

WHOLE SYSTEM LEARNING

T.R.I.B.E. TURNING RESILIENCE INTO BRILLIANCE FOR ETERNITY

LOCAL EVALUATION REPORT

CALIFORNIA REDUCING DISPARITIES PROJECT

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF HEALTH EQUITY

IPP POPULATION: AFRICAN AMERICAN MALE YOUTH AND YOUNG ADULTS

AND ADULT AFRICAN AMERICANS OF BOTH GENDERS IMPACTED BY THE CRIMINAL LEGAL SYSTEM

TIMEFRAME: 2021-2025

California Reducing Disparities Project (CRDP) Phase II Extension

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EXECUTIVE SUMMARY

This summary outlines the purpose, structure, therapeutic approach, and evaluation framework of the TRIBE (Turning Resilience Into Brilliance For Eternity) CDEP (Community-Defined Evidence Project). Managed by Whole Systems Learning (WSL) since 2017, TRIBE is an intervention designed to educate and support marginalized members of African American communities and has earned a strong reputation since 1996. Since 2019, TRIBE has been based in Long Beach.

Context, Population, and Fundamental Need

TRIBE serves African American youth and adults impacted by the criminal legal system or gangs, including those with histories of foster care, probation, and incarceration. This terminology reflects the unique, cumulative effects of systemic and environmental trauma affecting these communities. Initially, the focus was on African American males aged 14–29—those experiencing significant brain development—but Phase II expansion now includes all African Americans affected by the criminal legal system, regardless of age or gender.

TRIBE’s core belief is that the behavior of African American youth and adults is often pathologized and criminalized rather than understood as normal trauma responses. MRI research shows that neuronal pruning in childhood can be delayed and permanently altered by ongoing toxic stress. Additionally, a gene expression study found that 15% of issues observed were solely caused by toxic stress from preventable environmental factors, which negatively impact resilience. This environment creates a population burdened with complex trauma.

African Americans are overrepresented by 300% to 600% in negative social determinants of health metrics. Chronic traumatic stress is common among this group, especially those involved in the criminal justice system. The need for TRIBE is heightened because mainstream mental health services often fail African Americans, providing negligent, inappropriate, or harmful care. Healthcare, foster care, and judicial systems tend to blame the lack of family or community protective factors rather than fostering individual protective factors—a foundational element of TRIBE.

TRIBE’s approach is rooted in research showing that chronic trauma should not be seen as personal incapacity but as a “relational and political violation that dismantles the self.” This dismantling leaves individuals vulnerable to “identity collapse,” which trauma can exacerbate through repeated adverse events. Long-term trauma impairs the brain, placing it in a “permanent state of over-reaction,” resulting in somatic-emotional dysregulation and heightened stress responses. To honor participant dignity, TRIBE uses the Zulu term *sawubona*, meaning “I see you,” emphasizing a humanistic approach beyond traditional mental health care.

The K-TECTT Therapeutic Model and Program Structure

TRIBE’s intervention relies on its innovative K-TECTT modality, which integrates neuroscience findings with somatic and brain-based learning, combined with African and African American cultural knowledge. The program is designed to uncover and release the participants’ innate resilience, particularly in relation to Complex-PTSD.

A central goal is fostering transformation through developing new mental models and worldviews. This includes neuro-identity transformation, creating accurate cultural and historical identities, fulfilling empowerment needs, and reframing gang cultural principles.

The somatic-cognitive components aim to validate the whole person and build confidence in resilience. This approach helps reduce trauma-related arousal by encouraging participants to tolerate and accept physical sensations and emotions, while activating positive internal and external resources. Increased awareness of internal

sensations helps with trauma activation, leading to a “discharge process” that resolves trauma responses. This principle guides components that focus attention on internal sensations rather than overthinking.

Program services under this socioecological approach include:

- Career planning
- Business development
- Mental health practice
- Case management
- Activities to reduce isolation

Capacity, Scale, and Sustainability

TRIBE employs 31 staff members, including community health coaches, clinical staff, program coordinators, and facilitators. Nearly all (90%) live in the same community as the priority population, with most having lived experience with the criminal legal system. All are African American, with five identifying as Latinx and Samoan.

The organization has significantly scaled its program, increasing the number of cohorts from two to nine annually. Over seven years, 1210 participants have enrolled, with 1009 in the Phase II Extension alone, resulting in 508 completions.

TRIBE is actively working toward sustainability, including billing Medi-Cal and planning to partner with all managed care facilities in LA County by 2025. It has also successfully collaborated with statewide advocates, securing inclusion of CDEP language in legislation and regulations.

Evaluation Structure

The TRIBE CDEP is an educational and psychological intervention with a unique curriculum and pedagogical system. Participants progress through a series of learning experiences that influence their psychosocial identities, creating a developmental structure. Therefore, evaluation must continuously consider the passage of time and the unfolding of learning events.

Evaluation uses a pre- and post-test approach. Baselines are established at the start of each cohort, with assessments conducted at completion. The workshops are self-paced and tailored to meet individual psychosocial needs.

The evaluation focuses on four main questions:

1. How well are TRIBE CDEP Phase 2 activities being delivered according to the SWE Core Process Measures?
2. How much of the change in SWE Core Outcome Measures is due to TRIBE activities?
3. How well does the strengths-based resiliency model mediate outcomes?
4. How are specific services like case management, purposeful planning, and College is For Me related to variations in participants' living conditions?

Key Findings

This section of the executive summary details the methodology, fidelity assessment, and core findings of the local evaluation of the TRIBE (Turning Resilience Into Brilliance For Eternity) Community-Defined Evidence Project

(CDEP). The evaluation was structured to assess program delivery, measure changes in Statewide Evaluation (SWE) outcomes, explore the role of the strengths-based resiliency model, and analyze the impact of life skills and entrepreneurship training on participants' living arrangements.

Evaluation Design and Methods

The TRIBE CDEP evaluation was designed as a developmental assessment, recognizing that participants matriculate through a unique curriculum, shaping their psychosocial identities. The study employed a pre- and post-test design, with the post-intervention assessments administered upon cohort completion, typically ranging from 8 to 12 weeks during the Phase II extension.

Sampling and Participants: The evaluation used a combination of purposive and respondent-driven sampling to recruit participants, fostering referrals through probation/parole officers and previously recruited individuals. The final sample size for pre- and post-assessment were a matched pair of 383 participants (298 adults and 85 youth). The adult sample was largely African American (71.8%) with a mean age of 37.1 years. Youth were also predominantly African American (76.5%). Recruitment proved excellent during Phase 2 Extension, negating concerns about achieving adequate statistical power (80%). However, an elevated attrition rate was observed, possibly due to the highly mobile target population, the relocation of the Whole Systems Learning office to Long Beach, or participants leaving upon securing alternative employment or training.

Measures and Data Analysis: The evaluation relied on quantitative and qualitative measures. Key outcome measures included the SWE Core Measures, Sense of Coherence, General Self-Efficacy, Rosenberg Self-Esteem, Traumatic Stress Symptoms Scale (to assess the likelihood of PTSD), Center for Epidemiological Studies – Depression (CES-D), and the Buss-Perry Aggression and Hostility Scale. The Positive Youth Development (PYD) instrument was adapted using community-based participatory research principles, incorporating feedback from eight TRIBE participants to ensure cultural relevance. Data analysis primarily used paired tests (t-tests or Wilcoxon Signed Rank Tests) for continuous measures and McNemar tests for categorical data to determine mean differences between pre- and post-tests. A correlation analysis confirmed that the Rosenberg Self-Esteem Scale and the General Self-Efficacy Scale measured distinct constructs, justifying the decision to retain both instruments despite a low correlation coefficient ($r=0.483$).

Fidelity and Flexibility: Program fidelity (Evaluation Question #1) was assessed using process measures, including the **"One-Minute Anonymous Self-Assessment" (OMASA)** administered after each workshop. The OMASA, tailored for the Know Thyself, Entrepreneurship, and HipHopHeals components, captured qualitative feedback on learning effectiveness and fidelity. Remote sessions conducted via Zoom during the pandemic were recorded, allowing the Evaluation Director to review instruction quality. The definition of fidelity was the fit between curriculum objectives and instructional delivery.

Key Evaluation Findings

The mixed-method evaluation approach yielded substantial evidence of the program's effectiveness, particularly concerning internal psychological transformation and cultural grounding.

Evaluation Question #1: Program Delivery and Fidelity

The program was delivered with **high fidelity**. Qualitative data from OMASA and Key Informant Interviews (KII) consistently identified TRIBE as a **"Guidance," "family,"** and a **"life-changing community"**. Participants affirmed the interactive nature and bi-directional engagement model.

- **Impact of Workshops:** Participants reported immediate intellectual and personal growth, recognizing that wealth is rooted in health and wisdom, fostering inner power, and understanding their ancestry. Workshops like "Know

Thyself," "Conflict Resolution," and "Emotional Intelligence" were identified as providing tangible frameworks for self-reflection and de-escalation.

- **Endorsement:** Participants overwhelmingly recommended the training, describing it as "**Mind-Opening and Inspiring**" and beneficial for building leadership skills,

Evaluation Questions #2 & #3: Outcomes and Resilience Model

The comparative pre- and post-test analysis revealed statistically significant improvements, supporting the program's capacity to mediate outcomes through a strengths-based resilience model.

- **Mental Health and Trauma:** There was a **strong overall improvement** in self-reported negative feelings. **Trauma Stress Symptoms decreased significantly** (from 14.5 to 12.0; $p=0.0020$), and the **Prevalence of Likelihood of PTSD saw a significant reduction** (from 49.8% to 37.7%; $p=0.0308$). The **CES-D Total Score (Depression) decreased significantly** (from 17.2 to 14.27; $p=0.0030$), and prevalent depression dropped from 39.5% to 29.6%. Post-test results showed participants felt their symptoms were "not bothering me as much" and they dealt "more effectively with my daily problems" as a direct program result,

Note on Mixed Findings: The quantitative data initially showed an increase in depression and low self-esteem prevalence, which the qualitative data contextualized: participants, feeling safe and belonging within the program, became more willing to acknowledge and address mental health problems they previously did not want to own,.

- **Self-Perception and Resilience:** The **total resilience score increased significantly** (from 38.9 to 41.7; $p=0.0184$),. **General Self-Efficacy Total Score increased significantly** (from 31.9 to 33.6; $p<0.0001$), resulting in a drop in low self-efficacy classification. **Rosenberg Self-Esteem Total Score increased significantly** (from 21.6 to 23.4; $p=0.0026$), with a significant decrease in participants reporting low self-esteem.

- **Aggression and Hostility (Mixed):** While **Physical Aggression, Hostility, and Anger Total Scores all decreased significantly** ($p<0.0001$ for all), the **Verbal Aggression Total Score showed a statistically significant increase** (from 2.4 to 2.9; $p<0.0001$),,. This warrants further investigation.

- **Social Integration and Identity:** Participants reported feeling significantly **less marginalized or excluded from society** ($p<0.0001$) and significantly **less isolated and alienated from society** ($p<0.0001$),,. The focus on African history instilled pride and cultural understanding.

Positive Youth Development (PYD): For the core TRIBE sample, five out of seven PYD domains showed statistically significant improvement, including **Purpose Seeking, Positive Identity, Competence/Character, Activity Involvement, and Confidence/Contribution**.

Evaluation Question #4: Life Skills, Entrepreneurship, and Living Arrangements

Qualitative evidence and case studies strongly confirmed the program's success in supporting participants' practical life and economic needs.

- **Economic Independence:** Participants gained valuable skills in generating multiple income streams (e.g., website development, podcasting) and practical money management.

- **Case Studies:** Vignettes confirmed the program is a critical intervention for individuals navigating life after incarceration, helping them secure job training, pursue certifications (HVAC, welding), achieve parole goals, and acquire housing or transportation,,. The **Know Thyself** and **HipHopHeals** workshops were crucial in building self-image and providing the tools to become successful entrepreneurs,

Conclusion

The evaluation determined that the TRIBE CDEP is **successful and effective, particularly for those who committed to and matriculated through the program**. It delivered its specialized, trauma-informed curriculum with fidelity, producing significant positive shifts in internal factors like resilience, self-efficacy, and reduced PTSD likelihood. The program's holistic approach, which addressed physical, emotional, and mental needs, provided a

non-judgmental "family" structure that empowered participants to confront and address deeply rooted trauma and mental health challenges. The program successfully linked internal transformation to external stability, aiding participants in achieving employment, entrepreneurship, and better living arrangements.

The success of the TRIBE CDEP suggests that culturally congruent, neurobiologically informed interventions are key to unlocking the innate resilience of African American youth and adults impacted by chronic trauma, effectively turning psychological healing into practical self-determination, much like an engine rebuilt from the inside out, powerful enough to redefine its destination.

3. INTRODUCTION/LITERATURE REVIEW (3.1 – 3.2)

3.1 Strong/shared understanding of both the mental health issue and the need for the CDEP by the priority population and community (This could include attention to culture and context)

The mental health issue has several facets: 1) complex trauma and complex PTSD, including interpersonal, institutional, generational, historical, environmental, and highlighting racial trauma created through a society structured along racial lines; 2) normal trauma responses are behaviors that tend to be misdiagnosed and/or criminalized; and, 3) the absence of fathers, a result of environmental racism, that undermines the family structure and helps to increase the number of ACEs.

In addition to adverse childhood experiences within the family, African Americans also face other interpersonal traumas like the historical trauma from slavery, generational trauma within families, institutional trauma from incarceration, jails, and arrests, as well as environmental trauma from the structural effects of systemic white supremacy—including poverty, racial identity issues, food insecurity, community violence, job scarcity, lack of healthy food options, absence of fathers in the home. Such challenges can lead to abandonment issues, over-policing, and negative media portrayals that reinforce stereotypes of gang activity. Generational neighborhoods harmed by the War on Drugs, the unfair application of drug sentencing laws, and typical forms of discrimination—as well as both macro and microaggressions—further deepen these traumas.

Given such conditions, the mental health risks facing AA youth and adults, unlike those in other communities, stem from immediate concerns generated by intentional under-resourcing, family disruption, and a lack of social support and networks, worsened by pervasive racism that influences racial profiling, low expectations, and institutional barriers (Spencer et al., 2006; Weinstein, 2002). One outcome that occurs when the political, economic, and mental health systems inadequately address these proximal concerns is that about 80% of foster youth are diagnosed with a mental health problem compared to their peers (National Conference of State Legislatures, 2016). As a result, foster and adjudicated AA youth often carry these issues into young adulthood, leading to incarceration and subsequent probation or parole.

Foster and adjudicated AA youth are at higher risk of experiencing traumatic stress due to environmental circumstances. Often fleeing as children into the streets from absent fathers and traumatized mothers, arrest and juvenile detention are commonplace for many who will later become incarcerated adults. Their experience of inadequate, inappropriate, or culturally deficient mental health treatment in foster care channels them into homelessness and a juvenile justice system that fails to “reduce recidivism, is wrought with racial disparities, operates with a minimal degree of cultural competence, violates human rights laws and norms, and fails to empower and reform individuals who are directly affected.” (Smith, 2019).

Mental health services in juvenile institutions particularly rely on medication, so youth subjected to mind-altering and damaging drugs often have been misdiagnosed with behavior disorders, while their normal trauma responses are criminalized or labeled as untreatable. Without effective trauma screening for foster youth, and particularly probation youth, wounding incidents escalate due to discriminatory policing, unequal drug laws, economic

pressures, and most critically, a label of “criminal” placed on African American males, especially, since the 1890 census; consequently, entering prison often seems like the inevitable path for AA youth and young adults.

The devastating effects are even more evident in AA adults who have been incarcerated. Coming, as some of these youth do, from stable homes, sometimes cannot prevent the pull of peer pressure and acceptance, which is amplified by gang culture—effectively weaponized in the 1980s through distribution channels set up by the CIA-backed Nicaraguan-Contra cocaine trafficking. (Levine, Michael, and Laura Kavanau-Levine. *The big white lie: The CIA and the cocaine/crack epidemic*. Thunder's Mouth Press, 1993.)

AA young people need support to develop their inherent protective factors (See Appendix I) that can prevent or inoculate them against the traumas they face. For their health and well-being, AA youth need the opportunity to tap into the unrecognized protective factors within themselves — such as a capacity for emotional regulation and problem-solving skills. Nevertheless, they are typically made to believe they have no protective factors when subjected to excessive institutional reactivity, as is too often evidenced by their negative experiences with teachers, principals, or police officers (e.g., see Eberhardt in Markus & Moya, Eds., 2010).

In contrast to AAs being unserved, underserved, or inappropriately served by the mental health system and a failing juvenile justice system, “Statistical studies show that community-based approaches more effectively reduce crime, cost less, are more empowering and culturally competent, help ameliorate civic fragmentation, and are more socially responsible” (Gibbs et al., 2025; Smith, 2013). To wit, TRIBE is particularly well-positioned to intervene and prevent the harmful effects of AA mental illness through its tailored, targeted, and asset-based structured extracurricular activities. It is a structured therapeutic prevention and early intervention program featuring neuro-identity transformation. It shifts identity, provides new mental models, and constructs world views that empower AA youth and adults to be successful, not just viable. Primarily (initially) serving AA male youths aged 14–29 (and then serving all AAs impacted by the criminal legal system), TRIBE meets the mental health needs of this priority population by adopting a public health approach that aims to support AA mental health among youth and young adults in the foster system and those on probation or parole (now this includes AA adults impacted by the criminal legal system).

TRIBE was established to pre-empt and address the early impacts of post-traumatic stress disorder (PTSD) and complex post-traumatic stress disorder (C-PTSD) among foster and adjudicated African American male youth and young adults. For youth and adults affected by the criminal justice system, TRIBE intervenes in the effects of complex PTSD. Its program reduces adverse, trauma-related outcomes by building an individual's confidence to tap their own resilience through their innate protective factors. TRIBE accomplishes this through processes of identity formation, peer support, mentoring, expanding access to higher education, and increasing access to mental health services.

The trauma experienced by AA adults is chronic and complex, often resulting in serious identity perceptions such as being tagged as “criminal,” “felon,” “unredeemable,” and other negative labels. During the Phase II extension, adults were added to the intervention program, expanding TRIBE’s mental health impact by including TRIBE AA women and men aged 18 and older who were emotionally affected by the criminal legal system. Unlike the original youth-focused program, which targeted only male youth, the CDEP now includes both women and men aged 18 and older. The expanded CDEP addresses the needs of AAs, both men and women, ages 18 and older. Participants can be as old as 80.

The Adult and youth statistics are similar. For AA participants, the TRIBE intervention facilitates activation of 37 individual protective factors (See APPENDIX I) by emphasizing therapeutic identity development or transformation, leading to greater educational, employment, and business opportunities, as well as more meaningful

relationships and lives. The dire need for TRIBE is reflected in the following social determinants of health that are similar for both the AA youth and adults:

Poverty rates: In 2020, they were 19.5% (8.5 million people) for African Americans, compared to 17.0% (10.4 million people) for Latinx and 8.2% (15.9 million people) for Whites. The median Black household had around \$24,000 in wealth, while the median White household had approximately \$189,000. White Americans hold ten times more total wealth than Black Americans. White households' median wealth was 13 times that of Black households.

Food insecurity: In 2022, 28% of Black households experienced food insecurity, more than double the rate for non-Hispanic white households. One in six households with Black children (16%) lacked reliable access to food, three times the rate for non-Hispanic white households.

Education: The high school graduation rate for white students is 75%, while only about half of Black, Latino, and Native American students earn regular diplomas. Black students at the University of California (UC) system graduate at 59.9% in four years and 78.6% in six years, while the California State system has a four-year graduation rate of 23.4% and a six-year graduation rate of 47.2%.

Employment: In 2019, the median Black worker earned 24.4% less per hour than the median white worker. Black men's median annual W-2 earnings were 62% of white men's, and Black women's were 57%. Black unemployment is consistently higher than white unemployment: in May 2024, the unemployment rate for Black Americans was 6.1%, compared to 3.5% for white Americans. Since 1972, the Black unemployment rate has been roughly double the white unemployment rate.

Wealth and Homeownership: The wealth gap between Black and white families has been steadily growing since 1983. In 2022, for every \$100 in wealth held by white households, Black households had only \$15. The Black-white homeownership gap is now wider than it was when segregation was legal. In 2020, the gap was 29%, which exceeds the 24.3% gap in 1900 and the 27.3% gap in 1960. In 2004, the homeownership rate for white Americans was 76.1%, compared to 49.4% for Black Americans. During the 2008 recession, there was a sharp decline in home equity for both groups, but the decrease was more severe for Black Americans: Between 2007 and 2009, white home equity fell by 9%, while Black home equity dropped by 12%. Black homeowners were nearly twice as likely to face foreclosure as white homeowners during that period. In 2023, 49.7% of Black children lived in single-parent homes, compared to 20.2% of white children. In the second quarter of 2022, the homeownership rate for white households was 75%, while it was 45% for Black households.

Mental Health: A significant disparity exists between White and Black Americans in mental health, where Black individuals are generally less likely to report diagnosed mental illnesses compared to White people but may experience higher levels of psychological distress when they do, often due to factors like systemic racism, lack of access to culturally competent care, and stigma around seeking help within the Black community; this phenomenon is sometimes called the "Black-White mental health paradox." African Americans are more likely than Whites to terminate treatment prematurely. Among adults with a diagnosis-based need for mental health or substance abuse care, 37.6% of Whites, but only 22.4% of Latinos and 25.0% of African Americans, receive treatment.

Health disparities: African American (AA) or Black adults are 73% more likely to have diabetes (diagnosed and undiagnosed) than White adults. AAs are more than twice as likely to die from diabetes-related causes compared to White Americans. Black adults are 30% more likely to die from heart disease than White adults. Black men have a 70% higher risk of heart failure than White men, and Black women have a 50% higher risk than White women. Black adults are more likely to die from a heart attack than White adults. Black adults are also more likely to have a stroke than other racial and ethnic groups. Black adults are 30% more likely to have high blood pressure than White adults, and Black women are nearly 50% more likely than White women. Additionally, Black Americans are three times more likely to experience kidney failure than White Americans. The pregnancy-related mortality rate for Black women stands at 55.9 per 100,000, compared to 18.1 per 100,000 for White women.

Incarceration: Black Americans are imprisoned at a much higher rate than white Americans. In 2021, Black Americans were incarcerated at nearly five times the rate of white Americans. Black males receive longer sentences than white males, especially for sentences of 18 months or less. The incarceration rate for African American women is twice that of white women. In seven states, Black residents are imprisoned at more than nine times the rate of white residents. Research indicates that Black Americans have higher recidivism rates than White Americans. The California Department of Justice's Judicial Council found that Black men are 42% more likely to be sentenced to prison than white men convicted of a felony.

Prior studies have shown that between 62% and 87% of incarcerated adult males have experienced trauma at some point in their lives, before incarceration. Wolff N, Huening J, Shi J, Frueh B (2014) Trauma exposure and posttraumatic stress disorder among incarcerated men. *J Urban Heal* 91: 707–719. A recent study using the Adverse Childhood Experiences (ACES) Questionnaire found that a sample of violent offenders experienced childhood adversity, on average, at four times the rate of the general population. Reavis JA, Looman J, Franco KA, Rojas B (2013) Adverse childhood experiences and adult criminality: How long must we live before we possess our own lives? *Perm J* 17: 44–48.

The rate of post-traumatic stress disorder (PTSD) among incarcerated Black Americans is higher than among incarcerated White Americans: For incarcerated Black Americans, PTSD has a lifetime rate of 23–46%. For incarcerated White Americans, the rate is 18% for male inmates and 40% for female inmates. The rate of PTSD among incarcerated Black women is notably high, with one study finding that 45% of female inmates in a maximum-security state prison met the criteria for PTSD. In general, the prevalence of PTSD among incarcerated women is much higher than in the general population, with estimates suggesting that 53% of incarcerated women have PTSD compared to 10% in the general population.

In summary, mental health issues related to complex trauma and complex PTSD are influenced by interpersonal, institutional, generational, historical, and racial trauma stemming from historically racialized structures. This environment leads to poor social determinants of health for African Americans and contributes to the criminalization of mental health. The fundamental need is to view oneself as whole and unbroken. This involves enhancing individual protective factors for a renewed sense of identity. Wholeness, or "sawubona," signifies a new perspective on oneself and others, fostering new mental models, accurate cultural identities, empowerment, and a reframing of gang culture principles.

3.2 Mental health issues, CDEP needs, and approaches supported by external literature or data

The importance of the TRIBE CDEP addressing unresolved and unacknowledged trauma—especially the failure to identify and screen for multiple, cumulative traumas unique to African Americans—cannot be overstated. These unaddressed traumas show up as mental health crises that are often labeled as illnesses instead of understood as normal reactions to ongoing stress and systemic violence. Nationwide, as of October 2023, among the 29,314 youth in U.S. detention centers, residential treatment programs, group homes, and youth prisons, African American youth—who make up just 15% of the total youth population—account for 46% of those detained or committed and are **5.6 times more likely than** white youth to be detained or committed (Rovner, 2025). This disproportionality has continued and even grown since 1997, when these data first began being collected.

According to DataUSA, African Americans (AAs) make up only 5.29% of the California population (2024). Yet, they account for 30% of all foster youth, 40% of out-of-home placements, 60% of youth under dual supervision, 30% of suspensions and expulsions, 50% of the homeless, and ultimately, 30% of the prison population. More than 60% of Black males in LA schools do not graduate from high school, and only 6% find employment. Additionally, AAs are the only group significantly overrepresented in Los Angeles County and California's prison systems. Time spent in prison is a common experience among foster youth: 70% of all California inmates were former foster youth

(Committee on Ways and Means, U.S. House of Representatives, 2007; South LA Homeless TAY and Foster Care Collaborative, n.d.).

Even before entering foster care, studies report that 41% of children and youth have a diagnosed mental health disorder, and that 52% of those without prior diagnoses develop “adjustment disorders” after entry—accounting for 72% of all new diagnoses (National Conference of State Legislatures, 2016). Other studies confirm similarly high rates of disruptive behavior and mood disorder diagnoses among youth under dual supervision (Baker et al., 2007; Coleman-Cowger, Green, & Clark, 2011; dos Reis, Zito, Safer, & Soeken, 2001; Stevens, Brice, Ale, & Morris, 2011). Yet what is being diagnosed are normal human reactions to traumatic separation. When a child is suddenly removed from their parent, siblings, home, and school, the resulting grief, fear, and disorientation are not pathological—they are predictable survival responses. Labeling these reactions as “adjustment disorders” transforms the trauma of removal into evidence of personal deficiency (Herd et al., 2023). The system thus turns normal human responses to abnormal conditions into disorders. Similarly, youth under probation supervision are often diagnosed with oppositional or disruptive behavior disorders when their conduct reflects the same unresolved trauma, mistrust, and survival strategies formed under chronic threat. Both patterns reveal how institutions translate systemic harm into individual pathology rather than recognizing the enduring effects of complex trauma.

Although some literature describes post-traumatic stress disorder (PTSD) as a significant mental health risk for foster youth, in reality, these youths are rarely diagnosed with PTSD. Instead, about 61% are diagnosed with psychiatric or behavioral disorders such as major depression, separation anxiety disorder, and oppositional defiant disorder (McMillen et al., 2005; Baker et al., 2007; Coleman-Cowger, Green, & Clark, 2011; dos Reis, Zito, Safer, & Soeken, 2001; Stevens, Brice, Ale, & Morris, 2011). These labels mask the complexity of trauma by suggesting children are disordered, rather than traumatized. Because complex PTSD is not recognized in the DSM-5, screenings tend to focus solely on ACEs, and the system pathologizes survival behaviors as “defiance” or “instability.” Essentially, what’s being diagnosed isn’t illness, but the cumulative effects of removal, loss, and institutional trauma that no one has properly identified treated.

Although the DSM-5 still does not recognize complex post-traumatic stress disorder (C-PTSD) as a distinct diagnosis, international organizations such as the World Health Organization (WHO) and the National Child Traumatic Stress Network (NCTSN) do. NCTSN classifies these conditions under Disorders of Extreme Stress Not Otherwise Specified (DESNOS), acknowledging the same set of symptoms now widely referred to as complex trauma. This global acknowledgment highlights the limitations of U.S. diagnostic systems and helps explain why African American youth and adults are often misdiagnosed with behavioral or mood disorders instead of receiving treatment for chronic, relational trauma.

Research shows that when individuals experience sustained and repeated trauma—particularly beginning in childhood or within institutional systems—the likelihood of developing **complex post-traumatic stress disorder (C-PTSD)** increases markedly. While ecological and resilience theories acknowledge the importance of protective factors, they rarely disaggregate or operationalize them for African American populations. TRIBE’s model extends this work by defining 37 protective factors specific to culturally grounded, identity-based healing and transformation. Complex trauma differs from single-event trauma because it involves chronic exposure to abuse, neglect, or systemic violence over time, often in settings where escape is impossible. Courtois and Ford (2013) emphasize that such prolonged exposure produces pervasive disturbances in self-organization, emotional regulation, and interpersonal functioning. Van der Kolk (2014) further explains how these persistent experiences of captivity and helplessness affect brain development and bodily regulation, leading to the hallmark symptoms of C-PTSD. Herman (2015) originally identified these patterns in survivors of long-term domination—such as domestic violence, political terror, and incarceration—arguing that healing needs safety, remembrance, and reconnection. More recent research by Cloitre et al. (2019) confirms that adults who have experienced cumulative interpersonal trauma, including incarceration and community violence, show higher rates of C-PTSD compared to PTSD alone.

In a pioneering review of trauma among youth of African descent, Pumariega (2022) highlights a critical research gap, stating that “there are no epidemiological studies of the overall prevalence of post-traumatic stress disorder (PTSD) among minority or BIPOC children and youth.” This observation underscores the need for comprehensive studies aimed at understanding the cumulative and chronic forms of trauma experienced by these populations, which remain largely unexamined. Subsequent studies have expanded on this, showing that the burden of trauma exposure among Black Americans is not only higher but also **more complex and enduring**, aligning with the diagnostic features of complex post-traumatic stress disorder (C-PTSD). Jones and colleagues (2022) found that Black adults in the United States face an excess burden of trauma, including elevated exposure to childhood maltreatment, physical and sexual assault, and racial discrimination—conditions that mirror the prolonged, relational, and systemic nature of trauma described by Herman (2015) and Courtois and Ford (2013) in their definitions of C-PTSD. Pre-trauma exposure to racial discrimination, they noted, increases vulnerability to chronic, treatment-resistant trauma reactions. This pattern reflects what C-PTSD theorists describe as the *accumulation of unrelenting stress in environments of captivity or oppression* (Cloitre et al., 2019). The situation is compounded by persistent inequities in mental-health access before system entry, with racial/ethnic minority adolescents significantly less likely than White peers to receive early trauma-related care (Herd et al., 2023).

Social support networks are fragmented or less reliable for African American male youth and adults undergoing mental health treatment, which often overlooks their specific needs and disparities. Trusting and forming connections with others becomes difficult for those with Complex PTSD, where relational avoidance and hypervigilance frequently develop as survival strategies. As studies indicate, foster and adjudicated youth tend to have fewer trustworthy friends due to decreased involvement in school activities, fewer capable siblings, and weaker overall relationships (Conn et al., 2014; Fong et al., 2006; Harder, Knorth, & Kalverboer, 2013; Herrick & Piccus, 2005; Wojciak, McWey, & Helfrich, 2013). Without strong peer and mentoring networks, they often engage in risky behaviors such as drug abuse and sexual risk-taking, which pose serious physical health threats (Coleman-Cowger, Green, & Clark, 2011; Pilowsky & Wu, 2007; Vaughn, Ollie, McMillen, Scott, & Munson, 2006).

Foster care and adjudicated African American youth face a heightened risk of traumatic stress due to their environments. For African American adults over 18, major mental health challenges arise from the lasting impacts of foster care, juvenile probation, and incarceration. Contrary to common assumptions, trauma often results from chronic exposure to violence and systemic involvement from a young age. Research shows that individuals with long-term sentences may achieve significant personal insights through the reflective process required for parole. In contrast, those with shorter sentences may lack such opportunities, leading to more reactive trauma responses. This underscores the need for context when addressing trauma in this demographic (Haney, C., 2003).

Such experiences have a profound and enduring impact on the nervous system, emotional regulation, and developing sense of self. For African American youth, chronic exposure to poverty, placement instability, single-parent households, and neighborhood violence leads to internalized states such as depression, anxiety, and low self-worth, which interfere with emotional management and the ability to form secure bonds. Over time, this instability and social displacement erode the protective factors necessary for psychological resilience (Dorsey et al., 2011; Kramer, Sigel, Connors-Burrow, Savary, & Tempel, 2013). As these patterns extend from adolescence into adulthood, the effects become deeply ingrained, often manifesting as identity-level adaptations that sustain cycles of disconnection and incarceration rather than transient emotional distress.

The TRIBE CDEP offers more effective mental health support because it recognizes how barriers to accessing mental health care hinder efforts to address the unmet needs of AA male youth and all AA adults impacted by the criminal legal system. For example, accessible services are too often not relevant to their lived and perceived experiences. Consider also the lack of access to culturally tailored mental health services (Mascaro, Arnette, Santana, & Kaslow, 2007). Other barriers to accessing mental health care among AA foster youth include the risk of being criminalized and undergoing probation and parole. This risk is significant because AA youth who experience elevated levels of daily trauma often live in urban settings when the foster care system displaces the

authority of their parents. The effects of the trauma they experience in that system are compounded as they grow older and may lead to increased contact with law enforcement.

Traditional mental health systems have consistently failed to meet the needs of African American male youth and adults impacted by the criminal legal system, largely because services are rarely relevant to their lived realities or the conditions that shaped their trauma. Many “accessible” programs overlook the cumulative effects of foster care, street exposure, and incarceration, and thus fail to engage participants in ways that feel safe or culturally valid (Mascaro, Arnette, Santana, & Kaslow, 2007). For African American foster youth, help-seeking itself can carry the risk of criminalization, as behavioral expressions of trauma are often met with punishment or probation rather than care. Displacement from family authority and exposure to urban violence further compound this trauma, contributing to a pattern of mistrust and avoidance of traditional providers. The TRIBE CDEP responds to these realities by grounding its mental health approach in culturally congruent, relational, and embodied practices that align with participants’ developmental stage, life history, and readiness for change

The TRIBE CDEP lessens the negative impact of Complex PTSD by delivering the appropriate intervention at the right moment, understanding that if we do not act quickly and properly, trauma can become ingrained as biological and behavioral memory, effectively imprinted on the brain. Recent studies show that a decrease in activity in the “empathy network” and ventromedial prefrontal cortex indicates damage in an African American child’s brain caused by PTSD from “discrimination stress,” and this damage can be seen on MRI scans (Wright et al., 2020; McFarling, 2025). This process begins in childhood and continues in a relentless cycle through adulthood, shaping both neural pathways and identity formation. Yet, even for adults with deeply ingrained trauma, the TRIBE model remains transformative, using culturally grounded, embodied, and relational practices that re-engage neuroplasticity and open pathways for reflection, healing, and integration (Dayananda et al., 2023).

Performing like an antidote to C-PTSD, the TRIBE CDEP comprises therapeutic processes designed to provide timely, developmentally responsive intervention. Its goal is to redirect youth off the toxic pathway to prison embedded within the child welfare and educational mental health systems, while also providing adults an opportunity to heal from the long-term effects of system-based trauma and social displacement. African American youth and adults impacted by the criminal legal system need the space to reimagine themselves—not because they are mentally ill, but because they have had to survive within a society structured by racial domination and chronic threat. They need and want to rebuild a strong sense of self that can withstand living in a world that often diminishes them through negative stereotypes, assumptions, and expectations (Cross, 1995). The narratives that encourage African Americans to internalize inferiority or develop a negative racial identity correlate with low self-esteem, psychological distress, poor school performance, dropping out, teenage pregnancy, gang involvement, eating disorders, substance abuse, and criminal activity (Cross, 1991; Poussaint, 1990). Failing to succeed academically is a risk factor that crushes their aspirations. For both youth and adults, completing the developmental and emotional tasks necessary for healing can be difficult in isolation or within therapeutic settings that are not culturally and socially grounded.

The TRIBE CDEP serves as a vital support system for individuals seeking to heal and transform their lives. This program is designed to facilitate personal growth and healthy adaptation through a structured approach, utilizing three fundamental components that act as the foundational rungs of a ladder. Each rung represents a crucial element of the workshops, the supportive environment, and the shared experiences within the community, all of which contribute to the possibility of sustained transformation. By engaging in this collaborative process, participants are empowered to reconstruct their lives on healthier pathways.

First, TRIBE emphasizes that emotional expression varies across cultures (Lambert et al., 2005). Many emotionally unregulated AA youth who face abuse, neglect, or other trauma from adult authorities may develop what are often labeled as oppositional identities but are actually adaptive forms of resistance that protect them from further harm. However, if left unintegrated, these identities can become rigid and self-limiting (Baxter, 2016; Ogbu, 1978). Within the TRIBE framework, these identities are viewed not as pathology but as protective

adaptations—embodied resistance that helps youth maintain dignity and control in the face of threat and invalidation. They are related to but distinct from the oppositional identities that hinder educational success among AA students, where the core issue is the racism they encounter and resist in schools (Lewis, 2013). While these oppositional identities serve a protective role for traumatized AA youth who divert from school, they can become maladaptive as these youths transition into middle adolescence and adulthood, impacting their ability to succeed socioeconomically. AA adolescents and adult males may also face bullying or peer pressure that influences their external emotional expression. To develop a more adaptive identity and more flexible emotional responses, AA TRIBE participants with oppositional identities learn more productive ways to channel their resistance and adopt a more positive outlook and approach to the world as they develop self-healing skills such as “cultural agency” (Lundy, 2003; Baxter, 2016; Tyson & Lewis, 2021). This challenging healing process involves employing different strategies to address their mostly unconscious trauma. To effect such a substantial change, AA youth and adults need support.

Second, TRIBE emphasizes that AAs tend to value expressive individualism—the ability to freely and spontaneously express the self, feelings, or beliefs (Boykin & Toms, 1985). Expressive individualism includes comfort with expressing various emotions—from happiness to anger—with different levels of intensity. However, according to European standards, American society stresses emotional restraint during the healing process. Often, mainstream and European American adults see AA youth as loud, boisterous, overly emotional, vulgar, or overly dramatic (Ward, 2000). In a therapeutic context, they often seek to restrain expressivity “with an inappropriate use by staff of power and force” and remain oblivious to how their inability to manage their reception of the expression causes “harm to the vulnerable child” (Mohr, Mahon, and Noone, 1998). Yet, intense emotional expression, especially in boys, can serve as a protective mechanism when they are dealing with violence, aggression, or other risk factors (Stevenson, 1997).

Finally, TRIBE is informed by the finding that “positive relationships with specific caregivers may buffer future depression” (Margolis, Fosco, and Stormshak, 2014). The CDEP replicates extended caregiving networks, which remain largely underexplored within African American communities. The WSL CDEP realizes that poverty, the foster system, single-parent households, and neighborhood violence are connected to feelings of failure, depression, and anxiety that prevent African American youth and adults from connecting with others, from building positive self-esteem, or from managing their emotions effectively, so monitoring is essential for healing. Keeping track of progress and encouragement from staff and peers makes a difference. Tapping into or forming new networks of kin and fictive kin provides emotional and practical support related to healthy youth development and adult healing (Jarrett & Burton, 1999; R. D. Taylor & Casten, 1993). A sense of belonging and the care it brings may compensate for the risks associated with participants' experiences of single parenting and foster care (Astone & McLanahan, 1991; Turner, Irwin, & Millstein, 1991; Vaden Kierman, Ialongo, Pearson, & Kellam, 1995).

The TRIBE CDEP's approach bridges the gap between body and mind to foster healing in innovative ways. It effectively facilitates healing by employing practices such as sharing cultural knowledge, envisioning a better life, understanding hip-hop as an interpretation of their environment, and engaging in physically therapeutic activities, each of which is described in the component section below. The TRIBE team also builds “collaborative relationships” that help AA youth and adults bypass conflict as they develop a positive identity that promotes their stability and strength. Tricia Jones discusses this concept in her writing about traumatized South African youth in conflict, paraphrasing Morton Deutsch, who suggested in his work that “cooperative social climates are key to developing constructive and functional conflict processes” (2014:13).

In line with this view, TRIBE functions as an educational, therapeutic, cooperative, and collaborative social network for program participants. The social element of TRIBE's intervention is the support network, often called the “family,” which in African diasporic culture includes both biological and fictive kin beyond the immediate household. Family is a human need. A full life cannot be achieved without unconditional love, acceptance, and an open door that comes with a healthy family and home. They say home is where they must let you in when you

knock. That is why, when one enrolls in the TRIBE program, they are automatically embraced in a “circle of care” (Margolis, Fosco, and Stormshak, 2014). They are immediately adopted into the TRIBE family. The CDEP serves as an alternative to the gang, the streets, and prison for participants. TRIBE is also a FAMILY BUSINESS, an incubator for social and business entrepreneurship, where members work together as partners and business associates. TRIBE provides peer and adult support, mentorship, fun, challenge, guidance, visioning, advocacy, and safety; it is the VILLAGE. It is the participant’s new and improved GANG.

The value of TRIBE’s family function is borne out in external literature. For example, the first national study of networks among adolescent African American and Caribbean youth found that “Roughly 90% of both groups indicated having a fictive kin relationship, with an average of 6.01 fictive kin for African American adolescents and 6.96 for Black Caribbean adolescents; 8 out of 10 of both groups reported frequent support from fictive kin” (Taylor, Chatters, and Ellis, 2025). The same researchers observed that the closer a youth felt to their biological family, the less they needed fictive kin, and the more fictive kin they identified, the closer they felt to their friends rather than their family. In another study, the researchers found “significant variation in network involvement,” with biological kin networks more consistently supported by Southerners, women, and younger adults (Taylor, Chatters, and Cross, 2021). In contrast, they further argue that involvement in providing network support was lower for those in the military or those who were incarcerated. The research further suggests that African American youth and young adults may lose some or all access to familial network support, and possibly fictive kin support, when incarcerated or placed in juvenile facilities. This loss may lead youth to gangs or to acquaintances made on the streets, in prisons, jails, or juvenile centers.

The efficacy of TRIBE’s program is based on the Social Ecological Empowerment (SEE) Theory of Behavioral Change, developed by Laye (2003). Rooted in the motivational systems theory of M. E. Ford (1992) and the consciousness framework of Mihaly Csikszentmihalyi (1990, 1997), SEE departs from traditional ecological models that use concentric circles to describe environmental influence. Instead, it is an engineered system that disaggregates the environment into biological, cognitive, emotional, social, cultural, and spiritual domains and specifies **precise intervention points** where identity and behavior can be recalibrated. These intervention points are situated primarily at the family and cultural levels—the core ecological levers of transformation where **positive racial socialization and acculturation processes** restore belonging, meaning, and self-definition within an affirming African worldview. Through these processes, TRIBE activates the internal systems that regulate emotion and meaning, **strengthens personal agency (PAC) and environment beliefs (PAE)**, restructures goal adoption and pursuit routines, and redesigns social and cultural environments to sustain new, self-determined behavior. In this model, TRIBE’s “learning practices, empowerment, and networking” (Tuckey et al., 2023) serve as the operational mechanisms that activate SEE’s leverage points, producing **adaptive consciousness, restored identity, and sustained behavioral change.** **TRIBE’s Social Ecological Empowerment approach enhances African Americans’ mental wellness by activating the same neurobiological processes later identified as central to brain-based learning.** These insights were discovered *empirically* through work with children who learned to read and perform mathematics without formal instruction. When the learning was **fun, relevant, and challenging**, it triggered dopamine release, heightening focus, curiosity, and retention. This demonstrated that empowerment—not external control—creates the neurochemical conditions for growth. Later, studies such as Sugata Mitra’s “*Hole in the Wall*” experiment confirmed what had already been observed in practice: that when learning is intrinsically motivated and socially supported, the brain naturally rewires itself for mastery. In TRIBE, these same empowerment principles enable African American youth and adults to rediscover purpose and self-direction. Their participation transforms them into partners, leaders, and collaborators, extending their capacity to remain resilient and cognitively agile even in stressful environments (Singha, 2024).

This work is not externally imposed; instead, it is guided by helping participants diagnose, heal, and learn to self-regulate as a bridge toward transformation — the reclamation of self-definition, purpose, and creative power..

TRIBE's commitment to assessment means that any trauma the participants carry and bring to TRIBE's mental health system has been intensified by the lack of trauma assessments and by professionals forcibly abusing youth to take mind- and body-altering substances, while also depriving them of access to nutritious diets and physical activity. TRIBE's approach acknowledges the somatic aspect of how the youths' traumatic experiences are worsened when they lack access to sports, a key institution in urban African American culture. Sports aid the healing process for youth and young adults recovering from complex trauma by fostering social relationships, processing emotions, reorienting identities, and normalizing peer experiences (Wang et al., 2023; Anonymous, 2025). Operationally, the TRIBE approach applies the Social Ecological Empowerment framework to strengthen 37 interrelated protective factors—each situated within a distinct domain of the self and environment. These domains—biological, cognitive, emotional, social, cultural, and spiritual—serve as the intervention points where identity and behavior are recalibrated.

To address some of the youth's unmet needs, the TRIBE approach is to increase youth resiliency through skills building, identity development, peer support, mentoring, expanding access to higher education, and enhancing access to mental health services. Its outcome measures decrease the risks of skid row and homelessness, prison, drug addiction, educational failure, and mental illness, including Complex Post Traumatic Stress Disorder (C-PTSD), depression, suicide, and anxiety reactivity. Additionally, our innovative CDEP helps to increase adaptability, self-efficacy, social connectivity, purpose-seeking, goal-setting, activity involvement, an interest in positive or caring relationships or connections, a positive identity, including character, confidence, and competence, as well as unlocking a suppressed will to contribute to the welfare and development of self, family, or society.

Our approach to helping youth and adults achieve their own recovery involves cognitive-somatic activities designed to heal the mind and body where trauma is stored. A workable approach cannot be purely psychological, nor can it be solely individual or focused on one-on-one therapy. More importantly, it requires the relationality of peer group work, a re-connection with one's origins, and awareness of where trauma is stored in the body. It also involves a physical program linked to a music of identity, validation, and edification that enables the participants to free themselves from trauma and restore their mind-body connection.

Before TRIBE, engagement with healing forms of sociality and hip-hop music combined with physicality had not played a prominent role in mental health care, despite these protective factors being important in African American culture. Yet this combination provides an extremely important somatic element in TRIBE's therapeutic approach. Being physically active while listening to Hip Hop forges body and nerve connectivity that allows the participant to experience, "(1) self-affirmation and self-empowerment, (2) flourishing or personal growth, (3) emotional processing and narrative construction, and (4) disclosure of mental health challenges" (Fix, 2025). Similarly, TRIBE staff have found that integrating hip-hop and physical therapy supplements the cognitive work by increasing "emotional awareness, empowerment, and the ability to process difficult emotions."

This approach helps the male AA youth and adults tap into their resilience and regain their sense of purpose. It is not externally imposed but guided by helping them to diagnose and learn to regulate themselves. For the AA youth, TRIBE recognizes that any trauma they bring to the mental health system has been worsened by the mental health system itself, by the lack of trauma assessments and by professionals forcing youth to take mind- and body-altering substances while also denying them access to nutritious diets and physical activity. TRIBE's therapeutic approach supports their recovery and meets their needs in ways that help them grow. Among adults, experiencing incarceration has been beneficial for many, especially for lifers. However, it has also made reentry as traumatic, or even more traumatic, than the prison experience itself, where only expected events occur. Essentially, prison involves stabbings, police violence, sexual and gender violations, and the lack of freedom and personal space. Many adults return to prison because they become too inflexible in prison to respond to new situations that can quickly

arise. When they face new situations outside prison, they lose discipline and are unable to adapt to the absence of the strict respect protocols that exist inside.

In summary, the TRIBE approach does more than teach self-care — it restores self-sovereignty. Transformation begins when participants reclaim authorship of their own narratives and learn to interpret their emotions, bodies, and histories as sources of wisdom rather than pathology. Through the SEE and K-TECTT frameworks, TRIBE’s ecological design synchronizes biological, emotional, social, and cultural systems so that healing is not merely regulatory but creative. College readiness, entrepreneurship, and leadership development function as visible markers of a deeper change: the reorganization of consciousness, identity, and purpose. By rebuilding meaning at every ecological level — self, family, culture, and community — TRIBE transforms survival into self-determination, turning participants into creators of their own futures rather than patients of circumstance.

In practice, this philosophy is embodied through TRIBE’s role as a safe space where trauma-related behaviors can surface and be reinterpreted without punishment or shame. Within this protected environment, participants gradually recognize when these reactions no longer align with the goals and identities they are building. Instead of correction, TRIBE offers affirmation and structured opportunities for self-discovery, teaching participants to transform emotional intensity into insight, regulation, and creative power. As they internalize this process, participants learn to observe and reframe the self-limiting thoughts that once defined them—translating awareness into transformation. This is how TRIBE converts survival patterns into pathways for growth, sovereignty, and enduring change.

4. CDEP PURPOSE, DESCRIPTION & IMPLEMENTATION (4.1 - 4.2.7)

It is impossible to comprehend the purpose, description, and implementation of TRIBE without understanding the therapeutic modality that undergirds and drives its program designs. TRIBE’s modality is known as KTECTT: *Know Thyself* Embodied Complex Trauma Therapy. It recognizes a need to overcome the barriers that arise when healing from complex trauma. Therefore, it is a therapeutic modality that departs from symptom-focused, behaviorist, or purely cognitive models.

The complex trauma diagnosis affirms what trauma survivors and scholars have long understood: chronic, inescapable threat—especially the threat linked to relationships—reconfigures the architecture of identity. This realization prompted Judith Herman (1992) to reframe trauma not merely as an individual psychological wound but as a relational and political violation that dismantles the self. Herman’s insights into the indicators of complex trauma include:

- The erosion of the self is central to complex trauma
- The collapse of trust, autonomy, and initiative
- The victim’s tendency toward “identification with the aggressor”
- The restoration of power and connection as conditions for healing

In a recently published paper, researchers in India lend credence to Herman’s insights, describing the same phenomenon as “dignity violations” that are observed to cause harm in psychiatric care settings and at other societal scales (Kar and Bhugra 2025). They urge recognizing dignity violation as a method for harm, which, if corrected with respectful reframing, can preserve dignity and be a method of healing; however, their paper lacks the clinical details that TRIBE has developed about how dignity violations collapse the self and how that condition can be healed, not just treated.

K-TECTT's core architecture and its clinical rationale integrate—but do not subordinate—complex trauma theory. Complex trauma refers to one's exposure to prolonged, repeated, and relationally rooted traumatic experiences, often beginning in early life and occurring within institutional caregiving or other systems of power. Unlike single-incident trauma, complex trauma affects multiple domains of development, resulting in chronic dysregulation of the nervous system, distorted self-identity, and impaired capacity for connection, agency, and safety.

When operationalizing KTECTT, the TRIBE intervention does not rely on traditional trauma therapy frameworks or follow a phase-based approach. Instead, KTECTT enables TRIBE to go beyond trauma symptom management by rebuilding the internal structure of identity through programmatic components designed to achieve neurobiological rewiring, somatic-emotional alignment, and the restoration of cultural sovereignty.

K-TECTT can be described as trauma-transcendent identity engineering — restoring internal sovereignty through full neurobiological, cultural, somatic, and ancestral recalibration. In this regard, K-TECTT can be recognized as a neuro-identity recalibration system. It was designed for African American youth whose sense of self has been shaped by chronic trauma, systemic oppression, and cultural erasure.

An application of K-TECTT, along with our Social Ecological Theory, provides the underlying foundation for developing TRIBE program components that facilitate behavior change. In this regard, it is important to consider the following strengths of this modality that makes K-TECTT unique.

- Only therapy using strength training (as primary somatic intervention)
- Explicit cultural/ancestral healing component (most others don't address this)
- Identity-first approach through "I AM" reframing (vs. the usual symptom-first approach)
- Integrates all domains: somatic + cognitive + relational + cultural

The K-TECTT modality innovatively incorporates cultural strategies into the Prevention and Early Intervention (PEI) model, moving it beyond conventional trauma symptom management. Given this objective, K-TECTT is designed to:

- Extract and deactivate trauma-based identity structures embedded in cognitive and somatic memory.
- Rewire self-concept directly at the neural network level through dopamine-activated neuroplasticity.
- Anchor new identity frames through structured repetition, cultural truth integration, and internalized mastery of self.
- Operate within a Cultural Neurobiology Framework: combining African-centered spiritual cosmology with brain-based recalibration principles.
- Stabilize the full identity system long enough for the brain to rebuild durable self-maps aligned with sovereignty, safety, historical truth, personal agency, and purpose.

While all K-TECTT principles are interconnected, Identity Repair and Somatic Alignment are foundational to repairing the mind-body split caused by trauma. Cultural Healing and Empowerment build atop this foundation, transforming survival into a more victorious legacy.

It works because K-TECTT engages the full neurobiological, cultural, and identity reconstruction required to repair, restore, and stabilize self-concept in African American youth who have carried complex trauma across multiple systemic layers. In aligning TRIBE's programmatic approach with the K-TECTT processes, staff and participants come to understand that reframing is the central act of empowerment. It is the thread that weaves together the participants' somatic release, parts work, relational repair, and cultural healing. It transforms the routine expectation of trauma's legacy into a lived experience of resurrection and empowerment, ensuring that TRIBE's clients don't just "think differently" but become different—rooted in safety, respect, and purpose.

WSL staff trained in the core principles and practices of KTECTT come to recognize that deep healing requires more than cognitive reframing. While reframing beliefs is powerful, it must be integrated with emotional, somatic, relational, and identity repair work. Focusing only on reframing, without exploring and processing the underlying sources of powerlessness and trauma symptoms, leaves open the door to regression and recidivism, because it would be incomplete and insufficient for proper healing. It understandably evokes fear and hesitation to dive into that abyss to recover violated dignity and shattered identity. And since the societal expectation is that the triggered participants will flee from TRIBE and walk through that door, the TRIBE staff learns when it helps to stabilize clients by utilizing K-TECTT. In fact, TRIBE has found K-TECTT to be most effective when dealing with:

Chronic/Relational Trauma:

Clients with childhood abuse, systemic oppression, or dissociation benefit from the depth of identity repair and somatic regulation.

Resistance to Talk Therapy:

Clients who struggle to verbalize trauma often thrive with body-based empowerment.

Cultural/Spiritual Clients:

Those valuing ancestral connection find meaning in rituals they seek but cannot find in Western models.

Applying Insights from Trauma Neuroscience to the Strategies of Indigenous Cultural Knowledge that TRIBE employs empowers participants who otherwise would be crushed by the dignity violations that occur in some encounters with power. To illustrate, consider the recent federal insistence that the African American History Museum (Alcindor, Respass and Malter 2025) and the Smithsonian Museum (Maher 2025) in Washington D.C. should take down slavery exhibitions and say nothing about the violence that slavery and subsequent discrimination exacted. Such efforts to whitewash history well illustrates the problem. Not only cultural alienation but the collapse of identity may escalate since modifying museum exhibitions is quite harmful, but never enough — the federal demand further includes removing black content from school curricula, news reports, national parks, and even seeks to shape what movies Hollywood will support in the future, and involves erasing military contributors of African descent soldiers, sailors, and airmen. Seizing control over the Kennedy Center is just another way to make certain that African American artists and performers like Marc Bamuthi Joseph, Lavar Burton and Jon Baptiste were driven out when the president became chair and installed his own board members (Goodman 2025). Such acts are being replaced by what President Trump called into existence — the January 6th Choir.

What is needed to counteract the internalization of oppression that violates dignity and alienates African American youth and young adults from their cultural roots is TRIBE's K-TECTT. It helps participants withstand and circumvent these violations. They become able to do so when TRIBE shows them that African cultural material in its programs is not alien but essential to their healing. For example, the AA males were surprised to learn that the philosophical and somatic aspects of African cultural knowledge easily connect to neuroscience research applied to boxing, Hip Hop, and African History, helping to clarify their conditions. Using this connection to create programs that incorporate the K-TECTT approach reduces trauma's impact on the brain and demonstrates that somatic resolution is achievable.

With K-TECTT-inspired TRIBE components linking physical training, music, and I AM identity internalization, trauma is resolved and released from the body as self-repair occurs under the guidance of a trauma-sensitive physical trainer and therapist. K-TECTT explains why TRIBE integrates physical engagement with HipHop or African music. It dovetails with the Know Thyself component by connecting the five principles (money, power, respect, vortex, and truth) with the sonic rhythms and physical activity. In using this approach, TRIBE facilitates identity reconstruction by capitalizing on Hip Hop's multi-modality – essential for the male AA's understanding of their living conditions. As Turner, Hayes, and Way argue, the multimodal integration of Hip Hop's production methods are vital to the African experience. Mose (2013) argues that the performance and ingenuity of Hip Hop music engage the Black urban male in “creating personal identities based on symbolic capital, and thereafter using that

capital to define and re-define themselves in relation to a city that is continually being re-shaped by globalization and capitalism, and in locating themselves within the urban space that they seek to define.”

4.A CDEP PURPOSE: Strong/shared understanding of what the CDEP was designed to achieve including mental health outcomes

The Whole Systems Learning CDEP (TRIBE) is a prevention and early intervention program designed to prevent and/or reduce post-traumatic stress disorder (PTSD), complex post-traumatic stress disorder (C-PTSD), depression, trauma stress symptoms, and increase resilience, social support, and the development of 37 individual protective factors in African American (AA) youth and young adults (14-18 years) as well as in African American men and women ages 18 and older. These protective factors are organized across seven interrelated domains—**intrapsychic, cognitive, emotional, social, biological, spiritual, and environmental**—each representing an essential aspect of human functioning that can be strengthened, recalibrated, and integrated to achieve lasting transformation. The overarching purpose of TRIBE is to increase the accessibility and expression of 37 protective factors that anchor African American participants in emotional regulation, cognitive clarity, cultural sovereignty, and self-defined success across the lifespan.

Within its social-ecological framework, TRIBE’s modality, components, and assessments are designed to **re-engineer identity and consciousness** through neurobiological rewiring, somatic-emotional alignment, and the restoration of cultural sovereignty. TRIBE performs its therapeutic and educational work by repairing cognition and emotion in ways that motivate participants to attend and use the information being delivered. It ensures this information is appealing by creating a curriculum of components grounded in African descent culture. the workshop components of TRIBE offer a supportive environment where participants can examine and reframe their past experiences, learn emotional intelligence and conflict resolution, heal trauma, gain insight into their current opportunities, and learn how positive change can help them achieve their dreams.

TRIBE was created to be a container for their externalized trauma-related behaviors until the AA youth and adults can regard their processed trauma as gifts helpful in achieving the goals they build and execute in the TRIBE CDEP program. TRIBE neutralizes in African American participants the adverse effects of an institutional system and social order that institutionally discriminates against them, traumatizes them, misdiagnoses them with behavior disorders, and then criminally, socially, and individually punishes them for their behavior. As the AA participants heal emotionally, both youth and adults become aware of the internalized oppression that they habitually express as limiting self-talk. As they begin to interrupt their self-denigration, they learn to observe, reflect upon, and change that habit during TRIBE’s learning activities and workshop sessions.

TRIBE does not censor; instead, it validates and mentors. For African American adults, TRIBE recognizes that trauma experiences often escalated when trauma-expressive behaviors were normalized as “criminal,” “failure,” or “product of environment.” Within TRIBE, adults learn to mine those same responses—once pathologized as criminal—for insight and creative strength. The narratives and frameworks generated from their healing become part of TRIBE’s evolving cultural curriculum, shaping how younger participants later learn to interpret emotion, reclaim identity, and interrupt inherited trauma scripts within their own circles.

TRIBE originated to fill the gaps in their access to mental health care by addressing African Americans’ unmet therapeutic needs. For example, it recognizes how traumatic experiences have been worsened when AA male youth have lacked access to sports, a major institution in urban AA culture, which helps them to cultivate social relationships and normalize peer experiences. In building TRIBE to include an outlet for physical activity, it enables the participants to tap into their bodies and release trauma stored there. TRIBE fills therapeutic gaps for youth and adults by providing support groups where feelings can be shared, and where they learn to achieve their self-defined

purpose. In TRIBE they develop emotional intelligence, learn conflict resolution strategies, and enjoy an opportunity to build a foundation for successful and meaningful lives.

The mental health needs of the youth and adults are met by increasing their resiliency through skills building, identity development, peer support, mentoring, expanding access to higher education, and enhancing access to mental health services. **The 37 protective factors represent the actionable goals of TRIBE's intervention. They are the measurable outcomes of SEE theory in practice: the markers of an individual's capacity to regulate emotion, sustain purpose, and remain culturally anchored while adapting to challenge. Each TRIBE component is intentionally designed to activate and strengthen one or more of these protective factors.** Additionally, TRIBE helps to increase adaptability, self-efficacy, social connectivity, purpose-seeking, goal setting, activity involvement, an interest in positive or caring relationships or connections, a positive identity, including character, confidence, and competence, as well as unlocking a suppressed will to contribute to the welfare and development of self, family, or society. TRIBE's outcome measures decrease the risks of skid row and homelessness, prison, drug addiction, educational failure, and mental illness, including Complex Post Traumatic Stress Disorder (C-PTSD), depression, suicide, and anxiety reactivity.

4.2 CDEP Description & Implementation Process

The CDEP's programmatic design and implementation recognizes that the African Americans' experience of traumatizing violence is not due to his or her genetic traits or cultural shortcomings. Instead, it is engendered by overexposure to individual, relational, and societal risk factors caused by structural inequalities linked to historical trauma. Despite facing mental health challenges, AA participants are viewed as being inherently resilient.

The CDEP strongly connects with the priority population because it does not use a deficit model that aims to drug, fix, or replace what is missing. Instead, the CDEP's program empowers AA youth participants with the skills and qualities needed to achieve the same goals they would pursue in gang culture, such as money, power, and respect. The participants learn that even if they are currently out of balance, they can regain stability through somatic resolution because their biological, social, psychological, and spiritual protective factors — including the intrapsychic, cognitive, and emotional aspects of their growth after trauma — are inherently present as untapped potential.

With time and effort, their protective factors can be strengthened to foster resilience. Aiming to heal broken hearts and minds, the CDEP strengthens resilience by enhancing the intrapsychic, emotional, and cognitive aspects of the participants' posttraumatic growth by solidifying the accessibility of their protective factors. Such factors serve as shields that help prevent the risks of homelessness, incarceration, drug addiction, educational failure, and severe mental health issues, including Complex Post Traumatic Stress Disorder (C-PTSD), depression, suicide, and other psychiatric conditions.

The CDEP's program activates resilience in several ways. It draws on ancestral cultural values to amplify the protective factors, fostering resilience and enabling youth and adults to succeed despite racism, poverty, and adverse childhood experiences. It boosts resilience by increasing access to mental health services and opening pathways to higher education. Furthermore, it promotes resilience by creating opportunities and guiding AA male youth toward positive outcomes such as college attendance, financial independence, and leading meaningful, hopeful lives. Interestingly, this applies equally to adults reentering the community from incarceration, who may also need to graduate from high school, attend college, become financially independent, and lead meaningful, hopeful lives.

The CDEP services for AA youth include methods and activities designed to expand their access to mental health care, reshape and redefine identity, somatically resolve trauma, implement cognitive-behavioral strategies, and

promote emotional intelligence, conflict resolution, leadership, communication skills, financial planning, and personal, educational, career, and financial development.

Whereas the AA adults may feel less resilient in tackling the obstacles they face in reaching higher goals, WSL acknowledges their difficulty without judgment and affirms they can do it, even if there is often more to overcome, possibly because they are no longer in the early developmental stage of intense neuronal pruning. Both adults and youth benefit from additional, specific treatment for trauma and complex-PTSD. In addition to the seven activity components, access to case management and individual therapy is imperative for both, since youth often need consistent mentorship and stabilizing adult relationships that model emotional containment and guidance.. These services are also offered in TRIBE.

Helping African American youth take responsibility for others and themselves starts with growing their self-awareness and requires them to do the work to free themselves from the mainstream belief that something is wrong with who they are. The participants quickly learn that building your own self-defined concept of resilient identity is far more engaging and motivating to African Americans than following expensive therapeutic plans implemented by someone else in control who commits “dignity violations” while aiming to fix perceived weaknesses assigned to you and considered inherent in you by society.

The process also works for the adults, who are no longer part of the gang culture but still pursue the same goals: relationships, economic security. They, too, can be empowered to reach their goals, because adults who have been incarcerated, both males and females, are also highly resilient. For many AA adults in the program, prison has provided an opportunity for personal reappraisal. Having survived the constant violence, personal physical violations, and the mental degradation so typical of prison, the formerly incarcerated AA adults have not lost their ability for love, compassion, and understanding.

Intimate relationships may be hard to navigate, but the TRIBE intervention provides AA adults with a pathway to understanding self and others. For example, emotional intelligence, conflict resolution, boundaries, and understanding of trauma experiences, both for self and others, help to light the way. While reentry tends to be a traumatic experience for AA adults, the formerly incarcerated individuals are able, assisted by the K-TECTT modality, to navigate the paradigms and perils that they associate with being free. TRIBE inoculates against recidivism by understanding that reentry individuals do not easily fully achieve the sense of responsibility and empowerment that the free world brings, nor do they respond well to the erosion of self-discipline that they earlier gained in prison. Because of its programmatic consistency, client progress monitoring, and adaptable responses when clients feel stuck, TRIBE’s success with adults is expanding. That is because there are opportunities for adults under the TRIBE umbrella to explore their true selves, recover, and promote this form of recovery in others. These advantages for adults exemplify the power of cultivating the inherent protective factors that prevent recidivism, and are responsible for the CDEP’s 3% recidivism rate, compared to 50+% rate for those who do not receive this intervention.

4.2.1 CDEP components and activities including cultural/linguistic/LGBTQ values, beliefs, practices underlying or embedded in components or activities

Each TRIBE component implements the Know Thyself Embodied Complex Trauma Therapy (K-TECTT) modality, which operationalizes the Social Ecological Empowerment (SEE) framework by targeting specific domains of identity reconstruction and resilience. Across all seven components, 37 individual protective factors are intentionally strengthened through biological, cognitive, emotional, social, cultural, and spiritual engagement. Together, these interrelated activities create a neurobiological and cultural ecosystem that transforms participants’ self-concept, behavior, and capacity for meaning-making.

Component #1: Empowerment Circle

The Empowerment Circle is TRIBE’s “circles of care” mentioned earlier, and we run several simultaneously. They are youth workshops structured to help participants externalize and reframe the trauma that participants began to embody once they became gang-involved. These circles provide a way to introduce participants to coherent group interaction. They are safe places to communicate, where all participants agree on how the group operates and share an understanding of the facilitation process. The following chart features discussion questions that entail the entire curriculum for a Youth Empowerment Circle:

		Opening Question	Deeper Question	Closing Question
	1	What were your earliest good childhood memories?	What were you like as a child? What was your trauma that caused you to consider joining a gang	How did that make you feel?
1		Why did I join a gang?	Where did it take me?	What did I learn?
1		How close are you with your family members?	Do you do things together?	How does that make you feel (dissociation)?
1		Why are gangs interesting?	What is the draw	Name me something successful about being a gang member?
2	2	What was the trauma you experienced in the process of joining a gang?	Why did I choose a gang over my family or why am I following a girl?	What did I learn that was good about joining a gang?
2		What is a good parent?	In what direction did your parents take you?	If you were a parent, how would you guide your child?
3	3	What was the normalization process you experienced as a result of the gang activities you experienced?	Who or what got normalized? How did normalization happen?	What were the consequences of that normalization in other parts of your life?
4	4	What desensitization and dissociation did you go through as you continued the gangbanging?	What kind of person did that make you?	How did you feel about being that kind of person?
5	5	What was the trauma that caused you to rethink being in the gang or continuing in gangbanging? What would it take for you to change?	What would your decision to change look like?	What difference would that make in your daily life?
5	6	What was your thing you grieved over?	What was your response to that grieving?	What did you learn from that sense of loss? Did it take away something you value?
5	7	Why is war better than peace in gangbanging?	What do you prefer, war or peace?	Why?
		What transformation are you willing to go through to get in touch with your feelings, heal the dissociation, and feel empathy again, instead of desensitization?		

6	8	Do you know your worth?	If you do know your worth, how do you calculate it? If you do not know, then how can you figure it out?	Where does it take you to know your worth?
6	8	Do you know your gift?	What are the things you would like to do with your gift that could be beneficial to others or you?	What is the next step you're going to take to develop your gift?
7	9	Who are you angry with?	Why?	How does that open or hidden anger play out in your relationships and in your lifestyle today?
8	10	What is the biggest issue or question (topic) in your head that you're in denial about?	How does being in denial help you be successful?	Can you really be successful if you're in denial?
9	11	What is the definition of being a man?	What makes you a man? Name 5 things you were taught a man is Where did you get your info?	Do you believe you're able to raise your child to be a man?
10		What is your family structure?	What are the family values?	How have those family values applied to your life?
11		What is your family's involvement in the community?	What is community to you?	How can you create a better community?

Component #2: Know Thyself

The TRIBE journey begins and ends with the dictum, *Know Thyself*. This command is written on the temples and universities of ancient Africa (Kemet and Nubia). It is the guiding principle that reminds us that all answers lie within. TRIBE presumes that no amount of services will create safety, belonging, and self-esteem until the young or adult genius finds that safety within by knowing why they have come to this life, the purpose of their pain, and the mission that is calling them. These answers are discoverable within, and TRIBE helps the participants to search them out.

As a workshop, the *Know Thyself* circle consists of a set of tools that protect against the challenges of racism, trauma, and the prevention of opportunity resulting from institutional bias. They empower the individual/group to look deep inside to identify the power within that enables them to act beyond the forces they face. These tools provide a path to a different worldview, healthier mental models, and affirming life narratives that allow meaning and wisdom to come forth.

Group attunement, identity repair, movement, and language rewiring directly repattern the nervous system through the activities in the *Know Thyself* component. The social, spiritual, biological, psychological (intrapsychic), cognitive, emotional, post-traumatic growth, and protective factors already exist in the participants. They are further developed in this workshop, which enhances resilience and unleashes manifestation into the brilliant future of the participants. The Know Thyself component intentionally activates and integrates these 37 protective factors through self-reflection, language rewiring, and identity recalibration, thereby aligning individual potential with collective cultural purpose.

Fundamental to the exploratory act of peering into the core of one's identity, the *Know Thyself* workshop takes the participants back more than 10,000 years to rectify historical misconceptions about Black culture and to address young people's misconceptions about *themselves*. For these Black youth to 'know themselves,' they must come to know their culture, religion, language, and history. They must be able to connect their current cultural practices with those that existed for tens of thousands of years. They must connect to their ancestors and with the knowingness in their hearts that recognizes their historical truth. They must also connect on a psycho-spiritual

level with their inviolable sovereign self, so a central theme of this workshop is identifying gifts and talents and understanding that the source of financial abundance lies only in developing those gifts.

Know Thyself is a resilience workshop that operates within a framework for knowing, learning, and reframing trauma. It uses a set of six principles for discussion that form the cultural values basis of the program. The basic principles are: Truth, Spirit, Respect, Power, Money, and Commitment. In the chart below, the learning cycle is shown in the context of the principles, and each of the principles is aligned to specific protective factors.

<div style="text-align: center;"> PERCEPTION → ACTION → FEEDBACK → REFLECTION </div>					
Principle	PERCEPTION	ACTION	FEEDBACK	REFLECTION	NEW PERCEPTION
Truth	The gang defines identity	TAKING THE PROGRAM	WHAT HAPPENS IN THE PROGRAM	I have a purpose in this life	
Vortex: Seeing	Unrecognized			I see the gifts in my wounds	Self-efficacy Self-esteem
Money	GETTING PAID NOW in \$\$\$			Abundance comes from the creative sparks of my own ideas	Hope, Life Satisfaction, Financial Stability
Power	Received at the end of a gun			I control what happens in my life from the inside	Internal LOC and Causal Attribution
Respect	Achieved through violence			I respect my dreams, brilliance, emotions, ancestors, eternity	New neuronal networks/ increased cognition

If only using one word, the principle would seem abstract. By spelling out what each principle means for TRIBE, participants are helped to find the language to discuss how cultural principles or values have operated in their lives and how they might want to adopt new value orientations that better align with these principles.

- I AM TRUTH: I am unique and essential: I am here for a purpose. My life experiences are preparing me for greatness, and this is only the beginning. Failure is the only way to success. I am not a mistake. I am worthy. Who AM I and What AM I? I am an eternal being, connected with the ancestors.
- I AM SEEING the gifts in my wounds: My rage leads me to transform as I understand that people are who they are and not who I want them to be. My actions may have hurt others and myself, but every experience has served a purpose to guide my path. I can ask: what's good about it.
- I AM RICH. Abundance is within me, in the creative ideas that pour out of me every second. I will invest in my dreams and in my own idea of success.
- POWER: What others do has nothing to do with me. I look past ALL obstacles and take ALL responsibility so no one and no thing can stop me from getting what I want. I commit to my potential, who I really am. I accept that I am where I SHOULD be, that I can go into the unknown and run toward the roar.

- I AM RESPECT: I am a genius. I am respecting my brilliance, dreams and emotions. I respect my history, my culture and my ancestors

The chart below associates each principle with a different set of questions that facilitate the practice of self-inquiry.

QUESTIONS FOR THE KNOW THYSELF CIRCLE	PRINCIPLE
What is your purpose, and what is your mission?	Truth
Are my experiences good/bad, right/wrong? Can good come out of every experience? We don't look for the purpose of our experience. We just remember the feeling (trauma).	Truth
What is failure? Is there such a thing as failure? What is success? Is failure success? How has my path been perfect?	Truth
Why do I choose my crimes of choice? Why did I pick that way? What is the electromagnetic energy that draws me to move in that direction?	Truth
In what ways do I destroy myself? And why?	Vortex
Is anyone or anything stopping me from getting what I want? Do I take no for an answer?	Power
How do I respect myself? How do I respect my brilliance? How do I respect my genius? How do I respect my ancestors, history, and culture? How do I respect my dreams and purpose?	Respect
Am I where I should be? Why SHOULD I be where I AM? What am I supposed to learn where I AM?	commitment
How does fear stop me? How can I live in the unknown? Why do I resist?	commitment
Who am I really angry with and why?	vortex
Forgiveness and parents. Why don't I forgive myself for wanting my parents to be someone they aren't?	vortex
Is money the source of truth and lies in the capitalist system? How do we lie to ourselves about money?	rich

Component #3 HipHopHeals

HiphopHealing is a K-TECTT trauma therapy that uses the treatment approach for Complex-PTSD (safety and stabilization, developing a coherent narrative, and reintegrating into the community), It addresses the symptomology of complex-PTSD as defined by Dr. Judith Herman and paraphrased here:

Alterations in affect regulation, including persistent dysphoria, chronic suicidal preoccupation, self-injury, explosive or remarkably inhibited anger (may alternate), compulsive or extremely inhibited sexuality (may alternate). *Alterations in consciousness, including* amnesia or hypermnesia for traumatic events, transient dissociative states, depersonalization/derealization, reliving experiences either in the form of intrusive post-traumatic stress disorder symptoms or in the form of ruminative preoccupations. *Alterations in self-perceptions, including* sense of helplessness or paralysis of initiative, shame, guilt, and self-blame, sense of defilement or stigma, sense of complete difference from others (may include sense of specialness, utter aloneness, belief no other person can understand, or nonhuman identity). *Alterations in perception of perpetrator, including* preoccupation with relationship with perpetrator (includes preoccupation with

revenge), unrealistic attribution of total power to perpetrator (caution: victim's assessment of power realities may be more realistic than clinician's), idealization or paradoxical gratitude, sense of special or supernatural relationship, acceptance of belief system or rationalizations of perpetrator, alteration in relations to others, including isolation or withdrawal, disruption of intimate relationships, repeated search for rescuer (may alternate with isolation and withdrawal), persistent distrust, repeated failures of self-protection. *Alterations in systems of meaning, including* loss of sustaining faith, sense of hopelessness and despair.

Within the TRIBE framework, HipHopHeals functions as a somatic and cultural intervention that targets social, cultural, and somatic protective factors. Through rhythm, movement, and narrative, it reorganizes the nervous system via culturally resonant neuroplastic engagement, transforming trauma expression into creative and embodied healing.

In HipHopHeals, the adverse effects of trauma are addressed, processed, and healed within the cultural context of learning how the contemporary Hip Hop mode of musical expression emerges out of African history. Hip Hop aligns with historical processes, and participants can use the creativity of this African American genre to assess and speak out against the trauma inflicted on the African American community (Aldridge, 2005; Rabaka, 2013).

The focus of this circle is on identity. By validating rather than dismissing participants' experiences with social media and gang culture, the narrative expressions in Hip Hop are affirmed and become new narrative options for participants (Karenga, 2014). Emotional centers of the brain are directly targeted through Hip Hop education. Somatic methods are adopted to decrease the reactivity of trigger responses while culturally building new neural networks to replace traumatic thought patterns (Crooke & Travis, 2021). Learning how to support dopamine release in the emotional centers of the brain through somatic Hip Hop activities and reflection on identity is explained in the K-TECTT modality. It provides participants with the opportunity and motivation to reframe their habitual ways of understanding and being.

Hip-hop artists develop clear narratives and share them through community performances and social media. Features of current Hip Hop cultural expression are recognized as originating from traditional African roots (Codrington, 2021; Blake, 2016). From the Pharaoh as warrior/priest/scientist to the rise of West African gang culture as warrior/spiritual leader/economist in resistance to slavery on the continent, we see a consistent Hip Hop cultural thread. Cultural links are acknowledged and respected from the ancient traditions of the griot, who carried history through storytelling, to an aligned mode of communication with Hip Hop's use of speech. Participants learn about themselves by creating a song to tell a story.

Sharing new cultural stories accessed through this music helps individuals realize the meanings it conveys about their lived experiences. The collective physical therapy that Hip Hop offers is essential because it helps shift focus during this activity towards processing collective trauma rather than viewing therapy solely as a response to individual issues.

Thus, the healing power of Hip Hop helps African American males shift their focus to resilience, dig deep for the strength to survive, and persevere by restoring their identity from the ashes of powerlessness rooted in complex trauma, bringing them back into their natural state of power. The African connection through music and cultural activities is undeniable, and participants see Hip Hop as the latest expression of their African American cultural roots: the beat, the word, the dance, the fashion, and entrepreneurship.

The internationally recognized treatment protocols for complex trauma therapy are integrated into HipHopHeals: 1) safety and stabilization, 2) developing a coherent narrative, and 3) reintegration into the community. While safety and stabilization are core elements of the previous Know Thyself workshops, the embodied, somatic dimension of Hip Hop Heals delves deeper by fostering the development of a coherent narrative. At the same time, Hip Hop helps participants address the effects of hyperarousal, intrusion, constriction, and disconnection. These

effects are transformed as participants' affect regulation, consciousness, perception of the perpetrator, relationships with others, and systems of meaning are altered.

The participants begin to realize they now have a choice they weren't aware of: between an ad hoc, commercially informed oppositional identity (gangsta) and the community-committed pride of being a Muntu Warrior, a tradition rooted in 7,000 years of history. The externalized gang culture's principles of risking life due to the perception of scarce money and lack of power are reframed into internalized principles of abundance obtainable through their embodiment of creative ideas and exercise of power— achieved by activating their sense of purpose and respect for self and others through recognizing their ancestors and ancestral connections. Using Hip Hop as a musical medium of somatic expression, the isolated self no longer feels alone or dependent only on a gang for identity; the participant no longer suffers a historical loss of identity but affirms a connection to an African American sense of ancestral collective divinity—a power bigger than the ego with a gun.

The curriculum topics for HipHopHeals are:

What is trauma?

Psychological Trauma is an affliction of the powerless

Trauma occurs when action is of no avail--when neither resistance nor escape is possible.

Types of trauma

- ACES' Interpersonal Trauma
- Environmental Trauma
- Generational Trauma
- Institutional Trauma

Trauma survival responses:

- fight
- flight
- freeze
- fawn

Triggers

Trauma Responses/behaviors

- Anger/Rage
- Self-Sabotaging
- Detachment
- Shame
- Substance Use
- Lack of Trust
- Avoidance
- Attachment Styles

Component #4: The Somatic Component of HipHopHeals

HipHopHeals is a TRIBE component relying on a somatic approach to healing trauma. Hip Hop is not just music; it is a powerful and innovative contemporary cultural formation. It is another brain-based learning technology designed to change the neuronal networks relating to basic identity.

According to Kuhfuß et al, (2021, pp. 2-3), exposure to long-term trauma can have “a permanent overreaction of the innate stress system due to the overwhelming character of the traumatic event. In the traumatic situation, people are unable to complete the initiated psychological and physiological defensive reaction...[which]... leads to a

persistent somatic and emotional dysregulation of the nervous system and results in the chronically increased stress reaction.”

Instead of subjecting TRIBE participants to cognitive-behavioral therapy (which requires them to think when their thinking is already burdened by trauma), the participant’s “attention is directed to internal sensations, both visceral (interoception) and musculoskeletal (proprioception and kinaesthesia).” The goal of the somatic approach as Kuhfuß et al, (2021, p. 3) explains is “to gradually reduce the arousal associated with the trauma by increasingly tolerating and accepting the inner physical sensations and related emotions and by activating internal and external resources, such as identifying parts of the body or memories that are associated with a positive and reassuring feeling. The resulting increase in interoceptive and proprioceptive awareness leads to a ‘discharge process’ after which the trauma-related activation is resolved.”

A somatic approach to identity formation via Hip Hop is critical to forming understandings of living conditions (Blanchard, 1999). Exposure to trauma when the teenage brain is developing is shaping identity during a period when profound brain structure changes occur. Into the late twenties, the maturing brain is shifting development to the prefrontal cortex, evolving executive functions that can override the amygdala-based reactivity characteristic of traumatized individuals.

Trauma caused by the institutionalizing western cultural practices result in disproportionality and lessens learning. Western thought separates bodies of knowledge: physics from metaphysics; song from dance; writing from speech; geometric theorems from sacred geometry and architecture; art from the manifestation of thought. Yet, African thought, action, philosophy, cosmology, science, are integrated in Hip Hop on multiple levels: physical, spiritual, emotional, mental, simultaneously. As Turner, Hayes and Way (Turner, Hayes, & Way, 2013) argue, multimodal integration is typical of Hip Hop’s production methods and key to the African experience. With the implementation of somatic work through the physical training that is possible through application of the music component, trauma is processed and released from the body under the guidance of a physical trainer specializing in trauma release. As Mose (2013) sees it, Hip Hop music, performance, and ingenuity engages the Black urban male in “creating personal identities based on symbolic capital, and thereafter using that capital to define and re-define themselves in relation to a city that is continually being re-shaped by globalization and capitalism, and in locating themselves within the urban space that they seek to define.”

Hip Hop is a powerful and innovative contemporary cultural formation used as a brain-based learning technology designed to change the neuronal networks relating to basic identity. The identity work done above in HipHopHeals is mind work that pivots in this component activity to the embodied, somatic approach to healing trauma.

This phase of the work is more complex than the previous phase because it intentionally aims to integrate all four domains (somatic strength, cultural, identity, and relational) into a single framework. The somatic practices done in conjunction with the “I AM” practices are reframing, and the identity repair that results is all centered on the needs and healing process of complex trauma—not as extras, but as vital, ordered parts of a holistic, trauma-informed approach³⁴.

Somatic practices central to this phase, like strength training and boxing, are not just generic physical wellness tools; they are intentionally selected and structured physical activities to support the emotional, relational, and identity work necessary in complex trauma therapy.³⁴ They help to release stored trauma and calm the nervous system, enabling deeper cognitive and relational healing that is more effective.

So, the somatic component (including boxing for hyperarousal) extends the K-TECTT principle that trauma is stored not only in thoughts but also in the body and its nervous system³⁴. That’s why somatic mapping and emotion-specific movement are key aspects of healing.

Session 1. (Pre) Check in with coach and trainer, check in with participant (scale), discuss trauma narrative, feelings associated with thoughts at the time, identified harbored area of the body and goal of physical session (Post) upon completion of session check in with client, discuss current emotional scale, any open thoughts and steps leading to next session as well as additional support if needed between sessions. Session 1 serves as a conditioning session to introduce Life Coach and Trainer as well as activities that will be conducted.

Following Sessions. Review previous session findings and discuss how therapy techniques, methods, or thoughts reflect or have been implemented to respond based on what has been learned from previous sessions. Discuss current focus and trauma narrative. Identify feelings (scale) and associated harbored trauma in the body and revisit the goal of the current session. (Post) Check in with the client, discuss the current emotional scale, any open thoughts, or triggers to be addressed. Discuss steps leading to the next session as well as immediate support if necessary.

- Follow up for overlap and or deviation in reporting from clients to trainer, life coach and therapist at debrief. Identify scale, feeling, narrative or focus for each session as well as somatic acts in the body.
- Debrief with Life Coach and Trainer, discuss current methods and collaborative interventions to aid in thoughts, feelings, and responses to implement for participants. Discuss psychoeducation topics as needed. Importance of being able to navigate a wide range of emotions from multiple participants at one time. It should be explored more thoroughly before facilitating it in a group setting.

Based on the participants, data, and feedback from this study, It has been determined that somatic symptoms and trauma can be treated through physical activity in unison with guided mindfulness techniques. It is evident that each expert in their perspective roles contributed to the healthy environment and safe practice that clients experienced while conducting this study. Of course, more thorough research and studies can be utilized to strengthen validity, impact, replication, and longitudinal data and should be considered as an option prior to expanding use.

Psychoeducation Topics

What is Trauma?

Unlike ordinary hardships, traumatic events are often sudden and unexpected. Trauma is a unique individual experience where an event or lasting conditions overwhelm the person's ability to process their emotional experience.

What Types of trauma?

Chronic, acute, complex, system induced, pre and perinatal, single episode, intergenerational, historical such as genocide, war/combat, violence, death loss RESILLENCE. Trauma responses-FIGHT, FLIGHT, FREEZE. Avoidance of trauma-related thoughts or feelings, Intrusive memories of the event or nightmares about the event, Hyper-arousal or exaggerated startle response, Irritable or aggressive behavior, Behavioral problems, Interpersonal problems

How does trauma effect the body/symptomology and show up as somatic symptoms?

Anxiety, numbness, sensations, loss of functioning, increased heart rate, panic attack, tension in limbs/muscles, nausea, headache.

Component #5 Emotional Intelligence

Emotional intelligence (EI) is essential for addressing trauma symptoms, especially affect regulation. Symptomatology includes changes in affect regulation, such as persistent dysphoria, chronic suicidal thoughts, self-

injury, explosive or highly inhibited anger (which may alternate), and compulsive or highly inhibited sexuality (which may also alternate). Focusing on affect regulation is vital when working with African American males who experience trauma and PTSD, because their symptoms are often criminalized. This component builds the emotional and cognitive protective factors of self-regulation, empathy, and reflective awareness that stabilize the nervous system and reduce behavioral reactivity.

Therefore, understanding and managing affect is a crucial skill for survival and avoiding incarceration.

Emotional Intelligence is key to addressing trauma symptoms, particularly affect regulation. Symptomatology of trauma includes *Alterations in affect regulation*, including persistent dysphoria, chronic suicidal preoccupation, self-injury, explosive or extremely inhibited anger (may alternate), compulsive or extremely inhibited sexuality (may alternate).

Addressing affect regulation is critical in working with African Americans who suffer from trauma and PTSD, because their symptomatology is criminalized. Hence, an ability to understand and regulate affect is essential to staying alive and out of prison.

Specific emotional intelligence topics are as follows:

Emotional Intelligence Defined
Importance of Understanding the Definition of EI
Emotions Affect our Mind and body
Emotions In the Body
Feelings of Anxiety
Reacting vs Responding
Triggers of Anxiousness
Impact of perspective
How perspective affects optimism & pessimism
ABC's of Optimism
How to apply the ABCDE's of Optimism
Validating Emotions
Behavior Chain
Normalization Suppressed
Seven human emotions
Interactive Feelings Wheels
Implementing EI
Circle of Influence v. Key relationships
Identify your strengths

Component #6: Conflict Resolution

Focus is on the importance of conflict resolution in every aspect of life: Similar to Emotional Intelligence, this activity component called Conflict Resolution addresses alterations in affect regulation through communication and collaboration during the management of conflict.

Introduction to Conflict Resolution/ Communication Skills

- Group self-defines conflict and different types of conflict
- Identify common barriers to effective conflict resolution
- Course overview and purpose of conflict resolution

Effective Communication Skills for Conflict Resolution

- Define active listening and empathetic responding
- Nonviolent communication and assertive communication

Managing Emotions in Conflict/Collaborative Problem-Solving

- Outline emotions in conflict
- Identifying personal triggers and emotional responses
- Discuss coping mechanisms for managing emotions during conflict
- Identify mindfulness and relaxation techniques to manage emotions

Understanding the collaborative problem-solving approach

- Feeling Chart
- Exploring different methods of problem-solving
- Brainstorm and analyze potential solutions
- Identify everyday situations for conflict resolution techniques
- Identifying conflicts and techniques for conflict resolution

Understanding and Respecting Differences/ Dealing with Difficult Personalities

- Define diversity and differences
- Identifying unconscious biases and stereotypes
- Discuss development of empathy and cultural competence
- Discuss strategies for effectively managing conflict in diverse groups
- Understanding how to handle difficult personalities in conflict

Recognizing and responding to conflict in different settings

- Setting Boundaries and Managing Expectations
- Strategies for managing conflict in diverse groups

Conflict Resolution in the workplace, school, or in relationships

- Importance of recognizing and responding to conflict
- Challenges of conflict resolution in the workplace, school, and relationships
- Identify power dynamics and hierarchy in the workplace, school, and relationships
- Identify strategies for addressing conflict in the workplace, school, and/or relationships

Component #7: Entrepreneurship and Wealth Building

The Abundance component of TRIBE consists of eight workshops designed to cultivate the spirit and skills of entrepreneurship. These workshops help participants to satisfy their desire to be rich by helping them move methodically in that direction within the licit economy. The workshops are held once a week in 2-hour sessions. Each workshop session combines two parts, one that focuses on entrepreneurship and a second that focuses on wealth building.

Participants strategize and set goals for how they aim to experience abundance in their lives – “people first, then money, then things” as Suze Orman says. A part of this workshop series confronts participants with the fact that they live in one of the most abundant nations, and yet, their lives seem filled with and constrained by scarcity. Yet the western model of rugged individualism may or may not work best for them because they come from a cultural heritage in which status historically has been based more on generosity than on stinginess and reduced charitable taxes characteristic of capitalism. This component strengthens the spiritual, cognitive, and social protective factors related to self-efficacy, purpose, and abundance consciousness, supporting participants in redefining wealth through cultural alignment and personal mastery.

This cultural model presents them with a new way of thinking about the power that comes with being rich and what to do with that level of material attainment. For instance, in many colonial African societies, like southern Ghana, the primary purpose of political authority was to redistribute wealth. Elites were granted power based “on their capacity to operate in accordance with ideals of mutuality and ‘abundance’ that inform their relations with non-elite constituencies” (Pellechia, n.d.). This model is presented as another option to help participants think out of the box. Participants consider what priorities are most important to them and come to understand that all wealth is intended to support their vision. They will plan how to earn income, save, invest, and be responsible for their own fiscal welfare as well as that of their communities.

The major goal of these workshops is to train participants to recognize abundance as an inner state that outwardly manifests through their vision, planning, and diligence. Participants who previously may have survived only by acquiring through the illicit economy now will learn to strive for financial self-reliance within the framework of the licit economy. Participants who complete TRIBE's Abundance component come to understand that "my potential to earn is within me, not outside me." They begin to think that their experiences and purpose already contain the seeds of their abundance. Like miners, they assess their worthiness in a new light and tap into their own richness: "I already have invested in myself through suffering and struggle; now I chose to invest in myself through well-executed personal sacrifice."

Phase One

Week 1 - Who is the Entrepreneur?

- What it means to be an entrepreneur
- Understanding the entrepreneurial journey
- The importance of your 9-5 job in your entrepreneurial journey
- How to get started properly as an entrepreneur

Week 2 - Entrepreneurial Finance

- Your financial responsibilities and business structure
- Slimming down the fat
- Avoiding the entrepreneur debt trap
- Avoiding a financial gumbo

Week 3 - Finding your side business

- How to run your personal skills audit
- Identifying your money skills

Week 4 - Your MVP product

- Creating your minimum viable idea list

Week 5 - Developing a profitable idea

- How to validate your ideas
- How to identify your target avatar

Week 6 - Niching Down

- How to niche down to target market
- How to define target market
- Quick innovative ways to bring profitable idea to market

Week 7 - Building a business (The Practical)

- Discover the current business ideas
- Build an open game plan and MVP
- Create a base business plan

Phase Two

Week 8 - Marketing message

- Crafting your story
- Developing a one-sentence headline
- Understanding your customer journey

Week 9 - Marketing Funnels

- How to implement the three-channel marketing outreach
- Understanding your marketing funnels - websites, social media etc
- Implementing a sales funnel

Week 10 - Sales strategies

- Developing your value offer
- How to not compete on pricing
- Understanding your value ladder and average cart value

Week 11 - Advanced business models

- Service based models
- Content based models
- Flexible consumption models

Week 12 - Business Systems

- Executing the five business success systems.
- Practical implementation

4.2.2 CDEP delivery (when, where, duration) including cycles of/length of intervention that occurred up until end of data collection.

All CDEP delivery occurs virtually (for adults who lack transportation) or onsite at the Whole Systems Learning facility. The delivery process involves running the program, which has continued without interruption from before data collection began to the present.

All adults come to the facility at least once to meet their case managers.

All youth and young adults attend daily.

The adult program totals 120 hours, split into 5 workshops, each lasting 12 days with 2 hours per day.

The youth program totals 104 hours, divided into two tracks as follows:

- 1) The *Youth Empowerment Circles* are 24 hours in 12 sessions.
That is 2 hours per session, twice a week, spread over 6 weeks.
- 2) The other TRIBE component sessions are 80 hours in 40 sessions.
That is 2 hours per session, five days a week, spread over 8 weeks.

Also, there were x cycles in Phase 2 and x cycles in Phase 2 Extension

4.2.3 Demographics of populations and sub-populations intended to be served by the CDEPs vs who was actually served by the CDEPs (qualitative or quantitative description)

The intended populations for Phase II Extension were the populations served:

African American male, ages 14-29
African American male and females, ages 18 and over.

4.2.4 CDEP participant attrition (of CDEP participants dropped/left and reasons)

Based on the count, 1210 participants enrolled over 7 years of evaluation.

201 were enrolled over the first 3 years, of whom 52 completed the program.

In Phase II Extension, 1009 participants were enrolled. Of these, 508 completed.

Recently, these were the numbers:

- Currently, a total of 872 African Americans are listed on the Master I.D. list.
- Between June 18, 2024, and May 5, 2025, 364 individuals completed tribe activities per SWE pre/post matches.
 - Of these, 85 were youth during that period.
- Between April 20, 2022, and June 14, 2024, there were 519 African Americans enrolled.
 - 124 graduated.
 - 29 of those who graduated were youth.
 - 20 individuals completed 50 or more hours toward completion.

Reasons for leaving include:

- Employment or Training Opportunities – Participants who left upon securing alternative employment or enrolling in other educational or vocational programs.
- Personal Circumstances – Changes in family responsibilities, relocation, or health-related issues contributed to early exits.
- Motivational and Engagement Challenges – Reduced motivation, disengagement, or difficulty meeting program expectations.
- Program Fit – Some participants reported that the program did not fully align with their skills, interests, or career aspirations.

4.2.5 Strategies used to incorporate indigenous knowledge (local, cultural or LGBTQ-specific knowledge) in CDEP development or implementation

A learning impedance can develop when American institutions seek to shape African descent subjectivities, and this happens mainly because of the ideological dualism-materialism that is the bedrock of Western thought. According to Herbert, this way of thinking about things is reductive in a “deadly” way (1998). He warns against how it reduces “perceivable properties” to “particles in motion”; sensationalizes “perception” and turns it into nothing but “neuronal activity”; and subsequently, a “perceiver” is reduced to a “brain” in a body. Thinking in this reductive mode becomes the institutional practice of working, say with trauma, in ways that separate bodies of knowledge: physics from metaphysics; song from dance; writing from speech; geometric theorems from sacred geometry and architecture; art from the manifestation of thought. In sharp contrast, African thought, action, philosophy, cosmology, and science are integrated. A sense of integration is reflected in African culture, and in African diasporic cultures, like it also is reflected in African American Hip Hop, a form of music that the whole world embraced because it speaks to its African American creators and audiences across four levels of resonance:

physical, emotional, mental, and spiritual, all at the same time. To circumvent this culture-bound learning impedance, African American educators have long found it necessary to develop curricular forms of “fugitive pedagogy” that enable them to teach subversively about the black achievements, histories, and futures that the dominant curriculum monitors would censor (Anderson 2021).

Utilizing African cultural traditions to build AA participants' resilience is a powerful concept. Still, it is not always initially welcomed as meaningful by those whose traumatic wounds have alienated them from their ancestral cultures of origin. Mainstream hostility to African worldviews tends to cultivate cultural alienation among many African Americans. Alienation from self and community is expected in such systems. Even high-achieving African American youth are made to suffer unless they conform by shedding their African descent worldview and manner of expression to adopt the standard European American patterns of speech and interpretation (Glenn-Butler 2020).

For traumatized AA male youth and young adults who have deeply internalized negative racial identity, any prevention and early intervention (PEI) program must provide for their cultural inoculation against the damaging and diminishing ideas and beliefs about Black people and Blackness that they encounter almost daily. This is why the cultural form of PEI employed must take an integrative approach to building sound therapeutic programs for African Americans. It should simultaneously encourage and support culturally congruent opinions, beliefs, and behaviors that lead to and reflect the sense of confidence, competence, and the sense of real possibility and unlimited potential." (CRDP Population Report, “I Ain’t Crazy, Just Trying to Make it in a Crazy World”)

To achieve this goal, the TRIBE draws on traditional African cultural systems that provide a model for growth, development, and optimal health aligned with the physical and spiritual aspects of African descent communities. Therefore, we embed the wisdom of the ancestors into the CDEP program, transforming the awareness of having been traumatically wounded into seeing the “gift in the wound.”

This necessary shift in perspective eludes the institutional therapeutic gaze. It frees the potential to learn and grow from the past, as symbolized by the West African Sankofa bird symbol. Those who embrace the legend of the Sankofa bird realize that we must look back and remember to move forward. TRIBE conveys this ancient African wisdom, which holds that on the path of destiny, one’s experiences serve as their “teachers,” emphasizing that to heal and grow, both the healers and those being healed must embody all time in the present as they become willing students of the past and visionaries of the future.

Enhancing AA youth and adult resilience in this way is consistent with their undergoing rites of initiation as was common in traditional African societies, and with the reintroduction of such rites to African Americans and to Americans in general through the work of Malidoma Somé (1995). To be healed of the mental and physical wounds inflicted during his capture by the Western educational institution, Malidoma had to return to his family and undergo the process of initiation that his colonizers had invalidated. Similarly, a shared intention arises in TRIBE’s healing circles: helping men heal boys become men with the help of their elders and community. In this regard, the TRIBE’s programmatic process of enhancement and transformation is fundamentally African in origin, as the prime objective of TRIBE is written in hieroglyphics on the pyramid, where one finds the command “Know Thyself.”

4.2.6 Relevant or significant changes made to CDEP components activities or delivery (*this information may be reported in other sections, e.g., fidelity/flexibility*)

By the end of 2021 WSL completed Phase I and guided 80 participants through the TRIBE program. We showed excellent quantitative and qualitative results during that period; however, none of WSL’s staff had any understanding of trauma or TRIBE at that time. We were not offering the *Know Thyself* workshop in its original form then, and our service delivery often strayed from the original design. So, we made some additional, significant changes to TRIBE activity components during the Phase II extension:

- ❖ We corrected programmatic deviation by launching the full implementation of *Know Thyself*, and returning to its original design while upgrading the related peer support specialist training.
- ❖ We added healing circles to address the specific trauma of gang-involved and impacted youth, with the added benefit of providing time for the youth to learn self-regulation skills and to develop their ability to participate effectively and cooperatively in group facilitation.
- ❖ We also added emotional intelligence and conflict resolution as two additional cognitive components.
- ❖ We piloted the somatic component and, to ensure a consistently delivered intervention, developed a stable core of facilitators.
- ❖ We revised the ‘training curriculum’ for TRIBE, focusing on the behavior change theory, developing a shareable explanation of the K-TECTT modality and model, and the rationale behind the intervention.
- ❖ We developed a TRIBE training curriculum for therapists, case managers, and peer support specialists.
- ❖ Our most recent and major update—between February and May 2025—focused on clarifying TRIBE’s therapeutic process that led to the formalization of K-TECTT. I needed a better understanding of how to explain how theory informs our intervention, so I researched trauma-informed therapies extensively. To sum up what I learned, I distributed my better-informed K-TECTT design to staff so they could better understand the services we offer and how to implement them. Staff benefited from that clarification and are now implementing the program more efficiently in 2025.

These modifications did not alter the main contours of TRIBE’s implementation. They streamlined it by filling in some blanks, and, for the first time in WSL history, enabled a systematic application of the somatic component. Starting November 1, 2025, we will begin the process of ‘new staff development’ in TRIBE.

4.2.7 Sustainability, Scalability, and Systems Transformation

Whole Systems Learning has been involved in sustainability, scalability, and systems transformation since our initial involvement, and has been intensely so since Phase II. From the outset, we emphasized sustainability and sought to determine how to bill Medi-Cal. This process took six years to complete, but now, we are there. We expect to have a contract in December 2025, so by the time we submit our final report in December, we will be under contract with all the managed care plans in L.A. County. This achievement makes us more sustainable because we can use Medi-Cal’s new systems for *enhanced care management*, *community support*, and *billing for community health workers*. Billing Medi-Cal will enable us to fund most of our organizational budget. Additionally, we have strengthened our partnership with the L.A. County Justice Care and Opportunity Department, and we expect to secure long-term contracts.

Regarding scalability, we can now open offices in any county within the state and bill MediCAL, allowing us to expand as needed. We recently grew from a 3,400 sq. ft. site to a 20,000 sq. ft. facility. Here, we launched a 24/7/365 youth development center that will be our primary focus for the next year. Additionally, we have acquired two other sites, both in Los Angeles, where we also plan to run programs. Once these three locations are operational, we aim to expand to Oakland. We are also capable of expanding to other states that are adopting the new Medicaid approaches, such as *enhanced care management*. This means we only need start-up funds to develop more programs across the United States.

Regarding systems change, we have participated in and continue to support state-wide advocacy for the *Behavioral Health Services Act*, in which our network of collaborative advocates has successfully secured the inclusion of CDEP language in all related legislation and regulations. This success has extended to L.A. County, where CDEPs

are now required in mental health care under the bill, and we are named explicitly as a CDEP included in the County's Behavioral Health Plan. We also continue to work with the planning office to ensure that CDEPs can contract with counties that have shown resistance to involving and contracting with community-based organizations in meaningful ways.

Local Evaluation Questions

Evaluation Questions, Indicators, and Measures

The TRIBE Comprehensive Developmental Education Program (CDEP) serves as both an educational and psychological intervention featuring a distinct curriculum and pedagogical framework. Participants engage in the program upon completing a series of learning experiences that contribute to the development of their psychosocial identities, resulting in a structure that appears inherently developmental. This developmental structure necessitates that any evaluation of the TRIBE intervention's fidelity and effectiveness actively account for the passage of time and the various learning events that occur both between and within the different components of the TRIBE CDEP. The objective of the TRIBE CDEP evaluation is to answer four questions:

1. To what extent are changes in Statewide Evaluation (SWE) Core Outcome Measures attributable to the TRIBE CDEP activities?
2. To what extent does the strengths-based resiliency model mediate TRIBE CDEP outcomes?
3. Which psychosocial factors does the program significantly impact (change)?
4. To what extent is the Life Skills instruction, entrepreneurship, and employment related to variability in the quality of participants' living arrangements?

EVALUATION DESIGN & METHODS

A. DESIGN

The CEDP study design employs a pre-and post-test design. The pre-intervention assessment was conducted at baseline, which was not fixed but varied across cohorts recruited into the program (TRIBE). At the end of the intervention for each cohort, post-intervention assessments were administered, tailored to each participant. However, the majority of participants are assessed post-completion of the program, which has ranged from 8 to 12 weeks during the Phase II extension period. The intervention, comprising of a series of workshops and addressing each participant's psychosocial needs, is self-paced.

B. SAMPLING METHODS AND SIZE

Sampling Method: A combination of purposive and respondent-driven sampling was used to recruit participants for the program. Establishing outreach and fostering relationships with probation and parole officers and relevant agencies facilitated the creation of a referral system for recruitment. Furthermore, additional participants were recruited through referrals from previously recruited individuals. For the evaluation, the sample comprised TRIBE participants enrolled in the program who had completed the baseline assessment, with a subset of these participants also completing the post-test assessments.

Power Analysis: Power analysis was conducted to determine the required sample size to detect significant findings if they exist. That is, having a high probability of rejecting a false hypothesis.

For example, suppose the CDEP strengths-based measure of resilience instruction correlates positively with the scores on the resilience outcome measure. In that case, the evaluation wants to reject the null hypothesis that states there is no correlation (a false hypothesis). With an estimated sample size of 30-40 participants, this sample will be

adequate for assessing program effectiveness using the Case and Fields methods (see Isaac & Michael, 1995, pp. 52-53). Case studies are used to supplement quantitative tests since, in some cases, the quantitative aspect of the survey lacks power due to an inadequate sample size.

The evaluation can detect the actual value of the correlation between the TRIBE CDEP strengths-based resilience instruction and the resilience outcome measure at a $p < .05$ level of probability and with more than 80% accuracy (power). Cohen (1988) argued that studies ought to have at least an 80% probability of rejecting a false hypothesis. Recruitment has been excellent in Phase 2 Extension and therefore, the issue of having adequate power (80%) is a non-issue in the extension phase.

Final Sample Size: Despite our initial projection of a minimum of 70 participants with matched pre- and post-assessments, the final pre-assessment sample comprised 201 participants, consisting of 189 adults and 12 youths. For the post-assessments, the sample size included more than 100 adults and over 100 youths, with a subset participating in the Healing Circles curriculum. These individuals administered a comprehensive battery of questionnaires designated for post-test assessments, which encompassed the post-test statewide evaluation (SWE) measures. Notably, none of the participants enrolled in the study withdrew their consent or formally exited the study. However, based on the completed matched pre- and post-assessment SWE measures, we estimate an attrition rate of xx%. Compared with the initially targeted 70 matched-pairs sample, the shortfall represented an xx.x% deficit (n short of the target 70). No formal evaluation was conducted to assess the elevated attrition rate.

Some of the plausible explanations were:

1. The target population is very mobile, and therefore some move away and are not in proximity to the program's location.
2. The Whole Systems Learning office relocated to Long Beach, which might have been the reason.
3. After receiving some training, some empowered participants stayed in touch but did not complete all the workshops to take the post-test assessments then.
4. In some cases, after obtaining employment with assistance from the WSL/TRIBE, the employment schedule conflicts with attending the classes/workshops.

Given the moderate attrition, the program will need to conduct a formal assessment to determine the factors contributing to it. We plan to conduct an analysis that will provide insight into participants who complete the program and those who do not.

C. MEASURES & DATA COLLECTION PROCEDURES

Process and Outcome Measures

In line with the measures outlined in the SWE Core Process, the TRIBE CDEP's formative evaluation has been ongoing, and the findings have been used to improve and adjust the program's activities and curriculum. Table 1 summarizes the relevant measures and data sources (see page 31). Additionally, TRIBE participants' involvement is key in validating the cultural relevance and appropriateness of standardized test instruments, especially when questions arise about including African American subjects in the standardization sample. Participant engagement is crucial, as it helps ensure that data collection follows both scientific standards and cultural and linguistic relevance.

The fidelity of the TRIBE intervention was assessed regularly. The assessment methods included the use of the "One-Minute Anonymous Self-Assessment" tool to determine the fidelity, effectiveness, and quality of instruction. Moreover, the Director of Evaluation observed several workshop sessions. During the COVID-19 pandemic lockdown, the workshops were conducted via Zoom and recorded. The Director of Evaluation reviewed a sample of these recordings to evaluate the fidelity, effectiveness, and quality of the instruction. The

Director of Evaluation also conducts Participant Exit Interviews and assesses fidelity during these sessions. Other opportunities to evaluate fidelity include observing various workshops or classroom sessions. The evaluation of TRIBE CDEP outcomes occurs in two phases. The details of the formative and summative assessments are provided under these two phases.

Formative Evaluation: Data Collection and Analysis

The first phase is the formative evaluation of the TRIBE Program's learning activities. This phase is a process evaluation that employs feedback from the "One-Minute Anonymous Self-Assessment" instrument to define the instruction's fidelity, effectiveness, and quality. These instruments, designed for Know Thyself, Entrepreneurship and Wealth Building, and HipHopHeals, assess how each workshop section positively impacts participants' goals in these three areas.

The TRIBE CDEP evaluation defines "degree of fidelity" as the fit between the content or skill objectives outlined in the TRIBE curriculum and those delivered in the instructional process. This evaluation interprets the extent to which TRIBE participants demonstrably learned the expected range of skills because of their exposure to the planned learning activities, describes the fit between the curriculum and the instruction, and subsequently, the degree of fidelity with which the TRIBE program's curriculum is delivered.

The evaluation uses its "One-Minute Anonymous Self-Assessment" (OMASA) device to assess the quality of instruction by measuring the extent to which TRIBE participants learned the expected knowledge or skill after exposure to the learning activity. Asking three short-answer questions, the OMASA provides participants with an opportunity to judge what they have learned from their exposure to the learning activity. The opportunity to evaluate their learning involves students in higher-order learning (e.g., see Bloom, 1976) associated with critical thinking and self-reflection. Allowing students to comment anonymously, the OMASA generates the necessary feedback to evaluate the effectiveness of both the learning and the teaching.

OMASA captures qualitative (i.e., unstructured) data by asking TRIBE participants four open-ended essay-type questions and allowing space for their spontaneous commentary:

- a. What did you learn that you did not know before you participated in this class?
- b. What did you learn that you would like to know more about?
- c. Would you recommend this lesson for other students like you? (If so, briefly explain why you would, and if not, briefly explain why you would not.
- d. Did this workshop help you increase your sense of positive identity or positive self-worth? Explain.
- e. On a scale of 1 to 10, how would you rate achieving a more positive identity or sense of self-worth?

The original "One-Minute Anonymous Self-Assessment" (OMASA) was generic, and in January 2020, the items OMASA instrument was modified, creating three versions for the following workshops: Know Thyself; Entrepreneurship and Wealth Building, and Somatic/HipHopHeals.

Ideally, a TRIBE staff member would administer the OMASA instrument at the end of each class before the COVID-19 pandemic. However, the OMASA instrument was administered online during the locked-down phase of COVID-19. Therefore, participants who completed the assessment at the end of each workshop session used a link placed in the chat feature of zoom.

Schedule for and Duration of Data Collection Instruments:

Table 1. Data Collection Schedule and Instruments

Data Type	Data Collection Instrument	Duration of Data Collection	T ₀	T ₁
Process Measures	Qualitative Data	Vary	X	
	One-Minute Assessment (for Know Thyself; Entrepreneurship, and HipHopHeals)	20-minutes	X	
	TRIBE Program Inter-Item Rating Scale	Vary	X	
	Enrollment Forms	15-20 minutes	X	
Outcome Measures	SWE Core Measures: Adolescent	15-25 minutes	X	X
	Sense of Coherence Scale (SOC)	15 minutes	X	X
	Ethnic Identity General Self-Efficacy Rosenberg Self-Esteem Trauma symptoms Buss-Perry Aggression and Hostility General Well-Being Mental Health Neighborhood Safety	30-40 minutes	X	X
	CES-D	5 Minutes	X	X
	Adapted Positive Youth Development (PYD) Instrument	10 Minutes	X	X
	Achievement of Personal Needs: Housing, Employment/Start Own Business; Transportation; GED; Primary Goals 1-3; etc.	15 Minutes		
	Document/File Review [†]	20-30 minutes per document	X	
	Exit Interviews	30 Minutes		X

Legend: †: Documents include Academic Records, Probation Records, and Life Skills Check List

D. FIDELITY AND FLEXIBILITY

Fidelity was assessed by participants completing a short questionnaire, the "One-Minute Assessment," during each workshop they attended. Additionally, the evaluator periodically chooses a workshop at random to evaluate fidelity. During and after the COVID-19 pandemic, workshops were conducted remotely via Zoom and recorded. Therefore, the evaluator could review the recorded workshop and the completed "One-Minute Assessment" to assess fidelity.

Training

To ensure the reliability and validity of data collection, the evaluation staff will participate in comprehensive training covering the following topics:

1. The aims of the measurement instrument
2. The reliability and validity of the measurement instrument
3. The data collection protocols
4. Common questions from participants during test administration
5. Proper procedures for handling and storing raw data after scoring

The Evaluation Director emphasized the importance of collecting accurate and complete data at each assessment point. He also highlighted the significance of cultural competence and reviewed standards for ensuring informed consent, confidentiality, voluntary participation, and weighing benefits and harms. During training, designated staff involved in data collection were instructed on how to ensure completeness of survey responses.

Program staff will remind participants of the purpose of the assessment and provide clear instructions for completion. Participants will complete assessments at the start and end of each workshop for the "One-Minute Assessment." For pre-and post-assessments, data will be collected at the beginning of each cohort (baseline) and when each participant matriculates through the program. Finally, the Evaluation Director conducted a workshop to review and survey current best practices for administering various tests, including cognitive, psychological, psychomotor, and career inventories.

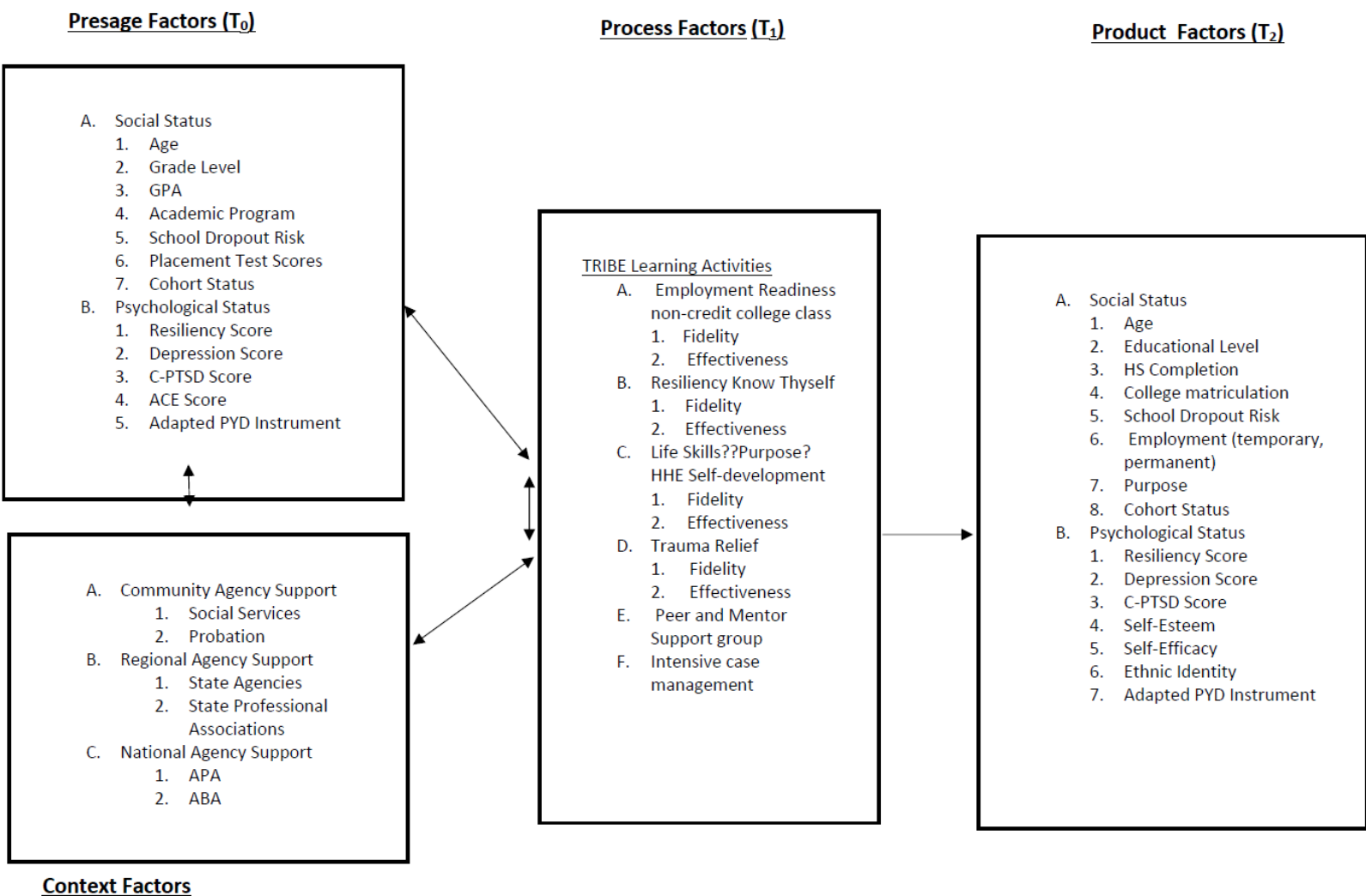
DATA ANALYSIS PLAN IMPLEMENTED

Data Analysis Plan

Data Analytic Plan and Reporting: For this proposed program, the recruitment goal was 20 TRIBE participants per year—two cohorts, each with 10 participants. Therefore, the total sample size was planned to be 80 participants by Year 5. However, the data collection period for the entire California Reducing Disparities Project (CRDP) was shortened from 4 years to 3 years, reducing the recruitment goal to 60. Originally, the design included a control group (participants on the waiting list who had only completed College/Prep and Employment), and we planned to analyze outcome measures (summative evaluation) using a Modified Nonrandom Control-Group Time-Series Design. Due to recruitment challenges, we modified the design to a single-group approach, adopting a pre- and post-test study design. Consequently, the annual summative assessments were based on a qualitative evaluation narrative (Case and Field method) and on quantitative measures, analyzed using descriptive statistics, paired t-tests for continuous data, and McNemar tests (chi-square tests) for categorical data. The process and outcome measures used to assess the program's effectiveness relative to the evaluation goals are summarized in Table 1.

The evaluation generated insights related to the contextual factors outlined in the process-product framework (refer to Figure 1) through the application of the Case and Field method. This approach is particularly advantageous for examining the various levels of institutional support for the TRIBE intervention for three key reasons. Firstly, by conceptualizing these institutions as social units, the method facilitates the development of in-depth historical insights into the environmental interactions between local, regional, and national agencies. Secondly, Case and Field studies are well-suited for demonstration projects, as they effectively identify issues, challenges, and questions prior to any large-scale implementation. Lastly, this methodology provides personal narratives from third parties, which enhance evaluators' understanding of the historical and social context surrounding the quantitative data.

Figure 1: Process-Product Framework for Evaluating TRIBE Program Outcomes (After Gage, 1978)



Data Analysis Plan Specific to Evaluation Question:

Evaluation Question #1: "According to the SWE Core Process Measures, how well are TRIBE CDEP Phase 2 activities being delivered?"

The evaluation staff collected completed self-assessment forms from the instructors. Data from the "One-Minute Anonymous Self-Assessment" (OMASA), which includes four short-answer questions, allows participants to reflect on what they have learned from the activity. These forms are also used to assess the effectiveness and fidelity of the workshop instructions. The OMASA was tailored for each of the following workshops: Know Thyself, Entrepreneurship and Wealth-building, Somatic/HipHopHeals, Emotional Intelligence, and Conflict Resolution. Refer to the section, Formative Evaluation: Data Collection and Analysis, above for more details.

Evaluation Question #2: "To what extent is the change in SWE Core Outcome Measures attributable to the TRIBE CDEP activities?"

Paired sample t-test or McNemar tests were performed will be used to determine the mean difference between pre- and post-tests of SWE Core measures, Sense of Coherence, General Self-Efficacy, Rosenberg Self-Esteem, Ethnic Identity, Traumatic Stress Symptoms Scale, the Center for Epidemiological Studies – Depression (CES-D), PYD indicators, Traumatic Stress Symptoms Scale, Buss Perry Aggression and Hostility Scale, General well-Being, Social Isolation, and Neighborhood Safety. Below is a brief description of each of the listed data collection instruments.

The SWE Core measures are the statewide evaluation tool administered at baseline and after completing the workshops (in 8 weeks). The Sense of Coherence instrument is a scale that assesses how people view life and aims to identify how they might use their resources to overcome resistance and maintain or develop their health. General Self-Efficacy is a 10-item survey that evaluates an individual's overall belief in their ability to solve problems and achieve goals. The Rosenberg Self-Esteem scale is a 10-item measure that gauges overall self-worth by assessing both positive and negative feelings about oneself. The Ethnic Identity Scale measures three distinct aspects of ethnic-racial identity: (a) exploration, or the extent to which individuals have explored their ethnicity; (b) resolution, or the degree to which they have clarified what their ethnic identity means to them; and (c) affirmation, or the positive or negative feelings they associate with their ethnic-group membership.

The Traumatic Stress Symptoms Scale is a 27-item inventory of traumatic symptoms. The scoring is used to derive the likelihood of post-traumatic stress disorder (PTSD). The Center for Epidemiological Studies-Depression (CES-D) is a 20-item measure that asks caregivers to rate how often over the past week they experienced symptoms associated with depression, such as restless sleep, poor appetite, and feeling lonely. Scores range from 0 to 60, with high scores indicating greater depressive symptoms. The Life Satisfaction Survey is a 5-item scale designed to measure global cognitive judgments of one's life satisfaction (not a measure of either positive or negative affect). See Appendix for a copy of the instrument. The Devereux Adult Resilience Survey (DARS) is a 23-item reflective checklist that provides adults with information about their personal strengths. The information can be used to help individuals build on these strengths, such as creativity and setting limits, so that they can better cope with adversity and the stresses of daily life. (See Appendix for a copy of the instruments).

These analyses assess change between the participants who receive the entire. Given that we evaluated the outcomes at two time points, baseline and post-intervention, we performed paired t-tests for

continuous measures and McNemar tests (chi-square tests) for categorical measures. The outcome measures analyzed are as follows: SWE Core Measures, including Trauma Symptoms and Psychological Distress assessed; Mental Health measured by CES-D (Depression); General Self-efficacy scores; Rosenberg's Self-esteem score; Sense of Coherence; DARS resilience scores; and Life satisfaction scores.

Assessment of the Use Data Collection Instrument to Lessen Data Collection Burden (CRDP Phase II):

Given feedback from the TRIBE participants, the Evaluation Director and the program leader re-evaluated the assessment to reduce participant burden by reducing the total data collection time. We evaluated three instruments: the Sense of Coherence, the Rosenberg Self-Esteem Scale, and the General Self-Efficacy Scale. For the Sense of Coherence, the question was whether we should switch from the 29-item (SOC 29) into 13-item (SOC 13) instrument was the Sense of Coherence (SOC). There was also discussion of dropping either the Rosenberg Self-Esteem Scale or the General Self-Efficacy Scale. A compatibility study was conducted to determine if we should switch from SOC 29 to SOC 13. Based on the findings from the compatibility study, we switched from SOC 29 to SOC 13. The correlation between the Rosenberg Self-Esteem and General Self-Efficacy Scale was also performed. Below are the results of the compatibility study and the correlation analysis. The compatibility study led us to switch to SOC 13. After switching to SOC 13, we saw an increase in the SOC completion rate. After conducting the correlation analysis between the Rosenberg Self-Esteem Scale and the General Self-Efficacy Scale, we decided to retain both instruments.

Compatibility of SOC 29 and SOC 13: The TRIBE research team decided to administer the 13-item Sense of Coherence (SOC) questionnaire instead of the 29-item SOC to decrease participant burden in data collection. Hence, a compatibility study was conducted, and the result is as follows:

1. The analyst mapped the items of the SOC-13 instrument to the SOC-29.
2. We perform a comparability analysis of the two versions of the SOC instrument. The total sample was 45.
3. The analyst tested the comparability of the two versions of the SOC instrument using the Pearson correlation and the Kendal tau-b statistics.

As a result, the Pearson correlation coefficient between SOC-29 and SOC-13 was 0.88 ($p < 0.0001$) with a 95% CI of 0.80 - 0.94. Alternatively, the Kendal tau-b statistic was 0.66 ($p < 0.0001$). Therefore, based on the Pearson Correlation and the Kendal tau-b statistics, one can infer strong agreement between SOC-13 and SOC-29 in measuring Sense of Coherence in this target population. It was therefore recommended a switch from SOC 29 to SOC 13.

Correlation Analysis of Rosenberg Self-Esteem Scale & General Self-Efficacy Scale: The matched sample size was 45. The mean (SD) of the Total Score of the Rosenberg Self-Esteem Scale was 23.8 (7.9), with a range of 11 to 30. Alternatively, the mean (SD) of the Total Score of the General Self-Efficacy Scale was 33.6 (5.5) with a range of (19, 40). Using the Rosenberg Self-Esteem Scale, about 2.8% of participants reported a problem with self-esteem. To assess the comparability of the two scales in measuring self-esteem, we performed a correlation analysis. We obtained Pearson correlation coefficients (p-values) and Kendall's tau-b coefficients (p-values). Both the Pearson Correlation coefficient ($r=0.483$; $p < 0.0001$) and a Kendall's tau-b coefficient ($tb= 0.338$; $p < 0.0001$) were significantly different from zero. However, both coefficients were too low. Ideally, one would expect a much higher coefficient, greater than 0.8. Hence, the decision was to keep both instruments.

Development of Single Global Measures of Protective Factors:

Evaluation Question #3 "To what extent does the strengths-based resiliency model mediate TRIBE CDEP outcomes?"

Paired sample t-test or McNemar tests were performed to determine the mean difference between pre- and post-tests of the following measures: selected SWE Core Measures, Trauma Symptoms, and Psychological Distress assessed; Self-efficacy scores; SOC, and other risk or protective factors for the entire program.

Evaluation Question #4 "To what extent is the Life Skills instruction entrepreneurship, and employment related to variability in the quality of participants' living arrangements?"

The Life Skills Inventory was obtained from the TRIBE program staff at the time of participant enrollment. Each participant was subsequently assigned a case manager responsible for addressing a variety of needs, including housing, employment, career training, transportation, and obtaining a driver's license. To evaluate the effectiveness of the TRIBE program in meeting these needs, a qualitative Key Informant Interview (KII) methodology was employed during the Exit Interview. This approach facilitated an in-depth assessment of participant experiences. Specifically, the fourth evaluation question—"To what extent is the Life Skills instruction on entrepreneurship and employment related to variability in the quality of participants' living arrangements?"—was addressed through the analysis of vignettes derived from the Key Informant Interviews. **See Appendix for a copy of the evaluation instruments.**

EVALUATION RESULTS

In presenting the findings from the local evaluation of the TRIBE Program, we shall present general findings that describe the program participants and results that speak to the program's overall effectiveness. Then, we shall present findings that specifically address the four evaluation questions.

Characteristics of the Program Sample:

Table 2 presents the distribution of sociodemographic factors among TRIBE participants. A total of 298 adults completed the SWE Core Measures. Below is a concise highlight of the demographics of the adult sample.

- **Age:** The mean age of participants with valid data is approximately 37.07\$ years (SD=12.98). The majority of the participants are in the 30-39 age group (27.2%), followed closely by the 18-29 group (22.5%).
- **Race/Ethnic Origin:** The sample is predominantly **Black or African American** (71.8%). Multi-race participants account for 5.0% of the sample.
- **Health Insurance:** A large majority of participants reported **having health insurance** (79.9%) in the past 12 months.
- **Perceived Health:** Most participants reported their health as either **Very Good** (including Excellent, 45.3%) or **Good** (32.6%).

Regarding the youth, they are predominantly **Black or African American**, accounting for over three-quarters of the sample (76.5%). Approximately one-fifth of the participants (21.2%) had an unknown race/ethnic origin. At the same time, Multi-Race representation was low (2.4%), and there were no reported participants in the Latino/Hispanic/Spanish or American Indian/Alaska Native categories.

For **Preferred Language**, the sample showed a strong preference for Spanish, with **English/Spanish** being the most common category (71.8%), followed by English (10.6%). However, a significant portion of language data was unknown or missing (17.6%). The vast majority of participants' **Place of Birth** was **Unknown (Do not Know or Missing)**, representing 84.7% of the sample. Among those with recorded data, 10.6% were born outside the USA, compared to 4.7% born inside the USA. Data quality was a major issue for **Health Insurance**, with an extremely high rate of **Unknown (missing)** responses (94.1%). Among the few who provided an answer, slightly more reported having no health insurance (3.5%) than having it (2.4%). In terms of **Perceived Health**, the participants were most likely to report their health as **Poor** (42.4%), followed by Good (24.7%) and Fair (18.8%). Only 1.8% reported their health as Very Good.

Table 2. Baseline Characteristics of the TRIBE Sample

Characteristics	Adult (n=298)	Youth (n =85)
<i>Age mean ± SD</i>	37.1 ± 13.0	17.9 ± 1.4
<i>Age Groups, n (%)</i>		
18-29 years	67 (22.5)	--
30-39 years	81 (27.2)	--
40-44 years	21 (7.0)	--
45-49 years	22 (7.4)	--
50-64 years	35 (11.7)	--
Unknown (missing)	62 (20.8)	--
<i>Race/Ethnic Origin</i>		
Black or African American	214 (71.8)	65 (76.5)
Multi Race	15 (5.0)	2 (2.4)
Latino/Hispanic/Spanish	0 (0.0)	0 (0.0)
American Indian/Alaska Native	1 (0.3%)	0 (0.0)
Other Race	9 (3.0)	0 (0.0)
Unknown (missing)	49 (16.4)	18 (21.2)
<i>Preferred Language, n (%)</i>		
English	243 (81.5)	9 (10.6)
English/Spanish	0 (0.0)	61 (71.8)
French	0 (0.0)	0 (0.0)
Unknown (missing)	55 (18.5)	15 (17.6)
<i>Place of Birth</i>		
Inside the USA	263 (88.3)	4 (4.7)
Outside USA	1 (0.3)	9 (10.6)
Unknown (Don't Know or Missing)	34 (11.4)	72 (84.7)
<i>Having Health Insurance in the past 12 months</i>		
Yes	238 (79.9)	2 (2.4)
No	0 (0.0)	3 (3.5)
Unknown (missing)	60 (20.1)	80 (94.1)

<i>Perceived Health</i>		
Very Good	135 (45.3)	10 (11.8)
Good	97 (32.6)	21 (24.7)
Fair	35 (11.7)	16 (18.8)
Poor	7 (2.3)	36 (42.4)
Unknown (missing)	24 (8.1)	2 (2.4)

Evaluation Question #2 "To what extent change in SWE Core Outcome Measures attributable to the TRIBE CDEP activities?" and Evaluation Question #3 "To what extent does the strengths-based resiliency model mediate TRIBE CDEP outcomes?"

To address Evaluation Questions 2 and 3, we will initially assess the impact of culture on the lives of the adult participants at Baseline, and then determine which culture measures resulted in significant changes from pretest to posttest. The eight measures of culture at baseline will be presented under two umbrellas: Strong Cultural Belief and Value, and Moderate Sense of Societal Inclusion. See Table 3 for details.

Strong Cultural Belief and Value (High Agreement): The participants overwhelmingly reported a strong positive connection, belief, and value placed on their culture, with all means for positive cultural statements falling well below 2 (i.e., between "Strongly Agree" and "Agree"):

- **Core Cultural Value:** The measures indicating the strongest agreement were "**Culture is important to you**" (Mean: 1.45 ± 0.75) and "**Culture gives you strength**" (Mean: 1.57 ± 0.85). These low scores show that participants generally **Strongly Agree** or **Agree** that culture is a fundamental and empowering aspect of their identity.
- **Cultural Identity and Connection:** Similarly, high agreement was reported for "**Culture helps you feel good about who you are**" (Mean: 1.57 ± 0.88). Measures of connection, such as "**Connected to spiritual/religious traditions**" (Mean: 1.74 ± 0.97) and "**Feel connected to your culture**" (Mean: 1.88 ± 1.02), also showed strong agreement, indicating frequent feelings of cultural connection.
- **Internal Balance:** The measure "**Feel balanced in mind, body, spirit, and soul**" (Mean: 2.02 ± 1.06) was the lowest in this group, resting closest to "**Agree**", suggesting that participants frequently experienced a sense of balance.

Moderate Sense of Societal Inclusion (Tendency to Disagree): The two negative items measured the frequency of exclusion and isolation, where the desired outcome is a score closer to 5 ("Strongly Disagree"):

- **Marginalization and Exclusion:** The mean score for "**Feel marginalized or excluded from society**" was 3.07 ± 1.43 , which sits between "I am Neutral" (3) and "Disagree" (4).
- **Isolation and Alienation:** The mean score for "**Feel isolated and alienated from society**" was slightly higher at 3.28 ± 1.50 , also leaning toward the "**Disagree**" end of the scale.

In summary, the data suggests that at the beginning of the study, participants viewed their culture as a deeply important, powerful, and affirming force in their lives. While they felt strong cultural and spiritual connections, their scores on marginalization and isolation were near the midpoint, indicating that while they did not **Strongly Agree** with feeling excluded, a notable portion still reported some feelings of being marginalized. Now assessing the impact of the TRIBE program will examine the changes in these measures from pretest to posttest.

Statistically Significant Changes ($p < 0.05$ and CI excludes 0):

- **Culture is important to you:** The mean change is 0.2000, with a 95% CI of [0.073, 0.327]. Since the CI is entirely above zero, the change is significant. This positive change means the score shifted toward "Strongly Disagree," suggesting a **decrease in agreement** (worsening) that culture is important.
- **Feel marginalized or excluded from society:** The mean change is 1.28, with a 95% CI of [1.07, 1.49]. This significant positive change (shifting toward "Strongly Disagree") indicates an **improvement**—participants reported feeling less marginalized.
- **Feel isolated and alienated from society:** The mean change is 1.33, with a 95% CI of [1.12, 1.53]. This significant positive change also indicates an **improvement**—participants reported feeling less isolated and alienated.

No Statistically Significant Changes (CI includes 0 and $p > 0.05$): All other measures showed no statistically significant change, as their 95% CIs include zero. For instance, the CI for "Culture gives you strength" is [-0.042, 0.243], meaning the true population change could plausibly be zero.

Table 3. Comparative Analysis (Posttest vs. Pretest) of Cultural Identity, Connection, and Societal Inclusion

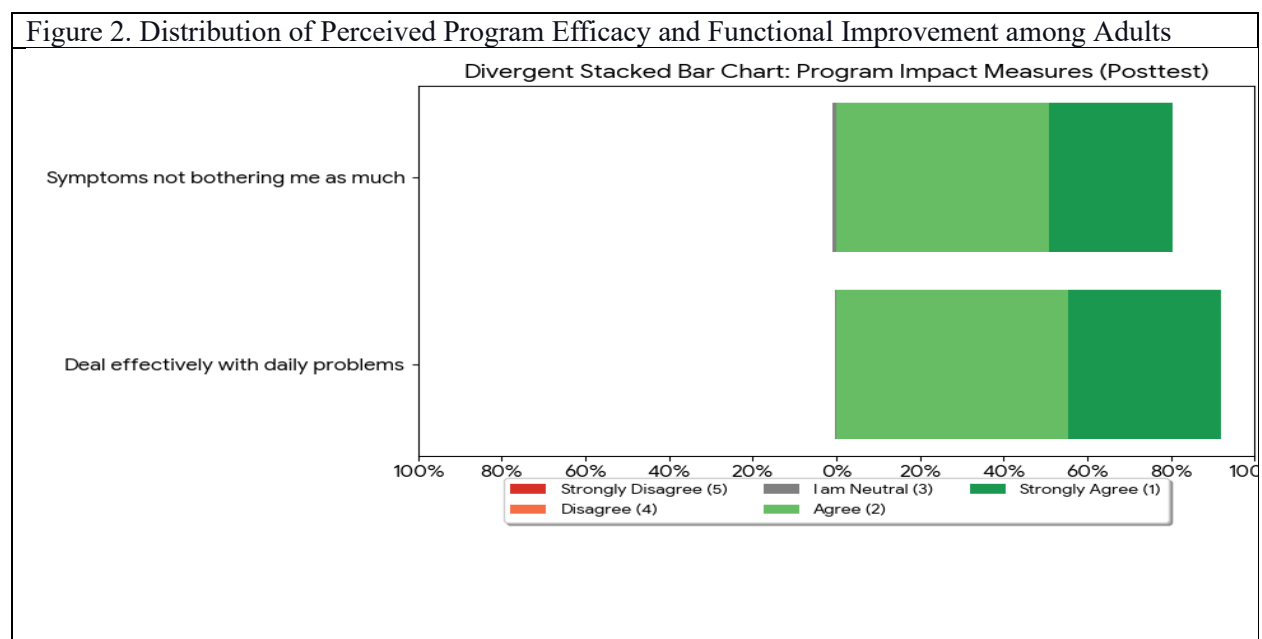
Measures	n	Pretest Mean \pm SD	Change (Posttest-Pretest)	95% CI of Change	P-value (Wilcoxon)
Culture gives you strength	228	1.57 \pm 0.85	0.1009	[-0.04, 0.24]	0.1111
Culture is important to you	225	1.45 \pm 0.75	0.2000	[0.07, 0.33]	0.0014
Culture helps you feel good about who you are	226	1.57 \pm 0.88	0.0973	[-0.04, 0.24]	0.1410
Connected to spiritual/religious traditions	224	1.74 \pm 0.97	0.0357	[-0.12, 0.19]	0.7945
Feel connected to your culture	228	1.88 \pm 1.02	0.0746	[-0.09, 0.24]	0.2262
Feel balanced in mind, body, spirit and soul	219	2.02 \pm 1.06	0.0548	[-0.11, 0.22]	0.4315
Feel marginalized or excluded from society	218	3.07 \pm 1.43	1.2798	[1.069, 1.490]	<0.0001
Feel isolated and alienated from society	221	3.28 \pm 1.50	1.3258	[1.119, 1.533]	<0.0001

Perceived Program Efficacy and Functional Improvement: Two measures were collected at posttest to evaluate how the SWE might influence the TRIBE program on perceived program effectiveness and functional improvement. The measure “Deal effectively with daily problems: As a direct result of my involvement in the program: - 28. I deal more effectively with my daily problems” relates to program efficacy, while the measure “Symptoms not bothering me as much: As a direct result of my involvement in

the program: - 29. My symptoms/problems are not bothering me as much” pertains to functional improvement. Figures 2, focusing on adult participants, clearly display responses based on the provided Likert scale, where Strongly Agree (1) and Agree (2) indicate positive program effects, and Disagree (4) and Strongly Disagree (5) indicate less favorable outcomes.

The visual results reveal a strong positive consensus on the program’s impact:

- **"I deal more effectively with my daily problems."** The bars are heavily shifted to the right, showing a high level of agreement that the program helped participants handle daily problems more effectively.
- **"My symptoms/problems are not bothering me as much."** Likewise, most responses fall within the Agreement categories, suggesting participants experienced fewer issues with their symptoms as a direct result of the program.



Legend: *Deal effectively with daily problems:* As a direct result of my involvement in the program: - 28. I deal more effectively with my daily problems; *Symptoms not bothering me as much:* As a direct result of my involvement in the program: - 29. My symptoms/problems are not bothering me as much.

When asked about their agreement as to the reasons for why people do not seek help from the following help professionals: traditional helping professionals like a culturally-based healer, religious/spiritual leader, or advisor, community helping professionals such as a health worker, *promotor*, peer counselor, case manager, Primary care physician or general practitioner, or Mental health professionals such as a counselor, therapist, psychologist, psychiatrist or social worker, the proportion of the TRIBE participants who agreed ranges from 17.0% to 28.1%. The proportion refusal or don't know rate was between 12.8% and 26.8%. See Table 3 for details.

Also, Table 4 presents the participants' level of agreement regarding the reasons they did not feel safe or welcome by the above helping professionals. The majority, 85.1% to 89.9%, disagreed with the reasons provided, including limited English proficiency, race/ethnicity, age, religious or spiritual practice, gender identity, and sexual orientation. For other reasons, such as lack of transportation, not needing counseling, or concern about taking medication, there was more disagreement than agreement.

When asked how often during the past 30 days of the Baseline assessment, how often they experienced the following feelings, the pattern of the responses was as follows. For a frequency of most of the time or all of the time, about 12% of the TRIBE participants indicated nervousness, 6.0% stated hopelessness, 14.0% said restless or fidgety, 6.0% stated so depressed that nothing could cheer you up, 21.9% indicated felt that everything was an effort, and 3.8% stated relationship with friends and family. It is unclear why 10.7% - 20.2% of the participants refused or indicated they did not know how their emotions interfered with: 1) performance at work or school, household chores, social life, or relationships with friends and family. However, it is plausible that they have not given that enough thought. See Table 5A for details.

Tables 5A – 5F provide an assessment of the changes the adult participants experience in the 8-12 weeks of TRIBE as to the reasons they might not seek help from mental health professionals. Below are graphical displays (Jittered Scatter Plots) of the changes, pre- and posttest, and test of the changes by means of the Wilcoxon Signed-Rank Test. Table 5A provides the distribution of the changes from pre-test to post-test.

Table 5A. Distribution of Selected Measures of Feeling in the Past 30 Days and Perceived General Health				
Measure	n	Worsening (%)	No Change (%)	Improvement (%)
Nervous	225	48.4	35.1	16.4
Hopeless	220	42.7	48.6	8.6
Restless	219	49.3	37.0	13.7
Depression	218	42.2	51.4	6.4
Everything Takes Effort	221	50.2	43.0	6.8
Worthless	222	30.6	63.1	6.3
General Health Rating	228	36.4	32.9	30.7
Table 5B. Assessment: <i>About how often during the past 30 days did you feel nervous</i>				

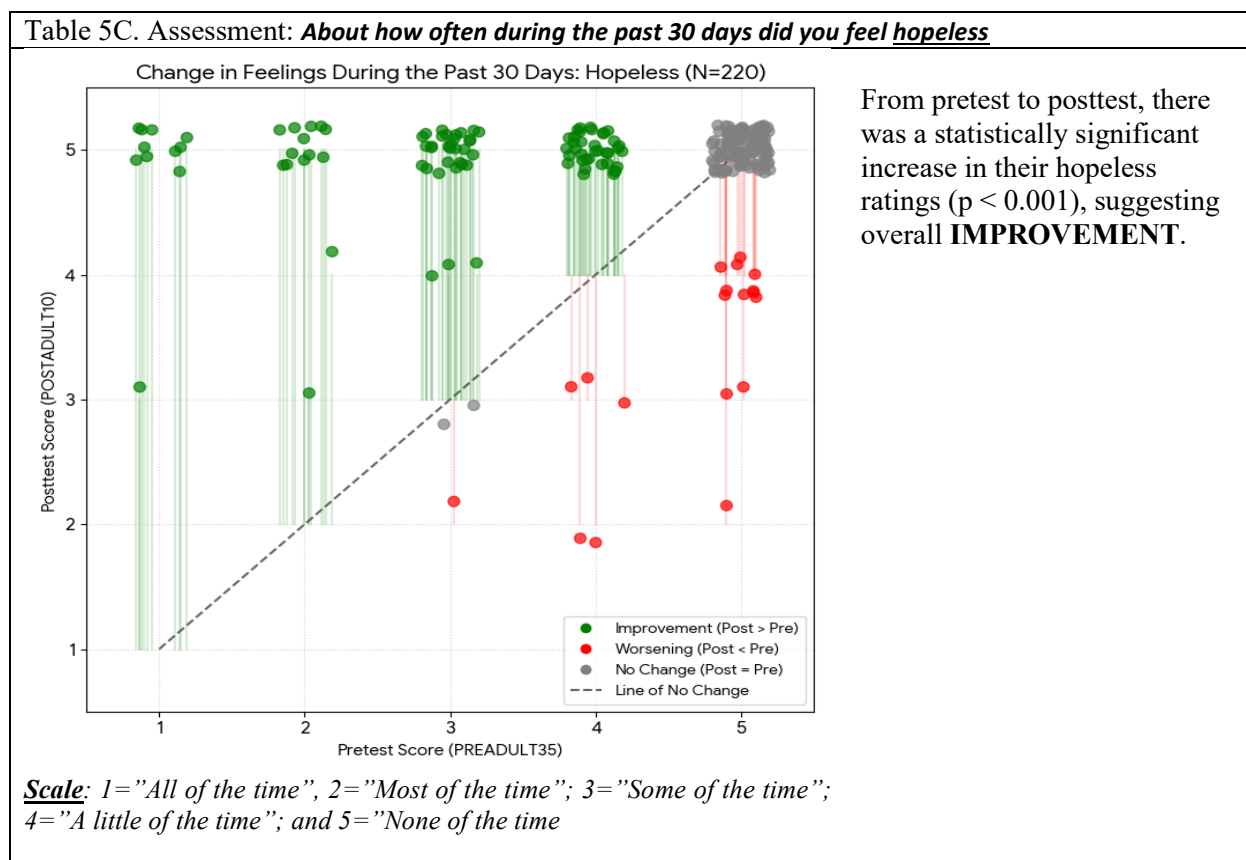
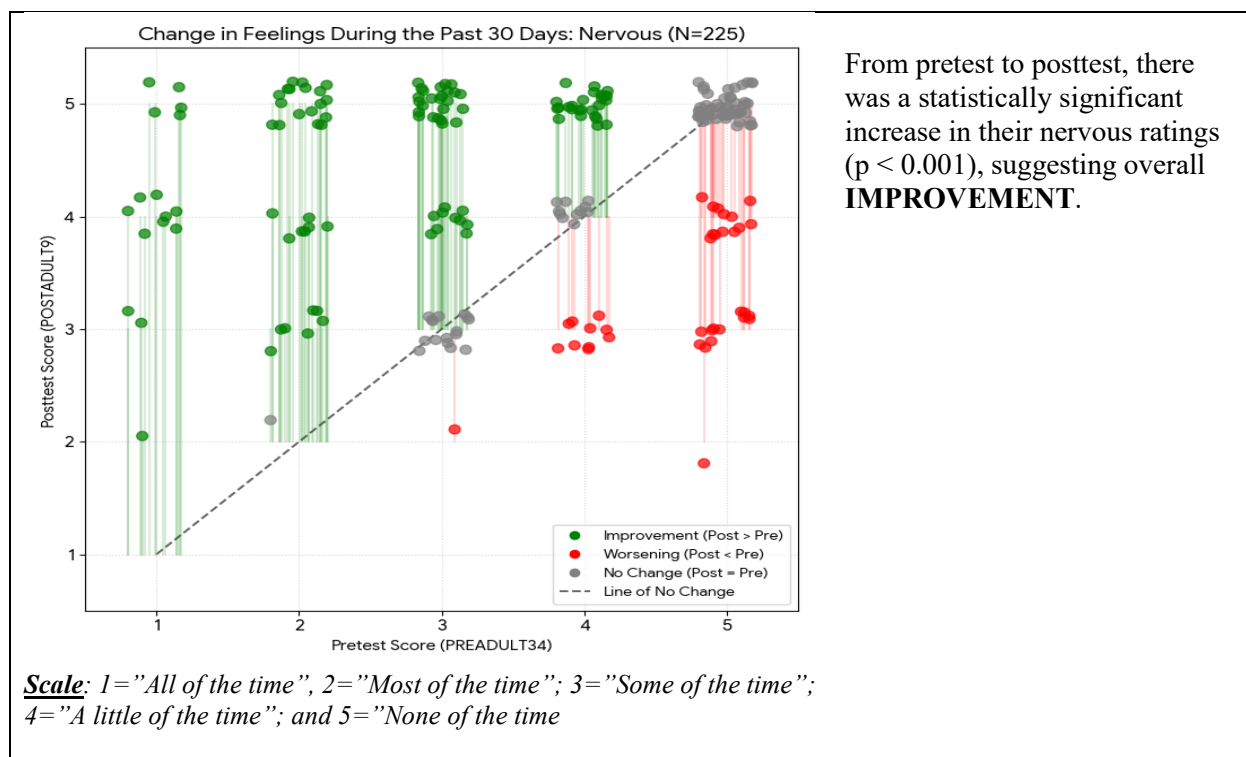
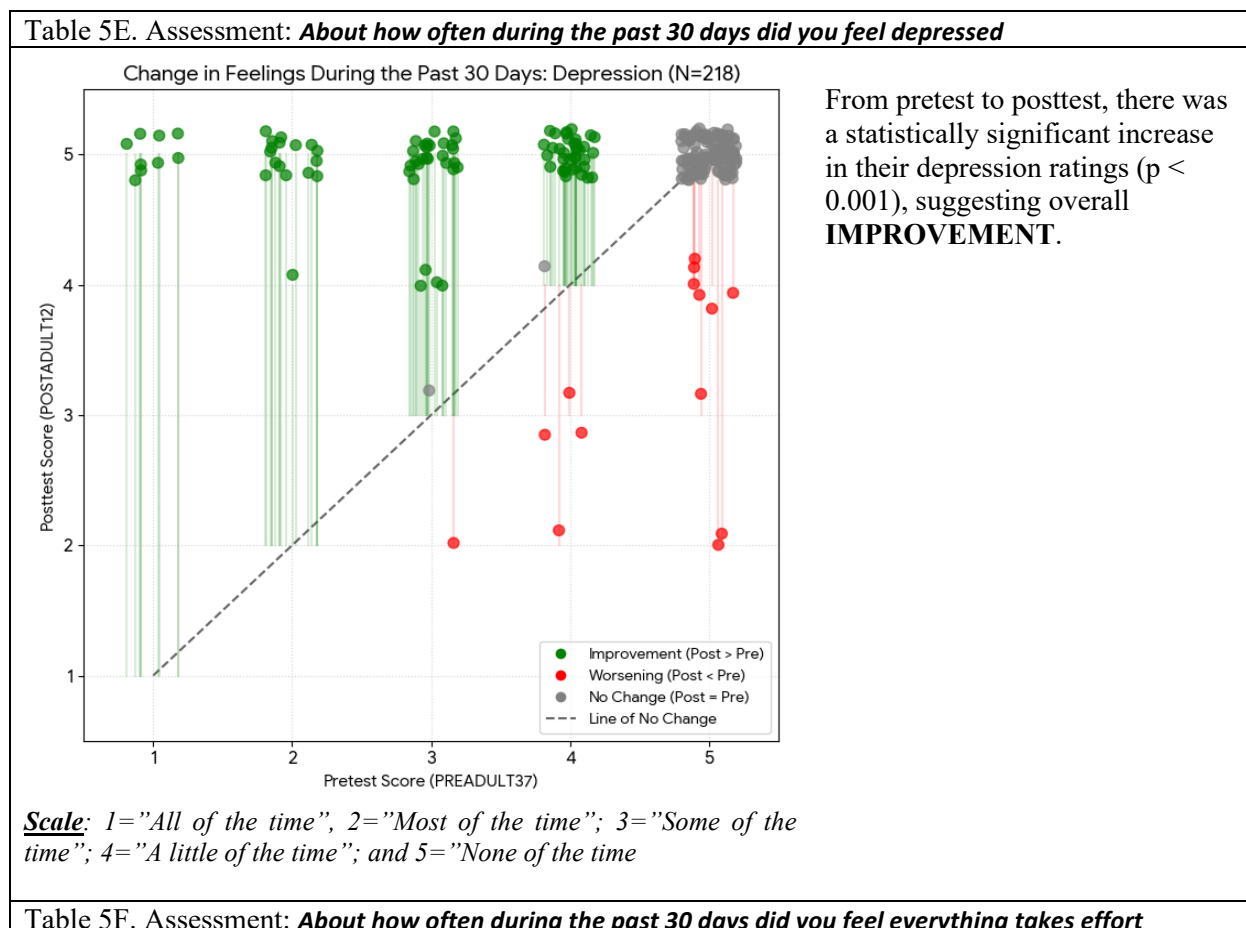
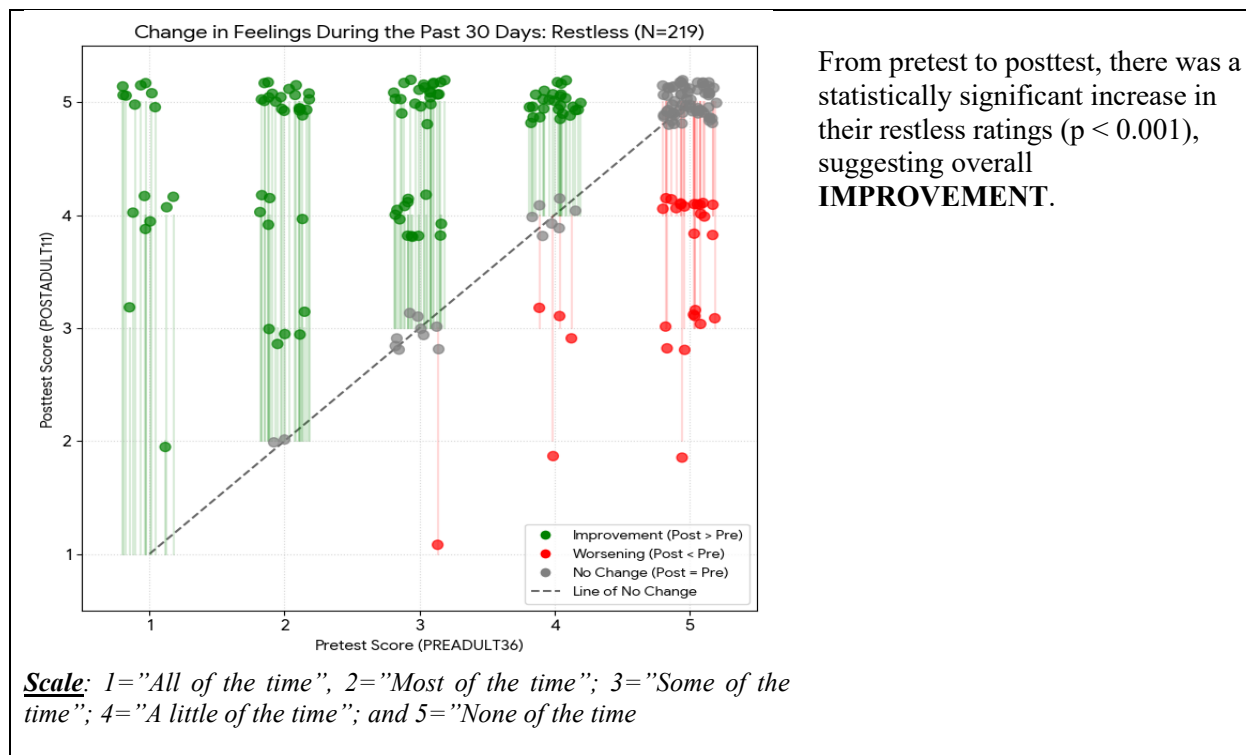


Table 5D. Assessment: **About how often during the past 30 days did you feel restless**



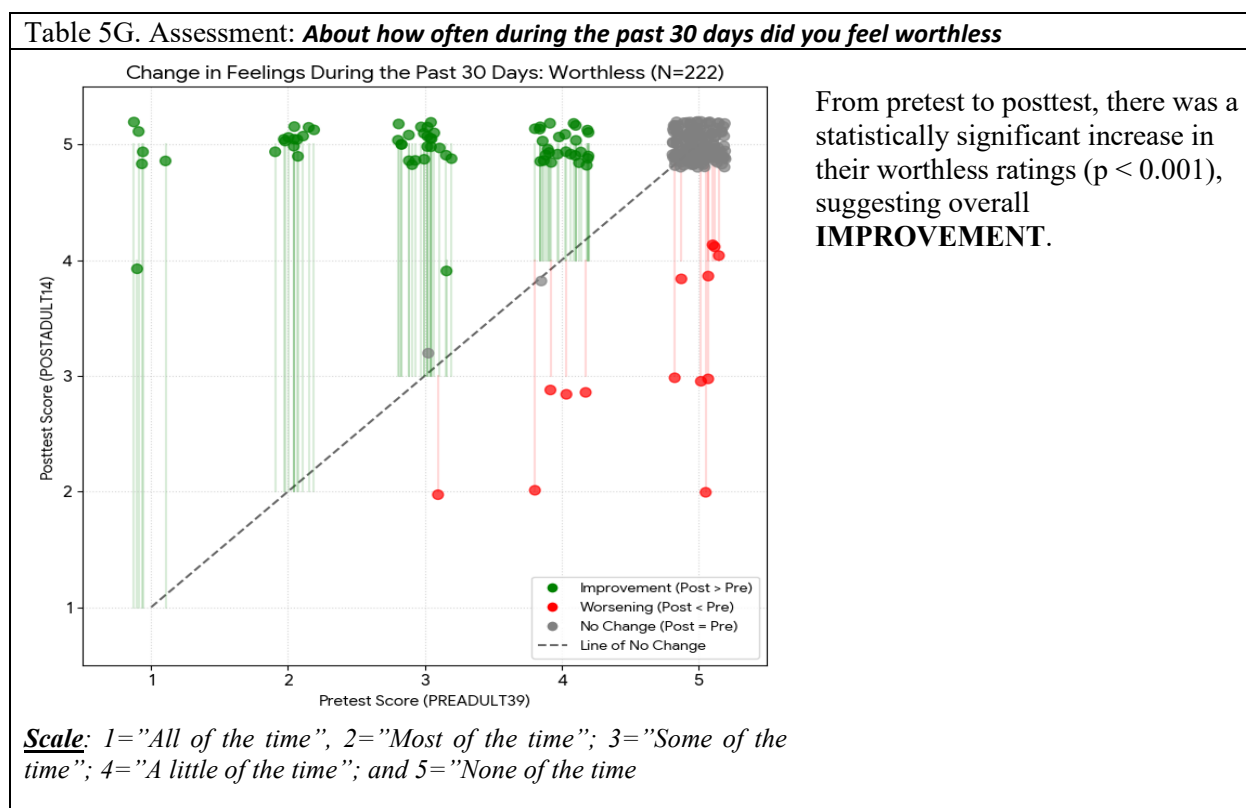
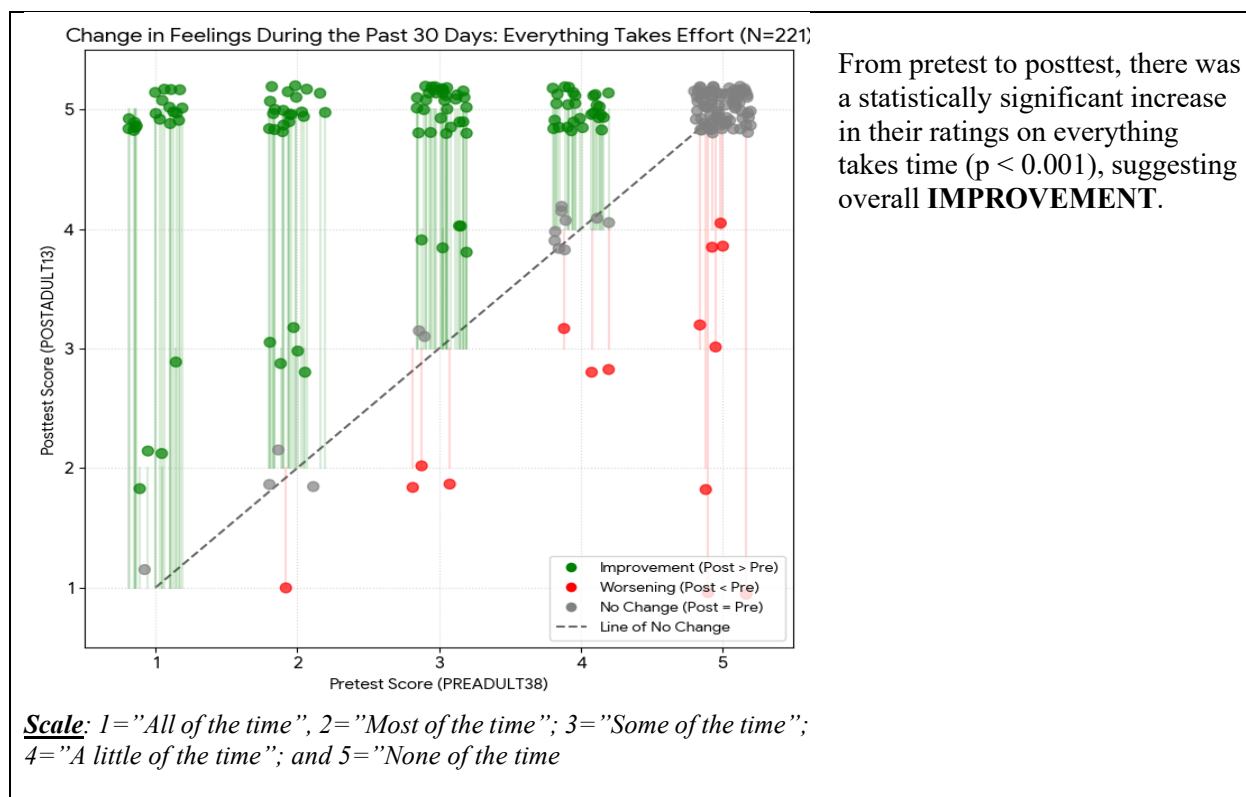
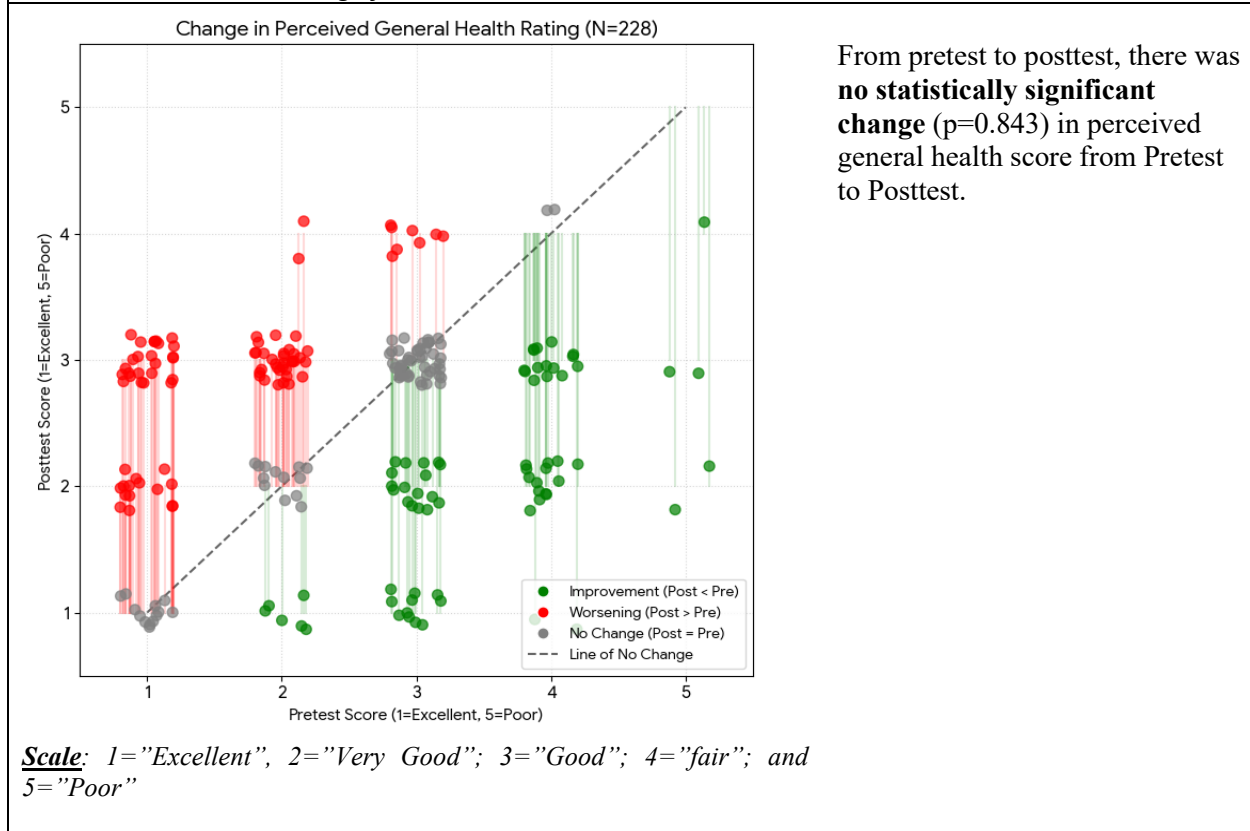


Table 6. Assessment: **Rating of Perceived General Health**



A summary of the findings presented in Tables 5A -5G and 6 is as follows.

Mental Health Symptoms (Feelings Measures): All six negative feeling measures show a highly statistically significant overall **IMPROVEMENT** from pretest to posttest ($p < 0.001$). For five of the six items, the percentage of participants showing **Improvement** (42.2% to 50.2%) is the highest category, confirming the statistically significant shift. The most improvement was seen in **"Everything Takes Effort"** (50.2% improved). **"Worthless"** stands out as the item with the highest rate of **No Change** (63.1%), though the improvement rate (30.6%) still outweighs the worsening rate (6.3%).

Perceived General Health Rating: There is **no statistically significant change** in the general health rating ($p=0.843$). The changes are roughly balanced, with a slight tilt towards **Improvement** (36.4%) over **Worsening** (30.7%) and **No Change** (32.9%).

Narrative of TRIBE Program Evaluation Results (Pre- to Post-Test)

For the local evaluation tools, there were significant changes from the Baseline to the Posttest assessment in the following. The comparative analysis of local evaluation measures from pretest to posttest for the TRIBE program reveals several areas of **statistically significant improvement** and a few areas where change was **not statistically significant**. The positive changes in mental health indicators, self-perception, and components of ethnic identity and aggression strongly support the evaluation's effectiveness. See Table 7 for details.

Statistically Significant Changes ($P\text{-value} < 0.05$)

The majority of measures showed a statistically significant change between the pretest and posttest, indicating a high likelihood that the TRIBE program had a direct positive impact on participants.

Mental Health and Trauma Symptoms (Improved). There were significant improvements across key indicators of mental distress and trauma:

- **CES-D Total Score (Depression):** The mean depression score decreased significantly from 17.2 ± 12.1 at pretest to 14.27 ± 7.3 at posttest ($p=0.0030$).
- **Prevalent Depression:** The percentage of participants meeting the criteria for prevalent depression dropped from **39.5%** to **29.6%** ($p=0.0060$).
- **Trauma Stress Symptom:** The mean score for trauma stress symptoms decreased from 14.5 ± 11.4 to 12.0 ± 10.5 ($p=0.0020$).
- **Likelihood of PTSD:** The prevalence of likelihood of PTSD saw a significant reduction from **49.8%** to **37.7%** ($p=0.0308$).

Self-Perception (Improved). Measures of self-perception showed significant positive shifts:

- **General Self-Efficacy Total Score:** The mean score increased significantly from 31.9 ± 6.4 to 33.6 ± 5.4 ($p<0.0001$). Correspondingly, the proportion of the sample with **Low Self-Efficacy** decreased significantly from **5.8%** to **3.0%** ($p=0.0045$).
- **Rosenberg Self-Esteem Total Score:** The mean self-esteem score increased from 21.6 ± 5.5 to 23.4 ± 5.4 ($p=0.0026$). The proportion of the sample with **Low Self-Esteem** also significantly decreased from **16.7%** to **7.8%** ($p=0.0037$).

Aggression and Hostility (Reduced/Mixed). Indicators of aggressive behaviors and hostility showed significant changes, primarily a desirable reduction, but with one concerning increase:

- **Physical Aggression Total Score:** This decreased significantly from 2.4 ± 0.9 to 1.9 ± 1.1 ($p<0.0001$).
- **Hostility Total Score:** This decreased significantly from 3.6 ± 0.7 to 2.0 ± 1.2 ($p<0.0001$).
- **Anger Total Score:** This decreased significantly from 3.3 ± 1.0 to 1.9 ± 1.1 ($p<0.0001$).
- **Verbal Aggression Total Score:** Crucially, this score increased significantly from 2.4 ± 1.1 at pretest to 2.9 ± 0.8 at posttest ($p<0.0001$). This is an area that warrants further investigation.

Social and Ethnic Identity (Mixed). Changes in social and ethnic identity were mixed, with significant changes in some sub-scales:

- **Social Coherence – Manageability:** This sub-scale of Social Coherence increased significantly from 17.4 ± 3.9 to 18.8 ± 3.3 ($p=0.0020$).
- **Ethnic Identity (EIS) Total Mean Score:** The overall mean score showed a small but significant increase from 2.3 ± 0.3 to 2.4 ± 0.3 ($p=0.0014$).
- **EIS – Affirmation Mean Score:** This sub-scale surprisingly showed a significant decrease from 2.5 ± 0.3 to 2.4 ± 0.3 ($p=0.0080$).
- **EIS – Resolution Mean Score:** This sub-scale significantly increased from 2.6 ± 0.7 to 2.7 ± 0.7 ($p<0.0001$).

Non-Statistically Significant Changes (P-value < 0.05): Several measures, primarily related to broader social integration and some identity subcomponents, did not show statistically significant changes, suggesting that the program did not have a measurable effect on these indicators during the intervention.

Social Integration Measures. The following social measures did not show significant changes:

- **Social Isolation Total Score:** The change from 43.5 ± 13.2 to 41.7 ± 11.0 was not significant ($p=0.1590$).
- **Proportion of Sample with Low Isolation - Connected:** The small increase from **20.8%** to **22.3%** was not significant ($p=0.0948$).

Social Coherence Measures. Most components of Social Coherence did not show significant change:

- **Social Coherence Total Score:** The total score changed from 50.2 ± 8.5 to 51.7 ± 7.5 and was not significant ($p=0.4290$).

- **Proportion of Sample with Low Social Coherence:** The decrease from 7.0% to 4.7% was not significant ($p=0.7736$).
- **Social Coherence – Comprehensibility:** The minor decrease from 18.9 ± 5.4 to 18.3 ± 5.4 was not significant ($p=0.3088$).
- **Social Coherence – Meaningfulness:** The small increase from 14.0 ± 3.2 to 14.6 ± 3.2 was not significant ($p=0.3750$).

Ethnic Identity Exploration

- **EIS – Exploration Mean Score:** This sub-scale remained effectively unchanged, with the score moving from 2.0 ± 0.5 to 2.0 ± 0.4 ($p=0.2530$).

Note on Missing Data: The General Wellbeing (GWB) Total Score and its sub-scales were not reported for the posttest, precluding any comparative analysis for these measures.

Overall, the TRIBE program appears to be an **effective intervention** based on the strong and statistically significant improvements observed in key mental health (e.g., lower depression and trauma symptoms) and self-perception measures (e.g., higher self-efficacy and self-esteem). While the reduction in physical aggression, hostility, and anger is a positive outcome, the significant increase in **Verbal Aggression** is a critical finding that must be addressed in future program iterations. The program was less effective in producing significant shifts in broad social isolation and social coherence, indicating that the impact was more focused on individual internal and psychological factors than on external social connection dynamics. Would you like a table summarizing the measures, grouped by significance level, for easier viewing, or would you like to explore the implications of the increase in Verbal Aggression?

Measures	Pretest	Posttest	P-Value
CES-D Total Score, mean \pm SD	17.2 ± 12.1	14.27 ± 7.3	0.0030
Prevalent Depression, %	39.5	29.6	0.0060
Trauma Stress Symptom, mean \pm SD	14.5 ± 11.4	12.0 ± 10.5	0.0020
Prevalence of Likelihood of PTSD, %	49.8	37.7	0.0308
General Self-Efficacy Total Score, mean \pm SD	31.9 ± 6.4	33.6 ± 5.4	<0.0001
Proportion of Sample with Low Self-Efficacy	5.8	3.0	0.0045
Proportion of Sample with Moderate Self-Efficacy	34.6	22.8	
Proportion of Sample with High Self-Efficacy	59.62	74.3	
Rosenberg Self-Esteem Total Score, mean \pm SD	21.6 ± 5.5	23.4 ± 5.4	0.0026
Proportion of Sample with Low Self-Esteem	16.7	7.8	0.0037
Proportion of Sample with Moderate Self-Esteem	52.6	47.0	
Proportion of Sample with High Self-Esteem	30.7	45.2	
Social Isolation Total Score, mean \pm SD	43.5 ± 13.2	41.7 ± 11.0	0.1590
Proportion of Sample with Low Isolation -Connected	20.8	22.3	0.0948
Proportion of Sample with Moderate Isolation	41.6	51.2	
Proportion of Sample with High Isolation -Lonely	37.6	26.5	
Social Coherence Total Score, mean \pm SD	50.2 ± 8.5	51.7 ± 7.5	0.4290
Proportion of Sample with Low Social Coherence	7.0	4.7	0.7736
Proportion of Sample with Moderate Social Coherence	89.1	88.7	
Proportion of Sample with High Social Coherence	3.9	6.6	
Social Coherence – Comprehensibility, mean \pm SD	18.9 ± 5.4	18.3 ± 5.4	0.3088
Social Coherence – Manageability, mean \pm SD	17.4 ± 3.9	18.8 ± 3.3	0.0020
Social Coherence – Meaningfulness, mean \pm SD	14.0 ± 3.2	14.6 ± 3.2	0.3750

Ethnic Identity (EIS) Total Mean Score, mean \pm SD	2.3 \pm 0.3	2.4 \pm 0.3	0.0014
EIS - Affirmation Mean Score, mean \pm SD	2.5 \pm 0.3	2.4 \pm 0.3	0.0080
EIS – Exploration Mean Score, mean \pm SD	2.0 \pm 0.5	2.0 \pm 0.4	0.2530
EIS – Resolution Mean Score, mean \pm SD	2.6 \pm 0.7	2.7 \pm 0.7	<0.0001
General Wellbeing (GWB) Total Score, mean \pm SD	67.5 \pm 13.7	--	--
GWB: General Health, mean \pm SD	8.5 \pm 3.5	--	--
GWB: Positive Wellbeing, mean \pm SD	11.2 \pm 3.3	--	--
GWB: Self-Control, mean \pm SD	13.0 \pm 3.3	--	--
GWB: Vitality, mean \pm SD	6.2 \pm 3.0	--	--
GWB: Depression, mean \pm SD	15.3 \pm 4.5	--	--
Buss-Perry Aggression & Hostility Total Score			
Physical Aggression Total Score, mean \pm SD	2.4 \pm 0.9	1.9 \pm 1.1	<0.0001
Verbal Aggression Total Score, mean \pm SD	2.4 \pm 1.1	2.9 \pm 0.8	<0.0001
Hostility Total Score, mean \pm SD	3.6 \pm 0.7	2.0 \pm 1.2	<0.0001
Anger Total Score, mean \pm SD	3.3 \pm 1.0	1.9 \pm 1.1	<0.0001

Note: --: Unreliable estimates due to Small sample size;

Positive Youth Development (PYD) Measures: The following domains of the instrument: Purpose seeking (3-items), Life Goals (7-items), Activity Involvement (5-items), Having positive/caring relationships/connection (4-items), Positive Identity (4-items), Competence/Character (5-items), and Confidence/Contribution (6-items) were adopted from the original PYD instrument. However, the wording of the items was constructed with input from eight TRIBE participants who had matriculated from the program. Their input was sought through three series of focus group sessions. Summaries of the domains were obtained using descriptive statistics. Each item was ranked on a 10-rung ladder, with 1 as the “starting point” and 10 as “goal achievement.” This instrument was developed using community-based participatory research principles and methods to adopt the items from the existing tool. The eight focus group participants completed the pre- and post-test assessments and provided input to identify effective and sensitive measures to capture changes they had experienced or were experiencing as part of TRIBE. There were three sessions, each about 1.5 hours long, to complete this task.

The comparative analysis of Positive Youth Development (PYD) domain scores revealed substantially different outcomes between the two sample groups, TRIBE and Healing Circles, following the intervention. Results are summarized below, organized by statistical significance ($p < 0.05$). See Tab

TRIBE Sample: The intervention demonstrated high effectiveness for the TRIBE sample, with statistically significant positive changes observed in the majority of PYD domains.

Domains Showing Statistically Significant Improvement ($p < 0.05$): Five of the seven domains showed a significant increase in mean scores from pre-test to post-test, indicating that the intervention successfully influenced these areas: Purpose Seeking ($p = 0.0003$), Positive Identity ($p = 0.0003$), Competence/Character ($p = 0.0007$), Activity Involvement ($p = 0.0129$), and Confidence/Contribution ($p = 0.0164$). In all these areas, the positive directional change in mean score (Post-Test $>$ Pre-Test) was statistically reliable, confirming the intervention's effectiveness in moving these developmental indicators in the right direction.

Domains Showing Non-Significant Change ($p \geq 0.05$): While mean scores increased for these domains, the change was not large enough to be considered statistically significant: Having Positive/Caring Relationship/Connection ($p = 0.0641$), and Life Goals ($p = 0.0884$). These results suggest that although there was a positive trend, the intervention did not produce a statistically reliable change in participants' reported Life Goals or in their sense of Positive/Caring Relationships.

Healing Circles Sample: The intervention showed no statistically significant effect on any of the measured PYD domains for the Healing Circles sample.

Domains Showing Non-Significant Change ($p \geq 0.05$): All seven domains within the Healing Circles group fell into the non-significant category. Although six of the seven domains showed a slightly higher mean score on the post-test, the change was minimal and statistically indistinguishable from zero or random variation. The domains were: Purpose Seeking ($p = 0.5940$), Confidence/Contribution ($p = 0.5290$), Competence/Character ($p = 0.4400$), Activity Involvement ($p = 0.3060$), Having Positive/Caring Relationship/Connection ($p = 0.6810$), and Positive Identity ($p = 0.6170$). However, the Life Goals ($p = 0.9710$) domain registered a slight decrease in mean score.

Due to the small sample size of the Healing Circles Sample, the changes in scores from baseline to follow-up were not statistically significant, yet in 6 out of 7 domains, the changes were in the right direction.

Table 8. Comparative Analysis of the Domains of the PYD: Pre-Test vs. Post-Test

Sample	Domains: Total Score	Pre-Test	Post-Test	P-value
		Mean \pm SD	Mean \pm SD	
TRIBE	Purpose Seeking	21.4 \pm 6.6	23.9 \pm 6.0	0.0003
	Life Goals	44.2 \pm 11.8	46.4 \pm 11.8	0.0884
	Activity Involvement	36.9 \pm 9.8	39.5 \pm 9.4	0.0129
	Having Positive/Caring Relationship/Connection	23.5 \pm 6.1	24.9 \pm 5.4	0.0641
	Positive Identity	30.9 \pm 8.3	33.3 \pm 6.4	0.0003
	Competence/Character	31.9 \pm 7.7	34.4 \pm 6.2	0.0007
	Confidence/Contribution	39.8 \pm 9.9	42.1 \pm 8.2	0.0164
Healing Circles	Purpose Seeking	20.4 \pm 7.0	21.15 \pm 5.0	0.5940
	Life Goals	42.6 \pm 12.1	42.5 \pm 12.8	0.9710
	Activity Involvement	32.5 \pm 10.5	34.4 \pm 9.2	0.3060
	Having Positive/Caring Relationship/Connection	21.3 \pm 6.4	21.7 \pm 5.8	0.6810
	Positive Identity	27.77 \pm 7.4	28.4 \pm 6.0	0.6170
	Competence/Character	27.3 \pm 9.3	28.7 \pm 5.7	0.4400
	Confidence/Contribution	34.6 \pm 9.7	35.9 \pm 8.5	0.5290

Findings that Address Evaluation Question #1:

Evaluation Question #1 "According to the SWE Core Process Measures, how well are TRIBE CDEP Phase 2 activities being delivered?"

Below are qualitative summaries of the results derived from the "One-Minute Anonymous Self-Assessment" (OMASA), and key informant interviews conducted over the course of the 3.5 years of data collection. Overall, the average completion rate of the sessions based on the completed OMASA was approximately 85-90% of the enrollees.

The One Word Descriptor of TRIBE: Below is a pictorial representation of words use by participants to describe how their experiences have been with TRIBE.



The One Sentence Descriptor of TRIBE: Below are sample quotes by TRIBE participants in terms of the impact of TRIBE in their lives.

- "TRIBE: Sourcing training wheels for therapy." (also cited as "Training wheels for therapy")
- "TRIBE: Giving back so freely what was given to me." ("All classes were great, and I learned so much from them.")
- "TRIBE was really good"
- "TRIBE is powerful."
- "TRIBE: Overall, though, everything was a blast."
- "TRIBE: A resource and training wheels for therapy."
- "TRIBE: It was just an overall participation that I look for every day."
- "TRIBE allowed me to be my authentic self."
- "TRIBE is like one big happy family."
- "TRIBE has helped me, like, be more self-aware."
- "TRIBE was a steppingstone in pushing me forward in my life."
- "It's important that everyone take this class to help broaden your horizons and make you think and know more about yourself and others, cultures, the world, like you know people, mores, and beliefs."
- "TRIBE opened my mind to stuff a little more than it was before."
- "I'm taking more time out to learn myself, learn about myself."
- "You just have to change your mindset."
- "TRIBE gave me a platform to help others."
- "TRIBE helps me get out of my past of getting in and out of trouble."
- "TRIBE has been a transforming force in my finances and my thought processes."
- "TRIBE has taught my positive and alternative ways of money ... pursuing my dream of owning a business."
- "TRIBE is family – brotherhood."

- “TRIBE got me off the streets to owning a business.”
- “TRIBE keeps you predictable.”
- “TRIBE led me to more opportunities.”
- “TRIBE is the way to go.”
- “TRIBE turns resiliency into brilliant energy.”
- “TRIBE is a life-changing community.”

Derived Themes from Key Informant Interviews: Below a tabular summary of the themes and sub-themes of the key informant interviews of selected TRIBE participants.

Themes	Sub-Themes	Sample Quotations
Accountability		“This concept is taught routinely through the TRIBE Program.”
Psychosocial Needs	Mitigating Needs	
	Establish/Strengthen Self-Identity	“Identified being myself”
	Be oneself	“Sense of identity is important.”
Program Characteristics	Genuine and Caring	“Eba is genuine – wants to see people get better”
	Program Director	
	Sense of Family	“Treat each person as family”
	Effective Workshop	“Classes teach you to how to have a great and positive mindset”
		“Classes teach you to be mature.”
		“TRIBE helps one to set goals.”
	The program is Interactive and Bi-directional Engagement	“Every voice matters”
Trust and Safety		“The program is built for you, and no one forces you to do anything. So it is important to be interested in the program.”
Empower Outreach	Serve as Program Ambassador/Advocate	“I would like to go down history as one who changed lives”
		“I will give my testimony.”

Findings from the One-Minute Assessments

The "One-Minute Anonymous Self-Assessment," utilized after each workshop session, fulfills two essential objectives. Firstly, it equips the evaluation team with crucial data to gauge the adherence to the prescribed workshop protocols. Secondly, it provides insights into the incremental impact experienced by participants. Below is a summary of the primary themes (highlighted in bold) along with representative descriptors to illustrate these findings.

The transformative impact of the TRIBE program's classes and workshops is powerfully evidenced by the consistent feedback gathered through the **One-Minute Anonymous Self-Assessment** tool. This assessment

not only helps the evaluation team gauge the fidelity of the workshops but also, critically, measures the incremental impact on participants.

The findings demonstrate a profound shift in participants' knowledge, self-perception, and future aspirations, confirming the program's role as a potent agent of personal and intellectual transformation.

I. Foundational Intellectual and Personal Growth

The workshops immediately provided participants with knowledge they did not possess before, leading to significant shifts in self-awareness and understanding across several vital domains.

A. Financial Literacy and Mindset

Participants reported an improved understanding of *Money*, recognizing that it carries many meanings. A key realization was that *wealth is rooted in health and wisdom*, and that money is ultimately a resource for moving *through life*. The workshops also instilled basic concepts of money management.

B. Empowerment and Inner Development

The program fostered powerful introspection, helping participants tap into their *inner voice* and realize that *persistence is key*. Individuals learned about the concept of *Power*, recognizing that they *can change things*. Additionally, participants were inspired by the importance of *investing in oneself* and to *Never give up* on their Dreams.

C. History, Ancestry, and Self-Knowledge

The classes were transformative in linking identity to history. Participants used the learning to build *self-awareness in who I am through my Ancestry*, leading to a better understanding of their history and fostering a sense of *Being part of a strong culture*.

D. Relationships and Community Acumen

The workshops created essential social insights, particularly the understanding that participants' *struggles are more similar than different*. Participants grasped the importance of forgiveness, acknowledged that relationships are mutual, and learned that *trust is hard to come by*. In terms of **Business and Entrepreneurship**, participants learned practical lessons, such as the principle that there is *no need for the middleman*.

II. Sustained Engagement and Future-Oriented Commitment

A highly persuasive indicator of the program's transformative power is the eagerness of participants to deepen their learning. When asked what they wanted to know more about, the themes reinforced a commitment to self-development, financial mastery, and heritage exploration.

A. Deepening Financial and Entrepreneurial Acumen

The foundational knowledge gained spurred interest in practical, actionable skills geared toward stability and ownership. Participants expressed a desire to learn more about financial stability, identify monetization ideas, and learn *creative strategies to make money*. Entrepreneurially, they wanted to learn more about *black companies and owning their own company, as well as specific skills like project planning and budgeting, and the biographies* of successful people.

B. Advanced Historical and Cultural Exploration

Initial learning about Ancestry propelled participants toward deeper cultural inquiry, leading them to seek knowledge about being rulers, Kemet (my Ancestry), and their family trees and histories. This exploration was often linked to community action, such as expressing interest in *investing my money in my community*.

C. Controlling One's Destiny

Participants sought advanced knowledge in *Self-Discipline* (e.g., being more expressive on paper), the best ways to *channel one's energies* (Inner Energy), and how past events affect one's mindset (Power). Crucially, they focused on securing autonomy in their relationships by learning about *not giving up our control to others*.

III. Overwhelming Endorsement and Transformative Value

The ultimate measure of the program's success is the consensus among participants, who were *overwhelmingly willing* to recommend the training to others.

This enthusiastic endorsement confirms that the workshops deliver transformative value, described by participants as:

- **Mind-Opening and Inspiring:** The program is recognized as a *mind opener* that is both informative and *inspiring to know one's history*.
- **Empowering and Beneficial:** The training is viewed as *self-empowering*, beneficial information, and *good for the spirit*. It is seen as critical for increasing *knowledge of self and other vital aspects of life*.
- **Life-Changing Outcomes:** Participants noted that the program *gives a better outlook of life* and builds *leadership skills*.
- **Community and Practical Application:** It is recommended for youth and peers because it teaches the **acquisition of money**, promotes **Respect for others**, and teaches one how to *cut the middleman in business ventures*. The sentiment that *TRIBE is solidarity* underscores its powerful impact on community bonds

The findings That Address Evaluation Question #4:

Evaluation Question #4 "To what extent is the Life Skills instruction entrepreneurship, and employment related to variability in the quality of participants' living arrangements?"

Vignettes of Case Studies of Four Participants

This section shall present how the TRIBE program has impacted four TRIBE participants. The data were collected from Exit Interviews with participants who had completed the program using a Key Informant Interviewing technique. The interviews are videotaped and transcribed, and the data is used in preparing vignettes. The qualitative data collected alongside the quantitative measures, pretest, and posttest, have provided context and have demonstrated the significant changes occurring in the lives of the participants that are shown by the quantitative data. This mixed-method approach to assessing program impact is both informative and powerful. The 13 questions asked of the participants can be grouped into the following four domains:

- Program Engagement and Overall Experience
- Concrete Transformation, Goal Setting, and Future Vision
- Program Efficacy, Evaluation, and Advocacy
- Trauma-Informed Practice and Healing

In this report, we detail the findings from our recent evaluation efforts, including the administration of 13 Key Informant Interview questions to our participants, as listed in the Appendix. To date, we have successfully conducted 67 exit interviews, from which we have randomly selected 7 participants to showcase their experiences in this local evaluation report. To maintain confidentiality, these participants will be referred to as Mr. T01 through Mr. T07. Below, we present four comprehensive case studies in vignette format, offering insights into their unique perspectives and contributions.

<u>Vignette 1</u> <u>Case Study of Mr. T01</u>

When T01 first signed up with the program in April or May of this year, he wasn't sure what to expect. What started as a quest for stability turned into a path of internal discovery, guidance, and renewed purpose. Before joining, Mr T01 reflected that he was "a little more loose with myself" and "more loose with the likes of things around me", a state he now recognized as unhelpful. The structured environment proved crucial, as he enjoyed the consistency of meeting five days a week and appreciated the time of

day the sessions were offered. Being in a room with about 15 other people, listening to their experiences, became a foundational part of his engagement.

The true benefit, however, lay in the coursework, which Mr. T01 felt offered him a profoundly needed framework for personal progress. He completed nearly all the required classes and identified three standouts: **Self-reflection, Conflict Resolution, and Emotional Intelligence**. He noted that these specific topics provided "the first perspective on something that I understood", making the concepts tangible and accessible. This new understanding translated directly into practical life skills, such as learning how to de-escalate situations, or "stepping down". Mr. T01 affirmed that the program effectively measured the internal changes he had observed, recognizing that the curriculum addressed complex issues, including trauma, by enabling participants to "open that door and talk about it and face it" without being forced. He summarized his entire experience using the single word: **Guidance**.

With this foundational guidance secured, Mr. T01 has established a clearer vision for his future. He framed his experience as acquiring "**training wheels for therapy**", suggesting that the program provided the necessary resources and tools to begin a deeper journey of self-improvement. The curriculum successfully helped him set tangible goals related to his vocational aspirations, including pursuing job training and gaining certificates. He is currently "on the path" toward these goals, with opportunities already lined up for October. Five years from now, Mr. T01 envisions himself working hard in a specific trade, prioritizing HVAC, electrician work, or welding. He remains highly positive about the program's utility, noting that it helps participants identify how they feel "in a therapeutic kind of way," which in turn helps them plan goals and get their minds moving in a positive direction. Upon graduation, his simple, heartfelt message to all involved was thanks for the opportunity, acknowledging that he "enjoyed it".

. Vignette 2

Case Study of Mr. T02

Mr. T02's Path: From Reflection to Self-Mastery

When Mr. T02 first connected with the Whole Systems program, he wasn't entirely sure what to expect. What started as a quest for stability and access to studio time turned into a determined path of self-assessment, self-control, and renewed cognitive purpose. Mr. T02, who had served five years and been released for two, recognized that he had lessons to learn, and he credited the program and the system itself for providing the tools he needed to mature and succeed. Referred to by his caseworker, Mr. T02 soon shifted his focus from the studio to the classroom, recognizing the profound value in participating in the group activities.

The core transformation Mr. T02 experienced centered on introspection and cognitive delay. He explained that his life has changed significantly in how he thinks, consciously choosing to assess any situation before reacting impulsively. This deliberate approach was fortified by the lessons in Emotional Intelligence, which emphasized the absolute necessity of knowing oneself before attempting to understand others, and the importance of seeking out relatable counsel during emotional challenges. Furthermore, the Know Thyself class provided the framework for self-mastery, teaching him to catalog his personal pros and cons and identify exactly what factors "can and cannot tick [him] off".

Today, Mr. T02 applies these principles by focusing intensely on his personal development. He recognizes the power of accountability, a key lesson from the Emerging Leaders class, noting that seeing "what's next" requires taking ownership of one's choices. He has successfully transitioned off parole, a

success he attributes to applying the principles studied in the classes. Mr. T02 is focusing on making tangible changes for his future, driven by the entrepreneurial lesson that success requires not just talking about goals but actively doing the work to achieve them. He affirmed his commitment to applying these lessons solely for his own benefit now, actively taking heed of the knowledge learned to shape his life.

. Vignette 3
Case Study of Mr. T03

Mr. T03' Journey: Gaining Perspective and Boundaries

Mr. T03's journey with the Whole Systems program began with uncertainty about what the experience would entail. Initially seeking stability, he unexpectedly found himself on a transformative path toward enhanced self-awareness, practical boundary setting, and a significant improvement in his overall mental state. At 40 years old, Mr. T03 reintegrated into society after serving a decade in prison, immediately embracing his new responsibilities as a father to two newborns. This transition presented a range of challenges, including adapting to diverse personalities and managing the urge to revert to previous behaviors in moments of irritation. Recognizing the need for effective coping strategies, he sought tools to better manage his temper and foster a more harmonious family environment.

The program provided an immediate and effective catalyst, with transformative change setting in within the first week or two. Mr. T03 realized that TRIBE offered him a **"different perspective on life"**, teaching him how to adjust to or control situations that are within his hands. A crucial tool learned was the ability to step outside his own perspective to understand the totality of a situation, preventing him from immediately taking fault or reacting solely on his feelings. Furthermore, the communal group environment quickly evolved from shy interactions to feeling like **"one big happy family"**, where everyone shared resources and learned from each other's experiences.

Mr. T03 immediately applied these cognitive tools to his life, particularly by implementing necessary **boundaries**. He recognized that certain people, including family members and friends, were "draining all the energy out" of him, necessitating a conscious effort to limit their contact. Where he once served as the default person to "go pick up the kids" or run errands, he now asserts the right to say **"no"** to protect his time and energy. He credits the program with helping him understand his worth and navigate people. He plans to continue with mental health therapy, viewing the program as a fundamental step toward understanding his emotions and ensuring positive growth.

. Vignette 4
Case Study of Mr. T04

Mr. T04's Renewal: Broadening Horizons and Finding Calm

When T04 initially joined the TRIBE Program, he approached the experience with uncertainty. His journey began as a search for stability and recovery after losing his job and possessions. However, this pursuit evolved into a significant journey of self-discovery, greater empathy, and a renewed sense of direction in life. After working extensively in his family's surfboard business, T04 encountered job loss linked to his struggles with alcohol. This setback was profoundly challenging, disintegrating his financial and physical security. As he embarks on a new chapter, Mr. Collins is engaging with the program's classes and initiatives with the intent to "better myself and become a more well-rounded person."

The program served as a powerful cognitive and emotional recalibration. Within the first three classes, the transformative change began, causing the **"wheels to start turning"**. The Know Thyself class was particularly impactful, making him **"more self-aware"** for himself and others. He noted that he has become more **"well balanced"** and **"calmer, actually"**. This new approach changed his thinking; he now takes more into account in personal encounters, actively choosing to look **"beyond the person and be empathetic and sometimes sympathetic"**. Furthermore, Miss Eba's history class deepened his understanding of his minor in history, inspiring him to view dates and events through a new, more advanced cultural lens.

Mr. T04 has applied this sense of inner calm to managing real-life stressors, such as the major transition of his elderly parents moving to another state. He consciously strives to exude calmness and avoid yelling to make the change easier for them, believing others will **"pick up on that"**. His spiritual life has become stronger, and he is now focused on long-term professional development: he would **"ideally go back to school"** to pursue his master's degree, with a specific interest in counseling. While his faith in his own capabilities is still **"unfolding,"** he recognizes that the program has provided a **"good base"** for his continuous journey of recovery and growth

. Vignette 5

Case Study of Mr. T05

Mr. T05's Shift: From Anger to Open-Mindness

When Mr. T05 initially engaged in the TRIBE Program, he approached it with uncertainty about what lay ahead. His journey began with a focus on physical activities such as boxing and fitness; however, it soon evolved into a transformative experience emphasizing emotional regulation and cognitive development. Mr. T05 joined the program with clear intentions: to acquire effective strategies for managing his anger and to cultivate innovative thinking skills. He recognized the necessity of this framework not only to enhance his impulse control but also to navigate conflicts more effectively. Through the program, he found the tools needed to foster personal growth and develop healthier, more constructive responses to challenges.

The program served as a powerful catalyst, fundamentally shifting Mr. T05's mindset within about a month, or even just a couple of weeks. He realized the power of consequence, noting that when conflict arose, he consciously began to **"think about it a little more"** before reacting, learning the value of calming down and walking away. This training "opened my mind to stuff a little more than it was before," making him significantly more open-minded. He credited the staff for this change, explaining they talked to participants one-by-one and provided "good examples". Furthermore, significant activities, like the outdoor workout where he could enjoy the view, reinforced his enjoyment of physical activity. He even gained a personal connection to the Know Thyself workshop when he learned a piece of history related to his family's roots in Mexico.

As a result of this internal transformation, Mr. T05's perception of his place in society **"got better"**. The program provided a crucial sense of community where he could truly learn and apply his new control. He now possesses a heightened understanding of the action-impact dynamic, choosing positive restraint over impulsive conflict. His experience in TRIBE provided him with essential tools for learning how to control his anger and maintain a more elevated, focused state of mind

. Vignette 6
Case Study of Mr. T06
Mr. T06's R-entry: The Quest for True Persona

When Mr. T06 embarked on his personal development journey, he was initially driven by the desire to escape the pressure of making a "great first impression." However, this quest quickly transformed into a profound journey of self-regulation, resilience, and balance. Through intentional practices and self-reflection, he cultivated self-awareness and identified key areas for growth. He discovered that personal development is a continuous process that fosters resilience, enabling him to overcome challenges with confidence. Additionally, Mr. T06 prioritized finding balance in his life, harmonizing work, relationships, and self-care. His experience illustrates the powerful impact of personal development, serving as an inspiring reminder that the pursuit of growth can lead to a more fulfilling and authentic life.. Mr. T06 recognized the fallacy in striving to appear shiny and lovely only when meeting people, acknowledging that the cultural expectation is "hard because society has these like norms". Having experienced environments where accountability was immediate, he struggled initially with the reality of a world in which people could cut you off or curse you out without repercussions.

The core of Mr. T06's transformation lay in learning to regulate his internal emotional landscape. He realized that life requires **balance**; you cannot have happiness without sadness, akin to the sunrise existing alongside the darkness. He learned to use guilt, not regret, as a constructive tool to motivate him to be a "better version" of himself. When frustration arises, whether from road incidents or minor slights, he practices self-control, recognizing that others might be in a rush or "going through something," and simply choosing to "brush it off." This approach required a fundamental shift: "You just have to change your mindset".

Today, Mr. T06 focuses intensely on the one thing he can control: his own actions and his kindness. He practices **gratitude**, often reflecting on the struggles of others, such as a homeless person with a bad knee, as a powerful reminder of his own blessings. He understands that enduring slights without external reaction is a strength, not a weakness, and he grounds his confidence in knowing his worth. His focus remains on what he does have, rather than what he doesn't, maintaining awareness of his feelings of anger and frustration, but ensuring his "next thought" moves toward a positive perspective

. Vignette 7
Case Study of Mr. T07
Mr. T07's Awakening: From Hopelessness to Open Acceptance

When T07 first encountered the Whole Systems learning framework, he approached it with uncertainty. His initial goal was to complete his probation quickly, but this journey transformed into a significant path of self-discovery and emotional growth. The framework encouraged him to explore the interconnectedness of the systems in his life, leading to a deeper understanding of himself. As T07 engaged with the process, he learned to recognize patterns in his behavior, gaining valuable insights that extended beyond his original aims.

This experience not only equipped him with tools for resilience but also fostered a greater sense of self- Mr. T07 confessed that he had been grappling with deep feelings of **hopelessness**, often retreating into a solitary cycle of eating, sleeping, and playing video games. He realized that living in fear and staying home had become a barrier, admitting that the more he isolated himself, the less he wanted to engage with the world outside.

The program served as a vital catalyst, helping Mr. T07 become more **open**. The Emotional Intelligence component affirmed that emotions are acceptable and are a natural part of personal growth. Furthermore, the Emerging Leaders segment taught him crucial conflict resolution skills, emphasizing compassion and curiosity. A major cognitive breakthrough came through the Know Myself class, which stressed the necessity of accepting his past, even his serious charges, noting that if he couldn't accept them, he couldn't be open or communicate with others. Mr. T07 also gained practical life skills, learning to set boundaries—how to say yes or no—and to explore online monetization for his interest in gaming.

This influx of knowledge fundamentally shifted T07's outlook on his past experiences and future trajectory. He realized that being incarcerated was not necessarily "bad", but rather a challenge that could push him toward the next chapter of his life. He now understands that bad experiences are not setbacks, but instead, they help to make him a "better person". He views the program as a **"great resource"** for managing emotions and remaining open, believing that the knowledge gained is transforming his life for the better

C. SYNTHESIS OF FINDINGS

The evaluation findings of the TRIBE CDEP, spanning from the baseline assessment results through the comparative analysis in Table 8, demonstrate significant positive shifts in participants' mental health, self-perception, and engagement with constructive life skills, alongside evidence of high program fidelity.

Evaluation Question #1: Program Delivery (SWE Core Process Measures)

Qualitative data confirms that TRIBE successfully delivered its Phase 2 Extension activities with high fidelity. Participants overwhelmingly described the program as providing **"Guidance,"** a **"family,"** a **"network,"** and a **"life-changing community"**. Key themes derived from interviews indicate that the program was accountable, addressed psychosocial needs, created a safe environment, and fostered **bi-directional engagement**. Through the "One-Minute Anonymous Self-Assessment" (OMASA), participants reported immediate intellectual and personal growth, including improved financial literacy, recognizing wealth is rooted in health and wisdom, and cultivating inner power by realizing they can change things. They endorsed the program enthusiastically, viewing it as **"Mind-Opening and Inspiring"** and beneficial for building leadership skills and fostering respect.

Evaluation Questions #2 and #3: Outcomes and Strengths-Based Resiliency Model

The comparison of pre- and post-test data revealed strong evidence that TRIBE activities positively influenced several key outcome measures:

- **Mental Health and Trauma:** There was a strong overall improvement in self-reported feelings, with statistically significant decreases in how often participants felt nervous, hopeless, restless, depressed, everything took effort, and worthless (for all six items).
 - The mean score for **Trauma Stress Symptoms decreased** significantly (from 14.5 to 12.0).
 - The **Prevalence of Likelihood of PTSD saw a significant reduction** (from 49.8% to 37.7%;).

- The **CES-D Total Score (Depression)** decreased significantly (from 17.2 to 14.27), and prevalent depression dropped from 39.5% to 29.6%.
- Participants reported that their symptoms and problems were "**not bothering me as much**" and that they dealt "**more effectively with my daily problems**" as a direct result of the program.
- **Self-Perception and Resilience:**
 - The program supports the strengths-based resiliency model, as the **total resilience score increased significantly** (from 38.9 to 41.7).
 - **General Self-Efficacy Total Score increased significantly** (from 31.9 to 33.6), leading to a drop in low self-efficacy classification.
 - **Rosenberg Self-Esteem Total Score increased significantly** (from 21.6 to 23.4), resulting in a significant decrease in participants with low self-esteem.
- **Aggression and Hostility:** Measures of harmful behavior generally decreased, with **Physical Aggression, Hostility, and Anger Total Scores all decreasing significantly** (for all). However, **Verbal Aggression Total Score showed a statistically significant increase** (from 2.4 to 2.9;), which the evaluation noted warrants further investigation.
- **Cultural Identity and Social Integration:** Participants reported feeling significantly **less marginalized or excluded from society** () and significantly **less isolated and alienated from society**. While most broad social integration measures did not show significant change, the managing ability sub-scale of Social Coherence increased significantly (). Qualitative feedback highlighted that the focus on African history instilled **pride and understanding of their culture**.
- **Positive Youth Development (PYD) (Table 8):** For the core TRIBE sample, the program proved highly effective in boosting developmental indicators, with **five out of seven PYD domains showing statistically significant improvement**. These domains included Purpose Seeking, Positive Identity, Competence/Character, Activity Involvement, and Confidence/Contribution.

Evaluation Question #4: Life Skills, Entrepreneurship, and Living Arrangements

Qualitative findings strongly support the success of the components related to life skills and employment. The **Know Thyself** workshop was identified as extremely beneficial, potentially explaining the increase in resilience scores. Participants indicated the program provided crucial support for securing basic needs and fostering economic independence. They gained valuable skillsets for generating multiple income streams, such as monetizing website development or podcasting. The case studies confirm that the program serves as a necessary intervention for individuals navigating life after incarceration, enabling them to secure job training, pursue certifications, and achieve goals like gaining parole and acquiring housing or transportation. The workshops, including Know Thyself and HipHopHeals, were instrumental in building self-image and providing the tools to become a successful entrepreneur.

A concise synthesis of key findings and emerging themes from the exit interviews (KIIs) is as follows.

1. Emotional Regulation and Mental Health Transformation

A core finding across participants is the **development of emotional intelligence and self-control**. Many individuals improved their state of mind and learned to manage intense feelings like anger. This was often achieved by learning to look beyond themselves and consider others' perspectives (empathy), and by thinking before acting, leading to fewer impulsive reactions.

- **Self-Awareness and Acceptance:** Participants noted that classes like "Emotional Intelligence" and "Know Thyself" were pivotal in helping them identify their emotions, understand their pros and cons, and accept their current self and life history, including serious past charges or trauma. One participant noted that now "I am slower to judge" and listens to hear, not to respond.

- **Addressing Past Trauma and Depression:** The program is recognized for helping participants address trauma by creating a space to open up and face issues. A participant, who suffers from severe depression, found that the classes brought up difficult emotions but also showed how to "compress them," even through music. Another participant, who is dealing with homelessness and mental health issues, sought the program because that person needed a professional, understanding environment regarding depression and bipolar disorder.

2. Practical Application, Goal Setting, and Accountability

The program serves as a **stepping stone** and a **resource** for achieving tangible life goals, especially for those navigating life after incarceration.

- **Career and Financial Stability:** Some participants reported success in securing job placement, obtaining necessary identification (ID) and uniforms, and working toward purchasing vehicles. Another attributed his success in being released from parole to applying the initiative and lessons learned in class. The financial literacy and entrepreneurship classes were highlighted for teaching money management and the difference between needs versus wants.

- **Defining and Pursuing Goals:** The program inspired participants to refocus on long-term aspirations. A participant began setting goals focused on job training and certifications, such as HVAC, electrician, or welding. Another was inspired to pursue his goal of becoming a certified substance abuse counselor.

- **Consistency and Personal Effort:** The necessity of personal accountability and consistency emerged as a key theme. A participant appreciated the program's daily commitment, which helped him overcome procrastination and build consistency. Another emphasized taking time out to learn about himself and focusing on mental and physical effort to achieve financial stability and be a better parent.

3. Program Environment, Support, and Identity Shift

The program structure and culture are described as profoundly impactful, fostering personal growth and a sense of community.

- **A Family-Like, Non-Judgmental Space:** TRIBE provided a "judgment-free, loving, caring, and just overall positive" environment, described frequently using words like **Family**, **Strength**, **Guidance**, and **Excellent Comfort**. Participants felt safe enough to share deeply personal stories, even things they thought they would "never, ever say".

- **Boundary Setting and Relationship Shift:** A common and crucial change was learning to **set boundaries** with family and friends to protect their positive lifestyle. A participant noted he learned to limit people's demands on his time. Another credits the program for helping with anger management when interacting with the mother and mend familial relationships.

- **The Power of Peer Support:** The cohort dynamic was significant; the group acted as a system of mutual support, cheering each other on and sharing resources, leading to a feeling of not being alone on the journey. A participant appreciated learning how to avoid troubling situations and negative influences.

In summary, the vignettes demonstrate that the TRIBE program facilitated a holistic transformation, moving individuals from cycles of incarceration, negative emotional states, and instability, toward **Resilience, Self-Improvement**, and an **Empowered** future.

DISCUSSION AND CONCLUSION

Based on the mixed-method approach employed to evaluate the TRIBE program, we infer that the program has effectively transformed the lives of participants, particularly those who committed, engaged, and matriculated through the program. Participants have articulated that the program is unlike most programs out there in that most the programs provide participants with job-related skillsets without consideration of "you" as a person. However, TRIBE's approach is holistic, addressing participants' physical, emotional, and mental needs. Below are the conclusions derived relative the four evaluation questions.

Evaluation Question #1 "According to the SWE Core Process Measures, how well are TRIBE CDEP Phase 2 activities being delivered?"

The TRIBE CEDP program, via the qualitative data collected, provided evidence to conclude that the program was successful in delivering and achieving the SWE Core Process Measures in delivering the CEDP Phase activities were successfully delivered. TRIBE achieved the fidelity of the program delivery. Additionally, the participants indicated that the program was accountable, addressed their psychosocial needs, created a safe environment, and was interactive, and promoted bi-directional engagement.

Evaluation Question #2 "To what extent change in SWE Core Outcome Measures attributable to the TRIBE CDEP activities?" and Evaluation Question #3 "To what extent does the strengths-based resiliency model mediate TRIBE CDEP outcomes?"

Changes in the program's outcome measures were mixed. There were no significant changes in the quantitative data, although the changes were in the right direction for most measures. However, we saw measures such as the likelihood of PTSD and resilience improved from baseline to post-test assessment. In addition, the proportion of depression and low self-esteem increased as opposed to decreased. However, the qualitative data collected via observations, the "One-Minute Anonymous Self-Assessment," and key informant interviews suggest that the participants are experiencing positive and transformative lives. Additionally, the qualitative data also provide context for some of the unexpected changes, such as increased depression. One plausible explanation is that because the participants trust now and feel a sense of belonging, they might be more open and accept that they have problems they did not want to own when they enrolled in the program.

Overall, though eight weeks is too short a duration to assess changes in the outcomes, some of the quantitative data and the qualitative data affirm that the program is positively impacting the SWE Core Outcome measures.

Evaluation Question #4 "To what extent is the Life Skills instruction entrepreneurship, and employment related to variability in the quality of participants' living arrangements?"

The participants find workshops that build their self-image, provide the knowledge and tools to be a successful entrepreneur, and the HipHopHeals workshop very helpful. Furthermore, the participants identified the Know Thyself workshop as extremely beneficial might explain the increase in resilience from pretest to posttest. The TRIBE participant also indicated that the program addressed the participants' immediate transportation, housing, and employment needs when they enrolled. In addition, they match participants to career skill training based on their goals and offer workshops designed to prepare participants to be productive and constructive citizens. As a result, they gained skillsets that made them more marketable

or monetized. Hence, we can confidently infer that the Life Skills instruction, entrepreneurship, and employment-related to variability in the quality of participants' living arrangements provided by the TRIBE CEDP program was successful.

Despite the program's success, some of the results were mixed; therefore, we propose the following next steps.

1. Since some participants take some time before committing to engage in the program entirely, all participants do not realize the program's effectiveness in 8 weeks. We might need additional assessments, say in 6-12 months.
2. Further work is needed to identify the predictors of those likely to succeed. Such information will inform the program's restructuring to optimize the effectiveness among participants who successfully matriculate through the program and those who do not. Furthermore, such a predictive model could inform the program of eligible persons targeted for recruitment.
3. We are exploring by pilot testing single global questions on self-efficacy, self-esteem, self-concept and resilience during the exit interviews.

Additionally, TRIBE could implement a long-term tracking system of participants irrespective of whether they matriculated will benefit ongoing quality improvement of the program. For a viable tracking system, the program should ascertain the contact information of close friends and relatives at the point of enrollment. Such information will facilitate tracking of a participant if he moves or his direct contact information, such as phone number or email address, is not accessible anymore. Finally, the program

Conclusion: The evaluation concludes that the TRIBE CEDP is **successful and effective, particularly for participants who actively committed to and matriculated through the program, achieving** fidelity in delivering its specialized, trauma-informed curriculum. The program yielded statistically significant positive shifts in participants' internal psychological and developmental factors, including increased resilience, decreased likelihood of PTSD, lower depression scores, and higher general self-efficacy and self-esteem. While some outcomes were mixed, such as an initial increase in self-reported depression, qualitative data provide context, suggesting that participants, feeling safe and belonging within the program's "family" structure, became more willing to acknowledge and address their mental health problems. Furthermore, TRIBE successfully supported participants in acquiring concrete life skills, entrepreneurship tools, and employment skills, assisting with immediate needs like housing and career planning, affirming its holistic and transformative impact on their living arrangements

REFERENCES & APPENDICES

Literature Cited

- Alcindor, Yamiche, Camille Respass, and Jordan Malter. 2025. *Critics Question Why Exhibits at the African American History Museum Are Rotating Out*. <https://www.nbcnews.com/politics/politics-news/critics-question-exhibits-african-american-history-museum-are-rotating-rcna207432>.
- Anderson, Jill. 2021. *Fugitive Pedagogy in Black Education: How Black Educators Worked Together, Often Employing Covert Actions, to Lead Valuable Learning for Students in the Jim Crow South*. Harvard Graduate School of Education. <https://www.gse.harvard.edu/ideas/edcast/21/02/fugitive-pedagogy-black-education>.
- Anonymous. 2021. *California Reducing Disparities Project (CRDP) Implementation Pilot Project (IPP) African American/Black Population Talking Points*. CRDP IPP Talking Points African American. California Reducing Disparities Project. https://cultureishealth.org/wp-content/uploads/2021/02/CRDP_IPP-Talking-Points_African-American_February-2021.pdf.
- , 2021. *Concept Paper: Policy Options for Community-Defined Evidence Practices (CDEPs)*. California Pan-Ethnic Health Network. <https://cpehn.org/assets/uploads/2021/04/CDEPs-Concept-Paper-April-2021.pdf>.
- , 2025. *Why Trauma Survivors Are Often Drawn to Endurance Sports: A Nervous System Perspective*. VOX. <https://www.voxmentalhealth.com/blogs/why-trauma-survivors-are-often-drawn-to-endurance-sports-a-nervous-system-perspective>.
- Arreola, Reyes, and Shay Dowdle. 2021. *CDEP Local Evaluation Report - Reducing Isolation Through Support and Empowerment*. The Center for Sexuality & Gender Diversity. https://cultureishealth.org/wp-content/uploads/2024/05/Center-for-Sexuality-Gender-Diversity_Final-Report_2021-11-30.pdf.
- Bostock, William W. 2000. "Identity Collapse and Ethnic Politics: A Sri Lankan Example." In *Handbook of Global Social Policy, 1st Edition*, Stuart Nagel, 1-15. Routledge. <https://www.taylorfrancis.com/chapters/edit/10.4324/9780429271397-11/identity-collapse-ethnic-politics-william-bostock>.
- Charr, Manuel. 2024. *How Saint Louis Art Museum (SLAM) Inspired Mental Health Conversations with Hip Hop*. MuseumNext. <https://www.museumnext.com/article/museum-inspiring-mental-health-conversations-with-hip-hop/>.
- Cloitre, M., Garvert, D. W., Brewin, C. R., Bryant, R. A., & Maercker, A. (2019). Evidence for the coherence and integrity of complex PTSD as a distinct clinical syndrome. *European Journal of Psychotraumatology*, 10(1), 1555294. <https://doi.org/10.1080/20008198.2019.1555294>
- Courtois, C. A., & Ford, J. D. (2013). *Treatment of complex trauma: A sequenced, relationship-based approach*. The Guilford Press.
- DataUSA. 2024. "Long Beach, CA." <https://datausa.io/profile/geo/long-beach-ca/>.
- Dayananda, Kiran K., Sahabuddin Ahmed. 2023. "Early Life Stress Impairs Synaptic Pruning in the Developing Hippocampus." *Brain, Behavior, and Immunity* 107: 16-31.

Department of Health Care Services. 2022. *Evidence-Based Practices and Community-Defined Evidence Practices Grant Program*. California. <https://www.dhcs.ca.gov/CYBHI/Documents/DHCS-CYBHI-EBP-CDEP-Grant-Strategy-Overview-December-2022.pdf>.

DHCS. 2023. *Trauma Screenings and Trauma-Informed Care Provider Trainings*. <https://www.dhcs.ca.gov/provgovpart/Pages/TraumaCare.aspx>.

Fix, Rebecca L. 2025. "Singing for Self-Affirmation and Healing: How Black Young People Articulate Growth and Mental Health Through Music." *Arts & Health*. <https://www.tandfonline.com/doi/full/10.1080/17533015.2025.2541369?src=>.

Fondacaro, Mark R, and Darin Weinberg. 2002. "Concepts of Social Justice in Community Psychology: Toward a Social Ecological Epistemology." *American Journal of Community Psychology* 30, no. 4: 473-92.

Gibbs, Daniel J, Joseph Konstanzer, Kristen Hassmiller Lich, Paul Lanier, David Ansong, Mimi V Chapman, Jensen, and Todd M. 2025. "Mental Health Treatment Delays for Youth in Foster Care: Understanding System Decisions and Dynamics." *Administration and Policy in Mental Health and Mental Health Services Research* 52, no. 3: 542-60.

Glenn-Butler, Tanya. 2020. "The Role of Culturally Relevant Pedagogy Perceived by High Achieving African American Students Enrolled in Special Admissions High Schools." Boston, Massachusetts: College of Professional Studies, Northeastern University.

Goodman, Amy. 2025. "*Taking Down Everything Black*": Fired Kennedy Center VP Marc Bamuthi Joseph on Trump's Takeover. Democracy Now! https://www.democracynow.org/2025/3/31/kennedy_center.

Grills, Cheryl. 2022. *The California Reducing Disparities Project Phase 2 Statewide Evaluation Report*. Loyola Marymount. https://cultureishealth.org/wp-content/uploads/2023/06/ADA_CRDP_SWE_Full_Report_with_Exec_Summ_PARCLMU_6.1.23.pdf.

Haney, C. (2003). The psychological impact of incarceration: Implications for post-prison adjustment. *Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families, and Communities*, 33–66. Washington, DC: Urban Institute Press.

Harper, Kimberly C, and Hope Jackson. 2018. "Dat'Niggas Crazy: How Hip-Hop Negotiates Mental Health." *Western Journal of Black Studies* 42. https://openurl.ebsco.com/EPDB%3Aged%3A14%3A33386734/detailv2?sid=ebsco%3Aplink%3Ascholar&id=ebsco%3Aged%3A139040398&crl=c&link_origin=scholar.google.com.

Herbert, Robert T. 1998. "Dualism-Materialism." *The Philosophical Quarterly* 48, no. 191: 145-58.

Herd, Tonia, Lindsey Palmer, and Sarah Font. 2023. "Prevalence of Mental Health Diagnoses Among Adolescents Before and During Foster Care." *Journal of Developmental and Behavioral Pediatrics* : JDBP 44, no. 4: e269. doi: <https://doi.org/10.1097/DBP.0000000000001191>.

Herd, T., et al. (2023). *Mental health care disparities before entry into foster care*. *Child and Adolescent Social Work Journal*. <https://doi.org/10.xxxxx>

Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror* (Rev. ed.). Basic Books.

- Jefferson, LaNita, Ashley Waddington, Sabrina Johnson, Ohrt, and Jonathan. 2025. "Hip-Hop and Rap Music Interventions on Mental Health and Well-Being: A Systematic Review." *Journal of Creativity in Mental Health* 20, no. 1: 31-45. <https://www.tandfonline.com/doi/full/10.1080/15401383.2024.2305294>.
- Johnson, Hans, Marisol Cuellar Mejia, and Eric McGhee. 2025. "California's Population: Fact Sheet." https://www.ppic.org/wp-content/uploads/JTF_PopulationJTF.pdf.
- Jones AI, Rafferty J, SD Cochran, J Abelson, MR Hanna, and VM Mays. 2022. "Prevalence, Severity and Burden of Post-Traumatic Stress Disorder in Black Men and Women Across the Adult Life Span." *Journal of Aging Health* 34, no. 3 (June): 401-12. doi:10.1177/08982643221086071.
- Jones, Ja'han. 2025. "Trump Admin Reportedly Removes Slavery History from National Parks." In *Trump Admin Reportedly Removes Slavery History from National Parks*. September 16, 2025. MSNBC. <https://www.msnbc.com/top-stories/latest/trump-slavery-history-national-parks-harpers-ferry-smithsonian-rcna231701>.
- Jones, C. P., et al. (2022). Racial discrimination and trauma burden among Black adults in the United States. *Journal of Traumatic Stress*, 35(4), 803–815.
- Jones, Tricia S. 2004. "Enhancing Collaborative Tendencies: Extending the Single Identity Model for Youth Conflict Education." *New Directions for Youth Development*, no. 102: 11-34. https://www.researchgate.net/profile/Tricia-Jones/publication/237597119_Extending_the_single_identity_model_for_youth_conflict_education/link/s/557333ec08aeacff1ffca1d0/Extending-the-single-identity-model-for-youth-conflict-education.pdf.
- Kar, Anindya, and Dinesh Bhugra. 2025. "Dignity is the Method: Ethnic Minority Mental Health, Structural Harm, and the Constellation Model." *Academia Mental Health and Well-Being: Special Issue Dignity in Mental Health: A Global Priority* 2, no. 4. doi:10.20935/MHealthWellB7932.
- Lewis, Amanda E. 2013. "The 'Nine Lives' of Oppositional Culture?" *Du Bois Review: Social Science Research on Race* 10, no. 1: 279-89. <https://www.cambridge.org/core/journals/du-bois-review-social-science-research-on-race/article/abs/nine-lives-of-oppositional-culture/CB2561C6D1C55123DA39174310DB7CE7>.
- Lundy, G F. 2003. "The Myths of Oppositional Culture." *Journal of Black Studies* 33, no. 4. doi:<https://doi.org/10.1177/0021934702250024>.
- McFarling, Usha Lee. 2025. *Brain MRIs Reveal Impact of 'toxic Stress' on Black Children*. <https://www.statnews.com/2023/02/01/brain-scans-reveal-disparate-impact-of-poverty-toxic-stress-on-black-children/>.
- Maher, Kit. 2025. *Trump Escalates Attacks Against Smithsonian Museums, Says There's Too Much Focus on 'How Bad Slavery Was'*. CNN. <https://www.cnn.com/2025/08/19/politics/trump-slavery-museum-smithsonian>.
- Margolis, K L, G M Fosco, and E A Stormshak. 2014. "Circle of Care: Extending Beyond Primary Caregivers to Examine Collaborative Caretaking in Adolescent Development: Extending Beyond Primary Caregivers to Examine Collaborative Caretaking in Adolescent Development." *Journal of Family Issues* 37, no. 9: 1179-1202. doi:<https://doi.org/10.1177/0192513X14536565>.

MHSOAC. 2024. *Commission Teleconference Meeting January 25, 2024 Presentations and Handouts*. Mental Health Services Oversight and Accountability Commission. https://bhsoac.ca.gov/wp-content/uploads/MHSOAC_Handouts_01252024.pdf.

Mohr, W K, M M Mahon, and M. J Noone. 1998. "A Restraint on Restraints: The Need to Reconsider the Use of Restrictive Interventions." *Archives of Psychiatric Nursing* 12, no. 2: 95-106. doi:10.1016/S0883-9417(98)80059-9.

Ortega, Rodrigo Pérez. 2024. *ScienceA New Study of Brain Samples from Black People Shows the Influence of Environment and Genetics on Mental Disorders*. <https://www.science.org/content/article/new-study-brain-samples-black-people-shows-influence-environment-and-genetics-mental>.

Pumariiega, Andres J, Jo Youngsuhk, and Mariam Rahmani. 2022. "Trauma and US Minority Children and Youth." *Current Psychiatry Report* 24, no. 4 (April): 285-95. doi:10.1007/s11920-022-01336-1.

Pumariiega, A. J. (2022). Trauma in African descent youth: A review and call to action. *Journal of Ethnic and Cultural Diversity in Social Work*, 31(3-4), 241-258.

Rodwin, Aaron H, Rei Shimizu, Raphael Travis Jr, Kirk Jae James, Moiyattu Banya, and Michelle R Munson. 2023. "A Systematic Review of Music-Based Interventions to Improve Treatment Engagement and Mental Health Outcomes for Adolescents and Young Adults." *Child and Adolescent Social Work Journal* 40, no. 4: 537-66. <https://link.springer.com/article/10.1007/s10560-022-00893-x>.

Rovner, Joshua. 2025. "Black Disparities in Youth Incarceration: Fact Sheet." <https://www.sentencingproject.org/fact-sheet/black-disparities-in-youth-incarceration/#footnote-ref-4>.

Singha, Ranjit. 2024. "Stress, Resilience, and Brain Performance." In *Building Organizational Resilience With Neuroleadership*, Jyoti Kukreja, Sandhir Sharma, and Shefali Saluja, 14-29. IGI Global Scientific Publishing.

Skene, Keith R. 2022. "What is the Unit of Empowerment? An Ecological Perspective." *The British Journal of Social Work* 52, no. 1: 498-517.

Smith, Charisa Kiyô. 2013. "Nothing About Us Without Us! the Failure of the Modern Juvenile Justice System and a Call for Community-Based Justice (March 23, 2013)." *Journal of Applied Research on Children: Informing Policy for Children at Risk* 4, no. 1. Available at SSRN, Article 11. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2501023.

Somé, Malidoma Patrice. 1995. *Of Water and the Spirit: Ritual, Magic, and Initiation in the Life of an African Shaman*. Penguin.

Taylor, Robert Joseph, Linda M Chatters, and James Ellis. 2025. "Fictive Kin Support Networks of African American and Black Caribbean Adolescents." *Journal of Family Issues*. doi:0192513X251379000.

Taylor, Robert Joseph, Linda M Chatters, and Christina J Cross. 2021. "Taking Diversity Seriously: Withingroup Heterogeneity in African American Extended Family Support Networks." *Journal of Marriage and Family* 83, no. 5: 1349-72. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8547778/pdf/nihms-1748843.pdf>.

Tuckey, Aaron J, Zuzana V Harmáčková, Garry D Peterson, Albert V Norström, Michele Lee-Moore, Per Olsson, David PM Lam, and Amanda Jiménez-Aceituno. 2023. "What Factors Enable Social-

Ecological Transformative Potential? The Role of Learning Practices, Empowerment, and Networking.” *Ecology and Society* 28, no. 2.

Tyson, Carolyn, Lewis, and Amanda E. 2021. “The ‘Burden’ of Oppositional Culture Among Black Youth in America.” *Annual Review of Sociology* 47, no. 1: 459-77.
<https://www.annualreviews.org/content/journals/10.1146/annurev-soc-090420-092123>.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Wang, Z, B Jiang, X Wang, Z Li, D Wang, H Xue, and D Wang. 2023. “Relationship Between Physical Activity and Individual Mental Health After Traumatic Events: A Systematic Review..” *European Journal of Psychotraumatology* 14, no. 2: 2205667. PMID: 37134018; PMCID: PMC10158556.
doi:10.1080/20008066.2023.2205667.

Whole Systems Learning. 2021. *WSL Tribe LER\WSL TRIBE Local Evaluation Final Revised 12.29.2021*.

Williams, Lewis. 2017. “Empowerment and the Ecological Determinants of Health: Three Critical Capacities for Practitioners.” *Health Promotion International* 32, no. 4: 711-22.

Wilson, Leslie Owen, and Andrea Spears. 2003. *Overview of Brain-Based Learning: Primary |Early Years: Play, Learning and the Brain*. TeachandLearn.net.
https://www.open.edu/openlearn/pluginfile.php/614083/mod_resource/content/1/e500_10_prim_ey1_16t_3.pdf.

Woods, V Diane. 2002. *WE AIN'T CRAZY! Just Coping With a Crazy System Pathways Into the Black Population for Eliminating Mental Health Disparities*. African American Health Institute of San Bernadino. <https://cultureishealth.org/wp-content/uploads/2021/02/African-American-Population-Report-1.pdf>.

Wright, K D, A I Jack, Friedman J P, I M Jones, A Sattar, Fresco, D M, and S M Moore. 2020. “Neural Processing and Perceived Discrimination Stress in African Americans.” *Nursing Research* 69, no. 5 (September/October): 331-38. PMID: 32496401; PMCID: PMC7483233.
doi:10.1097/NNR.0000000000000441.

WSL Team. 2024. “Whole Systems Learning, Final LER.”
<https://www.wholesystemslearning.org/healing-wellness>.

Data Collection Tools

Intrapsychic Protective Factors	
Intrapsychic protective factors are internal psychological processes that help individuals manage stress and adversity. Key examples include:	
<ul style="list-style-type: none"> • Ego Adaptive Mechanisms: These include altruism, sublimation, suppression, humor, and anticipation. These defense mechanisms allow individuals to adapt to stress in healthy ways. 	ADVISORY BOARD
<ul style="list-style-type: none"> • Hardiness: A personality trait characterized by resilience and the ability to cope with stress effectively. 	CONFLICT RESOLUTION
<ul style="list-style-type: none"> • Motivation: The drive to achieve goals and overcome obstacles. 	POWER
<ul style="list-style-type: none"> • Perception of Self: A strong self-concept that includes a positive self-image and self-esteem. 	TRUTH
These factors are crucial for maintaining a positive self-concept and thriving despite challenges such as discrimination.	
Emotional Protective Factors	
Emotional protective factors involve emotional resilience and regulation, which are essential for coping with stress:	
<ul style="list-style-type: none"> • Eudaimonia (Flourishing): Associated with well-being and reduced depression. 	TRIBE ENVIRONMENT
<ul style="list-style-type: none"> • Optimism: A positive outlook that can buffer against stress and adversity. 	EMOTIONAL INTELLIGENCE
<ul style="list-style-type: none"> • Hope: Encompasses hopefulness, learned industriousness, mastery, relevance, and resourcefulness. 	SCHOOL ACCOMPLISHMENTS
<ul style="list-style-type: none"> • Happiness: A general sense of joy and contentment. 	TRIBE ENVIRONMENT
<ul style="list-style-type: none"> • Trust: Confidence in oneself and others fosters supportive relationships. 	HEALING CIRCLES
<ul style="list-style-type: none"> • Life Satisfaction: Overall contentment with life contributes to emotional stability. 	TRIBE PARTICIPATION
Cognitive Protective Factors	
Cognitive protective factors relate to how individuals perceive and interpret events:	

<ul style="list-style-type: none"> ● Explanatory Style: An optimistic explanatory style can protect against depression by framing events positively. 	EMOTIONAL INTELLIGENCE
<ul style="list-style-type: none"> ● Causal Attribution: Adaptive causal attributions help individuals understand negative events in a way that minimizes personal blame. 	POWER
<ul style="list-style-type: none"> ● Internal Locus of Control: Believing one has control over life events can enhance coping strategies. 	POWER
<ul style="list-style-type: none"> ● Self-Esteem: A positive evaluation of one's worth and capabilities contributes to resilience. 	RESPECT
<ul style="list-style-type: none"> ● Self-Efficacy: Represents a self-confident view of one's capability to deal with stressors. It is crucial for activating positive mechanisms in challenging situations. Self-efficacy is strongly correlated with resilience; higher levels are associated with greater resilience and lower perception of stress. 	TRIBE
<ul style="list-style-type: none"> ● Cognitive Styles and Processing: A person's preferred way of thinking, perceiving, and processing information. This includes how a person perceives the world and solves problems. 	COMMITMENT (should be)
<ul style="list-style-type: none"> ● Change in Philosophy of Life or World View: Adapting one's worldview can provide new perspectives on challenges. 	KNOW THYSELF
<ul style="list-style-type: none"> ● Wisdom: The ability to apply knowledge and experience effectively supports decision-making and coping. 	TRUTH
Cognitive styles refer to a person's preferred way of thinking, which influences values, attitudes, and social interactions. Examples include innovative/imaginative, analytic, common sense, and dynamic styles. Cognitive processing involves how a person perceives the world and solves problems. Understanding these styles can help educators tailor teaching strategies to individual needs.	
Posttraumatic Growth Protective Factors	
These factors involve positive changes following trauma:	
<ul style="list-style-type: none"> ● Trauma Leading to Spiritual Transformation: Finding meaning after trauma can enhance resilience. 	HIP HOP HEALS
<ul style="list-style-type: none"> ● Changes in Self-Perception: Positive shifts in identity after experiencing trauma contribute to resilience. 	RESPECT

<ul style="list-style-type: none"> • Changes in Interpersonal Relationships: Strengthened connections with others post-trauma can provide additional support. 	HIP HOP HEALS CONFLICT RESOLUTION
<ul style="list-style-type: none"> • Changed Self Narrative: Reframing one's personal story can lead to empowerment and growth. 	I AM SEEING GIFT IN THE WOUND
Spiritual Protective Factors	
Spiritual beliefs provide meaning and support:	
<ul style="list-style-type: none"> • Religious Beliefs and Practices: Often discourage harmful behaviors and promote community support. 	
<ul style="list-style-type: none"> • Spirituality as a Reason for Living: Provides a sense of purpose that can enhance resilience. 	TRUTH
<ul style="list-style-type: none"> • Religion as Inoculation Against Depression and Substance Abuse: Offers community support and moral guidance that can prevent negative outcomes. 	
Social Protective Factors	
Social attributes involve interpersonal skills and relationships:	
<ul style="list-style-type: none"> • Interpersonal Skills: Effective communication fosters strong relationships. 	EMOTIONAL INTELLIGENCE
<ul style="list-style-type: none"> • Connectedness: A sense of belonging within a community or group. 	HEALING CIRCLES
<ul style="list-style-type: none"> • Social Support: Networks of family, friends, or community resources that provide assistance and encouragement. 	TRIBE
Biological Protective Factors	
Biological attributes include:	
<ul style="list-style-type: none"> • Intellectual Ability: The capacity for learning, reasoning, understanding. 	TUTORING
<ul style="list-style-type: none"> • Personality Traits: Characteristics such as toughness that contribute to resilience. 	HIP HOP HEALS
Environmental Protective Factors	

Environmental attributes encompass external conditions that support resilience:	
<ul style="list-style-type: none"> • Positive Life Events: Experiences that contribute positively to an individual's life. 	REDUCING ISOLATION
<ul style="list-style-type: none"> • Socioeconomic Status: Access to resources that provide stability and opportunities for growth. 	STIPENDS, ENTREPRENEURSHIP
Additional Individual Protective Factors	
These include skills and behaviors that enhance resilience:	
<ul style="list-style-type: none"> • Social Skills: Abilities such as decision-making, problem-solving, and anger management help individuals navigate social interactions effectively. 	ADVISORY BOARD
<ul style="list-style-type: none"> • Good Health and Access to Care: Maintaining good physical health and having access to mental health services are crucial protective factors. Positive Physical Development: Good physical health supports mental health resilience. 	SOMATIC HEALING
<ul style="list-style-type: none"> • Coping Skills: Effective mechanisms for managing stress help individuals navigate challenges successfully. 	HIP HOP HEALS
<ul style="list-style-type: none"> • Emotional Regulation and Awareness: Understanding and managing emotions reduces the impact of stress. Self-Regulation: The ability to control one's behavior, emotions, and thoughts in pursuit of long-term goals is key for resilience. 	EMOTIONAL INTELLIGENCE
<ul style="list-style-type: none"> • Help-Seeking Behavior: Being willing to seek help when needed is critical for mental health maintenance. 	MENTORSHIP
<ul style="list-style-type: none"> • Engagement in Multiple Contexts: Involvement in activities such as school or community groups provides support networks that enhance resilience. 	TRIBE

Appendix A – Data Collection Instruments

KNOW THYSELF One-Minute Self-Assessment

ID: _____ Date: _____ Time: _____

Name of Activity _____

The purpose of this form is to give feedback on today's activities. It will be used by us only to understand and see if we can make our activities more interesting and rewarding to you.

1. What did you learn that you did not know before today's activity?
2. What did you learn from participating in the activity that you would like to know more about?
3. Would you recommend this activity for other youth? If so, please explain why so, and if not, please explain why not?
4. Did you develop your intellectual, social and/or emotional abilities and skills as a result of this workshop? Explain
5. On a scale of 1 to 10, how would you rate your achieving your goal of planning and goal setting?

Achievement
of goal



Starting Point
of your goal

HIPHOPHEALS One-Minute Self-Assessment

ID: _____ Date: _____ Time: _____

Name of Activity _____

The purpose of this form is to give feedback on today's activities. It will be used by us only to understand and see if we can make our activities more interesting and rewarding to you.

1. What did you learn that you did not know before today's activity?
2. What did you learn from participating in the activity that you would like to know more about?
3. Would you recommend this activity for other youth? If so, please explain why so, and if not, please explain why not?
4. Did this workshop or other activities help you self-regulate in any way? Explain
5. On a scale of 1 to 10, how would you rate your being able to self-regulate better?



KNOW THYSELF One-Minute Self-Assessment

ID: _____ Date: _____ Time: _____

Name of Activity _____

The purpose of this form is to give feedback on today's activities. It will be used by us only to understand and see if we can make our activities more interesting and rewarding to you.

1. What did you learn that you did not know before today's activity?
2. What did you learn from participating in the activity that you would like to know more about?
3. Would you recommend this activity for other youth? If so, please explain why so, and if not, please explain why not?
4. Did this workshop help you increase your sense of a positive identity or positive self-worth?
Explain

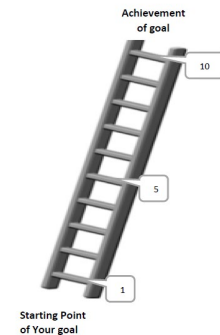


5. On a scale of 1 to 10, how would you rate your achieving a more positive identity or sense of self-worth?

Pre- and Post-Survey Questionnaire

Instructions: The purpose of this survey is to examine how you have progress in the following areas: Purpose Seeking, Life Goals, and Activity Involvement since participating in the TRIBE Program.

Using the 10-runged ladder, where the bottom rung labelled 1, is the starting point, and 10, the top of the ladder, is where you want to be in the near future. To help determine your progress in the 3 areas mentioned above, circle a number between 1 and 10 that corresponds to where you are on the ladder displayed on the right-hand side for each of the survey questions listed below.



	Rating: where you are on the ladder									
Purpose Seeking: Comparing your current state to prior to participating in TRIBE, using the ladder to the upper right-hand corner, how would you rate ...	1	2	3	4	5	6	7	8	9	10
1. Where you are in finding your life's purpose?	1	2	3	4	5	6	7	8	9	10
2. Where you are in understanding that your life has meaning?	1	2	3	4	5	6	7	8	9	10
3. Where you are in seeking a purpose or mission for your life?	1	2	3	4	5	6	7	8	9	10
Life Goals: Comparing your current state to prior to participating in TRIBE, using the ladder to the upper right-hand corner, how would you rate ...	1	2	3	4	5	6	7	8	9	10
1. Having a high standard of living	1	2	3	4	5	6	7	8	9	10
2. Having a steady job or career	1	2	3	4	5	6	7	8	9	10
3. Helping others in need	1	2	3	4	5	6	7	8	9	10
4. Having good and satisfying relationships with friends or family	1	2	3	4	5	6	7	8	9	10
5. Being actively involvement in the community	1	2	3	4	5	6	7	8	9	10
6. Nurturing my spiritual life	1	2	3	4	5	6	7	8	9	10
Now, List The Top 3 Goals You Want To accomplish in This Program										

Activity Involvement: Comparing your current state to prior to participating in TRIBE, using the ladder to the upper right-hand corner, how would you rate ...	1	2	3	4	5	6	7	8	9	10
1. Engagement in education and academics or commitment to challenging and engaging learning experiences	1	2	3	4	5	6	7	8	9	10
2. Improved communications and interaction with friends/family	1	2	3	4	5	6	7	8	9	10
3. Interpersonal skills with others: communication, conflict resolution, negotiation	1	2	3	4	5	6	7	8	9	10
4. Actively engaged in Job training	1	2	3	4	5	6	7	8	9	10

5. Planning and goal setting, taking action toward personal goals	1	2	3	4	5	6	7	8	9	10
Having positive/caring relationships/connection: Comparing your current state, using the ladder to the upper right-hand corner, how would you rate . . .										
1. Positive peer relationships	1	2	3	4	5	6	7	8	9	10
2. Positive relationships with adults/role models	1	2	3	4	5	6	7	8	9	10
3. Positive participation in programs that encourage emotional, attachment and commitment to family, peers, or community	1	2	3	4	5	6	7	8	9	10
Positive Identity: Comparing your current state to prior to participating in TRIBE, using the ladder to the upper right-hand corner, how would you rate										
1. Sense of belongingness to your cultural group, and having a positive view of your culture	1	2	3	4	5	6	7	8	9	10
2. Development of consciousness to counter mistruths and misinformation	1	2	3	4	5	6	7	8	9	10
3. Reinforcing positive attitudes, beliefs, and values about yourself or your future goals	1	2	3	4	5	6	7	8	9	10
4. Sense of direction and coherence about your life choices	1	2	3	4	5	6	7	8	9	10
Competence/Character: Comparing your current state to prior to participating in TRIBE, using the ladder to the upper right-hand corner, how would you rate										
1. Your ability to self-regulate	1	2	3	4	5	6	7	8	9	10
2. Your awareness of your intellectual, social, and emotional abilities and skills	1	2	3	4	5	6	7	8	9	10
3. Your cognitive (intellectual) competence	1	2	3	4	5	6	7	8	9	10
4. Positive and constructive risk-taking	1	2	3	4	5	6	7	8	9	10
Confidence/Contribution: Comparing your current state to prior to participating in TRIBE, using the ladder to the upper right-hand corner, how would you rate										
1. Having an internal sense of overall positive self-worth and belief that you have the capability to carry out your goals	1	2	3	4	5	6	7	8	9	10
2. Positive belief about your future goals, options, choices, and plans	1	2	3	4	5	6	7	8	9	10
3. Your positive contribution to self, family, community and civil society	1	2	3	4	5	6	7	8	9	10
4. Your participation in services that explore opportunities for positive interactions and participation in family, peer or other group settings	1	2	3	4	5	6	7	8	9	10
5. Restraint from use of drugs, tobacco, alcohol or violent behavior	1	2	3	4	5	6	7	8	9	10

General Self-Efficacy Scale (GSE)

	Not at all true	Hardly true	Moderately true	Exactly true
1. I can always manage to solve difficult problems if I try hard enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If someone opposes me, I can find the means and ways to get what I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It is easy for me to stick to my aims and accomplish my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am confident that I could deal efficiently with unexpected events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can solve most problems if I invest the necessary effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can remain calm when facing difficulties because I can rely on my coping abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. When I am confronted with a problem, I can usually find several solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If I am in trouble, I can usually think of a solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I can usually handle whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ethnic Identity Scale (Umaña-Taylor, Yazedjian, & Bámaca-Gómez, 2004)

The U.S. is made up of people of various ethnicities. Ethnicity refers to cultural traditions, beliefs, and behaviors that are passed down through generations. Some examples of the ethnicities that people may identify with are Mexican, Cuban, Nicaraguan, Chinese, Taiwanese, Filipino, Jamaican, African American, Haitian, Italian, Irish, and German. In addition, some people may identify with more than one ethnicity. When you are answering the following questions, we'd like you to think about what YOU consider your ethnicity to be.

Please write what you consider to be your ethnicity here _____ and refer to this ethnicity as you answer the questions below.

	Does not describe me at all	Describes me a little	Describes me well	Describes me very well
1. My feelings about my ethnicity are mostly negative.	1	2	3	4
2. I have not participated in any activities that would teach me about my ethnicity.	1	2	3	4
3. I am clear about what my ethnicity means to me.	1	2	3	4
4. I have experienced things that reflect my ethnicity, such as eating food, listening to music, and watching movies.	1	2	3	4
5. I have attended events that have helped me learn more about my ethnicity	1	2	3	4
6. I have read books/magazines/newspapers or other materials that have taught me about my ethnicity.	1	2	3	4
7. I feel negatively about my ethnicity.	1	2	3	4
8. I have participated in activities that have exposed me to my ethnicity	1	2	3	4
9. I wish I were of a different ethnicity	1	2	3	4
10. I am not happy with my ethnicity.	1	2	3	4
11. I have learned about my ethnicity by doing things such as reading (books, magazines, newspapers), searching the internet, or keeping up with current events.	1	2	3	4
12. I understand how I feel about my ethnicity.	1	2	3	4
13. If I could choose, I would prefer to be of a different ethnicity.	1	2	3	4
14. I know what my ethnicity means to me.	1	2	3	4
15. I have participated in activities that have taught me about my ethnicity.	1	2	3	4
16. I dislike my ethnicity.	1	2	3	4
17. I have a clear sense of what my ethnicity means to me.	1	2	3	4

Center for Epidemiologic Studies Depression Scale (CES-D), NIMH

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

	During the Past			
Week				
	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
1. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt that I could not shake off the blues even with help from my family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I thought my life had been a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I had crying spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt that people dislike me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I could not get "going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORING: zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column. The scoring of positive items is reversed. Possible range of scores is zero to 60, with the higher scores indicating the presence of more symptomatology.

TRAUMATIC STRESS SYMPTOM SCALE	Rarely	Some times	Often	Almost Always
I startle easy or jump at a small noise				
I find myself thinking about one or more traumatic events in my life				
I try to avoid thinking about events in my life				
I often think I have no feelings				
I feel depressed for no reason that I know of.				
I think of hurting myself or do things that sabotage my goals				
I have engaged in inappropriate sexual activities				
I find myself exploding in a rage for little or no reason				
I feel worthless				
I easily attach to others, or never want to attach to others				
I can lose track of time for hours or longer.				
In some situations, I feel like an observer, and not a participant				
I experience discrimination because of my race.				
Those who discriminate against me have power over me.				
I do not trust any adult.				
I do not trust my peers				
I often search for a relationship that will rescue me.				
I often find myself to be the victim in a relationship with my peers or adults.				
I feel helpless to protect myself.				
I am ashamed of who I am.				
I feel guilty because I have been told I am wrong.				
I feel that I am different from everyone else.				
I often feel hopeless, that my life is over.				
I have difficulty focusing				
I have difficulty planning				
I have difficulty making good decisions.				

ROSENBERG SELF-ESTEEM SCALE

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**; if you agree with the statement, circle **A**; if you disagree, circle **D**; and, if you strongly disagree, circle **SD**.

- | | | | | |
|--|-----------|----------|----------|-----------|
| 1. On the whole, I am satisfied with myself. | SA | A | D | SD |
| 2.* At times, I think I am no good at all. | SA | A | D | SD |
| 3. I feel that I have a number of good qualities | SA | A | D | SD |
| 4. I am able to do things as well as most other people | SA | A | D | SD |
| 5.* I feel I do not have much to be proud of | SA | A | D | SD |
| 6.* I certainly feel useless at times | SA | A | D | SD |
| 7. I feel that I'm a person of worth, at least equal to others | SA | A | D | SD |
| 8.* I wish I could have more respect for myself | SA | A | D | SD |
| 9.* All in all, I am inclined to feel that I'm a failure | SA | A | D | SD |
| 10. I take a positive attitude toward myself | SA | A | D | SD |

Scoring:

-For questions 1, 3, 4, 7, and 10 score SA=3, A=2, D=1, and SD=0: Your Total_____

-For questions 2, 5, 6, 8, and 9 score SA=0, A=1, D=2, and SD=3: Your Total_____

Grand Total_____

Score between 15-25 are considered average

The 13-item Sense of Coherence Questionnaire

Here is a series of questions relating to various aspects of your lives. Each question has seven possible answers. Please mark the number, which expresses your answer, with number 1 and 7 being the extreme answers. If the words under 1 are right for you, circle 1: if the words under 7 are right for you, circle 7. If you feel differently, circle the number which best expresses your feeling. Please give only one answer to each question.

1. Do you have feeling that you don't really care about what goes on around you?

1	2	3	4	5	6	7
Very seldom						very often or never

2. Has it happened in the past that you were surprised by the behaviour of people whom you thought you knew well?

1	2	3	4	5	6	7
Never happened						always happened

3. Has it happened that people whom you counted on disappointed you?

1	2	3	4	5	6	7
Never happened						always happened

4. Until now your life has had:

1	2	3	4	5	6	7
No clear goals or purpose at all						very clear goals and purpose

5. Do you have the feeling that you're being treated unfairly?

1	2	3	4	5	6	7
Very often						very seldom or never

6. Do you have the feeling that you are in an unfamiliar situation and don't know what to do?

1	2	3	4	5	6	7
Very often						very seldom or never

7. Doing the thing you do every day is:

1	2	3	4	5	6	7
A source of deep pleasure and satisfaction						a source of pain and boredom

8. Do you have very mixed-up feelings and ideas?

1	2	3	4	5	6	7
Very often						very seldom or never

9. Does it happen that you have feelings inside you would rather not feel?

1	2	3	4	5	6	7
Very often						very seldom or never

10. Many people – even those with a strong character – sometimes feel like sad sacks (losers) in certain situations. How often have you felt this way in the past?

1	2	3	4	5	6	7
Never						very often

11. When something happened, have you generally found that?

1	2	3	4	5	6	7
You overestimated or underestimated its importance				you saw things in the right proportion		

12. How often do you have the feeling that there's little meaning in the things you do in your daily life?

1	2	3	4	5	6	7
Very often		very seldom or never				

13. How often do you have feelings that you're not sure you can keep under control?

1	2	3	4	5	6	7
Very often		very seldom or never				



Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Buss-Perry Aggression Questionnaire

Please rate each of the following items in terms of how characteristic they are of you.

1. Once in a while I can't control the urge to strike another person.

- 1 ☐ Extremely uncharacteristic
- 2 ☐ Somewhat uncharacteristic
- 3 ☐ Neither uncharacteristic nor characteristic
- 4 ☐ Somewhat characteristic
- 5 ☐ Extremely characteristic

2. Given enough provocation, I may hit another person.

- 1 ☐ Extremely uncharacteristic
- 2 ☐ Somewhat uncharacteristic
- 3 ☐ Neither uncharacteristic nor characteristic
- 4 ☐ Somewhat characteristic
- 5 ☐ Extremely characteristic

3. If somebody hits me, I hit back.

- 1 ☐ Extremely uncharacteristic
- 2 ☐ Somewhat uncharacteristic
- 3 ☐ Neither uncharacteristic nor characteristic

4 ☐ Somewhat characteristic

5 ☐ Extremely characteristic

4. I get into fights a little more than the average person.

1 ☐ Extremely uncharacteristic

2 ☐ Somewhat uncharacteristic

3 ☐ Neither uncharacteristic nor characteristic

4 ☐ Somewhat characteristic

5 ☐ Extremely characteristic

5. If I have to resort to violence to protect my rights, I will.

1 ☐ Extremely uncharacteristic

2 ☐ Somewhat uncharacteristic

3 ☐ Neither uncharacteristic nor characteristic

4 ☐ Somewhat characteristic

5 ☐ Extremely characteristic

6. There are people who pushed me so far that we came to blows.

1 ☐ Extremely uncharacteristic

2 ☐ Somewhat uncharacteristic

3 ☐ Neither uncharacteristic nor characteristic

4 ☐ Somewhat characteristic

5 ☐ Extremely characteristic

7. I can think of no good reason for ever hitting a person (R).

1 ☐ Extremely uncharacteristic

2 ☐ Somewhat uncharacteristic

3 ☐ Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

8. I have threatened people I know.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

9. I have become so mad that I have broken things.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

10. I tell my friends openly when I disagree with them.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

11. I often find myself disagreeing with people.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

12. When people annoy me, I may tell them what I think of them.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

13. I can't help getting into arguments when people disagree with me.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

14. My friends say that I'm somewhat argumentative.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

15. I flare up quickly but get over it quickly.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 ☐ Somewhat characteristic

5 ☐ Extremely characteristic

16. When frustrated, I let my irritation show.

1 ☐ Extremely uncharacteristic

2 ☐ Somewhat uncharacteristic

3 ☐ Neither uncharacteristic nor characteristic

4 ☐ Somewhat characteristic

5 ☐ Extremely characteristic

17. I sometimes feel like a powder keg ready to explode.

1 ☐ Extremely uncharacteristic

2 ☐ Somewhat uncharacteristic

3 ☐ Neither uncharacteristic nor characteristic

4 ☐ Somewhat characteristic

5 ☐ Extremely characteristic

18. I am an even-tempered person (R).

1 ☐ Extremely uncharacteristic

2 ☐ Somewhat uncharacteristic

3 ☐ Neither uncharacteristic nor characteristic

4 ☐ Somewhat characteristic

5 ☐ Extremely characteristic

19. Some of my friends think I'm a hothead.

1 ☐ Extremely uncharacteristic

2 ☐ Somewhat uncharacteristic

3 ☐ Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

20. Sometimes I fly off the handle for no good reason.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

21. I have trouble controlling my temper.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

22. I am sometimes eaten up with jealousy.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

23. At times I feel I have gotten a raw deal out of life.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

24. Other people always seem to get the breaks.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

25. I wonder why sometimes I feel so bitter about things.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

26. I know that "friends" talk about me behind my back.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

27. I am suspicious of overly friendly strangers.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

28. I sometimes feel that people are laughing at me behind me back.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

29. When people are especially nice, I wonder what they want.

1 [] Extremely uncharacteristic

2 [] Somewhat uncharacteristic

3 [] Neither uncharacteristic nor characteristic

4 [] Somewhat characteristic

5 [] Extremely characteristic

Scoring:

Physical Aggression subscale: items 1-9.

Verbal Aggression subscale: items 10-14.

Anger subscale: items 15-21.

Hostility subscale: items 22-29.

The score for each scale is the sum of the ratings for its items. The two items (7 and 18) worded in the direction opposite to aggression are reverse-scored. The total score for aggression is the sum of these scale scores. Higher scores indicate higher aggressive behavior.

Protocol source: <https://www.phenxtoolkit.org/protocols/view/640701>



Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

The following questions ask about how you have been feeling during the **past 30 days**. For each question, please indicate the answer that best describes how often you had this feeling.

1. During the past 30 days, about how often did you feel...

1.a. ...nervous?

- 1 ☐ All of the time
- 2 ☐ Most of the time
- 3 ☐ Some of the time
- 4 ☐ A little of the time
- 5 ☐ None of the time

1.b. ...hopeless?

- 1 ☐ All of the time
- 2 ☐ Most of the time
- 3 ☐ Some of the time
- 4 ☐ A little of the time
- 5 ☐ None of the time

1.c. ...restless or fidgety?

- 1 ☐ All of the time
- 2 ☐ Most of the time

3 ☐ Some of the time

4 ☐ A little of the time

5 ☐ None of the time

1.d. ...so depressed that nothing could cheer you up?

1 ☐ All of the time

2 ☐ Most of the time

3 ☐ Some of the time

4 ☐ A little of the time

5 ☐ None of the time

1.e. ...that everything was an effort?

1 ☐ All of the time

2 ☐ Most of the time

3 ☐ Some of the time

4 ☐ A little of the time

5 ☐ None of the time

1.f. ...worthless?

1 ☐ All of the time

2 ☐ Most of the time

3 ☐ Some of the time

4 ☐ A little of the time

5 ☐ None of the time

2. The last six questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur More often in the past 30 days than is usual for you, about the same as usual, or less often than usual? (If you never have any of these feelings, circle response option "4.")

1 ☐ A lot (**More often than usual**)

- 2 [] Some (**More often than usual**)
- 3 [] A little (**More often than usual**)
- 4 [] About the same as usual
- 5 [] A little (**Less often than usual**)
- 6 [] Some (**Less often than usual**)
- 7 [] A lot (**Less often than usual**)

The next few questions are about how these feelings may have affected you in the past 30 days. You need not answer these questions if you answered "None of the time" to **all** of the six questions about your feelings.

3. During the past 30 days, how many days out of 30 were you totally unable to work or carry out your normal activities because of these feelings?

_____ (**Number of days**)

4. **Not counting the days you reported in response to 3**, how many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings?

_____ (**Number of days**)

5. During the past 30 days, how many times did you see a doctor or other health professional about these feelings?

_____ (**Number of times**)

6. During the past 30 days, how often have physical health problems been the main cause of these feelings?

- 1 [] All of the time
- 2 [] Most of the time
- 3 [] Some of the time
- 4 [] A little of the time
- 5 [] None of the time

Scoring

Code question 1.a through 1.f 0-4 and sum to convert the K6 to a 0-24 scale. A cut point of 13 or greater is recommended to assess the prevalence of SMI (serious mental illness). Please see Kessler et al. (2002) for further information on scoring the K6.



Data Collection Worksheet

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Safety

1. I feel safe walking in my neighborhood, day or night.

1 ☐ Strongly Agree

2 ☐ Agree

3 ☐ Neutral (neither agree nor disagree)

4 ☐ Disagree

5 ☐ Strongly Disagree

2. Violence is not a problem in my neighborhood.

1 ☐ Strongly Agree

2 ☐ Agree

3 ☐ Neutral (neither agree nor disagree)

4 ☐ Disagree

5 ☐ Strongly Disagree

3. My neighborhood is safe from crime.

1 ☐ Strongly Agree

2 ☐ Agree

3 ☐ Neutral (neither agree nor disagree)

4 ☐ Disagree

5 [] Strongly Disagree

Scoring Instructions

A total score can be obtained by computing the average of the three items. Lower scores indicate more neighborhood safety.

Key Informant Interview Questions

1. How long have you been with the TRIBE Program, and how would you describe your experience?
2. Have you completed all the classes/courses, and beneficial were the classes/courses?
3. As a TRIBE participant, you completed several forms or surveys. What do you think about the information requested, and do you think they effectively measure the changes you have been experiencing?
4. What changes have you experienced in your life that are due to becoming part of TRIBE? Give 3-5 examples.
5. If you were chosen to represent TRIBE and had to speak to your peers or a younger group, what would you say to convince them that TRIBE is an excellent program?
6. In what way does the TRIBE Program address trauma?
7. If there was one word that describes your experience in the TRIBE program, what would that one word be?
8. Did the TRIBE Program help you set goals for yourself, and how would you say you've done in striving to achieve those goals?
9. Where do you see yourself five years from now?
10. Do you have any questions for me or any take-home message you want to share with others about your life-changing experiences because of TRIBE?
11. What improvements to the TRIBE program would you recommend?

ID:

____ - ____ - ____
 Priority Pop IPP Code CDEP Participant Code
 Code

ADULT VERSION (18+)
PRE

Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group. The next questions are about your culture.

At present...

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree
1. Your culture gives you strength.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your culture is important to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your culture helps you to feel good about who you are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You feel connected to the spiritual/religious traditions of the culture you were raised in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: The next questions are about how you have been feeling during the past 30 days

About how often during the past 30 days did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
5. ...connected to your culture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ...balanced in mind, body, spirit and soul?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ...marginalized or excluded from society? (In other words, made to feel unimportant, or like your thoughts, feelings, or opinions don't matter.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ...isolated and alienated from society? (In other words, feeling alone, separated from, cut off from the world beyond your family, school, and friends.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you currently have health insurance coverage? (check one)

☐ **Yes (GO to Q10)**

☐ **No (GO to Q11)**

☐ **Refused**

☐ **Don't Know**

→ *Did you have health insurance coverage in the past 12 months?*

☐ Yes ☐ No ☐ Refused ☐ Don't Know

10. Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

Yes

No

Refused

Don't Know

☐

☐

☐

☐

Yes

No

Refused

Don't Know

11. During the past 12 months, did you take any prescription medications, such as an antidepressant or an anti-anxiety medication, almost daily for two weeks or more, for an emotional or personal problem?

☐

☐

☐

☐

	Yes	No	Refused	Don't Know	NA
12. Because of problems with your mental health, emotions, nerves or your use of alcohol or drugs, was there ever a time during the past 12 months when you <u>FELT LIKE YOU MIGHT NEED</u> to see a...					
a. Traditional helping professional like a culturally-based healer, religious/spiritual leader or advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Community helping professional such as a health worker, <i>promotor</i> , peer counselor, or case manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Primary care physician or general practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mental health professional such as a counselor, therapist, psychologist, psychiatrist or social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Refused	Don't Know	NA
13. Because of problems with your mental health, emotions or your use of alcohol or drugs, <u>HAVE YOU SEEN</u> (or met with) any of the following helping professionals in the past 12 months?					
a. Traditional helping professional like a culturally-based healer, religious/spiritual leader or advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Community helping professional such as a health worker, <i>promotor</i> , peer counselor, or case manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Primary care physician or general practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mental health professional such as a counselor, therapist, psychologist, psychiatrist or social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES to Q13c OR 13d, **GO TO Q14**
(otherwise **GO TO Q19**)

	No GO TO Q19	Yes <i>Mental/Emotional Health Problem</i> GO TO Q15	Yes <i>Alcohol-Drug Problem</i> GO TO Q15	Yes <i>Both Mental AND Alcohol-Drug Problems</i> GO TO Q15	Refused GO TO Q19	Don't Know GO TO Q19
14. Did you seek help for your mental or emotional health or for an alcohol or drug problem? (<i>Circle one</i>)						

15. In the past 12 months, how many visits did you make to a mental health professional (counselor, therapist, psychologist, psychiatrist or social worker) for problems with your mental or emotional health, alcohol-drug problem, or both? Do not count overnight hospital stays. _____ # of visits

	Yes	No	Refused	Don't Know
16. Are you still receiving treatment for these problems from one or more of these providers?	<input type="checkbox"/> GO TO Q19	<input type="checkbox"/> GO TO Q17	<input type="checkbox"/> GO TO Q19	<input type="checkbox"/> GO TO Q19
17. Did you complete the full course of treatment? In other words, you ended treatment when your counselor, therapist, psychologist, psychiatrist or social worker told you it was ok to end?	<input type="checkbox"/> GO TO Q19	<input type="checkbox"/> GO TO Q18	<input type="checkbox"/> GO TO Q19	<input type="checkbox"/> GO TO Q19

18. What is the **MAIN REASON** you are no longer receiving treatment? (Circle ONE only)

- Got better/No longer needed -Not getting better -Wanted to handle the problem on own
 -Had bad experiences with treatment -Lack of time/transportation -Too expensive
 -Insurance does not cover
 -Other (Specify) _____
 -Refused -Don't Know

Instructions: Here are some reasons people have for NOT seeking help from a mental health professional such as a counselor, therapist, psychologist, psychiatrist or social worker, even when they think they might need it. Even if you are receiving help now, do you agree or disagree with the following reasons why you might not seek help from a mental health professional?

	Agree	Disagree	Refused	Don't Know
19. You were planning to or already getting help from a...				
a. Traditional helping professional such as a culturally-based healer, religious/spiritual leader or advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Community helping professional such as a health worker, promotor, peer counselor, or case manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. You didn't know these types of professionals existed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO Q34	GO TO Q21	GO TO Q34	GO TO Q34
	Agree	Disagree	Refused	Don't Know
21. You didn't feel comfortable talking with them about your personal problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. You didn't think you would feel safe and welcome because of your...				
a. limited English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. religious or spiritual practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. You were concerned about the cost of treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. You didn't have time (because of job, childcare, or other commitments).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. You had no transportation, or the program was too far away, or the hours were not convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. You didn't think you needed mental health counseling or treatment at the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. You thought you could handle the problem on your own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. You didn't think mental health counseling or treatment would help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. You were concerned that getting mental health treatment or counseling might have a negative effect on your job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. You were concerned that the information you gave the counselor might not be kept confidential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. You were concerned that you might be admitted to a psychiatric hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. You were concerned that you might have to take medicine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: The next questions are about how you have been feeling during the past 30 days.

About how often during the past 30 days did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
34. ... nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. ... hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. ... restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. ... so depressed that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. ... feel that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. ... worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. The above items are often used to describe experiences with mental or emotional distress. To what extent do the above questions (Q34-Q39) match how you would describe those experiences? (Check one)

☐ A Lot

☐ Somewhat

☐ Not At All

NOW, think about the one month, within the past 12 months, when you were at your worst emotionally.

Did your emotions interfere a lot, some, or not at all with your...

	A Lot	Some	Not At All	Refused	Don't Know
41. ...performance at work or school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check here if not working or not in school during the past 12 months <input type="checkbox"/>					
42. ...household chores?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. ...social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. ...relationship with friends and family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. The above items are often used to describe how emotions affect people's lives. To what extent do the above questions (Q41-Q44) match how you would describe the negative effect of emotions on your life? (Check one)

☐ A Lot

☐ Somewhat

☐ Not At All

46. How old are you?

☐ between 18 and 29 years of age

☐ between 45 and 49 years of age

☐ between 30 and 39 years of age

☐ between 50 and 64 years of age

☐ between 40 and 44 years of age

☐ 65 or older years of age

47. What is your race and ethnic origin(s)? **Select only one race category; select your ethnic origin(s)**

☐ American Indian or Alaska Native

☐ Black or African American:

Check your ethnic origin(s):

☐ African American

☐ South African

☐ Refused

☐ Caribbean

☐ Ghanaian

☐ Don't Know

☐ Egyptian

☐ Nigerian

☐ Other Black or African American

☐ Kenyan

☐ Ethiopian

(Please specify): _____

☐ Latino, Hispanic, or Spanish:

Check your ethnic origin(s):

☐ Mexican/Chicano

☐ Puerto Rican

☐ Nicaraguan

☐ Salvadoran

☐ Cuban

☐ Refused

☐ Guatemalan

☐ Peruvian

☐ Don't Know

☐ Dominican

☐ Chilean

☐ Other Latino

☐ Honduran

☐ Colombian

(Please specify): _____

☐ Asian:

Check your ethnic origin(s):

- | | | |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Korean | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Pakistani | (Please specify): _____ |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Sri Lankan | |
| <input type="checkbox"/> Indian (India) | <input type="checkbox"/> Taiwanese | |

☐ Native Hawaiian or Other Pacific Islander:

Check your ethnic origin(s):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Other Hawaiian or Pacific Islander |
| <input type="checkbox"/> Fijian | (Please specify): _____ |

☐ Multi-Racial: Check all that apply and specify your ethnic origin(s).

- | | |
|---|--|
| <input type="checkbox"/> White: | <input type="checkbox"/> Asian |
| (Please specify): _____ | (Please specify): _____ |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| (Please specify): _____ | (Please specify): _____ |
| <input type="checkbox"/> Latino, Hispanic, or Spanish | <input type="checkbox"/> Refused |
| (Please specify): _____ | |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Don't Know |
| (Please specify): _____ | |

☐ White: Please specify your ethnic origin(s): _____

☐ Other Race: Please specify your race and ethnic origin(s): _____

☐ Refused

☐ Don't Know

48. How well can you speak the English language?

- ☐ Fluently
☐ Somewhat fluently; can make myself understood but have some problems with it
☐ Not very well; know a lot of words and phrases but have difficulties communicating
☐ Know some vocabulary, but can't speak in sentences
☐ Not at all

49. What is your preferred language? _____

50. Were you born:

- ☐ Inside the U.S.
☐ Outside the U.S.
☐ Refused
☐ Don't Know

51. What are the first 3 digits of your ZIP Code? _ _ _ ☐ Unstable housing/ no ZIP code ☐ Refused ☐ Don't Know

52. Have you ever spent time in a temporary settlement area for refugees or displaced persons or been held at ICE facilities?

- ☐ Not Applicable
☐ Yes
☐ No
☐ Refused
☐ Don't Know

53. About how many years have you lived in the United States? [For less than a year, enter 1 year]

Number of years _____ ☐ Not Applicable

Gender Identity Instructions: We use terms like "male" or "female" or "trans" as a short-hand way to capture the gender of individuals. We fully understand, however, that people use a wide range of labels – some prefer other terms such as Genderfluid, Agender, Enby, Androgynous, etc. To help us understand you personally, please tell us the term that you personally prefer to describe your gender. There are no right or wrong answers to these questions. Please be honest and answer as you really think and feel.

54. When I was born, the person who delivered me (e.g., doctor, nurse/midwife, family members), thought I was a:

Choose the one best answer.

- ☐ Male/Boy ☐ I am not sure about my sex assigned at birth
☐ Female/Girl ☐ My assigned sex at birth (please specify): _____
☐ Intersex (they were unsure about my sex at birth) ☐ I do not wish to answer this question

55. When it comes to my gender identity, I think of myself as: Choose all that apply.

- ☐ Man/Male ☐ Non-binary (not exclusively male or female)
☐ Woman/Female ☐ Two Spirit
☐ Transgender/Trans ☐ Intersex (between male and female)
☐ Trans man/Trans male ☐ I am not sure about my gender identity
☐ Trans woman/Trans female ☐ I do not have a gender/ gender identity
☐ Genderqueer/Gender non-conforming ☐ My gender identity is (please specify): _____
☐ I do not wish to answer this question

Sexual Orientation Instructions: Everyone has a sexual orientation. Some people are straight and are attracted to people of another gender. For example, a straight woman is attracted to men and prefers to date or have sex with men. Other people are gay or lesbian and are attracted to people of the same gender. For example, a gay man is attracted to other men and prefers to date or have sex with other men. Still other people are bisexual and are attracted to both men and women. Some people are attracted to people of all genders including those who do not define their gender within the binary "male or female" framework. Others are unsure about their attractions or are just not attracted to anyone. Just to be clear, who you are attracted to and prefer to date or have sex with is called sexual orientation.

56. What is your sexual orientation? Choose all that apply.

- ☐ Straight/heterosexual ☐ Asexual (I am not attracted to anyone sexually)
☐ Gay ☐ I am not attracted to anyone romantically
☐ Lesbian ☐ I am not sure who I am attracted to sexually
☐ Bisexual ☐ I am not sure who I am attracted to romantically
☐ Queer ☐ Something else: _____
☐ Pansexual/Non-monosexual (I am attracted to all genders) ☐ I do not wish to answer this question

At present...

	Very Good	Good	Fair	Poor		
Would you say your health is Very Good, Good, Fair, or Poor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. In your day-to-day life how often have any of the following things happened to you? (Would you say almost everyday, at least once a week, a few times a month, a few times a year, less than once a year, never?)						
	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are treated with less respect than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service than other people at restaurants or stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are not smart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are afraid of you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are dishonest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if you are not as good as they are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are called names or insulted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are threatened or harassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. What do you think was the main reason for this/these experience(s)? Would you say...?

- | | |
|--|---|
| <input type="checkbox"/> Your race or ethnicity | <input type="checkbox"/> Your religion |
| <input type="checkbox"/> Your gender | <input type="checkbox"/> Your immigration status |
| <input type="checkbox"/> Your skin color/tone | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> Your sexual orientation | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Your language or accent | <input type="checkbox"/> Refused |

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way they think of themselves. On average, how would you describe your appearance, style, dress, or mannerisms? (Choose all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Very feminine | <input type="checkbox"/> Mostly masculine |
| <input type="checkbox"/> Mostly feminine | <input type="checkbox"/> Very masculine |
| <input type="checkbox"/> Somewhat feminine | <input type="checkbox"/> Androgynous, non-binary, and/or gender nonconforming |
| <input type="checkbox"/> Equally masculine and feminine | <input type="checkbox"/> Neither masculine nor feminine |
| <input type="checkbox"/> Somewhat masculine | |

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way other people think of them. On average, how do you think other people would describe your appearance, style, dress, or mannerisms? (Choose all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Very feminine | <input type="checkbox"/> Mostly masculine |
| <input type="checkbox"/> Mostly feminine | <input type="checkbox"/> Very masculine |
| <input type="checkbox"/> Somewhat feminine | <input type="checkbox"/> Androgynous, non-binary, and/or gender nonconforming |
| <input type="checkbox"/> Equally masculine and feminine | <input type="checkbox"/> Neither masculine nor feminine |
| <input type="checkbox"/> Somewhat masculine | |

How much do the following people in your life accept or reject your gender? *Choose the one best answer.*

	Totally reject	Somewhat reject	Neutral	Somewhat accept	Totally accept	Not applicable
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do the following people in your life accept or reject your sexual orientation? *Choose the one best answer.*

	Totally reject	Somewhat reject	Neutral	Somewhat accept	Totally accept	Not applicable
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID: _____

Priority Pop _____

IPP Code _____

CDEP Participant Code _____

Code _____

ADULT VERSION (18+)

POST

Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group. The next questions are about your culture.

At present...

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree
1. Your culture gives you strength.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your culture is important to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your culture helps you to feel good about who you are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You feel connected to the spiritual/religious traditions of the culture you were raised in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: The next questions are about how you have been feeling during the past 3-4 months

About how often during the past 3-4 months did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
5. ...connected to your culture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ...balanced in mind, body, spirit and soul?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ...marginalized or excluded from society? (In other words, made to feel unimportant, or like your thoughts, feelings, or opinions don't matter.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ...isolated and alienated from society? (In other words, feeling alone, separated from, cut off from the world beyond of your family, school, and friends.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: During the past 3-4 months how often did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
9. ... nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ... hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ... restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ... so depressed that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. ... feel that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. ... worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. The above items are often used to describe experiences with mental or emotional distress. To what extent do the above questions (Q9-Q14) match how you would describe those experiences? (Check one)

☐ A Lot

☐ Somewhat

☐ Not At All

Think about one day in the past 3-4 months when you were at your worst emotionally.

Did your emotions interfere a lot, some, or not at all with your...

	A Lot	Some	Not At All	Refused	Don't Know
16. ...performance at work or school? Check here if not working or in school during the past 12 months <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. ...household chores?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. ...social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. ...relationship with friends and family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. The above items are often used to describe how emotions affect people's lives. To what extent do the above questions (Q16-Q19) match how you would describe the negative effect of emotions on your life? (Check one)

☐ A Lot

☐ Somewhat

☐ Not At All

Instructions: Please answer the following questions based on the services you have received so far. Indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each of the statements below. If the question is about something you have not experienced, check the box for Not Applicable to indicate that this item does not apply to you. Please note: the word "service" stands for any program activities or events connected to the program.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
21. I like the services that I received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. If I had other choices, I would still get services from this agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I would recommend this agency to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The location of services was convenient (parking, public transportation, distance, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Staff were willing to see me as often as I felt it was necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Services were available at times that were good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. When I first called or came here, it was easy to talk to the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. The staff here treat me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. The staff here don't think less of me because of the way I talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. The staff here respect my race and/or ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. The staff here respect my religious and/or spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. The staff here respect my gender identity and/or sexual orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Staff are willing to be flexible and provide alternative approaches or services to meet my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. The people who work here respect my cultural beliefs, remedies and healing practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Staff here understand that people of my racial and/or ethnic group are not all alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Staff here understand that people of my gender and/or sexual orientation group are not all alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Staff here understand that people of my religious and spiritual background are not all alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a direct result of my involvement in the program:

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
38. I deal more effectively with my daily problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I do better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. My symptoms/problems are not bothering me as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADULT VERSION POST

	Yes	No	Refused	Don't Know
41. Were the services you received here in the language you prefer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available in the language you prefer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At present...

	Very Good	Good	Fair	Poor
Would you say your health is Very Good, Good, Fair, or Poor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. In your day-to-day life how often have any of the following things happened to you? (Would you say almost everyday, at least once a week, a few times a month, a few times a year, less than once a year, never?)

	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are treated with less respect than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service than other people at restaurants or stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are not smart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are afraid of you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are dishonest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if you are not as good as they are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are called names or insulted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are threatened or harassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. What do you think was the main reason for this/these experience(s)? Would you say...?

- | | |
|--|---|
| <input type="checkbox"/> Your race or ethnicity | <input type="checkbox"/> Your religion |
| <input type="checkbox"/> Your gender | <input type="checkbox"/> Your immigration status |
| <input type="checkbox"/> Your skin color/tone | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> Your sexual orientation | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Your language or accent | <input type="checkbox"/> Refused |

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way they think of themselves.

On average, how would you describe your appearance, style, dress, or mannerisms? (Choose all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Very feminine | <input type="checkbox"/> Mostly masculine |
| <input type="checkbox"/> Mostly feminine | <input type="checkbox"/> Very masculine |
| <input type="checkbox"/> Somewhat feminine | <input type="checkbox"/> Androgynous, non-binary, and/or gender nonconforming |
| <input type="checkbox"/> Equally masculine and feminine | <input type="checkbox"/> Neither masculine nor feminine |
| <input type="checkbox"/> Somewhat masculine | |

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way other people think of them. On average, how do you think other people would describe your appearance, style, dress, or mannerisms? (Choose all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Very feminine | <input type="checkbox"/> Mostly masculine |
| <input type="checkbox"/> Mostly feminine | <input type="checkbox"/> Very masculine |
| <input type="checkbox"/> Somewhat feminine | <input type="checkbox"/> Androgynous, non-binary, and/or gender nonconforming |
| <input type="checkbox"/> Equally masculine and feminine | <input type="checkbox"/> Neither masculine nor feminine |
| <input type="checkbox"/> Somewhat masculine | |

ADULT VERSION POST

How much do the following people in your life accept or reject your gender? *Choose the one best answer.*

	Totally reject	Somewhat reject	Neutral	Somewhat accept	Totally accept	Not applicable
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do the following people in your life accept or reject your sexual orientation? *Choose the one best answer.*

	Totally reject	Somewhat reject	Neutral	Somewhat accept	Totally accept	Not applicable
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID:

Priority Pop IPP Code CDEP Participant Code
Code

ADOLESCENT VERSION (12-17)

PRE

Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group. The next questions are about your culture.

At present...

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree
1. Your culture gives you strength.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your culture is important to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your culture helps you to feel good about who you are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You feel connected to the spiritual/religious traditions of the culture you were raised in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about how you have been feeling during the past 30 days.

About how often during the past 30 days did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
5. ...connected to your culture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ...balanced in mind, body, spirit and soul?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ...marginalized or excluded from society? (In other words, made to feel unimportant, or like your thoughts, feelings, or opinions don't matter.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ...isolated and alienated from society? (In other words, feeling alone, separated from, cut off from the world beyond your family, school, and friends.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Refused	Don't Know
9. In the past 12 months did you THINK YOU NEEDED HELP for emotional or mental health problems, such as feeling sad, anxious, or nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Refused	Don't Know
10. In the past 12 months, have YOU RECEIVED any psychological or emotional counseling from any of the following...				
a. <u>Traditional helping professional</u> such as a culturally-based healer, religious/spiritual leader or advisor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Community helping professional</u> such as a health worker, promotor, or peer counselor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Refused	Don't Know
11. In the past 12 months, have YOU RECEIVED any psychological or emotional counseling from someone AT SCHOOL , such as a school counselor, school psychologist, school therapist, school social worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO Q12	GO TO Q14	GO TO Q14	GO TO Q14
	Yes	No	Refused	Don't Know
12. Are you still receiving psychological or emotional counseling from someone AT SCHOOL ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	GO TO Q14	GO TO Q13	GO TO Q14	GO TO Q14

13. If not, what was the **MAIN REASON** you stopped psychological or emotional counseling AT SCHOOL? (Please select **ONE** main reason.)

- | | | |
|--|---|--|
| <input type="checkbox"/> The counselor, therapist, psychologist, psychiatrist or social worker said I finished and/or met my goals | <input type="checkbox"/> Had bad experiences with counselor, therapist, psychologist, psychiatrist or social worker | <input type="checkbox"/> The counselor, therapist, psychologist, psychiatrist or social worker did not understand my problem |
| <input type="checkbox"/> I ended it because I got better/I no longer needed services | <input type="checkbox"/> Couldn't get appointment | <input type="checkbox"/> I felt discriminated against |
| <input type="checkbox"/> School ended | <input type="checkbox"/> Not getting better | <input type="checkbox"/> I did not want to go anymore |
| <input type="checkbox"/> Hours not convenient | <input type="checkbox"/> Didn't have time | <input type="checkbox"/> Wanted to handle the problem on my own |
| <input type="checkbox"/> I changed schools | <input type="checkbox"/> Other (Specify) _____ | |

14. In the past 12 months, have YOU RECEIVED any psychological or emotional counseling from someone OUTSIDE OF SCHOOL, like a counselor, therapist, psychologist, psychiatrist or social worker?

Yes	No	Refused	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GO TO Q15	GO TO Q17	GO TO Q17	GO TO Q17

15. Are you still receiving psychological or emotional counseling from someone OUTSIDE OF SCHOOL?

Yes	No	Refused	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GO TO Q17	GO TO Q16	GO TO Q17	GO TO Q17

16. What was the **MAIN REASON** you stopped psychological or emotional counseling OUTSIDE OF SCHOOL? (Please select **ONE** main reason.)

- | | | |
|--|---|--|
| <input type="checkbox"/> The counselor, therapist, psychologist, psychiatrist or social worker said I finished and/or met my goals | <input type="checkbox"/> Had bad experiences with counselor, therapist, psychologist, psychiatrist or social worker | <input type="checkbox"/> The counselor, therapist, psychologist, psychiatrist or social worker did not understand my problem |
| <input type="checkbox"/> I ended it because I got better/I no longer needed services | <input type="checkbox"/> Couldn't get appointment | <input type="checkbox"/> Didn't have transportation |
| <input type="checkbox"/> Insurance did not cover | <input type="checkbox"/> Not getting better | <input type="checkbox"/> I felt discriminated against |
| <input type="checkbox"/> Too expensive | <input type="checkbox"/> Didn't have time | <input type="checkbox"/> I did not want to go anymore |
| <input type="checkbox"/> School ended | <input type="checkbox"/> I moved | <input type="checkbox"/> Wanted to handle the problem on my own |
| <input type="checkbox"/> Hours not convenient | <input type="checkbox"/> Other (Specify) _____ | |

17. In the past 12 months, did you receive any professional help for your use of alcohol or drugs?

Yes	No	Refused	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. During the past 12 months, have you take any medication because of difficulties with your emotions, concentration, or behavior?

Yes	No	Refused	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Here are some reasons youth/teens have for NOT seeking help from a mental health professional such as a counselor, therapist, psychologist, psychiatrist or social worker, even when they think they might need it. Even if you are receiving help now, do you agree or disagree with the following reasons why you might not seek help from a mental health professional?

19. You were planning to or are already getting help from...
- Traditional helping professional such as a culturally-based healer, religious/spiritual leader or advisor
 - Community helping professional such as a health worker, promotor, peer counselor, or case manager
20. You didn't know these types of mental health professionals existed.

Agree	Disagree	Refused	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GO TO Q34	GO TO Q21	GO TO Q21	GO TO Q21

ADOLESCENT VERSION PRE

	Agree	Disagree	Refused	Don't Know
21. You didn't feel comfortable talking with them about your personal problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. You didn't think you would feel safe and welcome because of your...				
a. limited English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. religious or spiritual practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. You thought you could solve your issue on your own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. You thought your issue wasn't serious enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. You thought your friends would find out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. You didn't want to talk to a stranger about your issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. You were worried that your family and others in the community may think differently about you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. You didn't know where to go for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. You felt embarrassed about what you were going through.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. You were worried that your peers and others in school may think differently about you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. You didn't have time because of after-school activities and other commitments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. It was too expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. You didn't have transportation to get there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: The next questions are about how you have been feeling during the past 30 days.

<i>During the past 30 days, how often did you feel...</i>	All of the time	Most of the time	Some of the time	A little of the time	None of the time
34. ... nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. ... hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. ... restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. ... so depressed that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. ... feel that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. ... worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. The above items are often used to describe experiences with mental or emotional distress. To what extent do the above questions (Q34-Q39) match how you would describe those experiences? (Check one)

☐ A Lot

☐ Somewhat

☐ Not At All

Okay, you just told me about how you have been feeling the past 30 days. Now I want to know how much your fears and worries have messed things up for you. In other words, how much have they stopped you from doing things you want to do?

How much have your fears and worries messed things up ...	A Lot	Some	Not At All
41. ...with school and homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. ...with friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. ...at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. The above items are often used to describe how emotions affect people's lives. To what extent do the above questions (Q41-Q43) match how you would describe the negative effect of emotions on your life? (Check one)

☐ A Lot

☐ Somewhat

☐ Not At All

	Yes	No	Refused	Don't Know
45. In the past 6 months, have you done any volunteer work or community service that you have not been paid for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. How old are you? Write in age: _____

47. What is your race and ethnic origin(s)? **Select only one race category; select your ethnic origin(s)**

☐ American Indian or Alaska Native

☐ Black or African American

Check your ethnic origin(s):

☐ African American

☐ South African

☐ Refused

☐ Caribbean

☐ Ghanaian

☐ Don't Know

☐ Egyptian

☐ Nigerian

☐ Other Black or African American

☐ Kenyan

☐ Ethiopian

(Please specify): _____

☐ Latino, Hispanic, or Spanish

Check your ethnic origin(s):

☐ Mexican/Chicano

☐ Puerto Rican

☐ Nicaraguan

☐ Salvadoran

☐ Cuban

☐ Refused

☐ Guatemalan

☐ Peruvian

☐ Don't Know

☐ Dominican

☐ Chilean

☐ Other Latino

☐ Honduran

☐ Colombian

(Please specify): _____

☐ Asian

Check your ethnic origin(s):

☐ Afghan

☐ Indonesian

☐ Thai

☐ Bangladeshi

☐ Japanese

☐ Vietnamese

☐ Burmese

☐ Korean

☐ Refused

☐ Cambodian

☐ Laotian

☐ Don't Know

☐ Chinese

☐ Malaysian

☐ Other Asian

☐ Filipino

☐ Pakistani

(Please specify): _____

☐ Hmong

☐ Sri Lankan

☐ Indian (India)

☐ Taiwanese

☐ Native Hawaiian or Other Pacific Islander

Check your ethnic origin(s):

☐ Samoan

☐ Refused

☐ Guamanian

☐ Don't Know

☐ Tongan

☐ Other Hawaiian or Pacific Islander

☐ Fijian

(Please specify): _____

☐ Multi-Racial: Check all that apply and specify your ethnic origin(s).

☐ White:

☐ Asian

(Please specify): _____

(Please specify): _____

☐ Black/African American

☐ Native Hawaiian or Other Pacific Islander

(Please specify): _____

(Please specify): _____

☐ Latino, Hispanic, or Spanish

☐ Refused

(Please specify): _____

☐ American Indian or Alaska Native

☐ Don't Know

(Please specify): _____

☐ White: Please specify your ethnic origin(s): _____

☐ Other Race: Please specify your race and ethnic origin(s): _____

☐ Refused

☐ Don't Know

48. How well can you speak the English language?

- ☐ Fluently
- ☐ Somewhat fluently; can make myself understood but have some problems with it
- ☐ Not very well; know a lot of words and phrases but have difficulties communicating
- ☐ Know some vocabulary, but can't speak in sentences
- ☐ Not at all

49. What is your preferred language? _____

50. Were you born:

- ☐ Inside the U.S.
- ☐ Outside the U.S.
- ☐ Refused
- ☐ Don't Know

51. What are the first 3 digits of your ZIP Code? _ _ _ ☐ Unstable housing/ no ZIP code ☐ Refused ☐ Don't Know

52. Have you ever spent time in a temporary settlement area for refugees or displaced persons or been held at ICE facilities?

- ☐ Not Applicable
- ☐ Yes
- ☐ No
- ☐ Refused
- ☐ Don't Know

53. About how many years have you lived in the United States? [For less than a year, enter 1 year]

Number of years _____ ☐ Not Applicable

Gender Identity Instructions: We use terms like "male" or "female" or "trans" as a short-hand way to capture the gender of individuals. We fully understand, however, that people use a wide range of labels – some prefer other terms such as Genderfluid, Agender, Enby, Androgynous, etc. To help us understand you personally, please tell us the term that you personally prefer to describe your gender. There are no right or wrong answers to these questions. Please be honest and answer as you really think and feel.

54. When I was born, the person who delivered me (e.g., doctor, nurse/midwife, family members), thought I was a:

Choose the one best answer.

- ☐ Male/Boy
- ☐ Female/Girl
- ☐ Intersex (they were unsure about my sex at birth)
- ☐ I am not sure about my sex assigned at birth
- ☐ My assigned sex at birth (please specify): _____
- ☐ I do not wish to answer this question

55. When it comes to my gender identity, I think of myself as: Choose all that apply.

- ☐ Man/Male
- ☐ Woman/Female
- ☐ Transgender/Trans
- ☐ Trans man/Trans male
- ☐ Trans woman/Trans female
- ☐ Genderqueer/Gender non-conforming
- ☐ I do not wish to answer this question
- ☐ Non-binary (not exclusively male or female)
- ☐ Two Spirit
- ☐ Intersex (between male and female)
- ☐ I am not sure about my gender identity
- ☐ I do not have a gender/ gender identity
- ☐ My gender identity is (please specify): _____

Sexual Orientation Instructions: Everyone has a sexual orientation. Some people are straight and are attracted to people of another gender. For example, a straight woman is attracted to men and prefers to date or have sex with men. Other people are gay or lesbian and are attracted to people of the same gender. For example, a gay man is attracted to other men and prefers to date or have sex with other men. Still other people are bisexual and are attracted to both men and women. Some people are attracted to people of all genders including those who do not define their gender within the binary "male or female" framework. Others are unsure about their attractions or are just not attracted to anyone. Just to be clear, who you are attracted to and prefer to date or have sex with is called sexual orientation.

56. What is your sexual orientation? Choose all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Straight/heterosexual | <input type="checkbox"/> Asexual (I am not attracted to anyone sexually) |
| <input type="checkbox"/> Gay | <input type="checkbox"/> I am not attracted to anyone romantically |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> I am not sure who I am attracted to sexually |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> I am not sure who I am attracted to romantically |
| <input type="checkbox"/> Queer | <input type="checkbox"/> Something else: _____ |
| <input type="checkbox"/> Pansexual/Non-monosexual (I am attracted to all genders) | <input type="checkbox"/> I do not wish to answer this question |

Thank you for taking time to complete this questionnaire. Did any of the questions above upset you? Please check one.

- ☐ Yes
☐ No

If any of the above questions upset you and you want to talk to someone about it, here is a list of referrals for support services.

Do you currently have health insurance coverage? (check one)

- | | | | |
|------------------------------|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No → Did you have health insurance coverage in the past 12 months)? | <input type="checkbox"/> Refused | <input type="checkbox"/> Don't Know |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't Know | | |

Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Refused | Don't Know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

At present...

Very Good	Good	Fair	Poor
-----------	------	------	------

Would you say your health is Very Good, Good, Fair, or Poor?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

a. In your day-to-day life how often have any of the following things happened to you? (Would you say almost everyday, at least once a week, a few times a month, a few times a year, less than once a year?)

	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are treated with less respect than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service than other people at restaurants or stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are not smart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are afraid of you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are dishonest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if you are not as good as they are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are called names or insulted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are threatened or harassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. What do you think was the main reason for this/these experience(s)? Would you say...? Check one only.

- | | |
|--|---|
| <input type="checkbox"/> Your race or ethnicity | <input type="checkbox"/> Your religion |
| <input type="checkbox"/> Your gender | <input type="checkbox"/> Your immigration status |
| <input type="checkbox"/> Your skin color/tone | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> Your sexual orientation | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Your language or accent | <input type="checkbox"/> Refused |

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way they think of themselves. On average, how would you describe your appearance, style, dress, or mannerisms? (Choose all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Very feminine | <input type="checkbox"/> Mostly masculine |
| <input type="checkbox"/> Mostly feminine | <input type="checkbox"/> Very masculine |
| <input type="checkbox"/> Somewhat feminine | <input type="checkbox"/> Androgynous, non-binary, and/or gender nonconforming |
| <input type="checkbox"/> Equally masculine and feminine | <input type="checkbox"/> Neither masculine nor feminine |
| <input type="checkbox"/> Somewhat masculine | |

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way other people think of them. On average, how do you think other people would describe your appearance, style, dress, or mannerisms? (Choose all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Very feminine | <input type="checkbox"/> Mostly masculine |
| <input type="checkbox"/> Mostly feminine | <input type="checkbox"/> Very masculine |
| <input type="checkbox"/> Somewhat feminine | <input type="checkbox"/> Androgynous, non-binary, and/or gender nonconforming |
| <input type="checkbox"/> Equally masculine and feminine | <input type="checkbox"/> Neither masculine nor feminine |
| <input type="checkbox"/> Somewhat masculine | |

How much do the following people in your life accept or reject your gender? *Choose the one best answer.*

	Totally reject	Somewhat reject	Neutral	Somewhat accept	Totally accept	Not applicable
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do the following people in your life accept or reject your sexual orientation? *Choose the one best answer.*

	Totally reject	Somewhat reject	Neutral	Somewhat accept	Totally accept	Not applicable
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: How true do you feel the next statements are about your school and things you might do there?

At my school, there is a teacher or some other adult....

	Not at all true	A little true	Pretty much true	Very much true	Refused	Don't Know
...who really care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who notices when I'm not there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who tells me when I do a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who always wants me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who notices when I'm in a bad mood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: How true do you feel the next statement are about your home?

In my home, there is a parent or some other adult...

	Not at all true	A little true	Pretty much true	Very much true	Refused	Don't Know
...who cares about my school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who talks with me about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who notices when I'm in a bad mood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who always wants me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who believes that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who expects me to follow the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID:

Priority Pop IPP Code CDEP Participant Code
Code

ADOLESCENT VERSION (12-17)

POST

Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group. The next questions are about your culture.

At present...

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree
1. Your culture gives you strength.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your culture is important to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your culture helps you to feel good about who you are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You feel connected to the spiritual/religious traditions of the culture you were raised in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 3-4 months, how often did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
5. ...connected to your culture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ...balanced in mind, body, spirit and soul?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ...marginalized or excluded from society? (In other words, made to feel unimportant, or like your thoughts, feelings, or opinions don't matter.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ...isolated and alienated from society? (In other words, feeling alone, separated from, cut off from the world beyond of your family, school, and friends.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 3-4 months, how often did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
9. ... nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ... hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ... restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ... so depressed that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. ... feel that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. ... worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. The above items are often used to describe experiences with mental or emotional distress. To what extent do the above questions (Q9-Q14) match how you would describe those experiences? (Check one)

☐ A Lot ☐ Somewhat ☐ Not At All

Okay, you just told me about how you have been feeling during the past 3-4 months. Now I want to know how much your fears and worries have messed things up for you. In other words, how much have they stopped you from doing things you want to do?

How much have your fears and worries messed things up ...

	A Lot	Some	Not At All
16. ...with school and homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. ...with friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. ...at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. The above items are often used to describe how emotions affect people's lives. To what extent do the above questions (Q16-Q18) match how you would describe the negative effect of emotions on your life? (Check one)

☐ A Lot ☐ Somewhat ☐ Not At All

ADOLESCENT VERSION POST

Instructions: Please help our make our program better by answering some questions. Please answer the questions based on the services, program or activities connected to the Turning Resilience Into Brilliance for Eternity (TRIBE) Program. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the statement is about something you have not experienced, check the box for Not Applicable to indicate that this item does not apply to you. Please note: the word “service” stands for any program activities or events connected to the Turning Resilience Into Brilliance for Eternity (TRIBE) Program

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
20. Overall, I am satisfied with the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. The people helping me stuck with me no matter what	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I felt I had someone to talk to when I was troubled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I received services that were right for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The location of services was convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Services were available at times that were convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I got the help I wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff respected my religious / spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Staff spoke with me in a way that I understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Staff were sensitive to my cultural / ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I am better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I get along better with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I get along better with friends and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I am doing better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I am better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I am satisfied with my family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. I am better able to do things I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I have people that I am comfortable talking with about my problem(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
42. Were the services you received here provided in the language you prefer?	<input type="checkbox"/>	<input type="checkbox"/>
43. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available in the language you prefer?	<input type="checkbox"/>	<input type="checkbox"/>

Do you currently have health insurance coverage? (check one)

<input type="checkbox"/> Yes	<input type="checkbox"/> No → Did you have health insurance coverage in the past 12 months)?	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't Know			

Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Refused <input type="checkbox"/>	Don't Know <input type="checkbox"/>
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ADOLESCENT VERSION POST

At present...

	Very Good	Good	Fair	Poor
Would you say your health is Very Good, Good, Fair, or Poor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. In your day-to-day life how often have any of the following things happened to you? (Would you say almost everyday, at least once a week, a few times a month, a few times a year, less than once a year, less than once a year?)

	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are treated with less respect than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service than other people at restaurants or stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are not smart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are afraid of you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are dishonest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if you are not as good as they are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are called names or insulted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are threatened or harassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. What do you think was the main reason for this/these experience(s)? Would you say...? Check one only.

- | | |
|--|---|
| <input type="checkbox"/> Your race or ethnicity | <input type="checkbox"/> Your religion |
| <input type="checkbox"/> Your gender | <input type="checkbox"/> Your immigration status |
| <input type="checkbox"/> Your skin color/tone | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> Your sexual orientation | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Your language or accent | <input type="checkbox"/> Refused |

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way they think of themselves.

On average, how would you describe your appearance, style, dress, or mannerisms? (Choose all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Very feminine | <input type="checkbox"/> Mostly masculine |
| <input type="checkbox"/> Mostly feminine | <input type="checkbox"/> Very masculine |
| <input type="checkbox"/> Somewhat feminine | <input type="checkbox"/> Androgynous, non-binary, and/or gender nonconforming |
| <input type="checkbox"/> Equally masculine and feminine | <input type="checkbox"/> Neither masculine nor feminine |
| <input type="checkbox"/> Somewhat masculine | |

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way other people think of them. On average, how do you think other people would describe your appearance, style, dress, or mannerisms? (Choose all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Very feminine | <input type="checkbox"/> Mostly masculine |
| <input type="checkbox"/> Mostly feminine | <input type="checkbox"/> Very masculine |
| <input type="checkbox"/> Somewhat feminine | <input type="checkbox"/> Androgynous, non-binary, and/or gender nonconforming |
| <input type="checkbox"/> Equally masculine and feminine | <input type="checkbox"/> Neither masculine nor feminine |
| <input type="checkbox"/> Somewhat masculine | |

ADOLESCENT VERSION POST

How much do the following people in your life accept or reject your gender? *Choose the one best answer.*

	Totally reject	Somewhat reject	Neutral	Somewhat accept	Totally accept	Not applicable
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do the following people in your life accept or reject your sexual orientation? *Choose the one best answer.*

	Totally reject	Somewhat reject	Neutral	Somewhat accept	Totally accept	Not applicable
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: How true do you feel the next statements are about your school and things you might do there?

At my school, there is a teacher or some other adult...

	Not at all true	A little true	Pretty much true	Very much true	Refused	Don't Know
...who really care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who notices when I'm not there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who tells me when I do a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who always wants me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who notices when I'm in a bad mood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: How true do you feel the next statement are about your home?

In my home, there is a parent or some other adult...

	Not at all true	A little true	Pretty much true	Very much true	Refused	Don't Know
...who cares about my school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who talks with me about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who notices when I'm in a bad mood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who always wants me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who believes that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who expects me to follow the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking time to complete this questionnaire. Did any of the questions above upset you? Please check one.

Yes ☐ No ☐

Key Informant Interview questions

1. How long have you been with the TRIBE Program, and how would you describe your experience?
2. Have you completed all the classes/courses, and beneficial were the classes/courses?
3. As a TRIBE participant, you completed several forms or surveys. What do you think about the information requested, and do you think they effectively measure the changes you have been experiencing?
4. What changes have you experienced in your life that are due to becoming part of TRIBE? Give 3-5 examples.
5. If you were chosen to represent TRIBE and had to speak to your peers or a younger group, what would you say to convince them that TRIBE is an excellent program?
6. In what way does the TRIBE Program address trauma?
7. If there was one word that describes your experience in the TRIBE program, what would that one word be?
8. Did the TRIBE Program help you set goals for yourself, and how would you say you've done in striving to achieve those goals?
9. Where do you see yourself five years from now?
10. Do you have any questions for me or any take-home message you want to share with others about your life-changing experiences because of TRIBE?
11. What improvements to the TRIBE program would you recommend?