



HUMANIDAD

Therapy & Education Services

California Reducing Disparities Project (CRDP) Local Evaluation Report

IPP: Humanidad Therapy and Education Services (Humanidad)

CDEP: *Convivencia*

Priority Population: Latinx

Local Evaluation Period: 2017-2021

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This report was prepared for Humanidad. All data presented belongs to the organization.



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Executive Summary

The California Reducing Disparities Project (CRDP) was launched in response to a call for national action to reduce mental health disparities among historically underserved populations. The largest ethnic group in California, Latinx remains underserved by mental health services. Humanidad was selected as one of the organizations to focus on Latinx communities in Sonoma County. In Sonoma County, many Latinx families struggle to afford food and housing food in an increasingly more expensive housing market. Should families choose to access mainstream mental health care, the fees can be very high, this in addition to mental health stigma and overall lack of access contribute to the mental health disparities in the county.

Sonoma County has also been the epicenter of natural disasters for the last three years, from fires, to floods to the global pandemic, all these factors impact the residents of the county in significant ways.

***Convivencia* is a culturally known and valued practice that can be adopted as a prevention and early intervention treatment approach for low-income Latinx adults living in Sonoma County.** It aims to prevent and/or reduce barriers to access and utilization of mental health services by increasing awareness about mental health issues and resources. By engaging Latinx prior to the development of serious mental illness or serious emotional disturbances; increasing personal, family, community relationships and social support.

The mental health issues addressed by *Convivencia* include culturally relevant and other mental health risks and disparities. Culturally relevant community events and group counseling seek to provide community members with a sense of belonging, self-esteem, quality of life, and the idea of being together to share stories of support and previous experiences.

Convivencia was offered in two methods:

- | Community <i>Convivencia</i> | <i>Convivencia</i> Group Counseling Services |
|--|---|
| <ul style="list-style-type: none">● Community events in different locations in the community, prior to COVID these events took place in community locations throughout the County of Sonoma for example the first Community <i>Convivencia</i> took place in the local Day Laborer Center in the County● Partner with other community organizations● Specific, pertinent topic based on community being served request● Structured events which include a mesa de trabajo (small group discussion)● 2 hours (one-time community event) | <ul style="list-style-type: none">● Group therapy● Held at different sites in the community, for example if the focus was for parents the group would take place at a local school● Partner with other community organizations● Structured weekly● 90-minute-long discussions● 8 weeks in duration● Specific, pertinent topic, based on participating group request |

The Evaluation

A mixed-method approach was administered for the evaluation. A series of surveys collected quantitative data that included standardized measures to assess the changes of psychological constructs such as psychological distress. Two research studies were conducted that collected qualitative data from participants and used ground theory to analyze the data collected.

This was a convenience sample. Sample size for Community *Convivencia* was N=260 and for *Convivencia* Group Counseling matched pre- and post it was N=54. The significant catastrophes in Sonoma County impacted the sample size. From the fires, to the ICE raids, to the floods, to a global pandemic all of these had a critical influence in recruiting stable large samples of participants.

The target population of *Convivencia* was any Latinx members of the community older than 18 years old. *Convivencia* participants are local monolingual or bilingual Latinx/a self-selected from advertisements, participation in local resource centers and parents of children involved in local school districts. Participants were able to self-refer or be referred to Humanidad.

There were three evaluation questions specific to the work of Community *Convivencia*:

- To what extent is Community *Convivencia* reaching the target population?
- To what extent are participants satisfied with the programming?
- To what extent did Community *Convivencia* address cultural, linguistic, and contextual needs of participants?

There were six evaluation questions specific to the work of Group *Convivencia*:

- To what extent is *Convivencia* Group Counseling Services reaching the target population?
- To what extent are participants satisfied with the programming?
- To what extent did Group *Convivencia* address cultural, linguistic, and contextual needs of the participants?
- To what extent did Group *Convivencia* reduce stigma and encourage participants to seek mental health support?
- To what extent did Group *Convivencia* show reductions in depression, anxiety, and stress?
- To what extent did Group *Convivencia* participants show an increase in their sense of belonging, self-esteem, and quality of Life?

Findings

This study concludes that ***Convivencia* is an effective evidence-based community intervention in the Latinx community of Sonoma County.** The evidence demonstrates that participants benefit from participation in the program.

Both Community *Convivencia* and Group *Convivencia* show promise to support participants culturally, socially, and decrease the stigma around mental health. Both programs were successfully transitioned to virtuality at the end of this grant period. There were approximately 348 participants in period of four years.

Convivencia allowed Humanidad to work within the belief system of a culture that values the collective whole over individual needs. While a person's culture is not the only determinant of his/her/their behavior, it is in understanding the similarities and differences within the Latinx population served by Humanidad that allowed for the further refinement of culturally relevant services such as *Convivencia* as the Community Defined Evidence Practice (CDEP). There were approximately

Overall, participants reported the programming was culturally appropriate and responsive to their needs to express their culture and honor their culture. The research studies demonstrate this by the stories shared by the participants such as having a sense of safety with the facilitators, being able to communicate with them in their preferred language and recognizing their cultural beliefs as assets. While we can see this same trend in the qualitative survey responses within questions like the staff respected my cultural beliefs and the level of comfort in communicating with staff.

Participants shared a positive experience both quantitative and qualitative. Participants reported enjoying the opportunity to listen and learn from others and their personal experiences. There was a sense of belonging and a collective healing process experienced by the participants.

Participants expressed how they felt these programs are important to the community because programs acknowledge they are not alone in the struggle with mental health conditions.

Participants reported gaining a greater understanding of mental health, interventions, and community resources available. As far as use of knowledge gained, participants reported feeling comfortable sharing this new knowledge with friends and family.

The response was overwhelmingly positive, and all the participants said they would recommend *Convivencia* to family and friends.

Implications

This evaluation study proves that *Convivencia* provided participants with an opportunity to overcome the stigma associated with mental health and were empowered to share their stories. The community-driven practice—*Convivencia*, offered room for participants to share and be themselves by a method of culturally responsive dialogue which recognizes their individual, community, and cultural strengths and assets (e.g., cultural heritage and traditions). *Convivencia* proved to be a space of familismo (family), respeto (respect), and personalismo (relationships), where community members felt safe to engage in storytelling and share life experiences while learning from others.

Researchers have identified three Latinx cultural values that influence mental health services delivery; familismo, respeto, and personalismo.¹ *Convivencia* is culturally embraced as the value of coexisting with others; or relatedness through life experiences. Familismo is often the motivation for individuals in considering mental health services in general. This is the value that focuses on the extended family. What is emphasized is what is good for the family, often excluding personal benefit.

The reciprocity of respeto is seen in *Convivencia* as mutual respect grows between the service provider, the client, and the other group members. Respeto is also involved in the invitations to come to gatherings. As a culture based in oral tradition, being invited by a family member, an authority for whom you already have respect, or someone who has had the experience and is now sharing to involve another, holds weight.

Personalismo is the value of close personal relationships and it is this aspect, along with respeto, with which *Convivencia* most aligns and facilitates. Respected, emotionally meaningful, authentic relationships develop as a result of honest sharing.

The implications of *Convivencia* include:

1. *Convivencia* is a proven effective way to manage prevention and/or reduction of barriers to access and utilize mental health services by increasing awareness about mental health issues and resources.
2. *Convivencia* is a proven effective way to engage Latinx prior to the development of serious mental illness or serious emotional disturbances.
3. *Convivencia* is a proven and effective way to increase personal, family, and community relationships as well as social support.
4. *Convivencia* can improve the wellbeing of Latinx individuals.
5. *Convivencia* has demonstrated that the stigma was reduced as people came to the events and participated.

¹ Anez, Paris, Bedregal, Davidson, and Grilo, 2005; Garza and Watts, 2010.

6. Culture is a protective factor and *Convivencia* being a culturally responsive intervention works for the Latinx community.
7. *Convivencia* provides a safe space to share stories where individuals feel heard and validated in a culturally responsive and respectful manner.
8. *Convivencia* fosters a sense of belonging to the community.

Discussion and Conclusion

Convivencia is an effective community-evidence intervention in the Latinx community of Sonoma County. The evidence demonstrates that participants benefit from participation and the research studies demonstrate both effective transitions to virtual implementation of the Community *Convivencia* model and the long-lasting effects of the Group *Convivencia* intervention.

Convivencia aimed and was successful at:

1. Prevention and/or reduction of barriers to access and utilization of mental health services by increasing awareness about mental health issues and resources
2. Engaging Latinx prior to the development of serious mental illness or serious emotional disturbances
3. Increasing personal, family, community relationships and social support

Convivencia allowed Humanidad to work within the belief system of a culture that values the collective whole over individual needs.

Community *Convivencia* reached the target population and participants reported satisfaction with programming. Participants also reported being respected and “seen” in a multitude of ways by Humanidad staff. In the research study, participants described their “felt” experience as one of belonging and empowerment to share their personal stories.

Group *Convivencia* also reached the target population and participants reported being satisfied with the intervention. Group *Convivencia* participants showed remarkable and statistically significant increases in cultural connectedness. They reported an increase in connection to spiritual/religious traditions of culture when asked if culture gives them strength. When participants were asked about how balanced and connected they felt to their culture, both measures showed a statistically significant increase after the intervention. When asked about cultural risk factors, participants showed a statistically significant decrease in feeling isolated and marginalized from society after the intervention.

Introduction

Recent census data show Latinx make up the largest ethnic group in California. In Sonoma County, the Latinx/Hispanic population has grown by almost 230 percent within the last 25 years.² In 2018, 87% of residents identified as White with 27% identifying as Hispanic or Latinx, the County's largest minority population.³ According to the most recent Sonoma County Capacity Assessment (FY2016-19), this underserved group makes up almost 30% of the County's general population and over 40% of Sonoma's Medi-Cal population, while only 23% of DHS-BHD consumers were of Hispanic ethnicity.

In Sonoma County, disparities in mental health care for Latinx are severe, persistent, and well documented. Although it is presumed that Latinx in Sonoma County are able to access mental health services through a number of clinical mental health service providers, the Latinx mental health penetration rate in Sonoma County remains below 2%, which is lower than comparable counties and one of the lowest penetration rates in the state of California (3.78%).⁴

Furthermore, the recent Capacity Assessment conducted for Sonoma County reports that both consumers and providers noted difficulties accessing or supplying services in Spanish. While about one fifth of consumers identified as Hispanic, very few services were offered in Spanish. Many providers and consumers reported a need for greater quantity and variety of high-quality services in Spanish that would be accessible regardless of a consumer's citizenship status. Key stakeholders such as nonprofit organizations and community leaders noted that the lack of culturally competent and bilingual staff resulted in the Hispanic community accessing a lower level of care than other consumers or being deterred from accessing care altogether. For example, when monolingual Spanish-speakers tried to access counseling services, oftentimes they were only offered education or wellness opportunities due to the lack of bilingual clinicians in the County. Service limitations were particularly true for undocumented residents, who had limited access to facilities that were often over capacity and inconsistent in quality.

The limited amount of services provided in Spanish, and that are culturally appropriate relative to Sonoma County's Latinx/Hispanic population, may have led to increased use of higher-level services. During fiscal year 2018-2019, a high proportion of Latinx consumers went to the CSU, though slightly less than consumers overall. Over 25% of Sonoma County households speak a language other than English at home, of which about 19% speak Spanish – the County's only threshold language. About 11% of residents speak English less than "very well," suggesting possible linguistic isolation for this population. Additionally, there are an estimated 38,500 undocumented residents in the County. Individuals who are undocumented and/or linguistically isolated may experience unique challenges accessing medical, transportation, and social services. If services are limited by language, it can reduce access as well as the quality of services available – particularly for individuals with lower levels of income.

This growing population of Sonoma County has unique mental health vulnerabilities, many related to socioeconomic factors as outlined in the CRDP Latinx population report.⁵ Although Latinx made up 33% of the workforce in Sonoma County in 2012, their median household income was 28% below the California median salary. This is largely due to the significant number of Latinx in the county that work in agriculture and service positions, where wages are lower. Historically, Latinx have been marginalized by underlying social and economic inequalities, and also underserved because they lack the necessary knowledge and resources to

² Sonoma County Economic Development Board, *Hispanic Demographic Trends*, 2017

³ U.S. Census Bureau. (2018). *Quick Facts*, Sonoma County, California.

⁴ Behavioral Health Concepts, Inc. *Sonoma County MHP CalEQRO Report*. Fiscal Year 2018-19.

⁵ *Community-Defined Solutions for Latino Mental Health Care Disparities: California Reducing Disparities Project, Latino Strategic Planning Workgroup Population Report*, 2012

participate in community services — a major concern for Humanidad. Humanidad is uniquely positioned as an organization that provides culturally competent services.

The CRDP Latino population report also indicates that California Latinx families tend to be unfamiliar about the warning signs of mental illness. This lack of awareness and/or access to a network of people from whom to obtain information about services can be attributed to a combination of socioeconomic and language barriers, and other cultural factors that impact their access, utilization and retention rates. Studies also suggest that these socioeconomic and language barriers combined with life stressors, contribute to a high dropout rate among the Latinx population after receiving care and treatment.⁶

The California Reducing Disparities Project (CRDP) was launched in response to a call for national action to reduce mental health disparities among historically underserved populations. Latinx are one of five priority populations included in CRDP, and Humanidad Therapy and Education Services (HTES or Humanidad) is one of several organizations in the state working with this population.

While a person's culture is not the only determinant of his/her behavior, Humanidad seeks to provide culturally relevant services, including in *Convivencia*, Humanidad's Community Defined Evidence Practice (CDEP). Consistent with Maduro's 1983 work⁷, *Convivencia*'s premises and constructs follow logically from the social and historical values placed on healing practices, interdependence of family, and mutuality. Within the Latinx community, these are seen as acceptable vehicles for communicating current needs. In the practice of psychotherapy, there is a mutual shared experience that is felt and transmitted in a similar exchange. While there is no literature on the "felt-experience of *Convivencia*," it is clearly an inherent value that is known, felt, and collectively transmitted within the culture and language.

Humanidad

Humanidad recognizes cultural and linguistic needs and addresses these using a multi-faceted approach that aligns *Convivencia* with Latinx cultural values and beliefs, life experiences, and family practices. The *Convivencia* model follows research which shows that the most effective treatments are those that targeted to a specific cultural group and include a greater number of cultural adaptations.⁸ Humanidad addresses the Latinx stigma associated with seeking mental health services through its use of *Convivencia*, helping to create bridges between a historical cultural practice and modern counseling services.⁹ Humanidad believes culture can heal and research shows that there is a strong link between ethnic identity and better health outcomes.¹⁰ In addition, ethnic commitment can serve as a stress buffer.¹¹

Humanidad is a multicultural community mental health agency and Marriage and Family Therapist (MFT) training program. HTES offers bilingual/bicultural, low-fee psychological services for underserved, diverse populations in Sonoma County, California with a primary focus on providing culturally sensitive Latinx mental health care and education services to bicultural practitioners and Latinx communities.

⁶ *Clinical Psychology Science and Practice*, "Barriers to Community Mental Health Services for Latinos: Treatment Considerations," 2003

⁷ Maduro, R: *Curandismo and Latino views of disease and curing*, in *Cross-Cultural Medicine*, West J Med 1983

⁸ Smith, Timothy & Domenech Rodríguez, Melanie & Bernal, Guillermo. (2011). Culture. *Journal of clinical psychology*. 67. 166-75. 10.1002/jclp.20757.

⁹ During the third year of the evaluation, Humanidad incorporated a Community outreach systems navigator who paved the way for *Convivencia* participants to seek mental health services once their basic needs were covered. This led to larger participation numbers.

¹⁰ Mossakowski KN. Coping with perceived discrimination: does ethnic identity protect mental health? *J Health Soc Behav*. 2003 Sep;44(3):318-31. PMID: 14582311.

¹¹ Torres L, Yznaga SD, Moore KM. Discrimination and Latino psychological distress: the moderating role of ethnic identity exploration and commitment. *Am J Orthopsychiatry*. 2011 Oct;81(4):526-534. doi: 10.1111/j.1939-0025.2011.01117.x. PMID: 21977938.

Humanidad Therapy and Education Services

Mission Statement

Humanidad's mission is to strengthen the lives of the Latinx community by increasing access and utilization of community mental health resources. We transcend barriers and reduce stigma by providing culturally proficient therapist training, inclusive community education, and bilingual therapy services.

Vision Statement

We envision healthy and thriving communities where the stigma associated with mental health does not exist and all have access to culturally sensitive therapy services.

Core Values

Compassion – We serve our community with commitment and dedication.

Culture – We respect and honor all cultures.

Integrity – We take great pride in providing high quality services.

Heart-driven – We do the work because we love the work.

CDEP Purpose, Description & Implementation

CDEP Purpose

From 2017 to 2018, Humanidad was in a process of program development for *Convivencias*. The first Community *Convivencia* took place in December of 2018 in partnership with a local resource center. The recruitment proved to be a great challenge for the program in the years to come. The consequences of the fires and context surrounding the community made this very difficult and consequently participant numbers were low. Humanidad made an intentional pivot to focus on developing and nurturing relationships in the community in a variety of ways to support the work of the organization and the recruitment to better reach the participants. This initial relationship building helped to increase client numbers during COVID and resulted in stable participation numbers. This can be a combination of the development of partnerships as well as virtual being more convenient for some participants because it eliminates travel time and the need to be at a specific place at a specific time.

During COVID, *Convivencias* were all virtual. Virtuality brought challenges and opportunities. The surveys became electronic, and the data collection was smooth and streamlined because of the use of electronic surveys and the google platform. Participation increased in both Community *Convivencia* and Group *Convivencia*. The challenges were that participants were not familiar with technology usage, internet usage, accessibility and in some instances the lack of privacy and a safe environment as participants were home with the whole family. Technical difficulties affected from time to time the quality of the communication and the group integration

Convivencia is a culturally known and valued practice that can be adopted as a prevention and early intervention treatment approach for low-income Latinx adults living in Sonoma County. It aims to prevent and/or reduce barriers to the access and utilization of mental health services by increasing awareness about mental health issues and resources; engaging Latinx prior to the development of serious mental illness or serious emotional disturbances; and increasing personal, family, community relationships and social support.

The mental health issues that were addressed by the *Convivencia* include culturally relevant and other mental health risks and disparities. The strategies being integrated include culturally relevant community events and group counseling services, both with the main purpose to increase a sense of belonging, self-esteem, quality of life, and the idea of being together to share stories of support and previous experiences.

The development of *Convivencia* came from Humanidad's group counseling service work with Latinx over the past five years. *Convivencia* allows Humanidad to work within the belief system of a culture that values the collective whole over individual needs. The culture honors how people draw strength from their values coupled with a need to be in relationships. The quality of interaction among individuals, when held within a group environment that provides a space for sharing of knowledge and information with consistency, warmth, mutuality, connection, belonging, acceptance, openness, and supportive reflection, leads individuals to seek more learning and personal growth, helping them realize true transformation.

Humanidad provides outreach and services to the Latinx community that help overcome stigma in a variety of ways. For example, Humanidad believes in empowering the individuals' and families' ability to seek and use mental health services through its community-driven practice—*Convivencia*. That is, going to the community where they live, work, learn and *conviviendo* (convening) in cultural dialogue in a way that recognizes their individual, community, and cultural strengths and assets (e.g., cultural heritage and traditions). *Convivencia* is a space of *familismo* (family), *respeto* (respect), and *personalismo* (relationships), where community members feel safe to engage in storytelling and share life experiences while learning from others.

Through *Convivencia*, Humanidad is able to reduce stigma by creating a safe, trusted environment where monolingual Latinx suffering from a mental health problem regain hope in their recovery and participation in community life. *Convivencia* is a culturally known and valued practice that can be adopted as a prevention and early intervention treatment approach for low-income Latinx adults living in Sonoma County. It aims to prevent and/or reduce barriers to access and utilization of mental health services by increasing awareness about mental health issues and resources; engaging Latinx prior to the development of serious mental illness or serious emotional disturbances; and increasing personal, family, community relationships and social support. The target population for *Convivencia* was all Latinx members of the community older than 18 years old. Mostly targeting mono-lingual Spanish speakers..

CDEP Description & Implementation Process

This report is being written in the wake of the passing of Humanidad's founder and previous Executive Director. Dr. Maria Hess unfortunately passed away in July of 2021. A new Executive Director entered Humanidad in July of 2019. The organization developed and evolved throughout the project. Through the implementation of *Convivencia* the organization grew stronger and developed protocols and procedures. The context of the evolution of the organization is as important as the environmental context.

In 2017, the Tubbs fire devastated the Santa Rosa area and the nearby regions. It destroyed more than 5,643 structures and Santa Rosa's economic loss was estimated at \$1.2 billion dollars. Approximately 36,807 acres were burned. The community, in particular the Latinx community, was highly impacted by the event. In addition to the 2017 Tubbs Fire, ICE (Immigration and Customs Enforcement) raids occurred in 2018 which created fear in the Latinx community. In 2019, another fire took the community by storm. The Kincade fire caused mass evacuations of the Sonoma County area with more than 180,000 people forced to evacuate for safety reasons, lasting more than 11 days with greater than 78,000 acres burned. Many area community members reported that they were still healing from the trauma of the Tubbs fire in 2021 when the Kincade fire burned Sonoma County in 2019. Then in 2020, a global pandemic forced the community to rethink life, school, and the economy with shelter-in-place orders and the massive health care consequences of COVID-19. Health

inequities were also highlighted during COVID in Sonoma County where the Latinx community was once again the most impacted.

Convivencia is a culturally known and valued practice that can be adopted as a prevention and early intervention treatment approach for low-income Latinx adults living in Sonoma County. It aims to prevent and/or reduce barriers to access and utilization of mental health services by increasing awareness about mental health issues and resources; engaging Latinx prior to the development of serious mental illness or serious emotional disturbances; and increasing personal, family, community relationships and social support.

Humanidad’s Community Defined Evidence Practice is *Convivencia*, an open and inviting coming together for the sharing of personal life experiences with mutual understanding and respect. As a therapeutic practice, *Convivencia* encourages peer-to-peer support with a focus on meaningful communication. *Convivencia* gatherings promote safety, self-awareness, personal and family growth, healing, and positive change. *Convivencia* helps reduce stigma and exclusion by engaging Latinx community members in a non-threatening practice that is culturally accepted. The quality of interaction among individuals, when held within a group environment that provides consistency, warmth, mutuality, connection, belonging, acceptance, openness, and supportive reflection, spurs learning and personal growth.

Convivencia is unique to Latinx as a non-threatening and culturally traditional practice that provides a forum for conversations about mental health to emerge without fear or judgment. Because *Convivencia* is a familiar practice, it is more “user friendly” than traditional therapeutic settings, such as going to a mental health provider. Because Humanidad staff deliver *Convivencia* on-site in multiple locations within the county, Latinx are able to participate in *Convivencia* within close proximity to their neighborhood. This practice ensures that Humanidad can deliver mental health services where services are needed most.

Prevention and early intervention have been cited by the CRDP population reports, the strategic plan, and Mental Health Services Act as “key to reducing disparities and risk factors and building protective factors.” Humanidad has been successful in delivering mental health programming via community gatherings; therapeutic intervention; and school-based mental health groups, one-on-one counseling services, and mindfulness practices.

Convivencia addresses the Latinx population’s social and economic barriers by giving credence to an inherent cultural value. *Convivencia* can also help in the early identification of a possible mental disorder and, through conversation, reduce its severity.

The purpose of the evaluation was to explore the effectiveness of *Convivencia*.

Convivencia was delivered using two methods:

Method #1: Community *Convivencia*

Method #2: *Convivencia* Group Counseling Services

Table 1: Humanidad Community and Group *Convivencia* Description

Community <i>Convivencia</i>	<i>Convivencia</i> Group Counseling Services
<ul style="list-style-type: none">Community events in different locations in the community, prior to COVID these events took place in community locations throughout the County of Sonoma for example the first Community <i>Convivencia</i>	<ul style="list-style-type: none">Group therapyHeld at different sites in the community, for example if the focus was for parents the group would take place at a local school

<p>took place in the local Day Laborer Center in the County</p> <ul style="list-style-type: none"> ● Partner with other community organizations ● Specific, pertinent topic based on community being served request ● Structured events which include a mesa de trabajo (small group discussion) ● 2 hours (one-time community event) 	<ul style="list-style-type: none"> ● Partner with other community organizations ● Structured weekly ● 90-minute-long discussions ● 8 weeks in duration ● Specific, pertinent topic, based on participating group request
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Method #1 - Community *Convivencia* (Mesas De Trabajo):

Participants included local monolingual or bilingual Latinx/a self-selected from advertisements, participation in local resource centers, and parents of children involved in local school districts and open to all adults ages 18 and older. The expectation was to have between 20-25 participants per *Convivencia*, in reality the number of participants varied from 5 to 20 participants. From 2018 through June of 2021, there were a total of 294 Community *Convivencias* participants. (See Table 2).

The format of every *Convivencia*, prior to COVID, was structured as follows:

1. Participants and administrative staff enjoy a meal together.
2. Following the meal, administration of surveys, setting group guidelines and rules collaboratively with participants, and introduction of the topic and relevance.
3. Participants are then randomly placed at small group tables, with one bilingual facilitator and note taker. A series of questions are asked, participants respond verbally, and facilitators regularly summarize and elicit feedback for accuracy and understanding. This continues until participants express, they have no more input, and then all participants join together in a large group.
4. The groups report out, the themes are written on wall post-its and the facilitators engage the participants in further discussion and identification of themes. The facilitator will then lead group members in a discussion about what they feel they need in future gatherings. Those topics can be introduced in the next formal gathering as time permits.
5. The event concludes with a raffle.
6. Participants are given a consumer satisfaction survey and demographic survey.

The focus of Community *Convivencia* is:

- Preventing and/or reducing barriers to access and utilization of mental health services.
- Increasing awareness about mental health issues and resources.
- Engaging Latinx prior to the development of serious mental illness or serious emotional disturbances.
- Increasing personal/family/community relationships and social support.
- Promoting better mental health including lessening depression, anxiety, and stress.
- Decreasing mental health risk and disparities.
- Reducing feelings of exclusion and mental health stigma by enhancing belonging and self-esteem.

Each participant was asked to complete a customer satisfaction survey and a demographics survey.

Participant Attendance Table

Table 2: Total Community Convivencia Participant Attendance 2018-2021

Year	Number of Participants
2018	19
2019	97
2020	101
2021	77

Method #2 - Convivencia Group Counseling Services:

Convivencia groups were eight week, 90-minute clinical/therapeutic groups with Latinx adults using Convivencia to increase its value and cultural relevance to the Latinx community. Group participants were able to self-refer or be referred to Humanidad for group therapy. In some instances, Group participants were Community Convivencia participants. Between 2018 and 2021, there were a total of 100 Group Convivencia participants (see Table 3).

The format of the group, prior to COVID, was as follows:

1. Referred parties or self-selected individuals are contacted prior to group start and screened for appropriateness for the group.
2. The initial group begins with facilitators and group participants co-creating group rules, administering surveys, explaining the group process and Convivencia and obtaining informed consent.
3. The group facilitator then announces the theme of the group and introduces an exercise for participants designed to create discussion and sharing among the participants.
4. The facilitator will regularly interject summaries and observations and check in with the group participants about accuracy and understanding.
5. The group concludes with the participants commenting on the group process and committing to a specific action to do before the next group.

These clinical/therapeutic groups focused on:

- Preventing and/or reducing barriers to access and utilization of mental health services and increasing awareness about mental health issues and resources.
- Promoting better mental health including lessening depression, anxiety, and stress; decreasing mental health risk and disparities.
- Reducing feelings of exclusion and mental health stigma by enhancing belonging and self-esteem.
- Providing linkages to services and increasing knowledge of how to access services.

The groups were moderated by a trained bilingual/bicultural Spanish-speaking Humanidad therapist or MFT trainee or intern with experience in psychotherapy and Convivencia.

Each participant was asked to complete an informed consent form, a pre-survey at the beginning of the group and a post-survey at the end of all 8 sessions.

Participant Attendance Table

Table 3: Total Convivencia Group Counseling Services Participant Attendance 2018-2021

Year	Number of Participants
2018	8
2019	39
2020	27
2021	26

Local Evaluation Questions

The overall intent was to increase access to therapeutic services, assure appropriateness with the community participants, adhere to a culturally responsive and inclusive implementation, reduce stigma, and increase participant connection resulting in increased quality of life. **The evaluation questions did not change during the course of the evaluation, what changed were the methods used to collect data.**

There were three evaluation questions specific to the work of Community Convivencias. Table 4 details each of these questions and the corresponding tools/methods used to measure them.

Table 4: Evaluation Questions and Tools/Methods for Community Convivencias

Evaluation Questions	Tools & Methods
To what extent is Community <i>Convivencia</i> reaching the target population?	Demographics Survey
To what extent are participants satisfied with the programming?	Customer Satisfaction Survey
To what extent did Community <i>Convivencia</i> address cultural, linguistic, and contextual needs of the participants?	Customer Satisfaction Survey Case Study

There were six evaluation questions specific to the work of Group Convivencias. Table 5 details each of these questions and the corresponding tools/methods used to measure them.

Table 5: Evaluation Questions and Tools/Methods for Group Convivencias

Evaluation Questions	Tools & Methods
To what extent is <i>Convivencia</i> Group Counseling Services reaching the target population?	SWE Core Demographics Survey
To what extent are participants satisfied with the programming?	SWE Core Measures
To what extent did Group <i>Convivencia</i> address cultural, linguistic, and contextual needs of the participants?	SWE Core Measures
To what extent did Group <i>Convivencia</i> reduce stigma and encourage participants to seek mental health support?	Case Studies
To what extent did Group <i>Convivencia</i> show	SWE Core outcome questionnaire (pre- and post-)

reductions in depression, anxiety, and stress?	Case Studies
To what extent did Group <i>Convivencia</i> participants show an increase in their sense of belonging, self-esteem, and Quality of Life?	SWE Core Outcome Questionnaire (pre- and post-) Case Studies

Humanidad was able to collect more data during the *Convivencia* Group Counseling sessions because the SWE Core Measures tool was used and this is a longer questionnaire compared to the customer satisfaction survey created internally by Humanidad. Both methods of *Convivencia* are equally important to the overall intent of the evaluation. However, in partnership with the Community Advisory Council it was concluded that some of the Core Measures made sense to ask to group participants as they had been exposed to *Convivencia* longer than one-time community *Convivencia* participants.

Evaluation Design & Methods

Design

A mixed-method approach was administered for the evaluation. A series of surveys collected quantitative data that included standardized measures to assess the changes of psychological constructs such as psychological distress. Two case studies were conducted that collected qualitative data from participants. Group *Convivencia* case studies followed specific participants while the Community *Convivencia* case study was an approach to interview a few participants and used ground theory to analyze the data collected.

Sampling Methods and Size

This was a convenience sample.

The target population of *Convivencia* is any Latinx members of the community older than 18 years old. *Convivencia* participants are local monolingual or bilingual Latinx/a self-selected from advertisements, participation in local resource centers, parents of children involved in local school districts, etc. Participants were able to self-refer or be referred to Humanidad.

Recruitment happened at multiple levels:

1. Humanidad focused on certain geographic regions in the County where there is a higher concentration of Latinx community members
2. Humanidad worked closely with other non-profit organizations and advertised *Convivencias*
3. Humanidad made presentations at other non-profit organizations and explained *Convivencias*
4. Humanidad created a set of fliers that were distributed throughout the community
5. When *Convivencias* became virtual, Humanidad used their electronic newsletter to advertise *Convivencias*

Measures and Data Collection Procedures

Community *Convivencia*

The sample in Community *Convivencia* was size=294 for the four years. Each participant at Community *Convivencias* was asked to complete a consent form and a demographic survey at the beginning of the group and a customer satisfaction survey at the end. As far as limitations:

- Not every participant answered every question

- Answering the questions was optional to every participant

During the first Community *Convivencia*, it became clear that administering the SWE Core Measures was going to be difficult for the following reasons:

- The Community *Convivencias* were only scheduled for two hours.
- The participants of the Community *Convivencias* had varied literacy levels and the surveys were complex.
- The participants needed a lot more time to complete the surveys.
- Even when the participants were college students, the process took a significant time.
- As time was being used for the completion of data collection, the mesas de trabajo (group discussions) were shortened. The small group discussions are the heart of the intervention.

In mid-2018, the agency decided to no longer administer the SWE Core Measures during Community *Convivencias* and only do so during Group *Convivencias*. This was decided in collaboration with the Community Advisory Board (CAB) and key partners.

Convivencia Group Counseling

Convivencia Group Counseling participants completed a consent form and a pre-survey during their first group session. They completed a post-survey during their last group session. There were three things tested:

Cultural Connectedness was measured in three subscales: *Cultural Connectedness*, *Cultural Protective Factors*, and *Cultural Risk Factors*. The first subscale *Cultural Connectedness* was measured using four items on a 5-point Likert scale ranging from 1 as “strongly disagree” to 5 as “strongly agree.” The sum of the four items was used as a composite index to indicate the level of cultural connectedness. A higher score means stronger cultural connectedness. *Cultural Protective Factors* was measured using two items on a 5-point Likert scale ranging from 1 as “none of the time” to 5 as “all of the time.” The sum of the two items was used as a composite index to indicate the level of cultural protective factors. A higher score is indicative of more protective factors. *Cultural Risk Factors* was measured using two items on the same 5-point Likert scale as *Cultural Protective Factors*. However, in this scale, a higher score means more risk factors, implying that a lower score is indicative of a better outcome.

Psychological Distress was measured using six screening items in the Kessler 6 (K6) measure that ask about the frequency of negative emotions such as feeling nervous or worthless. Frequency was scaled from 0 as “none of the time” to 4 as “all of the time.” The items were summed to calculate the total raw scores. A higher score indicates a greater level of psychological distress. Participants were classified into three groups: low-level (0-4), moderate-level (5-12), and severe-level (13 or above) psychological distress. Both the total raw scores and the levels were used for analysis.

Psychological Functioning was measured using a set of items of the Sheehan Disability Scale (SDS). The adult version included four domains and the adolescent version included three domains. This measure asked the participants how often their negative emotions interrupted their normal functioning in their life in those domains. The average of the items was used for further analysis.

Fidelity and Flexibility

To ensure fidelity there were three Manual of Procedures completed (please see appendix A, B, and C), one for in-person Community *Convivencia*, one for in-person Group *Convivencia* and one for virtual *Convivencias*. Staff were trained in protocols and procedures and in all cases, there were two facilitators at *Convivencia* – one with extensive experience and one trainee, per se, that conducted the *Convivencia* in partnership. The lead

facilitator collaborated with the other facilitator to ensure fidelity of the model was followed. The evaluation of fidelity is still an ongoing process.

During COVID, protocols and procedures were developed to ensure *Convivencia* followed, as closely as possible, the model that was used in the live-community settings. COVID provided flexibility and technology provided the platform needed to create the same atmosphere. All events were planned in advance and each session was consistent across Community *Convivencia* and Group *Convivencia*.

COVID Modifications for Community and Group Convivencia Work

Community and Group *Convivencia* looked very different during COVID times. The number of participants demonstrates the context. For Community *Convivencia* it was almost easier to maintain the attention of the participants despite technological challenges. For Group *Convivencia* the number of participants does not reflect the efforts and arduous process for one person to be able to finish the 8 weeks in the group since our communities now more than ever struggle with time, space and resources. Humanidad entered each participant's home and facilitators had to learn how to share the space with children studying from home, family members being present, and many other distractions. This changed the experience of the participant and the staff member.

For Humanidad "conviviendo," is convening while trying to connect through technology and to educate participants on how to handle technical difficulties. Humanidad tries to stop clients / participants' ongoing life to receive *Convivencia* while everything is moving literally around them, there is the lack of privacy to talk and express themselves, definitively there are more distractions and limitations to connect, this affects the content and the disposition to open up.

The following describe the adjustments made:

- Script, consent forms, and presentation material were all digital
- No food or "conviviendo" in a physical common space
- Musical and educational videos are part of our "antesala," welcoming screen, initial part for *Convivencias*
- HTES used HIPAA Compliance Zoom virtual break rooms to create smaller groups during *Convivencias* or the possibility to talk privately with a facilitator during sessions.

Recruitment/Retention Plan

There was a comprehensive subject recruitment process in collaboration with other CBOs that predominantly serve Latinx. Community members were invited to participate in a presentation where Humanidad shared the basic information about *Convivencia*. Then they were invited to participate in Community *Convivencia*. From there participants felt empowered and wanted more resources so they would ask for *Convivencia* groups to explore issues of importance deeper. (Several participants continued to participate in individual therapy).

Evaluation Sub-Populations

Language: English and Spanish

Racial/Ethnic Group: Latinx

Education: Most study participants will report a low level of formal education

Immigrants/Refugees: Some of the study participants will be recent immigrants

Non-Native English Speakers: Most of the study participants will be non-native English speakers

SES/Income: Most participants will be low income

Uninsured/Underinsured: Many participants lack health insurance

Dissemination Plan

Development of a strong dissemination plan is a critical component of the evaluation plan. Humanidad has a strong foundation in the community and will leverage partnerships to ensure evaluation findings are shared widely. Development of a campaign to share learnings from the *Convivencias* and evaluation will help build awareness of Humanidad's mental health treatment programs, including *Convivencia*, to help grow Latinx community awareness of mental health risk factors, and awareness of the need for and availability of culturally and linguistically appropriate services that support early mental illness identification and intervention to produce better mental health outcomes.

The dissemination plan for the evaluation findings will build on our current work on Humanidad's five-year marketing and communications plan. We will use these plan elements to further disseminate our findings through:

- Humanidad's refreshed website
- Bilingual marketing materials
- HTES Monthly Newsletter
- Monthly Community Webinars
- Radio broadcasts on bilingual station KBBF with community call-in
- Facebook groups
- Leverage local partnerships to continue and expand guest speaking opportunities, sharing locally with churches, CBOs, other mental health providers, and the Santa Rosa City School District
- Lastly, there was an MFT curriculum and training manual

Audiences/Key Stakeholders

The list of key stakeholders included:

- Humanidad staff, MFT trainees and interns
- Sonoma County Latinx

The key audiences included:

- Latinx living in Sonoma County
- Sonoma County mental health providers, CBOs, and churches that provide services to Latinx
- Santa Rosa Junior College, Santa Rosa City Schools, and Sonoma State University.

Utilization of the Findings

Humanidad used the findings throughout the evaluation process to help refine outreach strategies as well as the program's structure. In addition, to ensure this work is sustainable, Humanidad created a *Convivencia* curriculum and training manual so that they can train the next generation of MFT trainees and interns to become culturally proficient in working with Latinx and successfully integrate *Convivencia* into therapeutic practice.

Community Engagement

Through integration of CBPR methods including engaging and soliciting community input, Humanidad ensured that the materials developed were culturally/linguistically/contextually accessible and relevant. Humanidad has a strong community presence through membership and participation in roundtables, conferences, and networking with other local Latinx service providers.

Humanidad also engages with the community by providing mental health messaging via: 1) radio station broadcasts on KBBF and with other local media; and 2) and presentations to Latinx supporters and Roseland and Moorland school district administrators, teachers, and students. Humanidad also deepens community engagement by developing stronger collaborative relationships with other Sonoma County mental health providers, churches, and CBOs that serve Latinx.

Dissemination Methods

The primary dissemination methods include, as described above:

- Humanidad's proposed *Convivencia* MFT training curriculum and manual
- Local dissemination through community meetings, partner organizations, and local radio
- Online dissemination through the Humanidad website and Facebook groups
- Dissemination to program participants with a translated summary of evaluation findings

Data Analysis Plan Implemented

Demographic data (e.g., age, gender, educational level, household income, acculturation) were collected. In order to determine whether significant reductions in stigma, depression, anxiety, stress and other key indicators occurred post-program, bivariate analyses (i.e., paired sample t-tests, McNemar's chi-square tests, etc.) were employed to determine whether changes from pre- to post-assessment occurred by chance or were sufficiently significant that they might be attributed to the program/intervention. These same tests were also used to examine whether there were increases in a sense of belonging, self-esteem, and quality of life from pre- to post-assessment. Statistical data analysis software (SPSS) was utilized to perform these analyses. For each measure, the composite scores (e.g., sums or averages) were used for analysis as depicted in the measure section. Only matched samples were used for pre and post comparisons. Paired t-tests were conducted to compare the sum or average scores between pre and post. McNemar tests were used to determine whether the changes in the levels of psychological distress were statistically significant at $p < 0.5$.

For the interviews, ground theory was used to analyze the data and create the reports. The themes that came from this method are presented below.

Results

Quantitative Data Findings

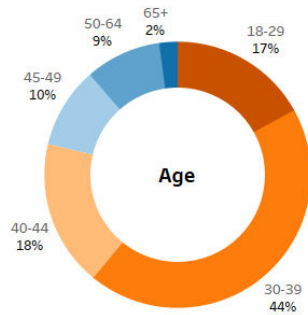
Demographics

Community Convivencia Participants

As figure 1 shows, Community *Convivencia* participants were predominantly ages 30-38, Latinx, and Spanish speaking. About 50% reported they have been living in the United States between 11-20 years, making them relatively recent immigrants.

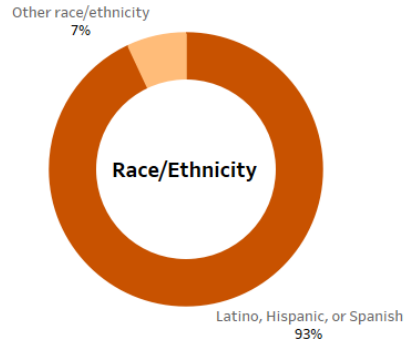
Figure 1: Community Convivencia Participants Demographics (N=139-260)

How old are you?



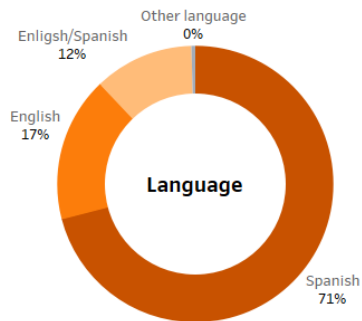
N=141

What is your race and origin?



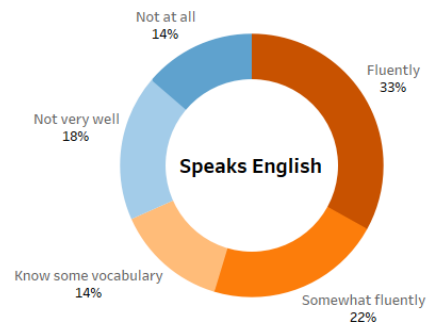
N=260

What is your preferred language?



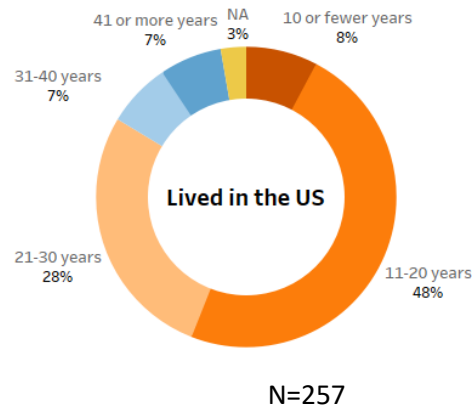
N=224

How well can you speak the English language?



N=139

About how many years have you lived in the United States?



Group Convivencia Participants

Group *Convivencia* participants completed the pre- and post- SWE Core Measures survey. There was a total matched sample size=54 for the four years. The limitations include:

- Some questions were not answered since the participants could choose whether or not to answer questions
- There were several participants that started the group but never finished due to personal reasons, natural disasters, and other urgent matters that required their personal attention
- Percentage of attrition is hard to estimate

As figures 2,3,4 below show, the target population for Group *Convivencia* consisted of multiple ages, predominantly Mexican/Chicano (see Figure 1), and identified as female. Based on this sample, the target population was reached, and these demographics were consistent with the participation trends in other community interventions. In regards to sexual orientation, 88% identified as straight. Additionally, 68% of participants reported Spanish as their preferred language.

Figure 2: Group Convivencia Sample Demographics: Age and Ethnicity (N=46-54)

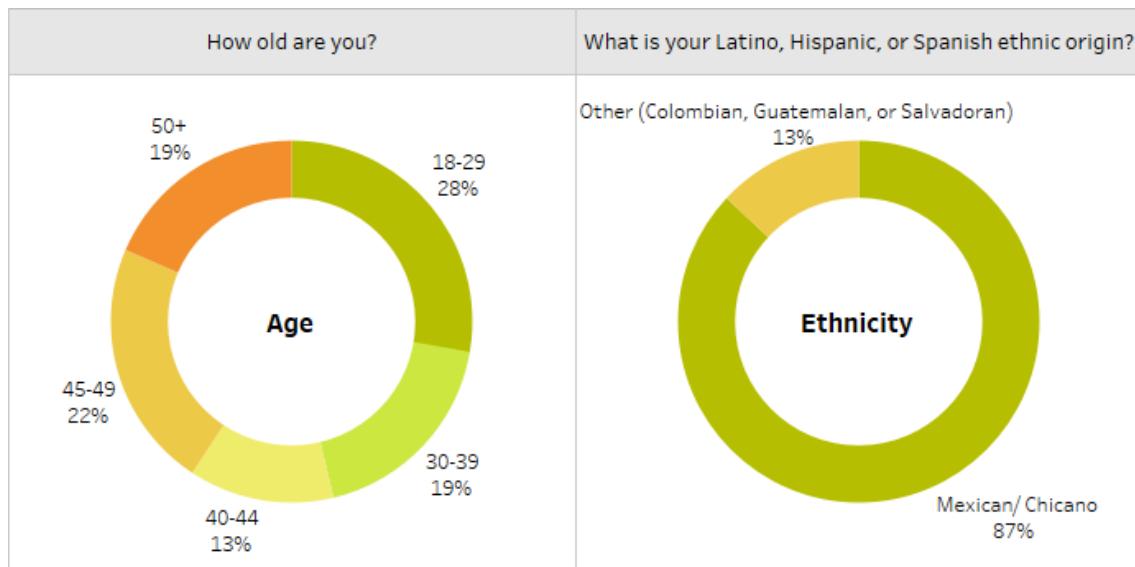


Figure 3: Group Convivencia Sample Demographics: Gender Identity and Sexual Orientation (N=45-54)

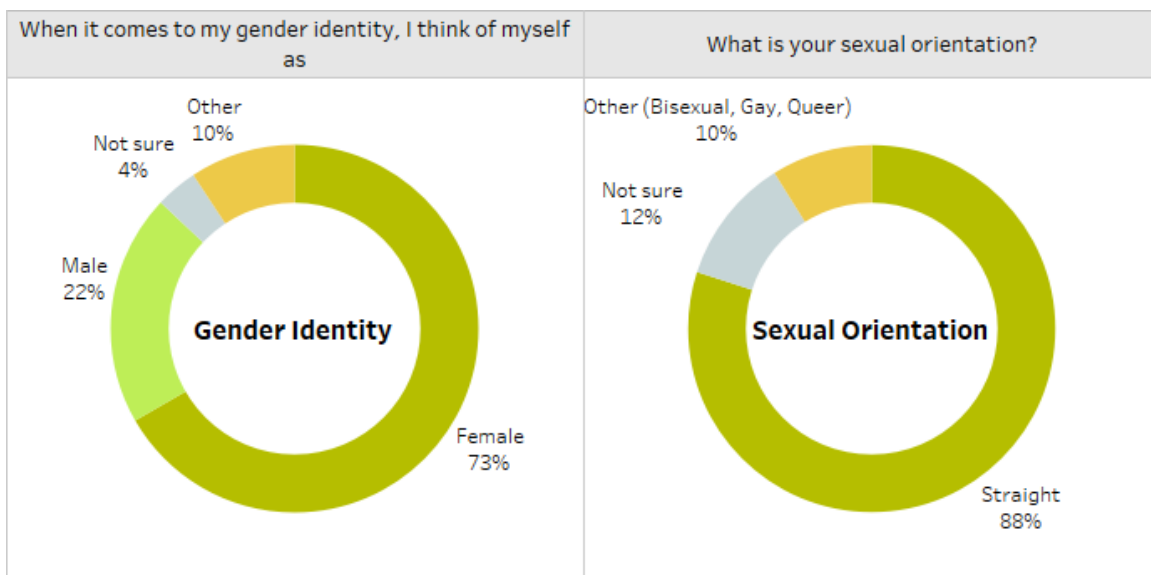
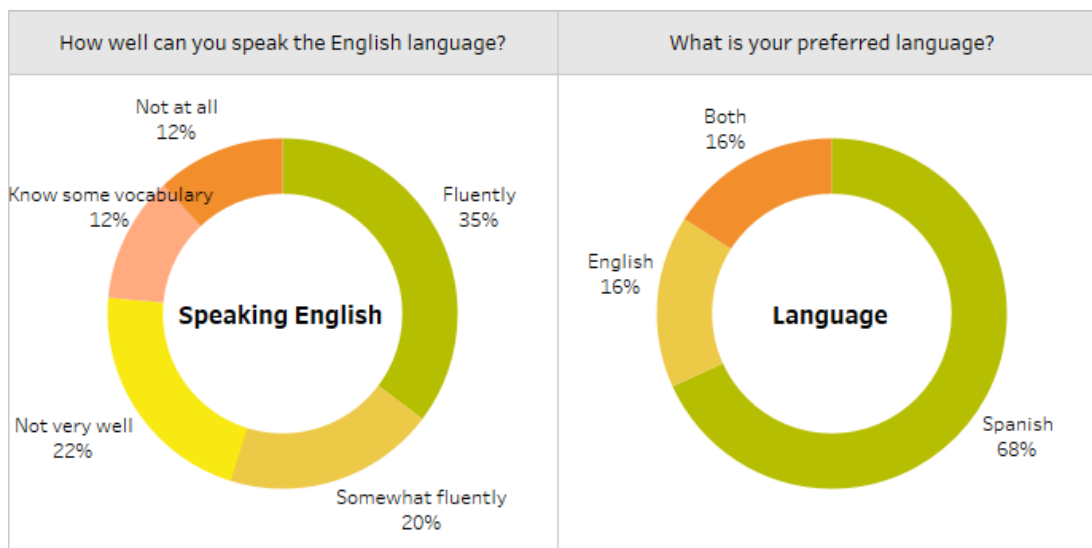


Figure 4: Group Convivencia Sample Demographics: Gender Identity and Sexual Orientation (N=28-54)



Customer Satisfaction Survey

Community *Convivencia* participants were asked to complete a customer satisfaction survey at the end of *Convivencia*. The sample size for this survey was 179 participants. The intent of the survey was to understand the participants' experience with a Community *Convivencia*. The survey also evaluated participants' experience related to culture as a shared experience, an important component of the *Convivencia* model.

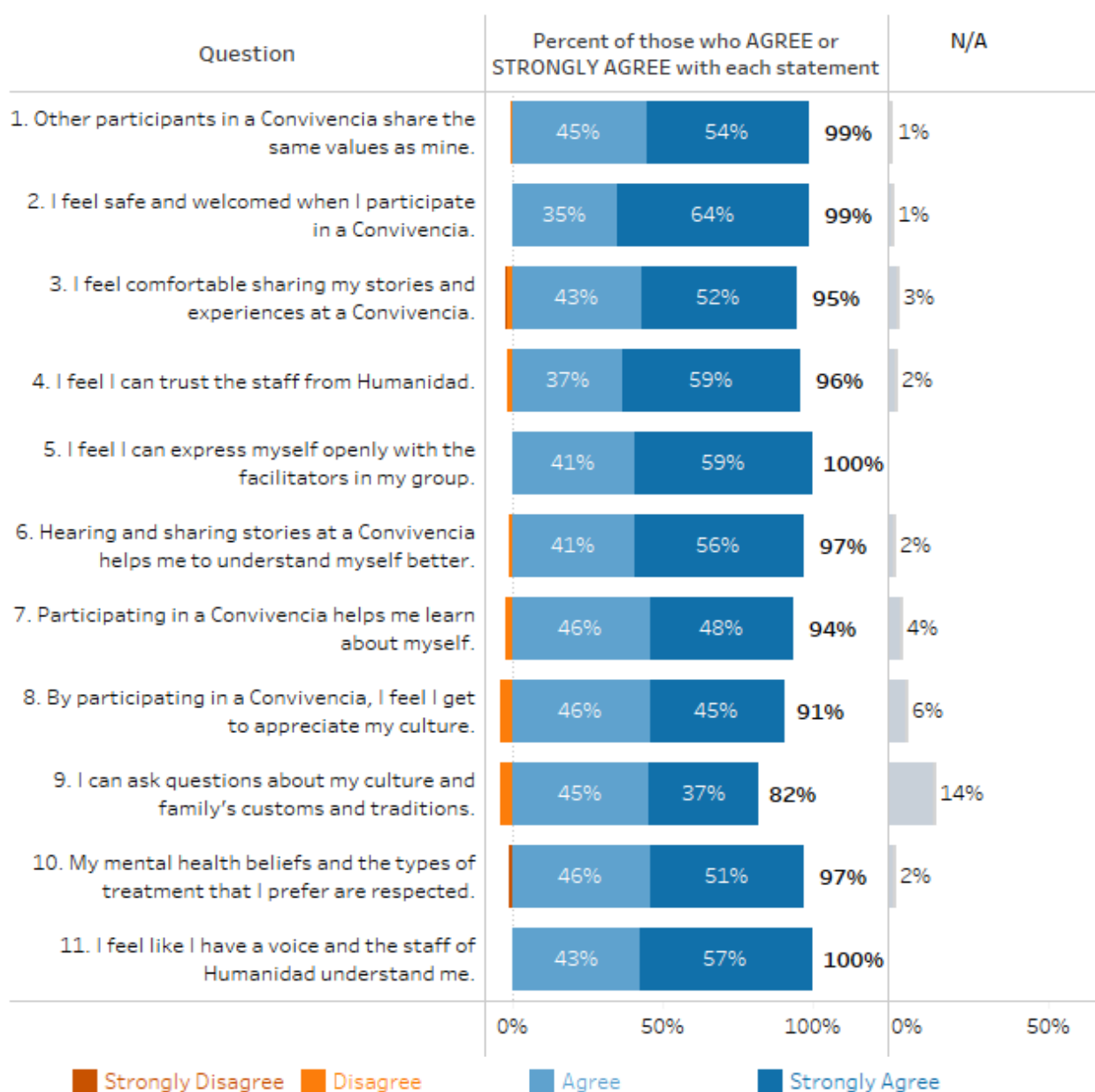
As figure 5 below indicates, at least 50% of participants reported strong agreement with each of the following statements:

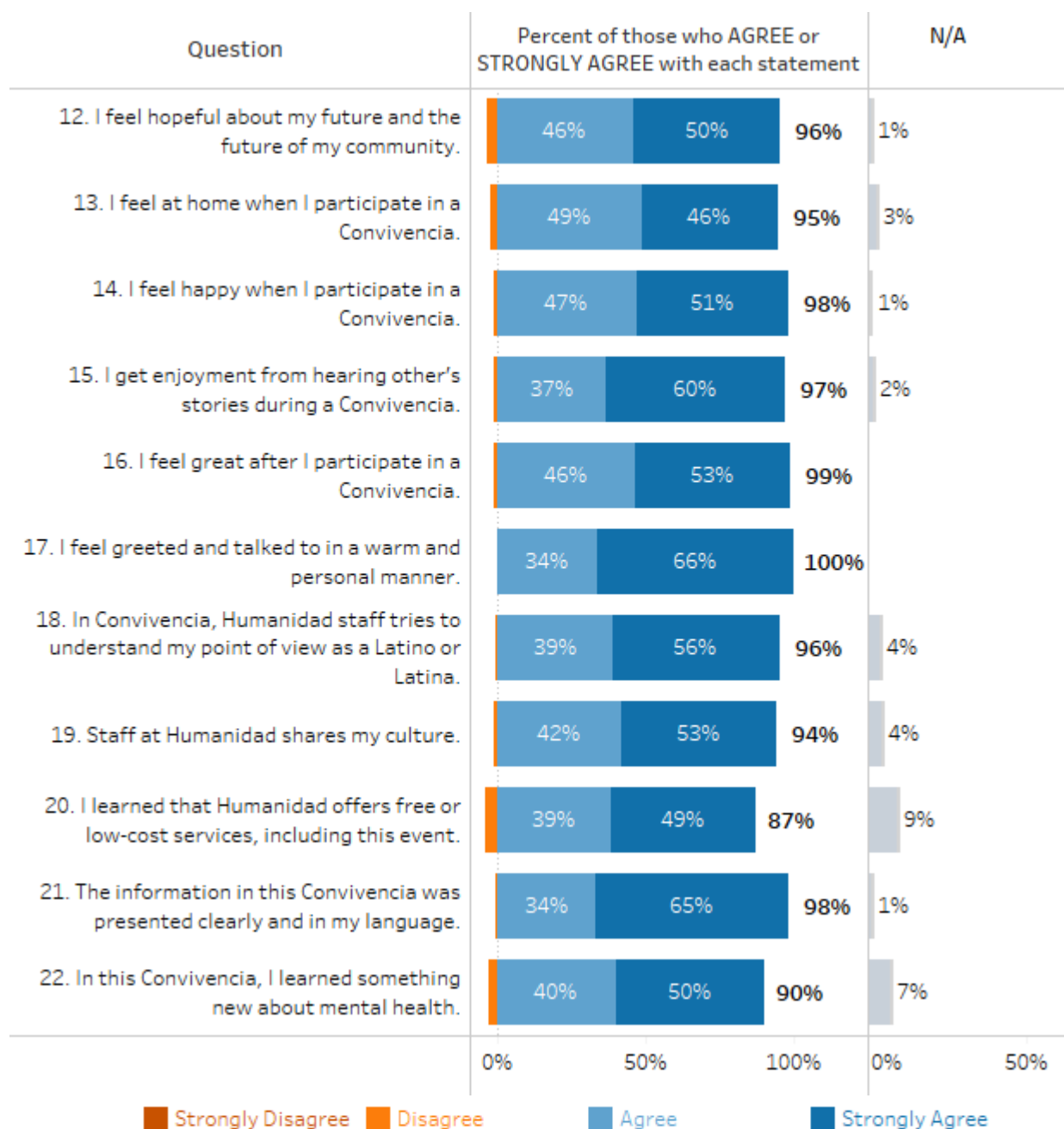
- other participants sharing values
- feeling safe and welcomed
- feeling comfortable sharing
- trust for staff
- ability to express themselves
- cultural mental beliefs respected
- feel like they have a voice and are heard
- and how hearing from others supported their understanding
- feeling hopeful about their future
- happy to participate
- enjoyment from hearing others stories
- feeling great after participating
- felt greeted in a warm and personal manner
- Humanidad staff tried to understand their point of view
- Humanidad shares my culture
- the information presented was in their language
- learning something new about health

Results showed that participants learned about other services and themselves personally. In addition, most participants reported a common shared understanding in relation to the experience of personal learning and reflection, and a sense of connection to “home” and “culture,” especially family outcomes and traditions. For example, most reported feeling at home and that their culture was recognized and appreciated.

The findings indicate that participants trust and confide in Humanidad’s staff because they feel they share their values and culture and participants feel a sense of belonging and are comfortable with staff. These results show that Community *Convivencia* is culturally responsive and personally relevant to the participants.

Figure 5: Customer Satisfaction Survey Results 1 (N=179)



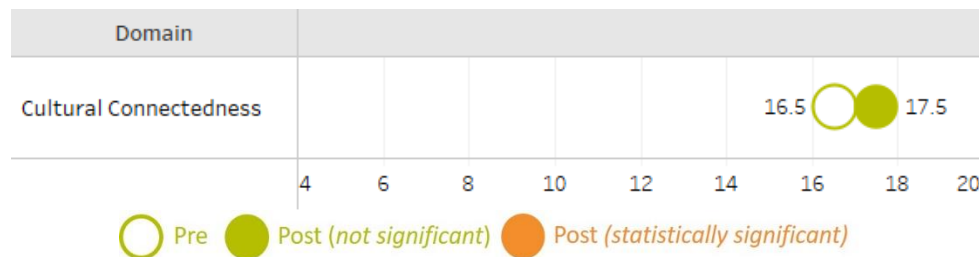


Quantitative Data Findings for Group Convivencias

The *Cultural Connectedness* subscale was compared pre and post program. At pre, the sum score was 16.5 and it increased to 17.5 at post. However, this change was not statistically significant. While not statistically

significant, the data demonstrate that participants felt more culturally connected as a result of the intervention. This is a valuable finding for Humanidad and demonstrates the power of *Convivencia*.

Figure 6: Pre-Post Changes in Cultural Connectedness (N=49)



N=49. Cultural Connectedness is the sum of four items that ranges from 4 to 20. Asterisks indicate statistical significance at $p < .10$. $*p < .05$. $**p < .01$. $***p < .001$.

Next, the four items in *Cultural Connectedness* were compared. The participants showed statistically significant improvements (at the $p < .05$ level) for the two factors: “you feel connected to the spiritual/religious traditions of the culture you were raised in (3.8→4.2)” and “your culture gives you strength (4.1→4.4).” The increases in the other two factors were not significant as their pre-scores were already at high levels (4.2 and 4.4 out of 5); yet all indicators increased after the intervention.

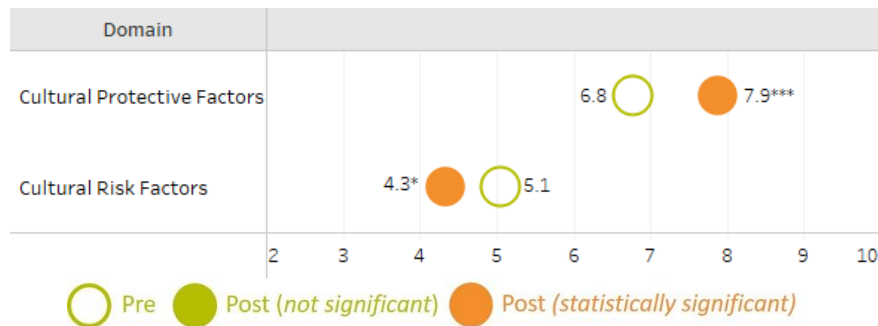
Figure 7: Pre-Post Changes in Cultural Connectedness Items (N=49-53)



N=49-53. 1=strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree. Asterisks indicate statistical significance at $*p < .05$. $**p < .01$. $***p < .001$.

Cultural Protective Factors and Cultural Risk Factors were examined. The sum scores of Cultural Protective Factors increased from 6.8 to 7.9 and the sum scores of Cultural Risk Factors decreased from 5.1 to 4.3. These results indicate that the participants showed improvements in both subscales. That is, after the intervention, the participants showed higher levels of *Cultural Protective Factors* and lower levels of *Cultural Risk Factors*.

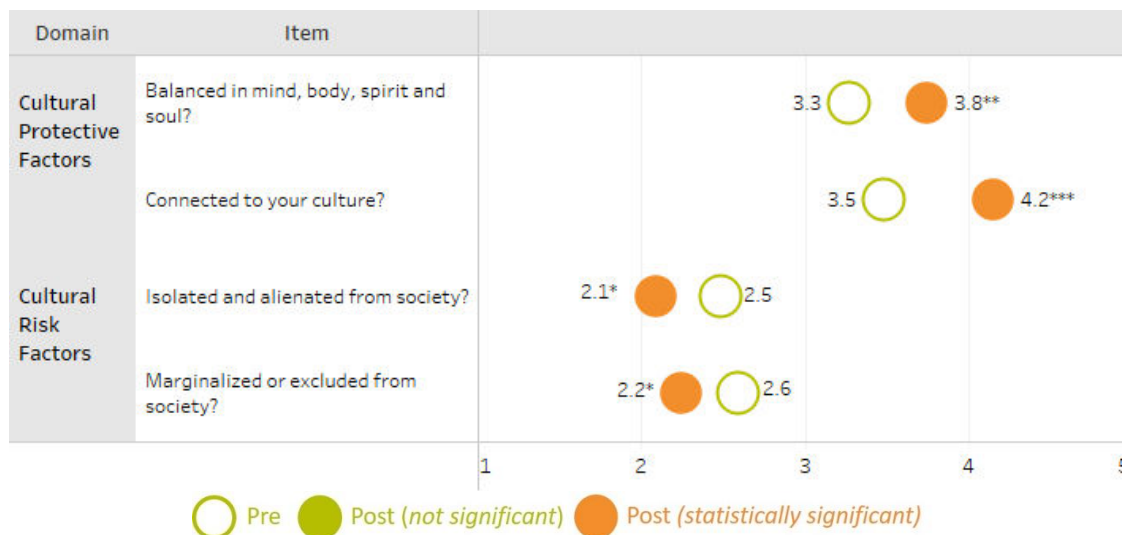
Figure 8: Pre-Post Changes in Cultural Protective Factors and Cultural Risk Factors (N=51-52)



N=51-52. Both Cultural Protective Factors and Cultural Risk Factors are the sum of two items each that range from 2 to 10. Asterisks indicate statistical significance at $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

In further examination of specific factors embodied in each subscale above, participants reported feeling more frequently balanced in mind, body, spirit and soul (3.3→3.8) and connected to their culture (3.5→4.2). These findings were statistically significant at the $p < .01$ and $p < .001$ levels respectively). In addition, participants reported feeling less frequently isolated and alienated from society (2.5→2.1) and marginalized or excluded from society (2.6→2.2) as a result of the group *Convivencia* ($p < .05$ level).

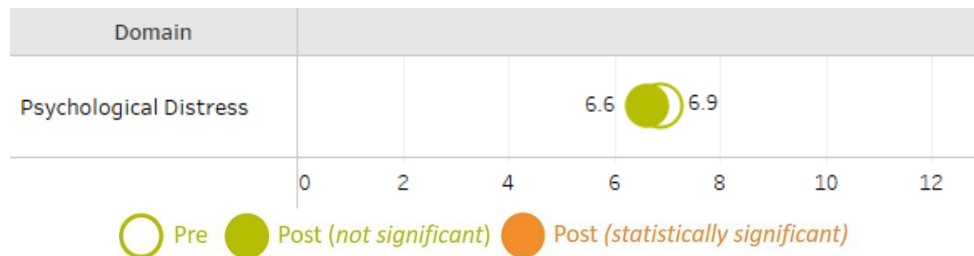
Figure 9: Pre-Post Changes in Cultural Protective Factor Items and Cultural Risk Factor Items (N=51-54)



N=51-54. 1=none of the time; 2=a little of the time; 3=some of the time; 4=most of the time; 5=all of the time. Asterisks indicate statistical significance at * $p < .05$. ** $p < .01$. *** $p < .001$.

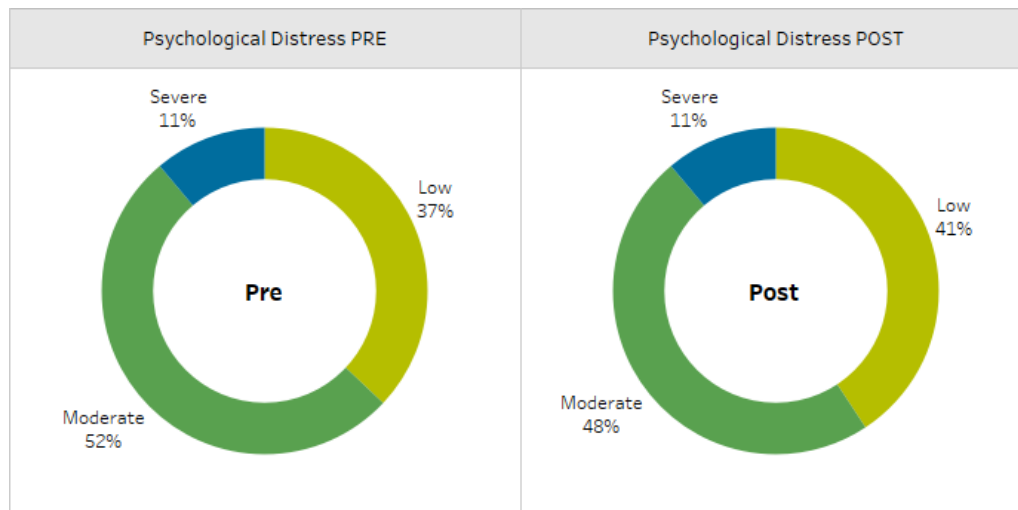
There was no significant change in the total scores for Psychological Distress. Also, the levels of *Psychological Distress* did not change much between the pre and post assessments. At pre, 11% showed severe-levels of *Psychological Distress*, while 52% showed moderate-levels. At post, still 11% showed severe-levels of *Psychological Distress*, and 48% showed moderate-levels.

Figure 10: Pre-Post Changes in Psychological Distress (N=45)



N=45. Psychological Distress is the sum of six items that ranges from 0 to 24. The change was not statistically significant.

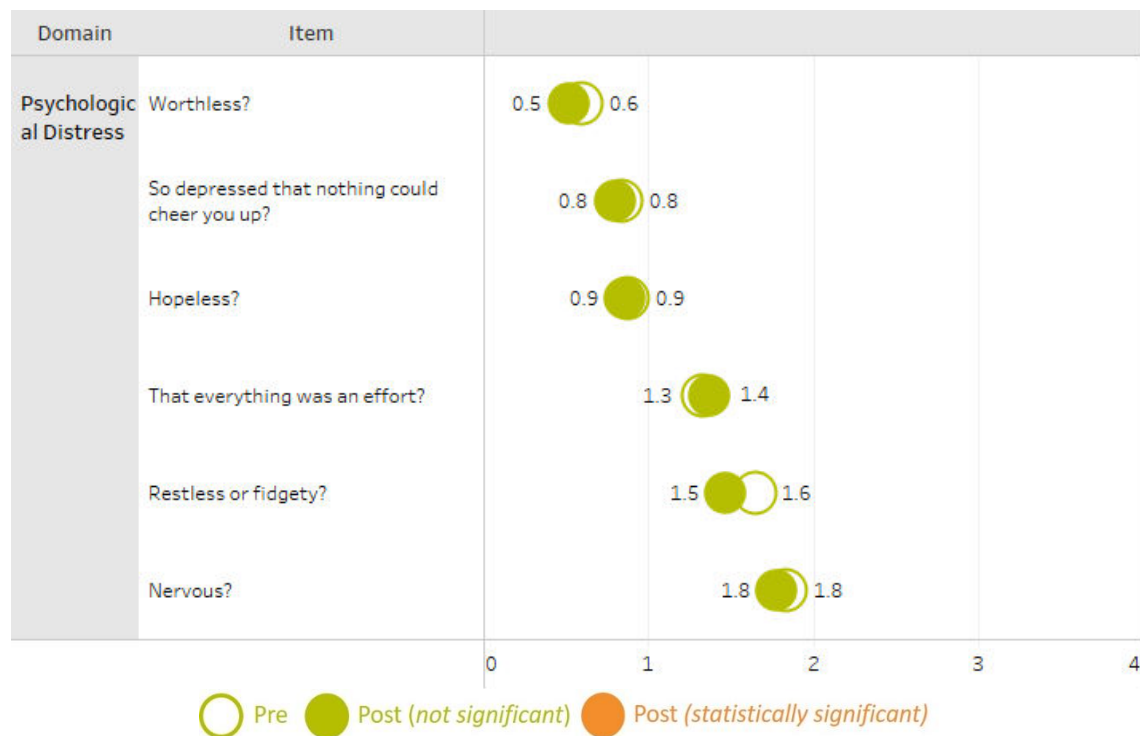
Figure 11: Pre-Post Changes in Psychological Distress Levels (N=54)



N=54. Low-level symptoms (total raw scores 0-4); moderate-level symptoms (total raw scores 5-12); severe-level symptoms (total raw scores 13 or greater). Based on the McNemar test, the changes in the levels of the symptoms were not statistically significant.

There was little change in the individual items of *Psychological Distress* between pre and post. Overall, the participants rarely felt worthless, depressed, or hopeless at pre and post.

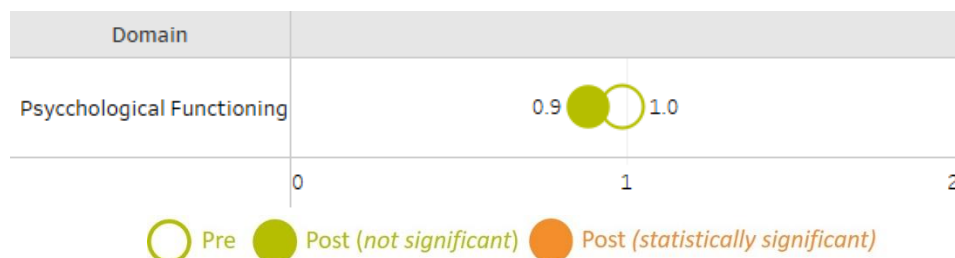
Figure 12: Pre-Post Changes in Psychological Distress Items (N=49-51)



N=49-51. 0=none of the time; 1=a little of the time; 2=some of the time; 3=most of the time; 4=all of the time. The changes were not statistically significant.

There was no significant change in *Psychological Functioning* among the participants.

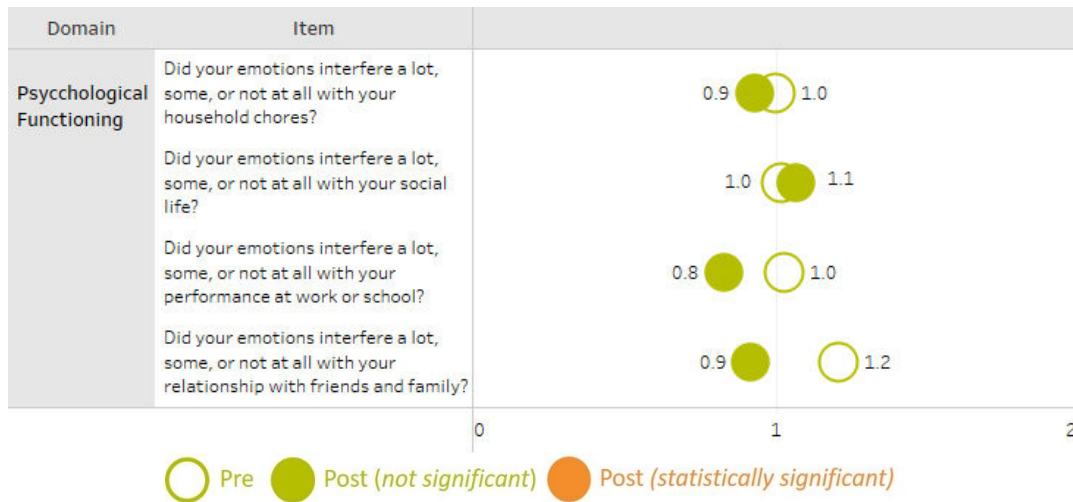
Figure 13: Psychological Functioning (N=49-51)



N=51. Psychological Functioning is the average of four items that ranges from 0 to 2. The change was not statistically significant.

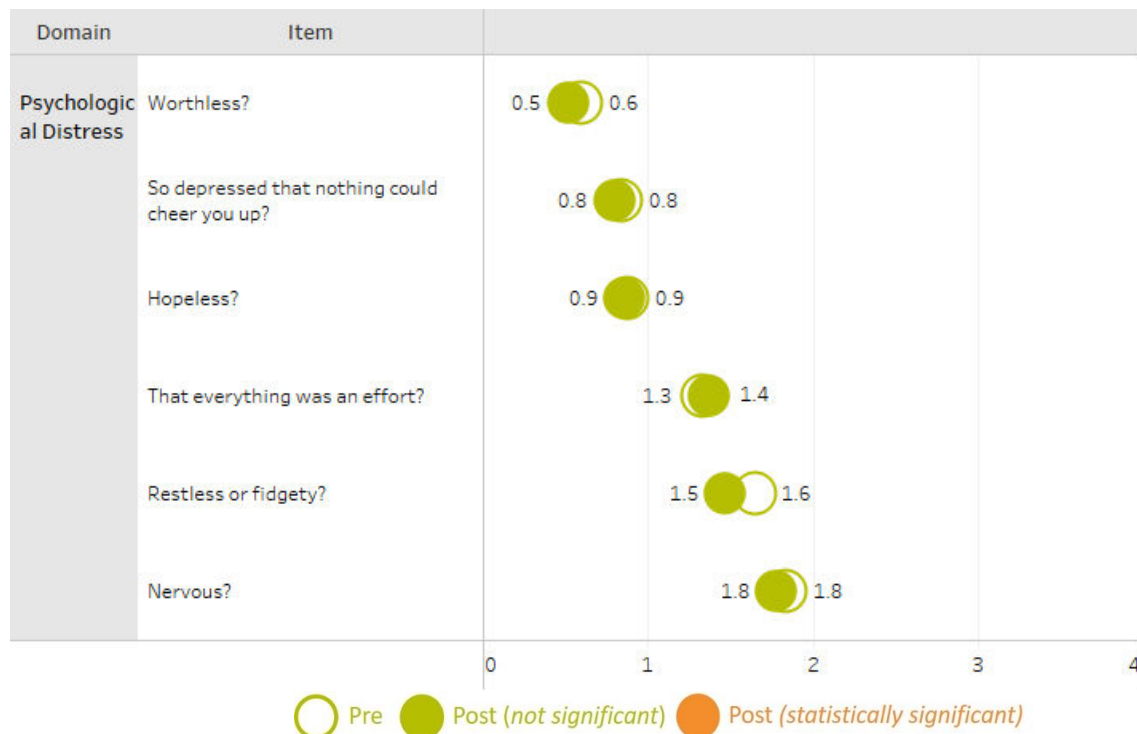
While there were no statistically significant changes in the four items of Psychological Distress as a result of the intervention, the participants reported lower frequencies of having their relationship with friends and family interrupted by their emotions.

Figure 14: Psychological Functioning (N=49-51)



N=39. 0=not at all; 1=some; 2=a lot. The changes were not statistically significant.

Figure 13: Psychological Distress (N=49-51)

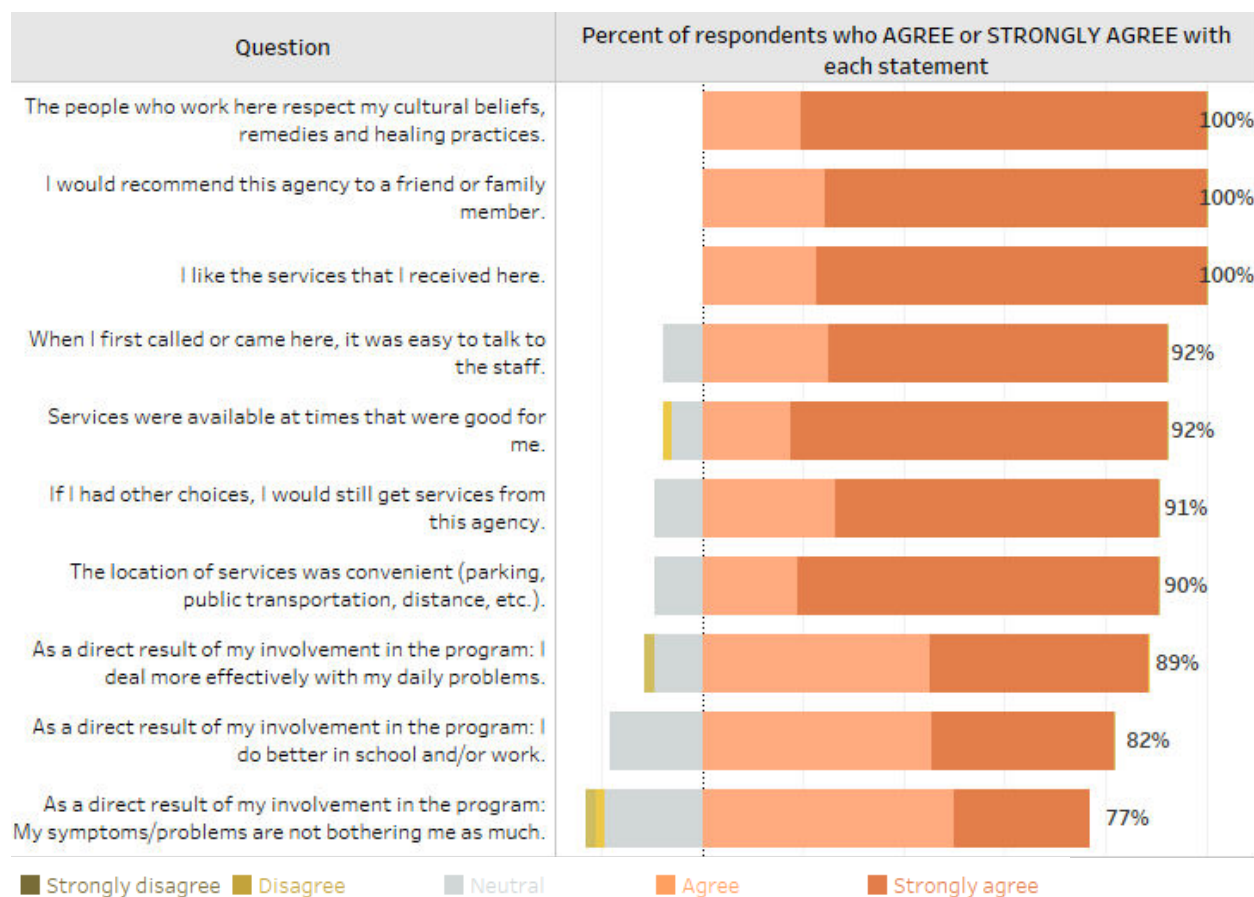


N=49-51. 0=none of the time; 1=a little of the time; 2=some of the time; 3=most of the time; 4=all of the time. The changes were not statistically significant.

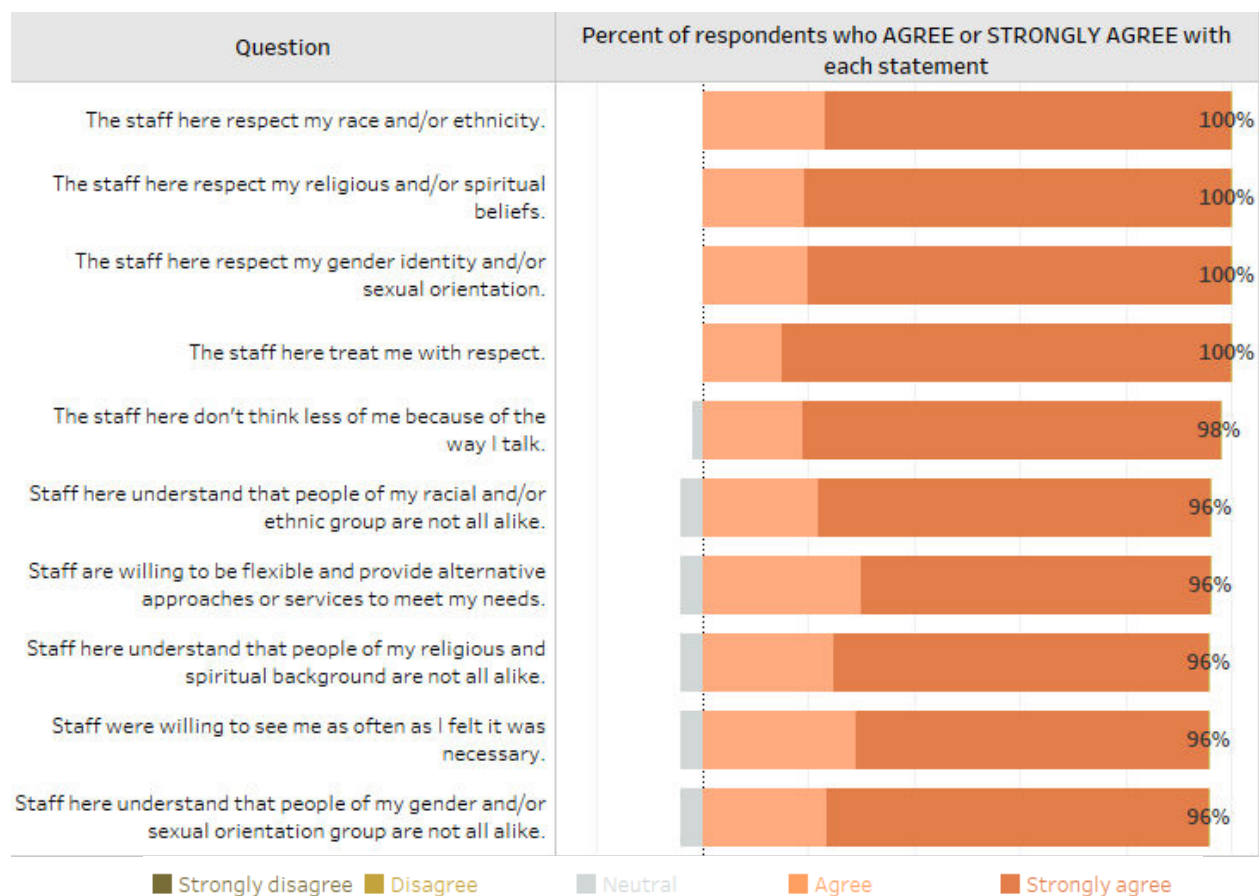
Satisfaction with the Intervention

The tables below focus on the participant experience in the Group *Convivencias*. Most respondents felt heard, seen, and respected. All of the respondents reported that they would recommend this to a family member or friend. Word of mouth is perhaps the most effective way to do outreach in marginalized communities.

Figure 14: Satisfaction with the Intervention (N=49-51)



N=42-53. The percentages on the right side of the bars indicate the percentages of respondents who agree or strongly agree with the statements.



N=47-53. The percentages on the right side of the bars indicate the percentages of respondents who agree or strongly agree with the statements.

Qualitative Data Findings

Study of Community Convivencias in the virtual world

As a result of the global COVID-19 pandemic, Humanidad had to pivot and offer its programming virtually. HTES was interested in examining the experience of participants in the forced virtual format brought about by the COVID 19 pandemic. HTES knew that more than ever before community members were in need of cultural responsive safe spaces to share their mental health challenges. HTES moved to virtual implementation quickly and began to offer Virtual *Convivencia* in June 2020. This qualitative evaluation study explores the experience of 10 participants from a virtual Community *Convivencia*. One-on-one interviews were conducted with each participant via Zoom, in Spanish, and were recorded, transcribed, and analyzed using a grounded theory approach. The interviews explored the felt experience of the participants in the virtual *Convivencia* by focusing on the facilitation by Humanidad staff, quality of experience, importance to the community, use of knowledge gained, and recommendations to others. Participants were selected at random from a list of previous participants. Each was called and those that agreed to be interviewed were interviewed. For the full report refer to Appendix

Results of this study approach illustrate that participants still “felt” the benefits of *Convivencia* despite the technological challenge. This speaks to Humanidad staff resilience and ability to adapt to unforeseen circumstances all while maintaining a level of high quality in programming.

There is no literature on the “felt-experience” of *Convivencia*. This research study provided the evidence focused on capturing the experience of 10 participants engaging in *Convivencia* virtually. Despite being implemented in a virtual way, Community *Convivencia* provided a felt experience to the participants. Their

experience centered around their ability to be in relation with others and listen to similar stories. By creating a safe space where there is no judgment, participants felt at home, comfortable to share, and empowered to reflect on their own lives.

Virtual Community *Convivencias* honored a culture of connection and collectivism that is core to the Latinx community and created a sense of belonging and acceptance. The virtual facilitation is enhanced by informing the participants that anything they say is confidential and by creating a space where participants feel heard. The breakout small groups were very successful in that they allowed people to talk more freely and in smaller more intimate spaces in a virtual setting. All participants expressed that they had a positive experience and shared a sense of connection based on the stories shared by all. Participants felt welcomed and empowered to reflect in the *Convivencia*. Participants described how after participating in the Community *Convivencia* they were more conscious of their emotions, needs, and did not feel alone. They all agreed that these types of programs are very important to the community and said they would recommend Community *Convivencia* to others by telling them that it is a positive experience that allows you to be heard and listen to others.

Music was used to create a safe and familiar environment for the participants.

The majority of the participants said they learned:

- How to see things from their perspective
- Share experiences and know they are not alone
- Speak up more about their experience and emotions

Participants felt the facilitators were professional, knowledgeable, and welcoming. Confidentiality provided safety for the participants, several said they appreciated the reminder that all they shared and said was to be kept confidential. Participants liked the small groups. Several participants said that at first in the larger group people were quiet and shy but once they were in smaller groups people were able to open up and share their stories. One participant described the small groups as a safe place to share that was more intimate. Two participants shared:

Lo que más me gusto fue el que estuvimos en grupos pequeños y tuvimos más oportunidad de hablar entre nosotras. Porque cuando tenemos un grupo grande, realmente a veces no todas tenemos el tiempo o la oportunidad de hablar más, y en un grupo pequeñito con tres así pues así más rápido conectamos y más rápido podemos hablar. Eso fue lo que me gusto, el grupo pequeñito. (What I liked the most was that we were in small groups, and we had the opportunity to speak among us. Because when we are in a large group, we really do not have the time or opportunity to speak. That is what I liked, the small groups).

Al principio estábamos callados, escuchábamos. Ya cuando fuimos en grupos mas chichos, pues empezamos a comunicarnos y empezamos a expresarnos como se siente y que es lo que sentimos. (At the start we were quiet and we listened. When we were in small groups, well then, we started communicating and we started to express ourselves and how it feels and how we feel).

Participants said they felt heard by the facilitators. The participants spoke about how the facilitators allowed people to share and be heard. One participant said, “Humanidad tiene a esas personas para hacernos saber que siempre hay alguien que escucha siempre hay alguien que te apoya.” (Humanidad has those people to make us feel like we are always heard by someone and that there is always someone to support us).

All of the participants reported a positive experience. A few participants commented on the experience via zoom and said that it was positive despite not being together in person with people and the potential for technical difficulties. People enjoyed being with others that shared similar stories. Participants said it was informative and that they appreciated the resources they received during *Convivencia*.

All participants felt welcomed. A few said they felt like they had entered a safe space where they could share their emotions and feelings and not be judged. There was an emphasis on hearing other stories and reflection, one participant said that hearing other similar stories gave her the strength to express herself too and most importantly be able to admit when she is not okay or having a good day. On hearing stories, one participant said, “y a lo mejor témenos historias muy similares, o historias más fuertes, y nos hace reflexionar que lo estamos viviendo simplemente es un mal momento y no una mala vida.” (And maybe we have similar stories or have strong stories and it makes us reflect that what we are living is a bad moment not a bad life). Another participant said that by listening and reflecting she was able to see that people also have difficult stories to share and this gave her strength, she said, “esa historia que oyes te hace reflexionar de que todo es posible, si esa persona pudo superar ciertos miedos, entonces nosotros también.” (That story you hear makes you reflect that everything is possible, if that person was able to overcome with certain fears, then we can too).

Participants also said they felt like they were at home. They said the facilitators and the others present made it a safe space and it felt like home because everyone shared their stories.

All participants said that programs like these are very important to the community for several reasons:

- They provide community resources
- Promote mental health well-being
- They help a lot of people who otherwise would not know where to find help

One participant said that it was important to be mentally healthy because this is a season where people are experiencing a lot of economic and emotional stress. She continued to say, “entonces es importante que la comunidad tenga ese tipo de apoyos, porque hay gente que ni siquiera sabe que existen este tipo de programas. Entonces si nos apoyamos y ayudamos a que este tipo de programas se fortalezcan.” (That is why it is so important that the community has this type of support, because there are people that do not know these types of programs exist. Then if we support and help these programs can become stronger).

Another participant said, “ojala sigan habiendo este tipo de programas para que mucha gente como yo nos sigamos beneficiando, porque a lo mejor a veces con un simple curso que tomes o una platica te puede dar la perspectiva de pedir más ayuda y más apoyo.” (I hope programs like these continue because many people like me can continue to get benefits because sometimes a simple course or talk can give your perspective to ask for more help and more support. Another participant simply said she was happy to know there were programs like these in the community).

Finally, a participant said that the reason why these programs are important to the community is that, just as she likes to help the community, she also needs to be helped so she benefits from programs like these.

Another participant spoke about mental health too and said that people are not okay right now as many have lost loved ones.

One participant shared, “Entonces me ayudado a no sentirme sola, a que, yo me anexo a un grupo, yo ahí estoy apoyada, me ha hecho sentir que a pesar de estar en un país diferente al de donde yo estuve tanto tiempo, no me siento sola, me siento apoyada, y pues que bonito que lo hagan con la comunidad hispana.” (So then it helped me to not feel alone, that if I join a group I will be supported there, it has made me feel that despite the fact that I am in a different country from the one I spent so much time in I do not feel alone, I feel supported, and it is beautiful you do this for the Hispanic community).

They also said they have shared what they learned with friends and family members. One participant said that sometimes people might not be ready but at least she has the experience to explain the experience. She continued to say that what she learned was to reflect and it was empowering to her. Another participant shared an example of empowerment by saying “nos hace describirnos como persona, nos da grandes valores, en mi persona se puede decir que me ha ayudado a saber que yo puedo lograr muchas cosas.” (It makes us discover ourselves like people, it gives us great values, for me as a person you can say that it helped me know I can accomplish many things).

One participant had a very important comment to make, she spoke about the fact that she learned how to take time for herself, she said, “Realmente, he tratado de tener un poquito más de tiempo para mi, porque en realidad no tenia tiempo para mi. Cuando vemos ahí que primero necesitamos estar bien nosotras para poder llevar el barco bien. Y es la manera en que me di cuenta de que tenia que hacer algo por me también, para estar bien.” (In all reality, I have tried to have more time for me because in reality I had not time for me. But when we see there that we have to be ok first in order to hold the ship well. And in that way, I realized that I had to do something for me too so I could be okay).

All of the participants said they would recommend *Convivencia* to others. Most said that they would tell them that this is a great community resource with the goal to help them and support them. The majority of the participants also said they would recommend it because it allowed them to listen and meet others, all participants spoke about the importance of connection.

One participant said she would tell others, “es un programa especializado para apoyar a gente que como yo témenos cualquier tipo de traumas o estrés o en cualquier etapa de nuestra vida y que siempre hay alguien o algún programa que siempre nos ayuda a buscar y a encontrar la solución hacia cualquier obstáculo.” (That is a program specializing in helping and supporting people like me that have any type of trauma or stress or we are at any stage in life and that there is always someone or a program that can help us find a solution to any obstacle).

A few participants said they would recommend to others because perhaps others like them, others might not know of programs like these that are available to all in the community. One participant shared, “Yo diría que es un lugar sano y salvo, donde se puede estar con privacidad con personas que pueden confiar y que van a estar disponibles para escucharlos.” (I would say that it is a healthy and safe place, where you can have privacy with other people that you can trust and are going to be willing to listen to you).

Personal Studies from Group *Convivencias*

Humanidad was interested in gaining a deeper understanding of the lived experience of participants of their Group *Convivencia* given that this CDEP is an intensive eight-week experience. Humanidad chose four participants from a list of previous participants. All four participants were interviewed via Zoom, interviews were conducted in Spanish, recorded, transcribed, and analyzed using ground theory. Each was called and those that agreed to be interviewed were interviewed. These four participants participated in in-person Group *Convivencia* (prior to COVID).

The interviews explored the felt-experience of the participants by focusing on facilitation, quality of experience, importance to the community, use of knowledge gained, and recommendations to others. Participants still remembered what they had experienced and learned in Group *Convivencia* and were able to share their insights.

It was concluded that group *Convivencia* addresses cultural and linguistic needs, and it aligns with Latinx cultural values and beliefs, life experiences, and family practices. The study demonstrated and documented the effectiveness of Group *Convivencia*.

Participants felt the facilitation was appropriate as it gave them time to process, think, and share only if they wanted to. One participant said this was important because sometimes people don’t know where to start. Participants also said they felt respected and valued by the facilitators. Participants felt safe and felt trust in the process, as one participant shared, “y ellas que nos dieron el ambiente adecuado para poder expresarnos y sacar lo que nos aquejaba en ese entonces con confianza y seguridad.” (And they gave us the right environment to express ourselves and let go of all that caused us trouble at that time, with confidence and safely).

There were many opportunities to share, the sharing of stories and personal experiences opened the group to a deeper discussion and understanding of mental health and family. Two participants shared, “me hizo sentirme como en mi casa, como confianza de poder hablar ahí los problemas que yo tenía en el momento.” (I felt like I was at home, with trust and was able to speak about the problems I was experiencing at the moment).

“Pues me hizo experimentar que uno tiene que decir nuestros problemas ahí, no nos tiene que dar pena, porque todas tenemos problemas a lo mejor diferentes. Y si me gusto mucho en Humanidad porque no había visto en otro lado algo así como aquí.” (This made me experiment and learn that you have to say your problems here, without feeling shy, because we all have problems may be different. And yes, I liked Humanidad a lot because I had not seen anything like it before).

Participants felt their culture and cultural beliefs were taken into account and consideration during the Group Convivencia. One participant shared why this model works, “En México, cuando alguien tenía un problema, se juntaban los mayores de la familia para resolverlo y compartíamos todos, lo digo porque yo veía eso con mis abuelos. Se juntaban para compartirlo y todos llegaban siempre a un buen acuerdo. Y esto que yo viví con Humanidad me gusto mucho y me ayudo bastante.” (In Mexico when someone had a problem, the elders of the family would get together to solve it and they shared with everyone, I say this because this is what I saw with my grandparents. They would get together to share, and everyone always arrived at the right agreement. And this is what I saw with Humanidad, I liked it very much and it helped me a lot).

Participants felt they were able to share and gain insights from the group. One shared, “es como nuestra salvación a muchas personas porque en mi grupo me di cuenta de que todas las que estábamos en nuestro grupo estábamos en búsqueda de algo y no sabíamos que era y ya cuando hablamos con las personas ahí y estuvimos yendo al grupo ya salimos más con una visión de ¿que es lo que necesitamos? ¿que lo que queremos? Emocionalmente?” (It is like a savior to many people because I noticed in my group that we are all seeking for something, but we didn’t know what it was and when we started talking with the staff there and we were going to group we came out with a vision of what is it that we need? What do we want? Emotionally?).

The symbolism used in the groups also had an impact, from the music, the activities, to having a table with an altar, participants described these as useful tools that made them comfortable and feel that their culture was respected.

After the group, participants shared they had a greater understanding of mental health, that the groups were helpful and useful, and that they were able to seek mental health more openly. One participant shared how they were using their learnings to better communicate with family and kids. Another participant shared how they now had the tools to listen to others and give them the space they need to fully express themselves.

All of the participants said they would recommend it to others.

Synthesis of Findings

Facilitation and cultural relevance of staff

Overall, participants reported the facilitation was culturally appropriate and responsive to their needs to express their culture and honor their culture. The research studies demonstrate this by the stories shared by the participants such as having a sense of safety with the facilitators, being able to communicate with them in their preferred language and recognizing their cultural beliefs as assets. While we can see this same trend in the qualitative survey responses within questions like the staff respected my cultural beliefs and the level of comfort in communicating with staff.

Quality of Experience

Overall, participants shared a positive experience both quantitative and qualitative. Participants reported enjoying having the opportunity to listen and learn from others and their personal experiences. There was a sense of belonging and a collective healing process experienced by the participants.

Importance to the Community

Participants expressed how they felt these programs are important to the community. Many of the research study participants expressed that these programs are important to the community because they show them, they are not alone in the struggle to fit in and with mental health conditions.

Knowledge Gained

Participants reported gaining a greater understanding of mental health, interventions, and community resources available. As far as use of knowledge gained, participants reported feeling comfortable sharing this new knowledge with friends and family.

Recommendations

The response was overwhelmingly positive, and all of the participants said they would recommend *Convivencia* to family and friends.

Overall Presentation of Findings

Community Convivencia

Table 6: Community Convivencia Evaluation Questions

Evaluation Questions	Findings
To what extent is Community <i>Convivencia</i> reaching the target population?	<p>The demographic surveys demonstrate the target population was reached.</p> <p>Community <i>Convivencia</i> participants were mostly between the ages of 30-38, predominantly Latinx, and Spanish speaking. About 50% reported they have been living in the United States between 11-20 years making them relatively recent immigrants.</p>
To what extent are participants satisfied with the programming?	<p>At least 50% of participants reported strong agreement with each of the following statements:</p> <ul style="list-style-type: none">● feeling safe and welcomed● feeling comfortable sharing● trust for staff● ability to express themselves● happy to participate● enjoyment from hearing others stories● feeling great after participating● felt greeted in a warm and personal manner

	<ul style="list-style-type: none"> • Humanidad staff tried to understand their point of view • Humanidad shares my culture • learning something new about health
To what extent did Community <i>Convivencia</i> address cultural, linguistic, and contextual needs of the participants?	<p>The findings indicate that participants trust and confide in Humanidad's staff because they feel they share their values and culture and obtain a sense of belonging and comfortability by their participation. These results show that Community <i>Convivencia</i> is culturally responsive and personally relevant to the participants.</p> <p>Participants reported:</p> <ul style="list-style-type: none"> • cultural mental believes respected • feel like they have a voice and are heard • and how hearing from others supported their understanding • feeling hopeful about their future • the information presented was in their language

Table 7: Evaluation Questions and Summary of Findings for Group *Convivencias*

Evaluation Questions	Findings
To what extent is <i>Convivencia</i> Group Counseling Services reaching the target population?	<p>The target population for Group <i>Convivencias</i> consisted of multiple ages, predominantly Mexican/Chicano, and identified as female. Based on this sample, the target population was reached, with these demographics being consistent with the participation trends in other community interventions. As far as sexual orientation, 88% identified as straight. Additionally, 68% of participants reported Spanish as their preferred language.</p>
To what extent are participants satisfied with the programming?	<p>Overall, participants were very satisfied with the programming</p> <ul style="list-style-type: none"> • Participants reported liking the services received • that is was easy to talk to staff • would get services from agency • location of services was convenient
To what extent did Group <i>Convivencia</i> address cultural, linguistic, and contextual needs of the participants?	<p>Overall, based on the data and stories, Group <i>Convivencias</i> addressed cultural, linguistic, and contextual needs of the participants.</p> <ul style="list-style-type: none"> • participants felt understood, seen, and recognized by staff

	<ul style="list-style-type: none"> Participants felt their culture was respected
To what extent did Group <i>Convivencia</i> reduce stigma and encourage participants to seek mental health support?	Based on the stories collected, stigma associated with mental health was reduced among participants and participants were more likely to seek mental health support.
To what extent did Group <i>Convivencia</i> show reductions in depression, anxiety, and stress?	Group <i>Convivencias</i> had a positive effect on participants. For the most part there was a slight reduction in the measures in the post survey for psychological distress factors. The reductions were not statistically significant but still demonstrate a change in perception.
To what extent did Group <i>Convivencia</i> participants show an increase in their sense of belonging, self-esteem, and Quality of Life?	<i>Convivencia</i> Group participants increased their sense of belonging, self-esteem and quality of life by their participation. Stories include not feeling alone in a foreign community, being able to seek out resources for personal wellbeing, and an improved quality of life.

Meta-Analysis Table

Measure Name	Modified Y/N	Pre Score Mean	Pre Score SD	Pre N	Post Score Mean	Post Score SD	Post N	Correlation between pre and post	Age group
<i>CulturalConnectedness</i>	N	16.53	3.34	49	17.51	3.14	49	0.37	Adult
<i>CulturalProtFactors</i>	N	6.77	1.74	52	7.88	1.78	52	0.54	Adult
<i>CulturalRiskFactors</i>	N	5.06	1.86	51	4.33	1.79	51	0.39	Adult
<i>PsycDistress</i>	N	6.89	4.44	45	6.62	4.28	45	0.48	Adult
<i>PsycFunc</i>	N	1	0.58	51	0.89	0.61	51	0.45	Adult

Discussion and Conclusion

Key Question: Is *Convivencia* an effective community-evidence intervention to improve mental health and reduce stigma among the Latinx community of Sonoma County?

Evidence demonstrates that participants gain benefits from participation. Community *Convivencia* and the long-lasting effects of the Group *Convivencia* intervention positively impacted the lives of the participants.

Discussion

The goal of this study was to investigate if mental health services need to be tailored to communities of color in order to be effective. This study demonstrates that conventional clinical models need to be customized to better serve different communities. *Convivencia* is a model that has demonstrated how to do so in the Latinx community.

Overall, we know the Latinx community suffers disproportionate from mental health conditions. The global pandemic highlighted racial and ethnic disparities in access to behavioral health care among Latinx, as demonstrated by the 2020 SAMHSA report, Double Jeopardy.¹² The report indicates how COVID-19 revealed deep-seated inequities in health care and mental health care in communities in color. The importance of providing access to culturally relevant behavioral health care became more critical in this past year. *Convivencia* answers this call to action. *Convivencia* focuses on providing culturally responsive brave spaces for the Latinx community to acknowledge, share, and reflect on mental health care issues impacting their lives facilitated by culturally responsive practitioners. When facilitators demonstrate cultural competence, mental health treatments can be more effective. Treatments are also more effective when they align with the culture of the client.¹³

Overall, the results of this study provide supportive evidence that *Convivencia* reduces stigma and increases access to cultural preventive interventions.

To date, there is a growing body of literature documenting the gap in services. The Brookings Institute reports that Latinx are less likely to receive treatment for depression, anxiety, and other behavioral issues compare to their white counterparts.¹⁴ They call for bold policies to address these inequities, such as universal free access to therapy to help make progress in both increasing access to therapy and destigmatizing it.

The need for these services is high, but it was even higher during the pandemic. The sample sizes indicate a larger number of participants during the pandemic this can be due the fact that the need was higher as people were suffering from higher levels of depression and anxiety and *Convivencia* became more accessible online. The *Convivencia* model is versatile and was effective through COVID-19 and possible challenges of the environment. *Convivencia* has the ability to reach vulnerable populations such as individuals that might not come to community events, are undocumented, lack transportation, lack childcare, have time-restraints, or

¹² Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the US. Submitted by OBHE. <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>

¹³ Soto A, Smith TB, Griner D, Domenech Rodríguez M, Bernal G. Cultural adaptations and therapist multicultural competence: Two meta-analytic reviews. *J Clin Psychol*. 2018 Nov;74(11):1907-1923. doi: 10.1002/jclp.22679. Epub 2018 Aug 8. PMID: 30091201.

¹⁴ Latinos often lack access to healthcare and have poor health outcomes. Here's how we can change that. <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>

lack resources. The *Convivencia* process supports the person to start the process that supports their mental wellbeing.

Throughout the duration of the evaluation there were several important lessons:

1. The evaluation model and methods need to remain flexible to overcome the challenges of the environment in which the evaluation is being conducted.
2. Context matters, the devastating occurrences during the time of the evaluation played a key role in the results and sample size.
3. 100% of the participants were satisfied with the intervention demonstrating the need for mental health services in the Latinx community.
4. *Convivencia* is a partnership effort; partnerships with community agencies and the community need to be created and nurtured for the benefit of the Latinx community.
5. The benefit of having therapists leading the *Convivencia* is that sometimes *Convivencia* can be a trigger for traumatic events and the facilitators are trained to address these issues.
6. Having therapists that align with the culture of the participants is a key factor in creating brave spaces.
7. *Convivencia* is relational. Everyone learns from each other; it is adaptable, integrating current issues and every *Convivencia* is unique.

Conclusions

Convivencia provided participants with an opportunity to overcome the stigma associated with mental health and were empowered to share their stories. The community-driven practice—*Convivencia* offered room for participants to share and be themselves by a method of culturally responsive dialogue which recognizes their individual, community, and cultural strengths and assets (e.g., cultural heritage and traditions). *Convivencia* proved to be a space of familismo (family), respeto (respect), and personalismo (relationships), where community members felt safe to engage in storytelling and share life experiences while learning from others.

Convivencia was successful to prevent and/or reduce the barriers to access and utilization of mental health services by increasing awareness about mental health issues and resources, engaging Latinx prior to the development of serious mental illness or serious emotional disturbances, and increasing personal, family, community relationships and social support.

Community *Convivencia* reached the target population and participants reported satisfaction with programming. Participants also reported being respected and “seen” in a multitude of ways by Humanidad staff. In the research study, participants described the “felt” experience of feeling like they belong and empowered to share their personal stories. The main finding of the Group *Convivencia* from quantitative analysis is that the intervention was successful at promoting cultural connectedness among participants and increasing cultural protective factors and decreasing cultural risk factors.

Overall, participants reported the programming was culturally appropriate and responsive to their needs to express their culture and honor their culture. The research studies demonstrate this by the stories shared by the participants such as having a sense of safety with the facilitators, being able to communicate with them in their preferred language and recognizing their cultural beliefs as assets. While we can see this same trend in the qualitative survey responses within questions like the staff respected my cultural beliefs and the level of comfort in communicating with staff.

Participants shared a positive experience both quantitative and qualitative. Participants reported enjoying having the opportunity to listen and learn from others and their personal experiences. There was a sense of belonging and a collective healing process experienced by the participants.

Participants expressed how they felt these programs are important to the community. Many of the research study participants expressed that these programs are important to the community because they show them they are not alone in the struggle to fit in and with mental health conditions.

Participants reported gaining a greater understanding of mental health, interventions, and community resources available. As far as use of knowledge gained, participants reported feeling comfortable sharing this new knowledge with friends and family.

The response was overwhelmingly positive, and all the participants said they would recommend *Convivencia* to family and friends.

Limitations and Implications

The evaluation posed a few limitations. Perhaps the most pertinent is that the work of *Convivencia* was highly impacted by the context in Sonoma County. The devastating fires followed by a global pandemic made recruitment and retention critical challenges. Though, the intent was to perform this evaluation using community-based participatory methods, the community being engaged, the Community Advisory Council, was not engaged 100%. This is speculated to be because everyone's time was limited and for the duration of the evaluation most nonprofits and community leaders were in a reactive mode to what was happening and supporting community needs.

Early in the evaluation, it became apparent the Humanidad had to do some work around the development of partnerships. Partnerships were nascent and in formation. Partnerships were critical to the model of implementation. Humanidad was a very small organization and already managing with limited resources and the development of partnerships was an additional challenge. The organization also went through a leadership transition. In 2018, a new Executive Director joined the organization and created a very positive change. She focused her energies in developing partnerships and increasing the visibility of Humanidad. Other nonprofits in the County learned about Humanidad and *Convivencia*. In 2019, a new Project Manager was onboarded and *Convivencia* become more established with protocols and processes in place.

Another limitation to this evaluation includes the lack of breadth within the research studies. There were two research studies conducted with participants, one that focused on Community *Convivencia* but only looked at participants that participated in virtual Community *Convivencia*, a next step might be to conduct research studies with participants that participated in in-person *Convivencia*. Contrarily, the research study conducted with *Convivencia* Group participants only interviewed participants who attended in-person. A next step would be to interview virtual group participants.

Convivencia is a proven effective way to manage prevention and/or reduction of barriers to access and utilize mental health services by increasing awareness about mental health issues and resources. The implications of the model is that through *Convivencia* the wellbeing of Latinx individuals in Sonoma County was improved. *Convivencia* demonstrated that the stigma can be reduced by attending the events. *Convivencia* provides a safe space to share stories where individuals feel heard and validated in a culturally responsive and respectful manner.

Future Considerations

Future research efforts should concentrate on the benefits and importance of making mental health services accessible to marginalized vulnerable communities. Continuing to build a body of literature that demonstrates culturally responsive interventions are effective and successful.

Policy makers working with the Latinx population should take into consideration supporting programs like *Convivencia* to improve the quality of life of their constituents. Per the evidence included in this report, there should be more funding from government entities and Foundations to support local programs that reach marginalized communities, like *Convivencia*. The local MHSA should use prevention and early intervention funding to fund programs like *Convivencia*.

Next Steps

The work has just begun. Humadidad plans on continuing the work of *Convivencia*. Nonprofit organizations in the community are approaching Humadidad and requesting *Convivencia* for their clients and participants. The topics will vary depending on the specific need of the community. Humanidad is also in the process of working and developing partnerships with employers who hire Spanish-speaking immigrants to provide *Convivencia* to their employees.

There is further research to conduct, too, for example - fully understand the pros and cons of in-person *Convivencia* to virtual *Convivencia* and to continue to comprehend the effectiveness of *Convivencia* in different contexts. There is also an interest in piloting *Convivencia* with youth to support youth in their development and how to manage mental health conditions. While also providing *Convivencia* to different populations such as farmworkers, English-speakers, and even health care providers that suffer from precarious trauma due to their work.

Convivencia demonstrates that by taking into consideration culture, mental health services can reach vulnerable communities and not only increase awareness but also decrease stigma.

Appendices

Appendix A: Manual of Procedures for Community *Convivencia* prior to COVID-19

Appendix B: Manual of Procedures for Group *Convivencia* prior to COVID-19

Appendix C: Virtual Protocols for *Convivencia*

Appendix D: Demographic Survey for Community *Convivencia*

Appendix E: Satisfaction Survey for Community *Convivencia*

Appendix F: Research Study Community *Convivencia*

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Manual of Procedures *Community Convivencias*



HUMANIDAD
Therapy & Education Services

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Introduction

Convivencia

The development of Convivencia came from HTES's group counseling service work with Latinos over the past three years. Convivencia allows HTES to work within the belief system of a culture that values the collective whole over individual needs. The culture honors how people draw strength from their values coupled with a need to be in relationships. The quality of interaction among individuals, when held within a group environment that provides a space for sharing of knowledge and information with consistency, warmth, mutuality, connection, belonging, acceptance, openness, and supportive reflection, leads individuals to seek more learning and personal growth, helping them realize true transformation.

While a person's culture is never the only determinant of his/her behavior, it is in understanding the similarities and differences within the Latino population we serve that will aid HTES to further refine culturally relevant services such as Convivencia, the Community Defined Evidence Practice (CDEP). Humanidad agrees with forum participants mentioned in the CRDP Latino population report that therapists must be able to "understand mental disorders within the context of the Latino culture and the ability to perform culturally sensitive and acceptable treatment."

Consistent with Maduro's 1983 work, the premises and constructs of Convivencia follow logically with the social and historical values placed on healing practices, interdependence of family, and mutuality as acceptable vehicles for communicating current needs. In the practice of psychotherapy, there is a mutual shared experience that is felt and transmitted in a similar exchange. While there is no literature on the "felt-experience of Convivencia", it is clearly an inherent value that is known, felt, and collectively transmitted within the culture and language. Humanidad recognizes cultural and linguistic need and addresses this need using a multi-faceted approach that aligns Convivencia with Latino cultural values and beliefs, life experiences, and family practices. Humanidad addresses the Latino stigma associated with seeking mental health services through its use of Convivencia, helping to create bridges between a historical cultural practice with modern counseling services. There will be two versions of the a Convivencia, a Community Convivencia and a Group Convivencia.

Evaluation Research Question

Convivencia is a culturally known and valued practice that can be adopted as a prevention and early intervention treatment approach for low-income Latino adults living in Sonoma County. It aims to prevent and/or reduce barriers to access and utilization of mental health services by increasing awareness about mental health issues and resources; engaging Latinos prior to the development of serious mental illness or serious emotional disturbances; and increasing personal, family, community relationships and social support. The mental health issues that will be addressed by the CDEP include culturally relevant and other mental health risks and disparities. The strategies being integrated include culturally relevant community events and group counseling, both with the main purpose to increase a sense of belonging, self-esteem, and quality of life.

Community Convivencia

Purpose: The focus of these formal groups is Preventing and/or reducing barriers to access and utilization of mental health services, Increasing awareness about mental health issues and

resources, Engaging Latinos prior to the development of serious mental illness or serious emotional disturbances, Increasing personal/family/community relationships and social support, Promoting better mental health including lessening depression, anxiety, and stress, Decreasing mental health risk and disparities, and Reducing feelings of exclusion and mental health stigma by enhancing belonging and self-esteem.

Goals: The goals of the *Community Convivencia* are the following:

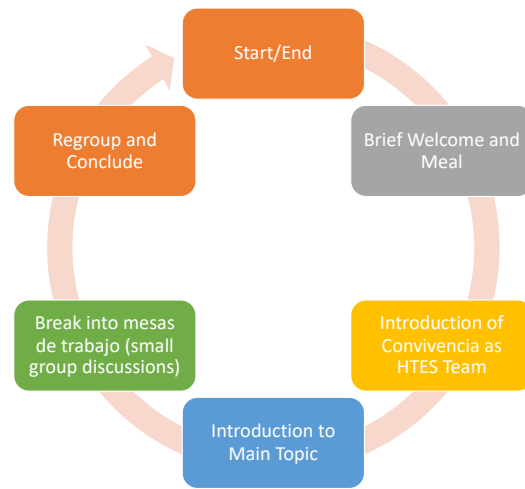
1. To expose community members to the culturally relevant and responsive modality of therapy.
2. To introduce HTES to the community.
3. To recruit participants for the *Group Convivencia*.

Who: Participants are local monolingual or bilingual Latino/a self-selected from advertisements, participation in local resource centers, parents of children involved in local school districts, etc. These are open to adults of all genders. Age range will be between 18-65 years of age.

How: Participants and administrative staff enjoy a meal together. Following the meal, administration of surveys, setting group guidelines and rules collaboratively with participants, and introduction of the topic and relevance. Participants are then randomly placed at small group tables, with one bilingual facilitator and note taker. A series of questions are asked, participants respond verbally, and facilitators regularly summarize and elicit feedback for accuracy and understanding. The evening concludes with a raffle. Participants are given a flyer with the date, time, location and topic of the next Convivencia.

Data Collection: Each participant will be asked to complete a pre-survey at the beginning of the group to collect demographics and a series of post-surveys collecting data on perceptions.

Flow of Community Convivencia



Form 1: Checklist for logistics

Instructions for Form 1

PURPOSE: Form 1 is used to get organized before a Community Convivencia.

WHO USES IT: The Project Manager is the main person responsible for ensuring Form 1 is completed. The Project Manager and the main leadership team reviews Form 1 prior to the event.

HOW IT IS USED: Form 1 is used to manage the logistics.

CONSTRUCTION: The form is electronic as well as in hard copy. It is used in the partner agency's office, project office, and the field and is kept confidential. All forms are kept for the duration of the project as reference, the electronic copy is stored in the google drive.

HOW TO FILL OUT THE FORM: Instructions for use are as follows:

- The PM will complete the form with as much detail as possible.
- All fields must be completed.
- It is very important that tasks/responsibilities are assigned to team members.

Community Convivencia Logistics Checklist

Last updated: _____

Event Name					
Date		Set-up to tear-down time:		Doors open to closed time:	
Event Description					
Venue					
Venue contact(s)					
Logistics lead					
Other team members					
Web page					
Format				# of participants:	
Set-up instructions					

Items	Notes (e.g. quantity, type, details, instructions)	Responsibility (Owner/s)				
Access						
Posters with arrows						
Signs if needed						
Registration						
Sign-in sheets						
Name tags						
Video / Photography Notice						
Pens						
Sharpies						
Handouts (e.g. brochures, flyers of next CC and GC)						
Timekeeper Materials						
Detailed Agenda						
Watch/phone						
Notetaker Materials						
Pads of paper						
Pens						
Copy of Agenda						
Facilitator Materials						
Copy of Agenda						
Meal						
Table						
Beverages						
Meal/Entrees						
Recycling, Green & Waste Bins						
Cups, napkins, plates, utensils						
Table cloths						
Cultural item						
Childcare						
Sign in/Sign out sheet						
Childcare contact						

Approved by: _____

Process 1: Assembling Field Kits

PURPOSE: To describe the process for assembling field kits. These are field kits for the Community Convivencia.

WHO: The Project Manager is responsible for assembling the kit, taking it to the CC, and clean it out after the CC back in the office.

WHEN: The kit has to be taken to every CC.

MATERIALS:

Supplies

Plates

Napkins

Forks

Cups

Table cloth

Cultural Item

Flowers (optional)

All of these should ideally be organized two days prior to the CC and ideally stored and transported in a portable carrier.



Process 2: Toolkit for Collecting Data

PURPOSE: To describe the process for assembling data collection kit.

WHO: The Project Manager is responsible for assembling the kit, taking it to the CC, and clean it out after the CC back in the office. In addition, the PM is responsible for organizing the data collection tools and storing in their appropriate files.

WHEN: The kit has to be taken to every CC.

CONTEXT: Participants complete a series of surveys/data tools. As participants arrive, they complete a consent form for the Local Evaluation. Then participants complete a pre-survey which includes demographic questions. At the end of CC, participants complete a two-sided survey at the end of their discussion as a post-survey.

MATERIALS:

Local Evaluation Consent Form (English and Spanish)

Demographic Survey (English and Spanish)

HTES Survey Tools (English and Spanish)

Pens

SURVEY TOOLS:

Survey tools are available as separate documents.

Form 2: Next Steps Checklist

Instructions for Form 2

PURPOSE: Form 1 is used after the Convivencia.

WHO USES IT: The Project Manager is the main person responsible for ensuring Form 2 is completed.

HOW IT IS USED: Form 2 is used to manage the next steps of a Community Convivencia.

CONSTRUCTION: The form is electronic as well as in hard copy. It is used back in the HTES office. All forms are kept for the duration of the project as reference, the electronic copy is stored in the google drive.

HOW TO FILL OUT THE FORM: Instructions for use are as follows:

- The PM will complete the form with as much detail as possible.
- All fields must be completed.

Post-Community Convivencia Checklist

Date & time:

Facilitators:

Scribes (if any):

Agency Name/Dept:

Location Address:

Please follow these post-checklist steps.

Step	Check
1. Enter and store sign-in form.	
2. Collect and store all consent forms. Forms from LEP are separated from PARC forms.	
3. Collect and store all survey tools.	
4. Empty field kit.	
5. Email scribes and ask them to submit their Glows and Grown within 3 days.	
6. Email scribes and ask them to submit their notes within 5 days.	
Data entry:	
7. All data has to be entered within LEP 15 days of event.	
8. PARC Survey tools need to be submitted to PARC within 7 days of collection.	
Thank-you's:	
9. To host/community partner.	

Process 3: Email Communication to Team (Before & After)

PURPOSE: To describe the process for communicating with the associates and volunteers.

WHO: The Project Manager is responsible for sending the emails and reminders. The PM is also responsible for collecting all the notes and storing in the right place on the google drive.

WHEN: Before and after the Convivencia the emails are sent.

Check list

Step	Check
Email 1 week before Convivencia	
Email 1 day after Convivencia	

Email before Convivencia

Hello to all,

Our next CC is quickly approaching next week.

The address and location are _____ and please arrive by ____ (time) to start and prep.

Background:

- Who is our partner/host:
- Who is the audience:
- Why are we doing it there:

Format:

Claudia and Cecilia will do an opening lecture on:

-
-
-

Co-facilitators:

Note-takers:

Set up:

Surveys:

Gift Cards:

Food/Menu:

Email after Convivencia

Hello to all,

Thank you everyone. We had a wonderful Community Convivencia. There are a few follow-up items. Please send us the your glows and grows within 3 days and your notes within 5 days.

Form 3: Site visit Checklist

Instructions for Form 3

PURPOSE: Form 3 is used during the site visit.

WHO USES IT: The Project Manager is the main person responsible for ensuring Form 3 is completed.

HOW IT IS USED: Form 3 is used to make sure the site selected will work well and it's set up for the Convivencia.

CONSTRUCTION: The form is electronic as well as in hard copy. It is used back in the HTES office. All forms are kept for the duration of the project as reference, the electronic copy is stored in the google drive.

HOW TO FILL OUT THE FORM: Instructions for use are as follows:

- The PM will complete the form with as much detail as possible.
- All fields must be completed.

Form 3: Site visit Checklist

Date & time of schedule Convivencia:

Partner/Host:

Location Address:

Date of site visit:

Please follow these post-checklist steps.

Step	Check
1. Chairs. There are at least 25 chairs.	
2. Tables. There are at least two tables. 1 for food. 1 for surveys tools and checking in.	
3. Trash cans. There are enough trash cans. If NOT, HTES will bring trash bags.	
4. Space. There is enough room for the mesas de trabajo/small groups.	
5. Set up. Draw the desired set-up below and walk it through with the host.	

Form 4: Detailed Agenda

Instructions for Form 4

PURPOSE: Form 4 is completed before the Convivencia.

WHO USES IT: The Project Manager is the main person responsible for ensuring Form 4 is completed in collaboration with the leaders.

HOW IT IS USED: Form 4 is used to manage the flow of a Community Convivencia.

CONSTRUCTION: The form is electronic as well as in hard copy. It is used back in the HTES office. All forms are kept for the duration of the project as reference, the electronic copy is stored in the google drive.

HOW TO FILL OUT THE FORM: Instructions for use are as follows:

- The PM will complete the form with as much detail as possible.
- All fields must be completed.

CONVIVENCIA AGENDA

Date:

Location:

Time	Activity
30 minutes	Sign in, register, raffle ticket, food, consent, pre-survey (demographics)
10 minutes	Welcome to today's Convivencia, a research project for HTES, Introduce Humanidad Team, Introduction of participants, Purpose of today, set tone and framework, safety, note takers, format, large group, small group later, post survey- Claudia
5 minutes	Participant input, What are the issues? Guided facilitation- Cecilia
30 minutes	<u>Small groups- facilitators:</u> Christina, Bianca, Cecilia, Claudia <u>notetakers:</u> Josselyn, Cody, Dee, Yolanda <u>observers:</u> trainees/associates: yielding observations of process & response by participants.
15 minutes	Each group reports back, (If time permits) . Facilitator contextualizes themes from each group-Christina or Cecilia or Claudia or Bianca
15 minutes	Post surveys (LE)
5 minutes	Raffle and Closing- Claudia and pass out flyers for Group Convivencias

Notes for team members:

1. All team members are expected to greet all the participants.
2. All team members are expected to support in the completion of the consent forms and the demographic survey.
3. All team members are expected to support with the set-up and clean-up.
4. All team members are expected to stay after for a debriefing.

Process 4

In case of an emergency

In case of an emergency there are several things you must do; however, the safety of your clients is the most important thing.

Here are some tips:

1. Make sure you all Cecilia's and Claudia's phone number on your phone.
2. Make sure you all have an emergency evacuation/exit strategy.
3. In case of an emergency exit from an event, you should have a safe place where you will all reunite. This can be the HTES office.
4. Have some resources printed and carry them with you.



If Immigration or the Police come to your workplace ...

- If Immigration or the Police want to enter your workplace they need a warrant or the authorization of your employer.
- If your employer gives them permission, the agents do not need a warrant.
- Try to stay calm. If you try to run, the agents could interpret this as admission of guilt. This type of suspicious act is enough evidence for them to detain you.
- Identify yourself by giving your name, if asked. Otherwise, you have the right to remain silent.
- You have the right to see the warrant for the workplace. Ask to see it. If law enforcement cannot present it, you should ask for permission to leave.
- Never physically interfere with the agents. Even though the search may be illegal you could still be detained

If Immigration or the Police confront you in the street or in a public area

- If they approach you with questions, ask if you may go. If they say yes, walk away slowly. If they say no, do not go. You are only required to give your name and nothing else. **Remain silent and ask to speak with a lawyer.**
- Police and Immigration have the right to search you to make sure you are not carrying weapons or illegal materials. Do not resist this inspection.
- They cannot arrest you without the necessary warrant or proof that you do not have legal status.
- **Do not show documentation from your home country.** If you show documentation from your home country it could be used as evidence of your nationality and give officials reason to question your legal status.
- **Never** carry false documents.





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Know Your Rights: If ICE Stops You in Public

All people living in the United States, including undocumented immigrants, have certain U.S. Constitutional rights. If you are undocumented and immigration (ICE) officers stop you on the street or in a public place, know you have the following rights:

- **You have the right to remain silent.** You do not need to speak to the immigration officers or answer any questions.
 - You may ask if you are free to leave. If the officer says no, you may exercise your right to remain silent.
 - If you are asked where you were born or how you entered the United States, you may refuse to answer or remain silent.
 - If you choose to remain silent, say so out loud.
 - You may show a [know-your-rights card](#) to the officer that explains that you will remain silent and wish to speak to an attorney.
 - You may refuse to show identity documents that say what country you are from.
 - Do not show any false documents and do not lie.
- **You may refuse a search.** If you are stopped for questioning but are not arrested, you do not have to consent to a search of yourself or your belongings, but an officer may “pat down” your clothes if he or she suspects you have a weapon.
- **You have the right to speak to a lawyer.** If you are detained or taken into custody, you have the right to immediately contact a lawyer.
 - Even if you do not have a lawyer, you may tell the immigration officers that you want to speak to a lawyer.
 - If you have a lawyer, you have the right to talk to them. If you have a signed DHS [Form G-28](#), which shows you have a lawyer, give it to an officer.
 - If you do not have a lawyer, ask an immigration officer for a list of pro bono lawyers.
 - You also have the right to contact your consulate. The consulate may be able to assist you in locating a lawyer.
 - You can refuse to sign any/all paperwork until you have had the opportunity to speak to a lawyer.
 - If you choose to sign something without speaking to a lawyer, be sure you understand exactly what the document says and means before you sign it.

If you want more information about your rights or to learn if you might be eligible for immigration benefits or relief, speak to a reputable immigration lawyer. Go to www.aialawyer.org to connect with a lawyer in your area.

The contents of this document do not constitute legal advice.

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#AILAStandsWithImmigrants

Appendix B: Manual of Procedures for Group Convivencia prior to COVID-19

Group Convivencia

Chapter 1 – History and Rationale of Convivencia Groups

Our CDEP approach of *Convivencia* is a culturally sensitive practice. We currently define and describe it as: *the welcoming invitation to come together to explore and examine openly the very needs and realities of every individual. In this setting, each person is recognized, valued and respected for his or her own unique role in their current life experience. The sharing of personal experiences increases the in-depth dialogue that supports a learning process for all present and a simultaneous experience in relating. It is this co-created environment that fosters insight toward self-awareness, personal and family growth, healing and change.*

Researchers have identified three Latino cultural values that influence mental health services delivery; familismo, respeto, and personalismo.¹⁵ *Convivencia* is culturally embraced as the value of coexisting with others; or relatedness through life experiences. Familismo is often the motivation for individuals in considering mental health services in general. This is the value that focuses on the extended family. For example this value was most recently seen at a lecture on Transgenerational Trauma and Adverse Childhood Experiences. A traditionally attired “Abuelito” came up to the Humanidad lecturer with tears in his eyes and said, “Thank you very much. My daughter told me to come hear you. I wish I had known this information when I was raising my children.” What is emphasized is what is good for the family, often excluding personal benefit.

The reciprocity of *respeto* is seen in *Convivencia* as mutual respect grows between the service provider, the client, and the other group members. *Respeto* is also involved in the invitations to come to gatherings. As a culture based in oral tradition, being invited by a family member, an authority for whom you already have respect, or someone who has had the experience and is now sharing to involve another, holds weight.

Personalismo is the value of close personal relationships and it is this aspect, along with *respeto*, with which *Convivencia* most aligns and facilitates. Respected, emotionally meaningful, authentic relationships develop as a result of honest sharing. The CDEP approach of *Convivencia* is an identified outcome of women’s “Body, Mind, Spirit” groups that Humanidad held in Spanish through Via Esperanza over the last 32 months.

Two bilingual and bicultural therapists advertised and recruited participants for each of the ten-week group processes with strong positive evaluations from the participants. As Latinas having attended *Convivencias* themselves in their own families, the therapists recognized the value of what was occurring organically among their participants during group therapy and removed their planned group format. The groups originally were more structured in style. As each group developed, the facilitators identified the group’s need to move out of structured exercises and discussion format, to interact more immediately and interpersonally. It was recognized as worthwhile as it was a valued part of the facilitator’s cultural experience. In addition the familiarity of what was occurring among the members also created a safe space and a sense of joined co-existing and relating that is fundamental to *Convivencia*.

Our *Convivencia* practice is integral to all aspects of how we operate as an agency — our internal culture, how we train and work with our students, how we work with our clients, how we supervise groups, and how we communicate and engage with our collaborative partners. As a training and mentorship program, our focus is on MFT students who are interested in becoming language proficient and culturally competent, and also represent diversity within the Latino population. Equally important is learning and integrating *Convivencia* in the field of community mental health. *Convivencia*, described in more detail later, will engage a future mental health workforce in a culturally sensitive service delivery approach on

¹⁵ Anez, Paris, Bedregal, Davidson, and Grilo, 2005; Garza and Watts, 2010.

multiple levels. We will assess and confirm its therapeutic value, its cultural and linguistic relevance, and its effectiveness as a key component of our evaluation outcomes.

Sonoma County has well documented disparities with its Latino constituency. As noted earlier, services are difficult to access and there is a tremendous need for bilingual and bicultural mental health care workers. Many risk factors contribute to their high prevalence of mental health issues (e.g., high poverty rates, exposure to violence and crime, poor housing conditions, unemployment, and the current political environment to name a few), and these not only put Latinos at greater risk of psychiatric disorders, but also prevent them from seeking services.

Those Latinos who have been exposed to, or victims of violence and crime without early identification and treatment for the traumatic experiences are at increased risk for more severe mental disorders. They have more frequent contact with the criminal justice system and/or higher incidence of substance abuse. The CRDP Latino population report indicated that exposure to violence in the home, school or community were barriers that prevented Latinos from obtaining the mental health services they need. The stress and trauma induced by these risk factors among Latino immigrants is pervasive, toxic and chronic, experienced from one generation to the next, but whose effects are ever present and put the community at higher risk for mental illness.

On a social and systemic level, an incident that occurred in October 2013 highlights the social determinants. On October 22, 2013 a local, 13-year old Latino youth named Andy Lopez was shot and killed by a white Sonoma County sheriff. This incident intensified the stress and fear of perceived discrimination among the Latino community that witnessed this tragedy. Compounding this tragedy with stigma and lack of services put the entire community at greater risk. Recognizing the potential long-term risk of this conflict, Humanidad stepped up immediately and designed a pilot for a Family Resource Center located at the neighborhood school that Andy attended. While at the school site, Humanidad provided therapeutic support to school teachers, staff, youth and their families who were exhibiting symptoms of trauma due to the shooting death of Andy.

In our view, Andy's death highlighted not only the depth and breadth of need, but exposed the unconscious bias, and racism that was beneath the surface. Since that time, Humanidad has worked with the school campus principal, the school district and their community partners to develop "Trauma-Informed Campuses" that are now being implemented throughout the county. These factors have only been exacerbated with the fear, direct acts of hatred and aggressive ICE raids, immigration threats to all underserved groups and particularly to the immigrant Latinx and indigenous communities we serve.

As a strength-based community organization, one of the most urgent needs we see is to increase the overall wellness of Latino individuals and families of Sonoma County. When adverse experiences and other risk factors are unaddressed, they negatively impact lifelong overall health, and can continue as defensive patterns and adaptive behaviors that impede the motivation and capacity that is required to self-examine, self-manage, adapt to changes and grow. If parents cannot teach their children the skills they themselves do not know, then unhealthy patterns continue to fester and are passed on unconsciously to the detriment of children's self-esteem, sense of self-worth, value, purpose, and meaning. These unconscious psychological compromises keep an already dispirited population at a severe disadvantage that leaves them unable to lift themselves up to lead healthy quality lives, and unable to contribute as high-functioning individuals to the betterment of their families, community and society. The Latino community in Sonoma County has multiple conditions that increase mental illness risks if those needs go unmet: Socio Economic Status (SES), political status (undocumented), educational status, gang affiliation; family fidelity (dangerous to cross territory lines), linguistic isolation, and an overall lack of access to culturally and linguistically appropriate services. According to U.S. Census Bureau data, 23% of Latinos in Sonoma County are mostly Spanish-speaking. This language barrier negatively impacts their ability to access mental health services, and also isolates them from participating in community life. The lack of affordable housing in Sonoma County also increases the psychological stress that Latino families experience. While the average Latino household size is larger than the average white household, the median white family income is nearly \$20,000 greater annually than the median Latino family income. If mental health disparities continue to widen, the overall quality of life for everyone living in Sonoma

County will be negatively affected, not just for Latinos. If the needs of our Latino community continues to go unmet, mental health disparities will continue to grow and widen.

Humanidad agrees with forum participants in the CRDP Latino population report (2012, pg. 26), that therapists must be able to “understand mental disorders within the context of the Latino culture and the ability to perform culturally sensitive and acceptable treatment.” Humanidad recognizes the cultural and linguistic need and addresses this need using a multi-faceted approach that aligns *Convivencia* with Latino cultural values and beliefs, life experiences, and family practices. For example, Humanidad addresses the Latino stigma associated with seeking mental health services through its use of *Convivencia*, helping to create bridges between a historical cultural practice with modern counseling services. The concept helps to capture in one word, a unilateral understanding and interest in the Latino community

The cultural and gender relevance of *Convivencia* when working with the Latino community was best expressed in the words of a well-respected Spanish-speaking Latino community advocate. “In Mexico the men talk and share their troubles while working together, and move toward finding solutions through discussions over the day, the week, or longer...and women gather daily to wash clothes in the river and commiserate, support, and assist one another.” What this person is describing is the therapeutic value of *Convivencia* whether in Mexico or Sonoma County.

This process of coming together with those trained facilitators who have garnered trust, respect and who support, challenge, understand, empathize and show compassion to all present. In Therapeutic *Convivencia*, these attributes, allow for greater opportunity to in the quality of connection, community, dialogue, inclusivity, engagement, and experience of participants. HTES considered that in bringing these attributes of **Con-vi-vien-do** (Literally meaning, *existing in co-relation*) into individual and family therapy models, was the opportunity for the mental health profession to amplify its view of how critical and necessary it is to our cultural competence for best servicing this community.

HTES Therapeutic *Convivencia* continues to follow a depth-oriented approach as a way to bring together both humanistic and traditional indigenous practices.

California Reducing Disparities Project

The

California Reducing Disparities Project (CRDP) was launched in response to a call for national action to reduce mental health disparities among historically underserved populations. Latinos are one of five priority populations included in CRDP, and HTES in one several organizations in the state working with this population. This manual was made possible by the CRDP.

Humanidad Therapy and Education Services (Humanidad) is a multicultural community mental health agency and Marriage and Family Therapist (MFT) training program that offers bilingual/bicultural, low-fee psychological services for underserved, diverse populations in Sonoma County with a primary focus on providing culturally sensitive Latino mental health care. A key component of Humanidad’s mission is to help bridge the gap between cultures and reduce the treatment gap and stigma of accessing and utilizing community mental health resources.

The California Reducing Disparities Project (CRDP) Latino population report (2012, pg. 26) [1] indicated that Latino families tend to be unfamiliar with the warning signs of mental illness. This lack of awareness can be attributed to a combination of socioeconomic, language, and other cultural barriers that impact their access, utilization, and retention rates. Studies also suggest that these barriers combined with life stressors can contribute to a high dropout rate among Latinos receiving mental health treatment.

Background and Public Health Significance

Over the past 20 years, the Latino population has grown by 300% in Sonoma County, and now comprises 26% of the total population.[3] This growing population has unique mental health vulnerabilities, many related to socioeconomic factors as outlined in the CRDP Latino population report[4]. Although Latinos made up 33% of the workforce in Sonoma County in 2012, their median household income was 28% below the California median salary. This is largely due to the significant number of Latinos that work in

agriculture and service positions, where wages are lower. Historically, Latinos have been marginalized by underlying social and economic inequalities, and also underserved because they lack the necessary knowledge and resources to participate in community services — a major concern for Humanidad.

The CRDP Latino population report also indicated that Latino families tend to be unfamiliar with the warning signs of mental illness. This lack of awareness and/or access to a network of people from whom to obtain information about services can be attributed to a combination of socioeconomic and language barriers, and other cultural factors that impact their access, utilization and retention rates. Studies also suggest that these socioeconomic and language barriers combined with life stressors, can contribute to a high dropout rate among the Latino population after receiving care and treatment[5].

Twenty-five percent of Latinos living in Sonoma County are uninsured. Brian Vaughn, Health Policy Director at the Sonoma Department of Health Services reports that these community members are less likely to access services and more likely to use the emergency room when their conditions worsen. This adds a financial burden to families and communities. Many Latino families are barely able to afford housing and food, let alone pay high fees for mainstream mental health care. It is also important to remember that these statistics are derived from census data, and do not include information for undocumented persons residing in Sonoma County.

Convivencia

The development of Convivencia came from HTES's group counseling service work with Latinos over the past three years. Convivencia allows HTES to work within the belief system of a culture that values the collective whole over individual needs. The culture honors how people draw strength from their values coupled with a need to be in relationships. The quality of interaction among individuals, when held within a group environment that provides a space for sharing of knowledge and information with consistency, warmth, mutuality, connection, belonging, acceptance, openness, and supportive reflection, leads individuals to seek more learning and personal growth, helping them realize true transformation.

While a person's culture is never the only determinant of his/her behavior, it is in understanding the similarities and differences within the Latino population we serve that will aid HTES to further refine culturally relevant services such as Convivencia, the Community Defined Evidence Practice (CDEP). Humanidad agrees with forum participants mentioned in the CRDP Latino population report that therapists must be able to "understand mental disorders within the context of the Latino culture and the ability to perform culturally sensitive and acceptable treatment."

Consistent with Maduro's 1983 work[2], the premises and constructs of Convivencia follow logically with the social and historical values placed on healing practices, interdependence of family, and mutuality as acceptable vehicles for communicating current needs. In the practice of psychotherapy, there is a mutual shared experience that is felt and transmitted in a similar exchange. While there is no literature on the "felt-experience of Convivencia", it is clearly an inherent value that is known, felt, and collectively transmitted within the culture and language. Humanidad recognizes cultural and linguistic needs and addresses this need using a multi-faceted approach that aligns Convivencia with Latino cultural values and beliefs, life experiences, and family practices. Humanidad addresses the Latino stigma associated with seeking mental health services through its use of Convivencia, helping to create bridges between a historical cultural practice with modern counseling services.

Relational-Cultural Model (RCT)

The RCT approach to helping and healing is grounded in the idea that healing takes place in the context of mutually empathic, growth-fostering relationships. The RCT approach to counseling involves identifying and deconstructing obstacles to mutuality that individuals encounter in diverse relational contexts and networks (Comstock, 2000; Comstock, Daniels & D'Andrea, 2006).

Core tenets of RCT include the following notions (Jordan, 2000):

People grow through and toward relationships throughout their life span.

Movement toward mutuality rather than separation characterizes mature functioning.

The ability to participate in increasingly complex and diversified relational networks characterizes psychological growth.

Mutual Empathy and mutual empowerment are at the core of growth-fostering relationships.

Authenticity is necessary for real engagement in growth-fostering relationships.

When people contribute to the development of growth-fostering relationships, they grow as a result of their participation in such relationships.

The goal of development is the realization of increase relational competence over the life span.

The importance of connectedness is embedded in traditional and contemporary counseling theory and practice. Theorists and teachers such as Adler, Erickson and Rogers cite the importance of relationship, connection and empathy within the context of the therapeutic alliance and milieu. The importance of connectedness in fostering psychological development and well-being is well documented.

Mutually Empathic Encounters, Relational Responsiveness and Anticipatory Empathy

RCT creates connection and fosters mutually empathic encounters. In such encounters when the counselor effectively communicates his/her connection with the clients expressed thoughts and feelings and the clients acknowledge being affected by the impact they have had in generating this response. In a mutually empathic encounter, everyone's experience is broadened and deepened because people are empathically attuned, emotionally responsive, authentically present and open to change (Miller, Jordan, Kaplan, Stiver & Surrey, 1991).

Mutually empathic encounters provide opportunities for counselors to become more culturally competent. This is possible because counselors engaged in mutually empathic exchanges with their clients can learn about their own and their clients' worldviews and beliefs in new and different ways. This can be accomplished by exploring the relational confluence of the similarities and differences between their respective life experiences. Such self and cultural learnings enable counselors and clients to more freely and respectfully come to a mutual agreement about the strategies that are likely to promote the sort of counseling outcomes that are consonant with culturally different client's worldviews, beliefs and values (Day-Vines et al., 2007; Ivey et. Al, 2007)

RCT involves a thoughtful process of *anticipatory empathy* wherein the counselor thinks ahead and considers as to how the client will be affected by the way he/she chooses to respond). This ideally moves the counseling relationship into a deeper mutual connection. Facilitators of group Convivencia are encouraged to respond to participants with curiosity, empathy and transparency.

Connections and Disconnections

Miller (1986) identified "five good things" that occur when people are "in connection." These are:

Each person feels a greater sense of zest (vitality, energy).

Each person feels more able to act and does act in the world.

Each person has a more accurate picture of her/himself and the other person(s).

Each person feels a greater sense of worth.

Each person feels more connected to other persons and exhibits a greater motivation to connect with other people beyond those in one's primary relationships.

The experience of disconnection, as described by Jordan and Dooley (2000) is the experiencing the opposite of the five good things. In disconnection, people experience a general decrease of energy, is unable to act constructively in their life, they lack a sense of clarity and purpose and they have a decreased sense of self worth that often prompts one to turn away from relationships in general. Creating Compassionate Understanding.

"When the other person is hurting, confused, troubled, anxious, alienated, terrified; or when he or she is doubtful of self-worth, uncertain as to identity, then understanding is called for. The gentle and sensitive companionship of an empathic stance... provides illumination and healing. In such situations deep understanding is, I believe, the most precious gift one can give to another." (Carl Rogers)

The group process illuminates the individuals presenting problem within the framework or context of the group. As individuals share their stories and experiences, the issue can be understood in terms of its relational meaning. Group participants begin to think, feel and act about the problem differently. As each person articulates their perspective on the issue, they are often challenged to hold varying perspectives of others and the meaning of the problem becomes expanded and redefined. This often helps individuals to find ways out of viewing the issues from positions of feeling blamed, shamed, misunderstood or alone. With effective facilitation, defensive stances begin to soften and the goal of obtaining an empathic understanding of each person becomes real. Individuals find that the experience of feeling empathically understood by others allows them to be more open and amenable to change; still others find the opportunity to tell their story in a context where important others are listening to be a transformative experience.

Sacred Spaces and Healing

Archeologists have found evidence of altars and shrines in nearly all places where there is evidence that humans have lived. An altar is usually thought of as a sacred space used for specific functions that may be associated with religious and spiritual purposes, such as worship, prayer, rituals or offerings. In religious traditions, the altar is usually the centerpiece of the worship space, such as in a church, synagogue, temple, mosque or sacred circle. Group Convivencia facilitators construct an altar as a sacred space for welcoming group members, a space for reflection and to provide a sense of familiarity to group members.

Creating The Altar

Before you plan the look of your altar, spend some time thinking about the group, the group demographics and the individual participants.

Here are some ideas that may help the process:

Make a list of words that come to mind when you think of the group.

Make a list of objects or things that you associate with the participants and their demographics.

Research and find images that correspond to some of the things you have listed. You may find lots of interesting images on the internet that you can print and cut out for use in your creation or seeing the images may spark other thoughts or ideas that you may wish to incorporate in your altar.

Incorporate items of your own personal culture and that speak to you for building a sacred space.

The Convivencia Model and Format

Comienzo/Sound

Compartimiento: Group Members Share

Topic Discussion: Psychoeducation

Actividad y Compartimiento: Group Members Share

Clausura/ Sound

Comienzo /Sound

This becomes the Calling by use of an object that creates sound. The sound becomes a symbol that in the repetition of its ringing becomes the indication for the beginning of group and for all to gather for connection. The facilitators understand and “hold” that for each member participating, the “Comienzo-the beginning” offers an opportunity to welcome and honor that each person has the capacity for growth and that they made the time to experience themselves in a new way, just by the mere fact that each member attended and are present for this encounter and exchange. The facilitators make every effort to express and communicate this to the members of the group and thus setting the environment for an open invitation for self-reflection where their experiences, personal journeys, knowledge, and wisdom are valued and recognized as important.

Examples of sound: drums, rainstick, chimes, maraca’s, cascabeles.

Compartimiento: Group Members Share

This is a time for members to check in with the group and discuss what is present for them. This helps the facilitator gain information on each member’s state of mind and helps the group decided where it

wants to focus its attention during the session. It also serves to produce a sense of mutuality and group concern. We will allow the group members to decide on what the group topic is for the day.

This sets the tone for the rest of the group. The facilitator will announce what session they in “welcome back to session XX; let’s review the past session. Facilitator gives a quick summary of last session.

(3-7 is big bulk of work) Assuming we are in session three. All weaving - the therapist and co-facilitator is moving the compartimiento so that all people get to check in and to alert to what the topics are and deciding what the topic is so that the next sessions can take place. The facilitator listens to what the participants are sharing to look for similarities and themes in order to decide on the topic for the evening. Warm welcoming invitation to say - today we are going to continue our group. This is an opportunity for you to have a place for you to share what has happened in your week, something that stands out to you that you would like to look at more intently in this group, or something that has stood out for you for the past two sessions. The process for doing this is kinda like popcorn (lighten it up, make a joke, make them feel like it can be anyway). The person that starts first gets recognized for going first “Thank you for going first.” Teaching the process of sharing the space. The facilitator makes sure to hear from everyone and recognize everyone’s share. The facilitator has the option to share or not share but tries to be transparent and genuine and bring themselves into the group.

The facilitator may say “that seems like a lot to hold yet you still came to group.”

The goal is to create opportunities for participants to be seen and heard. Validating and reframing the conflict or expressed experience and where the participant demonstrated strength.

When a participant shares a personal story the facilitator should make every effort to comment on the courage and strength that it took to share at this level. This encourages further sharing by other group members. This also gives the facilitator a chance to model the feedback that is being shared. It is non-blaming, shaming and it focuses on the individual experience of the individual. The facilitator becomes protective of the persons’ experience and assists other individuals in sharing their own experiences. The facilitator asks if the participants wants feedback from peers or to just leave it in the group. This is modeling respect, providing feedback.

Everyone else in the group gets to see at all times they get to choose if they want feedback or not. The facilitator always checks back and sees how the feedback, if any, was received by the participant.

Topic Discussion: Psychoeducation

When the group is ready to begin the discussion on the identified topic, facilitators utilize their skills of compassionate understanding and compassion inquiry to get a sense of what the participants already know and have experienced about the topic. Facilitator will ask questions such as:

What is your experience of this topic? Can you tell us more about what your experiences have been in the past?

What do you know about this topic?

How does this topic affect you?

What do you hope to learn and gain from this discussion?

How did you know to do that - (when they made an important decision that served them well).

Once the questions have been answered and the participant sharing has been exhausted, the facilitators explain a little bit about the chosen topic and their goals for the evening in discussing the topic. The facilitator will describe the complexity of the topic, and weave what they already know and said and provide corrective feedback. We add the things that have not been shared about the topic to what they have already said, and validate their experiences. The facilitator continually restates and highlight participants experiences and stories and connect that to the information provided on the topic.

Compartimiento: Group Members Share

When the group member’s share, the facilitator’s role is to validate the participant’s experience and acknowledge their contribution to the group. Facilitators may notice their courage, instincts or intuition about a decision or experience. Facilitators will take a very strength based and solution focused stance in responding to participants. Facilitators will always ask if the participant would like to hear feedback from other members and thank them for participating. Facilitators will check in with the members about their personal experience in receiving feedback.

Clausura

Facilitators acknowledge we are coming to the end of the session and end the session. Facilitators remind the group members that they will see them next week. Facilitators go around the room and ask the participants to talk about their experience and how they are feeling in the moment. Psychoeducation is provided on what their response maybe in the upcoming week and a little bit about self care.

Inviting Question: (to close up): In one word or two what is it that you are taking with you from this group?

Closing statement: As you go into your week, allow yourself to reflect on these topics shared and if something stood out or had an impression on you. This is an opportunity to get to know yourself more. Inner reflection.

Choosing the location

Our Convivencias are geared to meet where the clients are at within the community. This is done in collaboration and in a mutual sharing to develop a relationship with the potential community organization and the Humanidad team, in order to better connect, be knowledgeable of the community that will be served. The collaboration involves a discussion of meeting times, to address the immediate needs that the community organization has, as well as receiving information for what the Convivencia is, its format and how applicable it is for setting up an event.

Choosing a time for the Group Convivencia

Our Therapeutic Convivencia's are geared to meet the needs of the participants based on the collaboration made between the community agency and Humanidad. The 8-week groups are set for morning and evening hours that also are more conducive to the population being served. The relationship built allows for an all ready trusted community member to bring in the Humanidad team and this opens a door for more connection with all participants as a fundamental for creating trust.

Closed groups

A closed group is a group where a consistent group of individuals participate each week for a set number of sessions. Convivencia Groups span 8 weeks. This type of group therapy enables the group itself to become both the context and means of change through which its members stimulate each other to support, strengthen, or change attitudes, feelings, relationships, thinking, and behavior--with the assistance of the facilitators.

Chapter 2a: Week by Week Guidelines for Convivencia

Week 1 - assessments, surveys, introduction

Week 2 - group agreements

Weeks 3-7 Topic discussions - creating cohesion

Week 8 - closing and celebration - transitional objects

Chapter 3: The Facilitator Role, Communication Guidelines

Fundamental Qualities exhibited: Genuineness, authenticity, style and Humanistic and client centered approach of compassion and positive regard. As if making a "sopa" (soup) where Convivencia provides the main ingredient but each facilitator add's their own "sazon" (taste).

The role of the Convivencia Facilitator

Creator of sacred space

Listener and witness

Educator

Encouraging

Curious

Transparent

Resource

Protector, responds to crisis

Resource for information and referrals

"Members of a cohesive group feel warmth and comfort in the group and a sense of belongingness; they value the group and feel in turn that they are valued, accepted, and supported by other members." (Yalom)

Chapter 4: Facilitation skills

Practical Responsibilities

As a Convivencia facilitator, your first responsibility is to **engage** the members of the group in some level of conversation and ensure that they return and remain for the length of the group. This is an ongoing task that relates to the way each member experiences you as well as the group as a whole.

Group members learn not only from other group members, but also from the facilitator's relational habits, including invitation, boundary setting, therapeutic transparency, feedback, etc. The Convivencia facilitator is often a role model and provides a sense of safety for participants.

Therapist Posture

The facilitator's posture towards group members must be one of *unconditional positive regard*--that is, accepting people as they are, including their group contribution and their choices inside and outside of group. Rogers explains, "People are just as wonderful as sunsets if you let them be. When I look at a sunset, I don't find myself saying, 'Soften the orange a bit on the right hand corner.' I don't try to control a sunset. I watch with awe as it unfolds." The group is not only the setting for the person to unfold, it is also the method.

The Agent of Change

The facilitator serves as an initial unifying force (Rogers, 1965); however, over time, members become unified and are motivated to participate because of their joint investment. In group therapy, like in couple and family therapy, it is individual clients and their larger relationship within therapy that is the agent of change. Yalom (1995) summarizes: "It is the group members who, in their interactions, set into motion the many therapeutic factors, then it is the group therapists' task to create a group culture maximally conducive to effective group interaction" (pp. 109-110).

Establish Rules/Norms

Group norms include rules of conduct, group and member goals, expectations and responsibilities of members, among others. Naturally, some group norms are established over time, implicitly, based on unspoken expectations and habits that form inside the group. While many of these may not be harmful to the group's culture, including explicit norms allows the therapist and group members to begin and continue group with a sense of ownership and understanding about the group's purpose and process. Group culture is, therefore, influenced by a balance of the explicit and the implicit. Here are some ideas for contributing to an open, safe group culture, while embracing the therapist's position as role model:

Orient to the present

The most therapeutic potential in group therapy is found in what is happening right now, rather than what has happened or is happening outside of group. Group members experience each other in particular ways, and group therapists must highlight these experiences for group members, so that they begin to gain an awareness of interactional dynamics (Rogers, 1965). This awareness initiates reflection, which contributes to continued participation in the group, additional therapeutic moments, and so on and so forth.

How are members relating to one another? What is therapeutic and valuable (in terms of process) in their responses to one another? What are they self-disclosing? How are they reacting to each other's stories and emotions? Are they communicating ownership and personal application of what they hear in group? Do they feel validated? Group therapists can answer these questions by observing the interactions between members of the group. By maintaining her focus on the present--what is happening in the here and now--the group therapists cultivates a therapeutic culture.

Oftentimes, this orientation to the here and now is only possible by avoiding intervention in favor of observation and responding with affirmation and curiosity rather than techniques. The group therapist is in a specific role within the group and is always joining and establishing trust not only between him and the members, but also *between* members. This trust can be nurtured by:

Believing clients can and will make steps toward their goals

Highlighting therapeutic moments that occur between members, as well as therapeutic "nuggets" that are communicated in the meeting

Responding to each member with the same level of acceptance and care
Managing the emotions of all members in ways that invite continued self-disclosure and participation
Communicating acceptance nonverbally with members that are reserved or don't speak often in group conversation
Resisting the pressure to influence members' frequency or type of participation
Group therapists constantly consider what the group needs most, right now, to keep it moving in a particular, therapeutic, direction (Yalom, 1995).

Chapter 5: Resources on common topics/Themes

For the purpose of this manual we are going to stick to these five topics for all the therapeutic convivencias.

Stress

Depression/Anxiety : Isolation

Trauma and Intergenerational Trauma: how it impacts generations

Relationships and Dynamics of these

Fear, Anger , toxic emotions and impact of these on Self-Care:

Resilience/Strength

Appendix C: Virtual Protocols for Convivencia

Community Convivencia Instructions:

1. Registration Process

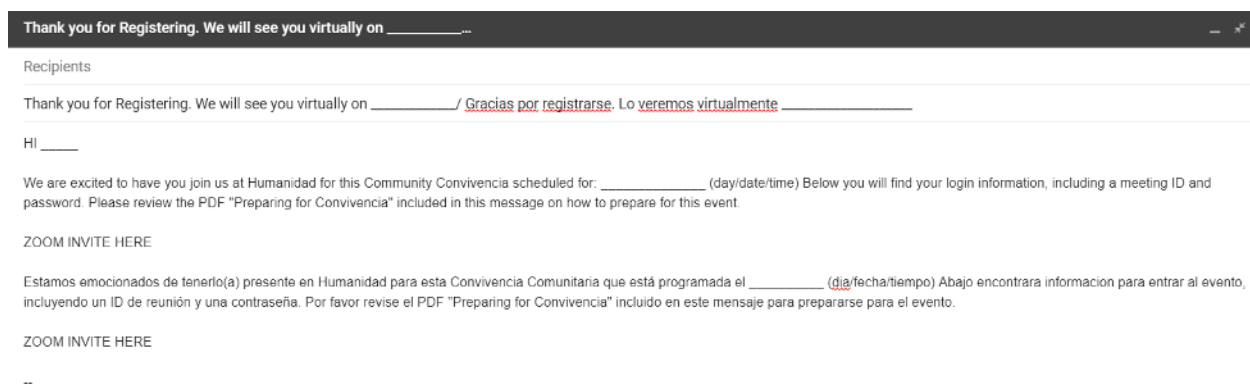
Ø Interested participants can sign-up using a zoom registration link that would collect their name, phone number, email address. If attaching to the website, this must be set up with Henry (website admin) beforehand. Otherwise, this link can be sent directly to partners for sharing with a flyer attached.

OR

Ø Interested participants can call HUM office and provide their full name, phone number, and email address; Office Manager to call back within 48 hours to schedule phone intake. This piece should include:

- 1) A rundown of the activity
- 2) Full name, phone number, email address
- 3) Verification of access to appropriate devices, (computer or smartphone) internet access, and private location for participation in CC.

Ø When participant registration has been confirmed, this information should be shared with the Program Manager who will send out a BCC “Welcome” email outlining the next steps. The “Preparing for Convivencia” infographic should be included.



Ø On the day before the event, the Program Manager should follow up with all registered participants with a BCC email as noted above and/or give them a call.

2. Before Zoom Session

Ø The Program Manager will create a Zoom Event/Group to be set-up as soon as the event has been confirmed with partner(s). It should be shared on the website, and/or with partner(s) as soon as possible to begin gathering participants.

Program Manager: When creating meeting on Zoom, you will need to edit the following:

- Topic (Community Convivencia/Convivencia Comunitaria)
- Meeting Description (outline of what to expect,
- When
- Duration
- Registration (required)
- Meeting ID/Password (required)
- Video/Audio (both on)
- Meeting options (enable waiting room)
- Alternative Hosts (list Office Manager)
- **UNDER REGISTRATION SETTINGS**: include first/last name, email, phone number, and change registration features to “manually approve” registrants.
- **UNDER EMAIL SETTINGS**: Go into “Edit contact” to get email notifications of registration sent to you directly & change email settings to send confirmation of registration in Spanish. Include a brief welcome message as noted in the “Thank you for registering” email above & include the 5 main points from the “Preparing for Convivencia” PDF.

Ø The Program Manager will also set-up an event-specific folder titled CC_XX-XX-XXXX in 3 different locations BEFORE the group begins:

- The “Virtual Convivencia” File on **Google Drive**, which will include a copy of the agenda, a copy of the LE consent forms templates, and copies of the (3) LE surveys.
- The **Encrypted USB**, which will include the completed registration list/attendance sheet, copies of the completed consent forms, LE data collected from the Google Form Surveys, and completed partner debrief form.
- A **physical copy** of the file to be securely stored at the main office which will include the completed registration list, attendance sheet, charts/notes from facilitators, LE data collected from the Google Form Surveys, and completed partner debrief form.

Ø The Program Manager/Office Manager will compile “Registration List” information from all sources (name, phone, email) before the event, and share with facilitators.

Ø The Program Manager will make a reminder call (can leave general voicemail) and/or BCC email to all known participants the week of the event.

3. During Zoom Session

Ø *Community Convivencia* –The Office Manager/Program Manager will focus on the technical aspects of the event (prepared to act as host/alternate host) including:

Technical Hosts should ensure they have adequate internet connection

- 1) Starting the meeting and allowing individuals one-by-one into the event, making note of names during “welcome,” adding/removing from the Registration list as needed.
- 2) Ensuring that each segment takes place within the designated time frame

- 3) Initiating breakout rooms during group work segments and/or consent process if needed. Broadcast an alert message to return to the main meeting.
- 4) Sending out an anonymous *Demographic Survey* link on Google Forms (after consent has been received) through the chat feature on Zoom, to be completed by individuals at that time.
- 5) Sending out an anonymous *Convivencia Questionnaire* link on Google forms through the chat feature on Zoom after the breakout groups have concluded, and all are in the main room.
- 7) Sending out an anonymous *Convivencia Consumer Satisfaction Survey* on Google Forms through the chat feature on Zoom after the breakout groups have concluded, and all are in the main room.
- 8) Supporting individuals who do not feel they can complete surveys on their own by completing on their behalf in a breakout session format.
- 9) Picking a winner for raffle: <https://wheelofnames.com/> Staying online briefly with the winner(s) of the raffle after all have left to determine whether they want the raffle prize sent via email/mail. Arrange to do so within 48 hours.
- 9) Ending the meeting.

All other Facilitators:

Have registration list + facilitator script on-hand

- 1) Welcome participants
- 2) Use the modified facilitator script to begin the event; the person speaking introduces the next as we transition into the next segment.
- 3) Participate in breakout room sessions.
- 4) Support other team members, as necessary during consent/survey process

If you are responsible for collecting survey responses:

FOR THOSE ON MEETING VIA COMPUTER: Simply have them open up the chat and highlight the link to be inserted into their internet browser. Advise that they return to the meeting, once they have completed the survey.

FOR THOSE ON MEETING VIA PHONE: Have them open the chat and click on the link which will open up their internet browser. Advise that they can return to the meeting upon completion of the survey by clicking on the green bar at the top of their phone or by getting back into the app at any time.

- 5) Thank participants for joining and saying goodbyes.

4. After Zoom Session

Ø CC: At the end of the event, the Program Manager should upload the event-specific folder including: the completed registration list/attendance sheet, copies of each individual's verbal consent, and downloaded excel spreadsheets of the LE survey information collected

onto the encrypted HUM flash-drive. A physical copy of the file should also be printed and kept at the office in a secure location.

Ø CC: The Program Manager will send out de-brief google form survey link to partners (located under shared drives, “HTES EVALUATION” folder).

-Any and all usual protocols to be followed upon conclusion of the event

Group Convivencia Instructions:

1. Registration Process

Ø Interested participants can sign-up using a zoom registration link that would collect their name, phone number, email address. If attaching to the website, this must be set up with Henry (website admin) beforehand. Otherwise, this link can be sent directly to partners for sharing with a flyer. Once registered, the Program Manager would send participants a “welcome email” as noted below with all relevant attachments (*the Telemedicine Consent, LE Consent, SWE consent form, Therapy Group Consent, Participant Bill of Rights and “Preparing for Convivencia PDF”*)

English Version:

The screenshot shows a registration form titled "Thank you for registering. We will see you virtually on _____". It includes fields for "Recipients", a bilingual greeting "Thank you for registering. We will see you virtually on _____ / Gracias por registrarse. Nos veremos virtualmente el _____", and a greeting "Hi _____". The main body of the form states: "We are excited to have you join us virtually at Humanidad for this 8-week Group Convivencia starting on: _____ (day, date, time). Below you will find your login information, including the meeting ID and password." Below this is another header "Thank you for registering. We will see you virtually on _____". The form continues with "Recipients", the bilingual greeting, and "Hola _____". The main text reads: "Estamos emocionados de tenerlo(a) presente virtualmente en Humanidad para este Grupo de Convivencia de 8-semanas que está programada para empezar el: _____ (day, date, time). Abajo encontrará su información para entrar al evento que incluye el ID de reunión y la contraseña." It then lists facilitators: "Nuestros facilitadores serán _____ Ellos son bilingües/biculturales y tienen experiencia llevando a cabo grupos como este. Este grupo es fundado por el Proyecto 'Reduciendo Disparidades en California' por el Departamento de Salud Pública en California para tratar de mejorar el acceso y uso de servicios para la salud mental. Estamos mandando una copia de las hojas de consentimiento que serán revisadas durante la primera sesión. Para prepararse para este grupo hojee el PDF 'Preparándose para Convivencia.'" It concludes with: "Nuestro personal estará haciendo llamadas y/o mandado un correo electrónico de recordatorio una semana antes de que el grupo empiece." and a link "ZOOM INVITE HERE".

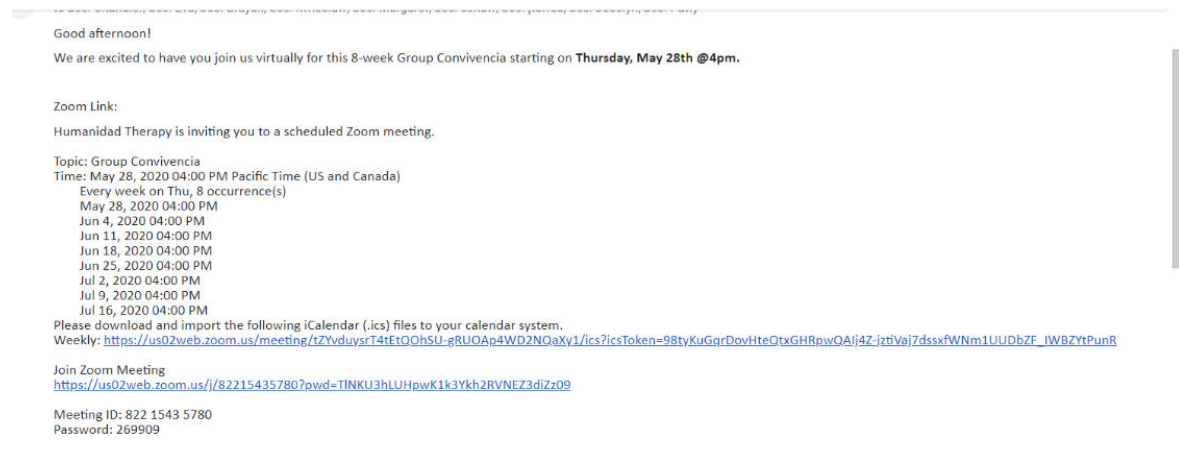
Spanish Version:

- OR

Ø Interested participants can call HUM office and provide their full name, phone number, and email address; Office Manager to call back within 48 hours to confirm their registration. This piece should include:

- 1) Confirmation of their personal info
- 2) Informing them of the dates the group will run, including day and time.
- 3) Giving them a rundown of what to expect:
 - **Free, virtual 8-week therapy support group** using the “Convivencia” model that was originally developed by our organization to meet the needs of the Latinx community.
 - **Inform them of the importance of making the commitment to attend all 8-sessions.**
 - **Verify that they have access to appropriate devices (computer or smartphone) internet access, and a private location for participation in the group.** Mention that you will send a “Welcome Email” (described in previous section) and a tip sheet on how to prepare for the group.

Ø On the day before the group, the Program Manager should send a reminder email to all using BCC following a similar template and/or give them a call.



Subject line should be revised to say:

English: *We'll see you tomorrow! Zoom Link to join the Group Convivencia on x/xx Here.*

Spanish: *Nos vemos mañana! Link a Zoom para unirse al Grupo de Convivencia virtual en x/xx Esta Aqui.*

2. Before Zoom Session 1

Ø The Program Manager will create Zoom Event/Group as soon as the group has been confirmed with partner(s).

Program Manager: When creating the meeting on Zoom, you will need to edit the following:

- Topic (Convivencia Group/Grupo Convivencia)

- Meeting Description (see example below)
- When
- Duration (recurrent, total of 8 sessions)
- Registration (required)
- Meeting ID/Password (required)
- Video/Audio (both on)
- Meeting options (enable waiting room)
- Alternative Hosts (list Office Manager)
- **UNDER REGISTRATION SETTINGS:** Check “registration required” button - include first/last name, email, phone number and change registration features to “manually approve” registrants.
- **UNDER EMAIL SETTINGS:** Go into “Edit contact” and adjust to get email notifications sent to you directly. Activate the “Confirmation Email to Registrants” option, and add in the following line: *Estaremos mandando información adicional en unos momentos. Gracias por su registración!*

Topic	Grupo Convivencia for Latinx Youth / Convivencia Group para Jovenes Latinx
Description	<p>Are you an undocumented or first-generation youth navigating challenges in your life? Learn how to cope with stress and anxiety in the face of obstacles using your culture as a source of strength and healing. This 8-week support group is for those aged 18+ and is facilitated by bilingual and bicultural therapists serving the Latinx community. We recommend that you commit to joining the group every week to receive the most benefit from the sessions.</p> <p>* FACILITATED BY CECILIA PEREZ, MFT & BIANCA AVINA, AMFT * CONVIVENCIA IS PART OF A STUDY TO HELP OUR COMMUNITY BUILD A BRIDGE BETWEEN THE MENTAL HEALTH SERVICES NEEDED AND THE SERVICES THAT ARE AVAILABLE.</p> <p>¿Es usted un joven indocumentadx o de primera generación navegando retos en la vida? Aprenda a manejar el estrés y la ansiedad al afrontar obstáculos usando tu cultura como una fuente de fuerza y sanación. Este grupo de apoyo de 8 semanas es para aquellos de edades 18+, y es facilitado por terapeutas bilingües y biculturales que sirven a la comunidad Latinx. Recomendamos que se comprometa a estar presente cada semana para recibir el mejor beneficio de las sesiones.</p> <p>*FACILITADO POR CECILIA PEREZ, MFT Y BIANCA AVINA, AMFT * CONVIVENCIA ES PARTE DE UN ESTUDIO PARA COMPRENDER COMO PODEMOS APOYAR A NUESTRA COMUNIDAD A CONSTRUIR UN PUENTE ALOS SERVICIOS DE SALUD MENTAL NECESARIOS Y DISPONIBLES</p>
Time	<div> <div>Jul 28, 2020 06:00 PM</div> <div>Jul 29, 2020 06:00 PM</div> <div>Jul 30, 2020 06:00 PM</div> <div>Jul 31, 2020 06:00 PM</div> <div>Aug 1, 2020 06:00 PM</div> <div>Aug 2, 2020 06:00 PM</div> </div>

The Program Manager will also set-up an event-specific folder titled GC_XX-XX-XXXX in 3 different locations BEFORE the group begins:

- The “Virtual Convivencia” File on **Google Drive**, which will include a copy of the agenda, copies of the (4) consent forms, and copies of the (3) LE surveys.
- The **Encrypted USB**, which will include the completed registration list, copies of the completed consent forms, LE data collected from the Google Form Surveys, and completed partner debrief form.
- A **physical copy** of the file to be securely stored at the main office which will include the completed registration list, attendance sheet, charts/notes from facilitators, LE data collected from the Google Form Surveys, and completed partner debrief form.

Ø The lead Data Gatekeeper will assign participant IDs (based on estimated # of participants) to each individual in the group and forward along to the Program Manager, who will update the “Registration List” information.

Ø The Program Manager/Office Manager will compile “Registration List” information (name, phone, email, IDs) before the group begins, and share with facilitators.

Ø The Program Manager will send out welcome Instructions via email to participants as soon as confirmation of registration is made. The Program Manager will make a reminder call and send a reminder email on the day before the group. For consecutive sessions, only an email will be sent with necessary log-in instructions.

Ø The Program Manager of Office Manager (the technical host) will login via appropriate Zoom account during the first session:

- Use humanidadtherapy@gmail.com to log-in

Ø Facilitator A & Facilitator B (the clinical hosts) will use the meeting invitation to log-in.

3. Consecutive Sessions

Ø The Program Manager/Office Manager may return to the second group in the event that an additional participant joins the group. They should be on call, ready to join if needed. A breakout room would be used to go over the consent process (4 forms) privately with the individual and to distribute SWE survey link w/participant ID. Upon conclusion of this segment, the Program Manager/Office Manager would send the new participant back into the group, and immediately leave the meeting. Facilitators A & B will welcome the new group members.

Ø For sessions in which the Program Manager/Office Manager will not be present, one of the clinical hosts should login via the account described in the previous section.

4. During Zoom Session

Technical Zoom Hosts should ensure they have adequate internet connection.

Ø *Group Convivencia*- During the first session, and for part of the final session, the Zoom host will be the Office Manager and/or the Program Manager.

Zoom Host (first/last session) will be responsible for:

- 1) Starting the meeting
- 2) Allowing individuals one-by-one into the meeting
- 3) initiating breakout room for Facilitator B and individual participants if necessary, for brief private chats during the verbal consent process.
- 4) Using the “shared screen” option if appropriate (Agenda, Consent Forms)
- 5) Noting confirmation of consent in the “Attendance Sheet” on the “Registration List.” (Second worksheet).
- 6/7) Sending out LE survey links via the Zoom chat feature (last session) Remaining available for questions, concerns, comments during the SWE survey process.
- 6) Sending out qualtrics link to each consenting SWE participant and privately, their individual participant IDs via the Zoom chat feature (first/last session). Remaining available for questions, concerns, comments during the SWE survey process.

English Pre Adult SWE

http://mylmu.col.qualtrics.com/jfe/form/SV_3HNdxXLrLoONEjX

English Post Adult SWE

http://mylmu.col.qualtrics.com/jfe/form/SV_9pg5MvHy5AUmywd

Spanish Pre Adult SWE

http://mylmu.col.qualtrics.com/jfe/form/SV_dbztyW6s0MmCS3z

Spanish Post Adult SWE

http://mylmu.col.qualtrics.com/jfe/form/SV_dbq9gJTprcBHGTP

- 8) Ending the meeting.

Facilitator A or B (first/last session)- will be responsible for:

- 1) The initial welcome & roll call, use the registration list to confirm.
- 2) Verification of access to appropriate device, internet access, and private location for GC to take place. If a participant is unable to meet requirements, tactfully advise that they must leave the group and give our office a call for alternative services.
- 3) Going over the verbal consent process with participants thoroughly but at a reasonable pace. It may be necessary to go over each form, and then confirm with each

participant privately to retrieve their verbal consent via the chat feature on Zoom.
Confirmation of consent should be noted and/or relayed to the Program Manager.

4) Hosting group.

5) Initiating the SWE survey process for those who consented. Ask them to open the link sent via Zoom Chat, type in their ID (which you are sending to them privately through the chat as well) and complete the survey in one shot. Advise that you will remain available on the Zoom call for questions, concerns, comments during their completion of the survey.

If you are having them complete any additional LE surveys (in last session)

FOR THOSE ON MEETING VIA COMPUTER: Simply have them open up the internet browser to relevant link or email, try to set Zoom side-by-side as they complete.

FOR THOSE ON MEETING VIA PHONE: Have them leave the app without ending the meeting, and open up the internet browser to relevant link or email.

Advise that they can return to meeting by clicking on the app at any time, and raise their hand if they have a question.

5) Closing of the group

4. After Zoom Sessions (first/last)

Ø GC: After the first session, The Program Manager will create the completed copies of all the consent forms (SWE, LE, Telemedicine, & Group Therapy Contract) using a combination of the first two letters of their first name, and first two letters of their last name (ex: John Doe would be "JODO") to name the files. These copies will be added to:

- The group-specific folder on the Encrypted HUM Flash-Drive
- The group-specific folder in the physical file at the secure location at the main office.

It may be necessary to mail or email copies to participants. If so, Office Manager to distribute as needed.

Ø GC: After the first/last session, The lead Data Gatekeeper should review Qualtrics submissions for a quality control check, and should advise the Program Manager/Office Manager of the total number of SWE surveys submitted, including participant IDs. The Program Manager should follow up with participants who have yet to complete.

Ø GC: The Program Manager will send out de-brief google form survey link to partners (located under shared drives, "HTES EVALUATION " folder).

Ø As needed, facilitators should keep charts/notes on the group in a secure location before adding to the physical file at the office.

-Any and all usual protocols to be followed upon conclusion of the group-

Post Survey SWE Links:

English Post Adult
SWE

http://mylmu.co1.qualtrics.com/jfe/form/SV_9pg5MvHy5AUmywd

Appendix D: Demographic Survey for Community Convivencia

Convivencia /Convivencia - Demographics Quienes Somos English/Spanish

We want to know a little who you are. Your responses are TOTALLY anonymous so you will need your Unique Identification Number for this survey. Please respond sincerely. Thanks
Queremos saber un poco quien es usted. Sus repuestas son TOTALMENTE an6nimas par eso necesitamos su numero Unico de identificaci6n para esta convivencia.. Par favor responda con la mayor sinceridad. Gracias

* Required



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Please write your Unique ID participant Number /Por favor escriba su numeroUNICO de identificaci6n para esta convivencia

How old are you? / Cuantos anos tiene usted? *

Mark only one oval.

18-29

30-39

40-44

45-49

50-64

65+

What is your race and origin? (Check one race category only/ j,Cual es su raza yorigen? (Marque solo una categoria de raza) *

Mark only one oval.

American Indian or Alaska Native/ Indio Americana o Nativo de Alaska
Black or African American/ Negro o Afroamericano

Latino, Hispanic, or Spanish/ Latino, Hispano o Espanol
Asian / Asiatico

Native Hawaiian or Other Pacific Islander/ Nativo Hawaiano o de otra Isla del PacificoMulti-racial / Multirracial

White/ Blanco

Other Race / Otra raza

I rather do not answer/ Prefiere no responderI do not Know /No sabe

*ONLY answer this if you consider yourself Black or African American; select your ethnic origin(s)

SOLAMENTE RESPONDA Si usted es Negro o Afroamericano: (Especifique sus orígenes étnicos)

Mark only one oval.

C) African American / Afroamericano

C) Egyptian / Egipcio

C) Nigerian / Nigeriano

C) Kenyan / Keniano

C) Ethiopian/ Etíope

C) South African/ Sudafricano

C) Caribbean / Caribefio

C) Ghanaian / Ghanes

C) Other Black or African American (please specify below on other) / Otro negro o afroamericano
(Por favor especifique más adelante)

C) I don't want to answer/ Prefiero no responder

C) I do not know/ No sabe

C) Other: _____

*ONLY answer this if you consider yourself Latino, Hispanic, or Spanish; select your ethnic origin(s)

SOLAMENTE RESPONDA Si usted es/ Latino, Hispano o Espanol; Especifique sus orfgenes etnicos

Mark only one oval.

- C) Mexican/Chicano/ Mexicano/Chicano
- C) Salvadorian / Salvadoreno
- C) Guatemalan / Guatemalteco
- C) Dominican/ Dominicano
- C) Honduran/ Hondureno
- C) Nicaraguan / NicaragUense
- C) Puerto Rican/ Puertorriqueno
- C) Cuban / Cubano
- C) Peruvian / Peruano
- C) Chilean / Chileno
- C) Venezuelan / Venezolano
- C) Bolivian / Boliviano
- C) Colombian / Colombiano
- C) I don't want to answer/ Prefiere no responder
- C) I do not know/ No sabe
- C) Other Latino (please specify below in other) /Otro Latino (Par favor especifique abajo en otro)
- C) Other: _____

*ONLY answer if you consider yourself Asian; select your ethnic origin(s)

SOLAMENTE RESPONDA Si usted es Asiatico: (Especifique sus origenes etnicos)

Mark only one oval.

(=:)Afghan/ Afgano

(=:) Bangladeshi / Bangladesf(=:) Burmese / Birmano

(=:) Cambodian / Camboyano(=:) Chinese/ Chino

(=:) Filipino/ Filipino(=:) Hmong / Hmong

(=:) Indian (India)/ Indu (India)(=:) Indonesian/ Indonesia (=:)Japanese/ Japones (=:) Korean / Coreano

(=:) Laotian / Laosiano (=:) Malaysian/ Malasio (=:) Pakistani / Paquistani(=:) Sri Lankan / Sri Lanka(=:)Taiwanese/ Taiwanes(=:) Thai / Tailandes

(=:)Vietnamese/ Vietnamita(=:) Israeli/ Israelita

(=:) Palestinian / Palestino

(=:) Other Asian (please specify below on Other) / Otro asiatico (por favor especifique mas adelante)

(=:) I don't want to answer/ Prefiere no responder(=:) I don't know No sabe

(=:) Other: _____

*ONLY answer if you consider yourself Native Hawaiian or Other Pacific Islander: Check your ethnic origin(s) *SOLAMENTE RESPONDA* Si usted es Nativo Hawaiano o de otra Isla del Pacífico: (Especifique sus orígenes étnicos)

Mark only one oval.

- C) Samoan / Samoano
- C) Guaman/ ianGuamefio
- C) Tongan / Tongano
- C) Fijian / Fiji
- C) I don't want to answer/ Prefiere no responder
- C) I don't know /No sabe
- C) Other Hawaiian or Pacific Islander (please specify below on Other) / Otro Hawaiano o isla del pacifico (por favor especifique mas adelante)
- C) Other: _____

*ONLY answer if you consider yourself Multiracial: Check your ethnic origin(s)

SOLAMENTE RESPONDA Si usted se considera Multirracial, por favor marque todo lo que corresponda y especifique sus orígenes étnicos mas adelante

Mark only one oval.

- C) White/ Blanco
- C) Black/African American / Negro o afroamericano

- C) Latino, Hispanic, or Spanish / Latino, hispanico, o espafiol
- C) American Indian or Alaska Native/ Indio americano o nativo de Alaska
- C) Asian / Asiatico
- C) Native Hawaiian or Other Pacific Islander/ Nativo hawaiano o de otra isla del pacifico
- C) I don't want o answer/ Prefiere no responder
- C) I don't Know/ No sabe
- C) Other: _____

*ONLY answer if you consider yourself White: Please specify your ethnic origin(s)

SOLAMENTE RESPONDA Si usted se considera Blanco, por favor especifique sus orígenes étnicos:

ONLY answer if you consider yourself Other Race: Please specify your ethnic origin(s) *SOLAMENTE RESPONDA* Si usted se considera de otra Raza y Origen que no están en las opciones anteriores por favor especifique puede también escribir: Prefiere no responder/ No sabe

How well can you speak the English language?/ ¿Qué tan bien puede hablar el inglés?

Mark only one oval.

☐ Fluently /Muy bien

☐ Somewhat fluently; can make myself understood but have some problems with it/Bien, Me defiende y me hago entender

☐ Not very well; know a lot of words and phrases but have difficulties communicating /No muy bien: conozco muchas palabras y frases, pero tengo dificultades para comunicarme

☐ Know some vocabulary, but can't speak in sentences /Conozco algo de vocabulario, pero no puedo expresarme con frases completas

☐ Not at all / No lo hablo

What is your preferred language?/ LEn que idioma prefiere comunicarse?

Where were you born / ¿Dónde nació?

Mark only one oval.

(=:) In The USA/ En los EE.UU.

(=:) Outside the USA/ Fuera de los EE.UU.

(=:) I do not want to answer/ Prefiere no responder (=:) I do not know / No sabe

What are the first 3 digits of your Zip code? You can answer unstable housing/no Zip code I Do not want to answer / ¿Cuáles son los primeros 3 dígitos de su código postal? Puede también responder: Vivienda inestable/no tiene código postal / Prefiere no responder/ No sabe

Have you ever spent time in a temporary settlement area for refugees or displaced persons or been held at ICE facilities? / ¿Alguna vez ha pasado tiempo en un asentamiento temporal para refugiados o personas desplazadas o ha estado detenido/a en un centro de ICE?

Mark only one oval.

(=:) Yes/ Si (=:) No

(=:) I prefer not to answer / Prefiere no responder

(=:) I am not sure / No sabe (=:) ~~N/A~~/ No aplica

About how many years have you lived in the United States? (For less than a year, enter 1 year) I Aproximadamente cuantos anos ha vivido en los Estados Unidos? (Si es menos de un ano, indique 1 ano) Puede escribir no aplica si no vive aqui

Thanks You! Muchas Gracias!



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Humanidad Therapy & Education Services Convivencia estionnaire Humanidad Servicios de Terapia y Educacion Cuestionariode Convivencia

How well do each of the following statements represent, how you feel about participating in Convivencia? / Que tan bien representan cada una de las siguientes afirmaciones sobre cómo te sentiste al participar en esta Convivencia?

* Required

1. Please enter your Unique ID Number/ Por favor escriba su numero UNICO de identificación para esta convivencia *

2. What kind of Convivencia did you participate in? En que Clase de Convivencia participo?
>r

Mark only one oval.

- ☐ Community Convivencia (once for 2 hours)/ Convivencia Comunitaria (1 vez por 2horas)
- ☐ Group Convivencia (8 times for 1.5 hours)/ Convivencia de Grupo (8 semanas por 1.5horas)
- ☐ Help the Helpers: Community Convivencia (once for 2 hours)/ Ayudando al que Ayuda: Convivencia Comunitaria (1 vez por 2 horas)
- ☐ Help the Helpers: Group Convivencia (8 times for 1.5 hours)/ Ayudando a el que Ayuda: Convivencia de Grupo (8 semanas por 1.5 horas)
- ☐ Other: _____

3. r. Ocher participants in a Convivencia share the same values as mine./ r. Ocros participantes enConvivencia comparcen los mismos valores que los mios. ,;-

Mark only one oval.

(=:) Strongly Agree /**Muy** en Acuerdo

(=:)**A**gree/ De Acuerdo

(=:) Disagree/ En Desacuerdo

(=:) Strongly Disagree/ Muy en Desacuerdo

(=:) N/A/ Ninguna respuesta Aplica

4. 2. I feel safe and welcomed when I participate in a Convivencia/ 2. Me sienco seguro(a) ybienvenido(a) cuando particip6 en una Convivencia. 'c

Mark only one oval.

(=:) Strongly Agree /Muy en Acuerdo

(=:)**A**gree/ De Acuerdo

(=:) Disagree/ En Desacuerdo

(=:) Strongly Disagree/ Muy en Desacuerdo

(=:) **N/A**/ Ninguna respuesta Aplica

5. 3. I feel comfortable sharing my stories and experiences at a Convivencia. / 3.
Me siento cómodo(a) compartiendo mis experiencias y mis historias en la
Convivencia.

Mark only one oval.

(=:) Strongly Agree /Muy en Acuerdo

(=:) Agree/ De Acuerdo

(=:) Disagree/ En Desacuerdo

(=:) Strongly Disagree/ Muy en Desacuerdo

(=:) N/A/ Ninguna respuesta Aplica

6. 4. I feel I can trust the staff from Humanidad. / 4.Siento que puedo confiar en el personal de Humanidad. ,:-

Mark only one oval.

Strongly Agree /Muy en Acuerdo

Agree/ De Acuerdo

Disagree/ En Desacuerdo

Strongly Disagree/ Muy en Desacuerdo

N/A/ Ninguna respuesta Aplica

7. 5. I feel I can express myself openly with the facilitators in my group./ 5. Siento que puedo expresarme abiertamente con el/la facilitador(a) de mi grupo. ,:-

Mark only one oval.

Strongly Agree /Muy en Acuerdo

Agree/ De Acuerdo

Disagree/ En Desacuerdo

Strongly Disagree/ Muy en Desacuerdo

N/A/ Ninguna respuesta Aplica

8. 6. Hearing and sharing stories at a Convivencia helps me to understand myself better./ 6. Escuchar e intercambiar historias en una Convivencia me ayuda a entenderme a 1111 mismo(a) mejor. ,:-

Mark only one oval.

Strongly Agree /Muy en Acuerdo

Agree/ De Acuerdo

Disagree/ En Desacuerdo

Strongly Disagree/ Muy en Desacuerdo

N/A/ Ninguna respuesta Aplica

9. 7. Participating in a Convivencia helps me learn about myself/ 7. Participar en una Convivencia me ayuda a aprender mas sobre mi mismo(a). :-

Mark only one oval.

Strongly Agree /Muy en Acuerdo

Agree/ De Acuerdo

Disagree/ En Desacuerdo

Strongly Disagree/ Muy en Desacuerdo

N/A/ Ninguna respuesta Aplica

10. 8. By participating in a Convivencia, I feel I get to appreciate my culture. / 8. Al participar en una Convivencia, siento que lleg6 a apreciar mi cultura. '0

Mark only one oval.

Strongly Agree /Muy en Acuerdo

Agree/ De Acuerdo

Disagree / En Desacuerdo

Strongly Disagree/ Muy en Desacuerdo

N/A/ Ninguna respuesta Aplica

- 11.** 9. I can ask questions about my culture and family's customs and traditions. / 9.. En una Convivencia, puedo hacer preguntas sobre mi cultura incluyendo las costumbres y tradiciones de mi familia. ¹⁰

Mark only one oval.

Strongly Agree /Muy en Acuerdo

Agree / De Acuerdo

Disagree / En Desacuerdo

Strongly Disagree/ Muy en Desacuerdo

N/A/ Ninguna respuesta Aplica

12. 10. My mental health beliefs and the types of treatment that I prefer are respected. / 10. En una Convivencia, siento que se respetan mis creencias sobre la salud emocional y las formas de tratamiento que prefiero. 'c

Mark only one oval.

- C) Strongly Agree /Muy en Acuerdo
- C) Agree/ De Acuerdo
- C) Disagree / En Desacuerdo
- C) Strongly Disagree/ Muy en Desacuerdo
- C) N/A/ Ninguna respuesta Aplica

13. 11. I feel like I have a voice and the staff of Humanidad understand me./ 11. Siento que tengo una voz y que el personal de Humanidad me entiende. "

Mark only one oval.

- C) Strongly Agree /Muy en Acuerdo
- C) Agree/ De Acuerdo
- C) Disagree / En Desacuerdo
- C) Strongly Disagree/ Muy en Desacuerdo
- C) N/A/ Ninguna respuesta Aplica

14. 12. I feel hopeful about my future and the future of my community./ 12.Tengo esperanzas sobre mi futuro y el futuro de mi comunidad. ""

Mark only one oval.

- C) Strongly Agree /Muy en Acuerdo
- C) Agree / De Acuerdo
- C) Disagree / En Desacuerdo
- C) Strongly Disagree/ Muy en Desacuerdo
- C) N/A/ Ninguna respuesta Aplica

15. 13- I feel at home when I participate in a Convivencia. /13- Me siento como en casa cuando participo en una Convivencia. ,:-

Mark only one oval.

(=:) Strongly Agree /Muy en Acuerdo

(=:) Agree/ De Acuerdo

(=:) Disagree / En Desacuerdo

(=:) Strongly Disagree/ Muy en Desacuerdo

(=:) N/A/ Ninguna respuesta Aplica

16. 14. I feel happy when I participate in a Convivencia. / 14. Me siento feliz cuando participo en una Convivencia. 'r

Mark only one oval.

(=:) Strongly Agree /Muy en Acuerdo

(=:) Agree/ De Acuerdo

(=:) Disagree / En Desacuerdo

(=:) Strongly Disagree/ Muy en Desacuerdo

(=:) N/A/ Ninguna respuesta Aplica

17. 15. I get enjoyment from hearing other's stories during a Convivencia. / 15. Disfruto escuchar historias de otros durante una Convivencia. 'r

Mark only one oval.

(=:) Strongly Agree /Muy en Acuerdo

(=:) Agree / De Acuerdo

(=:) Disagree / En Desacuerdo

(=:) Strongly Disagree/ Muy en Desacuerdo

(=:) N/A/ Ninguna respuesta Aplica

18. Tb. I feel great after I participate in a Convivencia. / Tb. Me siento bien despues de panicipar enuna Convivencia. '0

Mark only one oval.

Strongly Agree /Muy en Acuerdo

Agree/ De Acuerdo

Disagree / En Desacuerdo

Strongly Disagree/ Muy en Desacuerdo

N/A/ Ninguna respuesta Aplica

19. 17- I feel greeted and talked to in a warm and personal manner./ 17- En la convivencia, sientoque me saludan y hablan connigo de una manera dlida y personal. '0

Mark only one oval.

Strongly Agree /Muy en Acuerdo

Agree / De Acuerdo

Disagree / En Desacuerdo

Strongly Disagree/ Muy en Desacuerdo

N/A/ Ninguna respuesta Aplica

20. r8. In Convivencia, Humanidad staff tries to understand my point of view as a Latino or Lacina. / r8. En convivencia, el personal trata de entender mi punto de vista como latino(a). ""

Mark only one oval.

Strongly Agree /Muy en Acuerdo

Agree/ De Acuerdo

Disagree / En Desacuerdo

Strongly Disagree/ Muy en Desacuerdo

N/A/ Ninguna respuesta Aplica

21. 19. Staff at Humanidad shares my culture. /19. Humanidad tiene personal que comparten micultura. 'c

Mark only one oval.

(=:) Strongly Agree /Muy en Acuerdo

(=:) Agree/ De Acuerdo

(=:) Disagree / En Desacuerdo

(=:) Strongly Disagree/ Muy en Desacuerdo

(=:) N/A/ Ninguna respuesta Aplica

22. 20. I learned that Humanidad offers free or low-cost services, including this event./
20. Aprendí que Humanidad ofrece servicios gratuitos o de bajo costo, incluyendo este evento. 'c

Mark only one oval.

(=:) Strongly Agree /Muy en Acuerdo

(=:) Agree/ De Acuerdo

(=:) Disagree / En Desacuerdo

(=:) Strongly Disagree/ Muy en Desacuerdo

(=:) N/A/ Ninguna respuesta Aplica

- 23.** 21. The information in this Convivencia was presented clearly and in my language. /
21.Lainformaci6n de esta Convivencia fue presemada claramente y en mi
lenguaje. 'c

Mark only one oval.

(=:) Strongly Agree /Muy en Acuerdo

(=:) Agree / De Acuerdo

(=:) Disagree / En Desacuerdo

(=:) Strongly Disagree/ Muy en Desacuerdo

(=:) N/A/ Ninguna respuesta Aplica

- 24.** 22. In this Convivencia, I learned something new about mental health./ 22. En esta Convivencia aprendí algo nuevo sobre la salud emocional. '0

Mark only one oval.

Strongly Agree /Muy en Acuerdo

Agree/ De Acuerdo

Disagree / En Desacuerdo

Strongly Disagree/ Muy en Desacuerdo

N/A/ Ninguna respuesta Aplica

Thank You! Muchas Gracias !



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Appendix F: Research Study Community Convivencia

Abstract

There is no literature on the “felt-experience” of Convivencia. This case study provides evidence that despite turning virtual due to COVID-19, Community Convivencia does provide a felt experience to the participants. Their experience centers around their ability to be in relation with others and listen to similar stories. By creating a safe space where there is no judgment, participants feel at home, comfortable to share, and empowered to reflect on their own lives. Community Convivencia honors a culture of connection and collectivism core to the Latino community and creates a sense of belonging and acceptance.

There were 10 participants interviewed for this case study. The interviews were conducted in Spanish, transcribed, and analyzed using ground theory. The interviews explored the felt-experience of the participants by focusing on facilitation, quality of experience, importance to the community, use of knowledge gained, and recommendations to others.

Background

The development of Convivencia came from HTES’s group counseling service work with Latinos. Convivencia allows HTES to work within the belief system of a culture that values the collective whole over individual needs. The culture honors how people draw strength from their values coupled with a need to be in relationships. The quality of interaction among individuals, when held within a group environment that provides a space for sharing of knowledge and information with consistency, warmth, mutuality, connection, belonging, acceptance, openness, and supportive reflection, leads individuals to seek more learning and personal growth, helping them realize true transformation.

Consistent with Maduro’s 1983 work, the premises and constructs of Convivencia follow logically with the social and historical values placed on healing practices, interdependence of family, and mutuality as acceptable vehicles for communicating current needs. In the practice of psychotherapy, there is a mutual shared experience that is felt and transmitted in a similar exchange. While there is no literature on the “felt-experience of Convivencia”, it is clearly an inherent value that is known, felt, and collectively transmitted within the culture and language. Humanidad recognizes cultural and linguistic need and addresses this need using a multi-faceted approach that aligns Convivencia with Latino cultural values and beliefs, life experiences, and family practices. Humanidad addresses the Latino stigma associated with seeking mental health services through its use of Convivencia, helping to create bridges between a historical cultural practice with modern counseling services.

Evaluation Research Question

Convivencia is a culturally known and valued practice that can be adopted as a prevention and early intervention treatment approach for low-income Latino adults living in Sonoma

County. It aims to prevent and/or reduce barriers to access and utilization of mental health services by increasing awareness about mental health issues and resources; engaging Latinos prior to the development of serious mental illness or serious emotional disturbances; and increasingly personal, family, community relationships and social support. The mental health issues that will be addressed include culturally relevant and other mental health risks and disparities. The strategies being integrated include culturally relevant community events and group counseling, both with the main purpose to increase a sense of belonging, self-esteem, and quality of life.

As a result of the global COVID-19 pandemic, Humanidad had to pivot and offer its programming virtually. This case study illustrates the fact that participants still “felt” the benefits of Convivencia despite the technological challenge. This speaks very highly of Humanidad’s resilience and ability to adapt to unforeseen circumstances all while maintaining a level of high quality in programming.

There were 10 Community Convivencia participants interviewed for this case study. All of the participants interviewed participated in virtual Convivencias and for eight of them, this was their first experience with mental health services.

Facilitation

A core principle to Convivencia is the facilitation. Community Convivencias start as a large group of all participants where the overall topic is introduced by the facilitators. After this, the group is divided into “mesas de trabajo” or small discussion groups. The Convivencia closes after the small groups with all participants. The facilitation is led by two therapists and it is designed to welcome participants and create a safe space for them all to share.

Participants felt the facilitators were professional, knowledgeable, and welcoming. Confidentiality provided safety for the participants, several said they appreciated the reminder that all they shared and said was to be kept confidential. What participants liked the most were the small groups. Several participants said that at first in the larger group people were quiet and shy but once they were in smaller groups people were able to open up and share their stories. One participant described the small groups as a safe place to share that was more intimate. Two participants shared:

“lo que más me gusto fue el que estuvimos en grupos pequeños y tuvimos más oportunidad de hablar entre nosotras. Porque cuando tenemos un grupo grande, realmente a veces no todas tenemos el tiempo o la oportunidad de hablar más, y en un grupo pequeñito con tres así pues así más rápido conectamos y más rápido podemos hablar. Eso fue lo que me gusto, el grupo pequeñito.” – What I liked the most was that we were in small groups and we had the opportunity to speak among us. Because when we are in a large group, we really do not have the time or opportunity to speak. That is what I liked, the small groups.

“Al principio estábamos callados, escuchábamos. Ya cuando fuimos en grupos mas chichos, pues empezamos a comunicarnos y empezamos a expresarnos como se siente y que es lo que sentimos.” – At the start we were quiet and we listened. When we were in small groups, well then, we started communicating and we started to express ourselves and how it feels and how we feel.

Participants said they felt heard by the facilitators, the participants spoke about how the facilitators allowed people to share and be heard. One participant said, *“Humanidad tiene a esas personas para hacernos saber que siempre hay alguien que escucha siempre hay alguien que te apoya.”*- Humanidad has those people to make us feel like we are always heard by someone and that there is always someone to support us.

Quality of Experience

All of the participants reported a positive experience. A few participants commented on the experience via zoom and said that it was positive despite not being together in person with people and the potential for technical difficulties. People enjoyed being with others that shared similar stories. Participants said it was informative and that they appreciated the resources they received during Convivencia.

All participants felt welcomed. A few said they felt like they had entered a safe space where they could share their emotions and feelings and not be judged. There was an emphasis on hearing other stories and reflection, one participant said that hearing other similar stories gave her the strength to express herself too and most importantly be able to admit when she is not okay or having a good day. On hearing stories, one participant said, *“y a lo mejor témenos historias muy similares, o historias más fuertes, y nos hace reflexionar que lo estamos viviendo simplemente es un mal momento y no una mala vida.”* – And maybe we have similar stories, or have strong stories and it makes us reflect that what we are living is a bad moment not a bad life. Another participant said that by listening and reflecting she was able to see that people also have difficult stories to share and this gave her strength, she said, *“esa historia que oyes te hace reflexionar de que todo es posible, si esa persona pudo superar ciertos miedos, entonces nosotros también.”* – that story you hear makes you reflect that everything is possible, if that person was able to overcome with certain fears, then we can too.

Participants also said they felt like they were at home. They said the facilitators and the others present made it a safe space and it felt like home because everyone shared their stories.

Important to Community

All participants said that programs like these are very important to the community for several reasons:

- They provide community resources
- Promote mental health well-being
- They help a lot of people who otherwise would not know where to find help

One participant said that it was important to be mentally healthy because this is a season where people are experiencing a lot of economic and emotional stress. She continued to say, *“entonces es importante que la comunidad tenga ese tipo de apoyos, porque hay gente que ni siquiera sabe que existen este tipo de programas. Entonces si nos apoyamos y ayudamos a que este tipo de programas se fortalezcan.”* – That is why is so important that the community has this type of support, because there are people that do not know these types of programs exist. Then if we support and help these programs can become stronger.

Another participant said, *“ojala sigan habiendo este tipo de programas para que mucha gente como yo nos sigamos beneficiando, porque a lo mejor a veces con un simple curso que tomes o una platica te puede dar la perspectiva de pedir más ayuda y más apoyo.”*- I hope programs like these continue because many people like me can continue to get benefits because sometimes a simple course or talk can

give your perspective to ask for more help and more support. Another participant simply said she was happy to know there were programs like these in the community.

Finally, a participant said that the reason why these programs are important to the community is that just like she likes to help the community she also needs to be helped so she benefits from programs like these. Another participant spoke about mental health too and said that people are not okay right now as many have lost loved ones.

Use of Knowledge and Information

The majority of the participants said they learned:

- How to see things from their perspective;
- Share experiences and know they are not alone; and
- Speak up more about their experience and emotions.

One participant shared, *“Entonces me ayudado a no sentirme sola, a que, yo me anexo a un grupo, yo ahí estoy apoyada, me ha hecho sentir que a pesar de estar en un país diferente al de donde yo estuve tanto tiempo, no me siento sola, me siento apoyada, y pues que bonito que lo hagan con la comunidad hispana.”* – So then it helped me to not feel alone, that if I join a group I will be supported there, it has made me feel that despite the fact that I am in a different country from the one I spent so much time in I do not feel alone, I feel supported, and it is beautiful you do this for the Hispanic community.

They also said they have shared what they learned with friends and family members. One participant said that sometimes people might not be ready but at least she has the experience to explain the experience. She continued to say that what she learned was to reflect and it was empowering to her. Another participant shared an example of empowerment by saying *“nos hace describirnos como persona, nos da grandes valores, en mi persona se puede decir que me ha ayudado a saber que yo puedo lograr muchas cosas.”* – It makes us discover ourselves like people, it gives us great values, for me as a person you can say that it helped me know I can accomplish many things.

One participant had a very important comment to make, she spoke about the fact that she learned how to take time for herself, she said, *“Realmente, he tratado de tener un poquito más de tiempo para mi, porque en realidad no tenia tiempo para mi. Cuando vemos ahí que primero necesitamos estar bien nosotras para poder llevar el barco bien. Y es la manera en que me di cuenta de que tenia que hacer algo por me también, para estar bien.”* - In all reality, I have tried to have more time for me because in reality I had not time for me. But when we see there that we have to be ok first in order to hold the ship well. And in that way I realized that I had to do something for me too so I could be okay.

Recommend to Others

All of the participants said they would recommend Convivencia to others. Most said that they would tell them that this is a great community resource with the goal to help them and support them. The majority of the participants also said they would recommend it because it allowed them to listen and meet others, all participants spoke about the importance of connection.

One participant said she would tell others, *“es un programa especializado para apoyar a gente que como yo témenos cualquier tipo de traumas o estrés o en cualquier etapa de nuestra vida y que siempre hay alguien o algún programa que siempre nos ayuda a buscar y a encontrar la solución hacia cualquier obstáculo.”* – That is a program specializing in helping and supporting people like me that have any type

of trauma or stress or we are at any stage in life and that there is always someone or a program that can help us find a solution to any obstacle.

A few participants said they would recommend to others because perhaps others like them, others might not know of programs like these that are available to all in the community. One participant shared, *“Yo diría que es un lugar sano y salvo, donde se puede estar con privacidad con personas que pueden confiar y que van a estar disponibles para escucharlos.”* - I would say that is a healthy and safe place, where you can be with privacy with other people that you can trust and are going to be willing to listen to you.

Conclusion

This case study provides evidence that despite turning virtual due to COVID-19, Community Convivencia does provide a felt experience to participants. The facilitation is enhanced by informing the participants that all they say is confidential and by creating a space where participants feel heard. The small groups are very successful in that they allow people to talk more freely and in smaller more intimate spaces. All participants had a positive experience and shared a sense of connection based on the stories shared by all. Participants felt welcomed and empowered to reflect. Participants described how after participating in Community Convivencia they are more conscious of their emotions, needs, and did not feel alone. All agreed that these types of programs are very important to the community and all said they would recommend Community Convivencia to others by telling them that is a positive experience that allows you to be heard and listen to others.

Appendix G: Research Study Group Convivencia

Background

The development of Convivencia came from HTES's group counseling service work with Latinos. Convivencia allows HTES to work within the belief system of a culture that values the collective whole over individual needs. The culture honors how people draw strength from their values coupled with a need to be in relationships. The quality of interaction among individuals, when held within a group environment that provides a space for sharing of knowledge and information with consistency, warmth, mutuality, connection, belonging, acceptance, openness, and supportive reflection, leads individuals to seek more learning and personal growth, helping them realize true transformation.

Consistent with Maduro's 1983 work, the premises and constructs of Convivencia follow logically with the social and historical values placed on healing practices, interdependence of family, and mutuality as acceptable vehicles for communicating current needs. In the practice of psychotherapy, there is a mutual shared experience that is felt and transmitted in a similar exchange. While there is no literature on the "felt-experience of Convivencia", it is clearly an inherent value that is known, felt, and collectively transmitted within the culture and language. Humanidad recognizes cultural and linguistic need and addresses this need using a multi-faceted approach that aligns Convivencia with Latino cultural values and beliefs, life experiences, and family practices. Humanidad addresses the Latino stigma associated with seeking mental health services through its use of Convivencia, helping to create bridges between a historical cultural practice with modern counseling services.

Evaluation Research Question

Convivencia is a culturally known and valued practice that can be adopted as a prevention and early intervention treatment approach for low-income Latino adults living in Sonoma County. It aims to prevent and/or reduce barriers to access and utilization of mental health services by increasing awareness about mental health issues and resources; engaging Latinos prior to the development of serious mental illness or serious emotional disturbances; and increasing personal, family, community relationships and social support. The mental health issues that will be addressed include culturally relevant and other mental health risks and disparities. The strategies being integrated include culturally relevant community events and group counseling, both with the main purpose to increase a sense of belonging, self-esteem, and quality of life.

This is a case study documents the felt-experience of a participant. The participant from this case study participated in the Group Convivencia. Group Convivencia is a 8-week therapeutic group operationalizing the Convivencia model.

Demographics

Lucia identifies as Latino, Hispanic, or Spanish ethnic origin, specifically Mexican/Chicano.

Protective Factors

According to SAMHSA, a risk factor is characteristic that is associated with a higher likelihood of negative outcomes. Protective factors are associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact.¹⁶

A protective factor is defined as a characteristic at the biological, psychological, family, community, or cultural level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor.¹⁷ The protective factors listed below focus on culture, balance in mind, body, spirit and soul, and marginalization. Culture is a recognized protective factor in maintaining and improving health.

Participants complete a pre-survey at the first group session and a post-survey at the last group session.

Protective Factors			
	Question	Pre-survey	Post-survey
1	At present... your culture gives you strength.	3 I am neutral	2 Agree
2	At present... your culture is important to you.	2 Agree	2 Agree
3	At present... your culture helps you feel good about who you are.	2 Agree	2 Agree
4	At present... you feel connected to the spiritual/religious traditions of the culture you were raised in.	5 Strongly disagree	3 I am neutral
5	About how often during the past 30 days did you feel... connected to your culture?	4 A little of the time	2 Most of the time
6	About how often during the past 30 days did you feel...balanced in mind, body, spirit, and soul	4 A little of the time	3 Some of the time
7	About how often during the past 30 days did you feel... marginalized or excluded from society?	4 A little of the time	5 None of the time
8	About how often during the past 30 days did you feel... isolated and alienated from society?	4	5

¹⁶ <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

¹⁷ Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities

National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions

Mary Ellen O'Connell, Thomas Boat, Kenneth E Warner , editors.

Washington (DC): National Academies Press (US); 2009.

The National Academies Collection: Reports funded by National Institutes of Health.

		A little of the time	None of the time
		28	24

Psychological Distress

The American Psychology Association defines psychological distress as a set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people. In some cases, however, psychological distress may indicate the beginning of a major depressive disorder, anxiety disorder, or a variety of clinical conditions.

Participants complete a pre-survey at the first group session and a post-survey at the last group session.

Psychological Distress			
	Question	Pre-survey	Post-survey
1	About how often during the past 30 days did you feel... nervous?	3 Some of the time	3 Some of the time
2	About how often during the past 30 days did you feel... hopeless?	5 None of the time	5 None of the time
3	About how often during the last 30 days did you feel... restless or fidgety?	3 Some of the time	5 None of the time
4	About how often during the last 30 days did you feel...so depressed that nothing could cheer you up?	3 Some of the time	4 A little of the time
5	About how often during the last 30 days did you feel... that everything was an effort?	5 None of the time	5 None of the time
6	About how often during the last 30 days did you feel...worthless?	5 None of the time	5 None of the time
		24	27

Group Feedback

First Impressions

A friend told Lucia about the “classes” and she went to the school site to investigate. It was there that she was first introduced to Humanidad, she says she liked how it was organized and the way they were treated. Lucia participated in group Convivencia in 2019.

She commented on what she liked, she said,
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“Me gusto la forma en que diseñaron las actividades... y yo no me sentía cohibida a hablar de mis problemas.” – I liked how they designed the activities ... and I didn’t feel uncomfortable sharing my problems.

Lucia works and goes to school at the same time and she is under stress, the group helped alleviate some of that stress. She described it as unloading and also letting go of the negative energy. She described this as the most useful to her.

About the group

There was one activity that Lucia really liked, she talked about the activity where participants were asked to write a letter to their younger self. She said that she was able to understand things that happened in her childhood, things that were in the past and she can’t change but she had a greater understanding about why things happened. Lucia spoke of how years of therapy have helped her understand and even speak about being abused as a child. Yet, despite all the therapy she still knows that there is something there because she can’t close the circle.

Lucia shared how the activities were well planned and executed. She said the facilitators always gave people time to think about it, which in her opinion was important because as she said sometimes people don’t know from where to start. Lucia said that the facilitators would tell them to share only if they wanted to and were comfortable doing so, to Lucia this was valuable because she felt respected and not pressured.

She spoke very highly of the organizers. She said they were very good and the activities were well organized and that they were meant to help the people get things out and express.

Lucia is very talkative so she had no problems sharing, but she did say that the facilitators made her feel comfortable and she shared what she might of not.

She shared, *“y ellas que nos dieron el ambiente adecuado para poder expresarnos y sacar lo que nos aquejaba en ese entonces con confianza y seguridad.”* – “and they, they gave us the right environment to express ourselves and let go of all the caused us trouble at that time with confidence and safely.”

Lucia also shared how she felt respected and how she observed her peers being respected too, for example when they didn’t want to share or didn’t feel comfortable, they didn’t have to. She said they all felt comfortable to express themselves in that environment.

Group Dynamics

She said their group was very diverse, both in gender and ages. Everyone shared, she particularly appreciated the younger participants sharing their lives experiences. They were conformable sharing, just like everyone else. She said she particularly identified with a young woman who shared similar life experiences as her. She spoke of how she began to see shared patterns in their lives and she started reflecting on her parents and her upbringing. She was saddened to see that patterns repeat.

Lucia noticed that at the begging of group there was a young woman who was very quiet. But at the end of group she too noticed that it was a safe space where she could trust others and with the support and help of the facilitators by then end of the group this young woman was more expressive. Lucia said this happened to entire group, at first people were quiet but as soon as they saw that they could trust one another people started sharing more.

One of the things Lucia highlighted was that everyone started at the same time and how important that was for her. She shared a previous experience with group therapy but said that not all the participants started at the same time and this, when she arrived, made her feel like a stranger.

After Group

Lucia said the group did help her. She said that during that time she was under a lot of stress, she felt as she was ready to explode, and was trying to manage all the things she was doing, family, school, and work. She said that if it wasn't for the help, she got at group she probably wouldn't have finished school when she was supposed to and could not be where she is now.

As for overall mental health, she said she still has a lot of work to do but the group was supportive and she is overall much better than before.

CDEP Quality

Convivencia is a community-defined evidence practice. Participants were asked to rate how the quality of the CDEP.

Overwhelmingly, Lucia strongly agreed with the quality of the CDEP.

CDEP Quality		
1	I like the services I received here.	1 Strongly Agree
2	If I had choices, I would still get services from this agency.	1 Strongly Agree
3	I would recommend this agency to a friend or a family member.	1 Strongly Agree
4	The location of services was convenient.	1 Strongly Agree
5	Staff were willing to see me as often as I felt was necessary.	1 Strongly Agree
6	Services were available at times that were good.	1 Strongly Agree
7	What I first called or came here, it was easy to talk to staff.	1 Strongly Agree
8	The staff here treat me with respect.	1 Strongly Agree
9	The staff here don't think less of me because of the way I talk.	1 Strongly Agree
10	The staff here respect my race/ethnicity.	1 Strongly Agree
11	The staff here respect my religious and/or spiritual needs.	1 Strongly Agree
12	The staff here respect my gender identity and/or sexual orientation.	1 Strongly Agree

13	Staff are willing to be flexible and provide alternative approaches or services to meet my needs.	1 Strongly Agree
14	The people who work here respect my cultural beliefs, remedies, and healing practices.	1 Strongly Agree
15	Staff here understand that people of my racial and/or ethnic group are not all alike.	1 Strongly Agree
16	Staff here understand that people of my gender and/or sexual orientation group are not all alike.	1 Strongly Agree
17	Staff here understand that of my religious and spiritual background are not all alike.	1 Strongly Agree
18	As a direct result of my involvement in the program: I deal more effectively with my daily problems.	1 Strongly Agree
19	As a direct result of my involvement in the program: I do better in school and/or work.	1 Strongly Agree
20	As a direct result of my involvement in the program: My symptoms/problems are not bothering me as much.	2 Agree
21	Were the services you received her in the language you prefer?	1 Yes
22	Was written information available in the language you prefer?	1 Yes

Conclusion

Convivencia is a culturally known and valued practice that has been adopted by Humanidad Therapy and Educational Services as a prevention and early intervention treatment approach for low-income Latino adults in Sonoma County. It aims to prevent/reduce barriers to access and utilization of mental health services by increasing awareness about mental health issues and resources; engaging Latinos prior to the development of serious mental illness or serious emotional disturbances; and increasing persona, family, community relationships and social support.

Group Convivencia addresses cultural and linguistic needs and it aligns with Latino cultural values and beliefs, life experiences, and family practices. This case study demonstrates and documents the effectiveness of Group Convivencia.

Background

The development of Convivencia came from HTES's group counseling service work with Latinos. Convivencia allows HTES to work within the belief system of a culture that values the collective whole over individual needs. The culture honors how people draw strength from their values coupled with a need to be in relationships. The quality of interaction among individuals, when held within a group environment that provides a space for sharing of knowledge and information with consistency, warmth, mutuality, connection, belonging, acceptance, openness, and supportive reflection, leads individuals to seek more learning and personal growth, helping them realize true transformation.

Consistent with Maduro's 1983 work, the premises and constructs of Convivencia follow logically with the social and historical values placed on healing practices, interdependence of

family, and mutuality as acceptable vehicles for communicating current needs. In the practice of psychotherapy, there is a mutual shared experience that is felt and transmitted in a similar exchange. While there is no literature on the “felt-experience of Convivencia”, it is clearly an inherent value that is known, felt, and collectively transmitted within the culture and language. Humanidad recognizes cultural and linguistic need and addresses this need using a multi-faceted approach that aligns Convivencia with Latino cultural values and beliefs, life experiences, and family practices. Humanidad addresses the Latino stigma associated with seeking mental health services through its use of Convivencia, helping to create bridges between a historical cultural practice with modern counseling services.

Evaluation Research Question

Convivencia is a culturally known and valued practice that can be adopted as a prevention and early intervention treatment approach for low-income Latino adults living in Sonoma County. It aims to prevent and/or reduce barriers to access and utilization of mental health services by increasing awareness about mental health issues and resources; engaging Latinos prior to the development of serious mental illness or serious emotional disturbances; and increasing personal, family, community relationships and social support. The mental health issues that will be addressed include culturally relevant and other mental health risks and disparities. The strategies being integrated include culturally relevant community events and group counseling, both with the main purpose to increase a sense of belonging, self-esteem, and quality of life.

This is a case study documents the felt-experience of a participant. The participant from this case study participated in the Group Convivencia. Group Convivencia is a 8-week therapeutic group operationalizing the Convivencia model.

Demographics

Leticia identifies as Latino, Hispanic, or Spanish ethnic origin, specifically Mexican/Chicano.

Protective Factors

According to SAMHSA, a risk factor is characteristic that is associated with a higher likelihood of negative outcomes. Protective factors are associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact.¹⁸

A protective factor is defined as a characteristic at the biological, psychological, family, community, or cultural level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor.¹⁹ The protective factors listed below focus on culture, balance in mind,

¹⁸ <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

¹⁹ Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities

body, spirit and soul, and marginalization. Culture is a recognized protective factor in maintaining and improving health.

Participants complete a pre-survey at the first group session and a post-survey at the last group session.

	Protective Factors		
	Question	Pre-survey	Post-survey
1	At present... your culture gives you strength.	2	2
2	At present... your culture is important to you.	2	2
3	At present... your culture helps you feel good about who you are.	-	2
4	At present... you feel connected to the spiritual/religious traditions of the culture you were raised in.	1	1
5	About how often during the past 30 days did you feel... connected to your culture?	2	4
6	About how often during the past 30 days did you feel...balanced in mind, body, spirit, and soul	3	3
7	About how often during the past 30 days did you feel... marginalized or excluded from society?	2	3
8	About how often during the past 30 days did you feel... isolated and alienated from society?	2	2

Psychological Distress

The American Psychology Association defines psychological distress as a set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people. In some cases, however, psychological distress may indicate the beginning of a major depressive disorder, anxiety disorder, or a variety of clinical conditions.

Participants complete a pre-survey at the first group session and a post-survey at the last group session.

	Psychological Distress		
	Question	Pre-survey	Post-survey
1	About how often during the past 30 days did you feel... nervous?	-	1 All of the time
2	About how often during the past 30 days did you feel... hopeless?	-	-

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 Mary Ellen O'Connell, Thomas Boat, Kenneth E Warner , editors.
 Washington (DC): National Academies Press (US); 2009.
 The National Academies Collection: Reports funded by National Institutes of Health.

3	About how often during the last 30 days did you feel... restless or fidgety?	-	-
4	About how often during the last 30 days did you feel...so depressed that nothing could cheer you up?	-	-
5	About how often during the last 30 days did you feel... that everything was an effort?	2 Most of the time	5 None of the time
6	About how often during the last 30 days did you feel...worthless?	-	3 Some of the time

Group Feedback

First Impressions

Leticia was referred to group by her current Humanidad therapist. She shared how her experience was overall very positive, she said, *“tratan de hacer lo más mejor para que uno agarre lo mayor de la experiencia”* – They do everything they can so that we can get the best experience.

Leticia participated in group Convivencia in 2019.

Leticia said that what she liked the most was the experience to be able to speak and share. She said that it felt like she could share and that it was best to let things out than to hold them inside.

About the group

She said that perhaps more time would be beneficial, she said, *“cuando estas comfortable con algo, se te hace muy cortito estas experiencias que viví ahí y pues si me gustaron, si me sirvieron y me gustaron sobre todo”* – when you are comfortable with something the time seems to be very short the experiences I had there because I liked them and they were helpful to me and I liked them over everything.

Leticia shared how she has been to other places for therapy and group therapy, but what she found in Humanidad was different and unique. She said, *“Pues me hizo experimentar que uno tiene que decir nuestros problemas ahí, no nos tiene que dar pena, porque todas tenemos problemas a lo mejor diferentes. Y si me gusto mucho en Humanidad porque no había visto en otro lado algo así como aquí.”* – This made me experiment and learn that you have to say your problems here, without feeling shy, because we all have problems may be different. And yes, I liked Humanidad a lot because I had not seen anything like it before.

She shared that every week she would look forward to group and that the experienced helped her a lot.

Group Dynamics

In group she learned to be free to express herself because when she arrived, she didn't want to speak. She felt people would ask her questions and she learned that people need to feel free. She was always the last one to share, till she told her herself she had to do it and she did it. She did it because it felt like no one would question her. She felt that everyone was there because everyone needed help. She said, *“me hizo sentirme como en mi casa, como confianza de poder hablar ahí los problemas que yo tenia en*

el momento.” – I felt like I was at home, with trust and was able to speak about the problems I was experiencing at the moment.

After Group

She also shared how what she experienced was positive, she liked it and it helped her, she said this was good for her as she was going through some things. The example she shared about how what she learned has helped her was about how she now talks to her kids. She said that she remembers what she learned in group and she tries to use it with her family. She admitted that this was hard, but she tries.

CDEP Quality

Convivencia is a community-defined evidence practice. Participants were asked to rate how the quality of the CDEP.

Overwhelmingly, Lucia strongly agreed with the quality of the CDEP.

CDEP Quality		
1	I like the services I received here.	1 Strongly Agree
2	If I had choices, I would still get services from this agency.	1 Strongly Agree
3	I would recommend this agency to a friend or a family member.	1 Strongly Agree
4	The location of services was convenient.	1 Strongly Agree
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10	The staff here respect my race/ethnicity.	-
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13	Staff are willing to be flexible and provide alternative approaches or services to meet my needs.	1 Strongly Agree
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15	Staff here understand that people of my racial and/or ethnic group are not all alike.	-
16	Staff here understand that people of my gender and/or sexual orientation group are not all alike.	-
17	Staff here understand that of my religious and spiritual background are not all alike.	-
18	As a direct result of my involvement in the program: I deal more effectively with my daily problems.	5 Strongly Disagree
19	As a direct result of my involvement in the program: I do better in school and/or work.	3 I am Neutral
20	As a direct result of my involvement in the program: My symptoms/problems are not bothering me as much.	5 Strongly Disagree
21	Were the services you received her in the language you prefer?	1 Yes
22	Was written information available in the language you prefer?	1 Yes

Conclusion

Convivencia is a culturally known and valued practice that has been adopted by Humanidad Therapy and Educational Services as a prevention and early intervention treatment approach for low-income Latino adults in Sonoma County. It aims to prevent/reduce barriers to access and utilization of mental health services by increasing awareness about mental health issues and resources; engaging Latinos prior to the development of serious mental illness or serious emotional disturbances; and increasing persona, family, community relationships and social support.

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of psychotherapy, there is a mutual shared experience that is felt and transmitted in a similar exchange. While there is no literature on the “felt-experience of Convivencia”, it is clearly an inherent value that is known, felt, and collectively transmitted within the culture and language. Humanidad recognizes cultural and linguistic need and addresses this need using a multi-faceted approach that aligns Convivencia with Latino cultural values and beliefs, life experiences, and family practices. Humanidad addresses the Latino stigma associated with seeking mental health services through its use of Convivencia, helping to create bridges between a historical cultural practice with modern counseling services.

Evaluation Research Question

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This is a case study documents the felt-experience of a participant. The participant from this case study participated in the Group Convivencia. Group Convivencia is a 8-week therapeutic group operationalizing the Convivencia model.

Demographics

Lorena identifies as Latino, Hispanic, or Spanish ethnic origin, specifically Mexican/Chicano.

Protective Factors

According to SAMHSA, a risk factor is characteristic that is associated with a higher likelihood of negative outcomes. Protective factors are associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact.²⁰

A protective factor is defined as a characteristic at the biological, psychological, family, community, or cultural level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor.²¹ The protective factors listed below focus on culture, balance in mind,

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²¹ Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities
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body, spirit and soul, and marginalization. Culture is a recognized protective factor in maintaining and improving health.

Participants complete a pre-survey at the first group session and a post-survey at the last group session.

	Protective Factors		
	Question	Pre-survey	Post-survey
1	At present... your culture gives you strength.	1 Strongly Agree	1 Strongly Agree
2	At present... your culture is important to you.	1 Strongly Agree	1 Strongly Agree
3	At present... your culture helps you feel good about who you are.	1 Strongly Agree	1 Strongly Agree
4	At present... you feel connected to the spiritual/religious traditions of the culture you were raised in.	1 Strongly Agree	2 Agree
5	About how often during the past 30 days did you feel... connected to your culture?	3 Some of the time	2 Most of the time
6	About how often during the past 30 days did you feel...balanced in mind, body, spirit, and soul	4 None of the time	2 Most of the time
7	About how often during the past 30 days did you feel... marginalized or excluded from society?	3 Some of the time	3 Some of the time
8	About how often during the past 30 days did you feel... isolated and alienated from society?	3 Some of the time	3 Some of the time

Psychological Distress

The American Psychology Association defines psychological distress as a set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people. In some cases, however, psychological distress may indicate the beginning of a major depressive disorder, anxiety disorder, or a variety of clinical conditions.

Participants complete a pre-survey at the first group session and a post-survey at the last group session.

	Psychological Distress		
	Question	Pre-survey	Post-survey
1	About how often during the past 30 days did you feel... nervous?	-	1 All the time
2	About how often during the past 30 days did you feel... hopeless?	-	1 All the time

3	About how often during the last 30 days did you feel... restless or fidgety?	1 All of the time	1 All the time
4	About how often during the last 30 days did you feel...so depressed that nothing could cheer you up?	3 Some of the time	1 All of the time
5	About how often during the last 30 days did you feel... that everything was an effort?	3 Some of the time	2 Most of the time
6	About how often during the last 30 days did you feel...worthless?	4 A little bit of the time	2 Most of the time

Group Feedback

First Impressions

Lorena participated in group Convivencia in 2019.

She said she was part of group in a time where she really needed to feel supported and that she felt like there was no one to trust, but the group helped a lot to learn how to get to know herself and she needs to take her of herself before taking care of others. The group taught her to put herself first so she could be able to help others. She said she very much liked how people were given the space and treated with respect and importance by the people that were guiding the conversation. She shared that she has been to groups with therapist where it feels like they are rushing because their time is up but with Humanidad she said she felt supported. She said the facilitators gave them the space so each person could express themselves and never felt like they were pushed to the side. She shared,

“siempre nos hicieron sentir como que pertenecíamos a un grupo y que ese grupo era como un rompecabezas que estábamos formadnos ahí.” - They always made us feel like we belonged to a group and that group was like a puzzle that we were putting together there.

Lorena said she saw the information on Facebook but because she was busy with other things, she didn't think it was important. She had a friend that encouraged her to take it seriously. Lorena belongs to a community group and there were staff from Humanidad that attended her group and made a personal invitation. To her this was important, she shared *“primero cuando me lo compartió mi amiga, como que no le tome mucho – mucha importancia, pero cuando ellas vinieron a invitarnos sentí muy personal esa invitación, ese conexión que hubo.”* – When my first friend first shared, I didn't take it very seriously, but when they (Humanidad) came and invited us – I felt like that was a very personal invitation and there was a connection.

Lorena has attended therapy before but she said she never felt taken into account or heard by the therapists. She also shared that the concept of the groups by Humanidad are new and are much needed because they are needed especially in the Mexican culture. She said,

“en México, cuando alguien tenía un problema, se juntaban los mayores de la familia para resolverlo y compartíamos todos, lo digo por que yo veía eso con mis abuelos. Se juntaban para compartirlo y todos llegaban siempre a un buen acuerdo. Y esto que yo viví con Humanidad me gusto mucho y me ayudo

bastante.”- In Mexico when someone had a problem, the elders of the family would get together to solve it and they shared with everyone, I say this because this is what I saw with my grandparents. They would get together to share and everyone always arrived at the right agreement. And this is what I saw with Humanidad, I liked it very much and it helped me a lot.

About the group

She commented on the importance of having music, she said this made her comfortable and engaged. She also said that there was always a table with things. The table was particularly representative to her because her grandmother used to do the same. She shared that when she was not emotionally stable, she would go to her grandmother’s house as a refuge and her grandmother always had a table with flowers, cookies, and other things that served as conversation starters. Having this in group made her feel at home, it created the environment in which felt she had arrived at home. She also said that as an immigrant that has not seen her family in a long time this made her feel very comfortable and like she was with family and she liked this very much.

Group Dynamics

Lorena shared how there was a certain environment that was created in group. She said that the facilitators created an environment where participants were able to feel engaged and comfortable.

After Group

Lorena said she learned how to listen to others and give them the space they need to fully express themselves. She offered an example of what she used to do when she saw someone cry, she would run to them and show them love but in group she learned to give them space first. Another thing she learned was that she matters and has value. She shared that before she cared for everyone to the point that sometimes she felt like she was the cause of other’s problems. In group, she learned to when someone is always resolving the problems of others there will be a day when you are not available and you will feel guilty but she learned that she should not feel guilty and to value her efforts, *“aprendí a no sentirme culpable y a valorar cada esfuerzo que yo hago para ayudar a las demás personas.”* - I learned to not feel guilty and to value every effort that I make to help other people.

She said that she still remembers this lesson in her everyday life and it helps her a lot. She shared, *“recuerda que tu te tienes que cuidar y que tu tienes que saber dar espacio y también dejar ir, siempre me recuerdo eso y me ayuda bastante.”* – Remember that you have to take care of yourself and that you need to know when to give space and also when to let go, I always remind myself of this and it is very helpful.

She said she wished there was more time for group. She shared that one way she would extend the group was to have a group for young people, especially those navigating cultures for example first generation Latino young people. She said, *“se sienten perdidos entre las culturas y algo como el concepto de Humanidad yo siento que les beneficiara mucho.”* - The feel lost in between cultures and something like the concept of Humanidad I feel would benefit a lot. She also added that what she liked the most was that it was in Spanish.

She also said she would recommend it to people. She said she would tell them that they should take advantage of the opportunity because it is of great support and it helps to be better in their human relationships, with their families, and primarily with their families then outside friendships and places of work. She reinforced that it really helps.

Finally, she shared, “es como nuestra salvación a muchas personas porque en mi grupo me di cuenta que todas las que estábamos en nuestro grupo estábamos en búsqueda de algo y no sabíamos que era y ya cuando hablamos con las personal ahí y estuvimos yendo al grupo ya salimos más con una visión de ¿que es lo que necesitamos? ¿que el lo que queremos? Emocionalmente. “ – It is like a savior to many people because in I noticed in my group that we all seeking for something but we didn’t know what it was and when we started talking with the staff there and we were going to group we came out with a vision of what is it that we need? What do we want? Emotionally.

CDEP Quality

Convivencia is a community-defined evidence practice. Participants were asked to rate how the quality of the CDEP.

Overwhelmingly, Lorena strongly agreed with the quality of the CDEP.

CDEP Quality		
1	I like the services I received here.	2 Agree
2	If I had choices, I would still get services from this agency.	1 Strongly Agree
3	I would recommend this agency to a friend or a family member.	1 Strongly Agree
4	The location of services was convenient.	3 I am Neutral
5	Staff were willing to see me as often as I felt was necessary.	-
6	Services were available at times that were good for me.	3 I am Neutral
7	What I first called or came here, it was easy to talk to staff.	1 Strongly Agree
8	The staff here treat me with respect.	1 Strongly Agree
9	The staff here don’t think less of me because of the way I talk.	1 Strongly Agree
10	The staff here respect my race/ethnicity.	1 Strongly Agree
11	The staff here respect my religious and/or spiritual needs.	1 Strongly Agree
12	The staff here respect my gender identity and/or sexual orientation.	1 Strongly Agree
13	Staff are willing to be flexible and provide alternative approaches or services to meet my needs.	2 Agree
14	The people who work here respect my cultural beliefs, remedies, and healing practices.	1 Strongly Agree
15	Staff here understand that people of my racial and/or ethnic group are not all alike.	1 Strongly Agree

16	Staff here understand that people of my gender and/or sexual orientation group are not all alike.	1 Strongly Agree
17	Staff here understand that of my religious and spiritual background are not all alike.	1 Strongly Agree
18	As a direct result of my involvement in the program: I deal more effectively with my daily problems.	2 Agree
19	As a direct result of my involvement in the program: I do better in school and/or work.	2 Agree
20	As a direct result of my involvement in the program: My symptoms/problems are not bothering me as much.	2 Agree
21	Were the services you received her in the language you prefer?	1 Yes
22	Was written information available in the language you prefer?	1 Yes

Conclusion

Convivencia is a culturally known and valued practice that has been adopted by Humanidad Therapy and Educational Services as a prevention and early intervention treatment approach for low-income Latino adults in Sonoma County. It aims to prevent/reduce barriers to access and utilization of mental health services by increasing awareness about mental health issues and resources; engaging Latinos prior to the development of serious mental illness or serious emotional disturbances; and increasing persona, family, community relationships and social support.

Group Convivencia addresses cultural and linguistic needs and it aligns with Latino cultural values and beliefs, life experiences, and family practices. This case study demonstrates and documents the effectiveness of Group Convivencia.

Background

The development of Convivencia came from HTES's group counseling service work with Latinos. Convivencia allows HTES to work within the belief system of a culture that values the collective whole over individual needs. The culture honors how people draw strength from their values coupled with a need to be in relationships. The quality of interaction among individuals, when held within a group environment that provides a space for sharing of knowledge and information with consistency, warmth, mutuality, connection, belonging, acceptance, openness, and supportive reflection, leads individuals to seek more learning and personal growth, helping them realize true transformation.

Consistent with Maduro's 1983 work, the premises and constructs of Convivencia follow logically with the social and historical values placed on healing practices, interdependence of family, and mutuality as acceptable vehicles for communicating current needs. In the practice of psychotherapy, there is a mutual shared experience that is felt and transmitted in a similar exchange. While there is no literature on the "felt-experience of Convivencia", it is clearly an inherent value that is known, felt, and collectively transmitted within the culture and language. Humanidad recognizes cultural and linguistic need and addresses this need using a multi-

faceted approach that aligns *Convivencia* with Latino cultural values and beliefs, life experiences, and family practices. Humanidad addresses the Latino stigma associated with seeking mental health services through its use of *Convivencia*, helping to create bridges between a historical cultural practice with modern counseling services.

Evaluation Research Question

Convivencia is a culturally known and valued practice that can be adopted as a prevention and early intervention treatment approach for low-income Latino adults living in Sonoma County. It aims to prevent and/or reduce barriers to access and utilization of mental health services by increasing awareness about mental health issues and resources; engaging Latinos prior to the development of serious mental illness or serious emotional disturbances; and increasing personal, family, community relationships and social support. The mental health issues that will be addressed include culturally relevant and other mental health risks and disparities. The strategies being integrated include culturally relevant community events and group counseling, both with the main purpose to increase a sense of belonging, self-esteem, and quality of life.

This is a case study documents the felt-experience of a participant. The participant from this case study participated in the Group *Convivencia*. Group *Convivencia* is a 8-week therapeutic group operationalizing the *Convivencia* model.

Demographics of the Participant

Maria identifies as Latino, Hispanic, or Spanish ethnic origin, specifically Mexican/Chicano.

Protective Factors

According to SAMHSA, a risk factor is characteristic that is associated with a higher likelihood of negative outcomes. Protective factors are associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact.²²

A protective factor is defined as a characteristic at the biological, psychological, family, community, or cultural level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor.²³ The protective factors listed below focus on culture, balance in mind, body, spirit and soul, and marginalization. Culture is a recognized protective factor in maintaining and improving health.

²² <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

²³ Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities
National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions
Mary Ellen O'Connell, Thomas Boat, Kenneth E Warner , editors.
Washington (DC): National Academies Press (US); 2009.
The National Academies Collection: Reports funded by National Institutes of Health.

Participants complete a pre-survey at the first group session and a post-survey at the last group session.

	Protective Factors		
	Question	Pre-survey	Post-survey
1	At present... your culture gives you strength.	1 Strongly Agree	5 Strongly Disagree
2	At present... your culture is important to you.	1 Strongly Agree	5 Strongly Disagree
3	At present... your culture helps you feel good about who you are.	1 Strongly Agree	5 Strongly Disagree
4	At present... you feel connected to the spiritual/religious traditions of the culture you were raised in.	1 Strongly Agree	5 Strongly Disagree
5	About how often during the past 30 days did you feel... connected to your culture?	2 Most of the time	1 All of the time
6	About how often during the past 30 days did you feel...balanced in mind, body, spirit, and soul	2 Most of the time	2 Most of the time
7	About how often during the past 30 days did you feel... marginalized or excluded from society?	3 Some of the time	2 Most of the time
8	About how often during the past 30 days did you feel... isolated and alienated from society?	4 A little of the time	5 None of the time

Psychological Distress

The American Psychology Association defines psychological distress as a set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people. In some cases, however, psychological distress may indicate the beginning of a major depressive disorder, anxiety disorder, or a variety of clinical conditions.

Participants complete a pre-survey at the first group session and a post-survey at the last group session.

	Psychological Distress		
	Question	Pre-survey	Post-survey
1	About how often during the past 30 days did you feel... nervous?	4 A little bit of the time	1 All of the time

2	About how often during the past 30 days did you feel... hopeless?	2 Most of the time	1 All of the time
3	About how often during the last 30 days did you feel... restless or fidgety?	5 None of the time	1 All of the time
4	About how often during the last 30 days did you feel...so depressed that nothing could cheer you up?	5 None of the time	1 All of the time
5	About how often during the last 30 days did you feel... that everything was an effort?	5 None of the time	1 All of the time
6	About how often during the last 30 days did you feel...worthless?	2 Most of the time	1 All of the time

Group Feedback

Maria participated in Group Convivencia in 2019.

First Impressions

Maria shared how she didn't know what to expect and didn't think she was going to enjoy it as much as she did as the sessions continued.

“La verdad si me sentí muy agusto e identificada con las cosas que trabajamos ahí.” – The truth is that I felt very comfortable and I identified with the topics we worked on.

She found out about the program through a friend, she said that even her friend couldn't explain what the group was going to be about but both felt that they could explore and see what it was all about.

Maria had attended a group a few years ago at Kaiser but she said it was not the same. She said that during this group experience she felt she could identify with the others in group and the facilitators.

About the group

She said that she liked the format and the dynamic the facilitators had. She illustrated that at first, they would introduce a topic and speak about it a little bit, then there was an activity regarding the topic, and after the activity everyone had a chance to speak about what they wrote or drew.

She wished there was more time, she said she recognized there were several sessions but more time would of made the group better. She said that more sessions and longer sessions could be beneficial. She also said that perhaps having a follow-up if people are interested.

Group Dynamics

Maria said that by the end of group she felt that she expressed herself. She said she got feedback from the other members of group and the facilitators and because of this she felt it was of great help.

“este curso me sirvió para sacarlas, sanarlas y hablarlas.” – This course helped me get things out, heal them, and talk about them.

She said the diversity of the group was important. She said there were people from different ages and there were men. Even though they were a small group, Maria felt that the interactions were positive.

“entonces creo que el tiempo que estuvimos ahí, tuvimos como buena química entre nosotros.” – I believe that the time we were there we had good chemistry among us.

She said that at first it was obvious no one knew exactly what it was going to be about. At the beginning she said people were probably nervous but afterwards they all felt like they could identify with the topics of discussion.

She also shared how the story of a participant impacted her greatly.

Maria shared how she attended a group by Kaiser a few years ago, but it was not the same. She said she didn't feel so much closeness as she did with this group. She also said she didn't identify with others in the group or with those that were leading the group.

After Group

When asked what she learned about herself, Maria shared that she now can express certain things without her emotions taking over.

“Pero ahorita siento que si me ayudo mas a controlar mis emociones con mis pensamientos.” – But now I feel that it helped me control my emotions and my thoughts.

She said she would recommend the group to a friend and tell them that it helped her a lot and that it was a very positive experience.

When asked if she would recommend the group to others she said yes because not only was it a positive experience she also never expected to find so much support and she enjoyed how the group was led and conducted.

CDEP Quality

Convivencia is a community-defined evidence practice. Participants were asked to rate how the quality of the CDEP.

Overwhelmingly, Maria strongly agreed with the quality of the CDEP.

CDEP Quality		
1	I like the services I received here.	1 Strongly Agree
2	If I had choices, I would still get services from this agency.	2 Agree
3	I would recommend this agency to a friend or a family member.	1 Strongly Agree
4	The location of services was convenient.	1 Strongly Agree
5	Staff were willing to see me as often as I felt was necessary.	1 Strongly Agree
6	Services were available at times that were good.	1 Strongly Agree
7	What I first called or came here, it was easy to talk to staff.	1 Strongly Agree
8	The staff here treat me with respect.	1 Strongly Agree
9	The staff here don't think less of me because of the way I talk.	1 Strongly Agree
10	The staff here respect my race/ethnicity.	1 Strongly Agree
11	The staff here respect my religious and/or spiritual needs.	1 Strongly Agree
12	The staff here respect my gender identity and/or sexual orientation.	1 Strongly Agree
13	Staff are willing to be flexible and provide alternative approaches or services to meet my needs.	1 Strongly Agree
14	The people who work here respect my cultural beliefs, remedies, and healing practices.	1 Strongly Agree
15	Staff here understand that people of my racial and/or ethnic group are not all alike.	1 Strongly Agree
16	Staff here understand that people of my gender and/or sexual orientation group are not all alike.	1 Strongly Agree
17	Staff here understand that of my religious and spiritual background are not all alike.	1 Strongly Agree
18	As a direct result of my involvement in the program: I deal more effectively with my daily problems.	1 Strongly Agree
19	As a direct result of my involvement in the program: I do better in school and/or work.	1 Strongly Agree
20	As a direct result of my involvement in the program: My symptoms/problems are not bothering me as much.	1 Strongly Agree

21	Were the services you received her in the language you prefer?	1 Strongly Agree
22	Was written information available in the language you prefer?	1 Strongly Agree

Conclusion

Convivencia is a culturally known and valued practice that has been adopted by Humanidad Therapy and Educational Services as a prevention and early intervention treatment approach for low-income Latino adults in Sonoma County. It aims to prevent/reduce barriers to access and utilization of mental health services by increasing awareness about mental health issues and resources; engaging Latinos prior to the development of serious mental illness or serious emotional disturbances; and increasing persona, family, community relationships and social support.

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