



**HUMANIDAD**  
Therapy & Education Services



# Humanidad Therapy & Education Services

## Convivencia Model



## Local Evaluation Report

### Phase 2 Extension: 2023 - 2025

*Humanidad builds resilience and reduces mental health stigma for Latinx families through the Convivencia model: a bilingual, culturally resonant space rooted in **familismo**, **respeto**, and **personalismo** where community members share stories and normalize help-seeking.*

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This report was made possible by the support of the California Department of Public Health - Office of Health Equity, through a California Reducing Disparities Project Phase 2 Extension grant funded by State of California General Fund. The CRDP is a statewide prevention and early intervention project founded in 2009 with the goal of achieving mental health equity for five priority populations in California—the African American, Latino/x, Native American, Asian and Pacific Islander, and LGBTQ+ communities. The CRDP is funded by the Mental Health Services Act (Proposition 63), which was passed by voters in 2004.

*Note: All photos and images in this report were taken from Pexels.com and are not photos of program participants*

# Acknowledgements

This evaluation was made possible through the collective efforts and commitment of many individuals and partners. The evaluation team extends deep gratitude to the staff and leadership of Humanidad Therapy & Education Services (HTES) for their collaboration, cultural insight, and dedication to advancing mental health equity for Sonoma County’s Latinx community. Special appreciation goes to the Convivencia facilitators and therapists, whose bilingual and bicultural expertise brought warmth, safety, and authenticity to every gathering.

We are profoundly grateful to the participants and families who generously shared their time, stories, and experiences. Their openness and trust made it possible to document the impact of the Convivencia model and to learn directly from the community it was designed to serve.

The evaluation also benefited from the guidance and partnership of school staff, community organizations, and local agencies that supported recruitment, data collection, and interpretation of results. Their collaboration reflects the shared commitment across Sonoma County to foster culturally grounded, community-based approaches to mental health and well-being.

Finally, we acknowledge our funding partners and technical assistance providers—California Department of Public Health Office of Health Equity team, UC Davis Center for Reducing Health Disparities Latinx Technical Assistance Providers team, Loyola Marymount University Psychology Applied Research Center team, and Racial and Ethnic Mental Health Disparities Coalition cultural brokers—who champion culturally responsive evaluation and sustained investment in community-defined practices. Their partnership enables programs like Convivencia to grow, adapt, and strengthen the fabric of wellness in our communities.

The evaluation team would like to thank the following individuals and partners for their valuable contributions to this project.

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# Executive Summary

This report presents evaluation findings from Humanidad Therapy and Education Services (HTES) Convivencia programs—Community Convivencia and Youth Group Convivencia—implemented across Sonoma County during the Phase 2 Extension period between December 2023 and June 2025. HTES uses a community-based, culturally resonant approach rooted in *familismo*, *respeto*, and *personalismo* to address mental health stigma through bilingual peer support and the Convivencia model.

## Community Convivencia

Fourteen Community Convivencia events engaged 269 participants, successfully reaching Spanish-speaking Latinx residents with 93% identifying as Latinx/Hispanic and 62% being monolingual Spanish speakers. Satisfaction was exceptionally high (9.7 average for willingness to recommend), with nearly all participants learning something new about mental health. Among youth, 89% expressed willingness to seek professional counseling for themselves—a powerful indicator of reduced stigma. These findings demonstrate that Community Convivencia serves as an effective, culturally affirming entry point for mental health education within the Latinx community.

## Youth Group Convivencia

Seventy-three newcomer Latinx youth participated in the eight-week Group Convivencia program at two high schools (Montgomery and Piner High), with 69% reporting limited or no English proficiency and most identifying as recent immigrants from Mexico and Central America.

**Cultural Responsiveness:** Youth consistently reported that their culture was respected and integrated throughout the program, with significant increases in cultural connectedness and feeling that "your culture gives you strength."

**Mental Health Literacy and Stigma Reduction:** Participants demonstrated significant gains in mental health knowledge and attitudes toward therapy, with 83% reporting positive changes in their views of counseling. However, a critical gap emerged: youth remained hesitant to commit to seeking help for themselves, revealing persistent barriers including fear of judgment, minimization of their own needs, past negative experiences, and practical obstacles like cost and shame.

**Emotional Skills and Peer Support:** The program consistently delivered on teaching emotional regulation (62%) and stress management skills (36%), with significant improvements in having tools to manage anxiety. Youth also valued the safe atmosphere and peer relationships, with meaningful gains in perceived social support.

**Psychological Distress:** Measures of psychological distress remained stable rather than improving, though therapist observations revealed youth carrying profound struggles including depression, suicidal ideation, anxiety, and disillusionment with life in the United States. The stability of distress scores during a period of hostile immigration policies and institutional instability may reflect a protective effect of the program, though this cannot be confirmed without a comparison group.

## Discussion

### Limitations

Community Convivencia findings are based on self-selected participants and self-reported learning, which may be subject to social desirability bias. Youth Group Convivencia utilized a pre-post design without a comparison group, limiting attribution of changes to the program. The intervention also occurred during significant external stressors that likely influenced outcomes independent of program participation.

### Implications and Next Steps

Opportunities exist to strengthen impact by expanding Community Convivencia to underserved areas and increasing male participation; extending Youth Group Convivencia beyond eight weeks; creating warm handoff protocols to clinical services; and addressing structural barriers to help-seeking. Humanidad is exploring expansion to additional high schools and establishing protocols for connecting youth who disclose severe distress with individual bilingual therapy.

### Conclusion

Both Convivencia programs demonstrate success in creating culturally affirming spaces where Spanish-speaking Latinx residents can engage meaningfully with mental health education, build skills and connections, and begin dismantling stigma. While challenges remain, particularly around translating positive attitudes into personal help-seeking behaviors and addressing the profound stressors facing immigrant youth, the Convivencia model represents a vital, culturally responsive approach to mental health promotion and early intervention within the Latinx community.

# Introduction

## The Sonoma County Context: Disasters and Community Mental Health Need

In Sonoma County, a decade of wildfires, evacuations, power shut-offs, the pandemic, and shifting labor conditions has disproportionately affected the Latinx community—creating a mounting need for culturally responsive mental health care. Many Latinx residents, particularly those working in agriculture, hospitality, and other sectors heavily impacted by the 2017 North Bay Firestorm, 2019 Kincade Fire, and 2020 Glass Fire, faced repeated trauma: the fear of home loss, evacuation, smoke exposure, economic instability, and the stress of returning to uncertain work conditions. Local providers have described Latinx wildfire survivors as experiencing “traumatic, psychological, and emotional” distress in a community already burdened by barriers to care such as language, immigration status, stigma, and lack of insurance (Sonoma County Department of Health Services, 2024; Pereira, Allen, & Oberlander, 2021). These stressors were amplified when the COVID-19 pandemic overlapped with wildfire seasons, compounding anxiety, isolation, job vulnerability, and fears of health risks in both workplaces and homes.

These experiences demonstrated that disaster recovery and mental health support cannot be “one-size-fits-all.” Local organizations and promotoras emphasized the importance of integrating cultural values such as *familismo* (family connectedness), *confianza* (trust), and *personalismo* (warm, relationship-based communication) into bilingual, community-based mental health outreach that lowers barriers and builds engagement (UC Davis Center for Reducing Health Disparities, 2012). The result is an urgent need for expanded, culturally tailored, trauma-informed services including group counseling, bilingual therapy, community-healing events, and outreach through trusted institutions and networks.

## Mental Health Access Barriers Among Latinx Adults

Despite higher need, Latinx adults also underutilize mental health care. Only 35 % of Hispanic/Latinx adults with a mental health condition receive any treatment annually, compared with 46 % of all adults in the United States (National Alliance on Mental Illness, 2023). Latinx adults are significantly less likely than non-Latinx Whites to see a mental health specialist (8% vs. 17%) and experience longer delays before accessing care (23 % vs. 11%) (Cabassa, Zayas, & Hansen, 2006). Structural and cultural factors including stigma, limited awareness, masculine norms that discourage help-seeking, and a shortage of bilingual clinicians, compound these disparities. Among Sonoma County’s undocumented immigrants, roughly 35 % (about 10,000 individuals) are uninsured, illustrating the financial and structural barriers that limit access (Migration Policy Institute, 2023).

The COVID-19 pandemic intensified these inequities. Nationally, 40% of Hispanic/Latinx adults reported symptoms of depression, suicidal ideation, or increased substance use in 2020, compared with 25% of non-Hispanic White adults (McKnight-Eily, et al., 2021). Latinx communities faced higher rates of job loss, housing instability, and family illness—stressors directly linked to psychological distress (Gonzalez, Karpman, Kenny, & Zuckerman, 2020; Panchal, Saunders, Rudowitz, & Cox, 2023). For immigrant families, limited English proficiency and fears regarding immigration status restricted access to telehealth and crisis supports. In Sonoma County, these challenges were compounded by ongoing wildfire emergencies and smoke events, generating prolonged collective stress and underscoring the need for locally rooted, culturally attuned responses.

## Mental Health Needs and Barriers Among Latinx Youth

The access barriers documented among Latinx adults are even more pronounced for youth, who face additional developmental and acculturative stressors. National and regional research underscores that Latinx youth—especially recent immigrants—carry elevated risk for mental health symptoms. In one study, nearly 7 % of first-generation Latinx adolescents met symptomatic thresholds for depression, while almost 29 % met criteria for anxiety (Potochnick & Perreira, 2010). Migration itself often involves trauma and stress: two-thirds of immigrant youth experience at least one traumatic event during migration, and nearly one-quarter experience two or more—factors significantly associated with depression, anxiety, and post-traumatic stress symptoms (Cohodes, et al., 2021). Anti-immigrant rhetoric and enforcement further exacerbate these challenges; among California immigrants residing in the U.S. for fewer than five years, rates of serious psychological distress more than doubled from 5 % to 12 % between 2015–17 and 2019–21 (Padilla-Frausto, Pereira, Gutiérrez, & Tan, 2023). These compounded stressors contribute to persistent disparities in well-being among both newly arrived and U.S.-born Latinx families.

Moreover, Latinx youth often navigate separation from caregivers before migration, discrimination in schools, and the stress of identity negotiation—all strongly associated with internalizing symptoms (Potochnick & Perreira, 2010). National data further justify intervention: between 2015 and 2018, the prevalence of major depressive episodes among Latinx youth ages 12–17 rose from 13% to 15% (Mental Health America, 2025), and there was a report that Hispanic female adolescents reported high rates of suicidal ideation in 2016 (24% compared to 12% of Hispanic males) (Weis, 2021). Yet, the use of mental health services is much lower among Latinx youth compared to the other groups due to the language barriers and limited insurance coverage (Mental Health America, 2025). School closures during the COVID-19 pandemic removed vital protective factors for Latinx youth, such as trusted teachers, peers, and school-based counselors, leaving many isolated and at risk for unaddressed mental health concerns (Kuhlman, et al., 2023; Perez-Brescia, 2022).

## The Convivencia Model: A Community-Based Response

Together, these findings reveal a critical gap: while Latinx communities in Sonoma County face compounding mental health stressors—from repeated disasters and economic strain to anti-immigrant policies—traditional clinic-based services remain largely inaccessible due to structural barriers (cost, insurance, language) and cultural factors (stigma, lack of culturally responsive care). This gap is particularly acute for youth, who carry elevated risk yet face even greater obstacles to accessing support. The evidence demonstrates that effective intervention must therefore operate *outside* traditional clinical settings, integrating cultural values that already sustain Latinx communities while actively dismantling the stigma and practical barriers that prevent help-seeking.

Humanidad Therapy and Education Services (Humanidad) developed its Convivencia programs specifically to address this nexus of need and barrier. By offering mental health education, peer support, and group counseling in Spanish within community spaces, the programs meet people where they are—both linguistically and culturally. The Convivencia model deliberately centers *familismo* (family connectedness), *confianza* (trust), and *personalismo* (warm, relationship-based communication) to create the safe, culturally affirming environments essential for engagement. The dual focus on adults (Community Convivencia) and youth (Youth Group Convivencia) acknowledges that stigma reduction and mental health literacy must be addressed across generations, ultimately aiming to transform mental health from a source of shame into a recognized component of collective wellbeing.



# Humanidad's Convivencia Model and History

## Convivencia Model

Humanidad Therapy & Education Services (Humanidad) is a multicultural community mental health agency and Marriage and Family Therapist (MFT) training program based in Sonoma County, California. Humanidad provides bilingual and bicultural, low-fee psychological services for underserved and diverse populations, with a primary focus on offering culturally responsive care to Latinx communities and training bicultural practitioners.

## 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.

Humanidad's work is grounded in addressing the stigma associated with seeking mental health services among Latinx residents. Its signature approach, the Convivencia model, creates a culturally familiar space rooted in the Latinx values of familismo (family), respeto (respect), and personalismo (relationships). In this safe and trusting environment, community members can engage in storytelling, share life experiences, and learn from one another while increasing their understanding of mental health.



Humanidad integrates the Convivencia model through two main strategies:

- **Community Convivencias** – culturally relevant community gatherings and outreach events facilitated in Spanish that promote connection, wellness, and mental health literacy.
- **Group Convivencias** – an 8-week closed therapeutic group facilitated entirely in Spanish by bilingual, bicultural licensed professionals.

Figure 1. The Convivencia Model



Both approaches aim to enhance belonging, self-esteem, social support, and overall quality of life for participants.

The Convivencia model is guided by research showing that mental health treatments are most effective when they are tailored to a specific cultural group and include meaningful cultural adaptations. Convivencia bridges traditional cultural practices with modern counseling approaches—honoring community knowledge while offering professional psychological support. By connecting with Latinx participants in culturally resonant ways, Humanidad reduces stigma and fosters trust in mental health services.

As a prevention and early intervention practice, Convivencia engages low-income Latinx adults and youth before serious mental illness or emotional disturbances develop. It seeks to prevent or reduce barriers to accessing care by increasing awareness of mental health resources, strengthening personal and family relationships, and expanding community-level social support.

Convivencia is built on the understanding that Latinx cultures often value the collective well-being over individual needs. Within group settings, participants experience warmth, mutuality, and shared reflection—qualities that promote emotional healing, learning, and personal growth. Through culturally grounded dialogue and peer support, participants gain hope in recovery and reconnect with their community life.

Humanidad’s outreach model also emphasizes meeting people where they are—bringing services directly to neighborhoods, schools, and community spaces where Latinx residents live, work, and gather. This community-driven approach, consistent with Community-Defined Evidence Practice (CDEP), helps normalize mental health conversations in nonclinical settings and lowers the threshold for participation.

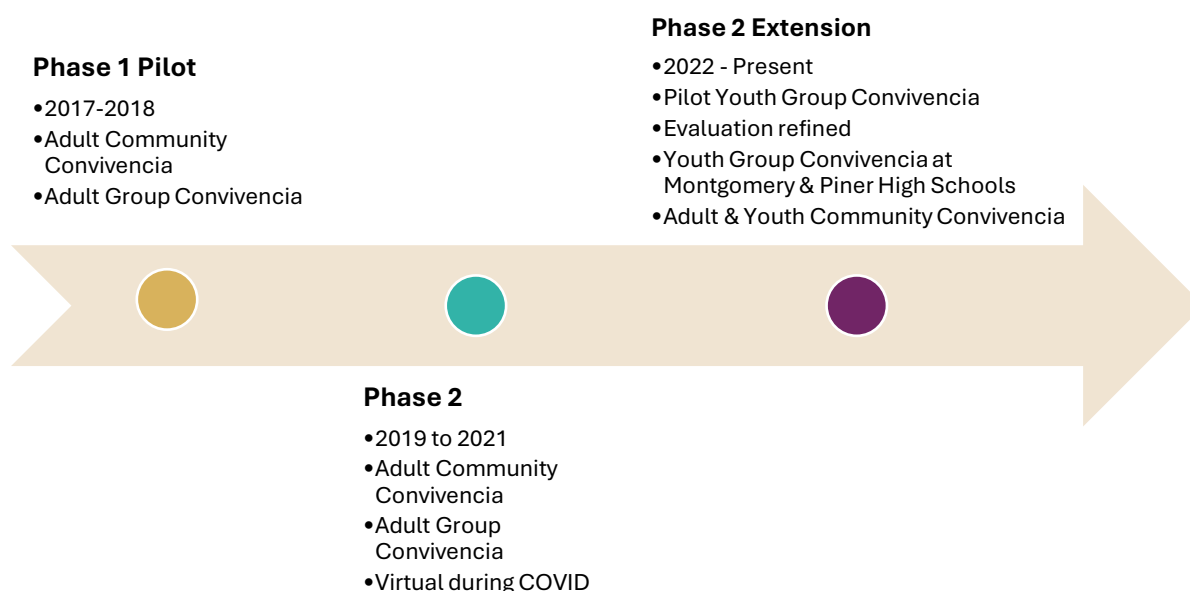
Ultimately, Convivencia serves as a trusted, nonthreatening entry point to mental health support. Its familiar, culturally sanctioned format allows conversations about emotional well-being to emerge naturally, without fear or judgment. The model aligns with the California Reducing Disparities Project (CRDP) and the Mental Health Services Act, which highlight prevention and early intervention as key to reducing disparities, mitigating risk factors, and building protective factors within underserved communities.

Humanidad has successfully implemented Convivencia through community gatherings, group counseling, school-based mental health services, one-on-one counseling, and mindfulness practices. By honoring cultural heritage and leveraging collective strengths, Convivencia not only addresses social and economic barriers to care but also facilitates early identification of mental health concerns—reducing stigma and improving pathways to healing for Sonoma County’s Latinx residents.

The purpose of the current evaluation is to explore the effectiveness of the Convivencia model in improving mental health outcomes and reducing access barriers among monolingual Spanish-speaking Latinx adults in Sonoma County.

## Convivencia History

Figure 2. Convivencia Phases



### Phase 1: Program Development and Early Implementation (2017-2018)

From 2017 through 2018, Humanidad Therapy & Education Services (HTES) focused on developing and piloting the Convivencia model. The first Community Convivencia was held in December 2018 in partnership with a local resource center. Early implementation was challenging, particularly in participant recruitment. The lingering effects of the North Bay wildfires and the broader social and emotional strain in the community made engagement difficult, resulting in lower participant numbers during the initial years.

### Phase 2: Program Expansion (2019 to 2021)

In response to the pilot years, Humanidad made a strategic pivot to focus on relationship-building and partnership development across community organizations, faith-based groups, and service networks. These efforts proved instrumental in strengthening outreach capacity and enhancing trust with community members, which in turn improved participation. When the COVID-19 pandemic began in 2020, this foundation of trust allowed the program to maintain continuity and even grow participation despite the challenges of remote delivery.

During the pandemic, all Convivencia gatherings were conducted virtually. The shift to online platforms created both challenges and opportunities. On one hand, virtual delivery increased accessibility for some participants by removing transportation and scheduling barriers. The transition to electronic surveys via Google Forms also made data collection smoother and more consistent. On the other hand, participants faced barriers such as limited internet access, lack of digital literacy, and difficulty securing privacy for sensitive discussions in crowded households. Technical interruptions occasionally affected communication and group cohesion. Despite these limitations, participation increased during this period, reflecting both strengthened community relationships and the adaptability of the Convivencia model.

## Phase 2 Extension: Program and Evaluation Enhancements (2022-Present)

### Youth Group Convivencias

In late 2022, Humanidad was approached by Montgomery High School to provide enhanced mental health support for newcomer immigrant students from Mexico and Central America enrolled in English Language Development (ELD) classes. In early 2023, Humanidad launched a Youth Group Convivencia pilot at the high school, adapting the model's core principles for adolescents.

Each Youth Group Convivencia cohort included 8–10 students, referred by school counselors and teachers. Sessions were conducted in Spanish, once per week for eight consecutive weeks, during the regular school day to avoid disrupting academic schedules. Session length was reduced from the standard 90 minutes to 60 minutes to align with class periods. The curriculum emphasized psychoeducation, emotional regulation, trust-building, and peer connection, using culturally relevant rituals, check-ins, and interactive activities designed for youth.

The pilot's success drew positive feedback from both students and school staff, who observed improved student engagement, sense of belonging, and emotional expression. Building on this success, Humanidad was invited to replicate and expand the Youth Group Convivencia model at Piner High School in 2024. This marked a significant new phase in the organization's growth, extending Convivencia's reach into school-based settings and addressing the mental health needs of newcomer youth in Sonoma County's public schools.

However, even with some success during the pilot period, multiple challenges were identified to administer the survey to the adolescents including 1) the adolescents' low literacy levels, 2) not having enough rapport among the participants to respond to the survey, and 3) not measuring the changes that were occurring. To address these challenges, beginning in 2024, Humanidad implemented several programmatic and evaluation enhancements. First, the evaluators added measures that were more relevant to the intervention based on the therapist feedback. These items included self-esteem and optimism, emotional expression and regulation, social support, mental health knowledge and attitude toward therapy. Second, the pre-survey distribution was shifted to the second session to foster initial rapport and encourage honest responses from students. Conversely, the post-survey was administered at the conclusion of the eighth session, with a few students completing it during the subsequent ninth session, coinciding with the focus-group. Third, focus group interviews, facilitated by Humanidad program staff and a program evaluator, were incorporated at the end of the intervention to capture qualitative feedback from participants and fill the gaps that the quantitative outcomes could not identify.

Program adjustments were also made to better meet the needs of newcomer adolescents, including refined psychoeducational content, additional activities focused on self-expression and cultural identity, and structured opportunities for reflection and peer support. These continuous

improvements mark the program's transition into a data-informed, practice-refining phase, positioning Humanidad to deepen its impact and demonstrate measurable outcomes across community and school-based Convivencias.

## **Community Convivencias**

In late 2023, the evaluation team refined the Community Convivencia satisfaction survey to better align with the one-time, community-based nature of the intervention. The updated tool simplified response options and prioritized questions measuring changes in knowledge, attitudes, and behaviors toward mental health services. This revision allowed for clearer insights into immediate learning and perception shifts among participants. Additionally, the evaluation team developed an interactive data dashboard to track and visualize participation and feedback from each Community Convivencia. The dashboard is updated after every event, enhancing accessibility, transparency, and the program's capacity for ongoing evaluation and real-time improvement.

In 2025, Humanidad piloted Community Convivencia at Santa Rosa High School. When the school requested a Youth Group Convivencia but capacity limitations made this unfeasible, staff adapted by designing a one-time Community Convivencia to meet the school's needs.

## **Evaluation Focus**

This report presents evaluation methods and outcomes for Phase 2 Extension (2022-2025). Results from Phase 1 and Phase 2 (2017-2021) can be found in the California Reducing Disparities Project (CRDP) Local Evaluation Report.

## **Program Composition & Curriculum**

### **Community Convivencia**

#### **Purpose and Focus**

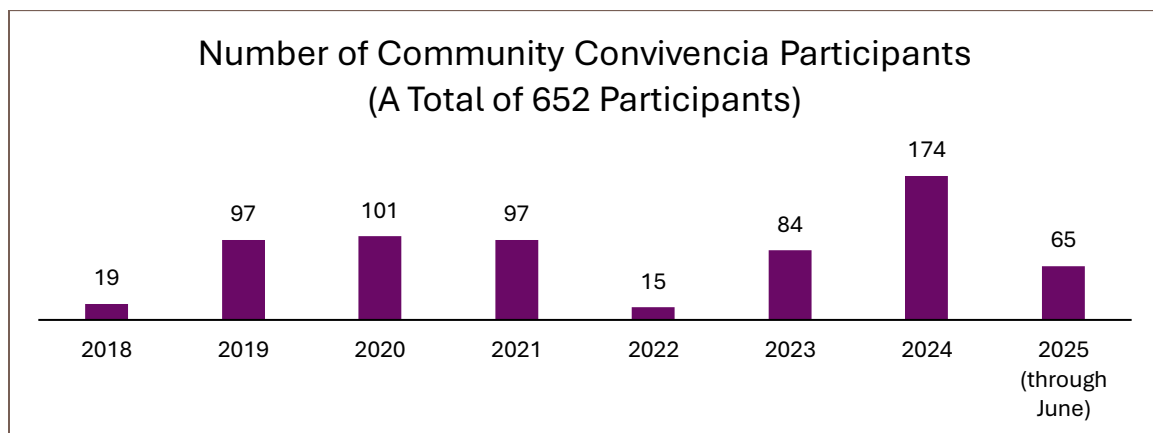
Community Convivencias are one-time, two-hour community events held in various locations across Sonoma County. These gatherings are designed to:

- Prevent and reduce barriers to accessing mental health services.
- Increase awareness of mental health issues and available resources.
- Engage Latinx adults prior to the development of serious mental illness or emotional distress.
- Strengthen family and community relationships and social support.
- Promote overall mental well-being and reduce stigma by enhancing belonging and self-esteem.

#### **Participants**

Participants include monolingual or bilingual Latinx adults (ages 18 and older) who self-select through community outreach, partner referrals, or local resource centers. Recruitment partnerships with schools, local resource centers, and community-based organizations help ensure broad community reach. Each event aims to serve 20–35 participants. The total number of participants from 2018 to June 2025 is 652.

Figure 3. Community Convivencia Participants Over Time



### Structure and Format

Each Community Convivencia follows a structured format centered on dialogue and cultural exchange:

1. **Welcome and Shared Meal** – Participants and staff begin with a communal meal to create a relaxed and trusting atmosphere.
2. **Orientation to Guidelines and Topic** –Facilitator establish group guidelines, and introduces the session’s topic.
3. **Small Group Discussions (Mesas de Trabajo)** – When appropriate, participants are assigned to small tables with a bilingual facilitator and note-taker. Guided questions encourage storytelling, dialogue, and shared reflection. Facilitators summarize and check for understanding.
4. **Large Group Synthesis** – Small groups report out; themes are captured on wall charts or post-its, and facilitators guide the collective identification of key ideas and potential future topics. If small group discussions are not feasible, the entire group engages in collective processing of the topic instead.
5. **Closing & Survey Administration** – The event concludes with a raffle, expressions of gratitude to participants, and survey administration and completion.

## Youth Group Convivencia

### Purpose and Focus

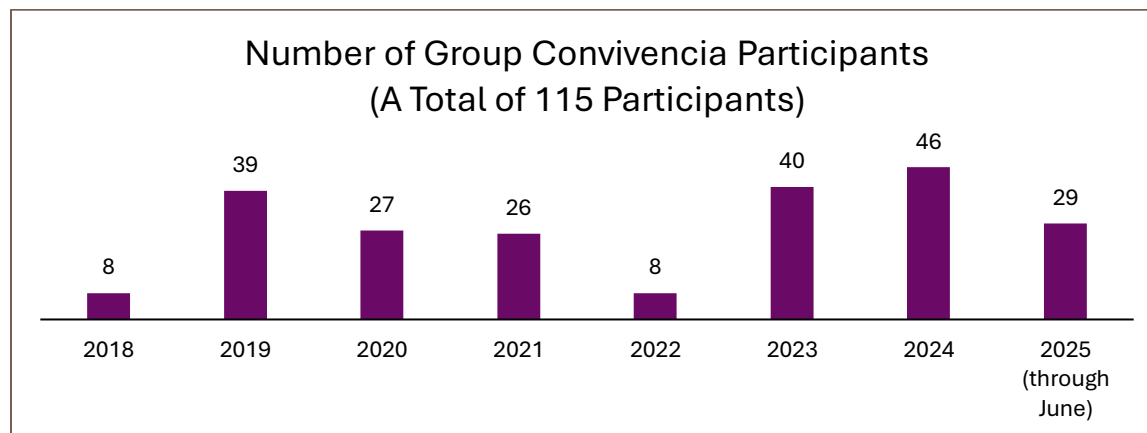
Group Convivencias are eight to ten weeks, 60 to 90 minutes clinical or therapeutic groups at local high schools that extend the principles of Convivencia into a structured counseling format. These groups emphasize:

- Reducing barriers to mental health care and increasing awareness of resources.
- Improving psychosocial outcomes.
- Decreasing stigma and exclusion through group belonging and shared cultural experience.
- Strengthening linkages to care and helping participants learn how to access services.

## Participants and Recruitment

Participants are Latinx youth, primarily recent immigrants, who either self-refer or are referred through school teachers or counselors. A total of 108 adults (Phase 1 and 2, 2018-2022) and 115 youths (Phase 2 Extension, 2023-2025) participated in Group Convivencia.

Figure 4. Group Convivencia Participants Over Time



## Structure and Format

Each Group Convivencia is facilitated by a **bilingual, bicultural licensed therapist or MFT trainee/intern** experienced in psychotherapy and Convivencia principles. Sessions follow a consistent structure:

1. **Pre-Group Screening and Orientation** – Participants are contacted before the group begins to confirm readiness and fit. Informed consent or assent is completed.
2. **Group Formation and Ground Rules** – Facilitators and participants co-create group norms, discuss confidentiality, and review the goals and methods of Convivencia.
3. **Pre-Survey Completion** – Participants complete pre-survey in Spanish to assess baseline knowledge, attitudes, and behaviors related to mental health.
4. **Thematic Exploration and Dialogue** – Each session focuses on a relevant theme (e.g., stress management, family relationships, grief, or resilience) brought up by students. Facilitators introduce exercises that promote reflection and discussion.
5. **Facilitated Reflection** – Facilitators summarize group insights and check for accuracy and shared understanding.
6. **Commitment and Closure** – Sessions conclude with participants reflecting on what they learned and identifying one personal action to take before the next meeting.
7. **Post-Survey Completion & Focus Group** – Participants complete a post-survey in Spanish to assess changes in knowledge, attitudes, and behaviors related to mental health. Youth are invited to a focus group after the last session to capture qualitative feedback from participants about their experiences.

# Evaluation Methodology

## Evaluation Framework and Methodology

The evaluation integrated a Community-Based Participatory Research (CBPR) approach to ensure that the process honors the cultural values, lived experiences, and community voice of Latinx participants. Evaluation instruments and protocols were developed and administered in Spanish and English, using culturally familiar terms and examples. The bilingual staff and facilitators played an active role in outreach, recruitment, and data collection, helping participants feel comfortable sharing their experiences in trusted community spaces. The evaluation team also engaged Humanidad staff and community partners in interpreting survey and focus group results, ensuring that findings were contextualized within cultural frameworks. By embedding these practices, the evaluation process itself modeled the principles of inclusion and relational accountability central to Humanidad's work, while producing findings that were both credible and culturally meaningful to the community.

The evaluation team also applied a Results-Based Accountability (RBA) framework to track progress and demonstrate measurable outcomes at both the program and community levels. The team began by clarifying desired results such as increased awareness of mental health resources, improved knowledge, and improved access for Latinx residents, and then identified specific performance measures to assess how well Humanidad's Convivencia programs were achieving these outcomes. Data were collected and reviewed regularly to examine three key RBA questions: How much did we do? How well did we do it? Is anyone better off? Quantitative indicators from the surveys were combined with qualitative feedback from focus groups and facilitator reflections to assess changes in attitudes, confidence, and connection. The evaluation team used these data to create accessible dashboards, visual summaries, and evaluation reports shared with staff and the board after each fiscal year, supporting continuous learning, accountability, and real-time program improvement.

## Community Convivencia

At the conclusion of each Convivencia, participants were invited to complete a brief paper-based survey designed to gather feedback on their experience and learning. The survey included questions about overall satisfaction, perceptions of Humanidad staff and facilitation, knowledge and attitudes related to mental health, one open-ended reflection item, and basic demographic information. These data were used to assess the program's reach, quality, and short-term impact.

### Evaluation Questions

- To what extent is the Community Convivencia reaching its intended target population?
- To what extent are participants satisfied with the program content, structure, and facilitation?
- To what extent does participation in Community Convivencia increase knowledge and understanding of mental health?

## Youth Group Convivencia

The program evaluation employed a mixed-methods approach, combining quantitative and qualitative assessment techniques to capture both measurable outcomes and participant perspectives. Quantitatively, participants completed an assent form and pre- and post-program surveys containing identical Statewide Evaluation (SWE) measures to assess changes over time. Beginning in 2024, additional locally developed measures were incorporated into the instrument to assess self-esteem,



social support, emotional regulation, mental health knowledge, and attitudes toward therapy. The measures used in the surveys are summarized in the table below.

Table 1. Summary of Youth Group Convivencia by Phase

| Phase  | Site              | Group  | Participants                           | SWE Measures   | Local Measures   |
|--|-------------------|--|--|--|--|
| <b>Pilot Phase:</b><br>Spring 2023-<br>Fall 2023           | Montgomery        | 2 groups (newcomers)/<br>2 groups (newcomers, bilingual) | 40 (33 completed, 83% completion rate) | Cultural Connectedness, Cultural Protective & Risk Factors, Barriers to Therapy, Psychological Distress, Psychological Functioning, Program Satisfaction | None   |
| <b>Phase 2:</b><br>Spring 2024, Fall 2024, and Spring 2025 | Montgomery, Piner | 2 groups (newcomers)                                     | 75 (59 completed, 79% completion rate) | Cultural Connectedness, Cultural Protective & Risk Factors, Psychological Distress, Program Satisfaction   | Self-Esteem, Emotional Regulation, Social Support, Mental Health Knowledge, Attitude toward Therapy<br><br>Focus Group Interviews with youth participants<br><br>Focus Group Interviews with therapy teams |

Qualitatively, the evaluation team introduced focus group interviews in 2024 to gain deeper insight into how participants interpreted and experienced the program.

**Student focus groups:** Students were informed in advance about a dedicated ninth session designed as a focus group, facilitated jointly by Humanidad program staff and an independent local evaluator, without the presence of therapists. This structure created a safe and comfortable environment for students to share candid reflections about their participation. Each session combined verbal discussion with guided written reflection forms, allowing participants to express their perspectives in multiple ways and ensuring that all voices were represented regardless of comfort with public speaking. This dual-format approach enhanced the richness and inclusiveness of the qualitative data, providing a more comprehensive understanding of the program’s impact.

**Therapist focus groups:** The evaluation team also conducted separate focus groups with therapy teams at each high school. These sessions explored clinician perspectives on program

implementation, participant engagement patterns, therapeutic breakthroughs, and observed changes in youth over the course of the intervention.

This multi-stakeholder approach enhanced the richness and inclusiveness of the qualitative data, providing a more comprehensive understanding of the program's impact from both participant and practitioner viewpoints.

### **Evaluation Questions**

- To what extent is Group Convivencia engaging its intended target population of newcomer Latinx youth?
- To what extent are participants satisfied with the program content, facilitation, and group experience?
- To what extent does Group Convivencia address participants' cultural, linguistic, and contextual needs?
- To what extent does participation in Group Convivencia reduce stigma and encourage help-seeking behavior related to mental health?
- To what extent does Group Convivencia contribute to improvements in psychosocial outcomes and mental health symptoms?

## **Analytic Strategies**

All participant data were aggregated and analyzed by program phase to illustrate patterns and outcomes over time. Demographic information (e.g., age, gender) was summarized using descriptive statistics and presented as percentages. For continuous outcome measures, item responses were averaged across participants, and pre- and post-surveys were matched so that only data from participants who completed both assessments (n=44) were included in subsequent analyses. Paired-sample t-tests were conducted using statistical software to determine whether observed changes between pre- and post-assessments were statistically significant ( $p < .05$ ) and could be reasonably attributed to participation in the program rather than chance variation. Given the small sample size, a marginal significance ( $p < .10$ ) is also presented.

For the qualitative analysis, focus group discussions were audio-recorded, transcribed, and uploaded into NVivo software for coding and thematic analysis. Employing a grounded theory approach, the evaluator systematically reviewed transcripts to identify both primary and secondary themes that emerged across participants. The qualitative inquiry, guided by twelve key questions, explored participants' perceptions of the program, their evolving views on mental health and therapy, and their suggestions for improvement. This report includes selected participant quotations—originally provided in Spanish and presented alongside their English translations—to preserve the authenticity of participants' language and cultural expression.

Finally, findings from both quantitative and qualitative analyses were triangulated to provide a comprehensive understanding of the program's outcomes—linking measurable changes in knowledge, attitudes, and well-being with the personal narratives and lived experiences shared by participants.

# Results

## Community Convivencia

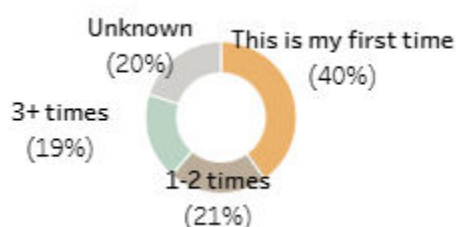
This report presents findings from the Community Convivencia satisfaction surveys collected since December 2023, when the survey instrument was substantially revised to improve clarity, cultural relevance, and measurement consistency.

### Demographics

**Evaluation Question: To what extent is the Community Convivencia reaching its intended target population?**

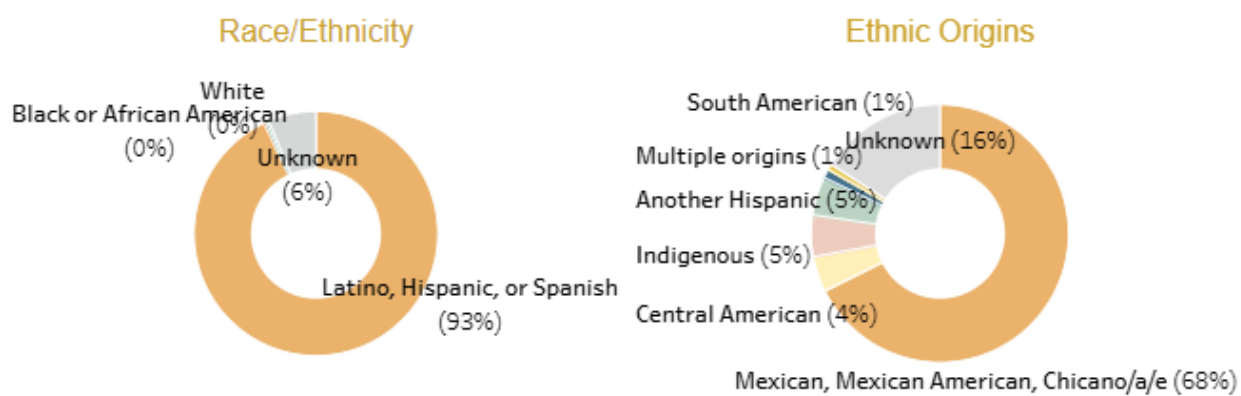
Between December 2023 and June 2025, 14 Community Convivencias were held, engaging a total of 269 participants across Sonoma County. Among participants, 40% attended a Convivencia event for the first time, while 19% reported having participated three or more times, suggesting both ongoing community engagement and the presence of returning participants who view the gatherings as a trusted and meaningful resource.

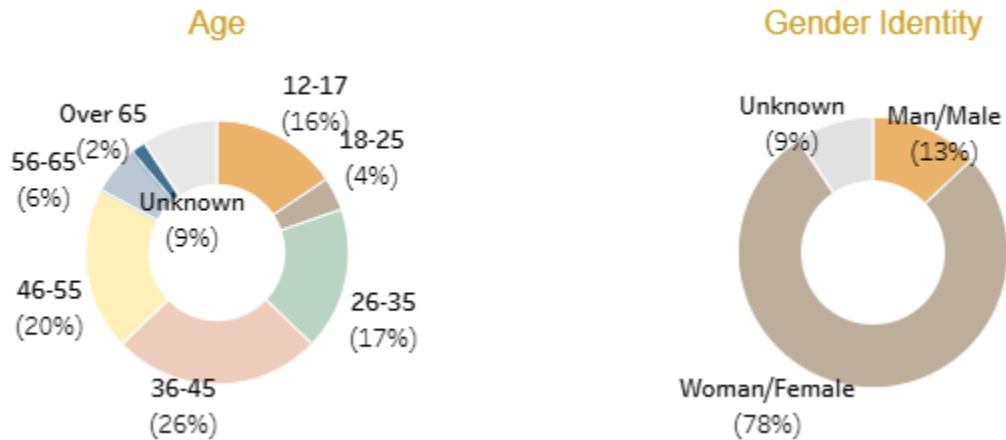
Figure 5. Previous Convivencia Experiences



Excluding those who did not specify their race or ethnicity, 93% of respondents identified as Latino, Hispanic, or Spanish, with the majority (68%) specifically identifying as Mexican, Mexican American, or Chicano/a/e. Participants represented a wide range of ages, spanning teenagers to adults over 65, with relatively even distribution across age groups. The majority of participants were female (78%), consistent with broader community engagement patterns in health and wellness programs.

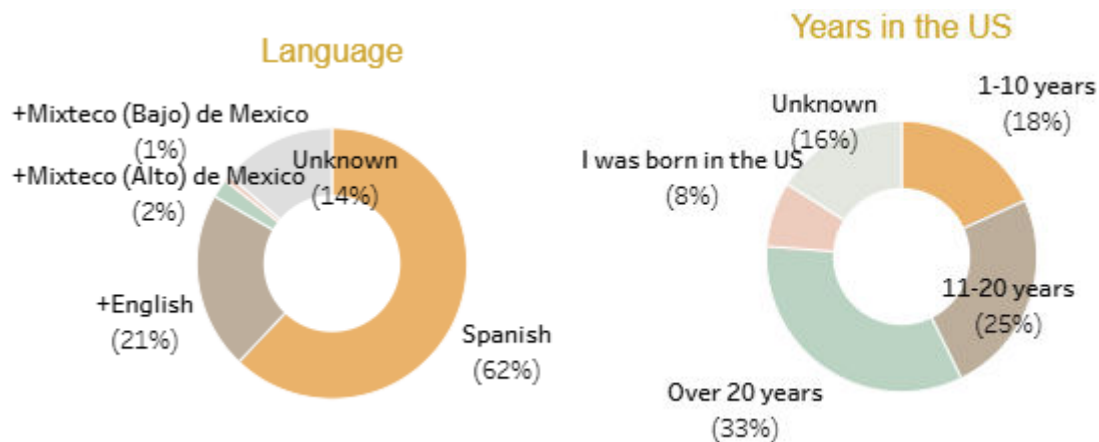
Figure 6. Demographic Profiles of Community Convivencia Participants





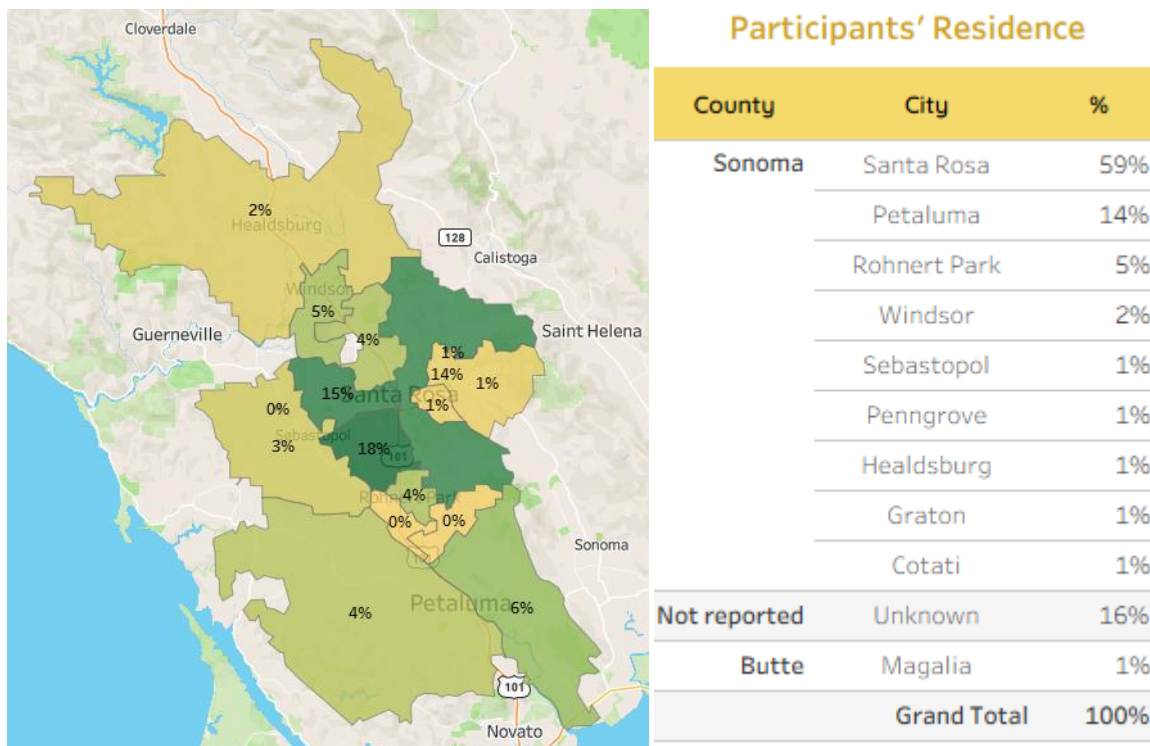
In terms of language use, 62% of participants were monolingual Spanish speakers, while 21% reported being bilingual in English and Spanish, underscoring **the importance of offering programming fully in Spanish**. Regarding residency, approximately one-third of participants had lived in the United States for more than 20 years, whereas 18% were recent immigrants, having resided in the country for less than 10 years.

Figure 7. Acculturation of Community Convivencia Participants



The participants came from different parts of the county. More than half of the participants were from Santa Rosa (59%), followed by Petaluma (14%) and Rohnert Park (5%).

Figure 8. Residence of Community Convivencia Participants



Together, these findings indicate that Community Convivencias are effectively reaching their intended population—predominantly Spanish-speaking Latinx residents across varying levels of acculturation—and continue to serve as a culturally and linguistically accessible space for community connection and mental health engagement.

## Participant Satisfaction

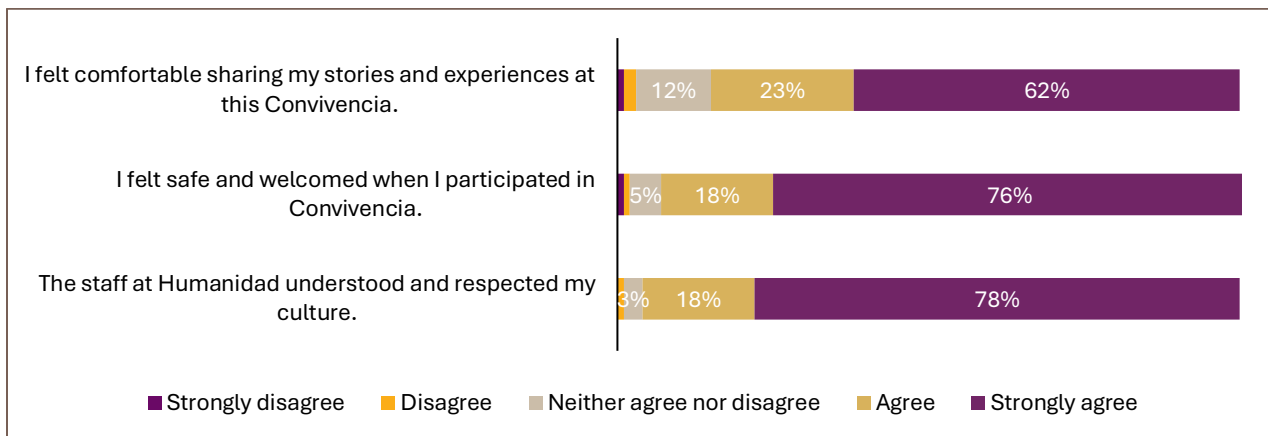
**Evaluation Question: To what extent are participants satisfied with the program content, structure, and facilitation?**

Overall participant satisfaction with the Community Convivencia program was exceptionally high. On a 10-point scale, participants reported an average rating of 9.3 for overall enjoyment of the event, 8.8 for likelihood of participating in future Humanidad services, and 9.7 for willingness to recommend the Convivencia to others. Nearly all respondents expressed strong agreement that Humanidad staff understood and respected their culture (78% strongly agree; 18% agree) and that they felt safe and welcomed during the Convivencia (76% strongly agree; 18% agree). A majority also felt comfortable sharing their stories and experiences (62% strongly agree; 23% agree).

Figure 9. Participant Satisfaction with Community Convivencia



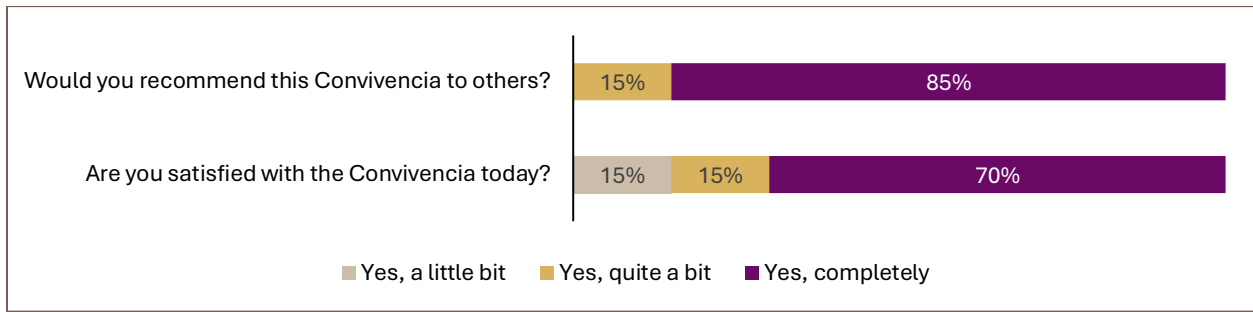
Figure 10. Adult Participants' Experiences in Community Convivencia



Youth participants reported high levels of satisfaction with the Community Convivencia sessions as well. A majority (70%) indicated they were “completely satisfied” with their experience, while another 15% reported being “quite a bit satisfied,” and an additional 15% said they were “a little bit satisfied.” When asked whether they would recommend the Convivencia to others, nearly all participants responded positively, with 85% saying “yes, completely” and the remaining 15% saying “yes, quite a bit.” These findings suggest that youth experienced the program as both enjoyable and meaningful, perceiving it as a supportive space to connect with peers, reflect, and engage in culturally grounded discussions about well-being.

These results demonstrate that participants experienced the program as culturally respectful, inclusive, and emotionally safe—key indicators of program quality and alignment with the Convivencia model’s core values of *familismo*, *respeto*, and *personalismo*.

Figure 11. Youth Participants' Satisfaction with Community Convivencia

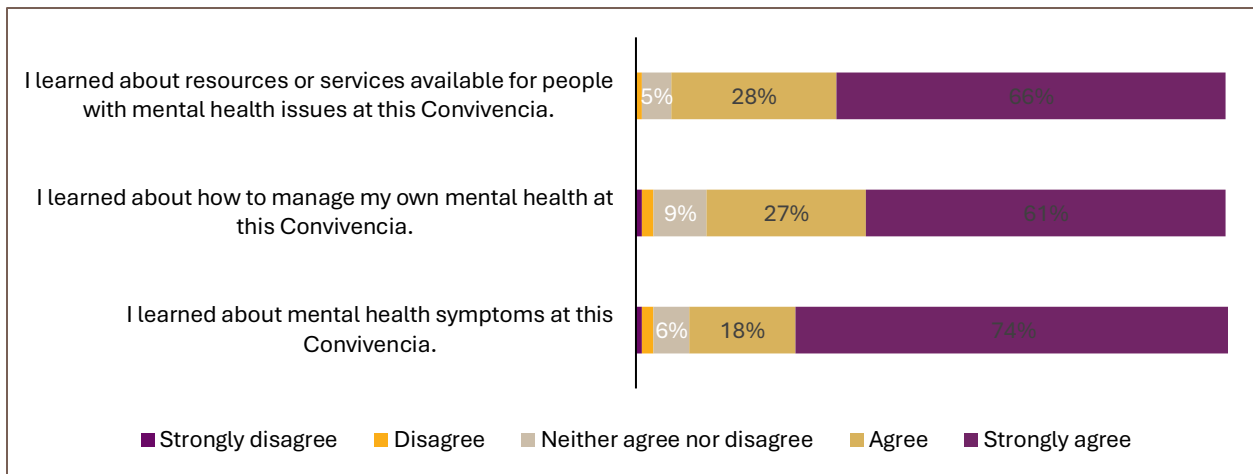


## Outcomes

### Evaluation Question: To what extent does participation in Community Convivencia increase knowledge and understanding of mental health?

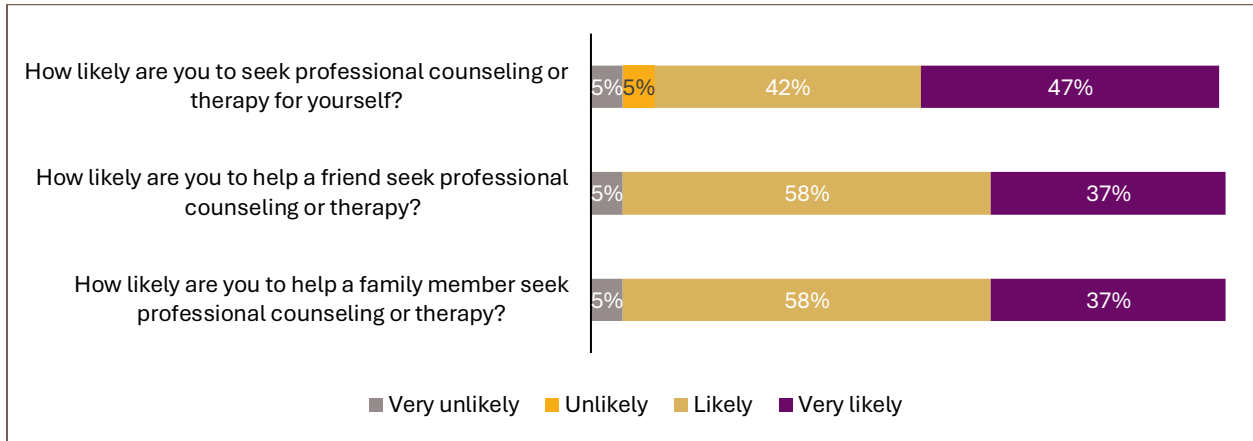
Results indicate strong gains in participants' mental health knowledge and awareness following participation in the Community Convivencia program. Nearly all respondents reported learning something new about mental health, with 73% stating they "completely learned" about mental health symptoms and another 18% indicating they learned "quite a bit." Similarly, 61% of participants reported a complete understanding of how to manage their own mental health, while another 27% reported substantial learning in this area. Awareness of local resources and services for individuals with mental health needs also increased, with 66% reporting complete learning and 27% partial learning.

Figure 12. Community Convivencia Outcomes: Knowledge



Among youth participants, findings suggest a positive shift in openness toward professional mental health support. Nearly all youth indicated they would be likely to encourage others to seek counseling, with 95% reporting they would help a friend or family member access professional services. Furthermore, 89% of youth expressed willingness to seek professional counseling or therapy for themselves if needed.

Figure 13. Community Convivencia Outcomes: Youths' Behavioral Changes



These results suggest that both adult and youth Convivencia participants gained meaningful knowledge about mental health and developed more positive attitudes toward help-seeking—key outcomes aligned with the program’s goal of reducing stigma and improving access to culturally and linguistically responsive mental health resources.

*“Aprendí sobre como soltar lo que trae uno de la familia. También me gusto porque se expresa uno y nadie juzga ni se burla.*

*[I learned about how to let go of what one brings from the family. I also liked it because one expresses oneself and no one judges or makes fun of it.]”*

## Youth Group Convivencia

### Demographics

**Evaluation Question: To what extent is Group Convivencia engaging its intended target population of newcomer Latinx youth?**

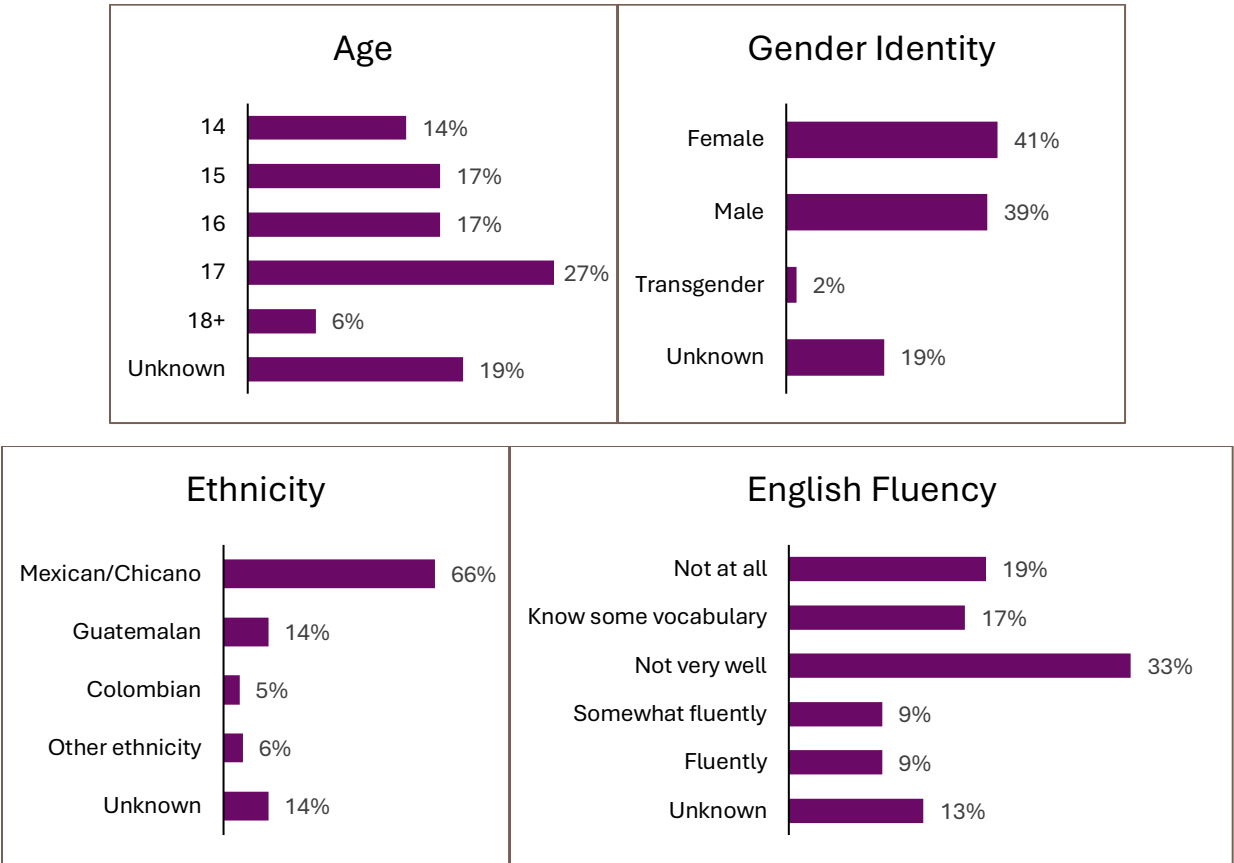
Among the 73 students who participated in Group Convivencia, 64 completed at least one survey. Demographic findings indicate that the program is effectively engaging its intended population of newcomer Latinx youth, particularly recent immigrants from Mexico and Central America. The majority of participants identified as Mexican or Chicano (66%), followed by Guatemalan (14%) and Colombian (5%) backgrounds, with a small proportion identifying as other ethnicities such as Salvadoran, Ecuadorian, African American, or White (6%).

Participants represented a diverse range of ages, primarily between 14 and 17 years old, with 27% aged 17 and 17% each aged 15 or 16, reflecting the program’s focus on high-school-aged youth. In terms of gender identity, participants were almost evenly split between female (41%) and male (39%), with a small percentage identifying as transgender (2%) and 19% not reporting gender. In terms of sexuality, 64% chose heterosexual while 14% did not report and 23% identified LGBTQ+.



Language data highlight the program’s success in reaching students with limited English proficiency—69% reported speaking little or no English, including 19% who spoke no English at all and 33% who spoke “not very well.” This linguistic profile confirms that the program is engaging primarily Spanish-dominant and recently arrived youth, consistent with its goal of supporting newcomer Latinx students through culturally and linguistically responsive programming.

Figure 14. Demographic Profiles of Youth Group Convivencia Participants



*Note. Participants were allowed to select multiple categories. Other ethnicity included African American, Salvadoran, Ecuadorian, and White.*



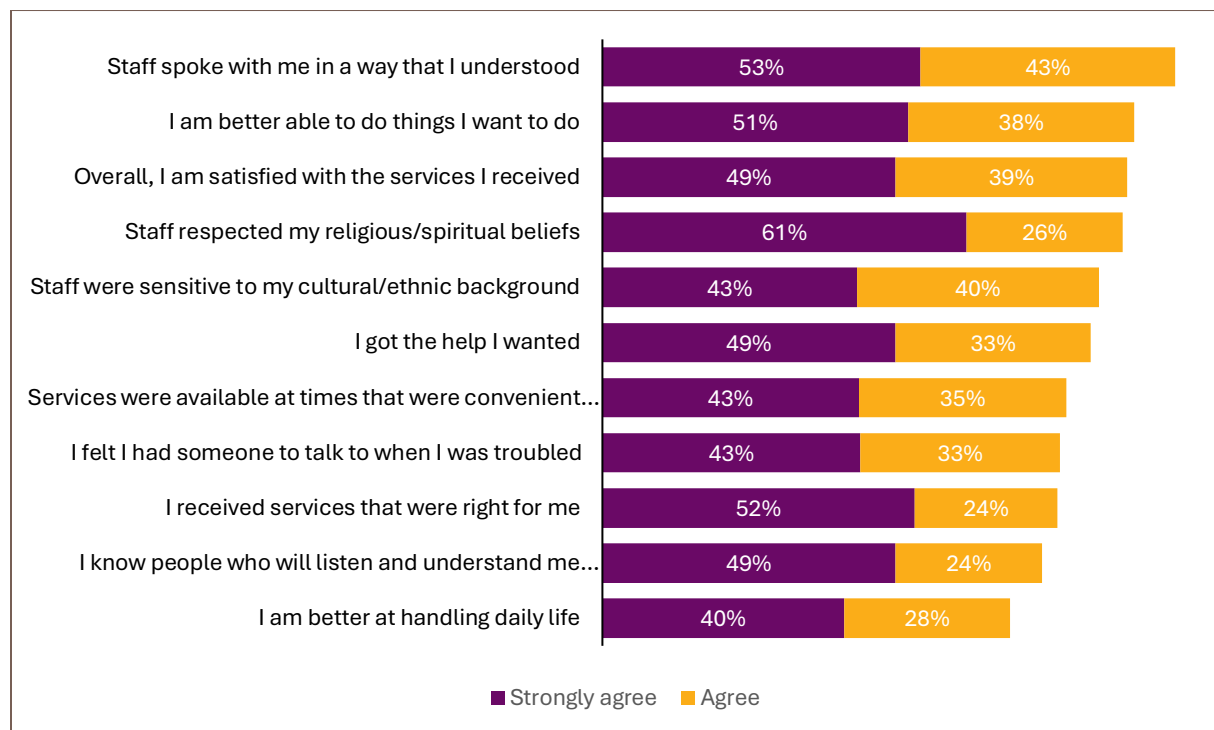
## Participant Satisfaction

**Evaluation Question: To what extent are participants satisfied with the program content, facilitation, and group experience?**

Overall, Group Convivencia participants expressed high levels of satisfaction with the program’s content, structure, and facilitation. A majority of respondents either strongly agreed or agreed with nearly all satisfaction statements, reflecting a consistently positive experience. Participants strongly affirmed that staff spoke with them in a way they understood (96% strongly agree & agree), respected their religious or spiritual beliefs (87% strongly agree & agree), and were sensitive to their cultural/ethnic background (83% strongly agree & agree)—evidence that facilitators communicated effectively and provided culturally respectful care. In addition, most were satisfied with the services (88%) and felt that they got the help they wanted (82%). Interestingly, nearly all (89%) agreed that they were better able to do the things they wanted to do, suggesting tangible benefits in self-efficacy and daily functioning, while smaller proportions (68%) said they were better at handling daily life.

Taken together, these results demonstrate that participants viewed the Convivencia program as accessible, culturally responsive, and personally beneficial, underscoring the program’s strength in creating safe, affirming spaces for Latinx youth to engage in mental health support.

Figure 15. Satisfaction with Youth Group Convivencia (n=44-49)



In the focus-groups, youth participants were asked what they *liked* about the program. The top three themes are shown in the table below. The themes are deeply interconnected and create a reinforcing cycle: when youth feel safe, they become more willing to connect with others, which leads to deeper relationships that make them more open to learning, ultimately enhancing their ability to create safety for others.

Table 2. What Youth Group Convivencia Participants Liked

| Liked...                            | Spring 2024<br>(n=15) | Fall 2024<br>(n=15) | Spring 2025<br>(n=17) | Total #<br>(n=47) | Total % |
|-------------------------------------|-----------------------|---------------------|-----------------------|-------------------|---------|
| Safe supportive atmosphere          | 8                     | 3                   | 4                     | 15                | 32%     |
| Building relationships with peers   | 4                     | 2                   | 8                     | 14                | 30%     |
| Learning about mental health topics | 2                     | 8                   | 4                     | 14                | 30%     |

*“Para mí, comunicaba con nuevas personas, como, por ejemplo, casi no hablaba con [Amigo]. Me da más confianza. Me siento más cómodo con otros compañeros de clase, cuando antes era una persona tímida.”*

[For me, it was communicating with new people, like for example, I hardly talked to [Friend] before. It gives me more confidence. I feel more comfortable with other classmates, when before I was a shy person.]

## Outcomes

### Cultural Indicators

**Evaluation Question: To what extent does Group Convivencia address participants’ cultural, linguistic, and contextual needs?**

Pre- and post-program data from a total of 43 pre-post matched participants provide some evidence that Group Convivencia fosters cultural connectedness and strengthens protective cultural factors among participants. Participants showed statistically significant improvements across multiple dimensions of cultural well-being.

Figure 16. Cultural Indicators Summary



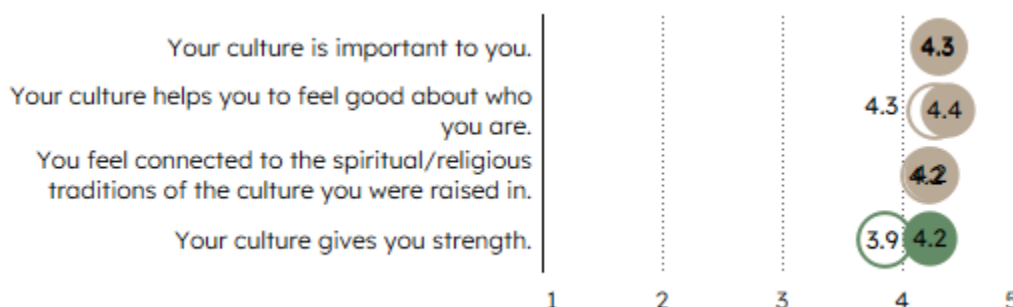
N=41-43. ○ Pre ● Post | 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree  
Green bubbles indicate that the difference between pre and post was statistically significant.

### Cultural Connectedness

On average, the participants overall showed strong sense of cultural connectedness at both pre and post with the averages between 4 (agree) and 5 (strongly agree). One statement that was slightly lower

than the others, “Your culture gives you strength,” significantly went up from 3.9 to 4.2, while the other statements did not change much.

Figure 17. Changes in Cultural Connectedness



N=40-42. ○ Pre ● Post | 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree  
Green bubbles indicate that the difference between pre and post was statistically significant.

When asked in focus groups whether they felt their culture was included and respected during the program, youth across both cohorts responded affirmatively. Nearly all participants nodded in agreement, with one stating: *“Sí, este tema era muy respetado y hablamos de ello. Dicen que hay que seguir con la cultura para transmitirla a los niños, transmitirla generacionalmente más que nada”* [Yes, our culture was very respected, and we talked about it. They say that we must continue with the culture to pass it on to the children, to transmit it generationally more than anything].

The significance of this cultural safety was particularly evident in comments about acceptance across diverse national origins. One student shared: *“Nunca nos hicieron como el feo por ser de otro país. Por lo menos ellas eran de México y no nos menospreciaron por ser de Colombia o de Guatemala.”* [We were never looked down upon for being from another country. At least they were from Mexico, and they didn't look down on us for being from Colombia or Guatemala]. These responses demonstrate that facilitators successfully honored and integrated participants' diverse cultural identities, creating a space where youth felt seen and respected regardless of their country of origin. This also highlights the absence of intra-Latinx discrimination and hierarchies based on country of origin and emphasizes the positive experience of being accepted despite cultural differences. In focus groups, therapists shared that they aimed to be as empathetic as possible by opening up about their own experiences with their Mexican or Salvadoran identity and culture.

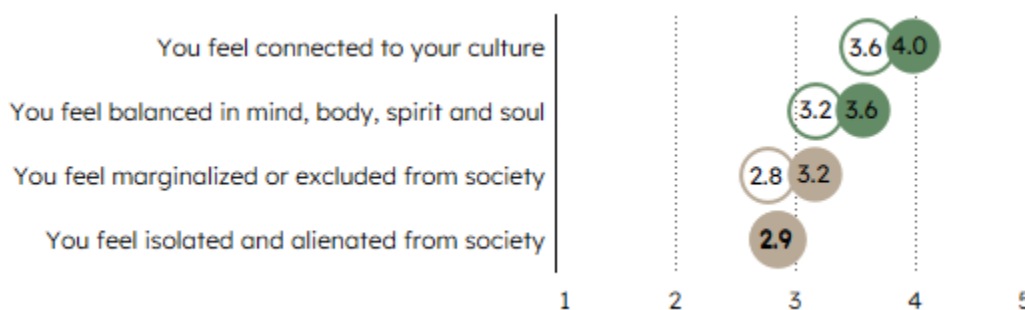
*“Nos preguntaron de donde éramos y sobre nuestras culturas”*

[They asked us where we were from and about our cultures].

### Cultural Protective & Risk Factors

Youth felt more often connected to their culture and felt balanced overall after the program, with the averages significantly increasing by 0.4 each. Scores on Cultural Risk Factors were moderate, but feeling more marginalized from the society at the end of the program, whereas feeling isolated remained stable. The youth themselves did not mention feelings of exclusion or isolation during the focus groups, but the therapists highlighted this issue. One of the therapists shared, *“There were undertones of anger, fear, and numbness among the group. Many feel isolated, shut out, or left out, as if they're outsiders or not cared about. Their limited ability to learn English quickly often leaves them feeling judged by others.”*

Figure 18. Changes in Cultural Protective & Risk Factors



N=39-41. ○ Pre ● Post | 1=none, 2=a little, 3=some, 4=most, 5=all (of the time)  
Green bubbles indicate that the difference between pre and post was statistically significant.

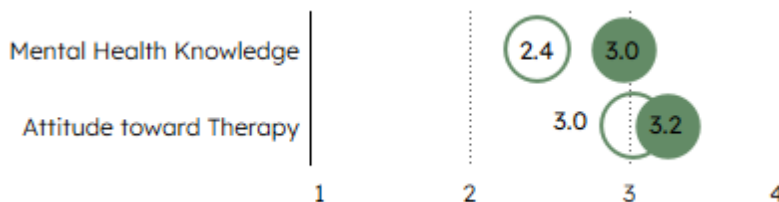
Overall, these patterns demonstrate that Group Convivencia provides a culturally affirming environment where participants' linguistic and spiritual identities are respected and reinforced. The findings further highlight how culturally rooted facilitation—in Spanish, through shared cultural values and dialogue—enhances participants' sense of belonging and resilience, directly addressing their cultural and contextual needs.

## Mental Health Indicators

**Evaluation Question: To what extent does participation in Group Convivencia reduce stigma and encourage help-seeking behavior related to mental health?**

Findings show that participation in Group Convivencia was associated with significant improvements in both mental health knowledge and attitudes toward therapy, suggesting reduced stigma and increased openness to seeking professional help. On average, mental health knowledge scores increased from 2.4 to 3.0 (on a 4-point scale). Similarly, attitudes toward therapy improved from 3.0 to 3.2, showing a statistically significant increase. Overall, the data suggest that Group Convivencia successfully reduces stigma and promotes a positive orientation toward mental health services by fostering culturally grounded discussions, building trust, and creating a safe space for participants to explore and express their experiences related to mental well-being.

Figure 19. Mental Health Indicators Summary

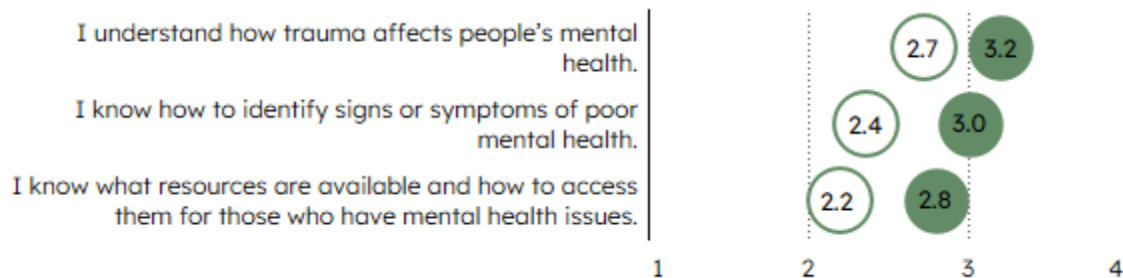


N=42-43. ○ Pre ● Post | 1=no, not at all, 2=yes, somewhat, 3=yes, mostly, 4=yes, definitely  
Green bubbles indicate that the difference between pre and post was statistically significant.

## Mental Health Knowledge

On average, mental health knowledge scores increased for all three items, reflecting stronger understanding of how trauma affects mental health, how to recognize signs and symptoms of poor mental health, and where to access available resources. Each of these items demonstrated statistically significant gains, indicating that participants left the program with greater confidence and literacy around mental health topics.

Figure 20. Changes in Mental Health Knowledge



N=41-43. ○ Pre ● Post | 1=no, not at all, 2=yes, somewhat, 3=yes, mostly, 4=yes, definitely  
Green bubbles indicate that the difference between pre and post was statistically significant.

When asked what they learned from Group Convivencia, youth participants identified multiple takeaways. The data shows the program consistently delivers on emotional regulation skills (62%) and stress management (36%), while relational (communication and empathy) and self-concept learnings (resilience and self-acceptance) showed more variation across cohorts.

| Learned...                              | Spring 2024<br>(n=15) | Fall 2024<br>(n=15) | Spring 2025<br>(n=17) | Total #<br>(n=47) | Total % |
|---|-----------------------|---------------------|-----------------------|-------------------|---------|
| Emotional awareness and regulation      | 9                     | 12                  | 8                     | 29                | 62%     |
| Stress management and coping            | 4                     | 9                   | 4                     | 17                | 36%     |
| Empathy and compassion for others       | 0                     | 0                   | 10                    | 10                | 21%     |
| Communication skills                    | 2                     | 6                   | 0                     | 8                 | 17%     |
| Personal resilience and self-acceptance | 1                     | 2                   | 4                     | 7                 | 15%     |

*“Aprendí que está bien tener problemas y que aunque uno no lo crea muchos también sufren en diferentes niveles.”*

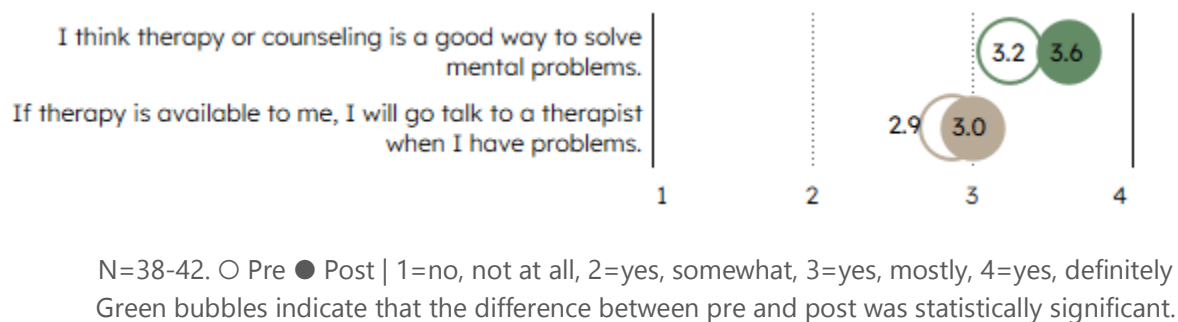
[I learned that it's okay to have problems and that even though one might not believe it, many others also suffer at different levels.]



## Attitudes toward Therapy

Youth participants showed significant increases in viewing therapy positively ("I think therapy or counseling is a good way to solve mental problems"), reflecting meaningful progress in stigma reduction. However, their personal willingness to seek therapy remained largely unchanged. This discrepancy—easier to endorse therapy for others than for oneself—points to persistent barriers around personal help-seeking that may require additional focus on building self-advocacy and addressing internalized stigma.

Figure 21. Changes in Attitudes toward Therapy



Focus group discussions explored youth attitudes toward personal help-seeking through two related questions. When focus group participants were asked, "What do you think about therapy now that you have gone through an 8-week group? Have your thoughts changed or stayed the same?" the vast majority (83%) expressed positive changes in their attitudes toward therapy, demonstrating meaningful progress in reducing stigma.



*"A mí me hizo cambiar mi pensamiento. Porque yo pensaba que la terapia era para gente que se sentía triste y amargada, nada más. Y ahorita siento que no, siento que me gusto."*

[It made me change my thinking. Because I used to think that therapy was only for people who felt sad and bitter. And now I feel that's not the case, I feel like I liked it.]

However, when asked whether they would consider seeking therapy themselves if facing a mental health challenge in the future, the reluctance to respond was striking—only a few participants were willing to answer. This hesitation suggests the topic remains sensitive despite increased acceptance of therapy in general, reflecting a gap between endorsing services conceptually and accessing them personally.

Among those who did respond, several minimized their own struggles, saying they didn't think their problems were "that bad." A student stated, "*No podríamos ir a terapia*" [We can't go to therapy], without elaborating further. Three youth explicitly identified persistent barriers including stigma and cost. Another student shared a particularly painful experience: "*La vergüenza. Me pasó que fui, y lo*



*primero que me dijeron fue 'Conozco a tu familia. Debes estar bien'. Y no volví* [The shame. I went and the first thing they told me was 'I know your family. You must be fine.' And I didn't go back]. Another student articulated fear of the therapist as a barrier.

These responses highlight the complexity of attitude change: while youth increasingly view therapy positively in principle, persistent barriers—including fear of judgment, minimization of one's own needs, past negative experiences, and practical or cultural obstacles—continue to inhibit personal help-seeking.

*"Creo que para mí, toda esa presión y el miedo al terapeuta. Es como que me da miedo. Creo que eso es un obstáculo serio para mí"*

[I think for me, all that pressure and the fear of the therapist. I'm scared. I think that's a serious obstacle for me].

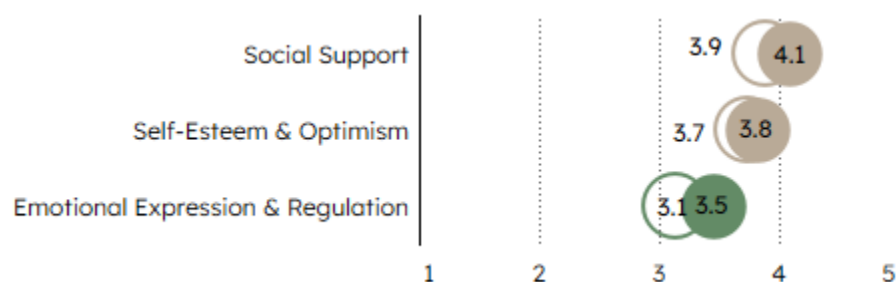


## Psychosocial Outcomes

**Evaluation Question: To what extent does Group Convivencia contribute to improvements in psychosocial outcomes and mental health symptoms?**

Participants experienced significant improvements in psychosocial well-being following Group Convivencia, particularly in emotional expression and regulation (average scores increased from 3.1 to 3.5).

Figure 22. Psychosocial Outcomes Summary



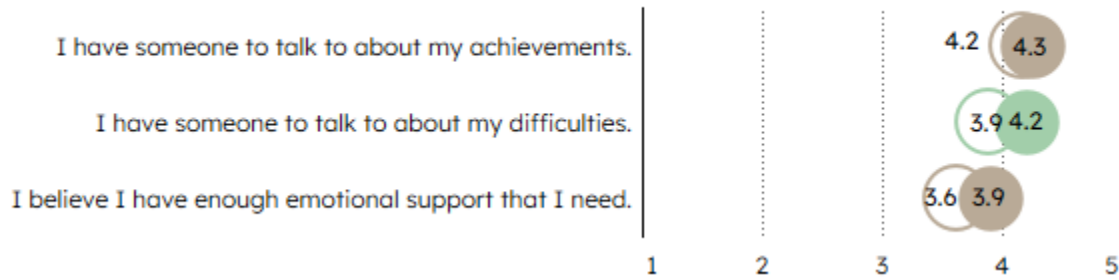
N=42-44. ○ Pre ● Post | 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree  
Green bubbles indicate that the difference between pre and post was statistically significant.

## Social Support

They also reported small but meaningful gains in perceived social support, particularly in having someone to talk to about their difficulties and having enough emotional support.



### Social Support

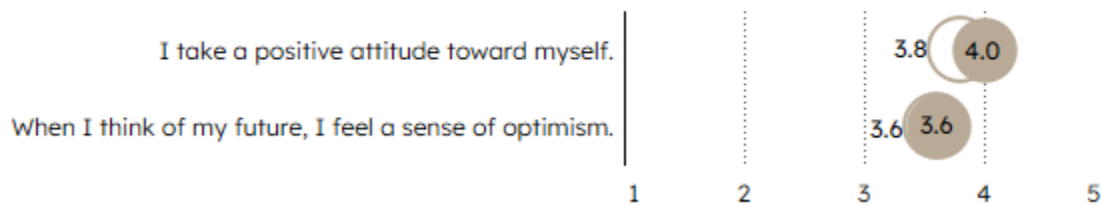


N=42-44. ○ Pre ● Post | 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree  
Light green bubbles indicate that the difference between pre and post was marginally significant.

### Self-Esteem and Optimism

Surprisingly, the changes in self-esteem and optimism were minimal and were not significant.

#### Self-Esteem and Optimism

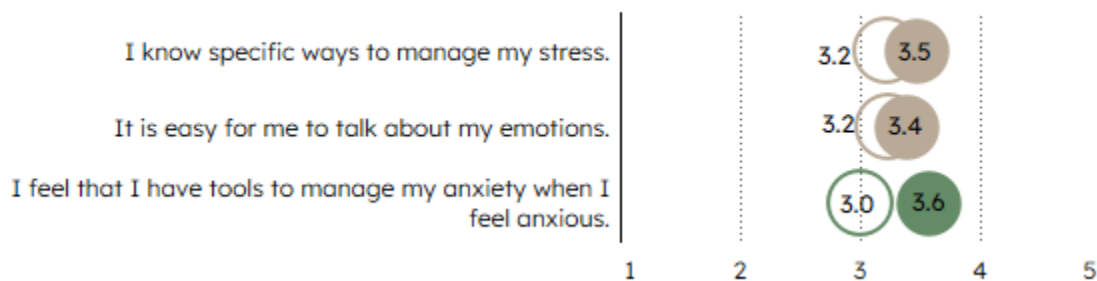


N=42-44. ○ Pre ● Post | 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree.

### Emotional Expression and Regulation

While all three items showed small improvements, the most notable gain was in having tools to manage anxiety. Collectively, these findings suggest that the short-term group counseling program meaningfully enhances participants' emotional regulation and support networks, providing protective psychosocial benefits for newcomer Latinx youth.

#### Emotional Expression and Regulation



N=42-44. ○ Pre ● Post | 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree  
Green bubbles indicate that the difference between pre and post was statistically significant.

*“Pues, podemos expresarnos bien. Aprender a expresar nuestras emociones sin juzgarlas y más que manejarlas.”*

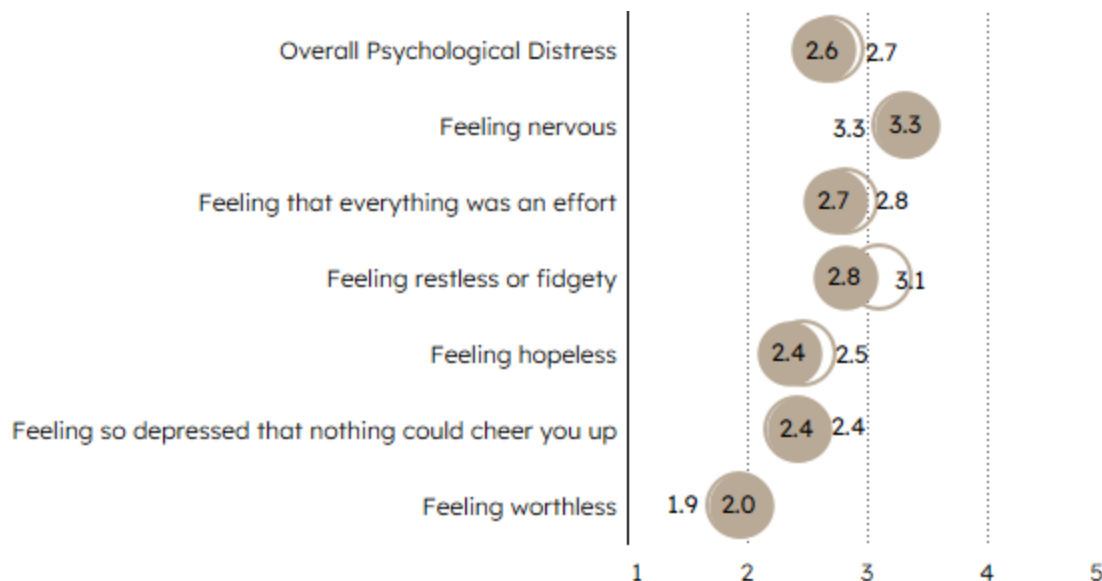
[We were really able to express ourselves. We learned to express our emotions without judging them, rather than just managing them.]



## Psychological Distress

Measures of psychological distress (e.g., feeling nervous, hopeless, or worthless) remained relatively stable, with slight, non-significant decreases across most items.

Figure 23. Changes in Psychological Distress



N=38-42. ○ Pre ● Post | 1=none, 2=a little, 3=some, 4=most, 5=all (of the time)

Green bubbles indicate that the difference between pre and post was statistically significant.

Therapists reported that participants began disclosing psychological distress as the program progressed. By the second half of the intervention, youth opened up about struggles with depression, suicidal ideation, anxiety, parental disconnect, culture shock, isolation, and disillusionment with the U.S. and the "American Dream. One therapist recalled one student saying, *"Life would be better back at my house in Mexico, because at least there's stuff to do there. There's nothing to do here."* The group discussed how life in the U.S. often feels restrictive, unsafe, and far from what they were told to expect, leading to depression and anxiety. The depth of this disillusionment became starkly evident in Spring 2025 when one youth self-deported back to Mexico halfway through the program, prompting the therapist to dedicate significant time helping remaining participants process the loss and their own complex feelings about staying or leaving.

In the focus groups, youth shared how they learned techniques and adaptive coping skills to manage distress. A common theme emerged around transforming potentially negative experiences—boredom, stress, difficult situations—into more manageable or even positive ones. One participant explained: *"Aprendí que lo que hacíamos primero nos ayudaba a relajarnos y quitar el estrés, así ya no estábamos aburridos ni estresados"* [I learned that what we did at the beginning helped us relax and relieve stress, so we weren't bored or stressed anymore].



## Discussion and Conclusion

### Discussion

#### Community Convivencia

Community Convivencia demonstrates strong success in creating culturally affirming spaces that engage Spanish-speaking Latinx residents across Sonoma County in meaningful mental health education and connection. With exceptionally high satisfaction ratings—including a 9.7 average for willingness to recommend the program to others—participants clearly view these gatherings as safe, respectful, and valuable. The demographic data confirms the program is effectively reaching its intended population, including both long-term residents and recent immigrants, monolingual Spanish speakers and bilingual participants, and individuals spanning multiple generations.

Perhaps most significantly, Community Convivencia achieves its core goal of reducing stigma and increasing mental health literacy. Nearly all participants reported learning something new about mental health symptoms, self-care strategies, and available resources. Among youth, 89% expressed willingness to seek professional counseling for themselves if needed—a powerful indicator of shifting attitudes toward help-seeking. The combination of cultural safety, educational content, and community connection positions Community Convivencia as an effective entry point for mental health engagement among Latinx families who might otherwise face barriers to accessing traditional services.

As a complement to Humanidad's clinical programming, **Community Convivencia serves a vital prevention and early intervention role, normalizing mental health conversations within trusted community settings and building pathways to more intensive support when needed.** The program's success in attracting both first-time and returning participants suggests it has become a valued ongoing resource that strengthens community resilience and well-being.

#### Youth Group Convivencia

The evaluation of Group Convivencia reveals a culturally responsive intervention that successfully engages newcomer Latinx youth and delivers meaningful improvements in mental health literacy, emotional regulation, and cultural connectedness. The program's strengths lie in its ability to create culturally safe spaces where youth feel respected and understood, while also highlighting challenges around personal help-seeking that warrant continued attention.

## **Engaging the Target Population**

Group Convivencia effectively reached its intended audience of newcomer Latinx youth, with 69% of participants reporting limited or no English proficiency and the majority identifying as recent immigrants from Mexico and Central America. This linguistic and cultural profile confirms the program's success in serving Spanish-dominant youth who might otherwise lack access to mental health services. The demographic diversity—including youth from Mexico, Guatemala, Colombia, and other Latin American countries, as well as LGBTQ+ identified youth (23%)—underscores the program's inclusive reach within the broader Latinx community.

## **Creating Culturally Affirming Spaces**

Perhaps the program's most significant achievement is its ability to foster genuine cultural safety and belonging. Participants consistently reported feeling that their culture was respected and integrated throughout the program, with one youth emphasizing the importance of cultural transmission across generations. Critically, youth from diverse national backgrounds felt equally valued—a powerful finding given that intra-Latinx discrimination and hierarchies can be overlooked in discussions of cultural responsiveness. The therapists shared cultural and linguistic identity (bilingual-bicultural therapists) proved essential in building trust and creating an environment where youth could authentically engage.

Quantitative data support these qualitative impressions: participants reported significant increases in feeling that their culture gives them strength and in feeling connected to and balanced with their culture. These gains suggest that Group Convivencia does more than simply accommodate cultural identity—it actively reinforces it as a source of resilience and pride.

## **Building Mental Health Literacy and Reducing Stigma**

Group Convivencia demonstrated clear success in improving mental health knowledge and reducing stigma around mental health services conceptually. Participants showed statistically significant gains in understanding how trauma affects mental health, recognizing signs and symptoms of mental health challenges, and knowing where to access resources. An impressive 83% reported that their attitudes toward therapy had changed positively after completing the program.

However, a critical gap emerged between conceptual acceptance and personal willingness to seek help. While youth increasingly endorsed therapy as valuable for others, they remained hesitant to commit to seeking it for themselves. This pattern—reflected in both survey data and the striking reluctance to respond to direct questions about personal help-seeking—reveals the complexity of stigma reduction. Youth minimized their own struggles ("my problems aren't that bad"), expressed fear of therapists, cited shame and past negative experiences, and mentioned practical barriers like cost.

This finding highlights an important developmental and cultural reality: adolescents may intellectually accept mental health support while still struggling with internalized stigma, fear of judgment, or concerns about appearing "crazy" or burdensome to their families. For newcomer youth navigating immigration stress and cultural adjustment, these barriers may be compounded by concerns about family privacy, fear of involving institutions or systems, or beliefs about self-reliance. The program successfully shifted attitudes but did not yet fully dismantle the personal and structural barriers to action.

## Developing Emotional Skills and Peer Support

Group Convivencia consistently delivered on its core objectives of **teaching emotional regulation and stress management skills**, with 62% and 36% of youth respectively identifying these as key learnings. Quantitative data confirmed these gains, showing significant improvements in emotional expression and regulation, particularly in having tools to manage anxiety. Youth articulated learning to transform negative experiences into manageable ones—a cognitive reframing skill central to resilience.

Equally important were the relational benefits. Youth valued the safe, supportive atmosphere (32%) and the opportunity to build relationships with peers (30%) almost as much as the content itself. Small but meaningful improvements in perceived social support—particularly having someone to talk to about difficulties—suggest that the group format provided not just skills but also connection. For isolated newcomer youth, this peer support may be as therapeutically significant as the structured curriculum.

Interestingly, the specific learnings varied across cohorts, with communication skills peaking in Fall 2024 and empathy emerging strongly in Spring 2025. This variation may reflect different group dynamics, facilitator emphasis, or cohort needs, and suggests that the program adapts responsively to participant contexts rather than delivering a rigid curriculum.

## Confronting Hidden Struggles

While measures of psychological distress remained relatively stable—showing neither significant improvement nor deterioration—therapist observations and late-session disclosures paint a more complex picture. Youth are carrying profound struggles: depression, suicidal ideation, anxiety, parental disconnect, culture shock, isolation, and disillusionment with the realities of life in the United States. The poignant statement, *"Life would be better back at my house in Mexico, because at least there's stuff to do there,"* captures the alienation and disappointment many feel.

The fact that these disclosures emerged primarily in the final session—and were largely absent from focus groups—suggests that trust builds slowly and that youth may not feel safe sharing their deepest struggles even in spaces designed for vulnerability. It also raises questions about whether eight weeks is sufficient for youth dealing with such significant challenges to experience measurable symptom reduction. The stable distress scores may reflect that meaningful symptom reduction requires more time, the severity of stressors youth face, or the need for more intensive or longer-term support for some participants.

While Group Convivencia successfully created internal cultural safety, it could not change the external reality of discrimination, linguistic barriers, and social exclusion that youth face daily. Their feeling of marginalization increased slightly. As one therapist observed, youth often feel *"isolated, shut out, or left out, as if they're outsiders,"* particularly when their limited English proficiency leads to judgment from others. The program cannot insulate youth from these broader structural inequities, though it may equip them to cope more effectively.

## Limitations

**Community Convivencia:** These findings should be interpreted within the context of several methodological considerations. First, participants who attend Community Convivencia are self-selected individuals already motivated to engage with mental health topics, meaning the results reflect the experiences of those who chose to participate rather than the broader community, including those who face barriers to attendance. Second, satisfaction data collected immediately following events may be subject to social desirability bias, with participants potentially providing more positive feedback due to the welcoming atmosphere or gratitude toward facilitators. Third, while participants reported feeling they learned about mental health topics, the evaluation relied on self-reported perceptions of learning rather than pre-post knowledge assessments, making it difficult to confirm actual knowledge gains or retention over time. Finally, the surveys capture immediate reactions but do not include follow-up data to determine whether increased willingness to seek help translates into actual help-seeking behaviors or whether knowledge gains are sustained beyond the event itself.

**Absence of a Comparison Group for Youth Group Convivencia:** This evaluation utilized a pre-post design without a comparison or control group, which limits our ability to definitively attribute observed changes to Group Convivencia. While repeated measurement of psychological factors provides some rigor, we cannot rule out alternative explanations for the outcomes, including maturation, regression to the mean, or external events.

**Influence of External Political and Institutional Context:** The intervention was implemented during a period of significant political upheaval and shifting immigration policies that increased distress and fear among immigrant communities nationwide. Additionally, in early 2023, Montgomery High School—one of the two program sites—experienced a fatal stabbing incident on campus during the initial phase of implementing Youth Group Convivencia. Later in 2024 and continuing into 2025, Santa Rosa City Schools district faced contentious deliberations regarding potential school closures due to a significant budget deficit. Montgomery High School faced possible closure during these discussions, creating an atmosphere of uncertainty and concern among students and staff. In early 2025, the school community experienced additional trauma when a student died from a fentanyl overdose. Although Montgomery ultimately remained open, the trauma of campus violence, the student overdose death, and the prolonged threat of closure likely contributed to heightened stress experienced by program participants during this period.

These compounding external stressors—national immigration policy changes, campus violence, multiple student deaths, and local institutional instability—likely influenced participants' psychological well-being independent of program participation. **The stability of psychological distress measures—rather than the expected deterioration given this climate of fear, grief, and uncertainty—may actually reflect a protective effect of the program**, but without a comparison group experiencing the same external conditions, we cannot confirm this interpretation. Similarly, lack of change in optimism or increases in feelings of marginalization may reflect realistic responses to hostile policy environments, repeated community trauma, and the threat of school closure rather than program shortcomings. The timing of these external stressors may have counteracted some of the intervention's potential benefits or made modest gains more difficult to detect.

## Key Takeaways and Next Steps

This evaluation's most significant finding is clear: both Community Convivencia and Youth Group Convivencia successfully engaged highly vulnerable immigrant populations in environments that reduced stigma and improved access to mental health care. The evidence is compelling. Nearly 40% of Community Convivencia participants returned across multiple sessions despite changing locations, demonstrating strong program appeal and participant satisfaction. Youth Convivencia addresses a critical gap by providing group counseling in participants' native Spanish, creating space for authentic expression that English-only services cannot offer. Despite an evolving curriculum, sustained requests from multiple schools reflect the program's ongoing relevance and impact. These outcomes position the Convivencia model as an effective Community-Defined Evidence Practice (CDEP)—a culturally responsive approach with strong potential for replication in communities seeking to support immigrant populations and advance mental health equity.

### Community Convivencia

The strong satisfaction and learning outcomes documented in this evaluation suggest several opportunities to deepen Community Convivencia's impact. First, while the program successfully engages participants across Sonoma County, geographic participation remains concentrated in Santa Rosa (59%), indicating potential for strategic expansion into underserved communities such as Cloverdale, Sonoma, and unincorporated areas. HTES has learned that effective expansion in these smaller communities requires partnering with locally trusted organizations—such as La Familia Sana, Healdsburg Corazón, and La Luz—whose established relationships can open doors where trust-building is essential.

Second, the predominantly female participation (78%) underscores both a service gap and a workforce challenge: the need to engage male community members while ensuring sufficient male bilingual-bicultural therapists to serve them. Addressing gender-specific barriers requires strategic adjustments to event timing, messaging, topics, and formats, as well as long-term investment in diversifying the therapist workforce. HTES is tackling both issues through recent pipeline-building initiatives, including the Maria Hess Mentorship program (launched August 2025) and Corazón y Mente, a collaboration with Líderes del Futuro. Encouragingly, Latino males enrolled in these programs are not only participating but thriving, suggesting these early-stage efforts may help close gender disparities in both mental health service utilization and workforce representation over time.

While the aforementioned efforts are in early stages, they represent strategic pathways for strengthening Community Convivencia's role as an accessible, countywide entry point for mental health education and support across the entire Latinx community.

### Youth Group Convivencia

**Considering Program Length and Intensity:** The emergence of deep disclosures in the final sessions of the intervention suggests youth need more time to build trust. Extending the program beyond eight weeks or offering graduated levels of support (introduction, continuation, alumni groups) might allow for deeper therapeutic work and sustained symptom reduction.



**Extending Support Beyond Stigma Reduction:** While changing attitudes is essential, converting those attitudes into help-seeking behavior requires additional scaffolding. Future iterations might include practical components like supporting youth with severe distress to schedule their first therapy appointment, connecting them with trusted Spanish-speaking providers, or explicitly addressing fear and shame through role-plays or testimonials from peers who have sought services.

**Addressing Structural Barriers:** Cost, access, and past negative experiences emerged as concrete obstacles for pursuing additional support. Enhanced partnerships with school counselors, clear information about confidentiality protections, and explicit assurances about non-discrimination could help bridge the attitude-behavior gap.

**Acknowledging Systemic Realities:** The stable or slightly increased feelings of marginalization point to the limits of clinical interventions in the face of structural inequity. Group Convivencia might complement individual skill-building with awareness of their strengths and resilience, helping youth name and resist systemic discrimination while connecting them to broader community supports and immigrant rights resources.

Building on these findings, HTES is taking concrete action to strengthen Youth Group Convivencia:

- Expanding the youth program from eight weeks to **ten weeks** to assess whether a longer intervention increases positive outcomes
- Extending the model to **additional high schools** across Sonoma County, particularly those serving large populations of Spanish speaking newcomer students
- Establishing **protocols for warm handoffs** when youth disclose severe distress during sessions, connecting them directly with the school counselor or Humanidad's bilingual therapists for ongoing individual support

As the model continues to demonstrate effectiveness with this vulnerable population, there is potential to share these culturally grounded practices more broadly through documentation and knowledge-sharing with other organizations serving newcomer Latinx youth.





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# Appendices

Note:. All instruments are in Spanish and attached as separate documents following this page.

**Appendix A. Community Convivencia Satisfaction Survey**

**Appendix B. Youth Group Convivencia Pre-Survey – Statewide and Local Combined**

**Appendix C. Youth Group Convivencia Post-Survey – Statewide and Local Combined**

**Appendix D. Youth Group Focus Group Guiding Questions**



## Encuesta de Satisfacción de Convivencia Comunitaria

¡Gracias por participar en la Convivencia Comunitaria hoy! Complete esta breve encuesta de salida para que podamos comprender su experiencia con nuestros servicios.

**1. ¿A cuántas Convivencias Comunitarias has asistido antes?**

- ☐ Ninguno, esta es mi primera vez.
- ☐ He asistido 1 o 2 veces antes.
- ☐ He asistido 3 o más veces antes.

**2. ¿Hasta qué punto disfrutaste la Convivencia Comunitaria hoy?**

| De nada               |                       |                       |                       |                       |                       |                       |                       |                       |                       | Completamente         |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |                       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**3. ¿Qué probabilidades hay de que participe en servicios futuros de Humanidad (por ejemplo, terapia individual, terapia de grupo)?**

| De nada               |                       |                       |                       |                       |                       |                       |                       |                       |                       | Completamente         |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |                       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**4. ¿Recomendarías la Convivencia Comunitaria a otros?**

| De nada               |                       |                       |                       |                       |                       |                       |                       |                       |                       | Completamente         |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |                       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**5. Por favor indique en qué medida está de acuerdo con cada afirmación sobre Convivencia.**

|   | Muy en<br>desacuerdo  | Desacuerdo            | Neutral               | De<br>acuerdo         | Totalmente<br>de acuerdo |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| Me sentí segura/o y bienvenida/o cuando participé en Convivencia.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |
| Me sentí cómoda compartiendo mis historias y experiencias en esta Convivencia.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |
| El personal de Humanidad entendió y respetó mi cultura.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |
| Aprendí sobre los síntomas de salud mental en esta Convivencia.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |
| Aprendí sobre recursos o servicios disponibles para personas con problemas de salud mental en esta Convivencia. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |
| Aprendí a manejar mi propia salud mental en esta Convivencia.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    |

6. ¿Cuál es su código postal? \_\_\_\_\_

7. ¿Cuál es tu edad?

- ☐ 12 - 17 años      ☐ 18 - 25 años      ☐ 26 - 35 años      ☐ 36 - 45 años  
☐ 46 - 55 años      ☐ 56 - 65 años      ☐ Más de 65 años

8. Cuando se trata de mi identidad de género, me considero como...

- ☐ Hombre/masculino      ☐ Mujer/femenino      ☐ Género/a no binaria      ☐ Otro: \_\_\_\_\_

9. ¿Cuál es su raza y origen étnico? Seleccione todas las que correspondan.

- ☐ Latino, hispano o español      ☐ Blanco      ☐ Asiático  
☐ Negro o afroamericano      ☐ Nativo de Hawái u otra isla del Pacífico  
☐ Indio americano o nativo de Alaska      ☐ Otra raza: \_\_\_\_\_

9a. Si elige latino, hispano o español, verifique su(s) origen(es) étnico(s).

- ☐ Mexicano, Mexicano Americano, Chicano/a/e      ☐ Centroamericano      ☐ Cubano  
☐ Indígena-mixteco, indígena-triqui, indígena-chatino u otra comunidad indígena  
☐ Puertorriqueño      ☐ Sudamericano      ☐ Origen español/europeo  
☐ Otra comunidad caribeña      ☐ Otro origen hispano, latino/e/x o español  
☐ No estoy seguro      ☐ Prefiero no indicarlo

10. ¿Qué idiomas hablas en casa?

- ☐ Inglés      ☐ Español      ☐ Purépecha de México      ☐ Chatino de México  
☐ Kaqchikel de Guatemala      ☐ K'iche' de Guatemala      ☐ Mam de Guatemala  
☐ Mixteco (Alto) de México      ☐ Mixteco (Bajo) de México      ☐ Triqui (Alto y Bajo) de México  
☐ Si el idioma no figura en la lista, especifique: \_\_\_\_\_

11. ¿Qué tan bien puedes entender o hablar inglés?

|  | Principiante          | Intermedio/a          | Avanzado/a            | Fluido/a              |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| ¿Qué tan bien puedes <b>entender</b> inglés? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ¿Qué tan bien puedes <b>hablar</b> inglés?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

12. ¿Cuántos años has vivido en los Estados Unidos?

- ☐ Nací en los EE. UU.      ☐ 1-10 años      ☐ 11-20 años      ☐ Más de 20 años

**¡Por favor comparta sus pensamientos y opiniones libremente sobre la Convivencia de hoy!**

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**¡Gracias por realizar esta encuesta!**

## ¡Bienvenidos a la Convivencia!

Estamos muy contentos de tenerlo en nuestro viaje de 8 semanas con este grupo juntos. En este grupo hablaremos sobre nuestras emociones, culturas, salud mental, estrés o cualquier tema que te gustaría compartir en este grupo. En esta encuesta, le preguntaremos sobre sus pensamientos y sentimientos, y nos gustaría que responda honestamente a estas preguntas. **No hay respuestas correctas o incorrectas para estas preguntas.** Levante la mano si necesita ayuda para comprender una pregunta.

1. ¿Qué te gustaría aprender con este grupo?
2. ¿De qué temas quieres hablar en este grupo?
3. En la siguiente tabla, lea cada pregunta y marque una X en la opción que mejor describa sus pensamientos o sentimientos entre las cinco opciones enumeradas en la parte superior de la tabla. Por ejemplo, si cree que está de acuerdo con una pregunta, marque una X en el cuadro que se encuentra debajo de "De acuerdo".

| Ahora mismo...   | Muy de acuerdo           | De acuerdo               | Neutral                  | En desacuerdo            | Muy en desacuerdo        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Tengo alguien con quien hablar sobre mis logros.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tengo alguien con quien hablar sobre mis dificultades.                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creo que tengo suficiente apoyo emocional que necesito.                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cuando pienso en mi futuro, siento una sensación de optimismo.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Me veo de una forma positiva a mi mismo.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Es fácil para mí hablar de mis emociones.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conozco formas específicas de manejar mi estrés.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siento que tengo herramientas para controlar mi ansiedad cuando me siento ansiosa. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Ahora mismo...   | Sí, definitivamente      | Sí, moderadamente        | Sí, algo                 | No, en absoluto          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Sé cómo identificar signos o síntomas de mala salud mental.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sé qué recursos están disponibles y cómo acceder a ellos para quienes tienen problemas de salud mental.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Entiendo cómo el trauma afecta la salud mental de las personas.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creo que la terapia es una buena manera de resolver problemas mentales                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Si hay terapia disponible para mí, definitivamente iré a hablar con un terapeuta cuando tenga problemas. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**ADOLESCENT VERSION (12-17)**
**PRE**
**ID:**

 Priority Pop  
Code

IPP Code

CDEP Participant Code

**Date**

:

La cultura significa muchas cosas diferentes para distintas personas, pero se trata de algo que es por lo general compartido por un grupo bastante grande de personas. Para algunos tiene que ver con las costumbres y las tradiciones. Para otros significa su herencia y un modo de vivir. Puede hacer referencia a creencias, valores y actitudes, su identidad, y a la historia compartida y la pertenencia a un grupo. Las siguientes preguntas son sobre la principal cultura con la que se identifica, específicamente la cultura que influye en sus creencias y valores y en su forma de actuar.

| En estos momentos...   | Muy de acuerdo           | De acuerdo               | Neutral                  | En desacuerdo            | Muy en desacuerdo        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Tu cultura te da fortaleza.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tu cultura es muy importante para ti.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Tu cultura te ayuda a sentirte bien sobre quién eres.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Te sientes conectado(a) a las tradiciones espirituales o religiosas de la cultura en la que creciste. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Las siguientes preguntas se refieren a cómo te has sentido en los últimos 30 días.

| ¿En los últimos 30 días, ¿más o menos con qué frecuencia te has sentido...  | Siempre                  | Casi siempre             | Algunas veces            | Pocas veces              | Nunca                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. ...conectado(a) a tu cultura?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ...balanceado(a) en mente, cuerpo, espíritu y alma?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. ... apartado(a) y/o excluido(a) de la sociedad? (En otras palabras, que te hicieron sentir sin importancia, o que tus pensamientos, sentimientos y opiniones no importaban.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. ...aislado(a) y/o alejado(a) de la sociedad? (En otras palabras, sentirte sola, separada de o distanciado del mundo más allá de tu familia, escuela y amigos(as).)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. En los últimos 12 meses, ¿PENSASTE QUE NECESITABAS AYUDA con problemas emocionales o mentales, como tristeza, ansiedad o nerviosismo?

☐ Sí ☐ No ☐ Prefiere no responder ☐ No sabe

10. En los últimos 12 meses, ¿HAS RECIBIDO alguna consejería psicológica o emocional de alguno de parte los siguientes...

☐ Sí ☐ No ☐ Prefiere no responder ☐ No sabe

a. Un(a) profesional tradicional como un(a) curandero(a), líder o consejero(a) religioso(a) o espiritual, naturista, espiritualista o medium, santero(a), psíquico(a), astrólogo(a) o a un(a) sobador(a)

☐ ☐ ☐ ☐

b. trabajador(a) de la salud, promotor(a), o consejero(a) de pares, o trabajador de línea directa de crisis?

☐ ☐ ☐ ☐

11. En los últimos 12 meses ¿HAS RECIBIDO alguna consejería psicológica o emocional de alguien EN LA ESCUELA, como un(a) consejero(a) escolar, psicólogo(a) escolar, terapeuta escolar o trabajador(a) social escolar?

☐ Sí ☐ No ☐ Prefiere no responder ☐ No sabe

12. En los últimos 12 meses, ¿HAS RECIBIDO alguna consejería psicológica o emocional de alguien FUERA DE LA ESCUELA, como un consejero(a), terapeuta, psicólogo(a), psiquiatra o trabajador(a) social?

☐ Sí ☐ No ☐ Prefiere no responder ☐ No sabe

Las siguientes preguntas se refieren a cómo te has sentido durante los últimos 30 días.

| Durante los últimos 30 días, ¿más o menos con qué frecuencia te sentiste...                              | Siempre                  | Casi siempre             | Algunas veces            | Pocas veces              | Nunca                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. ...nervioso(a)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. ...sin esperanzas?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. ...inquieto(a) o intranquilo(a)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. ...tan deprimido(a) que nada podía levantarte el ánimo?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. ...sentiste que todo era un esfuerzo (en otras palabras, todo parece demasiado o demasiado difícil)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. ...que no valías nada?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

La siguiente pregunta es sobre su salud durante los últimos 30 días.

**19. ¿Diría que en general su salud es?**

☐ Excelente ☐ Muy buena ☐ Buena ☐ Regular ☐ Pobre

**20. Ahora, pensando en su salud física, que incluye enfermedades y lesiones físicas, cuántos días durante los últimos 30 días no tuvo buena salud física?**

☐ Número de días \_\_\_\_\_ ☐ Ninguno ☐ No se/No estoy seguro(a)

**21. Ahora, pensando en su salud mental, que incluye estrés, depresión y problemas emocionales, cuántos días durante los últimos 30 días no tuvo buena salud mental?**

☐ Número de días \_\_\_\_\_ ☐ Ninguno ☐ No se/No estoy seguro(a)

**22. Durante los últimos 30 días, cuántos días aproximadamente le impidió la mala salud física o mala salud mental realizar sus actividades habituales, como el cuidado personal/recreación (p. ej., bailar, hacer ejercicio, descansar, salir con amigos), el trabajo o la escuela?**

☐ Número de días \_\_\_\_\_ ☐ Ninguno ☐ No se/No estoy seguro(a)

**23. En los últimos seis meses, ¿has hecho trabajo voluntario o servicio comunitario para el cual no te han pagado?**

☐ Sí ☐ No ☐ Prefiere no responder ☐ No sabe

**24. ¿Cuántos años tienes? Escriba su edad a continuación:**

\_\_\_\_\_

**25. ¿Cuál es tu raza y origen? Marca solo una categoría de raza y escribe tus orígenes étnicos específicos.**

☐ Indio americano o nativo de Alaska

☐ Negro o afroamericano: Por favor especifica tus orígenes étnicos:

|  |                                      |  |  |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Afroamericano | <input type="checkbox"/> Keniano     | <input type="checkbox"/> Nigeriano             | <input type="checkbox"/> No sabe                     |
| <input type="checkbox"/> Caribeño      | <input type="checkbox"/> Sudafricano | <input type="checkbox"/> Etíope                | <input type="checkbox"/> Otro negro o afroamericano. |
| <input type="checkbox"/> Egipcio       | <input type="checkbox"/> Ghanés      | <input type="checkbox"/> Prefiere no responder | Por favor especifica: _____                          |

☐ Latino, hispano o español: Por favor especifica tus orígenes étnicos:

|   |   |  |                                       |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Mexicano/chicano | <input type="checkbox"/> Hondureño      | <input type="checkbox"/> Chileno               | <input type="checkbox"/> No sabe      |
| <input type="checkbox"/> Salvadoreño      | <input type="checkbox"/> Puertorriqueño | <input type="checkbox"/> Colombiano            | <input type="checkbox"/> Otro latino. |
| <input type="checkbox"/> Guatemalteco     | <input type="checkbox"/> Cubano         | <input type="checkbox"/> Nicaragüense          | Por favor especifica: _____           |
| <input type="checkbox"/> Dominicano       | <input type="checkbox"/> Peruano        | <input type="checkbox"/> Prefiere no responder |                                       |

☐ Asiático: Por favor especifica tus orígenes étnicos:

|                                     |  |                                       |  |
|-------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Afgano     | <input type="checkbox"/> Hmong         | <input type="checkbox"/> Malasio      | <input type="checkbox"/> Prefiere no responder |
| <input type="checkbox"/> Bangladesí | <input type="checkbox"/> Indio (India) | <input type="checkbox"/> Paquistaní   | <input type="checkbox"/> No sabe               |
| <input type="checkbox"/> Birmano    | <input type="checkbox"/> Indonesio     | <input type="checkbox"/> de Sri Lanka | <input type="checkbox"/> Otro asiático.        |
| <input type="checkbox"/> Camboyano  | <input type="checkbox"/> Japonés       | <input type="checkbox"/> Taiwanés     | Por favor especifica: _____                    |
| <input type="checkbox"/> Chino      | <input type="checkbox"/> Coreano       | <input type="checkbox"/> Tailandés    |  |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Laosiano      | <input type="checkbox"/> Vietnamita   |  |

☐ Nativo hawaiano o de otra isla del Pacífico: Por favor especifica tus orígenes étnicos:

|                                  |                                  |  |   |
|----------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> Samoano | <input type="checkbox"/> Tongano | <input type="checkbox"/> Prefiere no responder | <input type="checkbox"/> Otro hawaiano o de otra isla del Pacífico. |
| <input type="checkbox"/> Guameño | <input type="checkbox"/> de Fiji | <input type="checkbox"/> No sabe               | Por favor especifica: _____   |

☐ Multirracial: Por favor marca todo lo que corresponda y especifica tus orígenes étnicos

|  |   |
|--|---|
| <input type="checkbox"/> Blanco.<br>Por favor especifique: _____                             | <input type="checkbox"/> Asiático.<br>Por favor especifique: _____                                    |
| <input type="checkbox"/> Negro o afroamericano.<br>Por favor especifique: _____              | <input type="checkbox"/> Nativo hawaiano o de otra isla del Pacífico.<br>Por favor especifique: _____ |
| <input type="checkbox"/> Latino, hispano, o español.<br>Por favor especifique: _____         | <input type="checkbox"/> Prefiere no responder  |
| <input type="checkbox"/> Indio Americano o nativo de Alaska.<br>Por favor especifique: _____ | <input type="checkbox"/> No sabe  |

☐ Blanco: Por favor especifica tus orígenes étnicos: \_\_\_\_\_

☐ Otra raza: Por favor especifica tu raza y tus orígenes étnicos: \_\_\_\_\_

☐ Prefiere no responder

☐ No sabe



**26. ¿Qué tan bien puedes hablar el inglés?**

- ☐ Muy bien
- ☐ Bien: me puedo hacer entender, pero tengo algunos problemas con ello
- ☐ No muy bien: conozco muchas palabras y frases, pero tengo dificultades para comunicarme
- ☐ Conozco algo de vocabulario, pero no puedo expresarme con frases completas
- ☐ No lo hablo

**27. ¿En qué idioma prefieres comunicarte? Por favor escriba su respuesta a continuación:**

\_\_\_\_\_

**28. ¿Dónde naciste?**

- ☐ En los EE.UU. ☐ Fuera de los EE.UU. ☐ Prefiere no responder ☐ No sabe

**29. ¿Cuáles son los primeros 3 dígitos de tu código postal**

- ☐ Los primeros 3 dígitos de mi código postal son \_\_\_\_ \_\_\_\_ \_\_\_\_ ☐ Vivienda inestable/No tiene código postal ☐ Prefiere no responder ☐ No sabe

**30. ¿Alguna vez has pasado tiempo en un asentamiento temporal para refugiados o personas desplazadas, o ha estado detenida(o) en un centro de ICE?**

- ☐ No se aplica ☐ Sí ☐ No
- ☐ Prefiere no responder ☐ No sabe

**31. ¿Cuántos años aproximadamente has vivido en los Estados Unidos? [Si es menos de un año, ingrese 1 año]**

- ☐ He vivido en los Estados Unidos durante aproximadamente \_\_\_\_\_ año(s). ☐ No se aplica

*Nosotros usamos palabras como "masculino" o "femenino" o "trans" como una forma rápida para capturar el género de los individuos. Sin embargo, entendemos muy bien que la gente utiliza una amplia gama de etiquetas – algunos prefieren términos como Género fluido, Agénero, No binario (Enby), Andrógeno, etcétera. Para ayudarnos a entenderte personalmente, por favor dínos qué palabra prefieres personalmente para describir tu género. Estas preguntas no tienen una respuesta correcta o incorrecta. Por favor sea honesta(o) y responda lo que realmente piensas o sientes*

**32. Cuando yo nací mi sexo era...**

- ☐ Masculino/Niño ☐ Intersexual (no estaban seguros sobre mi sexo al nacer) ☐ Mi sexo asignado al nacer (Por favor especifica): \_\_\_\_\_
- ☐ Femenino/Niña ☐ No estoy seguro sobre el sexo que me asignaron al nacer ☐ Prefiero no responder a esta pregunta

**33. Si se trata de mi identidad de género, me considero: Marca todos los que aplican.**

- ☐ Hombre/Sexo masculino ☐ De dos espíritus
- ☐ Mujer/Sexo femenino ☐ Intersexual (entre masculino y femenino)
- ☐ Transgénero/Trans ☐ No estoy seguro(a) de cuál es mi identidad de género
- ☐ Hombre transgénero/Masculino transgénero ☐ No tengo un género/identidad de género
- ☐ Mujer transgénero/ Femenino transgénero ☐ Mi identidad de género es (Por favor indique): \_\_\_\_\_
- ☐ Género queer/Género no conforme ☐ Prefiero no responder a esta pregunta
- ☐ No-binario (no exclusivamente masculino ni femenino)

*Todos tenemos una orientación sexual. Algunas personas son heterosexuales y se sienten atraídas por personas del sexo opuesto. Por ejemplo, a una mujer heterosexual "le gustan" los hombres y se enamora de hombres. Otras personas son gays o lesbianas y se sienten atraídas por personas del mismo sexo. Por ejemplo, a un hombre gay "le gustan" los hombres y se enamora de otros hombres. También hay personas que son bisexuales y "les gustan" tanto los hombres como las mujeres. Algunas personas no están seguras sobre sus atracciones o no se sienten atraídas por nadie. Para que quede claro, quiénes te "gustan" y por quiénes te sientes atraído(a) es lo que se llama orientación sexual.*

**34. ¿Cuál es tu orientación sexual? Marca todos los que aplican.**

- ☐ Heterosexual ☐ Soy asexual (No siento atracción sexual por nadie)
- ☐ Gay ☐ No siento atracción romántica por nadie
- ☐ Lesbiana ☐ No estoy segura(o) hacia quién siento atracción sexual
- ☐ Bisexual ☐ No estoy seguro(a) hacia quien siento atracción romántica
- ☐ Queer ☐ Otra cosa: \_\_\_\_\_
- ☐ Pansexual/No-monosexual (siento atracción por todos los géneros) ☐ Prefiero no responder a esta pregunta

**Gracias por tomarse el tiempo para completar este cuestionario. ¿Alguna de las preguntas anteriores te hicieron sentir incómodo de alguna manera? Por favor marque uno.**

|  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Sí</b>                | <b>No</b>                |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

**Si alguna de las preguntas anteriores te hay molestado y deseas hablar con alguien al respecto, aquí hay una lista de referencias para servicios de apoyo.**

## ¡Gracias por participar en el Grupo Juvenil Convivencia!

1. ¿Cómo describirías la Convivencia del Grupo de Jóvenes usando solo una o dos palabras?

2. ¿En qué medida está de acuerdo con las siguientes afirmaciones?

| Ahora mismo...   | Muy de acuerdo           | De acuerdo               | Neutral                  | En desacuerdo            | Muy en desacuerdo        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Tengo alguien con quien hablar sobre mis logros.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tengo alguien con quien hablar sobre mis dificultades.                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creo que tengo suficiente apoyo emocional que necesito.                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cuando pienso en mi futuro, siento una sensación de optimismo.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Me veo de una forma positiva a mi mismo.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Es fácil para mí hablar de mis emociones.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conozco formas específicas de manejar mi estrés.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siento que tengo herramientas para controlar mi ansiedad cuando me siento ansiosa. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Ahora mismo...   | Sí, definitivamente      | Sí, moderadamente        | Sí, algo                 | No, en absoluto          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Sé cómo identificar signos o síntomas de mala salud mental.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sé qué recursos están disponibles y cómo acceder a ellos para quienes tienen problemas de salud mental.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Entiendo cómo el trauma afecta la salud mental de las personas.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creo que la terapia es una buena manera de resolver problemas mentales                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Si hay terapia disponible para mí, definitivamente iré a hablar con un terapeuta cuando tenga problemas. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Cualquier mensaje para sus terapeutas:

**ADOLESCENT VERSION (12-17)**
**POST**
**ID:**

 Priority Pop  
Code

IPP Code

CDEP Participant Code

**Fecha:**

La cultura significa muchas cosas diferentes para distintas personas, pero se trata de algo que es por lo general compartido por un grupo bastante grande de personas. Para algunos tiene que ver con las costumbres y las tradiciones. Para otros significa su herencia y un modo de vivir. Puede hacer referencia a creencias, valores y actitudes, su identidad, y a la historia compartida y la pertenencia a un grupo. Las siguientes preguntas son sobre la principal cultura con la que te identificas, específicamente la cultura que influye en tus creencias y valores y en tu forma de actuar.

| En estos momentos...   | Muy de acuerdo           | De acuerdo               | Neutral                  | En desacuerdo            | Muy en desacuerdo        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Tu cultura te da fortaleza.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tu cultura es muy importante para ti.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Tu cultura te ayuda a sentirte bien sobre quién eres.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Te sientes conectado(a) a las tradiciones espirituales o religiosas de la cultura en la que creciste. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Las siguientes preguntas son sobre cómo te has sentido durante los últimos 2 semanas.

| Durante las últimas 30 días, ¿más o menos con qué frecuencia te sentiste...  | Siempre                  | Casi siempre             | Algunas veces            | Pocas veces              | Nunca                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. ...conectado(a) a tu cultura?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ...balanceado(a) en mente, cuerpo, espíritu y alma?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. ...apartado(a) y/o excluido(a) de la sociedad? (En otras palabras, que te hicieron sentir sin importancia, o que tus pensamientos, sentimientos y opiniones no importaban.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. ...aislado(a) y/o alejado(a) de la sociedad? (En otras palabras, sentirte sola, separada de o distanciado del mundo más allá de tu familia, escuela y amigos(as).)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Durante las últimas 30 días, ¿más o menos con qué frecuencia te sentiste...                             | Siempre                  | Casi siempre             | Algunas veces            | Pocas veces              | Nunca                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9. ...nervioso(a)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. ...sin esperanzas?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. ...inquieto(a) o intranquilo(a)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. ...tan deprimido(a) que nada podía levantarte el ánimo?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. ...sentiste que todo era un esfuerzo(en otras palabras, todo parece demasiado o demasiado difícil)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. ...que no valías nada?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

La siguiente pregunta es sobre tu salud durante las últimas 2 semanas.

|   |                                    |                                    |                                |                                  |                                |
|---|------------------------------------|------------------------------------|--------------------------------|----------------------------------|--------------------------------|
| 15. ¿Dirías que en general tu salud es? | <input type="checkbox"/> Excelente | <input type="checkbox"/> Muy buena | <input type="checkbox"/> Buena | <input type="checkbox"/> Regular | <input type="checkbox"/> Pobre |
|---|------------------------------------|------------------------------------|--------------------------------|----------------------------------|--------------------------------|

16. En relación con tu *salud física*, que incluye enfermedades y lesiones físicas, ¿durante cuántos días de los últimos 30 días tu salud física no fue buena?

☐ Número de días \_\_\_\_\_ ☐ Ninguno ☐ No se/No estoy seguro(a)

17. En relación con tu *salud mental*, que incluye estrés, depresión y problemas emocionales, ¿durante cuántos días de los últimos 30 días tu salud mental no fue buena?

☐ Número de días \_\_\_\_\_ ☐ Ninguno ☐ No se/No estoy seguro(a)

18. Durante los últimos 30 días, cuántos días aproximadamente le impidió la *mala salud física o mala salud mental* realizar sus actividades habituales, como el cuidado personal/recreación (p. ej., bailar, hacer ejercicio, descansar, salir con amigos), el trabajo o la escuela?

☐ Número de días \_\_\_\_\_ ☐ Ninguno ☐ No se/No estoy seguro(a)

Por favor, ayúdanos a mejorar nuestro programa respondiendo a las siguientes preguntas. Responde a las siguientes preguntas basándote en los servicios que has recibido hasta ahora. Indica si estás Muy de acuerdo, De acuerdo, Neutral, En desacuerdo o Muy en desacuerdo, con cada una de las siguientes frases. Si la pregunta es sobre algo que no has experimentado, marca la casilla de No se aplica para indicar que la pregunta no tiene que ver contigo.

|   | Muy de<br>acuerdo        | De<br>acuerdo            | Neutral                  | En<br>desacuer<br>do     | Muy en<br>desacuer<br>do | No aplica                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 19. En general, estoy satisfecho(a) con los servicios que he recibido.              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Yo sentí que tenía con quien hablar si estaba inquieto(a).                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Yo recibí los servicios apropiados para mí.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Los servicios estuvieron disponibles a horarios que eran convenientes para mí.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Recibí la ayuda que yo quería.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. El personal que trabaja aquí respeta mi religión y/o mis creencias religiosas.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. El personal me habló en una manera que yo podía entender.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. El personal fue sensible a mi cultura/antecedentes étnicos.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Me resulta más fácil solucionar mis problemas de cada día.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Soy más capaz de hacer las cosas que quiero hacer.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Conozco a personas que me escucharán y me entenderán cuando yo necesito hablar. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Gracias por tomarte el tiempo para completar este cuestionario. ¿Alguna de las preguntas anteriores te hicieron sentir incómodo de alguna manera? Por favor marca uno.

Sí      No  
☐      ☐

Si alguna de las preguntas anteriores te resulta molesta y quieres hablar con alguien al respecto, aquí tienes una lista de referencias de servicios de apoyo.



## Grupo de Convivencia para Jóvenes Grupos Focales

1. **Bienvenida:** Buenos (días/tardes/noches) y bienvenidos a nuestro grupo. Mi nombre es \_\_\_\_\_ y esta es mi colega \_\_\_\_\_. Trabajamos en el equipo de Programas de Humanidad. Nos gustaría agradecerles a todos por tomarse el tiempo de estar aquí hoy para hablar sobre su experiencia en el Grupo de Convivencia para Jóvenes.
2. **Explicación del Grupo Focal:** Estamos teniendo esta conversación hoy porque queremos comprender su experiencia en este Grupo de Convivencia para Jóvenes durante las últimas 8 semanas. Tenemos 12 preguntas para el grupo. No hay respuestas correctas ni incorrectas a nuestras preguntas, simplemente queremos sus opiniones honestas. La información que nos brinden nos ayuda a entender nuestro programa y mejorarlo.
3. **Confidencialidad:** Quiero asegurarles que su nombre se mantendrá confidencial y no se asociará con lo que digan hoy. Su confidencialidad es muy importante y lo que nos cuenten hoy no se compartirá con el terapeuta ni con nadie más específicamente proveniente de ustedes. Proporcionaremos comentarios generales a los terapeutas y a nuestro evaluador, quien creará un informe sobre el programa.
4. **Consentimiento para Grabación de Audio:** Tomaremos notas durante la conversación, pero también nos gustaría grabar el audio de esta conversación para asegurarnos de informar con precisión sus respuestas a nuestras preguntas. Si usamos algo que dijeron en un informe, su nombre no estará conectado a la declaración. La grabación de audio será borrada después de tomar notas y obtener la información que necesitamos. ¿Tenemos su permiso para grabar esta entrevista?
5. **Reglas Básicas:** Antes de comenzar, me gustaría darles más información sobre cómo funcionará la conversación de hoy:
  - Primero, es importante que todos estemos de acuerdo en mantener todo lo que hablemos hoy en confidencialidad, es decir, al igual que les gustaría que se mantenga confidencial su identidad, por favor, no repitan lo que alguien diga hoy fuera de nuestro grupo.
  - Además, respetémonos mutuamente y no interrumpamos cuando alguien esté hablando. Está bien no estar de acuerdo con lo que otros dicen, siempre y cuando respetemos la opinión de los demás.
  - Escuchémonos mutuamente. Por favor, eviten tener conversaciones entre ustedes.
  - La mayoría de las preguntas son de estilo "palomitas", lo que significa que cualquiera puede responder a la pregunta y no tenemos que seguir un orden específico.

- A veces, puedo llamar a alguien para que hable porque quiero que todos tengan la oportunidad de compartir, pero no hay obligación de compartir. Si los llamo y no quieren compartir, pueden decir "paso" y eso está completamente bien.
- Tenemos aproximadamente \_\_\_\_ minutos para esta conversación y me aseguraré de que paremos en el momento correcto.
- ¿Hay alguna pregunta antes de comenzar?

### **Preguntas del Grupo Focal**

#### **Experiencia del Programa \*\* (prioridad)**

1. ¿Qué les gustó de la experiencia en el grupo de convivencia?
2. ¿Hubo algo en el grupo de convivencia que no les gustó o desearían que hubiera sido diferente?
3. ¿Qué aprendieron de esta experiencia?
4. ¿Sintieron que su cultura fue incluida y respetada en esta experiencia?
5. ¿Pudieron abrirse y hablar honestamente con este grupo acerca de sus pensamientos, sentimientos, y luchas? En caso afirmativo, ¿qué les ayudó a expresarse?
6. ¿Asistir a este grupo de convivencia les ayudó a ustedes o a sus amigos a resolver algún desafío? En caso afirmativo, ¿cómo fue útil?

#### **Ideas sobre la Salud Mental**

7. ¿Qué significa para ustedes la frase "salud mental"?
8. ¿Ha cambiado su idea de la salud mental desde que comenzaron este grupo?
9. ¿Cómo te sientes acerca de pertenecer a la comunidad? ¿En sociedad?

#### **Ideas sobre la Terapia**

10. Cuando comenzaron este grupo, ¿qué pensaban sobre terapia?
11. ¿Qué piensan ahora sobre terapia después de pasar por un grupo de 8 semanas? ¿Han cambiado sus pensamientos o se han mantenido iguales?
12. Permitiendo el Tiempo: ¿Qué podría impedirles buscar terapia si estuvieran lidiando emocionalmente o enfrentando grandes desafíos en sus vidas?
13. Permitiendo el Tiempo: Si tuvieran un amigo o un familiar que estuviera lidiando con su salud mental, ¿les sugerirían Humanidad como un lugar para recibir terapia? ¿Por qué o por qué no?

#### **Mejora del Programa\*\* (prioridad)**

14. ¿Pueden pensar en algo que podríamos hacer para mejorar la convivencia para el próximo grupo de estudiantes?