrate how important these forms of care are by telling stories about the good outcomes that happen when transgender youth receive the support and care they need so people understand the benefits for young people and their families.

## ALWAYS CONNECT THE DOTS BETWEEN GENDER AFFIRMING CARE AND MENTAL HEALTH OUTCOMES.



Don't assume that people understand the links between gender and mental health. Draw bright lines between discriminatory policies, limits to gender affirming care, and the toll it takes on mental and emotional wellbeing.



Read the Full Report Here:

<https://developingadolescent.com/ucla.edu/topic/item/we-support-transgender>

Visit our updated resources for transgender youth [here](#).

---

## Resources for COVID-19

Check out our website for updated COVID-19 resources [here](#).

---

## FMI's Commitment to Social and Racial Justice

Check out our website for an updated list of anti-racist resources [here](#).

---



Thank you for your support of the Institute.  
Stay in touch with us by following FMI  
on [Facebook](#), [Twitter](#), and [LinkedIn](#).

In Partnership,

### **Melissa A. Barnett, Ph.D.**

Director, Frances McClelland Institute for Children, Youth, and Families

Norton Endowed Chair in Fathers, Parenting and Families

Associate Professor, Family Studies and Human Development

---

Please support our work by making an investment in the Frances McClelland Institute  
for Children, Youth, and Families.

[Give Now](#)

---





Questions? Contact FMI Program Coordinator, Alvin Nguyen, at 520.621.8067  
or email [families@cals.arizona.edu](mailto:families@cals.arizona.edu)

---

This email was sent to [families@cals.arizona.edu](mailto:families@cals.arizona.edu)  
[why did I get this?](#) [unsubscribe from this list](#) [update subscription preferences](#)  
Frances McClelland Institute · 650 N. Park Ave · Tucson, AZ 85721-0078 · USA