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Identifying Barriers and Facilitators of Successful School-Based Mental Health and Behavioral Programs Delivered in the Context of Urban Poverty: A Qualitative Exploration of Perspectives from Service Providers and Youth

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IDENTIFYING BARRIERS AND FACILITATORS OF SUCCESSFUL

SCHOOL-BASED MENTAL HEALTH AND BEHAVIORAL PROGRAMS

DELIVERED IN THE CONTEXT OF URBAN POVERTY:

A QUALITATIVE EXPLORATION OF PERSPECTIVES FROM SERVICE

PROVIDERS AND YOUTH

A Dissertation

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By

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VITA

The author was born in Walnut Creek, California, on April 6, 1981. She graduated from Carondelet High School in 1999, received her Bachelor of Science degree from San Diego State University in 2003, Master of Arts degree in Clinical Child Psychology from DePaul University in 2008, and Doctor of Philosophy degree in Clinical Child Psychology from DePaul University in 2013. She completed her Pre-Doctoral Clinical Psychology Internship at the University of California, San Francisco / San Francisco General Hospital (UCSF/SFGH), Child and Adolescent Services and will continue at UCSF/SFGH, Child and Adolescent Services for a Post-Doctoral Clinical/Research Fellowship.

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CHAPTER I

INTRODUCTION

A large number of youth in America experience mental health problems, engage in risky behaviors, and lack social–emotional competencies. In any given year, one in five children and adolescents experience symptoms of mental health difficulties that cause some level of impairment (U.S. Department of Health and Human Services, 1999). If left untreated, symptoms can become debilitating and can lead to a number of serious issues such as suicide, harm towards self and/or others, incarceration, school dropout, or family dysfunction. Unfortunately, fewer than 20% of youth who need mental health services actually receive them (Kataoka et al., 2002) with the greatest unmet needs among minority youth (Garland et al., 2005). While it is clear more youth need to be provided services, of those who are reached, it is imperative that the services they are provided have been proven to work. Fortunately, there is a substantial amount of evidence that various types of services provided to youth, more generally, and to minority youth, more specifically, are efficacious.

<u>Research on Prevention, Intervention, and Treatment</u>

Broad population of youth

Prevention programs delivered to children and adolescents have been shown to be efficacious by reducing the rates of future social, behavioral, and academic problems and by increasing competencies (Weisz, Sandler, Durlak, & Anton, 2005). A meta-analysis of 177 primary prevention programs, designed to prevent behavioral and social problems for all youth in a given setting, found significant mean effects that ranged from .24 (small) to .93 (large), depending on

the type of program delivered (Durlak & Wells, 1997). Similarly, a meta-analysis

of 130 secondary prevention mental health programs, designed to identify early

signs of maladjustment among at-risk youth and to intervene before full-blown

disorders develop, found a significant average mean effect of .50 (medium)

(Durlak & Wells, 1998).

In addition, while both of these meta-analyses included a broad range of

programs, preventing various social, mental and behavioral problems, there have

been many other narrative and meta-analytic reviews of prevention and

intervention programs that have reported similar findings for particular types of

problems and competencies. For example, beneficial effects have been found for

prevention and intervention programs delivered to the broad population of youth,

and focused on social skills and social-emotional functioning (e.g., Durlak,

Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Durlak, Weissberg, &

Pachan, 2010; Haney & Durlak, 1998), child abuse prevention (e.g., Davis &

Gidycz, 2000), Attention-Deficit/Hyperactivity Disorder (e.g., DuPaul & Eckert,

1997), aggression/disruptive behaviors (e.g., Gansle, 2005; Stage & Quiroz, 1997;

Sukhodolsky, Kassinove, & Gorman, 2004; Wilson & Lipsey, 2007; Wilson,

Lipsey,& Derzon, 2003) depression (e.g., Stice, Bohon, Shaw, Marti, & Rohde,

2009), sexual abuse (e.g., Trask, Walsh, & DiLillo, 2011); substance use (e.g.,

Tobler & Stratton, 1997; and on programs designed to prevent negative

consequences of divorce on parents and children (e.g., Lee, Picard, & Blain,

1994). Furthermore, beneficial effects have been found for programs targeting

youth with severe emotional disturbances (e.g., Reddy, Newman, Thomas, &

Chun, 2009), for mentoring programs (e.g., DuBois, Holloway, Valentine, & Cooper, 2002), for school-based programs (Durlak et al., 2011; Rones & Hoagwood, 2000), and for programs that target systemic change at the school, family, and community levels (Durlak Taylor, Kawashima, Pachan, DuPre, Celio, Berger, Dymnicki, & Weissberg, 2007).

Positive and highly significant treatment effects have also been found for psychotherapy among youth. Weisz, Weiss, Han, Granger, and Morton (1995) conducted a meta-analysis that included 150 studies on youth ages 2 to 18, and found a mean effect size of .71 (approaching large). Furthermore, another meta-analysis by Weisz and colleagues (2006) found that evidence-based treatments, in particular, produced strong positive effects on youth outcomes.

Minority youth of varying socio-economic backgrounds

A meta-analysis conducted by Huey and Polo (2008) also found support for evidence-based treatments across a range of disorders for samples of predominately minority youth, of varying socio-economic status. Furthermore, culturally adapted interventions, more generally (Griner & Smith, 2006; Hodge et al., 2010; Jackson et al., 2010), and for specific symptomatology (Miranda et al., 2005) have been found to be efficacious for minority youth of varying socio-economic status, with overall mean effects falling in the medium range which is similar to effects for the general population of youth.

While it is encouraging that research shows support for psychotherapy and prevention/intervention programs for youth, more generally, and minority youth, more specifically, examining the impact of programs delivered specifically to

youth living in urban poverty is of critical importance given the unique and chronic stressors that are present in these communities and the impact of these stressors on youth and the systems they interact within.

<div align="center">Context of Urban Poverty</div>

Rates of poverty among youth

Over 39.8 million people live in poverty in the United States. Of these, over 14 million are youth under the age of 18 (U.S. Bureau of Census, 2011). Youth of color are especially likely to be poor. Poverty rates for African-American youth are almost two and a half times those for European-American youth and poverty rates for Latino youth are nearly two times those for European-American youth with approximately 34.4% of African-American and 30.3% of Latino youth living in poverty (U.S. Bureau of Census, 2011). Youth of color are also more likely to live in segregated urban communities where there are few resources, and high rates of unemployment, homelessness, and crime (i.e. "inner-city"; U.S. Department of Health and Human Services, 2001).

Impact of poverty on youth

Poverty is associated with stressors that range from major life events (e.g., child abuse, divorce) to chronic interpersonal stressors (e.g., family conflict) to daily hassles (e.g., lack of money for transportation; Conger, Ge, Elder, Lorenz, & Simons, 1994). Additionally, living in urban poverty brings increased exposure to crime and violence, particularly for adolescents (e.g., Bell & Jenkins, 1994). For example, more than 40% of inner city youth have seen someone shot or stabbed (U.S. Department of Health and Human Services, 2001). Traumatic and stressful

experiences, in turn, have been established as risk factors for a range of psychological problems (e.g., Grant, Compas, Stuhlmacher, Thurm, McMahon, & Halpert, 2003).

It is not surprising, therefore, that low-income urban youth are at heightened risk for a number of psychological problems (Grant, Katz, Thomas, O'Koon, Meza, DiPasquale, & Rodriguez, 2004). For example, based on the normative data for the YSR (Achenbach, 1991), approximately 5% of Grant and colleagues (2004) predominantly minority sample of low-income urban youth were expected to score in the clinical range. However, significantly more adolescents scored in the clinical range on the YSR syndrome broad-band scales including Internalizing (24% of girls; 28% of boys) and Externalizing (35% of girls; 26% of boys), and narrow-band scales including Anxious-Depressed (7% of girls; 9% of boys), and Delinquent Behavior (17% of girls; 16% of boys).

Mental health services for low-income urban youth

Although low-income urban youth are at higher risk for the development of psychological problems, they are less likely to receive help (Farmer, Stangl, Burns, Costello, & Angold, 1999; Garland, Lau, Yeh, McCabe, Hough, & Landsverk, 2005). A recent study found that nearly 80% of low-income youth in need of mental health services (almost 90% for uninsured families) had not received services within the preceding 12 months (Kataoka, Zhang, & Wells, 2002). Additionally, those who do receive mental health services experience attrition rates greater than 50% due to a number of practical and structural barriers such as stigma, lack of information, inaccessible location of services, or difficulty

with transportation (Kazdin, Holland, & Crowley, 1997).

Importance of reaching youth and families in their natural settings

Given these barriers and the lack of services provided to youth most at need, interventionists have argued for the importance of stepping outside traditional clinic-based services and providing services to youth in their natural settings (i.e., in the community—e.g., homes—and in schools) (Weist, & Ghuman, 2002). For example, Armbruster and Fallon (1994) recommend service delivery shift to the family's environment for immediate access and engagement, especially for underserved and disadvantaged children and families. Such programs have been developed and implemented (e.g., Multi-Systemic Therapy) for children who have serious emotional disturbances (Hoagwood et al., 2001). Nonetheless, the education sector has played the most central role as an entry point into the mental health system for low-income urban youth (Farmer, Burns, Phillips, Angold, & Costello, 2003; U.S. Department of Health and Human Services, 1999).

Comprehensive health services, including services for mental health, were first offered in schools in the mid-1980s (Dolan, 1992). Since then, the Surgeon General's Report (U.S. Department of Health and Human Services, 1999) has described schools as a key setting for the identification and treatment of mental disorders in children and youth, with 80% of services youth receive occurring in the school setting. Data from the 2004-2005 national survey of 1235 School-Based Health Centers (SBHCs) revealed that 65% of SBHCs have services provided by mental health staff and 59% of the centers are located within urban

schools (National Assembly on School-Based Health Care, 2007).

In addition to school-based health centers which are staffed by school-based (or their own) practitioners, many mental health and behavioral programs provided to youth in inner-city schools are offered from providers outside of the school. For example, some community mental health centers provide health promotion, prevention, intervention, and psychotherapy services within school settings. Furthermore, researcher-developed prevention and/or intervention programs delivered in the school setting are most likely to be represented in the empirical literature, despite the abundance of services provided in schools, more generally.

Research on Prevention, Intervention, and Treatment: Low-Income Urban Youth

While the rates of stress and symptoms are high among this population, and prevention/ intervention efforts are being made in these settings, little is known about the impact of these programs. In fact, to this author's knowledge, only two reviews of program efficacy have been conducted specifically for low-income urban youth to date. Both are reviewed below.

Community-based mental health and behavioral programs

Farahmand and colleagues (2012) conducted a meta-analytic review of community-based mental health and behavioral programs among low-income, urban youth which included a total of 33 studies, evaluating outcomes across 41 independent samples. Studies included school-age (kindergarten through high school) youth only. Results indicated that the average weighted effect size across studies, using a random effects model, was .25 (95% CI $\pm$ .11) at post-test. While

this overall effect size is generally considered to be small (Cohen, 1988), especially compared to the medium to large effects primarily found for meta-analytic research of prevention, intervention, and psychotherapy for the broad population of youth as summarized earlier, the overall effect size is similar to some previous findings such as a meta-analysis evaluating the impact of selected mental health interventions among youth from a wider variety of backgrounds on mental health functioning (.30; Weisz, Doss, & Hawley, 2006).

School-based mental health and behavioral programs

Farahmand and colleagues (2011) also conducted a narrative and meta-analytic review of school-based interventions conducted with school-aged, low-income urban youth. This mixed-methods review included 21 studies evaluating outcomes across 29 independent samples, and results were compared with a narrative review of school-based interventions with the broader population of adolescents (Rones & Hoagwood, 2000). Results of the comparison were striking. Using the narrative approach implemented in the earlier analysis (Rones & Hoagwood, 2000), 17% of the interventions conducted with low-income urban youth were classified as effective relative to 36% for those conducted with the broader population; 28% of the interventions conducted with low-income urban youth were classified as mixed effective and ineffective relative to 36% for those conducted with the broader population; and 55% of the interventions conducted with low-income urban youth were classified as ineffective relative to 28% for those conducted with the broader population (Farahmand et al., 2011). Thus, roughly half as many programs implemented with low-income urban youth were

classified as effective and roughly twice as many were classified as ineffective compared to those implemented with the broader population of youth.

Farahmand and colleagues' meta-analysis, which included 23 independent samples, revealed similar findings with a very small overall effect size for primary outcomes of .08 at post-test and .06 at follow-up. The 95% confidence interval for post-test was -.01 to .17 and at follow-up -.07 to .20. Although a meta-analysis comparable in scope has not been conducted with the broader population of youth, these effects fall well below the medium to large effect sizes that have been reported for prevention programs administered to the general population of children and adolescents (Durlak & Wells, 1997), school-based prevention and intervention programs targeting youth from all backgrounds with established mental health problems (Reddy, Newman, Thomas, & Chun, 2009), psychotherapy interventions administered to young people of all backgrounds seeking treatment (Weisz, Weiss, Han, Granger, & Morton, 1995), and below effects for community-based interventions with this population (Farahmand et al., 2012).

Results of the two reviews focused specifically on programs implemented with low-income urban youth suggest that school-based programs administered within the context of urban poverty are particularly likely to be unsuccessful. This raises the question: why aren't school-based mental health and behavioral programs more efficacious in inner-city contexts? One possible answer is that there is a lack of efficacious programs being delivered in these settings, given a growing body of literature indicates that implementation of evidence-based

treatments in schools is low (Forman et al., 2009). While this may be true of some programs, a number of programs included in the meta-analytic review (Farahmand et al., 2011) have been shown to be efficacious in other contexts and settings but did not show similar findings when delivered to low-income urban youth in inner-city schools (Abt Associates, 2001; Cho et al., 2005; Komro et al., 2007) or were efficacious for particular subgroups of low-income urban youth (i.e., Latino youth) but not for others (i.e., African American) (Cardemil et al., 2002). This suggests that the way the program is being delivered, the context of the setting it is being implemented in, or the characteristics and needs of the population receiving the services may better explain the lack of efficacy findings.

<u>Potential Reasons for Lack of Efficacy of School-Based Programs for Low-</u>

<u>Income Urban Youth</u>

After an extensive review of the literature, to this author's knowledge, there are no studies that specifically test and/or explore hypotheses for why school-based mental health and behavioral programs implemented with low-income urban youth are less efficacious than those for the broader population of youth. While research has examined barriers to low-income urban family's access to (e.g., Buckner & Bassuk, 1997) and engagement in (e.g., Harrison, McKay, & Bannon, 2004) mental health services, as well as strategies to increase access (e.g., Staudt, 2003), engagement and retention (e.g., McKay et al., 1998) of services for this population, including the utilization of school-based services, specifically (e.g., Atkins, Frazier, Birman, Abudul Adil, Jackson, Graczyk, Talbott, Farmer, Bell, & McKay, 2006), reasons for overall lack of efficacious

school-based mental health and behavioral programs delivered to low-income urban youth remain unexplored and untested. Nonetheless, scholars who have reported lack of efficacy in their particular studies have raised possible hypotheses to account for lack of effects for their particular interventions. These are briefly summarized here.

Two primary hypotheses for reduced efficacy of programs administered in inner-city schools have been generated by scholars who have implemented programs in these settings with limited success. These include: 1) challenges related to implementing programs in inner-city school settings, and 2) discrepancy between the goals or target outcomes of the program being delivered and the actual concerns, needs, and values of the population receiving it.

The first hypothesis related to challenges with implementing programs in inner-city schools have been discussed by Abt. Associates (2001), Cho and colleagues (2005), and Murray and Malmgren, (2005). According to these scholars, programs implemented in inner-city schools are negatively affected by a significant lack of program attendance (given the high rates of truancy for youth attending these schools) (Cho et al., 2005) and lack or reduced rates of participation from the youth's highly stressed families (Abt. Associates, 2001). In addition, teachers and staff working in low-income, urban schools are more likely to be stressed and overwhelmed limiting their capacity to administer the programs effectively. As discussed by Murray and Malmgren, inner-city teachers often struggle to manage basic routines and many have little administrative support; therefore, adding the pressure of delivering an additional program leads to

competing demands on time and fewer opportunities to implement the program well.

The second hypothesis related to a discrepancy between the goals or target outcomes of the program being delivered and the actual concerns, needs, or values of the population receiving it has been discussed by Weiss and colleagues (2003), MACS (2002), and Komro and colleagues (2007). More specifically, in regard to a lack of significant treatment effects for parent-reported externalizing symptoms in an efficacy trial of RECAP (Reaching Educators, Children and Parents), Weiss and colleagues (2003) suggested that parents did not view child aggression, a main target of the program, as something that needed to be addressed. This was evident by the number of parents reporting support of their children's aggression due to the unique concerns over victimizations in their violent-prone inner-city neighborhoods. Similarly, in a study by MACS (2002), treatment group participants increased in aggression levels. It was hypothesized that the negative effects may have related to community characteristics (i.e., higher levels of economic disadvantage and community violence) which reinforce aggressive behaviors and increase family's acceptance of aggression for self-defense purposes or to prevent threats. Furthermore, MACS (2002) hypothesized that low-income urban children and parents are already overtaxed and an intervention may create yet another demand that cannot be easily managed. Finally, in an evaluation of Project Northland Chicago, Komro and Colleagues (2007) did not find significant and positive treatment effects for alcohol use. While the rates of alcohol use among eighth graders in the study fell between national rates and the

rates found in a previous trial in rural Minnesota, many of the inner-city Chicago participants did not rank alcohol use as a primary concern. Instead, drug dealing, gangs, violence, and housing were priority concerns. Therefore, authors hypothesized that this mismatch between program goals and community views/needs may have accounted for the lack of program success.

<div align="center">A Closer Look at Implementation Research</div>

As reported above, one of the hypotheses for the lack of efficacious school-based mental health and/or behavioral programs includes challenges related to the implementation of these programs within inner-city school contexts. While implementation challenges were experienced by research-based staff and non-research based staff who delivered programs included in the review (Farahmand et al., 2011), typically, "implementation" research refers to how well a program is delivered in real world settings (e.g., schools) by existing staff within those settings (e.g., teachers, school social workers). Furthermore, implementation research is nested within a larger body of research examining large-scale program dissemination (i.e., transfer of programs from "well-controlled" research settings to "real-world" community-based settings with the goal of the organization—e.g., school—adopting the program, implementing the program, and sustaining the program within their organization, independent of the research staff). Therefore, while much of the literature on implementation is focused on the community-based organization's ability to implement the program as intended, examination of this literature is crucial given strong evidence which indicates factors related to implementation impact program outcomes.

Aspects of Implementation Associated with Program Outcomes

Durlak and DuPre (2008) identified 8 aspects of implementation that impact program outcomes: 1) *fidelity*: the extent to which the program is delivered as intended (e.g., adherence, compliance, integrity, faithful replication); 2) *dosage*: how much of the program is delivered as intended (e.g., number of sessions, components of program, length of sessions); 3) *quality*: how well different program components have been conducted (e.g., are the main program elements delivered clearly?); 4) *program responsiveness*: the degree to which the program stimulates the interest or holds the attention of participants (e.g., are students attentive during program lessons?); 5) *program differentiation*: extent to which a program's theory and practices can be distinguished from other programs (program uniqueness); 6) *monitoring of control/comparison conditions*: involves describing the nature and amount of services already received by members of these groups (treatment contamination, usual care, alternative services); 7) *program reach*: the rate of involvement and representativeness of program participants (participation rates, program scope, characteristics of participants); 8) *adaptation*: changes made in the original program during implementation (program modification).

After a comprehensive search of the literature, a review examining implementation's impact on mental health and/or behavioral programs' outcomes within inner-city schools was not found. However, implementation research reviews which included unspecified populations of youth and adolescents (of various socio-economic status and race/ethnicity) in various settings (schools,

community-based organizations, urban and non-urban) showed strong evidence for implementation's influence on program outcomes. For example, a comprehensive review of over 500 quantitative and qualitative implementation studies evaluating health promotion and mental health and/or behavioral prevention programs for children and adolescents found that programs with "better" implementation (as measured by at least one or more of the 8 factors listed above) resulted in mean effect sizes that were two to three times higher than programs with "poorer" implementation (Durlak and DuPre, 2008). Such findings lend strong support to the conclusion that the way programs are implemented influences program outcomes. Given this, it is important to identify factors that influence one's ability to implement programs effectively (e.g., with high fidelity, appropriate dosage, good quality, etc…) so challenges related to implementation are minimized and positive program outcomes are maximized. These factors are described next.

Factors that Affect the Implementation Process

Durlak and DuPre (2008) identified 81 studies containing quantitative or qualitative data on factors which influence the implementation process (delivery of programs within "real world" settings). More specifically, five broad categories with 23 associated factors were identified as influencing the implementation process: 1) Community Level Factors, 2) Provider Characteristics, 3) Characteristics of the Innovation, 4) Factors Relevant to the Prevention Delivery System: Organizational Capacity, and 5) Factors Related to the Prevention Support System.

Ecological Framework for Understanding Effective Implementation

Guided by a multilevel ecological framework, Durlak and DuPre (2008) identified relationships among the five factors which promote successful implementation (see Figure 1). Elements of the Prevention Delivery System's organizational capacity and elements of the Prevention Support System are nested within the core of the model. Organizational capacity includes: 1) general organizational factors such as positive work climate, openness to change, integration of new programming, and shared vision and staff-buy in; 2) specific practices and processes such as shared decision making among collaborating parties—providers, administrators, researchers, coordination with other agencies and partnerships, communication, and strategic planning around roles and responsibilities relative to tasks; and 3) specific staffing considerations such as leadership ability, program champion or advocate who is respected and can rally and maintain support for program, and administrative support. Furthermore, Prevention Support System include: 1) training (i.e., insuring providers are proficient in skills required for effective program delivery) and, 2) technical assistance (i.e., resources offered to providers once implementation begins such as retraining in certain skills, training of new staff, emotional support, and mechanisms to promote local problem solving efforts).

While elements of the Prevention Delivery System and Prevention Support System lie at the center of effective implementation, an organization's success at implementation is also dependent on factors present in three other categories that provide an extended ecological context for implementation: 1)

characteristics of the innovation or program (i.e., *compatibility*—appropriateness, fit, congruence, and match—or, the extent to which the program fits with an organization's mission, priorities, and values; and *adaptability*—program modification—or, the extent to which the proposed program can be modified to fit provider preferences, organizational practices, and community needs, values, and cultural norms), 2) characteristics of the provider delivering the program (i.e., perceived need for innovation or the extent to which the proposed program is relevant to local needs; perceived benefits of innovation or extent to which the program will achieve benefits desired at the local level; self-efficacy or extent to which providers feel they are able to do what is expected; and skill proficiency or the actual possession of skills necessary for implementation) and, 3) factors related to the larger community (i.e., politics, funding, policy). Furthermore, the bidirectional arrows in the outer circles of Figure 1 indicate that variables in these categories can interact with each other and with the prevention delivery and support systems to affect implementation.

Interestingly, the second hypotheses for the lack of efficacious school-based mental health and/or behavioral programs within inner-cities, included challenges related to the fit of the program and the needs/values of the youth/families receiving it. While the first challenge identified was related to "implementation" more generally, the second challenge fits within the realm of implementation based on the ecological framework proposed by Durlak and DuPre (2008). More specifically, "characteristics of the innovation" include issues of compatibility. However, given the implementation framework's role

within larger program dissemination (adoption and sustainability within community-based organizations/schools) compatibility within the model refers to the fit of the program and the organization/school. Nevertheless, the same logic applies when thinking about the fit of the program and the population receiving it (youth/families within the school), more generally.

Figure 1. Ecological Framework for Effective Implementation
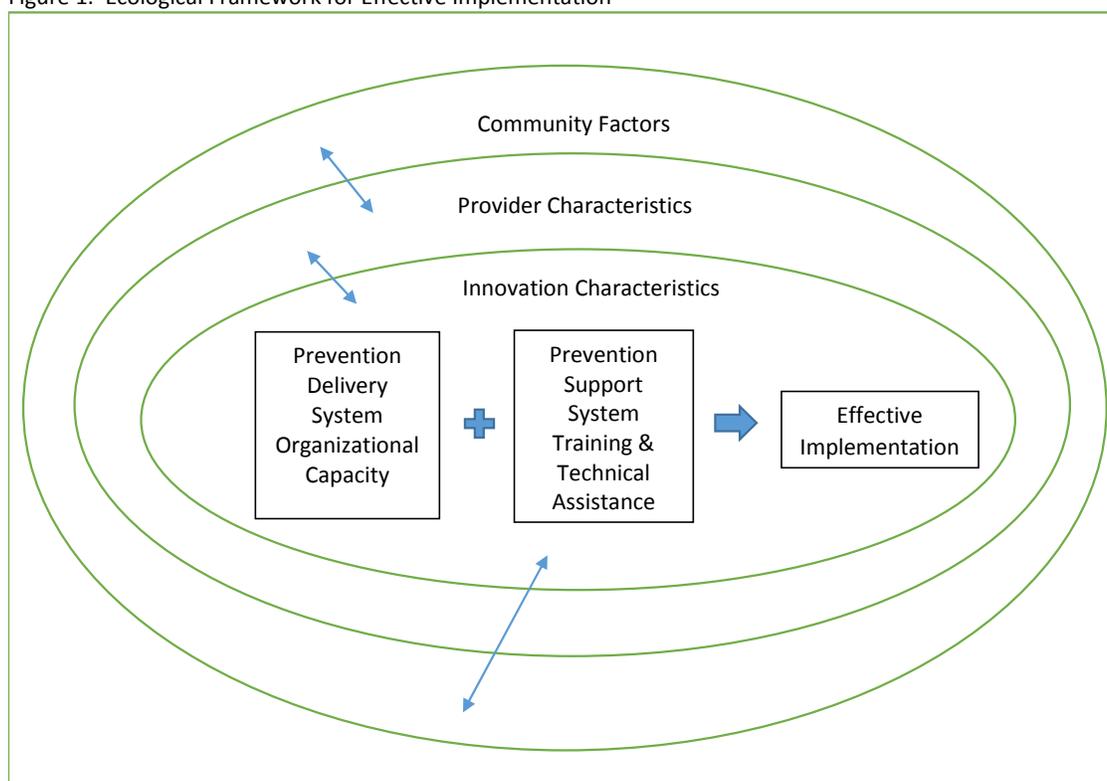
In sum, while hypotheses for the lack of efficacious school-based mental health and/or behavioral programs in inner-city school settings have been suggested by authors, the list is not exhaustive of all potential reasons, especially in light of the number of other factors identified by Durlak and DuPre (2008) as influencing implementation and subsequent program outcomes. A study that

systematically explores these and other potential reasons, from the people who work to implement programs in these settings and the specific populations who receive the programs, is needed. Additionally, ideas for how programs can 1) be more successful in inner-city schools, and 2) meet the needs of low-income urban youth, need to be generated, especially given the research which suggests the school-based service delivery model is most likely to reach, engage, and retain low-income urban youth in services.

Rationale

Low-income urban youth are at heightened risk for psychological problems due to their exposure to and experience of stressful and traumatic events yet, they are least likely to receive services. The services that youth do receive are primarily in the school setting as 80% of services provided to these youth occur in the school. However, findings from a recent meta-analysis indicate school-based mental health and behavioral programs provided to low-income urban youth are, as a whole, not efficacious (Farahmand et al., 2011). While scholars of specific evaluations have provided discussion about possible reasons why programs lacked success, reasons which are consistent with more broad literature on program implementation in community settings, no studies have specifically tested or systematically explored the reasons for lack of success for inner-city school-based mental health and/or behavioral programs. Furthermore, no studies have explored ways to address this critical issue. This gap in the literature calls for new exploratory research that: 1) identifies barriers to successful program implementation and/or program outcomes in this setting, 2) recognizes the facilitators of successful program implementation and/or program outcomes in this setting, and 3) generates recommendations for researchers who develop/adapt programs for implementation in these settings and for service providers who deliver programs in these settings so low-income, urban youth can be provided with more successful school-based mental health and behavioral programs.

<u>Research Questions</u>

Related to service provider interview

1) What challenges do service providers experience delivering mental health/behavioral programs in inner-city schools?

2) What factors do service providers identify that facilitate more successful program implementation/outcomes in inner-city schools?

3) How much of an impact do service providers believe the programs they are delivering in inner-city school settings make?

4) What recommendations do service providers have for other providers who implement similar programs in inner-city school settings?

5) What recommendations do service providers have for researchers developing and/or adapting programs for use within inner-city school settings?

Related to youth interview

1) What do low-income, urban youth think about the mental health/behavioral program they are receiving at school?

2) What do others (friends, family, and other classmates not in program) think about the program they are receiving at school?

3) Is their family involved in the program? If so, is it helping their family? If not, would they like their parent to be involved in the program?

4) What have the youth learned in the program and what impact has this made in their lives, if any?

5) Do the youth believe the program is meeting their needs / fit their goals? If not, what changes can be made to the programs they receive?

CHAPTER II

METHOD

Qualitative research examines specific problems that are poorly

understood. Subsequently, qualitative research methodology was utilized for this

study given the lack of knowledge and research specific to school-based mental

health and/or behavioral programs in inner-city settings. More specifically, a

phenomenological approach was employed. This approach allowed for the

examination of lived experiences of individuals in order to better understand a

phenomenon (Moustakas, 1994). Phenomenologists describe what participants

have in common as they experience a phenomenon (Creswell et al., 2007). In the

current study, the use of qualitative methods provided an in-depth understanding

of 1) service providers' experience(s) delivering mental health and/or behavioral

programs in inner-city schools; and, 2) low-income, urban youths' experience(s)

with receiving school-based mental health and/or behavioral programs.

<u>School-Based Mental Health and/or Behavioral Programs</u>

"School-based mental health and/or behavioral programs" included any

program, intervention, or strategy delivered in a school setting that was

specifically designed to influence student's social-emotional or behavioral

functioning. This definition is consistent with programs which were included in a

meta-analysis this current study builds from (Farahmand et. al., 2011). Consistent

with programs in the meta-analysis, the current study excluded service providers

who provided individual psychotherapy and youth who received individual

psychotherapy in school settings. Instead, "programs" which were delivered in

group, classroom, or whole school formats and included health promotion, prevention, and/or treatment interventions were included.

The types of programs service providers delivered (within the past year) varied from health promotion and prevention programs to treatment interventions. Programs delivered by providers included youth in Kindergarten through 12th grade. Health Promotion programs include: mindfulness practices in the classroom (delivered by one of the providers), and 2) trauma sensitive practices within schools (delivered by one of the providers). Prevention programs focused on: 1) social skills (delivered by one of the providers), 2) violence prevention (delivered by six of the providers), 3) classroom behavioral management and academic engagement (delivered by one of the providers), 4) coping with loss of school (delivered by three of the providers), and 5) coping with inner-city stressors with support from adults (delivered by two of the providers). Treatment interventions focused on the following: 1) depression: CBT-based skills groups (delivered by four of the providers), 2) trauma: multi-family parent/child attachment and self-regulation skills groups (delivered by one of the providers), 3) high school youth in an alternative school / conduct disorder related difficulties: intervention which builds critical thinking, social awareness, and political activism (delivered by one of the providers), and 4) general social and coping skills: for youth in a self-contained special education classroom marked with severe emotional and behavioral disturbances (delivered by one of the providers).

The types of programs youth received within the past year included the following: 1) coping with inner-city stressors with support from adults (received

by four of the youth over past academic year), 2) girls social skills group (received by one of the youth over past 10 weeks), 3) girls "anger management" group (received by three of the youth over past academic year), and 4) boys critical thinking and social awareness group (received by two of the youth past 2 months). Numbers of service providers and youth are higher than the reported sample size of the study due to overlap in some providers' delivery of programs and some youth's reception of programs. Therefore, the current study's results included perspectives from more than one program for some of the participants.

<center>Setting and Context</center>

While inclusion criteria for the current study specified schools to be predominantly low-income (at least 75% based on eligibility for free/reduced lunch program) and urban (located within a major city), the term ''inner-city school'' is referenced due to the particular kind of urban schools the current study's sample was primarily drawn. In contrast to other schools in urban areas, which include public, charter, and private schools in addition to students with families of varying socio-economic status and race/ethnicity, inner-city schools tend to be public and serve largely students of color living in poverty (Brunetti, 2006). Inner-city schools are located in neighborhoods characterized by high rates of unemployment, homelessness, crime, gang activity, drug use and violence (Zhou, 2003). Furthermore, inner-city schools have higher rates of academic failure and disciplinary referrals than schools in more resourced areas (Bemak, Chung, & Siroskey-Sabdo, 2005).

All the youth included in the current study attended schools within one of the most under-resourced, impoverished, and violent communities in the United States. Similarly, all but one of the service providers delivered programs within schools in this same community in addition to others inner-city schools. However, one of the providers delivered a program with an urban school which was characterized by a student population that was predominantly Latino and low-income (86%). However, the community in which this school was located was more resourced, less violent, and less impoverished. Interestingly, this school functioned much higher (as will be reported in the results/discussion section) in comparison to the other inner-city schools.

In the current study, service providers delivered programs in inner-city schools located in the most under-resourced and violent communities in a large Midwestern and Northern Californian city. Similarly, youth who received programs were drawn from similar inner-city schools within the large Midwestern city. While one service provider implemented a program in an eligible school (97% low-income, urban), the school was situated in a community which was significantly less violent and significantly more resourced compared to other communities within the same large Midwestern city.

Socio-political issues in the large Midwestern public school system the sample was primarily drawn from, exacerbated the long-standing difficulties these inner-city schools already faced. More specifically, the school system was negatively impact by teacher strikes at the start of the academic year, due to longer school days and inadequate adjustments regarding pay. Furthermore, in

efforts to reform a number of "failing" schools, the school district had been

implementing "turn-around" efforts which impacted some of the schools service

providers delivered programs in. These turn-around efforts included replacing all

existing staff (teachers) and administrators (principals). This significant impacted

the long-standing relationships service providers had within some of the included

schools in this study. Finally, the school district had announced at the start of the

academic year from which this data was collected, a massive school closure list

indicating schools possibly slated for closure at the end of the academic year.

This led to poor climate within the schools, and unwanted programs delivered by

service providers at the request of the school district. Furthermore, at the end of

the school year, the district announced closings for approximately 25% of the

schools on the closure list. Together, these issues made for unique and extreme

stressors for the schools and samples drawn within this study.

<div align="center">Research Participants</div>

The current study included 19 participants comprised of 10 service

providers and 9 youth. The 10 service providers were drawn from two university

based clinics in a large Midwestern and Northern California city, whose focus is

on community based research and clinical work in inner-city schools and one

hospital in a large Midwestern city whose focus is also on community based

clinical work in inner-city schools. The service providers included 7 men and 3

female who self-identified their race/ethnicity as Black/African American (n = 4

female; n = 1 male; 50%), Latino/a (n = 1 female-Peruvian; n = 1 male-Mexican

American; 20%), Filipino American (n = 1 female; 10%), Bi-Racial—

Filipina/White (n = 1 female; 10%) and White/European American (n = 1 male; 10%). Their experience as service providers, more generally, range from 1 year to 25 years and their experience as service providers within inner-city schools, more specifically, range from 1 to 14 years. Finally, service providers included 4 graduate students obtaining their Ph.D. in Clinical Psychology (40%), 1 Licensed Clinical Social Worker (LCSW, 10%) and 5 Doctoral Level Psychologists (50%).

The 9 youth participants were all drawn from programs delivered by service providers at the university-based clinic in the large Midwestern city. While it is unclear how the schools selected programs offered to youth, youth were selected into the program either by teacher recommendation or self-selection after classroom wide recruitment effort. The youth included 5 boys and 4 girls who self-identified their race/ethnicity as Black/African American (n = 9; 100%). Their grade levels ranged from 7th to 12th and their ages ranged from 11 to 20 years. Only 6th-12th grade youth were eligible to participate in the interview to ensure richness in data collected. The sample in the current study included six 7th graders, one 8th grader, and two 12th graders. The high school from which two of the youth participants were drawn was an alternative high school. Subsequently, the two 12th grade participants were, by definition, young adults (each 20 years old). These youth were still eligible for inclusion in this study given their status as high school students. For the sake of parsimony and continuity within this manuscript, all 9 of these participants will be referenced as "youth" but encompass both the middle school youth sample and young adult high school sample.

Procedure

Recruitment

A criterion sampling technique was used to select these two sets of individual participants. This sampling technique requires all participants meet a predetermined criterion (Patton, 2002). Because the phenomenon of interest in the present study is school-based mental health and behavioral programs in inner-city schools, only people directly involved with this phenomenon were included. More specifically, service providers who delivered such programs and youth who received such programs were included in the study.

The first line of recruitment included identifying eligible service providers. First, the current study's author identified colleagues who conduct community based research and/or clinical work within inner-city schools. A chain sampling method enabled this author to then locate additional "information-rich key informants" (Patton, 2002). More specifically, identified service providers assisted in the following ways: 1) providers advertised the study, by word of mouth and e-mail, to other eligible service providers at other institutions, and 2) providers advertised this study, by word of mouth and flyer distribution, to eligible youth who were currently, or had recently (within the past year) participated in an eligible school-based mental health and/or behavioral program.

Data Collection

Interested providers and youth were then contacted by this author who further described the research and what would be required of them. Interviews were then scheduled and completed in person. This author reviewed and obtained consent from service providers, youth, and the youths' parents. Then each

interview proceeded. The interviews with service providers took approximately 60 minutes and ranged from 45 minutes to 90 minutes. The interviews with youth took approximately 30 minutes to 45 minutes. Each interview was audio-recorded with consent from each participant. Service providers and youth each received $50 Target gift card for their participation in the study. In addition, one service provider and one youth participant received an additional $50 gift card as an appreciation for referring this author to one additional service provider and two additional youth who each completed an interview for the current study.

Data Preparation

Immediately after each interview, this author noted general themes elicited from the interview, in addition to contextual information regarding the overall tone of the interview and nonverbal behavior observed. Audio recordings were then electronically and securely uploaded to a professional transcription service who prepared transcripts of the raw data. This author verified transcripts against audio recordings to ensure accuracy before data analysis began.

<div align="center">Measures</div>

Two interview protocols were developed for this study, one for each group of participants (See Appendix A for Service Provider Demographic Questionnaire and Interview and Appendix B for Youth Demographic Questionnaire and Interview). Interview questions were developed only for the purpose of this study and were not drawn from other sources.

Demographic questionnaire

This short measure gathered demographic and other relevant information from service providers (e.g., sex, ethnicity, degree/title, types of programs delivered in inner-city schools, years delivering programs in inner-city schools) and youth (e.g., sex, age, ethnicity, free school lunch eligibility, type of program involved in currently and/or in the past).

In-depth semi-structured individual interview

All of the participants engaged in an in-depth, semi-structured individual interview. Service providers were asked about their experiences with delivering mental health and/or behavioral programs in inner-city schools. The interview elicited factors that serve as barriers and facilitators to successful program implementation, more specifically, as well as program success, more generally. Additionally, youth participants were asked about their experiences with receiving school-based mental health and behavioral programs. The interview elicited factors that relate to program engagement, fit in terms of meeting their various needs, and outcomes of participating in the program.

<div align="center">Data Analysis</div>

The current study utilized a general inductive approach for qualitative data analysis (Thomas, 2006). Inductive analysis refers to approaches that primarily use detailed readings of raw data to derive concepts and themes (and in some cases a model) through interpretations made from the raw data. This approach differs from deductive analysis which refers to analyses that set out to test whether data are consistent with prior assumptions, theories, or hypotheses identified or constructed by an investigator. While assumptions and hypotheses

regarding the lack of efficacy in school-based mental health and/or behavioral programs, as posed by researchers of specific studies included in a meta-analytic review this study builds on, helped guide the development of the current study's interview protocols, the protocols started with open-ended questions to elicit a broad range of experiences and perspective from each participant. Subsequently, this allowed for an inductive analytic approach which allowed research findings to emerge from the frequent, dominant, or significant themes inherent in the raw data, without the restraints imposed by structured methodologies.

Coding

Inductive coding began with a detailed read of the text. This researcher then identified specific segments of information (by writing on the margin of the printed transcription) that contained meaning. These meaningful units were then assigned labels to form a number of categories. Additional text segments were then added to each relevant category. This process was completed with service provider raw data, then completed separately with youth raw data. Thus, two sets of code books were created (see Appendix C for Initial Service Provider Code Book and Appendix D for Initial Youth Code Book). After completion of each initial coding book, which produced a number of categories, sub-categories, and supported text, transcripts were re-read to ensure comprehensive coding of all data within and across identified categories. A data pruning process then commenced, where categories were reviewed for a reduction in overlap and redundancy. The resulting categories, sub-categories, and supporting text was then presented in the results section of this manuscript.

Enhancing Credibility of Findings

Self-reflection

      In phenomenological research approaches, researchers are cognizant to set aside all prejudgments and bracket their experience to obtain a picture of the experiences of others. In order to suspend prejudgments and biases that may influence the data collection and/or interpretation process, as the primary researcher of this study, it is important to acknowledge how my background and experiences influenced the decision to conduct this study (e.g., Creswell, 1994).

      While I have not attended a public elementary or high school, or a school located in an impoverished urban neighborhood, over the last 8 years I have done extensive work within inner-city elementary schools providing prevention, intervention, psychotherapy, and consultation services to youth, families, and school-based staff. Furthermore, I have conducted meta-analytic research on the efficacy of school-based mental health and behavioral programs in inner-cities. These experiences, no doubt, influenced my decision to pursue this dissertation research.

      A major assumption guiding this dissertation topic, as evident by the title and first research question, is that school-based mental health and behavioral programs in inner-cities are not as efficacious as programs provided to the general population of youth. This postulation was a consequence of results obtained from the meta-analysis I conducted which found evidence for this. It is important to - note, however, that the idea to pursue the meta-analysis came from my experiences providing such programs in these contexts. I have provided different

types of school-based prevention/intervention programs across a range of formats

and with varied populations. Some of these programs were more successful in my

experience (e.g., highly structured and supervised programs, preventing

depressive symptoms among junior high youth or promoting classroom behavior

and academic engagement with third and fourth grade regular education youth)

and some were much less successful (e.g. less structured and minimally

supervised programs, addressing delinquency prevention with highly symptomatic

junior high youth and social skills and self-regulation with junior high youth who

are labeled with severe emotional and behavioral disturbances and who were

provided services in their self-contained special education classroom).

While the assumption of this dissertation is that school-based mental

health and behavioral programs are less efficacious in inner-city schools, based on

the findings of the meta-analysis and corroborated by some of my experiences,

steps were taken to ensure I am not biasing the data I obtain from participants.

More specifically, interview protocols started with neutral questions that asked

what their experience was. Then, from these experiences, specific questions were

asked to elicit more information about what made it a positive and/or negative

experience. One major goal of the study was to highlight the qualities of

successful programs and the solutions provided by participants to improve

programs overall.

Journaling

Journaling was used as a preliminary analysis tool during data collection

in order to refine the interview protocols. After each interview, summary sheets

were completed noting the themes, tone, and non-verbal behavior observed in the interview. Notes regarding flow of questions, redundancy, and unclear questions were noted and refined for future interview protocols.

Negative Case Analysis

Negative case analysis was conducted and involved searching the data for instances that go against the conclusions, thereby forcing the researcher to re-evaluate the findings and minimize overgeneralizations due to researcher biases. For example, the service providers tended to place more of an emphasis on the challenges related to working within inner-city schools. Even when they report on successful experiences within these settings, often times they would drift back to challenges. However, one participant provided a perspective that challenged this author's bias towards an overgeneralization regarding the "poor functioning of inner-city schools". This provider's experience in one school provided evidence that despite the stressors associated with under-resourced, inner-city communities, schools within these communities can have a positive climate and function well and the mental health and/or behavioral programs implemented in these settings can be successful. This specific finding is further discussed in the discussion section of the manuscript.

CHAPTER III

RESULTS

One aim of the current study was to understand service providers'

perspective in delivering mental health and/or behavioral programs in inner-city

school settings. More specifically, insights as to the barriers and facilitators of

successful programs were elicited, in addition to recommendations for ways

service providers and researchers can better develop, adapt, and/or deliver

programs within these settings. A second aim of this study was to explore youth's

experiences receiving such programs, more generally, in addition to eliciting

information regarding the knowledge they gained over the course of the program,

the impact this made in their lives, and ways the programs could be improved.

The findings related to these broad aims are presented below. First, research

questions specific to service providers' experiences are answered. Next, research

questions specific to youth's experiences are answered. Please see Appendix C

for the full service provider coding manual and Appendix D for the full youth

coding manual.

Service Provider Research Question I: What challenges do service providers

experience delivering mental health/behavioral programs in inner-city schools?

Challenges service providers identified fell under 5 broad categories (i.e.,

School-Related Challenges; Youth-Related Challenges; Parent-Related

Challenges; Provider-Related Challenges; and, Program-Related Challenges),

each of which had a number of sub-categories that further delineated specific

challenges. Each category, sub-categories, and examples within sub-categories are provided below.

School-Related Challenges

Challenges service providers faced associated with the school system included: 1) School Climate, 2) Threats of School Closures, 3) Unwanted Programs, 4) Threats to Program Fidelity, and 5) Focus on Academics/Lack of Importance Placed on Social-Emotional Learning.

More generally, the school climate, which is typically set by administrative staff (i.e., principal), impacts the day-to-day functioning, emotions, and happiness of the teachers and other staff (e.g., school counselor, office staff, security guards) within the school. This can make teacher/staff buy-in particularly difficulty.

> Depending on the climate of the school, that's usually set at the top by the principal and by the administration, there could be a very different experience in terms of how much the teachers are engaged versus how much space we get to use in the school, if we get to use a room or we have to do things on the fly. So the administration of the school I think makes a big difference as well.

Schools with a more negative climate were described as challenging to work within due to the increased level of disorganization, teacher/staff burn-out and unhappiness, and chaos within the school, more generally. One provider illustrated an example of this chaos, in a somber and bewildered tone.

> It sort of feels like people have just given up on having a school run like the way that it's supposed to run. It's just kind of like that's fine. Kids can run the halls at whatever time. Nobody really wonders where they're at, why they're there. You see kids getting smacked or something left and right and teachers cursing at children. And it's just completely—it's just something that is just like out of this world. … Trying to create structure and having boundaries was difficult to do in an environment where they don't normally have that. … At some points, we were delivering the intervention and there was like a kid behind the wall over there, like a kid playing in the cupboards. I think another one jumping on the table.

Similarly, a different service provider described disorganization at the classroom

level, painting a picture of overcrowded classrooms, constant shuffling of students

in any given year, and exhausted teachers.

> The kindergarten classroom we were in this year had one teacher and no aide. She started with 35 kids when the cap is 32. The max that it ballooned up to after the strike was probably 46. She probably had 40, close to 50 kids for several weeks while they were hiring a new teacher, then they split it into two classrooms and she was back down to maybe 28. Then it went back up to I would say probably 38 or 40 over the course of the year, split it again, and then end of the year would go at around 30. So that was just one factor that we were up against. So we had different kids all the time, she's completely overwhelmed, so as much as we try and really want the teachers to be part of the interventions—we really try to involve them in the interventions—to help them take some of the language that we use in the intervention, take some of the ideas to bridge it over to what they do and use techniques that we use, it doesn't always happen. It's just sometimes it's an uphill battle. They're just really overwhelmed and when we are in the classrooms, some of them go and start entering grades on the computer or do something else. I can't blame them sometimes, but what we want is more generalizability of the interventions to the classroom.

The strike this provider referred to impacted all of the nine large

Midwestern city-based service providers in this study and is also related to the

next school-related challenge identified by service providers: threats of school

closures and high rates of turn-around schools which created instability. One

provider described how the turnover impacted his 3-4 year relationship with the

school and youth within it and the universal prevention program he was providing

in the classrooms over each of those academic years.

> So we weren't costing them anything because we were funded by a grant, so we were really trying to sell them on this idea that, 'We know the kids. We're providing what we think is a great service. It's not going to cost you anything.' They reluctantly agreed for that first year. So we stayed through the first year of the turnaround, and the relationship was never great with the administration and with the teachers. I think they felt that it was a little intrusive. I think that they were very focused on what they were doing in their turnaround model and we were a little bit—we were just extraneous to them. … After that year they just said, 'Thanks, but no thanks,' for the next year.

Relatedly, many of the service providers interviewed in this study were part of a "coping with loss of school" classroom-based intervention that was implemented through a mandate by the school district after the city announced a massive school-closure threat affecting over 50 inner-city schools. This leads to the next challenge identified by service providers in this study, unwanted program.

> You're delivering a prevention program to an entity that doesn't want it because your prevention program is focused on something they don't want happening so it's tough. … [The] environment is filled with animosity towards your program. … There are not very many instances where the prevention or the intervention itself is unwanted, except maybe like a parent who abused their kid and in order to get their kid back is mandated by the court [to complete a program]. … [The school district] mandated the schools to do it. … So you can imagine some schools were, 'You know what … we're not going to do this' and didn't allow people to come in. Our school was more of 'We're going to let you in. We're not going to trust you and we're not going to make this easy for you. But, we'll let you in.

Providers also spoke to issues that negatively impacted the fidelity of their program, or it's ability to be delivered as it should have, due to delays in getting the program started within the schools as well as daily/weekly challenges delivering the program as it is intended.

> The group only ran for about ten weeks but it should've started a long time before that. It was really difficult getting a lot of the intakes. … Just getting the teachers to kind of be on board and follow through as much as possible to get the parent's consent. … because we really couldn't start that process until that referral form was kind of signed off on.

Providers not only described challenges related to getting the school-based program started early in the academic year, they also reported difficulties getting each session started on time due to the unpredictability in the school setting, despite the day/time of program delivery being the same each week.

> There was a problem like picking up the girls, like they wouldn't necessarily be in the same rooms all the time even though [the program] was the same time slot [each week].

Another provider spoke to the difficulty simply getting a consistent room each week to meet in, given how under-resourced the school was.

> Space has been a little bit of a limitation. [In the first year of the program], we were in a space that someone else used on a regular basis and we had to conform to what they wanted. That created some limitations on us in terms of how we use the time we had, et cetera, and how we could set the space up… That was a constraint for us. That probably placed some limitations on our delivery of the intervention, quite frankly. The more time we spent dealing with the kind of space management issue took away from what we did. … [In the second year of the program, we were in the cafeteria which] was the largest space we could have. We couldn't access the gym because another program had it. So it was too many people for a small space. The first couple of sessions were too loud for people to hear what we were trying to do in the intervention. So we made some adjustments; taking tables out was creating more space within the cafeteria. So we organized and so we are able to do a lot better, but it still wasn't ideal. There was still just too many people for the space. … It created limitations on us in terms of effectiveness. First couple of sessions we had were not very effective at all because people couldn't hear. It was just too loud and people couldn't hear so that affected how much the students were able to learn.

Even for a provider who did have a predictable and appropriate space for the program being delivered, there were still challenges related to simply getting a lengthy enough time slot to deliver the program within.

> So the intervention was designed to be at least an hour intervention, and in my experience in delivering the intervention, the more time we have the better. I've had like an hour-and-a-half to deliver the intervention [in the past]. At minimum, you need like an hour. In this context, we only had 20 minutes, and we were lucky to get 20 minutes if the students arrive on time. … So that kind of limitation made it very difficult to deliver the intervention as it was designed, and it impacted how productive we were. We accomplished some things but we didn't—nowhere near what we could've accomplished with more time.

Finally, providers spoke to social-emotional learning not being understood or valued in school settings where the focus for many administrators is education, first and foremost. This served as the last challenge identified by service providers as illustrated below.

Sometimes we get this experience where we go into the classroom, and if the kids have been 'bad' then the teachers will say, 'Well, you're not going to get to play with the doctors today.' They'll say like, 'Well, they're going to do something fun and you're not going to get to do it because you guys weren't listening today,' so sometimes we're up against that perception too, that what we're doing is just something fun.

The principal spent a few years really working in terms of building his staff in such a way that everybody on board at least on some level understood that social-emotional learning, social-emotional wellness is important and that attending to that was needed to be part of teachers' jobs as opposed to "I just want to teach," you know. And what teacher doesn't want to just teach, right? Of course. But for whatever reason, he was able to build a staff where there was enough support for promoting this part of youth.

Youth-Related Challenges

Challenges related to youth included the following six sub-categories: 1) Differences Based on Age, 2) Complex Trauma and Level of Impairment, 3) Behavioral Issues, 4) Academic Challenges, 5) Mistrust, 6) Absent Youth, and 7) Mental Health Stigma.

One of the factors that service providers identified as a challenge was related to differences based on age among the youth they deliver programs to. For example, one provider described qualities of younger kids that make it more "appealing" to target them for services in comparison to older youth. This provider described these qualities in the context of teacher support (which will be further discussed under the category of school-related challenges) given teachers often identify the youth that participate in the programs. More specifically, this provider described teacher's impressions of younger children versus older youth and ultimately their buy-in regarding the program being offered to younger youth given the likelihood they are more amenable to change.

The teachers who teach the younger grades, there is something that is more, maybe it's sort of like more universally appealing about like trying to change these younger youth, you know. First of all, like these kids are cute, it's really

clear that they're vulnerable, they're you know, we want to help them. But then as kids get bigger and some of their behavior starts to feel more threatening because they're bigger, then sometimes people turn to like, 'Oh, we got to get this kid out of my school' or 'These are bad kids, they're scary kids,' right? So I think for sure it's easier to reach and engage by and large our teachers of younger kids.

Similarly, another provider discussed younger youth as being more "open to learning" in comparison to older youth.

I think that there's a difference in terms of the younger kids. I see the younger kids more open to learning different strategies of how to cope, how to deal with their anger, how to develop friends, social skill development. As you move toward the older group, especially inner city children, there's still advances [however], [it is] almost like you have to go into more rigorous intervention and also wrapping services around them.

The provider quoted above eluded to the need for "more rigorous" interventions for older youth. The quotes below from other service providers corroborate the need for more intense services among older versus younger youth. More specifically, providers describe challenges related to needing to target younger youth with prevention programs earlier given the high rates of symptoms, disorders, and/or impairment in the older youth who need more intensive treatment interventions.

First grade, I think we were trying too low. It's hard to really get in there at first grade, to do violence prevention because you boil it down to the basic components of sharing and respect. You're getting them maybe at the prevention level but to be able to provide concrete content that is going to be helpful and translate into preventing violence. It is a little challenging that schools always want you to go at older kids [because] the older kids are already so far into a milieu of cultural violence and aggression.

They had a lot going on by the time they hit fourth grade. It wasn't really prevention. It was more like secondary prevention because we were seeing a lot from the students. … The kids' problems were fairly developed. … How do you really get at prevention when they can already pull on real life examples of which they've already witnessed violence and been involved in aggressive interactions?

You're not there to diagnose kids with attachment disorders or PTSD or MDD, but you see all of that in your work. How far do you make it be a general classroom intervention versus going and targeting specific kids?

The second sub-category of youth-related challenges, complex trauma and level of impairment, was identified by every service provider interviewed in this study. The descriptions included below describe the intense needs given their high levels of stressors related to their violent and under-resourced, urban environment.

> Just about anything that you can think of that is trauma-based, they've experienced it, either first hand or through the experience of others.

> We've worked in classrooms, kindergarten, first grade, where maybe half of the kids in the classroom were born drug-exposed. There is just a lot of unstable family environments, unstable living situations. There is a homeless shelter right across the street from the school, so at any given time maybe 10% of the students in the school are kids that are homeless and have unstable livening conditions, neighborhood violence—North Lawndale is one of the most violent, consistently violent communities in the city—so a ton of trauma.

Other service providers interviewed echoed the sentiments quoted above. One discussed "heavy group check-ins" where group members would disclose losing a family member to gang violence or a friend who "got jumped" over the weekend. Service providers reported feeling overwhelmed by the high needs of the youth they work with and feel they are inadequate in addressing their "diverse need" or complex trauma.

> Groups tend to be, or services, tend to be pretty targeted in inner-cities when there is such diverse need. There might be a group for depression or a social skills group when the kids clearly need more than that single area, so then it makes it really hard I think for the services to be effective if it's too targeted. I think the kids in inner-cities have so many stressors and so many complex responses and ways of adapting to their stressors that it can't be so narrow and trying to just address one aspect of how they're presenting is really challenging.

The third sub-category of youth-related challenges, behavioral issues, was reported by many of service providers. As described by one of the providers, these behavioral difficulties were further complicated by the group members being all female and by them having friendships outside of the program due to

knowing each other from school and their community. One provider describes

how much of their conflict outside of the program impacted their behaviors while

in the program.

> The biggest challenge was the behavioral issues. It was also a big challenge that they knew each other so a lot of that came into the room regardless of what we had set up to do. If two of them were having a fight or something like that, that always came into the room. We had like the structured curriculum to kind of do but those behavioral issues often got in the way and I think it was particularly difficult with the girls—with them being girls—because it was just like the interpersonal thing was really big. Their relationships fluctuated a lot. Two of them would be friends, the next week they would be enemies. That type of thing. So the behavioral part made it really difficult to kind of stay on plan most times.

Another provider discussed a scene in an overcrowded classroom where

behavioral issues were so difficult to manage, a request for a second provider to

help facilitate the classroom-based intervention was made.

> The kids were going crazy. The sixth graders. There were 40 of them and they were crazy. I mean crazy, I mean I had to get [the other provider] to help me. We got a special request so they would [let] both of us to do it because technically it was just supposed to be [one person, per classroom].

> The fourth sub-category of youth-related challenges related to academics.

A number of providers discussed youth in their program who had cognitive delays

and/or learning difficulties that impacted their ability to engage in activities that

required such skills.

> You give a kid an activity where they're supposed to write and they don't know how to spell, they don't know how to write, you have to spend time tailoring it. Those are kind of the barriers.

While this example illustrates how youth's academic difficulties impact activities

within sessions, one provider discussed academic-related challenges at a much

larger level.

> [Delivering mental health/behavioral program in inner-city schools] is difficult. Difficult in a sense that you want to balance like getting them the help that they need versus them missing out on like their academics, which just always seems to be like on one hand, you have a behavioral issue or whatever it may be that

> you're treating them for that is probably impacting their academics, but then you're also now pulling him out of [class and] possibly impacting their academics. … Ultimately, [the youths'] greatest issue is how they are going to overcome all these under-resourced [settings] and adversity. The only way is through education educated … and elevating themselves higher socio-economically than their parents. By implementing programs in the school, you're taking a piece of that precious time, the only time they really have to do that. The only place they're ever going to build any of those skills that they need.

The fifth sub-category of youth-related challenges is related to a mistrust of disclosure. Providers discussed delivering some sessions of their programs as particularly challenging because there was reluctant to participate and share. One provider discussed mistrust of disclosure due to youth's worries it wouldn't be confidential. Confidentiality was particularly challenging due to the majority of the youth in the program knowing each other not only from school but also from their community given many lived in the same public housing developments and were neighbors.

> Because it was a group-based program, they had to divulge a lot of personal information in a group setting. A lot of kids didn't trust it because the group was split … we had a group that was more nerdy and a group that was more of the bully, popular girls type. Some problems were arguably cooler than other kids' problems. The nerdy kids were afraid to share because they thought the other kids were going to go back and tell on them.

One other provider discussed a particular girl who was reluctant to share in group due to worries that were more culture-bound. The group this clinician delivered was to a 100% Latino/a population, many of whom were recent immigrants and/or undocumented immigrants.

> There was a girl who was just distrusting everybody because her dad was deported. It happened just when the group started. She is also un-documented.

The sixth sub-category of youth-related challenges was absent youth. A number of providers described challenges related to the changing dynamic of their group members, week-to-week. The predominant reason for absences was

suspensions. Providers who discussed this challenge reported the youth as not being truant, more generally. One provider described a girl who was absent from sessions due to a psychiatric hospitalization.

Finally, the last sub-category included mental health stigma, more generally, and diagnosing or labeling youth, more specifically. This provider spoke to this issue in the context of prevention versus intervention programs being delivered in school settings and prevention programs being more acceptable given these (at least primary prevention programs) are delivered universally to all youth, versus youth identified with a mental health diagnosis. Interventions are typically put in place now, however, given the need to bill for services (which requires the youth meet diagnostic criteria and be assigned a diagnosis).

> Prevention was more accepted by the school and the parents in order to get consent. It became more problematic when you pretty much have to do a formal assessment and they become more like a client in order to provide service. The barriers there would be in terms of the stigma that would be attached in terms of coming up with a diagnosis. That is a huge thing for the inner-city population, especially for the group that I work with who are African-American. A lot of psychoeducation would have to be provided for the parent to get them to a level of acceptance and understanding that behavioral problems sometimes mean that it's attached to something that's going on inside the child. Once that part has been met, parents become a little bit more open to the idea and actually ask for help for themselves.

Parent-Related Challenges

All of the service providers in the current study discussed challenges they faced regarding engaging parents in the programs they are providing. The challenges that providers described facing varied in three ways: 1) Lack of Parent Involvement, 2) Parent Groups not being Engaging or Culturally Relevant, and 3) Lack of Ability to Build a Parent Component to the Program.

Some of the providers in the current study talked about a lack of parent involvement in the school-based program they delivered in more general terms. For example, one provider described "no parent involvement beyond the intake." Another provider who implements a universal classroom-based prevention program in a number of classrooms within the school described ways they have tried to engage parents with limited returns.

> Over the years we've attempted different things, like connecting with parents through Report Card Pick-up … or family night … or parent café. We've given small workshops. Unfortunately it is the same group of parents. Those are already motivated parents that are there and are interested in engaging.

One provider highlighted frustration on the part of one parent due to the low number of parent attendance at a group being provided to the parents of the youth enrolled in the school-based program. The provider reported only 1 or 2 parents would attend each week and this seem to decrease the morale of those present.

> I could sense some frustration that he was the only parent that was there both times and it was just, you know, 'Only two of us again?' Yeah.

Some providers offered more contextual information regarding the challenges with engaging parents. One felt it was related to the school not finding "effective" ways of engaging parents despite the long-standing relationships parents with teachers there.

> The kindergarten teacher was there maybe 17 years. The first grade teacher was there 20 plus years. The second grade teacher was there 20 plus years. So they know several generations of kids, so sometimes they're teaching the children of kids that they taught long ago. So I think the parents were generally comfortable with the teachers and the school. … [But,] the parents didn't know how to be effectively engaged in the school, and the school wasn't maybe finding a way for the parents to be effectively engaged. Then there were some parents that went to school all the time. So sometimes there were just parents just hanging out in the lobby or in the classroom, and that's one way of being involved with the school but I don't know if it's always the most effective.

> If the PTA organization isn't particularly strong, if the parents are not particularly engaged in the school, if the school hasn't been able to for whatever reason engage those parents, it's been hard for us to do that as well.

Another provider felt as though the parents actually had a negative relationship with the school and that this prevented the parents from engaging with the providers and the programs they offered to the youth because they were identified as being part of the school.

> Often the experience is that maybe these are parents who the school has called a bazillion times to tell them that their kid is acting up, right? So they've developed this relationship with the school where they feel kind of under threat by the school on some level or like they're super criticized by the school or super judged by the school -- and I say "school" as a monolith, right, and everybody in it. And when we've been sort of over associated with the school or like when they see us as sort of a school staff, sometimes that's worked against our ability to engage with them.

> Not many programs in the present study included sessions or contact with

parents as noted above. However, for those that did, providers described challenges related to parent groups not being engaging or culturally sensitive. Some of the activities that were un-engaging were ones that felt school-like, such as paper/pencil tasks.

> They make little comments here and there like about writing, like not wanting to write.

More prominent however, were providers who described parents not being engaged because they felt a mismatch between what was being delivered to parents and what parents really wanted to do in the sessions.

> The intervention itself wasn't too engaging. I feel like sometimes parents come into these groups and want, like they just want support. … Every minute was accounted for. … These parents, if they even show up, they're going to come in and they're going to want to talk about like X, Y, and Z. … I don't understand how you can develop a program and not ask parents what they want.

> Yeah, it's just like, 'Listen, this is what I'm dealing with at home.' And so when we get to talk about you know, like, 'My girls, they just keep fighting' or 'I don't

know how to talk to my daughter about menstruation. Do you have any suggestions for that?' Then it's like they're all in and you've got a lot of good work being done.

One service provider who was involved in the "coping with loss of school" intervention, mandated by school district in response to the massive school closures, described the intervention in a way that suggested challenges due to a lack in culturally sensitive practices.

The parents were supposed to have information about what we were doing. We show up to the parent meeting. I told everybody, this is a predominantly Latino school, I guarantee you will need a Spanish speaker and you will need Spanish materials. Of course, [the school district] never provided it.

The third parent-related challenge included service providers own contribution to the scarcity of parent involvement in programs. While the parents of the included programs are highly stressed and difficult to engage more generally, providers also identified their own lack of ability to build a parent component due to their plate already being full, so-to-speak.

Occasionally we would try to meet with parents for kids that we thought maybe we could to provide a referral for more intense services, but we really struggle across the board to really engage parents. I don't know that part or that aspect of our program was as well thought out as any of the others. So it's not that we tried so hard and it didn't happen, but that we struggled with how to do that best. … I think that is probably the Achilles Heel of our grant, is that we're not really doing a lot of reaching out to parents because your hands are already full with the kids that are in the school system. I think it requires you to actually extend yourself and be in the school longer and more often.

Another provider also discussed stressors and restraints on time. However, this provider spoke to the importance of parent involvement especially for certain youth in the program and described the plan for engaging these particular parents to start, hoping it will then spark momentum for other parents to get more engaged in the program.

A big part of that too has been time on the part of the staff to really develop a means of engaging them and to get them involved. Everybody is stressed. They were doing a lot of other things, so we haven't been able to—nobody has been able to put a lot of time on it. … We've got a number of boys, in particular, who are getting deeper and deeper into gang life and we're hoping to shift their course, and in my personal opinion and experience, the parents are going to be absolutely the most important element to helping them change their course. I've had some conversations with some of the parents already and our plan is to put something in place, and helping them understand the extent to which their sons are going off into gang life. I'm hoping that is going to be motivation enough for them to come out to meet so we can put together some things so they can keep their sons off that trajectory. So I'm thinking that is going to be a good motivator for this small subset of parents. Hopefully that can build momentum, because there are other parents who children have other issues, so hopefully we can build, get them motivated and moving as a group, and then we can go from there involving the parents.

Provider-Related Challenges

Challenges related to the service providers were characterized in two ways: 1) Burn Out, and 2) Identified as Part of "The System". One provider described an extreme level of exhaustion after delivering a classroom-based intervention without support from the teacher or a co-facilitator. This provider described an overcrowded classroom scene with over 40 youth posing behavioral challenges (as quoted in the youth-related challenges section above).

I think I almost cried the first day I did it. I came home at 1:00 in the afternoon or 2:00 and I slept until the next day. I'd never been so stressed. I almost quit. I was, 'I'm going to quit this.' The only thing that kept me from quitting was like there are teachers who have to do this tomorrow. I only have to do it next week. I'm being like a little baby. Just go on and do it because it'll get better. I just did.

Other providers described challenges in which they felt they were identified as being part of 'the system' and therefore came across challenges as a result. This was most evident for the providers who delivered the school-district mandated "coping with loss of school" intervention in the schools that did not want the program given it was in response to threat of closures.

> It was almost like we were part of [school district] coming in delivering this service and so we were kind of viewed as like the other part of the process or the system that was taking their school away, and that definitely played into I think the dynamics of the program and how successful it was. Even the students saw us as kind of the other and so their engagement with the material is kind of like, 'Why are you guys doing this?'

> I started telling [the teachers], 'Hey, I'm not here as [school district staff]. I don't want [the school district] to close your school. I'm here to help you people.' … They didn't trust me.

Program-Related Challenges

The fourth category of challenges service providers identified had to do with the actual program they delivered. Program-related challenges fell under the following sub-categories: 1) Adaptation / Flexibility Needed, 2) Mismatch / Misapplied to Wrong Population/Problem, and 3) No Support / Inadequate Supervision.

A number of service providers felt that more adaptation and flexibility was needed in the program due to the high level of stressors present for the kids and the need to process immediate issues. This posed challenges due to their need to balance an unplanned process group, and their structured, skills-based program and/or curriculum.

> Sometimes the immediate needs of the classroom or the immediate needs of the kids can trump whatever we were going to do that day and we might have to change things on the fly. We've done spontaneous debriefings with some of the kids there after shootings, shootings in their own homes, things like that, so that's been a real challenge.

While it proved more challenging at times, there were also some sentiments of the youth resonated more with this style of programming.

> For example, there was this one group where two of them came in probably at some point that they had a big fight. It was like a tension in the air, and it got to the point where one of the students said, 'Can you help us fix our friendships?' Three of the girls started crying. It got really emotional so we really just did like a process conflict resolution right there in the group with their particular conflict

that they were having. … It was a pretty good group and they actually expressed liking doing group that way.

Furthermore, one of the service providers reflected on the difference between delivering a more flexible skills/process-based program with a structured, manualized intervention that was less flexible given the need to adhere to the manual for fidelity measures. In this provider's reflection, she identified that while the structured program seemed to provide much exposure to a number of different skills kids learned well, the more flexible and unstructured program, while seemingly more chaotic, seems to have made the most impact given youth actually have more practice applying the skills they are taught to immediate problems or stressors identified and observed among group members each session.

> I think with the [manualized programs] I have delivered, kids got exposure to skills but how much they actually use the skills, I'm not sure whereas in the [more flexible skills-based program], while it seemed more chaotic because there wasn't a structured manualized program, I feel the kids were able to use the skill more based on what they needed. It just felt less prescribed. … I think in the end that there was more of a change with those kids than with the kids in the more structured/manualized program.

A second theme that was identified within program-related challenges was the mismatach between what service providers felt they were delivering and the actual needs of the youth receiving the program. While several service providers spoke to this issue, one program in particular stood out as especially challenging. While three of the providers interviewed in the current study included perspectives from a number of eligible programs they delivered, they each provided shared perspectives regarding one program in particular. The service providers quoted below each delivered the school district mandated "coping with

the loss of school" program (described earlier) independently in three different inner-city schools. Each spoke about challenges related to the misapplication of an evidence-based, trauma intervention to a population with related, but different "needs" identified by the school district (i.e., school loss).

> I think there is a tremendous disconnect between the content of the intervention we're trying to provide and the children's actual experiences or the adolescents actual experiences. It's just too disconnected. It doesn't really resonate with the experience, and it's more of a top-down approach, quite frankly. Now the intervention itself is obviously well-researched and developed, but it's being misapplied. It's a stress and coping, a trauma-based and stress and coping kind of intervention, but it's just being used in a general way and not necessarily tailored and adapted to the population and what they need.

> I implemented it with third through fifth graders, General Ed[ucation] and Special Ed[ucation]. I had two Special Ed classrooms and one was marked Severe Autism and with this class, it made no sense. We couldn't do any of the activities. It didn't meet their developmental or their cognitive level at all and there was no suggestions or guidance on how to adapt this to make it relevant for those kids.

> [The intervention] was related to loss, but it was an 'adaptation'. I'll put adaptation in quotation marks because basically they cut out the word trauma from some sections and replaced it with loss. … The program [was] also delivered to [an entire] class[room] instead of a small group of students who actually needed it. … [Furthermore,] it included 8th graders who were moving on to high school anyway. … The program doesn't work because it wasn't adapted for this context.

Other providers spoke to different programs they delivered which have a strong evidence base supporting them; however, appear to be "triggering" for this population of youth.

> "[Name of Curriculum]" is very movement-based. So a lot of the activities have a lot to do with kids being able to be aware of their personal space, be aware of bodily sensations that indicate different emotions. So these particular kids though, because of the attachment stuff, because of the trauma stuff, because of the physical nature of the interventions, sometimes it just stirred them up too much. So we really—that was really a challenge too, so when we would get the kids up and moving, sometimes it can turn into—yeah, it could just spiral out of control. We had a lot of fights, we had pushing, we had boundaries issues, just a lot of hugging and touching of us, of the providers, and just kind of this—just a real—It just really stirred up a lot in them.

> [Sometimes], the thing that we're trying to build skills around is just so far outside of the reach of some of the kids in the room. So an example of this is, you know, some of the "[Name of Intervention]" stuff that we were trying to do. Like for some of our kids, you know, closing their eyes and taking a mindful breath was too triggering and so they would just start, you know, doing that thing that are telling us with their behavior, 'This is too much for me, I cannot do this.'

Finally, one service provider spoke to program-related challenges due to the lack of support/supervision provided while delivering the program.

> We just had one meeting where they went over it, the manual, lasted three hours and that was it. Then we were on our way. There wasn't much support. Every other week we were supposed to have [supervision]. We had one meeting and that's it.

Service Provider Research Question II: What factors do service providers identify that facilitate more successful program implementation/outcomes in inner-city schools?

Factors service providers identified which facilitate more successful program implementation and/or outcomes fell under 4 broad categories (i.e., Provider-Level Factors; Relationship Factors; School-Level Factors; and Funding), each of which had a number of sub-categories that further delineated specific facilitating factors within each category. Each category, sub-categories, and examples within sub-categories are provided below.

Provider-Level Factors

One set of factors that service providers in the current study identified as being facilitators of success falls under the category of provider-level factors and includes the following five sub-categories: 1) Self-Disclosure, 2) Co-Facilitation Process, 3) Adjusting Curriculum Based on Experience, 4) Adjusting Curriculum

Based on Feedback from Youth, and 5) Adjusting the Curriculum Based on Needs

of Inner-City Youth.

One of the service providers identified self-disclosure as facilitating a

successful group, given its ability to model open communication and facilitate

trust and rapport with the youth.

> I think the therapists, like us self-disclosing, was helpful. That's something we
> weren't doing at the beginning. We started doing it when we realized we weren't
> doing it. … We sort of knew that there were a lot of issues with loss in various
> ways so we brought that up. … 'We know all of you either lost a parent, don't
> have a dad, never knew their dad, their mom passed away, their grandma passed
> away. You all have something. Let's talk about it.' We all just self-disclosed
> about loss then they all did. That was the turning point.

Two service providers identified having a co-facilitator as one of the

facilitators of success. If the two are able to collaborate well together, it not only

helps in delivering the program and managing behavioral difficulties, it also

serves as a way to process what went well and what adjustments may need to be

made to the curriculum or future sessions.

> I think the co-leader relationship, if you're facilitating a curriculum, is helpful.
> You have to be able to get along with the person you're facilitating with.

> Being able to kind of talk with my co-facilitator about making adjustments that
> weren't working. So that process, just being able to talk through it, look back on
> stuff that happened, and kind of make adjustments based on what's actually
> happening as opposed to everything that's kind of in the curriculum already
> written up. I think that was probably the most helpful part because we were
> trying things but being able to acknowledge that it wasn't working and kind of
> tailor stuff a little bit more based on them.

A second way service providers were able to facilitate more successful

program implementations and/or outcomes included adjusting the curriculum

based on their experience. This was noted in the co-facilitation quote above as

adjustments were made on a weekly basis depending on what they learned from

the prior group. In addition to these session-by-session adjustments to

curriculum, another service provider, quoted below, was able to identify

improvements she made to the program she delivered the second year, based on

what was learned the first year of implementing the same program to a different

group of youth (all of whom were middle school students in a self-contained

special education classroom).

> I did the social skills group two years in a row. The first year, I think it went
> terribly. The second year, I think it went much better because of a lot of what I
> learned the first year. Some things that I learned from the first year was that I
> had my own ideas about what I thought the kids needed and I wasn't always
> right.

One way providers made their programs more successful was by adjusting

the curriculum based on feedback from the youth. As indicated in the experience

reported by the service provider quoted above, sometimes providers assume what

the kids need from them, however often times, when providers were able to obtain

feedback from the youth, they learned ways to make the programs more

successful and relevant for the youth. A number of service providers

corroborated that this tactic served to facilitate more successful sessions and the

overall program.

> Getting feedback from the girls. Eventually, we kind of just like opened it up to
> them being like, 'Okay, guys. What's working for you in this group?' Kind of
> doing a reflective like thing, 'So we've done this so far. What do you guys need
> from us? What do you guys really feel like you need to address?' So we actually
> made adjustments to some of the actual topics we were going to cover just so it
> would be stuff that was more immediate and more a priority to the actual girls to
> keep them more engaged.

The provider above simply asked the girls in the group what they wanted in the

course of one session. The provider quoted next obtained written feedback from

the youth after every session, and was therefore able to get feedback on ways to improve the program throughout the duration of the program.

> I had the kids [give feedback by asking them to], 'Write one thing you liked and one thing you would change.' That turned out to be helpful, to find out what all the kids say.

While obtaining written feedback and having a conversation with the youth proved to increase success for a couple of the providers, another provider took it a step further by engaging the youth as collaborators in the development and ongoing operations of the group. This helped increase engagement in the group given higher relevance, but it also served to activate responsibility and agency within the youth to own the group as their own, which in-and-of-itself is a successful intervention of its own.

> It was an empowering group for the boys who participated because they also had a lot of input into what we did, so they were able to shape and fashion what we did and do things that they wanted to do. I think that helped a lot. … They took ownership of [the group], so it was their group. That was a strong incentive for them, so they loved participating in group for those reasons.

In addition to service providers adjusting their curriculums based on specific feedback from the youth, service providers also discussed knowing the population they are servicing and adjusting the curriculum based on the needs of inner-city youth. For some service providers, this meant making the content of the curriculum and topics most relevant to stressors or difficulties faced by these youth.

> It's important to adapt [the program] so that it is consistent with their personal experiences. The more they can identify with the content, the better in terms of getting them engaged. When they have a harder time identifying with the content, then it's more difficult to keep them engaged and focused, and again, to really be productive in what you're trying to do. … I focus on using rap music [as an avenue to discuss relevant topics like gangs, violence, women, etc…]. So it was designed to be something they can easily identify with and engage with.

> When we go to the school, we take a curriculum as a rough guide in knowing that they're not usually normed on inner-city youth. So we take the essence in some of the activities but really apply our knowledge and experience of working with those particular mental health needs and challenges and then layer that on top of the interventions. So we're always modifying, always tweaking it. … There isn't a curriculum in the world that is ready for [School Name's] Kindergarten.

One provider was able to take it a step further by having a co-facilitator who was a case manager and paraprofessional from the community. This individual still lived in the same public housing community as the youth receiving the program and shared common life experiences with these youth. This served as a powerful engagement tool for the youth.

> I think the more that the content of what you're doing resonates with the youth in terms of their identity and their experience, then you're off to a good start. That is a very important foundation to be successful. It started with one of our staff who was from the community and still live in the community. So it was easy to bridge the identity and experience gap by him being a group leader.

Relationship-Related Factors

Relationship-related factors were universally emphasized by every service provider interviewed. Their perspectives regarding the importance of various relationships were grouped into the following five sub-categories: 1) Entry into Schools, 2) Relationship with Teachers and Buy-In, 3) Relationship with Principals, 4) Relationship with Parents, and 5) Longevity of Program.

Service providers discussed many ways to enhance one's entry into the school, more generally. One of the main things to remember, which was a sentiment shared by all providers but eloquently put by one,

> You always have to be humble because that's like walking into somebody's house. They're letting you into their house. You're a visitor there.

Every school is different so it is advised that providers enter with an openness to learn the culture of that particular school and existing resources within the school,

but also communicate in a common language so they understand that while you

are open to learning about their particular school, there is an understanding of

school systems, more generally.

> Being able to get to know the school system, get to know what's important to the school, get to know what's important to the principals, get to know what they've already done already and recognize and honor that and respect it and start to even speak their language, you know, you can start to say SST and IEP and RTI and, you know, that sort of school language, people feel like this person knows what we're up against here, what we're doing, right?

The point of entry for mental health providers in schools, particularly inner-city

schools, is often around the youth displaying externalizing type behaviors (e.g.,

aggression, defiance, hyperactivity) given they are the "squeaky wheels". One

service provider discussed using this request and identified need by teachers as a

hook to engage them, develop a relationship with them, and support them. This

can then serve as a vehicle to educate them on the needs of other, more

internalizing (e.g., depressed, anxious, traumatized) youth in the classroom who

aren't capturing their attention.

> When we think, 'how do we enter a school? how do we engage the school staff?' oftentimes it's around their externalizing kids. It's their kids that are blowing out of class, they're throwing chairs or whatever have you, getting into fights. So sometimes that is the point of entry. And when we can help to address both how do we help this kid act in a different way and how do we attend to what this kind of behavior does to teachers in terms of their own feelings of safety and all of that, that that can be really effective because we get the buy-in pretty quickly. Then we use that as sort of a leverage point to say, 'and we also have a lot of internalizing kids here who are making zero trouble for you in the classroom but who aren't learning because they're in survival brain instead of learning brain because they're dissociated or depressed.'

Service providers' relationship with teachers and teachers' buy-in are

essential to program success. The service provider above discussed one way of

building a relationship and buy-in with teachers during the point of entry in

identifying youth to provide programs to. It is important to have a strong

relationship with the teacher and buy-in from the teacher for the program you are delivering.

> The other active ingredient in that has been able to really have a good relationship with that teacher where they really feel like we can stand in their shoes and understand what they're up against and what they're coping with. Again, that just ends being like a key ingredient. … When she did not feel understood by the post doc, we had zero penetration in her class; things went backwards.

> When we had teacher buy-in, wow it made a huge difference in the classroom. When the teacher herself was like, 'Ugh, this is just one more thing on my plate,' and 'This never works,' that was kind of her feeling about it. Even though she didn't overtly say that to her kids, they could read it, you know, she wasn't engaged in the lesson. She would take that time to take care of other things, you know, grading papers or having lunch or whatever that is that she also needed to attend to, but it meant that it wasn't as successful in those classrooms in terms of the kids learning and taking up those practices. And so, teacher buy-in, teacher engagement ends up being extremely important.

> Building some of the relationships with the teachers made it much more positive because when we did run into challenges, being able to go back to those teachers and get their help was definitely a benefit.

One provider who delivered a classroom-based intervention found the teacher's presence as increasing the success of program delivery, assuming they have a positive relationship with students and control over the class.

> Teachers' physical presence in classroom helped intervention go well when they had a good relationship and handle on the class.

Below, service providers reflected on other ways to continue to build, maintain, or strengthen relationships with teachers. Much of it is helping the teacher understand how the program you are providing directly helps them too (should that be the case). An example of this is provided from a service provider who implemented a Mindfulness program in classrooms, as well as trauma-sensitive stress and coping based intervention at an individual, group, classroom, and whole school level.

A time that it went really well with the teacher was when she perceived it as being really good for her too. So we had the buy-in because she could see how it was good for her kids, but it also like helped her. … [One of the relaxation/coping exercises we implement with youth in the classroom] helped her feel better. And when she was able to viscerally experience that for herself and she was given the space to practice it and try it, then it went really well in that classroom. … I feel like that's been sort of the general theme with [Name of Program] is that when we can find the hook of like how this also benefits the teacher like really, truly viscerally benefits them, then our work at a classroom level has been much more effective and much more meaningful and much more lasting. … It's been better received when we talk about stress and trauma and trauma sensitive practices as a whole school approach where we attending to the needs and wellness of the teachers around stress and burnout and vicarious trauma as well as the kids. We are much better able to engage teachers around that because it really helps them. And in helping them, we help them help their kids.

I think the more that the teaching staff and the students feel like you're giving something to them, the more positive you are to be received.

In addition to showing how the programs you are delivering directly impact the teachers too, communicating in a way that shows your collaboration with the teachers, versus stepping in with a top-down expert approach, increased the likelihood of buy-in, generalization of skills, and overall program success.

What also helped was our ability to help our teachers understand that we want to work in partnership with them, to collaborate with them, to help build their capacity to be effective in their work and be well in their work versus that we are somehow these "experts" who are going to come in to help them and fix their them and their classroom.

Finally, as indicated in much of the challenges section in the first research question, much of the schools and teachers were under large and severe systemic stressors with the strikes and threats of school closures. During extra sensitive times like these, it is important to show additional attention to the well-being of staff.

Show a little bit of compassion for all of the personnel and staff, of what they were going through [(i.e., school closures)] because it probably did create some type of tension that had nothing to do with us but we're coming in and we had to kind of be aware of those extra structural and systemic [issues or stressors] going

on. … [we] made an intentional effort to express our sorry for what was happening rather than coming in and kind of just like ignoring it.

In addition to building and strengthening relationships with teachers, providers identified a need to also build a strong relationship with principals. Principals are the first line in gaining entry to a school, and they also help set the tone and climate for the rest of the school and subsequently teachers' well-being. It is important to understand this climate.

> Every school has their own political climate and it is important to get in with the group that has the power. The principal generally carries that and also sets the tone for everyone else in the school. If a principal is receptive … it's a go. If the principal doesn't see it or is not engaged or invested in the program going forth, it doesn't manifest in a way where it's helpful to anyone. In fact, it could be more detrimental to the staff and to the students.

> [School Name] is a pretty exceptional school, so it's been really positive just because the principal has been super supportive. … It's been harder at some of the other schools that we tried this year where we didn't have that relationship.

As reported in the challenges section of the results, engaging parents has been difficult, if even a focus or component of the program being delivered. It is powerful and increases the success of the program if one is able to reach out to parents and provide programs that help them collectively learn how to cope with stress and trauma, as indicated by the service provider below.

> The reason we were able to [teach parents about stress and trauma and ways to cope] was that the school had done a really good job of engaging their parents and it was, you know, there's what, 250 kids in the school and there were only 20 parents there, but with those 20 parents, we were able to really make an impact, right, and help them see again that school is a place where kids can learn how to do this stuff in relationship with their teachers and where parents can like maybe reinforce that at home, like all of that good stuff happened because of that PTA meeting.

Finally, the last theme related to relationships was communicated by a number of service providers, the longevity of the program. Programs that stick around, make a long-term commitment, show what they are able to give, rather

than making the schools feel as though they are just there to take (i.e., research

purposes), leads to increased success of the program, overall.

> I think the relationship is really important. I think the relationship is even more important in inner-city, really highly stressed environments than I think in any other environment. I think they have to feel like you're there because you really care and want to be there versus you're just trying to get a study done or a project done. I think that trust in having that relationship is important for those communities because I think that, with good intent, a lot of people and service providers come into communities, implement something but then leave. I think that these communities have picked up on that and noticed that and so I think it's important for them before they kind of give up themselves, I think they need to know that you're going to be there for a little bit and that it's not, 'This s what we think you need,' but more of us listening to what they need and then trying to meet those needs. I think that's huge. Relationship and really listening to their needs.

> Need to make a commitment to these communities. Can't be a 'hit it and quit it' kind of intervention.

> I think first and foremost it's been about establishing those relationships in a meaningful way. It's been about having the great good fortune of being able to have a lot of face time at these schools. I think that's like a really key component that, you know, when people are moving 100 miles an hour, it really matters to them what they actually see with their own eyes and feel with their own hearts, you know? And if we don't have face time at the schools, it's really hard for them to see all of the hard work that we may be doing behind the scenes.

It's important to have longevity within a setting not only for building trust and

communicating warmth to the school, but also because the program you are able

to deliver within the school because much better over time.

> I think programs that have their ups and downs, have a rough start but are more long-term and kind of stay with it long-term, by the end, I feel like they're having a bigger impact because the program has gone through a similar process just like what the community normally goes through and so I just think then it becomes more relevant and effective.

> I also think I had a better relationship with the school overall because it was my second year there so I was more well-known, teachers would share more with me. I think students recognized me so they were more trusting and more engaged, which also made it more successful group.

Longevity not only increases trust and support from the school and allows for

your program to strengthen over time, providers' long-term presence within a

school can also afford stability for the students within the school who are going

through transitions due to "turn-around" models, strikes, and threats of closure.

> We were in [name of school] Elementary for several years, and then it became a turnaround school. … Some of those kids we knew for three or four years. Then they go through this major turnaround where they bring in all new teachers who don't know the kids, don't know the family dynamics, don't know the neighborhood maybe as well, and a lot of the challenges that kids are facing. We were able to be a pretty consistent factor there and provide some stability through that transition. … When we struggle with evaluating how effective our interventions are, one of the things that we keep coming back to is this relationship piece and how the kids really respond to us and how much they respond to the activities that we do with them and just that it is a different kind of attention, a different kind of interaction than they get sometimes from their teachers.

School-Level Factors

Service providers identified school-level factors as the third category in

facilitating successful program implementation and outcomes. This category

includes two sub-categories: 1) Mapping onto District Level Initiatives, and 2)

Higher Functioning Schools.

One provider discussed mapping onto district level initiatives, as

improving the success of the multi-systemic program provided within and across

schools within the district.

> I think one of the things that have made [Name of Program] be able to be effective in the places where we have been able to be effective is that we've dovetailed onto [the school district's] values and goals and initiatives and, you know, their restorative practices initiative and their specialist inclusion initiative and their behavioral response intervention initiative. Those are all things that came from [the school district] -- this is what's important to us, this is what we're doing, this is what we're investing our time and money into. And so, when we've been able to do a lot of cross training around that so we understand what those initiatives are and what their goals are. And when we've been able to dovetail on that and integrate with those things, that makes a huge difference.

A couple service providers discussed the variability in functioning within inner-

city schools and reported that programs delivered within schools that are higher

functioning are more successful. Ways in which some inner-city schools are

higher functioning in comparison to others is illustrated below.

> Some of the schools in the worst areas are considered good schools and function as best they can, considering the context. I think that's the number one reason. How supportive is that environment? Not just for whatever you're trying to do but just in general for the kids' education. How many resources they have? Not just like physical, money, and that kind of capital but like how much does the neighborhood support them? How much do the political people in the neighborhood support them, the older men and things like that? I feel like the context matters, but it's not just the school.   It's a larger thing within the neighborhood and city-wide.

> We do find that the higher-functioning the school, the better it qualitatively feels that we're doing because there are just less barriers. … High functioning in terms of test scores, parent involvement, attendance, stability in the school.

> I think [school name] is a pretty exceptional school, so it's been really positive just because the principal has been super supportive. She's been really good. The teachers were all also really supportive and really trying to help us out. And then I feel, like, because just academically it's a good school and they have a lot of support systems. The kids are, like, super polite, and the parents are really nice that even in comparison to being in other schools, I can notice a difference while being at [school name] so it's been really good. … Parents are really involved and the principal is super involved. She's always there. She knows all the parents. She knows all the families as well, and a lot of the families have been there for generations. So a lot of the moms in our group, they went to school there and they had some of the same teachers that their daughters have, so they know that school so well … they have so much trust in that school because they've been there for so long.

Funding

The fourth and final factor which several service providers identified as

contributing to the success of the program(s) delivered, included funding; outside

private funders, in particular, given services provided within low-income

neighborhoods are primarily through public aid such as Medicaid/Medical which

is limited in terms of resources and places emphasis on billable hours.

> Our [outside private] funders have had the vision and foresight to understand that it's not just direct services that they should fund and it's been a partnership. It's really been a partnership in some ways between public sector funding and private sector funding; so like MediCal only reimburses the direct services and sort of patient related services and our private funders have been able to fund our time

and materials and energy to do the more indirect capacity-building services. So because of these private funders, we've had the time to spend at the school and we haven't had to fill it with direct service.

<u>Service Provider Research Question III: How much of an impact do service providers feel the programs they are delivering in inner-city school settings make?</u>

The impact of programs on youth outcomes identified by service providers fell under 3 broad categories (i.e., Areas of Impact; Hard to Say/Mixed Feelings; and Areas Programs Fell Short of Making an Impact), each of which had a number of sub-categories that further delineated specific ways the program made (or did not make) and impact. Each category, sub-categories, and examples within sub-categories are provided below.

Areas of Impact

A number of service providers felt as though the program they delivered made an impact and the ways in which they made an impact included: 1) Skills Learned, 2) Shift in Perspective 3) Environmental Change, and 4) Funding.

At the most basic level, providers discussed skills youth were able to learn during the program, and one felt that youth were able take the skills they learned and apply it to their lives.

There are some youth that learn the skills really well and apply them.

Other ways the program made an impact was through a shift in perspective the program provided youth and school staff.

So I think one of the main changes that we've seen is that we've helped teachers, administrators, support staff reframe what they're seeing so they have a different understanding of the kinds of behaviors in front of them. And when we've been able to shift the perspective where teachers instead of asking, 'What's wrong with this student?' they can ask themselves, 'What happened to this student?' when we can reframe the behavior from like this is a bad, rude student to this is a scared student, when we've been able to do that, we've really seen tremendous

change. And also, when we've been able to help them do that with themselves and with each other, 'What's wrong this teacher?' to like, 'What's happened here? What's happening here?' that has been, I think, the protoplasm of what's allowed for the rest of the change.

[I think youth begin to think,] 'Just because you live in the inner-city and you've been moved three times and gentrification is happening in your community, does not mean that you have to buy into the idea that you can't make it.' … There are some things that they can get out of it no matter what, and I think they do. I think they do, in fact, begin to feel more empowered.

One provider that was able to provide a trauma-informed, multi-systemic (i.e., youth-, classroom-, school-, and district-wide) intervention was able to speak to the environmental change the program was able to make. One way was through decreases in disciplinary referrals.

In one of our schools there was a really big decrease in disciplinary referrals to the office and a really big -- 42% decrease in its violent student incidence between the first year or maybe the year before we came and the end of the first year of implementation of [Name of Program]. Now is that all because of [Name of Program]? Probably not because this is a school where they were doing lots of other things too. But I do believe that [Name of Program] had a part in that.

Another way it was able to see an environmental impact was through the change in climate and overall well-being of teachers and school staff.

We're not just trying to only provide like isolated sort of therapy services in the school, but we're working with the rest of the environment and we've been able to develop relationships with teachers and work with them over time and we've actually been able to see improvements. You know, we've been able to see people start to get better, start to feel better, start to function better across the board.

Finally, this same program was viewed as successful and making an impact because it was able to be supported by the school district through funding. This helped the service provider feel more confident that the work they are doing is valued and does make a positive enough impact for the school district to provide funds for it to continue.

One of the ways we've been successful is that for the first time -- well, not for the first time, but like in a really significant way, the [Name of City] school district

has put school district funds towards implementing [Name of Program], $313,000 towards implementing [Name of Program] for the coming school year. And in a school district where the budget is lean that is really saying something about their sense that this is valuable, that this is useful.

Hard to Say / Mixed Feelings

Most of the service providers interviewed had a difficult time answering this question. Many felt as though it was "hard to say" or they felt mixed about the impact, in that it helped in some ways but felt like it was merely a dent. The responses were sub-categorized in the following two ways: 1) Overwhelming Systemic Issues, and 2) Yes, but…

While providers were able to recognize the impacts that the program made, for many, it was tempered by the overwhelming systemic issues that served as barriers and made it feel as though the program was not able to provide as much of an impact as it could have if these larger issues (e.g., gentrification; high parental stress and subsequent decrease in parent involvement) weren't present.

> So although I would identify [School Name] boys group as being the most successful, I think we really fell short of what potentially we could have accomplished in terms of helping the boys to change. So I think unfortunately, we were moving in this direction, but then everything changed. The school closed—no, the school didn't close, they tore down the projects [which housed the students who attended this particular school]. So [our program] ended before we really reached our full potential [given significant decrease in enrollment in the school due to families' move to other communities].

> We have some tremendous success stories, individually speaking. Not the entire group, of course, but individually speaking we had some very prominent success stories; but overall, a lot of what I've done I think has been limited because the problems that this population experiences is so overwhelming. It's like you have to have a lot of resources. … I think you have to have a multi-systemic approach. Programs that focus only on the youth and are not impacting the family system, are not going to be successful. They are not. … If you ignore the parents, if you ignore the families—I mean, and that's the source of the major stress that they are experiencing—families that are strong can withstand a lot of the problems in the community, the violence et cetera, if the family is strong and intact, but if not, they're going to fall prey to everything going on in the community and you're not going to be able to—it's just too overwhelming. With a very limited child-

focused program, it's just too limited.

Other providers described a "yes, but…" perspective where they included

ways the program made a positive impact, but still fell short of the impact they

would have liked to have seen. One example included a provider being unsure of

how well various sessions went due to the behavioral difficulties presented in

youth.

> It was really difficult to get a sense [of the impact of the program]. … There was some effectiveness. … It was just really hard to manage the kids a lot of times with those, so many days we left out of there feeling like, 'I'm not sure. I'm not sure if that was helpful or not.'

Other providers felt as though skills were learned but that these skills did not

generalize to other contexts.

> We're doing a pretty good job, or at least in session teaching them the skills. But, the limitation we have that we haven't quite overcome yet is getting them to actually use the skills we're trying to teach them. The more we can make our intervention consistent with their experiences and what they already resonate with, in terms of identity and experiences, I think they're going to be more inclined to use that skill. They have their own ways of coping that they've developed over their lifetime in the context of their families and their communities, right? And, they're automatically using them at all times. To get them to stop doing those things and use something else just takes more than what we're doing.

Generalizability of skills to contexts outside of the program was also reported by

the next provider quoted. However, this provider also had difficulty identifying if

the program made an impact or not because of the difference between results in

the quantitative and qualitative data gathered to evaluate the program.

> Program evaluation data [an outside intern completed] wasn't able to demonstrate statistically significant outcomes. But, our funders love it. They're very pleased with the data that they receive and they're very pleased with the experiences that they have going and talking with the schools that we provide the services in. … I think that the qualitative data that we get, like the response from the teachers and the teacher's own kind of non-scientific observation over the course of the year and how much they feel like the intervention's helped, they almost always have positive things to say and they almost always feel like the tools that we've given them, the classroom management stuff, the language that

we use, the rewards and that kind of stuff, they almost always say that that stuff helps them. The kids, they absolutely love it. They love us. They love when we come. They're very engaged usually very quickly, but does that translate to— what does that translate to in terms of what the goal of our program is which is to reduce violence long-term, to improve social skills, to improve conflict resolutions? So sometimes there are things about the program that make you feel good, but does that translate to outcomes in the real world? And we struggle with that, so I don't know.

Areas Programs Fell Short of Making an Impact

As reported above, service providers question if their program made an impact in terms of generalizing skills outside of the program setting. In addition, there was one provider who felt as made the program makes no impact on trauma.

I think, particularly with this population, it is not so much just getting them to understand [the skills], but getting them to continually practice them.

I don't think that based on the [universal primary prevention, classroom-based] model, it can deal with a lot of the trauma that these children are having to face from day to day, the violence that they encounter regularly.

<u>Research Question IV: What recommendations do service providers have for other providers who implement similar programs in inner-city school settings?</u>

The recommendations service providers generated for providers who implement similar programs in inner-city schools fell under 5 broad categories (i.e., Build Relationships First; Provide Psychoeducation within Schools; Ideal Provider Characteristics; Deliver Engaging and Culturally/Contextually Relevant Material; and Necessary Trainings), each of which had a number of sub-categories that further delineated specific recommendations. Each category, sub-categories, and examples within sub-categories are provided below.

Build Relationships First

Prior to delivering mental health and/or behavioral programs, the service providers in the current study recommend taking time to build relationships with the following three entities: 1) Youth, 2) School, and 3) Community.

It is important to allow sufficient amount of time to deliver programs within inner-city schools so providers can build rapport with the youth in the beginning of the program. This serves to increase their trust, group cohesion, and subsequent engagement during sessions.

> I think some of these groups with the kids that have more severe behavioral problems, it needs to be longer. It's really tough to do a short intervention. The first part of group is really just kind of getting them to trust in you and build that cohesion.

It is also recommended that a strong relationship be built with the school, given the necessary buy-in from the top (i.e., administrators) down (i.e., teachers).

> Put a lot of effort and resources into building the relationships with the teachers, the schools, the administrators, all the way up to the sort of, you know, hierarchy, all the way up the organizational chart and particularly like most crucially with the principals, if you really had to pitch, you know, like one stakeholder it's the principals that's taking the time and really putting the resources into developing those relationships to understanding what's important to them, what are the initiatives that they've already launched.

> Important to have buy-in at all administrative levels, build relationships with teachers, and observe youth and get a sense of their needs and behavioral presentation. Building this relationship and subsequent buy-in helps facilitate the intake process, which helps get groups started on time and a good assessment of who is a good fit for school. Also facilitates more generalizability if teachers buy into what you are trying to do and adopt those practices for their classroom.

Part of building the relationship with the school, is understanding their unique culture by taking the time to observe the youth, teachers, staff, and administrators to see how they relate with one another. It also includes understanding your role as a guest in their home and being mindful of not stirring up difficulties within the setting.

We always encourage our externs to visit each school. Because, I think that people don't realize that school intervention work is not the same at every school. You have varying teacher experiences, varying classrooms, varying age ranges. The more you spend time in schools and understand school culture and the politics and community engagement, the more effective you can be.

I think just being respectful of the environment incorporating the feedback and recognizing that you're in their turf. Then knowing the hot buttons and make sure you don't [push them].

Finally, one of the providers recommended community mental health

centers make a long term commitment to the community, more generally. This

encompasses the youth, the school and people in the school, and the community

from which the youth, families, and schools reside.

You need to be willing to make a commitment to these communities. That commitment needs to involve relationship-building so be prepared to build relationships with the kids, with the parents, with the community because I think that is really important for this population. Relationship-building and trust is really important. They have to be committed to taking the time to do that and experiencing some failures as you go along but recognizing that it's part of the process of building the relationship with these communities. So one has to be ready for a commitment and be prepared to make that commitment.

Provide Psychoeducation within Schools

Service providers in the current study also recommend other mental health

providers who deliver programs in inner-city schools spend time providing these

schools with information that emphasizes the importance of social-emotional

development, the role of it within school settings and the impact of stress and

trauma and how this all impacts academics.

There has to be just a change in -- or there has to be a belief that the social-emotional, to use the language of the school, is essential to the functioning of the kids. Because, you get these situations where, especially with turnaround schools, they become so hyper-focused on test scores. Some of the principals have even said things like, 'We want you to come in and do more interventions the week before ISAT testing because we need the kids to be focused. We want them to sit still so they can take the ISAT test to get higher test scores.' Now for me, that's not an honorable goal. You know what I mean? Look, I get it, but that's

not why I'm doing the program. I'm not doing the program just so that kids can get better test scores.

Engagement around the idea that social and emotional learning, social and emotional well-being, social and emotional health is the fundamental foundation upon which all of the rest of the learning can happen and without it, you do not have learning readiness.

Ideal Provider Characteristics

A third category of recommendations relates to the essential characteristics service providers who deliver mental health and/or behavioral programs in inner-city schools should possess. These qualities include the following: 1) Be Firm, 2) Create Safe Space, 3) Be Strengths-Based, 4) Be Flexible, and 5) Be Realistic

It is important to be firm and structured, as this helps provide rules, expectations, and containment for youth which subsequently curbs behavioral issues.

I feel like it requires an aggressive approach, because I think they need for the boundaries to be set, the limits to be set.

It is important for providers to create a safe emotional space so youth are able to open up and make the most use out of sessions.

Safe emotional space where youth feel like they can be vulnerable and put their thoughts/feelings out there.

It is important for providers to take a strengths-based approach when working within inner-city schools given how under-resourced these environments are and the challenges this poses.

I think you find what you look for. If you go in looking for problems, there are a lot of problems there. If you go in looking for strengths and identify which assets and resources are available inside of the schools and know how to utilize your gatekeepers and to build bridges over time, you can have significant effects.

It is important to be flexible. This not only applies to modifying the program you are delivering to fit the needs or immediate issues present for the youth, but also flexibility in terms of expectations, more generally.

> Flexibility, I mean, I can't overemphasize that, not even just in terms of how you change your intervention but what your expectations are on any given day. So some days we've gone in with a really great idea and then completely tossed it and maybe had something else happen that was really great or have another great experience. So yeah, just be flexible in terms of your expectations, losing expectations sometimes. Again, when I say that, I mean, we're very hard on ourselves, so when I say losing expectations sometimes, it doesn't mean whatever happens is fine. You know what I mean? We really are conscientious of the work that we do and we're looking for any positive outcomes, but sometimes you have to appreciate some of the small things and some of the small victories.

It is important to be realistic in your role and what you will be able to realistically accomplish with your program.

> Don't have any illusions about how much [you] can change the school or how much [you] can change the community or any of those things.

Deliver Engaging and Culturally/Contextually Relevant Material

The fourth recommendations service providers offered other service providers implementing mental health and/or behavioral programs in inner-city school settings is to deliver engaging and culturally/contextually relevant material. They identified a number of different ways this could be accomplished including the following: 1) Language, 2) Engaging Session Activities, 3) Culturally/Contextually Relevant Coping Skills, and 4) Listen to / Get Feedback from Youth

The first way providers can deliver relevant content is by being mindful of the language they use in sessions.

> I would probably say language is a big thing, just being able to speak the language that is going to be understandable and recognize when you're not and

being okay within that setting, getting feedback from the people that are actually in the group. I think, sometimes, we could kind of get caught up in talking and not picking up when someone doesn't understand what you are saying. When it's kids, they may not necessarily ask you, 'What is that?' So just being aware of language and trying to communicate in a way that is really going to come across as understandable.

> We had a teacher who said that we spoke too high for the kids. That was when we worked with a first-grade class. I was very conscious of it in the future.

A second way to make it most relevant for youth is to make the session activities engaging. Youth do not want to do activities (i.e., paper/pencil tasks) which make them feel they are in school.

> Some of the feedback we got probably about halfway through from the girls was that, 'We've just come from class. We don't want to feel like we are coming from class here.' So, in terms of doing writing exercises, they didn't want to do that kind of stuff. They wanted to do more active activities and they wanted to talk more.

It is essential to incorporate culturally/contextually relevant coping skills in the programs being delivered in inner-city schools.

> There is going to be times where you do have to defend yourself and that behavior is going to be appropriate in order for you to protect yourself. So I think we really focused on when is the most beneficial time to use some of these behaviors. So you know, I'm talking about avoidant behavior. It is not always a bad thing to be avoidant, so we spoke openly about that. Yes, sometimes it's just okay to just kind of walk away rather than take it on and be assertive. So it was more about learning when to use these behaviors so that it's going to benefit you most. … A lot of these girls were getting caught up with gang activity and getting jumped all the time. So we kind of spoke openly about that, like it's not saying that you shouldn't be defending yourself.

> [Name of major Midwestern City] has such community violence and it's affecting kids negatively. We're not truly incorporating that into our curriculum and into our work. We're hoping it'll still translate into violence prevention, but like we're not talking about gun safety. We're not screening. We're not saying, 'let's give a workshop to parents about like have you taught your kid what to do when they see a gun?' … I think the neighborhood and the environments are turning up, to use our vernacular. It's turned up in the communities, but we haven't done a whole lot to turn it up in our interventions. So kids are getting shot, but we don't necessarily deal with that.

Finally, providers recommend listening to and getting feedback from youth as an avenue to make the content of what is being delivered most relevant and useful to the youth the program is being delivered to.

> I think the biggest thing I thought was most beneficial was really getting feedback as you're doing group for what is really working.
>
> Encourage their expression … ask open ended questions … [give] the kids a chance to talk. Oftentimes, kids don't get their voices heard.
>
> Talk to the kids. … Listen to what works and what doesn't. Don't be afraid to ask about it. Constantly evaluate the work. It doesn't need to be formal. It can just be simple at the end. Like, 'Hey, what did you like about today? What did you not like about today? What would you like to see? If you could do this differently for somebody, what would you do?'

Necessary Trainings

The final set of recommendations service providers of the current study offered other service providers implementing mental health and/or behavioral programs in inner-city schools, related to training they feel providers need for this type of work. More specifically, providers recommend the following: 1) Train Community Minded Providers, Training in Complex Trauma and School Systems, and 3) Training on Building Relationships (in addition to skills).

One of the training-related recommendations offered included the need to train community minded providers who take systemic approaches to their work.

> A quick example of that is we train externs. We have eight externs that come every year plus two social work interns. They have like a student contract. In the student contract they're required to do certain things. I think probably a third of them waited until the very end of the year to fulfill their student contract roles related to going to visit schools. Like the light went off when we were having training meeting one day, that they didn't ever really buy into that if you're doing community in mental health, that the school visit actually is not a homework assignment for you. That it's actually part of engagement, service delivery and acceleration of progress for your client, that it's all connected. I think that that part is – [Name of University]'s probably a place where that is taught and developed. I think that people often approach the work maybe not having a good

foundation in what community mental health and what the role of academics and prevention work play in like mental health services.

I think it's about sort of even us as mental health practitioners like being able to step back from what traditional mental health service looks, you know, what we think that should look like which is mainly sort of more like patient-based tertiary care to understanding that our role as mental health professionals can and should include working with the care-giving system, whether that's teachers, schools, parents, police officers, you know, people, the other grownups. It takes being able to see that ourselves too as mental health professionals. And it's so easy to get sucked into the gravitational pull of your job as a psychologist is to fix this kid.

A second training need that was identified was explicit training in

complex trauma and school systems.

We're going into the schools with a lot of knowledge about complex trauma and attachment and that sort of thing; but, I think if you would go in without that or with less experience in those areas, then it could be much more challenging to do an intervention because then you're looking at it through a different lens and you're looking at it as just internalizing or externalizing behaviors, or you're looking at it as building social skills, well, building social skills for a kid that has attachment problems or has experienced complex trauma is very different than building social skills for a kid that might just be impulsive. … [Name of Program] is a very resource-intensive, you know, program if you want to call it a program because it requires employing people who are really highly trained and experienced in working around trauma in schools. But I think that it's super important to do that because when you put in people who don't have that training and experience, they're much less efficient. They might have their heart in the right place, they might even have really good instincts, but if they don't have specific explicit trauma training or specific and explicit training around how to work in a school, sometimes we end up doing harm even, right?

Finally, it was recommended training focus on relationships in addition to

the skills-based training service providers receive.

Development of clinical skills should be just as important as developing the relationship, understanding the community, building relationships with the community, with the people you are serving. I think it should be that kind of an equal focus. I think sometimes we get lost in having to have billable hours or having to meet certain requirements in order to get funding or keep funding or do things. That stuff kind of gets in the way but I think that the relationship piece is just as important as the clinical part.

Research Question V: What recommendations do service providers have for
researchers developing and/or adapting programs for use within inner-city school
settings?

The recommendations service providers generated for researchers who
develop mental health and/or behavioral programs for delivery in inner-city
schools fell under 2 broad categories (i.e., Different Kind of Research;
Development/Adaptation of Interventions, Manuals, and Sessions), each of which
had a number of sub-categories that further delineated specific recommendations.
Each category, sub-categories, and examples within sub-categories are provided
below.

Different Kind of Research

Engaging in a different type of research was the first recommendation
service providers in the current study had for researchers who develop and/or
adapt school-based mental health and/or behavioral programs for inner-city youth.
The recommended approaches fell under the following sub-categories: 1) Identify
Existing / Natural Coping Strategies, 2) Answer: How do we get them to apply
the skills they learn in the real-world?, 3) Research on What Works with Current
Programs versus Development of More Curriculums, 4) Conduct Research on
Community-Based Clinicians, not just Research Programs, 5) Get out of Ivory
Tower / Get Community Input, and 6) Mixed Method Research

One recommendation offered to researchers included identifying ways
youth are naturally coping and understanding the way these coping skills are used

in their environment. In doing so, interventions can be tailored to help transition

youth to more effective skills.

> An in-depth understanding of what the existing natural coping strategies are and how they are used by the population. … We can understand where they're at right now in terms of what their knowledge and skills are, what their strengths are, and what they already do. … Go from that knowledge base and then develop our interventions to better assist them in making the transition to whatever different, more effective skills that we want them to build.

Another recommendation is for research to answer the following question:

how do we get youth to apply the skills they learned in the real-word?

> How can we really translate the skills we're trying to deliver outside of the sessions and have the youth apply them in their everyday life in other contexts?

Furthermore, research should identify what works with current programs

versus the development of additional curriculums. New programs aren't needed,

what is needed is research on the active ingredients for the programs already

developed.

> What actually works? What are the active ingredients?

> I don't think we need more curriculums. I think we need more funding to find out what's working. … Go out there and really shake down what's working what's not working. I feel like researchers, people who develop these treatments are like, 'Let's throw everything on there.' We need to make them more efficient. We need to figure out the active ingredient. What actually works? What is necessary and what's not? It's expensive and these people don't have time. This is time intensive. You're asking people to come in an hour a week. Any medical problem that requires you to come in an hour a week, that is like a serious, severe, chronic illness. You have diabetes, you might spend an hour a week. And that's only if you're diabetes isn't controlled. It's like going to dialysis. You're going to dialysis an hour to two hours a week if you need to do that. Now we're asking individuals who are under-resourced to do the same.

Another provider identified the need to conduct research on community-

based clinicians out in the field doing the work.

> [Name of hospital] has a lot of service providers who are direct service providers out there in three different schools but then we don't necessarily have a research partner that's helping us to develop the program to one that can be demonstrated

as effective or efficacious. … We are out here doing this work. We need to know whether it's actually helping our community. If not, what we could be doing differently.

Furthermore, in addition to conducting efficacy trials on community-based clinicians work, several providers identified the need for researchers to get out of the ivory tower and get community input in the programs they develop for these schools and inner-city youth.

Go into an inner-city school and just get a sense of what it's like and then plan based on that.

I will say, if you're designing a program, you're program must reflect the experiences, the identity, and the culture of the population.

The one thing that I would say that would be very useful is to get some of the community's input on developing programs. Even in the sense of like how it is that they are delivered. Just to make sure that you have the biggest impact, right? So not necessarily like what's in them because I feel like there's a lot that research already knows about it and I'm okay with the idea that there are experts in certain things. If we have experts that are doing a lot of research on how it is that you target like depression, right? And how it is that you help kids with depression. So we know that we need to have cognitive restructuring and we need to have relaxation skills. There are things that we need to teach them. I guess it's more of like, not only like how you teach it, it's like, how are we going to make people be receptive to what it is that we're trying to teach them?

It is also recommended that researchers conduct mixed method research in order to get not only quantitative data on program efficacy, but qualitative perspectives regarding the impact of the program being provided from those that receive it.

What are the changes in the program functionally? What is the qualitative feedback? Not just mood ratings or symptom checklists. Hear their voices, get their feedback. More meaningful and informative.

Development/Adaptation of Interventions, Manuals, and Sessions

The second set of recommendations service providers in the current study identified for researchers were related to the development of interventions, manuals, and session content. These recommendations were organized across

three sub-categories: 1) Include Information on Complex Trauma and Attachment, 2) Design/Include Engaging Session Activities, 3) Develop Parent Curriculums, and 4) Develop No/Low Cost Programs.

Program manuals or curriculums should include information on complex trauma and attachment and should design sessions and activities through a trauma-sensitive lens. Some providers discussed coping skills and interventions that have a great deal of research supporting the use (e.g., mindfulness activities) but that the interventions can backfire if we are not approaching the work through a trauma sensitive lens. These activities can be triggering for youth. This information is not included in manuals, however. Furthermore, manuals or curriculums do not specifically address the stressors of inner-city communities, particularly as it relates to violence.

> I just think the neighborhood and environments are turning up, to use our vernacular. It's turned up in the communities, but we haven't done a whole lot to turn it up in our interventions. So kids are getting shot, but we don't necessarily deal with that.

Another recommendation had to do with session content. Programs need to include engaging activities. Sessions have to be fun versus feel like school.

> The activities have to be fun. They have to be fun. They cannot just simply— it's almost like you have to sneak the information in there. Yeah. You have to sneak the learning component in there. It's like you have to trick them, you know, you're learning and you don't even know. … If it starts to feel like a classroom activity, that is where I feel like you can end up losing a lot of these kids. I think a lot of the girls express wanting to come to this group because it was different from being in their class. So they don't want to have that connection because a lot of these classes are hectic for them. … So it's a release to come to groups. I think it needs to be fun. It needs to be relaxing for them.

Finally, researchers need to focus on ways to engage parents and should develop parent curriculums.

The curriculums are developed for children. They're not developed for parents. Oftentimes, that work isn't funded.

Finally, it was recommended that researchers develop low/no cost treatments.

Clinicians shouldn't have to pay for treatments/training

<u>Youth Related Research Question I: What do low-income, urban youth think</u>

<u>about the mental health/behavioral program they are receiving at school?</u>

The perspectives youth had regarding the programs they received fell under 3 broad categories (i.e., Positive Aspects; Negative Aspects; and Views Change Over Time), each of which had a number of sub-categories that further delineated specific thoughts regarding the program. Each category, sub-categories, and examples within sub-categories are provided below.

Positive Aspects

Youth in the current study were able to identify a number of positive aspects regarding the mental health and/or behavioral program they received at school. These positive aspects fell under the following sub-categories: 1) Expressing Feelings, 2) Relevant Discussions, 3) Confidentiality, 4) Getting Help, 5) Fun/Engaging activities, and 6) Group Leaders.

Youth enjoyed being able to express their feelings, more generally. They reported95ly enjoyed being able to talk about things they enjoy, talk about things going on in school, talk about their friendships and how to fix them when there are problems, talk about current thoughts/feelings or just "vent", and talk about relationships and marriage.

> Expressing what we feel, you know. That's really what I like about it because I have a lot on my chest all the time and I just need someone to talk to from time to time.

In addition to these more general expressions of feelings and conversations, some youth were able to identify particular topics discussed in the program they felt were most interesting. These included topics most relevant to

them and their inner-city environment such as gangs, violence, and ways to make

better decisions, particularly when it comes to making money and how to

"survive" in life.

> I like the topic when we talked about the gangs. I know a lot about gangs. When we used to talk about the gang topics, you know. I liked it really when he used to ask us like why we think it's like that because I got a lot of ideas on why people gang-bang, why people rob. He used to ask us why do we think people rob and sell drugs and I had a lot of ideas on that. It's not just all the time because people's broke. There's a lot of factors that go into it and I just like to talk too. So I like to come in and express my ideas.

> I can really say that I have made a lot of bad decisions. Like one time I had robbed a boy for some drugs and [group leader's name] was telling me I could have just waited, you know. I could have worked another job or anything and I didn't have to go the route I went which got me incarcerated and now, house arrest. So he's definitely showing me that I don't have to rob the boy. I should have just worked for what I wanted instead of trying to take something from somebody. Because when you take something it doesn't last long.

> I'm just kind of sick of the violence in the community too. I mean, I'm young. I'm part of the problem too you know. But, me personally, I like it because what I want to do when I get older, I want to be a rapper. But, I want to use my money to like help stop violence in the community … help homeless people off the streets, stuff like that. So I like to talk about how we can solve problems in our community because it can give me ideas for when I do get some funds to help.

Confidentiality of the program the youth were a part of what another

aspect youth identified as being positive. It wasn't just the mere fact that they

were able to express their feelings and have relevant discussions, but they

particularly enjoyed this because they know the conversations would be kept

private. Therefore, it was safe to do so.

> Like there's a lot that I have on my chest, a lot that I need to express and I want to express but I don't know who to talk to about it. That's why I want to keep it confidential. I can do that here and talk one-on-one with [group leader's name] if I need to.

> Can talk about my feelings and trust [group members and leader] to not tell anyone else

Youth felt as though the program they were a part of was helpful. Some expressed getting help with homework from their mentor, others got help with their troubled friendships, and one reported not only getting help within the program but also reported that the program leader helped him connect with an individual therapist to better address all his individual needs. A couple of the youth's perspectives are included, including one youth who reflected on how she is thankful she receives help from university-based providers and one youth who is able to get immediate help when she needs it at school due to girls group she is in with the school counselor.

> I really like the [Name of Program] because like people come out from downtown just to meet like ghetto kids like us, and that is helpful because we need somebody to like lead us to our goals and not be on the streets.

> What I like about the [Name of Program] is that my teacher [name of school counselor who delivered program], she gives us like advice. She loves us to express our feelings and it really helped me because when I'll be having a bad day at school, I'll be just like wanting to punch [the other kids], but they called [teacher's name] outside the classroom and she took me upstairs to let me relax there.

In addition to talking about feelings and having relevant discussions. Youth were able to identify a number of different engaging activities that stood out in their mind as a positive experience. These included the following: feelings charades; role plays; get-to-know-you games; activities that provide one-on-one attention with group leaders or mentor, journaling when able to share with group leader and get response back, and "attention-grabbing" activities such as news, music, and movie clips.

> [Group Leader's name] is using stuff to catch your attention and then you're able to relate to it, think about it, and talk about it. … We [watch] current rap videos [that] glorify violence in the news like drugs, prostitution, stuff like that. In the end after the video he would ask what the message behind the video is. … He asks us to talk about why we think the violence is like that in our community and

what would you do to change. … I'm just kind of sick of the violence in the community too. I mean I'm young. I'm part of the problem too you know, but me personally, I like it because what I want to do when I get older, I want to be a rapper. But I want to use my money to like help stop violence in the community like get homeless people off the streets, stuff like that. So I like to talk about how we can solve problems in our community because it give me ideas for when I do get some funds to help.

Finally, youth identified a number of qualities within the program or group leaders themselves that made group a positive experience. These qualities included the following: Listens, Cares, Great Leader, and Helps to Broaden my Horizon.

What I like about the program is that [the group leader] takes the time to listen to everybody's way of thinking and everybody's motive because everybody does have a certain way that they live and most of us don't live the same life, you know.

[Group Leader's name] definitely, you know, encouraging us to do better and telling us that we don't have to make the wrong decisions all the time.

I like how [group leader's name] encourages me to be better and do better

I feel like they are great leaders ... They motivate me a lot. So I really appreciate it.

[Group leader's name] show me that this is not the way to go and tell me like, 'you don't have to live in [name of major Midwestern city] forever just because your family is here. You can always move on, come back, and not miss nothing. It's always going to be here.'

[Group leader's name] opened my mind

Negative Aspects

When reflecting on their experiences in the mental health and/or behavioral programs they received at school, many thoughts regarding the program or experience included negative aspects. The negative aspects youth identified fell under the following four sub-categories: 1) Group Leaders / Mentors, 2) Program Delivery, 3) Program Activities, and 4) Environment.

Two youth in particular had something that upset them that related to the staff in the program. The first sentiment came from a youth who reported feeling "mad" and "angry" at times because the social-skills group leader didn't listen. The second statement came from a youth who was provided a mentor as part of a multi-systemic intervention which included a connection with a mentor and connection with a protective setting (i.e., faith based after-school program), in addition to a school-based coping skills group which mentors attended with youth.

> Group leader(s) don't listen:
> Feel mad, angry: "stop talking over us and listen to our problems."
>
> Sometimes she'd be telling me I promise I was going to take you to the movies, which she never do. … she says she be having to work.

A couple of youth discussed issues they had related to the environment in which one particular program was delivered. Due to limited space at the school (as reported in the service provider school-related challenges section of results), one particular program had to conduct their intervention in the school lunch room. A couple of youth who were a part of this program reported that it gets "chaotic" sometimes, loud, crowded in the lunchroom and at each table, and because of all this they were unable to hear the group leaders.

In addition to concerns regarding the physical environment as reported above, youth also discussed concerns regarding the other youth present in the program. More specifically, one youth complained other group members don't talk or contribute and another youth reported wanting to have a "girl's perspective on things too" given the program only had men enrolled. Finally, one youth discussed issues related to youth in the group due to a subset involved in two rival gangs. Due to this, there were some negative emotions reported regarding

attending the program as well as physical conflict that erupted one session due to the conflict with youth in the program.

Youth also reported negative views regarding the delivery format of programs they were involved in. Two youth spoke to the group format of the program and instead expressed more interest in one-on-one attention.

> If we could just talk to a leader one-by-one and then we all come together in the end and talk, I'd feel more comfortable.

> I like the (one-on-one) time with (my) mentor, but the large skills group is not fun [due to the crowded loud space issues reported above].

Furthermore, youth described issues with the length of time in the program. One felt as though there was not enough time allotted for each session.

> It's only 20 minutes every day. So I feel like we should maybe have extra 20 more minutes or something like that because every time we get to touching deeply on a topic, it's over with. It's time for us to go to lunch.

However, a youth in a different program felt as though the program ran too long. This program ran after-school instead of during school and the youth reported it would be "late by the time they got out" and felt "tired" during group due to being in school all day prior to the coping skills group.

A number of youth were able to speak to some of the specific program activities that they do not enjoy. One activity that was universally disliked by all of the youth included tasks that were reminiscent of school (e.g., worksheets "feel like homework") which they viewed as "boring". A second activity a couple youth described not enjoying included activities where feelings were discussed. One was concerned about confidentiality being broken due to all the youth knowing each other at school and also in the community / public housing complex

they lived. Another was worried she may be judged by the group leaders as

captured below.

> I thought they were going to judge me or they'd like talk about me and stuff like that. But I see that they did not hurt my feelings or judge me.

Views Change Over Time

In addition to positive aspects and negative aspects, youth spoke to views

they had regarding the program that changed over time. Sub-categories included

the following: 1) Fears of Judgment / Hard to Warm Up, and 2) Mental Health

Stigma.

As indicated by the youth above who was hesitant to express her feelings

due to being judged, this view shifted over time once she built rapport and trust

with the group leaders.

> I thought they were going to judge me or they'd like talk about me and stuff like that. But I see that they did not hurt my feelings or like judge me. … They're some really good people.

Similarly, youth who were concerned regarding confidentiality breaches felt as

though they were able to warm up and trust one another over the course of the

program.

A second shift in perspective related to initial stigma regarding mental

health services.

> At first I feel really weird about doing it because I'm like, 'They're making me see a counselor? They think I'm crazy! … The school made me talk to [Clinician's name] and join the program.

<u>Youth Related Research Question II: What do others (other youth in program, other classmates/youth not in program, family) think about the program they are receiving at school?</u>

Youths' responses regarding views other youth in their program held about the program fell under two broad categories (i.e., Negative; Positive/Engaged). The perspectives youth provided regarding what other classmates/youth not in the program held about the program, fell under three broad categories (i.e., Positive; Neutral; Negative). Finally, the perspectives youth provided regarding their family's view of the program fell under three broad categories (i.e., Positive; Neutral, and Negative/Skeptical). Each category and examples to illustrate them are provided.

Other Youth in Program - Negative

Two different youth who are in the same school-based multi-systemic intervention reported that some other youth in the program have negative feelings regarding the program. One youth reported, they "think it is boring too" in reference to a skills group which is attended by other youth and mentors. Instead, other youth enjoy one-on-one time with their mentors instead as the youth also reported of himself. In addition, a different youth who enjoyed all aspects of the program and had a strong relationship with her mentor, noted that a friend of hers "likes the program but doesn't like her mentor" because the mentor "is Indian" (the youth is African American) and she "doesn't feel comfortable" and "doesn't really get along with her."

Other Youth in Program – Positive / Engaged

While a couple of youth had negative things to say about other group members' experience in the program they received, the majority of the youth interviewed reported that others like it too. One youth illustrates, "Everyone participates and everyone speaks their mind"

Youth not in Program – Positive

The majority of the youth interviewed reported other youth not in the program as having positive views of the program, being curious and expressing interest in wanting to be a part of it too.

> They all were like, 'I want to go! I want to go! I want to go!'
>
> They kind of probably gotten really jealous. They wonder why we get to do what we do. [They say,] 'What you all doing? Why you all get to watch videos? How come you get the special attention?'
>
> They want to get into the program too ... so they can like have a mentor.
>
> Everybody wants to be a part of it
>
> They think like, 'Why are you the only one going out every time and not us?' And, they kept on asking me about stuff [about we do in the program]."

Youth not in Program – Neutral

One youth described a "surprised" reaction to other youth in the school being curious about what is happening in the school-based program, but uninterested in participating although the group is open to any student in the school.

> [They are] surprised to see that we are in there participating in [group leader's name] class because really most of the people don't know [group leader's name] and also they don't think the class would be as interesting as it was. But when they come and look through the door and they watch us, we're always having fun. We're always smiling. We're always discussing things. So I feel that they should want to come in, but I guess they just don't.

Youth not in Program – Negative

One youth described others being jealous, but in a negative and mean manner versus the jealous youth reported in the positive section above.

> Some kids [are] happy [for us], but some kids they like every time [group leader's name] come get us, they say bad things like they wish they blow up the room that we in … because some kids is jealous that we are in a program.

Family - Positive

Some of the youth in this study report parents "like" that they are in a program and are "glad" they have someone to talk to. One youth further reports her parents would want to be in the program if given the chance.

> My family they said that they're happy and they said that if they had a chance to be in the program, they will.

Furthermore, as illustrated below, one youth's family and friends were able to see the impact the program had on him.

> All my friends and family know about it and they like the fact that I'm doing something that's lighting me back up.

Family – Neutral

One youth described a guardian who showed a curious tone regarding her involvement in the program.

> My grandma asks me about like, 'Did you have fun? How did you feel?' and stuff like that.

Family – Negative / Skeptical

Finally, based on one youth's report, this youth's parent appeared to be skeptical regarding the program.

> Momma told me like, 'You can get counseled by family though.'

<u>Youth Related Research Question III: Is their family involved in the program? If so, is it helping their family? If not, would they like their parent to be involved in the program?</u>

The perspectives youth had regarding actual or desired parent involvement of the programs they received fell under 1 broad category (i.e., Parents not Involved). This broad category was further broken down into the following sub-groups: 1) Consent was Enough, 2). Want them Involved, 3) Do not want them Involved. Examples of each of these subcategories are provided next.

Parents not Involved

Despite the fact that some of the youth in the current study had parents who were involved in the program through some family events (versus parent groups or parent component), all of the youth reported parents lack of involvement. One youth felt that their guardian consenting to the program was enough involvement in and of itself.

> Well, all [my grandmother] ever did was she sent me to that group and that was good enough

Some youth reported interest in parent involvement.

> Have them come in [and] do activities. So like if we're like mad at them, to help us like cope with each other.

> It will make me feel comfortable that my parents listen to what I have to say

Other youth, however, reported not wanting their parents involved in the program due to wanting to keep details regarding their life or their feelings from their parent.

> I don't want my parents know how I live, the lifestyle and a lot of the things that I did, you know. It would really hurt my mother. So I rather keep that confidential and at school.

> We have our own feelings that mothers don't really know about.

<u>Youth Related Research Question IV: What have the youth learned in the program and what impact has this made in their lives, if any?</u>

Youth were able to identify a number of things they learned in the program and these fell under three broad categories (i.e., Coping Skills; Social Skills; Different Way of Thinking or Living), each of which had a number of sub-categories that further delineated specific things they learned in the program. Furthermore, youth were able to identify ways the program and the things they learned impacted their lives. These impact variables fell under two broad categories (i.e., Translated Outside of Group; Helped Other Areas of Life). Each category, sub-categories, and examples within sub-categories are provided below.

Learned: Coping Skills

Youth interviewed in this study were able to identify a long list of various skills they learned as a result of the program they were involved in. These skills include the following: 1) Proactive Coping, 2) Active Coping, 3) Social Support, and 4) Avoidance.

One youth was able to learn a proactive coping strategy to engage in as a prevention measure. This youth remembered a group activity where they learned to take care of their body by eating healthy and exercising regularly.

However, the majority of youth described learning active coping strategies to implement when faced with stressors. For example, one youth described

playing the guitar in response to stress. Other youth described engaging in relaxation and positive imagery either by themselves or with their parent:

> When I'm mad, I breathe in and out, breathe in and out or clench my fingers. Relaxation that me and my mom do, what my [group leader] told me about, and it helps me relax when I'm feeling embarrassed or scared. … She told me to close my eyes and then take a deep breath and count to ten and then she told me to think of my dream place where I dream to be or live when I get older.

One other youth described learning how to be assertive and ask for what they needed in the moment to help cope.

> I learned not to let my anger go sometimes, like when people make me mad at school, I just ask the teacher, 'Can I go sit somewhere else?' or 'Can I just go to [school counselor who was also group leader]?' or I just sit in the office.

> In addition to active coping strategies, one youth described social support

as an avenue to cope with difficulties.

> I feel like I learned that you don't have to feel lonely because you have your friends and your [group leader] and your teacher to help you feel safe and comfortable around your surroundings."

> Two youth described more of an avoidant strategy where they isolate

themselves from the problem without any indication of an active coping

component such as relaxation or engaging in an activity they enjoy.

> When you get mad, do whatever you can to like get away from the problem, so I like isolate myself from it.

> Go to my room

Learned: Social Skills

In addition to coping skills, some youth reported learning social skills related to communication and interpersonal relationships.

> [I learned] how to talk to people respectfully.

> [I learned] how to avoid drama.

> [I learned] not to bully or mess with other people and hurt their feelings

[I learned] to be respectful

Learned: Different Way of Thinking or Living

Finally, some of the youth described a shift in perspective on how to live

life and make better decisions.

> I have learned that, you know, by living on the streets you don't have to make the wrong choices all the time. Sometimes people steer you to make the wrong choice, but you just got to learn to live and let go. Don't let people drag you down with them. … I have made a lot of bad decisions. Like one time I had robbed a boy for some drugs and [Group leader name] had was telling me that I could have just waited, you know. I could have worked another job or anything and I didn't have to go the route I went which got me incarcerated [and] now house arrest. So he's definitely showing me that I don't have to rob the boy. I should have just worked for what I wanted instead of trying to take something from somebody. Because when you take something it doesn't last long and there's the consequences. … I thought that was my only way to get the money. … [but I'm learning] if you want something, just work for it. You don't have to take it.

> I rap about what I see, violence, drugs, but at the same time, it'll probably sound like I'm glorifying it when I'm just telling a story about my life and the lives of others around me. It's easier to rap it out like that. But I'll probably have to find a different approach. It may sound like glorifying. ... He made me really think of how I'm influence younger generation, the youths. Like I know I'll be influential, but made me think more [about] how I will use my influence.

> I [learned] that you don't have to take your anger out on everyone around you from what's happening in your household.

Impact: Translated Outside of Group

Youth were able to identify some ways the skills they learned translated

outside of the program/group setting.

> I was like starting to do everything that I said I'd do in group. Like, I was trying to reach the goals that I set. … like, being calm and starting to be respectful a lot.

> I used to always talk about people that I don't like and I don't do it anymore.

Another described symptom relief and changes in his affect and interactions with

others as a result.

> I was bottling a lot and was hurting every day. I always come to school quiet sitting alone like I was lost in the dark somewhere. … I wasn't talking to my

family. I wasn't communicating with no one. I never called my mother and told her just, 'Hello. I love you, mother.' You know stuff like that. So they brought the light back to me.

Impact: Helped Other Areas of Life

Finally, two youth described other ways their lives were positively

impacted due to support provided from the service providers of the program they

received.

[Group leader's name] even helped me with school. I remember when I first started talking to him, the school dropped me because I had missed too many days. He got me back in school, talked to the director up here. He helped me get, you know, like I said, I come from the [sub]burbs and all. I was missing so many days because I had no money to get on the bus. He helped me get them to give me bus cards. I appreciate that.

[Group Leader Name] helped my family when my brother was murdered and mother was under a lot of stress at home.

Youth Related Research Question V: Do the youth feel the program is meeting

their needs / fit their goals? If not, what changes can be made to the programs

they receive?

The perspectives youth had regarding ways the program can better meet

their needs fell under two broad categories (i.e., Things Program

Developers/Leaders can do to Improve Program; Things Group Members can do

to Improve Program), each of which had a number of sub-categories that further

delineated ways programs could be improved. Each category, sub-categories, and

examples within sub-categories are provided below.

Things Program Developers/Leaders can do to Improve Program

Youth identified several ways program developers and/or service

providers delivering the program can improve the program. These related to the

following as illustrated next: 1) Change in Program Components, 2) Change in

Specific Activities, 3) Change in Perspective of Providers, and 4) Environmental

Change.

So the first way program developers and/or service providers can improve

the programs being delivered is to include the following components: 1)

Academic Focus, 2) Work Learning Component, 3) Activism / Giving Back, and

4) More Systemic Programming. Several youth identified wanting and needing

an academic component to the program they receive at school.

> What I thought we was going to learn was like I thought they was going to help with our homework and stuff like that. … Well, something like math. I'm not really good at Math.

> Expanding my vocabulary. … I just want to learn to speak on a more business ethic, you know. I want to expand it all up.

One of the two older participants from the alternative high school reported an

interest and need in a work/learning component or vocational skills training.

> I really need a job. I'm trying to stay out of trouble. … My generation needs jobs to stay off the street because no matter what you say to anybody, if you're broke, you're not trying to quit. Trust me, I know.

Both older participants from the alternative high school reported an interest in

activism and giving back. They reported things being too deep for them and they

identified a need to reach youth younger. They felt as though they should be

trained to work with these younger youth as a prevention measure.

> Put the high school kids to teach the young kids like stuff like not to gang bang and stuff like don't do that. … People that's younger than me, you know, the teenagers just beginning to come outside and realize what's out here. I just want to let them know like it's not the way to go just because you see your older siblings doing this. It's not what you want to do. If you have motives and goals in your life, you should follow that, you know. Don't let nobody bring you down. So I would love to just go to talk to youths.

> I like how we're trying to change the community and slow down the violence, and we use the videos and stuff, that I would keep. What I would do though is

take kids like us, because my generation to me is almost it's over for us. We almost set in our ways. We're 18, 20. … Really we need to target the generation under us, 10, 11, stuff like that. So I say I would get kids first. Get them in a program like this. Do this with them for a couple of weeks and take the kids from the older program and have them partnered up with middle school kids. Do the same thing with them and have them be like a buddy. … Have the link up with us, have them link up with kids like me who been through gang bang and could tell them about getting locked up. They don't want to do it. I could take them around some people who really been through it. .. You know, that'll open up like stuff like open up their eyes. .. You know, kids that age look up to kids my age right now between the ages of 16 to 22. We set the trends, you know. We set the trends. Sixteen to 25 we set the trends for what's going on, what's cool all that. I don't think I'm lame. So I feel like I could really influence a kid you know. You can't have no lame kids trying to talk to somebody. You got to have kids just like them. So take kids like me. Put us in a program first though. Take us through the, you know, to make sure I'm right to help those kids and take them and do the same thing with them for a couple weeks. … Maybe we can see when younger kids get our age the violence decrease because of what we are doing. … Especially out here, you know, we got the highest murder rate. That got to stop. I want to bring no kid to this world worry about him done before he hit 13. I worry about me done before I make it to 25. That's just crazy.

Finally, one of the older alternative high school students also reported an interest in having the program be more systemic. More specifically, he reported an interest in teacher involvement (or other adults) in the program.

I feel like you should bring some teachers into it like you know bring some adults. … It could help us to understand things more clearly from a grown up perspective instead of from our young minds. So I feel some of those would be beneficial to the program.

Youth also identified ways service providers could modify session activities to make them more engaging. These modifications included the following: 1) Less talk about feelings, 2) more talk about angry feelings and how to express it in healthy ways, 3) Less worksheets, 4) More role-plays, and 5) Fun (i.e., field trips and games like basketball and soccer).

Two youth identified a need for changes within the service providers, more specifically, as a way to improve the program.

Stop talking over us and listen to our problems.

I don't think they got specialists and stuff talking … because they just say the obvious stuff.

By paying attention more to the students instead of their phones

Mentors need to get to coping skills group on time sometimes they don't make it at all because of traffic.

Finally, several youth identified environmental changes they feel would improve the program. Some desired longer time in the program more generally, and with the same service provider, more specifically:

I just hope we all keep doing this program. Maybe we can see probably when younger kids get our age the violence decrease because of what we're doing. That's all we would need.

I already told them about myself so I don't want to keep telling new people about myself.

Others want providers to encourage more people to come to the program:

Encourage more people to come, you know. Let them know that there's nothing really going on. We're just having a big group discussion and it's very interesting and they will really enjoy it.

Tell other kids to come.

Finally, some others identified other environmental changes that would improve the program. For example, a number of youth expressed interest in having snacks during their program. A couple also described the physical look and wanting it "pretty" with "purple paint on the walls." Others spoke to behavior management and organizational issues:

The way they organize the kids a little better … sometimes it gets wild in there.

I think that they should get something better because we are sitting in the cafeteria because [there are] many of us, the room is small, [we need a] bigger room or to be split up so not so many people.

Things Group Members can do to Improve Program

Group members were also able to identify ways they could improve the program. Examples of this included the following: participating more; encouraging others to come; getting along better with other group members. In addition to this, one youth described a way she did improve the program, which included giving the service providers advice on how to handle situations or offer advice to other group members.

> By telling them advice on what they should do better, because … they don't know what [my friends] are like, so I tell them what they should do, give them good advice. … like if [friend's name] is saying, 'I have a problem with my teacher,' I'd tell [group leader's name], 'You should tell her like how to be respectful because she might be disrespectful talking back to the teacher saying, 'I don't care, I don't care,' or just banging on the desk.' I would tell her like, "[group leader's name], this is what you should do to make this get better.' I would be like, "You should talk to her and say like you shouldn't be disrespectful. You should try to hear yourself and do more of that and keep yourself calm or you might get in trouble.' … If I didn't do that, giving the leaders advice, I think my friends, they would have come out bad.'

CHAPTER IV

DISCUSSION

The perspective of service providers and youth, regarding mental health

and/or behavioral programs delivered/received within inner-city schools, was

integrated in the discussion and organized accordingly: 1) factors that serve as

barriers to successful program implementation and/or program outcomes, 2)

factors that serve as facilitators of successful program implementation and/or

program outcomes, 3) impact of the programs, 4) recommendations/implications

for service providers who deliver programs in these settings, and 5)

recommendations/implications for researchers who develop/adapt programs for

implementation in these settings. Discussion of numbers one and two will include

reference to Durlak and DuPre's (2008) ecological implementation framework

and an adaptation of this model to fit themes of the data will follow (see Figure

2). Finally, limitations of the current study and suggestions for future research

will conclude the discussion.

<u>Factors that Serve as Barriers of Success</u>

School-Related Challenges

Service providers spoke to a number of challenges related to the general

school climate of the inner-city schools they work with in. For example, they

described scenes of overcrowded classrooms (over 40 youth), lack of teacher aids,

teacher burn out, and general disorganization and unpredictability in the school.

Overcrowding has become a huge issue within schools around the country,

especially in urban and inner city schools. Researchers from the American

Association of School Administrators discovered "in the 2010–11 school year, 57% of districts increased their class sizes, and 65% anticipate doing so in 2011–12" (Adams, 2011). This is largely due to the fact that budgets are being cut and consequently teaching positions are cut as well. Schools are hiring fewer teachers and instead placing more students in each classroom. Therefore, if there is a larger student to teacher ratio, fewer students are getting the important help they need and the teacher is put under more stress and leads to burn-out.

Research does support the link between teacher burn out and negative attitudes towards implementing a new school program (Evers, Brouwers, and Tomic, 2002). More specifically, teacher burn out includes three components that impact program implementations and sustainability: 1) emotional exhaustion which can detract from teachers' engagement in their work with students and undermine their interest in new practices, 2) depersonalization, where educators no longer have positive feelings about their students and display indifferent or even negative attitudes towards their students, and 3) sense of low personal accomplishment from the job where they do not feel they are contributing to the students' development. These burn-out factors are related to turnover intentions, absenteeism, and somatic problems among teachers (Han and Weiss, 2005).

Challenges related to school climate, more generally, and teacher burn out, more specifically, were exacerbated this past year for many of the providers due to teacher strikes, high rates of "turn-around" schools, and a major city's school district's announcement at the start of last academic year that hundreds of schools were under threat of being closed. By the close of the academic year, an

announcement was made to shut down at least 50 schools. For example, one provider discussed changes in the classroom where students were combined into a class over 40 then separated when a teacher was hired, but then combined again when there was a turnover in staff. This made it complicated to deliver a classroom based intervention because there was inconsistency in the youth present each week.

Furthermore, due to wide sweeping turn around models, one provider who had a good relationship with a school he served for approximately 4 years, was faced with all new administrators, teachers, and staff at the school. This administration was not in support of the prevention program he delivered in the classroom because it was seen as a burden or liability, so-to-speak, that threatens their ability to focus on academic achievement and "turning-around" the school. Therefore, after one year of difficulties implementing the program due to poor teacher and administrator buy-in and support, the principal "let go" of the services that were provided. This was particularly hard for the youth receiving the program because the provider provided some stability and consistency for the youth during the transition to all new teachers and staff.

Finally, the school closure threat at the start of last academic year prompted a school district to mandate a "coping with loss of school" intervention in the schools under threat. Subsequently, many of the service providers were involved in the implementation of this program. Every provider involved with this initiative spoke to significant barriers. While some will be discussed in the "program-related challenges" section, one provider was able to speak to the

"unwanted" nature of the program. The school and teachers did not want the school to close; subsequently, they did not want the program they were delivering.

In sum, information regarding school-related challenges obtained in the current study fits with Durlak and DuPre's (2008) model under factors relevant to the prevention delivery system/organizational capacity. More specifically, the issues fall within the scope of the four general organizational factors that speak to work climate, openness to change, extent to which an organization can integrate new programming, and shared vision or staff buy-in regarding the program being delivered. These fall within the core of the ecological model presented in Figure 1 and similarly fall at the core of the adapted model for the current study as shown in Figure 2.

Youth-Related Challenges

Providers discussed differences between delivering programs to younger youth versus older youth. More specifically, younger youth were described as more appealing, less threatening, and less challenging to work with and therefore more amenable to change. Older youth, on the other hand, were described as "in too deep" such that they are less amenable to change. Service providers and older youth interviewed felt as though youth need to be targeted much earlier for true prevention to occur. Needs become too overwhelming as youth get older because they get more involved in the systemic stressors inherent within their inner-city neighborhoods such as gangs and criminal activity.

Given this early exposure to traumatic and stressful events, service providers in the current study spoke to the high rates of complex trauma and

attachment difficulties the youth in their programs are affected by. This creates challenges because they do not believe the programs they deliver adequately address trauma (as will be discussed in the program-related challenges section). But, it also created challenges on a session-to-session basis because youth often discussed this trauma during group check-ins at the start of group. For example, youth would report a friend or family member getting shot and killed over the weekend. Or, providers would have to do spontaneous debriefings after traumatic incidents occurred in the community or school. These intense needs and challenges that would require flexibility and skill in processing issues spontaneously was challenging for providers and required suspending planned program activities (which subsequently can impact fidelity of the program—which will be further discussed in the "program-related challenges" section).

Furthermore, these complex and personal issues may also be why youth in the current study were asking for more one-on-one time with service providers. Service providers should have built in systems to check in on youth one-on-one when particular incidents arise or providers notice decreased engagement/participation in group. It is likely these youth are experiencing difficulties they are uncomfortable sharing within the large group setting. Based on youth perspective in the current study, they feel uncomfortable talking about certain things with everyone listening, due to their relationship with the peers in the program in the school and their neighborhoods. It may be that these youth need regular one-on-one check-ins, or alternatively, a referral for individual psychotherapy to address more intense difficulties.

In addition to this more intense trauma that can overwhelm or deter service providers, some providers also spoke to behavioral difficulties, more generally. They felt as though they lacked classroom and/or group management skills. Many of the youth corroborated this view, feeling as though sessions could get "crazy" at times. In addition, given youth know each other not only from school but also from the public housing communities they live in, they were either good friends or not so great of friends. This resulted in difficult dynamics during sessions at times. For example, in a girls group, many of the relational aggression dynamics at play outside of the group context would impact group. The girls would be in an argument during the session, and the planned activities would have to cease to address these issues.

Relatedly, providers discussed challenges related to youth being absent from sessions. Reasons for their absences was due to suspensions related to behavioral difficulties and in one case a hospitalization due to a psychiatric emergency. While one of the authors in the school-based meta-analytic review hypothesized youth truancy as negatively impacting treatment outcomes (Cho et al., 2005), all the service providers interviewed discussed truancy as not being an issue. They felt as though the youth wanted to be at school. Instead, it was the sheer number of suspensions that impacted their attendance at school. This of course not only impacts program attendance for mental health/behavioral services that work to address reasons why youth get suspended, but it also impacts their already identified academic related needs. Sadly, these youth are suspended

during times they could be receiving services that help to address these mental health difficulties.

These absences exacerbate the already high rates of academic difficulties among the youth. For example, many of the youth were not identified as special education students but had notable cognitive delays and/or learning difficulties which impacted the way they were able to participate in the program. For example, some weren't able to grasp more abstract discussions. Others had difficulty completing paper/pencil tasks. This required more one-on-one attention to particular group members which subsequently slowed the session down and impacted the fidelity of the session in terms of the content delivered.

One provider discussed academic challenges at a much larger level suggesting school-based mental health and/or behavioral programs detract from time spent in educational activities (i.e., class) and therefore exacerbate academic difficulties most of these youth have. This is something that has been a prominent focus of research within inner-city schools and one author in particular has argued against providing mental health services within schools and instead believes programs should be more academic in focus (Atkins et al., 2006).

In sum, youth related challenges does not fit within the context of the ecological implementation model when examined as a whole (Durlak and DuPre, 2008; Figure 1). This is likely due to the model's focus on factors that affect the implementation process in relation to the larger goal of program dissemination (the organization's ability to adopt, implement well, and sustain the program over time). When thinking of an adaptation of the framework to fit the aims and

results of the current study, this set of challenges can easily fit into the model by the addition of "youth characteristics" to the model in the level "provider characteristics" reside (as shown in Figure 1). Nevertheless, in fleshing out the subthemes, some of the challenges related to youth fit within the "community factors" level of the ecological implementation model. More specifically, issues related to poverty, gangs, living situation, and violence fit within this ring of the model.

Parent-Related Challenges

The next challenge identified by service provider and commented on by youth includes parent-related challenges. More specifically, service providers discussed challenges related to the lack of parent involvement in the programs they implement in school settings. Providers discuss lack of involvement beyond the initial intake process. Some feel this is due, in part, to parents' negative relationships with the school and the service providers association with the school. There is research to suggest inner-city schools in particular have a difficult time engaging parents in meaningful ways and usually only interact with them when there are issues with their child at school (McKay, Atkins, Hawkins, Brown, & Lynn, 2003).

Other service providers reported that the components that are developed for parents are not a good fit for what their needs are. There was a sentiment that parents need a process group where they can discuss issues that are a concern to them regarding their child as well as other stressors in their home and life, more generally. Instead, the meetings that they do have with the few parents that attend

are overscheduled with an agenda identified by the program developer versus the parents themselves. This subsequently leads to low engagement.

Finally, a couple providers felt as though parent engagement in these communities is hard more generally given the level of stressors inherent within this context, but that in addition to this, they have not even tried to reach out to parents given time restraints and need to focus on service delivery to youth within schools with the time they have. This can be detrimental to the work being done with youth however. More specifically, in a meta-analysis which evaluated mental health and/or behavioral programs in inner-city communities more generally (as opposed to schools), results suggested that programs that work with youth only are inefficacious. Instead, programs that worked entirely with the environment versus youth alone (e.g., family interventions or parent-only interventions) were most efficacious (Farahmand et al., 2012). The necessity to reach parents and engage them in the programs being offered youth was discussed by one service provider in the context of certain boys getting more involved in gang life. He emphasized the need for the parents to be part of the intervention if any change can occur for the trajectory these young men are on.

Unfortunately, the majority of the youth in the current study report not wanting to have their parents involved in the program they are in. The majority of them reported not wanting their parents to know what they are involved in or not feeling as though it would be useful. Only a couple felt that it would be a good idea and that they'd want them to be a part of it. Therefore, parent involvement for some youth may decrease their engagement or willingness to participate in a

program. This dynamic needs to be taken into consideration when thinking through how to best engage parents and build parent components to interventions, particularly school-based interventions in which negative association with the school impact parent's involvement.

Similar to youth-related challenges, parent-related challenges identified in the current study does not fit in Durlak and DuPre's (2008) model. However, a "parent characteristics" designation theoretically fits within the same ecological level as the "youth characteristics" category (and "provider characteristics" category which will be described next), as shown in Figure 2. Furthermore, some of the challenges discussed within this category also overlap with the program-related challenges or "characteristic of the innovation" category, given descriptions of poor compatibility between programs that are delivered to parents.

Provider-Related Challenges

Service providers were able to identify that their own burn-out serves as a challenge. For example, one was so exhausted after a single session in a classroom that he was thinking of quitting the program. This is common among health and mental health care providers. It is emotional and draining work and the systemic stressors can become so overwhelming providers too feel sense of incompetency. While work to address vicarious trauma and self-care should be promoted to maintain one's one health, this experience of burn out could and should be communicated to the school personal working on the ground in these inner-city classrooms every day of the school year. By disclosing how burned out this can make service providers, to be in the classroom just one hour, one day out

of the week, teachers will feel as though you understand and empathize with them. This could serve as a strong engagement tool.

Another barrier that was discussed by service providers was being identified as "part of the system". In the cases of the current study's service providers, they were identified by some school staff as representing the entity (school district) that was trying to shut down their school and take away their job. Other times providers can be identified as part of the "system" that takes away children from their parents. It is important to be mindful of this dynamic and work to address it as these issues come up in the work.

Finally, youth identified provider-related issues that made being part of the program a more negative experience. More specifically, some youth had the feedback that service providers need to "stop talking and listen" more. They did not feel heard by the providers and often felt talked over. In addition, one youth felt as though the service providers weren't "specialists" because they just say the "obvious" stuff. Finally, a couple youth felt as though the service providers were distracted and rude for being on their phones during sessions or arriving late to the sessions.

This category of challenges is included within the ecological model proposed by Durlak and DuPre (2008) under the heading, "provider characteristics". The current study's findings regarding provider burn-out map onto the self-efficacy factor within their ecological framework. However, the two other sub-themes which emerged in the current study (identification with the system and negative qualities within the provider) were not captured in the

ecological implementation model given their specificity. These factors are
captured within the adapted model presented in Figure 2, however.

Program-Related Challenges

Finally, service providers identified a number of challenges related to the
programs themselves as serving as a barrier to successful implementation and/or
program outcomes. Furthermore, youth identified changes in the programs that
would improve the program and best fit their needs. First, providers and youth
both felt that the programs need to be less structured and leave room for
flexibility. As discussed earlier, the youth are affected by severe episodic and
chronic stressors and traumatic events and there are times where the youth just
need to process what is going on for them in that moment. Both the youth
reported wanting more chances to do this, and providers reported needing more
flexibility in the programs they deliver to be able to do this.

Furthermore, providers felt as though programs often were not well
developed for the population it was being delivered to or, in one case, it was a
well-developed program that was misapplied to the wrong type of situation. For
example, providers discussed the mandated intervention implemented in response
to the school closures. However, providers reported frustrations due to the
misapplication of the program that was intended for trauma, but not necessarily
fitting "loss" in the context of a mandated school closure. Also it wasn't
delivered as intended. The program calls for small groups of youth with a single
trauma, typically.

Finally, some providers spoke to programs having a strong evidence-base more generally, however it being too triggering for the youth they delivered it too. They felt as though some of the activities, particularly the physical movement-based strategies or the relaxation exercises where youth were to close their eyes, were "too triggering" and that the youth told them with their behavior that it was too much for them to handle. These findings, together, speak to the importance of understanding the context from which the programs are developed and the context in which it is attempting to be implemented. These triggering or iatrogenic effects service providers report in response to certain interventions that have previously shown a strong evidence base is consistent with findings from the school-based meta-analysis which also found this to be true (Farahmand et al., 2011).

All of these program-related challenges directly map onto factors identified by Durlack and DuPre (2008) as affecting the implementation (and subsequent success) of the program (as shown in the adapted model in Figure 2). More specifically, these factors are included within the "characteristics of the innovation" category and sub-categories of compatibility and adaptability.

<div align="center">Factors that Serve as Facilitators of Success</div>

Provider-Level Factors

A key factor related to successful program implementation and/or outcomes, as reported by both service providers and youth, included making adjustments to the curriculum/program to ensure it is culturally and contextually relevant. More specifically, service providers discussed making adjustments in

the following ways: 1) based on experience, 2) based on feedback obtained from youth, and 3) based on the realities youth face in inner-city settings.

Provider discussed adjusting the curriculum based on prior experience in two different ways. The first included changing future session content or methods of implementation based on how prior sessions were received. The second included making changes to the curriculum the second time it is implemented based on how it goes the first year it is implemented.

Providers also discussed adjusting the curriculum based on the feedback from youth. It was important to some providers to ask the youth what they wanted to include in the program. One described having a conversation with the youth one session then taking that information and including their input on the activities and topics planned for the program. Another described receiving written feedback on what they liked about the session and what they would want to be different and making adjustments based on that. The third described a much more collaborative process in creating the program all together. This provider discussed promoting agency within the youth to own the program as their own and shape what is discussed and how it is discussed along the way. This served as a powerful engagement tool because youth felt a sense of ownership and pride over the program they helped to create.

Finally, providers discussed delivering the content of the material in a way that is going to most engage youth and have them identify with it personally. For example, one provider discussed the use of media and rap/music videos, news clips, and movie clips then anchoring a conversation regarding the gang issues,

violence, mistreatment of women, and so forth from the clip. This is something youth emphasized really enjoying. This was received well by them and resonated leading to a bigger impact. Another way to make it culturally and contextually relevant is by making the skills relevant to their real world. For example, anger isn't always a "bad" thing. It is adaptive and it is an emotion that is acceptable. How that anger is channeled depends on the context though. So if an aggressive response is needed to protect one's self that is adaptive. But if the anger is channeling into physical or verbal abuse or conflict without the context to support it, it is not an appropriate way to cope.

Providers also discussed self-disclosure as increasing the likelihood that youth will build trust and comfort within the group to open up and share themselves, which was identified as something that some youth had a difficult time with. Furthermore, providers identified the co-facilitation process as helping the success of group because they could model skills in session as well as discuss ways to adjust the curriculum or future sessions based on how the prior session went.

These factors directly map onto Durlak and DuPre's (2008) ecological implementation framework. More specifically, issues related to making adjustments to programs can be subsumed within the "skill proficiency" quality of "provider characteristics" as depicted in Figure 1 and Figure 2. Furthermore, these facilitators of success identified in the current study also map onto "characteristics of the innovation" given the need for programs to be

flexible/adaptable and modified to be culturally and contextually relevant to the inner-city population with which is delivered to.

Relationship-Level Factors

Easily the most prominent theme identified by all service providers as enhancing the success of program implementation and outcomes were relationship-related factors. First and foremost, longevity is important when working within any settings, but particularly for inner-city youth and school-systems, building long-term relationships is essential. Often times, these communities experience providers or researchers who come in and quickly leave after data has been collected or the grant funding has depleted. Providers spoke to the need to commit to these communities. This is not only due to their frustration with services coming and going (which is detrimental to youth who already have significant attachment-related difficulties and also exacerbates cultural mistrust of "systems") but also because longevity in a school setting and with teachers, staff, administrators, and youth within that setting will serve to increase the ease with which it is implemented and received and increase the likelihood of positive outcomes. Youth describe wanting this long term commitment as well, requesting that the programs and the service providers continue to work there with them year-after-year. By building long term relationships with the youth, teachers, staff, and administration, trust builds over time and the buy-in strengthens.

It is important to specifically build a relationship with the principal since she is the "gate-keeper" of what programs and services get put in place at the school. While it is important to provide psychoeducation on the importance of

social-emotional learning on academic achievement and competency, but it is also important to map onto the mission/values or school / district level initiatives in place and discuss ways providers can support this. That will serve to increase the principals' buy-in. This same relationship building process can then be implemented with teachers who also need to feel understood, supported, and see how the program will benefit them. Longevity in a school also helps provide avenues to best work with parents. There is more face time at the school to attend PTA meetings, meet with parents at drop off/pick up times, attend open houses and report card pick up days, etc…

While "relationships" factors were not identified in Durlak and DuPre's (2008) framework explicitly, factors identified within their model are associated with the relationship category/theme identified in the current study. More specifically, factors related to the "prevention delivery system: organizational capacity" specifically fostering a "program champion" and "managerial/supervisory/administrative support" are necessary and at the core of the ecological model. Within the current study, this included building relationships with the principals (who serve as the main program champion) whose support is needed to be able to implement programs within the school. Furthermore, factors related to the "specific practices and process" such as "shared vision", "shared decision-making", and "communication" are important elements to a successful relationship within the school setting. This subsequently impacts implementation and program outcome success.

School-Level Factors

Although the service providers interviewed were professionals or advanced graduate students that have expertise to offer the schools they work within, as one provider noted, "you always have to be humble because that's like walking into somebody's house. They are letting you into their house. You're a visitor there." Every school is different so it is important to enter with pre-conceived notions set aside and an openness to learning the culture of the particular school. In light of the challenges discussed earlier, one pre-conceived notion that should be set aside is that "every" inner-city school has poor climate, disorganization, and poor buy-in regarding the services mental health providers are able to offer.

While all of the schools included in the current study were impacted by the systemic stressors associated with under-resourced urban communities, there was one provider who included the perspective of working within a "higher functioning" school, that was arguably not impacted by the same inner-city school/neighborhood threats most notable of which includes extreme community violence. Interestingly, this school, in contrast to the other schools providers in the current study delivered programs within, was functioning at a much higher level and the provider had very little challenging experiences within this setting as a result. "High functioning schools" defined by a provider in the current study, include schools that "function as best they can, considering the context" and are "high functioning in terms of test scores, parent involvement, attendance, and stability in the school."

While much of these facilitating factors relate to the "prevention delivery system" element of the ecological implementation model, such as positive climate and leadership, they also fit into the "community factors" element of the model given its relationship to the context of the neighborhood in which it is situated. Despite being deemed as 97% low-income study population and located within a large urban Midwestern city, this school situated in a neighborhood that not consistent with the other "inner-city" neighborhoods in relation to the extreme levels of gang activity and violence. These factors likely contribute to the high functioning status of the school, in combination with the strong relationship the school principal has with the community and the strong relationship the service provider had with the school. These factors and their associated relationships are captured within both the ecological framework for effective implementation and the adapted model based on results of this study as depicted in Figure 2.

Funding

Finally, private funders were identified by two providers in particular as supporting the necessary work such as relationship building with schools, that is not "billable services" through public insurance which typically funds the services within inner-city communities. While grant funders who support working within under-resourced communities can be targeted, one of the providers has also received significant funding from the school district directly, due to the multi-system work that is being done with youth, teachers, and staff at schools, but also administrators at a district wide level. Given the relationship building piece is one of the most significant key ingredients in completing this work effectively, private

funders are needed to be able to support this work. Findings from this study and

other supportive data can be used in rationales to obtain this funding.

<div align="center">Inner-City School Program Implementation Ecological Model</div>

The various barriers to and facilitators of successful of mental health

and/or behavioral programs within inner-city schools were integrated into a model

adapted from Durlak and DuPre's (2008) framework, as depicted in Figure 2.

This model helps identify factors that impact program implementation and/or

success easily and also describes the relationships among the various factors.

Figure 2. Ecological Framework for Effective Inner-City School Mental Health and/or Behavioral
Programs Implementation and Program Outcomes
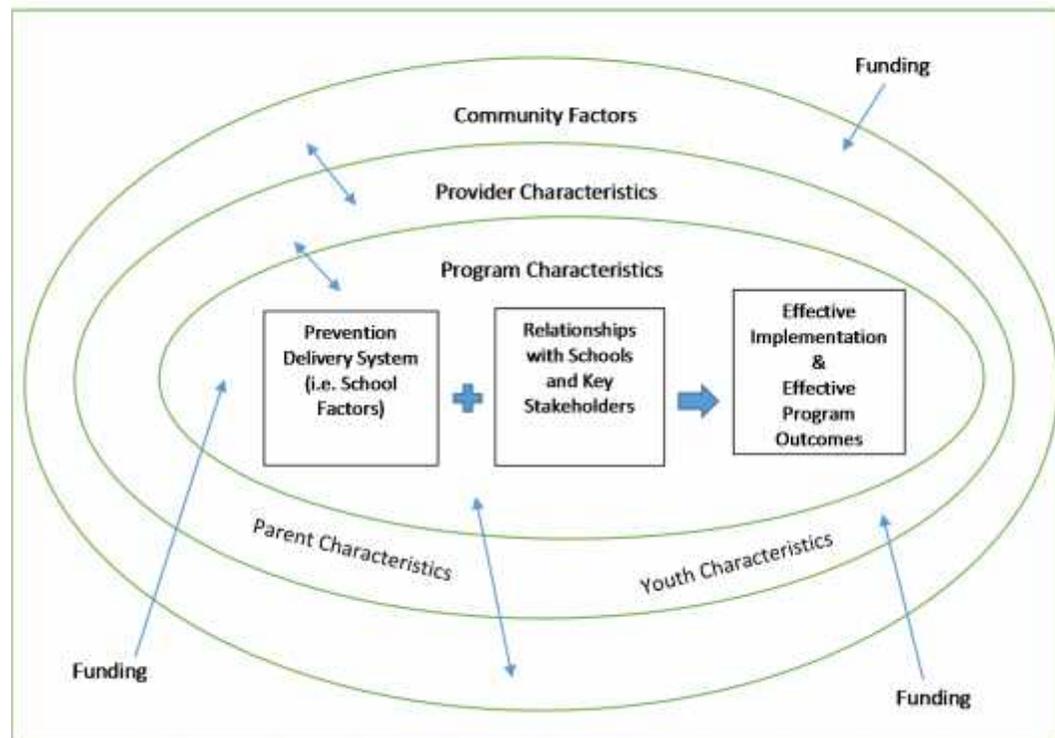
Impact of Program

More generally, all of the providers felt that youth learned some coping skills during the course of the program. In addition, many felt youth had a shift in perspective; that the program opened their eyes to different ways of living and interacting in the world. Finally, the one provider who delivered a multi-level (health promotion, prevention, treatment intervention for youth, teachers, school social workers, and district wide administrators) program discussed environmental impacts (e.g., reductions in disciplinary referrals; shift to a trauma-sensitive lens among teachers when observing behavioral or other regulation difficulties) and political impacts (i.e., funding from school district).

While these are all positive and important impacts, every single service provider tempered results by discussing ways the program fell short of the impact they hoped for or expected. This was often in reference to overwhelming systemic issues (e.g., gentrification in community; high parental stress and lack of involvement) and other difficulties such as complex trauma and difficult behavioral presentations of youth. Furthermore, several service providers spoke to their limitations in youth's generalization of skills outside of the program setting. These perspectives speak to the overwhelming needs of inner-city youth and schools and the desire to wrap around services for these youth to address the multiple, severe, and systemic stressors that interfere with stronger impact of program or program success, more generally.

Nevertheless, despite the doubtful impacts felt by service providers, youth discussed multiple ways the program impacted them. Consistent with provider report, youth reported learning various coping skills (i.e., proactive coping, active coping, social support seeking, and avoidance—when adaptive), social skills (i.e., communication and getting along with others), and critical thinking. Some felt as though the skills they learned translated outside of group and helped them (e.g., get along better with sibling).

The discrepancy between the more positive reports on impact of program from youth versus more negatively tempered reports from service providers could be due to a number of factors. One explanation for this discrepancy is that service providers are unrealistic in their expectations regarding the impact their program can make. Given the high rates of complex trauma that affects youth living within inner-city neighborhood schools, and the high rates of poverty that compromise the systems in which they interact (e.g., home, school, after-school programs), programs that target only youth may simply not be sufficient. In fact, significant amounts of research speak to the necessity of taking a systemic approach to intervention delivery for these vary reasons (e.g., Farahmand et al., 2012; Greenberg, 2001; McCart, Priester, Davies, & Azen, 2006; Rones & Hoagwood, 2000; Tobler et al., 2000).

Another explanation for the discrepancy between youth and service providers; view on the impact of the program, may be attributed to the nature in which the youth were selected into the program. More specifically, youth in the current study agreed to participate in the programs that were delivered in their

school. These are youth who identified a need or desire for mental health and/or behavioral programming, and are therefore more likely to reap benefits of such services. Furthermore, the sample included non-school based service providers (e.g., teachers, school social workers) and a portion of providers who had less amount of experience delivering programs in inner-city school settings. Therefore, this is likely novel service providers are more overwhelmed working in settings more unfamiliar to them and thus susceptible to more negative views regarding the impact their program made.

Recommendations / Implications for Service Providers

Service providers and youth were able to generate recommendations for service providers who deliver mental health and/or behavioral programs in inner city schools. Service providers and youth suggest the following:

1) Build Relationships First and Foremost: Must build relationships (long-term relationships) with the youth, school, and community (families; resources within community).

2) Provide Psychoeducation: Many schools need to be provided with information that will help them understand the importance of social-emotional development or the program you are providing as essential to youth's ability to achieve academically. In addition, it is important to provide psychoeducation around the impact of stress, trauma, and professional burnout.

3) Ideal Characteristics of Providers: a) be firm, b) create a safe space, c) be strengths based, d) be flexible, and e) be realistic

4) Deliver Engaging and Culturally/Contextually Relevant Material: a) ensure language is developmentally appropriate; b) include activities that will be fun/engaging for youth (role plays; relevant discussions, no worksheets); c) listen to the youth; get their feedback on how the program is going or what they want included in the curriculum. This increases the relevance of the program, buy-in, and impact.

5) Get Good Training: a) to be community minded clinicians, b) in complex trauma, attachment, and working within school systems, and c) in building relationships (in addition to skills).

Recommendations / Implications for Researchers / Program Developers

Service providers and youth were able to generate recommendations for researchers who develop and/or adapt mental health and/or behavioral programs in inner city schools. Service providers and youth recommend the following:

1) Engage in a Different Kind of Research

    a. Identify existing/natural coping strategies.

    b. Answer the question: How do we get them to apply skills they learn in the real world?

    c. Research what works with current programs; we don't need new ones.

  d. Conduct research on community-based clinicians who are implementing programs in inner-city schools; don't just research your own research interventions.

  e. Get out of the "Ivory Tower" and get the community's input in what you are trying to develop for them.

  f. Engage in mixed method research given quantitative data doesn't always show effectiveness but qualitative feedback from youth and school providers show impact

2) Development / Adaptation of Interventions, Manuals, and Sessions

  a. Include information in the manuals on complex trauma and attachment.

  b. Design/include engaging activities (i.e., role plays; media clips; relevant discussions; less/no worksheets).

  c. Develop parent curriculums

  d. Develop no/low-cost interventions that don't require expensive trainings to deliver.

  e. Add components the youth identified which include: a) academic support, b) work learning program, c) activism/giving back, d) more systemic programming—include more adults like teachers, but not parents.

<u>Limitations of Current Study</u>

While results of this study provide important information regarding the barriers and facilitators of successful mental health and/or behavioral programs

delivered in inner-city schools, a number of considerations regarding the current study should be noted, most significant of which includes the socio-political context of the school in the current study. More specifically, with the exception of one service provider, the sample was drawn from a major city whose public school system was implementing reform efforts which placed the inner-city schools included in this study under severe threat. Subsequently, the administrators, teachers, and students were particularly stressed due to threats of school closures. Teacher strikes led to situations in which classroom sizes ballooned way over capacity, and students were shuffled back and forth between different classrooms and teachers. This made it particularly difficult for the service providers working within these settings due to high teacher burn-out and changes within the school and classroom which compromised the implementation fidelity and overall success of the program. These similar issues occur within inner-city schools in other major cities, generalizability of findings in this study may be limited given the severity of issues facing the school district this sample was drawn from.

Another limitation included the lack of perspectives from parents within the current study. Parent perspective would have enhanced the study, particularly given one researchers' report from studies included in the meta-analysis (Farahmand et al, 2011) examining inner-city school-based programs. The second hypothesis they posed regarding the lack of efficacious findings due to a mismatch between goals/values of the program came from parent report due to their involvement in the programs delivered. While the programs reviewed in the

meta-analysis did not have many programs with parent components, those which did spoke to this issue. Originally, parents/guardians were also targeted for inclusion in the current study; however, this group of participants was not able to be incorporated in the current study due to the difficulty finding eligible programs which also offered parent components from parents could be drawn. While questions regarding program fit were obtained from the youth, the current study could have benefited from divergent perspectives from parents.

Furthermore, while efforts were made to include at least 10 youth, completing interviews with one of the recruited youth participants proved to be difficult given logistical barriers (e.g., disconnected phone number; no-show to scheduled interviews; lack of e-mail access). While qualitative research typically recommends 20 – 30 interviews to achieve category saturation (no new information / themes gathered from additional participants; Creswell, 1998), it has also been suggested that interviews with 5 – 25 individuals can capture experiences of the phenomena of interest (Polkinghorne, 1989). Based on this suggestion, the current study included a sufficient number of service providers who captured experiences of delivering mental health and/or behavioral programs in inner-city settings and a sufficient number of youth who captured experiences of receiving such programs. More importantly, information gathered from service provider interviews and youth interviews did achieve category saturation such that broad categories or themes repeated themselves with each additional interview. Nevertheless, having 10 youth would have been ideal.

The demographic characteristics of the youth included in the study were also homogenous related to race/ethnicity and community in which they live. Although the participants were drawn from four different schools, three of them were located in the same inner-city community. Furthermore, all participants identified as Black/African American. Given the history of racism and oppression, most inner-city communities include minority residents. In the city in which the youth sample was drawn, neighborhoods are particularly segregated thus leading to schools whose student population predominantly one particular race/ethnicity. In the current study each of the schools youth were drawn from were 99-100% Black/African American. The study would have benefited from efforts to include a more diverse (albeit it minority, given the nature of inner-cities) sample.

Finally, the methodology for this study would have benefited from additional procedures related to increasing reliability. While measures were taken to limit researcher bias (i.e., self-reflection; journaling; negative case analysis), the current study could have been strengthened by including two additional measures: 1) member-checking interviews, and 2) inter-rater reliability for coding. Member checking includes a follow-up interview which occurs after initial data findings are obtained. This phase allows the researcher to obtain feedback on the accuracy of the preliminary results and obtain additional and clarifying information regarding preliminary results through an additional semi-structured interview. This phase of the study was unable to be completed due to time constraints. In addition, training of an additional coder to independently

review data would have provided an inter-rater reliability statistic (e.g., Kappa) to increase accuracy of categories and subthemes derived from interviews. Despite the lack of these two additional reliability checks, data obtained in this study appears to be valid and true to the perspectives of the participants included.

<div align="center">Areas for Future Research</div>

In addition to the recommended research identified by the service providers in the current study, future research in this area would benefit from a similar qualitative study which includes the following modifications/additions: 1) perspective from parents/guardians who were part of program or are knowledgeable of the program their child received, 2) a sample size which includes higher number of participants, 3) a sample which includes youth of varying race/ethnicity, 4) youth located within a more diverse sample of inner-city communities, particularly those with school systems not undergoing massive transformation efforts, 5) a sample of service providers who are based from within the school (e.g., school social worker, teachers, etc…) and outside of the school as in the current study. In addition, this study should be expanded to youth, parents/guardians, and service providers who delivery programs in more resourced schools and communities with youth of varying socio-economic status and race/ethnicity, and who are located outside of inner-city contexts (both urban and suburban) and who attend various types of school settings (e.g., public, charter, private). In doing so, one could provide direct comparisons based on each of these differing contexts. This is especially important given the meta-analytic research reviewed in this study (Farahmand et al., 2011) which indicated

school-based mental health and/or behavioral programs range from programs that have a very small effect to iatrogenic effects, in comparison to more successful programs provided to diverse populations of youth (mixed income, diverse race/ethnicity, more resourced communities).

CHAPTER V

SUMMARY

The goal of this study was to identify the barriers and facilitators of successful mental health and/or behavioral programs implemented within inner-city schools. The impetus for this study came from prior meta-analytic research which demonstrated disparities between the efficacy of programs delivered within inner-city communities, more generally (Farahmand et. al., 2012), and inner-city schools, more specifically (Farahmand et. al., 2011). More specifically, programs which were being delivered within inner-city communities, but outside of the school setting (e.g., homes, community centers), had modest effect sizes that are comparable to programs offered in more resourced communities. However, programs being offered within inner-city schools, as a whole, showed very low effect sizes, with many of the programs offered to youth within these settings showing iatrogenic effects.

While youth within inner-cities are at heightened risk for psychological problems due to their exposure to and experience of stressful and traumatic events, they are least likely to receive mental health services. Supports youth do receive occur primarily through the school setting, therefore it is imperative that the supports youth are provided within these inner-city school settings are efficacious and at the very least, don't cause harm. The current study's aim was to explore the perspectives of service providers who implement mental health and/or behavioral programs in inner-city school settings, and the perspectives of youth who receive such programs with the larger aim of then using the

information to better inform the development, adaptation, and implementation of programs within these settings.

The use of qualitative methods, specifically a phenomenological approach, provided an in-depth understanding of 1) service providers' experience(s) delivering mental health and/or behavioral programs in inner-city schools; and, 2) low-income, urban youths' experience(s) with receiving school-based mental health and/or behavioral programs.

The current study's research findings, which provide perspectives from both service providers and youth, was integrated and discussed in the context of: 1) factors that serve as barriers to successful program implementation and/or program outcomes, 2) factors that serve as facilitators of successful program implementation and/or program outcomes, 3) impact of the program, 4) recommendations/implications for service providers who deliver programs in these settings, and 5) recommendations/implications for researchers who develop/adapt programs for implementation in these settings. Limitations of the current study and areas for future research were also discussed.

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Appendix A: Demographic Questionnaire & Interview Guide: Service Providers

Participant ID #_____

Service Provider Demographic Questionnaire

Sex:

Race/Ethnicity:

How long have you been a school-based staff or service provider?

How long have you delivered mental health/behavioral programs in an inner-city school?

Approximately how many mental health/behavioral programs have you delivered (or how often do you deliver programs)?

What types/kinds of program have you delivered? Which schools? *Names of schools will not be included in research; however, an understanding of the school profile / context is important to gather.*

What types of populations have you delivered programs to (e.g., universal, targeted, internalizing, externalizing, elementary, high school)

Service Provider Semi-Structured Interview

Participant ID#_____

1) What is/has been your experience(s) delivering programs in inner-city school settings? *(encourage a range of both positive and negative experiences)*
    a. Have these experiences differed based on the type of program you are delivering (e.g., internalizing versus externalizing; prevention versus intervention)?
    b. Have these experiences differed based on the type of population you are delivering the program to (e.g., younger versus older, ethnic groups)?
    c. Have these experiences differed based on any other factors (e.g., support from the school)?

2) Describe a program you implemented that was not very successful. What made it unsuccessful?

3) What is/were some specific challenges you face(d) delivering programs?

    a. What is/were some challenges related to implementing the program in inner-city school contexts?
        i. What challenges relate(d) to the setting you are delivering the program in?
        ii. What challenges relate(d) to the population you are delivering the program to?
            1. What are some challenges you face with youth you deliver programs to?
            2. What are some challenges you face with parents you deliver programs to?

4) Describe a program you implemented that went particularly well. What made it go so well?

5) What makes/made delivering programs within inner-city schools a positive experience?

    a. What are some ways service providers can prevent or address issues related to implementing programs in inner-city school settings?

      b. What are some ways service providers can make programs most relevant to the population (low-income, urban, minority) receiving the program?

          i. What are some specific ways it can be a positive experience for youth?

          ii. What are some specific ways it can be a positive experience for families?

6) Overall, how much of an impact do you feel the programs you delivered to youth and their families make?

      a. Are programs working?

          i. If so, what is it helping with? What changes do you see?

          ii. If not, what is it not helping to address? Do conditions get worse or just not improve?

7) What recommendations can you make to other service providers who implement programs in inner-city schools?

8) What recommendations can you make to researchers who design programs that are being implemented in inner-city schools?

9) What would best support you in current and future program implementations?

10) Is there anything else you would like to say about delivering programs in inner-city schools for low-income urban youth and families?

Notes:

Nonverbal behavior

Overall tone of the interview

General themes

Appendix B: Demographic Questionnaire & Interview Protocol: Youth

Participant ID# _____

Youth Demographic Questionnaire

Gender:

Race/Ethnicity:

Age:

Family Income / Free/Reduced School Lunch Eligibility:

What program are/were you in?

How long have you been in this program (or how long ago were you in the program)? How old are/were you while in the program?

What types of different programs have you been in like this?

Youth Semi-Structured Interview

Participant ID#_____

1) Tell me about {name of school-based program}? *(encourage a range of both positive and negative experiences)*

2) What do you like about the program?

3) Tell me about some of your favorite activities you do in the program.

4) Tell me about some of the things you have learned.

5) What makes the program you are in fun?

6) In what ways is the program helping you?

7) What do you think about person(s) who give the program to you?

8) What do you not like about the program?

9) Tell me about some of the activities you do not like doing in the program.

10) Are there things you wish you were learning that you haven't?

11) If you could change anything about the program, what would you change?

12) What do the other kids in the program think about it?

13) What do your friends not in the program think about the program?

14) What does your family think about the program? Does your family get the program too?

15) Do you wish you were in a different program? What kind of program?

16) How can <u>you</u> make the program you are in better?

17) How can your <u>parents</u> make the program you are in better?

18) How can {name of facilitator} make the program better?

19) If you could design your own program, what would it look like?

20) Is there anything else you want to say about the program you are in or would like to be in?

Notes:

Nonverbal behavior

Overall tone of the interview

General themes

Appendix C: Initial Coding Book: Service Provider Interviews

Research Question I: What challenges do service providers experience delivering mental health/behavioral programs in inner-city schools?

- Youth-Related Challenges
    - Behavioral Issues
        - Schools usually identify kids due to this need, so programs in schools primarily focused on behavioral problems for externalizing youth.
        - Fighting/arguments among group members/friends
            - (complicating factor) Relationships Outside of Program
            - (complicating factor) All Boys Group – Lots of teasing/acting out—unsafe environment
            - (complicating factor) All Girls Group—Relationship problems
            - "The biggest challenge was the behavioral issues. It was also a big challenge that they knew each other so a lot of that came into the room regardless of what we had set up to do. If two of them were having a fight or something like that, that always came into the room. We had like the structured curriculum to kind of do but those behavioral issues often got in the way and I think it was particularly difficult with the girls—with them being girls—because it was just like the interpersonal thing was really big. Their relationships fluctuated a lot. Two of them would be friends, the next week they would be enemies. That type of thing. So the behavioral part made it really difficult to kind of stay on plan most times."
    - Race Issues
        - "We behave this way because we're black."
        - In a group that was more multi-cultural, race dynamics were at play. "I don't like Mexicans" Different type of stressors (one came from a higher SES background but currently low SES like rest of group members).
    - Absent Youth
        - Due to suspensions. Always at least 1 kid missing from group. Youth aren't truant, usually absent because of suspension.
        - Clinical concerns (girl hospitalized) so missed sessions.
    - Developmental Differences

- Differences based on Age
  - "I see the younger kids more open to learning different strategies of how to cope, how to deal with their anger, how to develop friends, social skill development. As you move toward the older group, especially inner-city children, there is still adnces, almost like you have to go into more rigorous intervention and also wrapping services around them. … Just about anything that you can think of that is trauma-based, they've experienced it, either first hand or through the experience of others."
  - "First grade, I think we were trying too low. It's hard to really get in there at first grade, to do violence prevention because you boil it down to the basic components of sharing and respect. You're getting them maybe at the prevention level but to be able to provide concrete content that is going to be helpful and translate into preventing violence. It is a little challenging that schools always want you to go at older kids [because] the older kids are already so far into a milieu of cultural violence and aggression.
  - "The teachers who teach the younger grades, there is something that is more -- maybe it's the sort of like more universally appealing about like trying to change these younger youth, you know. First of all, like these kids are cute, it's really clear that they're vulnerable, they're -- you know, we want to help them. But then as kids get bigger and some of their behavior starts to feel more threatening because they're bigger, then sometimes people turn to like, 'Oh, we got to get this kid out of my school' or 'These are bad kids, they're scary kids,' right? So I think for sure it's easier to reach and engage by and large our teachers of younger kids."
- Complex Trauma / Multiple Symptoms/Impairments Present
  - Intense Population and Stressors/Needs
    - "We've worked in classrooms, kindergarten, first grade, where maybe half of the kids in the classroom were born drug-exposed. There is just a lot of unstable family environments, unstable living situations. There is a homeless shelter right across the street from the school, so at any given time maybe 10% of the students in the school are kids that are homeless and have unstable livening conditions, neighborhood violence—North

Lawndale is one of the most violent, consistently violent communities in the city—so a ton of trauma."

- Difficult to Focus Intervention
  - "Groups tend to be, or services tend to be pretty targeted in inner-cities when there is such diverse need. There might be a group for depression or a social skills group when the kids clearly need more than that single area, so then it makes it really hard I think for the services to be effective if it's too targeted. I think the kids in inner-cities have so many stressors and so many complex responses and ways of adapting to their stressors that it can't be so narrow and trying to just address one aspect of how they're presenting is really challenging when there's just multiple ways or multiple layers present."
- Prevention Versus Secondary / Tertiary Prevention Versus Intervention
  - High level of traumatic experiences among youth. Overwhelming amount of need present. Heavy Check-Ins that would make it hard to not stop and process (e.g., losing family member to gun violence; getting jumped, etc…). Some members not good fit for group; would have been better suited for individual therapy.
  - "They had a lot going on by the time they hit fourth grade. It wasn't really prevention. It was more like secondary prevention because we were seeing a lot from the students. … The kids' problems were fairly developed. … How do you really get at prevention when they can already pull on real life examples of which they've already witnessed violence and been involved in aggressive interactions?"
  - Page 14; Interview 2: "You're not there to diagnose kids with attachment disorders or PTSD or MDD, but you see all of that in your work. How far do you make it be a general classroom intervention versus going and targeting on specific kids?"
- Academic Challenges
  - Kids who should have IEP
    - Children who have not been flagged for learning difficulties or cognitive delays impact their ability to learn skills, read, write, etc…
    - "You give a kid an activity where they're supposed to write and they don't know how to spell, they

don't know how to write, you have to spend time tailoring it. Those are kind of the barriers."

- MH/Behavioral Program in Schools Threat to Academic Success
  - "[Delivering mental health/behavioral program in inner-city schools] is difficult. Difficult in a sense that you want to balance like getting them the help that they need versus them missing out on like their academics, which just always seems to be like on one hand, you have a behavioral issue or whatever it may be that you're treating them for that is probably impacting their academics, but then you're also now pulling him out of something possibly impacting their academics. … Ultimately, [these kids] greatest issue is how they are going to overcome all these under-resourced [settings] and adversity? The only way is through education, getting educated … and elevating themselves higher socio-economically than their parents. By implementing programs in the school, you're taking a piece of that precious time, the only time they really have to do that. The only place they're ever going to build any of those skills that they need."
- Mistrust of Disclosure
  - Group Dynamics: Discomfort disclosing because differences among group members
    - "Because it was a group-based program, they had to divulge a lot of personal information in a group setting. A lot of kids didn't trust it because the group was split … we had a group that was more nerdy and a group that was more of the bully, popular girls type. Some problems were arguably cooler than other kids' problems. The nerdy kids were afraid to share because they thought the other kids were going to go back and tell on them."
  - Youth Existing Relationships
    - Threats to Confidentiality: All the youth knew each other outside of group in school and in community; and providers had relationship with individual girls. Hard to separate what you bring up in group from what you know just working with the individual. Made it harder for the girls to share at times too.
  - Immigration-related fear
    - "There was a girl who was just distrusting everybody because her dad was deported. It

> happened just when the group started. She is also undocumented."

- School-Related Challenges
  - Chaotic Environment; Overcrowded Classrooms; Changing Classrooms
    - "It sort of feels like people have just given up on having a school run like the way that it's supposed to run. It's just kind of like that's fine. Kids can run the halls at whatever time. Nobody really wonders where they're at, why they're there. You see kids getting smacked or something left and right and teachers cursing at children. And it's just completely—it's just something that is just like out of this world. … Trying to create structure and having boundaries was difficult to do in an environment where they don't normally have that. … At some points, we were delivering the intervention and there was like a 0kid behind the wall over there, like a kid playing in the cupboards. I think another one jumping on the table."
    - Overcrowded classrooms: "The kindergarten classroom we were in this year had one teacher and no aide. She started with 35 kids when the cap is 32. The max that it ballooned up to after the strike was probably 46. She probably had 40, close to 50 kids for several weeks while they were hiring a new teacher, then they split it into two classrooms and she was back down to maybe 28. Then it went back up to I would say probably 38 or 40 over the course of the year, split it again, and then end of the year would go at around 30. So that was just one factor that we were up against. So we had different kids all the time, she's completely overwhelmed, so as much as we try and really want the teachers to be part of the interventions—we really try to involve them in the interventions—to help them take some of the language that we use in the intervention, take some of the ideas to bridge it over to what they do and use techniques that we use, it doesn't always happen. It's just sometimes it's an uphill battle. They're just really overwhelmed and when we are in the classrooms, some of them go and start entering grades on the computer or do something else. I can't blame them sometimes, but what we want is more generalizability of the interventions to the classroom."
  - Limited Space
    - "Space has been a little bit of a limitation from initially the first year, we were in a space that someone else used on a regular basis and we had to conform to what they wanted. That created some limitations on us in terms of how we use

the time we had, et cetera, and how we could set the space up… That was a constraint for us. That probably placed some limitations on our delivery of the intervention, quite frankly. The more time we spent dealing with the kind of space management issue took away from what we did. … [The cafeteria] was the largest space we could have. We couldn't access the gym because another program had it. So it was too many people for a small space. The first couple of sessions were too loud for people to hear what we were trying to do in the intervention. So we made some adjustments; taking tables out was creating more space within the cafeteria. So we organized and so we are able to do a lot better, but it still wasn't ideal. There is still just too many people for the space. … It created limitations on us in terms of effectiveness. First couple of sessions we had were not very effective at all because people couldn't hear. It was just too loud and people couldn't hear so that affected how much the students were able to learn."

- Length of Program: Getting Started and Selecting Appropriate Group Members
    - "The group only ran for about ten weeks but it should've started a long time before that. It was really difficult getting a lot of the intakes. … Just getting the teachers to kind of be on board and follow through as much as possible to get the parent's consent. … It's getting parent consent because we really couldn't start that process until that referral form was kind of signed off on. And that part is relying on the relationship with teachers and for them to follow through." –also spoke to some girls being more appropriate for individual therapy.
- Session Duration: Getting Each Group Started on Time
    - "There was a problem like picking up the girls, like they wouldn't necessarily be in the same rooms all the time even though [the program] was the same time slot [each week].
    - "It's been 10 weeks and yet we still don't have a routine. It would be nice to just walk in and they see our faces, they know you get the security they call the kids. But, every week it's different." This impacts the amount of time they have to deliver program.
    - "So the intervention was designed to be at least an hour intervention, and in my experience in delivering the intervention, the more time we have the better. I've had like an hour-and-a-half to deliver the intervention [in the past]. At minimum, you need like an hour. In this context, we only had 20 minutes, and we were lucky to get 20 minutes if the students arrive on time. … So that kind of

limitation made it very difficult to deliver the intervention as it was designed, and it impacted how productive we were. We accomplished some thins but we didn't— nowhere near what we could've accomplished with more time."

- o Threats of Closure / Turn Around Schools
  - School was on review for being closed. Extra tension among staff. Grief among youth who already experience multiple traumatic losses.
  - "We've been affected in Chicago by turnaround schools. You form these relationships with the schools [over several years] and then they [turn over in all their staff and leaders]. … We've actually been put out of a school that became a turnaround school because … the new regime felt like social-emotional development was taking away from their learning time. So they didn't value the service."
  - After 3-4 years in a school, it became a turnaround with new principal and teachers: "So we weren't costing them anything because we were funded by a grant, so we were really trying to sell them on this idea that, 'We know the kids. We're providing what we think is a great service. It's not going to cost you anything.' They reluctantly agreed for that first year. So we stayed through the first year of the turnaround, and the relationship was never great with the administration and with the teachers. I think they felt that it was a little intrusive. I think that they were very focused on what they were doing in their turnaround model and we were a little bit—we were just extraneous to them. … After that year they just said, 'Thanks, but no thanks,' for the next year."
- o Unwanted Program
  - CPS required program in schools to address school closures: "You're delivering a prevention program to an entity that doesn't want it because your prevention program is focused on something they don't want happening so it's tough. … [The] environment is filled with animosity towards your program. … There are not very many instances where the prevention or the intervention itself is unwanted, except maybe .. like apparent who abused their kid and in order to get their kid back is mandated by the court. … CPS mandated the schools to do it. … So you can imagine some schools were, 'You know what … we're not going to do this' and didn't allow people to come in. Our school was more of 'We're going to let you in. We're not going to trust you and we're not going to make this easy for you. But, we'll let you in.'"

- School Climate
  - "So the experience that our staff had working in Crown versus working in Chalmers was very different, and then a lot of it had to do with the principals, the teachers in the classrooms where we're doing interventions, but just in general how well the school was run in terms of the ease of inserting it; because we're coming in, we're totally outside of that system and we're coming in to provide this service, so we had to tread lightly often because we want to be respectful and we want to really create a great relationship, and depending on the climate of the school that's usually set at the top by the principal and by the administration, there could be a very different experience in terms of how much the teachers are engaged versus how much space we get to use in the school, if we get to use a room or we have to do things on the fly. So the administration of the school I think makes a big difference as well."
  - In response to a principal not being on board with the program: "I think you can be a perceived threat by the authority in the school without you really realizing that happens."
- Larger Systemic – School District Level Issues
  - "I think working with SFUSD as a big public institution, public entity, there's the kinds of things that happen in public bureaucracies that are just like -- feel like they undo some of the work that we've been trying to do. That can be really pretty challenging and at times sort of make it feel like whoa, what -- you know, what are even doing here?"
- Parent-Related Challenges
  - Lack of Parent Involvement
    - "No parent involvement beyond the intake."
    - "Just parents showing up. Just lots of parents didn't show up."
    - "Over the years we've attempted different things, like connecting with parents through Report Card Pick-up … or family night … or parent café. We've given small workshops. Unfortunately it is the same group of parents. Those are already motivated parents that are there and are interested in engaging. I think that is probably the Achilles Heel of our grant, is that we're not really doing a lot of reaching out to parents because your hands are already full with the kids that are in the school system. I think it requires you to actually extend yourself and be in the school longer and more often."
    - Parent group but only 1 or 2 parent show each week. "I could sense some frustration that he was the only parent

that was there both times and it was just, you know, 'Only just two of us again?' Yeah."

- o Parent Group Not Engaging
  - ▪ "They make little comments here and there like about writing, like not wanting to write." Activities that are school-like for children are similarly not engaging for parents.
  - ▪ Want to talk about things that are relevant for them. "Yeah, it's just like, 'Listen, this is what I'm dealing with at home.' And so when we get to talk about you know, like, 'My girls, they just keep fighting' or 'I don't know how to talk to my daughter about menstruation. Do you have any suggestions for that?' Then it's like they're all in and you've got a lot of good work being done."
  - ▪ "The intervention itself wasn't too engaging. I feel like sometimes parents come into these groups and want, like they just want support. … Every minute was accounted for. … These parents, if they even show up, they're going to come in and they're going to want to talk about like X, Y, and Z. Forget your meditation exercises. … I don't understand how you can develop a program and not ask parents what they want. … The other thing is that the parents who are probably in need of the most aren't going to show up. So just having a parent group isn't enough."
  - ▪ "I think all parents whether they like it or not want to know what's going on with their kids and want to learn these skills. They also want to talk about it. A lot of these parents are highly stressed and don't realize that a lot of the stress is affecting their kids. I think they need to see that connection but in a very empathic kind of way."
- o Parent Components are Not Well Developed
  - ▪ "A big part of that too has been time on the part of the staff to really develop a means of engaging them and to get them involved. Everybody is stressed. They were doin a lot of other things, so we haven't been able to—nobody has been able to put a lot of time on it. … We've got a number of boys [in the program], in particular, who are getting deeper and deeper into gang life and we're hoping to shift their course, and the plan is to—in my personal opinion and experience—the parents are goin to be absolutely the most important element to helping them change their course. I've had some conversations with some of the parents already and our plan is to put something in place, and helping them understand the extent to which their sons are going off into gang life. I'm hoping that is going to be motivation enough for them to come out to meet so we can

put together some things so they can keep their sons off that trajectory. So I'm thinking that is going to be a good motivator for this small subset of parents. Hopefully that can build momentum, because there are other parents who children have other issues, so hopefully we can build, get them motivated and moving as a group, and then we can go from there involving the parents."

- "Occasionally we would try to meet with parents for kids that we thought maybe we could to provide a referral for more intense services, but we really struggle across the board to really engage parents. I don't know that part or that aspect of our program was as well thought out as any of the others. So it's not that we tried so hard and it didn't happen, but that we struggled with how to do that best."

  o Negative Association with the Schools which Provider is a Part of
  - "Often the experience is that maybe these are parents who the school has called a bazillion times to tell them that their kid is acting up, right? So they've developed this relationship with the school where they feel kind of under threat by the school on some level or like they're super criticized by the school or super judged by the school -- and I say "school" as a monolith, right, and everybody in it. And when we've been sort of over associated with the school or like when they see us as sort of a school staff, sometimes that's worked against our ability to engage with them."

  o Schools haven't Engaged Parents
  - "The kindergarten teacher was there maybe 17 years, the first grade teacher was there 20 plus years . The second grade teacher was there 20 plus years. So they know several, sometimes three generations of kids, so sometimes they're teaching the grandchildren of kids that they taught long ago. So I think the parents were generally comfortable with the teachers and the school. … The parents didn't know how to be effectively engaged in the school, and the school wasn't maybe finding a way for the parents to be effectively engaged. Then there wre some parents that went to school all the time. So sometimes there were just parents just hanging out in the lobby or in the classroom, and that's one way of being involved with the school but I don't know if it's always the most effective."

  o Language Barriers
  - "The parents were supposed to have information about what we were doing. We show up to the parent meeting. I told everybody, this is a predominantly Latino school, I

guarantee you will need a Spanish speaker and you will need Spanish materials. Of course, CPS never provided it."

- Provider Related Issues
  - Burn Out
    - "I think I almost cried the first day I did it. I came home at 1:00 in the afternoon or 2:00 and I slept until the next day. I'd never been so stressed. I almost quit. I was, 'I'm going to quit this.' The only thing that kept me from quitting was like there are teachers who have to do this tomorrow. I only have to do it next week. I'm being like a little baby. Just go on and do it because it'll get better. I just did. (prompt: What was it that made you feel that way that first day). Because there was no support and the kids were going crazy. The sixth graders. There were 40 of them and they were crazy. I mean crazy, I mean I had to get [other provider] to help me. We got a special rquest so they would pay for both of us to do it because technically it was just supposed to be [one person, per classroom]. But we could not handle it. The teachers told us straight up, 'we're not going to help you. We don't care.' We found out later she got fired. That's why."
  - Identified as Part of "The System"
    - "I started telling [the teachers], 'Hey, I'm not here as CPS. I don't want CPS to close your school. I'm here to help you people.' … They didn't trust me."
    - "It was almost like we were part of CPS coming in delivering this service and so we were kind of viewed as like the other part of the process or the system that was taking their school away, and that definitely played into I think the dynamics of the pgoram and how successful it was. Even the students saw us as kind of the other and so their engagement with the material is kind of like, 'Why are you guys doing this?'"
- Program Related Challenges
  - Adaptation / Flexibility Needed – more process of current dynamics/issues
    - "For example, there was this one group where two of them came in probably at some point that they had a big fight. It was like a tension in the air, and it got to the point where one of the students said, 'Can you help us fix our friendships?' Three of the girls started crying. It got really emotional so we really just did like a process conflict resolution right there in the group with their particular conflict that they were having. … It was a pretty good group and they actually expressed liking doing group that way."

- "We've worked in classrooms, kindergarten, first grade, where maybe half of the kids in the classroom were born drug-exposed. There is just a lot of unstable family environments, unstable living situations. There is a homeless shelter right across the street from the school, so at any given time maybe 10% of the students in the school are kids that are homeless and have unstable livening conditions, neighborhood violence—North Lawndale is one of the most violent, consistently violent communities in the city—so a ton of trauma. So these are all things that we are going in into with our interventions, sometimes the immediate needs of the classroom or the immediate needs of the kids can trump whatever we were going to do that day and we might have to change things on the fly. We've done spontaneous debriefings with some of the kids there after shootings, shootings in their own homes, things like that, so that's been a real challenge."
  - "I think with [Manualized Structured Intervention], kids got exposure to skills but how much they actually use the skills, I'm not sure whereas in [teacher's self-contained Special Ed class], it seemed more chaotic, there wasn't a structured manualized program, but I feel the kids were able to use the skill more based on what they needed. It just felt less prescribed even though it was a bit more chaotic because it was externalizing kids. I think in the end that there was more of a change with those kids than with the kids in the more structured/manualized program."
- o Mismatch; Misapplied to wrong population/problem
  - In response to mandated coping curriculum for school closures: "[The program] was related to loss, but it was a CBITS 'adaptation'. I'll put adaptation in quotation marks because basically they cut out the word trauma from some sections and replaced it with loss."
  - Program also delivered to class instead of a small group of students who actually needed it. Included 8th graders who weren't moving to HS anyway. "The program doesn't work because it wasn't adapted for this context. It was adapted for a group context, small groups."
  - "I think there is a tremendous disconnect between the content of the intervention we're trying to provide and the children's actual experiences or the adolescents actual experiences. It's just too disconnected. It doesn't really resonate with the experience, and it's more of a top-down approach, quite frankly. Now the intervention itself is obviously well-researched and developed, but it's being misapplied. It's a stress and coping, a trauma-based and

stress and coping kind of intervention, but it's just being used in a general way and not necessarily tailored and adapted to the population and what they need."

- "Because it was something that was prescribed, like, 'you're going to do this,' it didn't fit the needs of the kids. Kids had different questions and different things they wanted to talk about but that didn't fit with the curriculum. It just didn't seem to fit their needs because it didn't come from them. It came from this outside kind of system"

- "I implemented it with third through fifth graders, general ed and special ed. I had two special ed classrooms and one was marked Severe Autism and with this class, it made no sense. We couldn't do any of the activities. It didn't meet their developmental or their cognitive level at all and there was no suggestions or guidance on how to adapt this to make it relevant for those kids."

o Efficacious, more generally but Triggering for this Population

- Disarming the Playground Intervention: "So it's very movement-based. So a lot of the activities have a lot to do with kids being able to be aware of their personal space, be aware of bodily sensations that indicate different emotions, and so we age up or down based on the kids. So these particular kids though, because of the attachment stuff, because of the trauma stuff, because of the physical nature of the interventions, sometimes it just stirred them up too much. So we really—that was really a challenge too, so when we would get the kids up and moving, sometimes it can turn into—yeah, it could just spiral out of control. We had a lot of fights, we had pushing, we had boundaries issues, just a lot of hugging and touching of us, of the providers, and just kind of this—just a real—It just really stirred up a lot in them."

- "[Sometimes], the thing that we're trying to build skills around is just so far outside of the reach of some of the kids in the room. So an example of this is, you know, some of the Mindful Schools stuff that we were trying to do. Like for some of our kids, you know, closing their eyes and taking a mindful breath was too triggering and so they would just start, you know, doing that thing that are telling us with their behavior, 'This is too much for me, I cannot do this.'"

o No Support/Supervision

- "We just had one meeting where they went over it, the manual, lasted three hours and that was it. Then we were on our way. There wasn't much support. Every other

week we were supposed to have a meeting and talk about all our problems. We had one meeting and that's it."

- Mental Health Stigma / Misunderstanding
    - o Diagnosis Needed, Can't Provide True Prevention
        - ▪ "Prevention was more accepted by the school and the parents in order to get consent. It became more problematic when you pretty much have to do a formal assessment and they become more like a client in order to provide service. The barriers there would be in terms of the stigma that would be attached in terms of coming up with a diagnosis. That is a huge thing for the inner-city population, especially for the group that I work with who are African-American. A lot of psychoeducation would have to be provided for the parent to get them to a level of acceptance and understanding that behavioral problems sometimes mean that it's attached to something that's going on inside the child. Once that part has been met, parents become a little bit more open to the idea and actually ask for help for themselves."
    - o Social-Emotional Learning/Development Not Understood / Valued
        - ▪ "Sometimes we get this experience where we go into the classroom, and if the kids have been 'bad' then the teachers will say, 'Well, you're not going to get to play with the doctors today.' They'll say like, 'Well, they're going to do something fun and you're not going to get to do it because you guys weren't listening today,' so sometimes we're up against that perception too, that what we're doing is just something fun."
        - ▪ "The principal spent a few years really working in terms of building his staff in such a way that everybody on board at least on some level understood that social-emotional learning, social-emotional wellness is important and that attending to that was needed to be part of teachers' jobs as opposed to "I just want to teach," you know. And what teacher doesn't want to just teach, right? Of course. But for whatever reason, he was able to build a staff where there was enough support for promoting this part of youth."
- Supports that Service Providers Identify that they Need
    - o Funding
        - ▪ Money is number one always. So we've been very fortunate that Holt Brothers has supported this and renewed our grant now for, I think, going on five or six years, but for a while we were doing this and not getting paid for it because -- and we were figuring out how to get paid for it because we saw it as valuable, and our director believed in it enough to allow us a couple of hours a week of non-billable activity

to grow it. So we're very fortunate that we've got the money, but if the money stopped today we're at the mercy of public aid and state budgets and stuff like that. We wouldn't be able to do this work as intentionally and aggressively as we'd be able to do it with the grant money. We just would -- it would really hurt.

- o Education from teachers on youth presentation and ways to best discipline/manage them.
    - ▪ "Just getting to know how the students are from the teachers a little bit more that are going to be in the group. Just to understand that a little bit more. I think I was a little bit surprised by the behavior aspect and how much that would influence the process."
- o Training on Group Behavioral Management
    - ▪ More novel providers seem to be underprepared for this.
- o Trainings
    - ▪ New curriculums, etc…
    - ▪ "Development of clinical skills should be just as important as developing the relationship, understanding the community, building relationships with the community, with the people you are serving. I think it should be that kind of an equal focus. I think sometimes we get lost in having to have billable hours or having to meet certain requirements in order to get funding or keep funding or do things. That stuff kind of gets in the way but I think that the relationship piece is just as important as the clinical part."
- o Support in how to co-facilitate; building comfort in that relationship so understand each other's working style.
- o Administrative Support
    - ▪ "I think for the administration here to be aware of the intensity of what you have to go through in order to engage multiple levels of staff and school. … the amount of time and energy that is necessary and to be able to debrief on what is going on in a different setting."
- o Shared Pipeline of Resources
    - ▪ What is out in the community? What resources can we provide youth/families? So much of the work is case management but often lack the knowledge of the community. Particularly clinicians who are graduate students and newer to the area.

Research Question II: What factors do service providers identify that facilitate more successful program implementation in inner-city schools?

- • Provider-Level Factors

- o Co-Facilitator Process
  - ▪ "Being able to kind of talk with my co-facilitator about making adjustments that weren't working [helped facilitate more successful implementations]. So that process, just being able to talk through it, look back on stuff that happened, and kind of make adjustments based on what's actually happening as opposed to everything that's kind of in the curriculum already written up. I think that was probably the most helpful part because we were trying things but being able to acknowledge that it wasn't working and kind of tailor stuff a little bit more based on them."
  - ▪ "I think the co-leader relationship, if you're facilitating a curriculum, is helpful. You have to be able to get along with the person you're facilitating with."
- o Disclosure
  - ▪ "I think the therapists, like us self-disclosing, was helpful. That's something we weren't doing at the beginning. We started doing it when we realized we weren't doing it. I think a lot of times with that particular treatment you spend so much time trying to answer these questions about the content of the video that you lose sight of what the video is for. How it would apply to their real life. … I gave up on asking the questions [in the manual] about the video and just like asked, 'So who has had an experience like this?' In the video there's the grandma who's passing away. We sort of knew that there were a lot of issues with loss in various ways so we brought that up. … 'We know all of you either lost a parent, don't have a dad, never knew their dad, their mom passed away, their grandma passed away. You all have something. Let's talk about it.' We all just self-disclosed about loss then they all did. That was the turning point."
- o Adjusting Curriculum Based on Experience
  - ▪ (see example above) adjusting curriculum based on how past implementations / sessions were received
  - ▪ "I did the social skills group at Manierre two years in a row. The first year, I think it went terribly. The second year, I think it went much better because of a lot of what I learned the first year. Some things that I learned from the first year was that I had my own ideas about what I thought the kids needed and I wasn't always right."
- o Adjusting Curriculum Based on Feedback from Youth
  - ▪ "Getting feedback from the girls. Eventually, we kind of just like opened it up to them being like, 'Okay, guys. What's working for you in this group?' Kind of doing a reflective like thing, 'So we've done this so far. What do

you guys need from us? What do you guys really feel like you need to address?' So we actually made adjustments to some of the actual topics we were going to cover just so it would be stuff that was more immediate and more a priority to the actual girls to keep them more engaged."

- Obtained assessments from youth: "I had the kids [give feedback by asking them to], 'Write one thing you liked and one thing you would change.' That turned out to be helpful, to find out what all the kids say."
- "It was an empowering group for the boys who participated because they also had a lot of input into what we did, so they were able to shape and fashion what we did and do things that they wanted to do. I think that helped a lot. … They took ownership of [the group], so it was their group. That was a strong incentive for them, so they loved participating in group for those reasons."
- "I had my own ideas about what I thought the kids needed and I wasn't always right."

o Adjusting Curriculum Based on Actual Needs/Developmental Level of Youth
- "The general idea or focus of the session was there. If this session was supposed to be on feelings, then it was on feelings. This was on cognitive restructuring, it was in there. But I didn't do X, Y, and Z activities to meet it because some of the stuff were baby stuff for eighth graders."
- "It's important to adapt [the program] so that it is consistent with their personal experiences. The more they can identify with the content, the better in terms of getting them engaged. When they have a harder time identifying with the content, then it's more difficult to keep them engaged and focused, and again, to really be productive in what you're trying to do."
- "I think the more that the content of what you're doin resonates with the youth in terms of their identity and their experience, then you're off to a good start. That is a very important foundation to be successful. It started with one of our staff who was from the community and still live in the community. So it was easy to bridge the identity and experience gap by him being a group leader."
- "The content should really be reflective of their experience and identity. I focus on using rap music. So it was designed to be something they can easily identify with and engage with."
- "When we go to the school, we take a curriculum as a rough guide in knowing that they're not very well suited to

> this population usually, knowing that they're not usually normed on inner-city youth. So we take the essence in some of the activities but really apply our knowledge and experience of working with those particular mental health needs and challenges and then layer that on top of the interventions. So we're always modifying, always tweaking it. … There isn't a curriculum in the world that is ready for Chalmers' Kindergarten."

- Training Level Factors
    - Trauma training.
        - Inner-city youth are significantly impacted by trauma. Complex trauma. Need to approach work with trauma-sensitive lens. Can unintentionally trigger youth more (e.g., sensory activities).
    - Training in Group/Class Behavioral Management
        - Clinicians should be prepared to manage behavior or be flexible in their delivery of programs because can become chaotic.
    - Supervision
        - Ability to consult with supervisor and colleagues. First time running group so had hard time knowing what to do with externalizing behaviors. Able to practice delivery of sessions.
- Relationship Factors
    - Entry into Schools
        - "When we think, 'how do we enter a school? how do we engage the school staff?' oftentimes it's around their externalizing kids. It's their kids that are blowing out of class, they're throwing chairs or whatever have you, getting into fights. So sometimes that is the point of entry. And when we can help to address both how do we help this kid act in a different way and how do we attend to what this kind of behavior does to teachers in terms of their own feelings of safety and all of that, that that can be really effective because we get the buy-in pretty quickly. Then we use that as sort of a leverage point to say, 'and we also have a lot of internalizing kids here who are making zero trouble for you in the classroom but who aren't learning because they're in survival brain instead of learning brain because they're dissociated or depressed.'"
    - Relationship with Teachers and Teacher Buy-In
        - "Building some of the relationships with the teachers made it much more positive because when we did run into challenges, being able to go back to those teachers and get their help was definitely a benefit." E.g., getting teachers

help to engage parent in intake for individual therapy for one youth whose needs were not being met by group.

- Teachers physical presence in classroom helped intervention go well when they had a good relationship and handle on the class (classroom based intervention).
- "It's been better received when we talk about stress and trauma and trauma sensitive practices as a whole school approach where we attending to the needs and wellness of the teachers around stress and burnout and vicarious trauma as well as the kids. That tends to -- like we are much better able to engage teachers around that because it really helps them. And in helping them, we help them help their kids."
- "A time that it went really well with the teacher was when she perceived it as being really good for her too. So we had the buy-in because she could see how it was good for her kids, but it also like helped her. … Mindfulness practices helped her feel better. And when she was able to viscerally experience that for herself and she was given the space to practice it and try it, then it went really well in that classroom. … I feel like that's been sort of the general theme with HEARTS is that when we can find the hook of like how this also benefits the teacher like really, truly viscerally benefits them, then our work at a classroom level has been much more effective and much more meaningful and much more lasting."
- "The other active ingredient in that has been able to really have a good relationship with that teacher where they really feel like we can stand in their shoes and understand what they're up against and what they're coping with. Again, that just ends being like a key ingredient. … When she did not feel understood by the post doc, we had zero penetration in her class; things went backwards."
- Increased Efficacy - generalized skill; created safe learning environment; particularly with younger kids "because they identify a lot with the teacher, the leader in the room."
- "When we had teacher buy-in, wow it made a huge difference in the classroom. When the teacher herself was like, 'Ugh, this is just one more thing on my plate,' and 'This never works,' that was kind of her feeling about it. Even though she didn't overtly say that to her kids, they could read it, you know, she wasn't engaged in the lesson. She would take that time to take care of other things, you know, grading papers or having lunch or whatever that is that she also needed to attend to, but it meant that it wasn't as successful in those classrooms in terms of the kids

learning and taking up those practices. And so, teacher buy-in, teacher engagement ends up being extremely important. … What also helped was our ability to help our teachers understand that we want to work in partnership with them, to collaborate with them, to help build their capacity to be effective in their work and be well in their work versus that we are somehow these "experts" who are going to come in to help them and fix their classroom."

- o Relationship with Principals
  - ▪ "Every school has their own political climate and it is important to get in with the group that has the power. The principal generally carries that and also sets the tone for everyone else in the school. If a principal is receptive … it's a go." If the principal doesn't see it or is not engaged or invested in the program going forth, it doesn't manifest in a way where it's helpful to anyone. In fact, it could be more detrimental to the staff and to the students."
  - ▪ "Goethe is a pretty exceptional school, so it's been really positive just because the principal has been super supportive. … It's been harder at some of the other schools that we tried this year where we didn't have that relationship."
- o Relationship with School, Staff and Administrators, more generally
  - ▪ Show compassion. Tension because of school closures. "Show a little bit of compassion for all of the personnel and staff, of what they were going through because it probably did create some type of tension that had nothing to do with us but we're coming in and we had to kind of be aware of those extra structural and systemic [stressors] going on. … [we] made an intentional effort to express our sorry for what was happening rather than coming in and kind of just like ignoring it."
  - ▪ "You always got to be humble because that's like walking into somebody's house. They're letting you into their house. You're a visitor there."
  - ▪ "And so being able to get to know the school system, get to know what's important to the school, get to know what's important to the principals, get to know what they've already done already and recognize and honor that and respect it and start to even speak their language, you know, you can start to say SST and IEP and RTI and, you know, that sort of school language, people feel like this person knows what we're up against here, what we're doing, right?"
- o Relationship with Parents

- Able to teach parents about stress and trauma and ways to cope. "The reason we were able to do that was that the school had done a really good job of engaging their parents and it was, you know, there's what, 250 kids in the school and there were only 20 parents there, but with those 20 parents, we were able to really make an impact, right, and help them see again that school is a place where kids can learn how to do this stuff in relationship with their teachers and where parents can like maybe reinforce that at home, like all of that good stuff happened because of that PTA meeting. That being said, that's the only time we've ever been able to do that [with parents] because if the PTA organization isn't particularly strong, if the parents are not particularly engaged in the school, if the school hasn't been able to for whatever reason engage those parents, it's been hard for us to do that as well."
- Mutual Benefit
  - Needs to benefit both sides and their needs to be longevity in the relationship and commitment. "I think the more that the teaching staff and the students feel like you're giving something to them, the more positive you are to be received."
- Longevity of Program
  - "Need to make a commitment to these communities. Can't be a 'hit it and quit it' kind of intervention."
  - Longevity serves to increase parent engagement too. One clinician described a program that had a successful parent component. "The program dated back to the '60s, literally back to the late '60s so a very long history in the community, so a very long time to develop a strong parent component. So over time it was very empowering for the parents, so parents had their own sub-organization with the program. Parents actually had their own group goes that they were the leaders of. So that was very valuable and it drew in other parents. Many of them stayed on after their child graduated from high school and went to college and their parents still stayed involved in the parent organization itself. So that was probably the major source of success there."
  - "I also think I had a better relationship with the school overall because it was my second year there so I was more well-known, teachers would share more with me. I think students recognized me so they were more trusting and more engaged, which also made it more successful group."
  - "I think the relationship is really important. I think the relationship is even more important in inner-city, really

highly stressed environments than I think in any other environment. I think they have to feel like you're there because you really care and want to be there versus you're just trying to get a study done or a project done. I think that trust in having that relationship is important for those communities because I think that, with good intent, a lot of people and service providers come into communities, implement something but then leave. I think that these communities have picked up on that and noticed that and so I think it's important for them before they kind of give up themselves, I think they need to know that you're going to be there for a little bit and that it's not, 'This s what we think you need,' but more of us listening to what they need and then trying to meet those needs. I think that's huge. Relationship and really listening to their needs."

- "I think programs that have their ups and downs, have a rough start but are more long-term and kind of stay with it long-term, by the end, I feel like they're having a bigger impact because the program has gone through a similar process just like what the community normally goes through and so I just think then it becomes more relevant and effective."

- "We were in Johnson Elementary for several years, and then it became a turnaround school. … Some of those kids we knew for three or four years. Then they go through this major turnaround where they bring in all new teachers who don't know the kids, don't know the family dynamics, don't know the neighborhood maybe as well, and a lot of the challenges that kids are facing. We were able to be a pretty consistent factor there and provide some stability through that transition. … When we struggle with evaluating how effective our interventions are, one of the things that we keep coming back to is this relationship piece and how the kids really respond to us and how much they respond to the activities that we do with them and just that it is a different kind of attention, a different kind of interaction than they get sometimes from their teachers."

- "I think first and foremost it's been about establishing those relationships in a meaningful way. It's been about having the great good fortune of being able to have a lot of face time at these schools. I think that's like a really key component that, you know, when people are moving 100 miles an hour, it really matters to them what they actually see with their own eyes and feel with their own hearts, you know? And if we don't have face time at the schools, it's

really hard for them to see all of the hard work that we may be doing behind the scenes."

- School Level Factors
  - Mapping onto District Level Initiatives
    - "I think one of the things that have made HEARTS been able to be effective in the places where we have been able to be effective is that we've dovetailed onto SFUSD values and goals and initiatives and, you know, their restorative practices initiative and their specialist inclusion initiative and their behavioral response intervention initiative. Those are all things that came from SFUSD -- this is what's important to us, this is what we're doing, this is what we're investing our time and money into. And so, when we've been able to do a lot of cross training around that so we understand what those initiatives are and what their goals are. And when we've been able to dovetail on that and integrate with those things, that makes a huge difference."
  - Higher Functioning Schools
    - "We do find that the higher-functioning the school, the better it qualitatively feels that we're doing because there are just less barriers. … High functioning in terms of test scores, parent involvement, attendance, stability in the school. … Like one is a smaller community feel, strong principal. One is a Latino school, higher parent involvement, smaller classroom size. One is just off the chain, bad, everything school. It's right across from a homeless shelter so there's a lot more transiently among the students. It actually has more gang and drug involvement. There is a lot of selling that goes on in that corner."
    - "Some of the schools in the worst areas are considered good schools and function as best they can, considering the context. I think that's the number one reason. How supportive is that environment? Not just for whatever you're trying to do but just in general for the kids' education. How many resources they have? Not just like physical, money, and that kind of capital but like how much does the neighborhood support them? How much do the political people in the neighborhood support them, the older men and things like that? I feel like the context matters, but it's not just the school. It's a larger thing within the neighborhood and city-wide."
- Funding
  - Outside Funders
    - "Our funders have had the vision and foresight to understand that it's not just direct services that they should fund and it's been a partnership. It's really been a

partnership in some ways between public sector funding and private sector funding; so like MediCal only reimburses the direct services and sort of patient related services and our private funders have been able to fund our time and materials and energy to do the more indirect capacity-building services. So because of these private funders, we've had the time to spend at the school and we haven't had to fill it with direct service."

Research Question III: How much of an impact do service providers feel the programs they are delivering in inner-city school settings make?

- Yes, Impact
  - Shift in Perspective
    - At Teacher Level: "So I think one of the main changes that we've seen is that we've helped teachers, administrators, support staff reframe what they're seeing so they have a different understanding of the kinds of behaviors in front of them. And when we've been able to shift the perspective where teachers instead of asking, 'What's wrong with this student?' they can ask themselves, 'What happened to this student?' when we can reframe the behavior from like this is a bad, rude student to this is a scared student, when we've been able to do that, we've really seen tremendous change. And also, when we've been able to help them do that with themselves and with each other, "What's wrong this teacher?' to like, 'What's happened here? What's happening here?' that has been, I think, the protoplasm of what's allowed for the rest of the change."
    - At Youth Level, begin to think: "Just because you live in the inner-city and you've been moved three times and gentrification is happening in your community, does not mean that you have to buy into the idea that you can't make it. … There are some things that they can get out of it no matter what, and I think they do. I think they do, in fact, begin to feel more empowered."
  - Disciplinary Changes
    - "In one of our schools there was a really big decrease in disciplinary referrals to the office and a really big -- 42% decrease in its violent student incidence between the first year or maybe the year before we came and the end of the first year of implementation of HEARTS. Now is that all because of HEARTS? Probably not because this is a school where they were doing lots of other things too. But I do believe that HEARTS had a part in that."
  - Learn Skills

- - - "I feel like they definitely do get a lot out of it in the sense that … not all of them, but there are some youth that learn the skills really well and apply them."
  - System Intervention Works
    - "We're not just trying to only provide like isolated sort of therapy services in the school, but we're working with the rest of the environment and we've been able to develop relationships with teachers and work with them over time and we've actually been able to see improvements. You know, we've been able to see people start to get better, start to feel better, start to function better across the board."
    - "One of the ways we've been successful is that for the first time -- well, not for the first time, but like in a really significant way, the school district has put school district funds towards implementing HEARTS, $313,000 towards implementing HEARTS for the coming school year. And in a school district where the budget is lean that is really saying something about their sense that this is valuable, that this is useful."

- Hard to Say / Mixed Feelings
  - Overwhelming systemic issues
    - "So although I would identify [Schiller Boys Group] as being the most successful, I think we really fell short of what potentially we could have accomplished in terms of helping the boys to change. So I think unfortunately, we were moving gin this direction, but then everything changed. The school closed—no, the school didn't close, they tore down the projects. So it ended before we really reached our full potential, as we were making some changes."
    - "We have some tremendous success stories, individually speaking. Not the entire group, of course, but individually speaking we had some very prominent success stories; but overall, a lot of what I've done I think has been limited because the problems that this population experiences is so overwhelming. It's like you have to have a lot of resources. … I think you have to have a multi-systemic approach. Programs that focus only on the youth and are not impacting the family system, are not going to be successful. They are not. … If you ignore the parents, if you ignore the families—I mean, and that's the source of the major stress that they are experiencing—families that are strong can withstand a lot of the problems in the community, the violence et cetera, if the family is strong and intact, but if not, they're going to fall prey to

everything going on in the community and you're not going to be able to—it's just too overwhelming. With a very limited child-focused program, it's just too limited."

- o Yes, but…
  - ▪ "We're doing a pretty good job, or at least in session teaching them the skills. But, the limitation we have that we haven't quite overcome yet is getting them to actually use the skills we're trying to teach them. The more we can make our intervention consistent with their experiences and what they already resonate with, in terms of identity and experiences, I think they're going to be more inclined to use that skill. They have their own ways of coping that they've developed over their lifetime in the context of their families and their communities, right? And, they're automatically using them at all times. To get them to stop doing those things and use something else just takes more than what we're doing."
  - ▪ "So that was really hard. It was really difficult to get a sense, although I think that there was some use to it in that there was some effectiveness to some of those interventions. It was just really hard to manage the kids a lot of times with those, so many days we left out of there feeling like, "I'm not sure. I'm not sure if that was helpful or not."
  - ▪ Program evaluation data wasn't able to demonstrate statistically significant outcomes from an intern that did a community project one year. But… "Our funders love it. They're very pleased with the data that they receive and they're very pleased with the experiences that they have going and talking with the schools that we provide the services in. … I think that the qualitative data that we get, like the response from the teachers and the teacher's own kind of non-scientific observation over the course of the year and ho wmuch they feel like the intervention's helped, they almost always have positive things to say and they almost always feel like the tools that we've given them, the classroom management stuff, the language that we use, the rewards and that kind of stuff, they almost always say that that stuff helps them. The kids, they absolutely love it. They love us. They love when we come. They're very engaged ususally very quickly, but does that translate to— what does that translate to in terms of what the goal of our program is which is to reduce violence long-term, to improve social skills, to improve conflict resolutions? So sometimes there are things about the program that make

        you feel good, but does that translate to outcomes in the real world? And we struggle with that, so I don't know."

- o Youth baseline so different
    - ▪ Some youth feel made more of an impact because they were able to grasp things more easily or more quickly since they have experience in individual therapy. Other kids felt like it made less of an impact / needed more time. Felt like there was progress overall but more to be done. Not just about understanding skills but getting them to continually practice them/put them in use: "I think, particularly with this population, it is not so much just getting them to understand [the skills], but getting them to continually practice them."

- • Does Not Help
    - o Trauma
        - ▪ "I don't think that based on the model (Good Behavior Game) it can deal with a lot of the trauma that these children are having to face from day to day, the violence that they encounter regularly."
    - o Generalization
        - ▪ Does it make an impact outside of group setting? All providers unsure.

Research Question IV: What recommendations do service providers have for other providers who implement similar programs in inner-city school settings?

- • Built Relationships First
    - o Commitment to community
        - ▪ "You need to be willing to make a commitment to these communities. That commitment needs to involve relationship-building so be prepared to build relationships with the kids, with the parents, with the community because I think that is really important for this population. Relationship-building and trust is really important. They have to be committed to taking the time to do that and experiencing some failures as you go along but recognizing that it's part of the process of building the relationship with these communities. So one has to be ready for a commitment and be prepared to make that commitment.
    - o School
        - ▪ "Put a lot of effort and resources into building the relationships with the teachers, the schools, the administrators, all the way up to the sort of, you know, hierarchy, all the way up the organizational chart and

particularly like most crucially with the principals, if you really had to pitch, you know, like one stakeholder it's the principals that's taking the time and really putting the resources into developing those relationships to understanding what's important to them, what are the initiatives that they've already launched."

- Important to have buy-in at all administrative levels, build relationships with teachers, and observe youth and get a sense of their needs and behavioral presentation. Building this relationship and subsequent buy-in helps facilitate the intake process, which helps get groups started on time and a good assessment of who is a good fit for school. Also facilitates more generalizability if teachers buy into what you are trying to do and adopt those practices for their classroom.

- "We always encourage our externs to visit each school. Because, I think that people don't realize that school intervention work is not the same at every school. You have varying teacher experiences, varying classrooms, varying age ranges. The more you spend time in schools and understand school culture and the politics and community engagement, the more effective you can be."

- "I think just being respectful of the environment incorporating the feedback and recognizing that you're in their turf. Then knowing the hot buttons and make sure you don't [push them].

- o Youth
  - "I think some of these groups with the kids that have more severe behavioral problems, it needs to be longer. It's really tough to do a short intervention. The first part of group is really just kind of getting them to trust in you and build that cohesion."

- Psycho-Education within Schools
  - o Importance of Social-Emotional Development
    - "There has to be just a change in -- or there has to be a belief that the social-emotional, to use the language of the school, is essential to the functioning of the kids. Because, you get these situations where, especially with turnaround schools, they become so hyper-focused on test scores. Some of the principals have even said things like, 'We want you to come in and do more interventions the week before ISAT testing because we need the kids to be focused. We want them to sit still so they can take the ISAT test to get higher test scores.' Now for me, that's not an honorable goal. You know what I mean? Look, I get it,

but that's not why I'm doing the program. I'm not doing the program just so that kids can get better test scores."

- "Engagement around the idea that social and emotional learning, social and emotional well-being, social and emotional health is the fundamental foundation upon which all of the rest of the learning can happen and without it, you do not have learning readiness."

- Provider Characteristics
  - Be Firm
    - Important to be firm and structured to curb behavioral issues. "I feel like it requires an aggressive approach, because I think they need for the boundaries to be set, the limits to be set."
  - Create/Keep a Safe Space
    - Safe emotional space where youth feel like they can be vulnerable and put their thoughts/feelings out there.
  - Be Strengths Based
    - "I think you find what you look for. If you go in looking for problems, there are a lot of problems there. If you go in looking for strengths and identify which assets and resources are available inside of the schools and know how to utilize you gatekeepers and to build bridges over time, you can have significant effects."
  - Be Flexible
    - "Flexibility, I mean, I can't overemphasize that, not even just in terms of how you change your intervention but what your expectations are on any given day. So some days we've gone in with a really great idea and then completely tossed it and maybe had something else happen that was really great or have another great experience. So yeah, just be flexible in terms of your expectations, losing expectations sometimes. Again, when I say that, I mean, we're very hard on ourselves, so when I say losing expectations sometimes, it doesn't mean whatever happens is fine. You know what I mean? We really are conscientious of the work that we do and we're looking for any positive outcomes, but sometimes you have to appreciate some of the small things and some of the small victories."
  - Be Realistic in your Role
    - "Don't have any illusions about how much [you] can change the school or how much [you] can change the community or any of those things."
- Deliver Engaging and Culturally/Contextually Relevant Material
  - Language

- "I would probably say language is a big thing, just being able to speak the language that is going to be understandable and recognize when you're not and being okay within that setting, getting feedback from the people that are actually in the group. I think, sometimes, we could kind of get caught up in talking and not picking up when someone doesn't understand what you are saying. When it's kids, they may not necessarily ask you, 'What is that?' So just being aware of language and trying to communicate in a way that is really going to come across as understandable."
- "We had a teacher who said that we spoke too high for the kids. That was when we worked with a first-grade class. I was very conscious of it in the future."
  - o Don't Make it a School Like Environment
    - "Some of the feedback we got probably about halfway through from the girls was that, 'We've just come from class. We don't want to feel like we are coming from class here.' So, in terms of doing writing exercises, they didn't want to do that kind of stuff. They wanted to do more active activities and they wanted to talk more."
  - o Coping skills need to be relevant to their inner-city environment
    - "There is going to be times where you do have to defend yourself and that behavior is going to be appropriate in order for you to protect yourself. So I think we really focused on when is the most beneficial time to use some of these behaviors. So you know, I'm talking about avoidant behavior. It is not always a bad thing to be avoidant, so we spoke openly about that. Yes, sometimes it's just okay to just kind of walk away rather than take it on and be assertive. So it was more about learning when to use these behaviors so that it's going to benefit you most. … A lot of these girls were getting caught up with gang activity and getting jumped all the time. So we kind of spoke openly about that, like it's not saying that you shouldn't be defending yourself.
    - "Chicago has such community violence and it's affecting kids negatively. We're not truly incorporating that into our curriculum and into our work. We're hoping it'll still translate into violence prevention, but like we're not talking about gun safety. We're not screening. We're not saying, 'let's give a workshop to parents about like have you taught your kid what to do when they see a gun?' … I think the neighborhood and the environments are turning up, to use our vernacular. It's turned up in the communities, but we haven't done a whole lot to turn it up in our interventions.

> So kids are getting shot, but we don't necessarily deal with that."

- Listen to Youth
  - Get Feedback from Youth
    - "I think the biggest thing I thought was most beneficial was really getting feedback as you're doing group for what is really working."
    - "Encourage their expression … ask open ended questions … [give] the kids a chance to talk. Oftentimes, kids don't get their voices heard."
    - "Talk to the kids. … Listen to what works and what doesn't. Don't be afraid to ask about it. Constantly evaluate the work. It doesn't need to be formal. It can just be simple at the end. Like, 'Hey, what did you like about today? What did you not like about today? What would you like to see? If you could do this differently for somebody, what would you do?'"
- Training Needed
  - Train community minded providers
    - "A quick example of that is we train externs. We have eight externs that come every year plus two social work interns. They have like a student contract. In the student contract they're required to do certain things. I think probably a third of them waited until the very end of the year to fulfill their student contract roles related to going to visit schools. Like the light went off when we were having training meeting one day, that they didn't ever really buy into that if you're doing community in mental health, that the school visit actually is not a homework assignment for you. That it's actually part of engagement, service delivery and acceleration of progress for your client, that it's all connected. I think that that part is -- DePaul's probably a place where that is taught and developed. I think that people often approach the work maybe not having a good foundation in what community mental health and what the role of academics and prevention work play in like mental health services."
  - Clinicians need explicit training in complex trauma and school systems.
    - "We're going into the schools with a lot of knowledge about complex trauma and attachment and that sort of thing; but, I think if you would go in without that or with less experience in those areas, then it could be much more challenging to do an intervention because then you're looking at it through a different lens and you're looking at it as just internalizing or externalizing behaviors, or you're

> looking at it as building social skills, well, building social skills for a kid that has attachment problems or has experienced complex trauma is very different than building social skills for a kid that might just be impulsive."
>
> - "HEARTS is a very resource-intensive, you know, program if you want to call it a program because it requires employing people who are really highly trained and experienced in working around trauma in schools. But I think that it's super important to do that because when you put in people who don't have that training and experience, they're much less efficient. They might have their heart in the right place, they might even have really good instincts, but if they don't have specific explicit trauma training or specific and explicit training around how to work in a school, sometimes we end up doing harm even, right?"
> - Focus on Relationships not just Skills
>   - "Development of clinical skills should be just as important as developing the relationship, understanding the community, building relationships with the community, with the people you are serving. I think it should be that kind of an equal focus. I think sometimes we get lost in having to have billable hours or having to meet certain requirements in order to get funding or keep funding or do things. That stuff kind of gets in the way but I think that the relationship piece is just as important as the clinical part."

Research Question V: What recommendations do service providers have for researchers developing and/or adapting programs for use within inner-city school settings?

- Different Kind of Research
  - Existing natural coping strategies
    - "An in-depth understanding of what the existing natural coping strategies are and how they are used by the population. … We can understand where they're at right now in terms of what their knowledge and skills are, what their strengths are, and what they already do. … Go from that knowledge base and then develop our interventions to better assist them in making the transition to whatever different, more effective skills that we want them to build."
  - Answer: How do we get them to apply the skills they learn in the real-world?
    - "How can we really translate the skills we're trying to deliver outside of the sessions and have the youth apply them in their everyday life in other contexts?"

- o Research on What Works with Current Programs versus More Curriculum Development
  - ▪ "I don't think we need more curriculums. I think we need more funding to find out what's working. … Go out there and really shake down what's working what what's not working." I feel like researchers, people who develop these treatments are like, 'Let's throw everything on there.' We need to make them more efficient. We need to figure out the active ingredient. What actually works? What is necessary and what's not? It's expensive and these people don't have time. This is time intensive. You're asking people to come in an hour a week. Any medical problem that requires you to come in an hour a week, that is like a serious, severe, chronic illness. You have diabetes, you might spend an hour a week. And that's only if you're diabetes isn't controlled. It's like going to dialysis. You're going to dialysis an hour to two hours a week if you need to do that. Now we're asking individuals who are under-resourced to do the same."
  - ▪ "What actually works? What are the active ingredients?"
- o Conduct Research on Community-Based Clinicians … Not just research-based programs
  - ▪ "Mt Sinai has a lot of service providers who are direct service providers out there in three different schools but then we don't necessarily have a research partner that's helping us to develop the program to one that can be demonstrated as effective or efficacious. … We are out here doing this work. We need to know whether it's actually helping our community. If not, what we could be doing differently."
- o Get out of Ivory Tower
  - ▪ Relevance to Population / Community based research: "Go into an inner-city school and just get a sense of what it's like and then plan based on that."
  - ▪ "I will say, if you're designing a program, you're program must reflect the experiences, the identity, and the culture of the population."
- o Get Community Input
  - ▪ "The one thing that I would say that would be very useful is to get some of the community's input on developing programs. Even in the sense of like how it is that they are delivered. Just to make sure that you have the biggest impact, right? So not necessarily like what's in them because I feel like there's a lot that research already knows about it and I'm okay with the idea that there are experts in certain things. If we have experts that are doing a lot of

research on how it is that you target like depression, right? And how it is that you help kids with depression. So we know that we need to have cognitive restricting and we need to have relaxation skills. There are things that we need to teach them. I guess it's more of like, not only like how you teach it, it's like, how are we going to make people be receptive to what it is that we're trying to teach them?

- o Mixed Method Research
    - What are the changes in the program functionally? What is the qualitative feedback? Not just mood ratings or symptom checklists. Hear their voices, get their feedback. More meaningful and informative.

- Development of Interventions, Manuals, and Sessions
    - o Include Information on Complex Trauma & Attachment
        - Include in manuals information on complex trauma and attachment (ARC). Include information on how this impacts youth. The stressors that are common in inner-cities and the need to build relationships and understand local issues/stressors/climate of school, etc. Building relationships, etc… Discuss need to be flexible (everything from this paper basically).
    - o Design/Include Engaging Activities
        - "The activities have to be fun. They have to be fun. They cannot just simply—it's almost like you have to sneak the information in there. Yeah. You have to sneak the learning component in there. It's like you have to trick them, you know, you're learning and you don't even know. … If it starts to feel like a classroom activity, that is where I feel like you can end up losing a lot of these kids. I think a lot of the girls express wanting to come to this group because it was different from being in their class. So they don't want to have that connection because a lot of these classes are hectic for them. … So it's a release to come to groups. I think it needs to be fun. It needs to be relaxing for them."
    - o Develop Parent Curriculums
        - "The curriculums are developed for children. They're not developed for parents. Oftentimes, that work isn't funded. I mean there are lots of different ways it is not valued. I think we sometimes still don't come at parents' right. If we're researchers, we alienate them because we're saying the word research. If we're mental health providers, we alienate them because you're saying 'I'm crazy.' Lord forbid, we have to call DCFS or anything like that. Then we partner with the schools because that's where the bodies

are. That makes sense on some level, but that makes sense until it doesn't. When it doesn't is when it's communities in which the schools aren't particularly valued [where schools don't have good relationships with the parents and families and community]."

- o Develop Low/No Cost Treatments
  - Clinicians shouldn't have to pay for treatments/training

Appendix D: Initial Coding Book: Youth Interviews

Research Question I: What do low-income, urban youth think about the mental health/behavioral program they are receiving at school?

- Positive Aspects
  - Talking
    - Able to "vent"
    - About things I enjoy
    - About things going on at school
    - About friendships; How to fix friendships
    - Communicating with group leaders current thoughts/feelings
      - "Expressing what we feel, you know. That's really what I like about it because I have a lot on my chest all the time and I just need someone to talk to from time to time."
    - Talking about relationships and marriage.
  - Relevant Discussions
    - Gangs
      - "I like the topic when we talked about the gangs. I know a lot about gangs. When we used to talk about the gang topics, you know. I liked it really when he used to ask us like why we think it's like that because I got a lot of ideas on why people gang-bang, why people rob. He used to ask us why do we think people rob and sell drugs and I had a lot of ideas on that. It's not just all the time because people's broke. There's a lot of factors that go into it and I just like to talk too. So I like to come in and express my ideas."
    - Talking about making decisions on how to survive, how to make money
    - How to stop violence, feelings re: neighborhood
  - Confidentiality
    - "Like there's a lot that I have on my chest, a lot that I need to express and I want to express but I don't know who to talk to about it. That's why I want to keep it confidential. I can do that here and talk one-on-one with [group leader's name] if I need to."
    - "Can talk about my feelings and trust [group members and leader] to not tell anyone else"
  - Connection to other services
    - Was able to get an individual therapist
  - Got Help
    - Help with troubled friendships—friends that were in group and fighting were able to work things out in group

- Help with homework from mentor; help with reading
- "I really like the DePaul [Mentor] Project because like people come out from downtown just to meet like ghetto kids like us, and that is helpful because we need somebody to like lead us to our goals and not be on the streets."
- Immediate, in-vivo help, "What I like about the Anger Management Program is that my teacher, Ms. Clark, she gives us like advice. She loves us to express our feelings and it really helped me because when I'll be having a bad day at school, I'll be just like wanting to punch them the first time we met, but they called Ms. Clark outside the classroom and she took me upstairs to let me relax there."

- Fun Activities
  - Feelings charades
  - Role plays
  - Activities where group members/leaders were able to highlight how they were similar/different
  - Going places with mentors in community
  - Doing activities one-on-one with mentors in group setting
  - Meaningful writing activities – writing a letter to my mentor
  - When we write down how we feel on the inside and not on the outside.
  - Journaling, we get our own journal to write our feelings in.
  - Field Trips – DePaul tour
- Attention Grabbing Activities
  - Watching news clips, music / movie clips
    - [Group Leader's name] He's using stuff to catch your attention and then you're able to relate to it, think about it, and talk about it. … We [watch] current rap videos [that] glorify violence in the news like drugs, prostitution, stuff like that. In the end after the video he would ask what the message behind the video us. … He asks us to talk about why we think the violence is like that in our community and what would you do to change. … I'm jus tkind of sick of the violence in the community too. I mean I'm young. I'm part of the problem too you know, but me personally, I like it because what I want to do when I get older, I want to be a rapper. But I want to use my money to like help stop violence in the community like get homeless people off the streets, stuff like that. So I like to talk about how we can solve problems in our community because it give me ideas for when I do get some funds to help."

- o Group Leader(s)
  - ▪ Listen
    - • "What I like about the program is that [the group leader] takes the time to listen to everybody's way of thinking and everybody's motive because everybody does have a certain way that they live and most of us don't live the same life, you know."
  - ▪ Care
    - • "[Group Leader's name] definitely, you know, encouraging us to do better and telling us that we don't have to make the wrong decisions all the time."
    - • "I like how [group leader's name] encourages me to be better and do better"
  - ▪ Great Leaders
    - • "I feel like they are great leaders .. They motivate me a lot. So I really appreciate it."
  - ▪ Broaden horizon
    - • "[Group leader's name] show me that this is not the way to go and tell me like, 'you don't have to live in Chicago forever just because your family is here. You can always move on, come back, and not miss nothing. It's always going to be here.'"
    - • [Group leader's name] opened my mind"
- • Negative Aspects
  - o Don't like talking about feelings
    - ▪ Just don't like talking about my feelings
    - ▪ Feel like I may be judged by group leader(s)
      - • "I thought they were going to judge me or they'd like talk about me and stuff like that. But I see that they did not hurt my feelings or judge me."
    - ▪ Worry about confidentiality because youth in group know each other in school and community
  - o Group leader(s) don't listen
    - ▪ Feel mad, angry: "stop talking over us and listen to our problems."
  - o Mentor disappoints
    - ▪ Mentor failed promises: "Sometimes she'd be telling me I promise I was going to take you to the movies, which she never do. … she says she be having to work."
  - o Boring activities
    - ▪ Worksheets. Feels like homework
    - ▪ Activities that repeat themselves
    - ▪ Fidelity forms at end of group
  - o Group format

- ▪ "if we could just talk to a leader one-by-one and then we all come together in the end and talk … I'd feel more comfortable."
- ▪ Like time with mentor, but the large coping skills group is not fun
  - o Duration of program too short
    - ▪ "It's only 20 minutes every day. So I feel like we should maybe have extra 20 more minutes or something like that because every time we get to touching deeply on a topic, it's over with. It's time for us to go to lunch."
  - o Timing of program
    - ▪ After school, too long. It is late by the time we get out. Too tired to go there after school because already tired from school day.
  - o Not Co-Ed
    - ▪ "sometimes you might want to have a girl's perspective on things too,, you know, not just our [all guys] perspective all the time."
  - o Other Group Members
    - ▪ Don't talk / contribute
    - ▪ Gang Turf Issues
      - • Bringing two schools together that are affiliated with two different gangs into one group setting. Black Disciples (Banneker) and Gangster Disciples (Wentworth)
  - o Environment
    - ▪ Gets "chaotic" sometimes
    - ▪ Loud
    - ▪ Crowded in room, more generally, and at table, more specifically
    - ▪ Can't hear group leaders
    - ▪ In lunchroom where its ugly and people usually get wild
  - o None
    - ▪ Nothing I didn't like about program
- • Views Change Over Time
  - o Views on Group Leaders / Mentor
    - ▪ "I thought they were going to judge me or they'd like talk about me and stuff like that. But I see that they did not hurt my feelings or like judge me. … They're some really good people."
    - ▪ "I didn't think she was going to be quite free, like open-minded, [but] she [is] cool."
  - o Stigma around Mental Health
    - ▪ "At first I feel really weird about doing it because I'm like, 'They're making me see a counselor? They think I'm crazy! … The school made me talk to [Clinician's name].

- o Opening up
    - ▪ At first worried about opening up because of confidentiality (everyone in group knows each other from school and community) but learned to trust each other over time and that helped open up youth.

Research Question II: What do others (friends, family, and other classmates not in program) think about the program they are receiving at school?

Other kids in program

- Negative
    - o Think it is boring too (large coping skills group)
    - o Friend in program likes the program but doesn't like her mentor because of cultural differences…feels her mentor is boring and doesn't really get along with her. She doesn't feel comfortable around her. Mentor doesn't come all the time because knows my friend doesn't like her.
- Positive / Engaged
    - o Like it because enjoy talking with group members and leaders
    - o "Everyone participates and everyone speaks their mind"

Classmates not in program / Other youth

- Positive
    - o Jealous
        - ▪ "They all were like, 'I want to go! I want to go! I want to go!" … Probably so they could miss class.
        - ▪ "I want to get in, I want to get in"
        - ▪ "They kind of probably gotten really jealous. They wonder why we get to do what we do. 'What you all doing? Why you all get to watch videos? How come you get the special attention?'"
        - ▪ "They want to get into the program too ... so they can like have a mentor."
        - ▪ "Everybody wants to be a part of it"
        - ▪ "They think like, 'Why are you the only one going out every time and not us?' And, they kept on asking me about stuff."
- Neither positive nor negative
    - o Indifferent
        - ▪ "[They are] surprised to see that we are in there participating in [group leader's name] class because really most of the people don't know [group leader's name] and also they don't think the class would be as interesting as it was. But when they come and look through the door and they watch us, we're always having fun. We're always

> smiling. We're always discussing things. So I feel that they should want to come in, but I guess they just don't."

- Negative
  - "Some kids happy [for us], but some kids they like every time Miss Clark come get us, they say bad things like they wish they blow up the room that we in … because some kids is jealous that we are in a program."

Family

- Positive
  - Like fact I am in program
  - Glad able to talk to someone
  - "All my friends and family know about it and they like the fact that I'm doing something that's lighting me back up."
  - Like we are getting help, connected with mentors, connected to programs to keep us out of the house and off the streets.
  - Family thinks it is helping me
  - "My family they said that they're happy and they said that if they had a chance to be in the program, they will."
- Neither positive nor negative
  - Curious
    - "My grandma asks me about like, 'Did you have fun? How did you feel?' and stuff like that."
- Negative / Skeptical
  - " Momma told me like, 'You can get counseled by family though.'"

Research Question III: Is their family involved in the program? If so, is it helping their family? If not, would they like their parent to be involved in the program?

- Parents not Involved
  - Consenting to group enough
    - "Well, all [my grandmother] ever did was she sent me to that group and that was good enough"
  - Too busy with work to be involved
  - Would be helpful
    - "Have them come in [and] do activities . So like if we're like mad at them, to help us like cope with each other."
    - Want grandfather to be involved and meet with mentor in private so she can tell him how she is doing and keep him informed of her grades.
    - "My family they said that they're happy and they said that if they had a chance to be in the program, they will. … [Group leader—school counselor] she never had a chance

to get to know my family because she had different school to attend and stuff like that."
- Want them to be involved, "it will make me feel comfortable that my parents listen to what I have to say"
  - o Wouldn't be helpful
    - "We have our own feelings that mothers don't really know about."
  - o Don't want parent involvement
    - "I don't want my parents know how I live, the lifestyle and a lot of the things that I did, you know. It would really hurt my mother. So I rather keep that confidential and at school."

Research Question IV: What have the youth learned in the program and what impact has this made in their lives, if any?

- Learned
  - o Coping Skills
    - Relaxation & Positive Imagery
      - "When I'm mad, I breathe in and out, breathe in and out or clench my fingers."
      - "Relaxation that me and my mom do, what my [group leader] told me about, and it helps me relax when I'm feeling embarrassed or scared. … She told me to close my eyes and then take a deep breath and count to ten and then she told me to think of my dream place where I dream to be or live when I get older."
    - Activities I enjoy
      - Play my guitar
    - Identifying Needs and Asserting Self to Obtain Them
      - "I learned not to let my anger go sometimes, like when people make me mad at school, I just ask the teacher, 'Can I go sit somewhere else?' or 'Can I just go to Ms. Clark?' or I just sit in the office."
    - Social Support
      - "I feel like I learned that you don't have to feel lonely because you have your friends and your [group leader] and your teacher to help you feel safe and comfortable around your surroundings."
    - Avoidance
      - "When you get mad, do whatever you can to like get away from the problem, so I like isolate myself from it."
      - Go to my room
    - Proactive Coping

- Taking care of body by healthy eating and exercise
  - o Social Skills
    - Communication
      - "I learned how to talk to people respectfully."
    - Interpersonal
      - "I learned how to avoid drama."
      - Not to bully or mess with other people and hurt their feelings
      - To be respectful
  - o Goal Setting
    - Get along better with others
    - Calm self when angry
  - o Different way of thinking or living
    - "I have learned that, you know, by living on the streets you don't have to make the wrong choices all the time. Sometimes people steer you to make the wrong choice, but you just got to learn to live and let go. Don't let people drag you down with them. … I have made a lot of bad decisions. Like one time I had robbed a boy for some drugs and [Group leader name] had was telling me that I could have just waited, you know. I could have worked another job or anything and I didn't have to go the route I went which got me incarcerated [and] now house arrest. So he's definitely showing me that I don't have to rob the boy. I should have just worked for what I wanted instead of trying to take something from somebody. Because when you take something it doesn't last long and there's the consequences. … I thought that was my only way to get the money. … [but I'm learning] if you want something, just work for it. You don't have to take it."
    - "I rap about what I see, violence, drugs, but at the same time, it'll probably sound like I'm glorifying it when I'm just telling a story about my life and the lives of others around me. It's easier to rap it out like that. But I'll probably have to find a different approach. It may sound like glorifying. ... He made me really think of how I'm influence younger generation, the youths. Like I know I'll be influential, but made me think more [about] how I will use my influence."
    - "I [learned] that you don't have to take your anger out on everyone around you from what's happening in your household."
- Impact
  - o Translated outside of group
    - Conflict resolution
      - Fighting less with brothers

- Coping Skills
    - "I was like starting to do everything that I said I'd do in group. Like, I was trying to reach the goals that I set. … like, being calm and starting to be respectful a lot."
- Respectful Towards Others
    - "I used to always talk about people that I don't like and I don't do it anymore"
- Personal Change / Symptom Relief
    - "I was bottling a lot and was hurting every day. I always come to school quiet sitting alone like I was lost in the dark somewhere. … I wasn't talking to my family. I wasn't communicating with no one. I never called my mother and told her just, 'Hello. I love you, mother.' You know stuff like that. So they brought the light back to me."
- Helped other areas of life
    - [Group leader's name] even helped me with school. I remember when I first started talking to him, the school dropped me because I had missed too many days. He got me back in school, talked to the director up here. He helped me get, you know, like I said, I come from the 'burbs and all. I was missing so many days because I had no money to get on the bus. He helped me get them to give me bus cards. I appreciate that."
    - Helped family when brother was murdered and mother was under a lot of stress at home.

Research Question V: Do the youth feel the program is meeting their needs? If not, what changes can be made to meet additional needs?

- Things Program Developers / Leaders can do to Improve Program
    - Academic focus
        - "What I thought we was going to learn was like I thought they was going to help with our homework and stuff like that. … Well, something like math. I'm not really good at Math."
        - "Expanding my vocabulary. … I just want to learn to speak on a more business ethic, you know. I want to expand it all up."
    - Change in Activities
        - Less talk about feelings: Don't want to talk about it to group all the time. Would like one-on-one time with group leaders.
        - More fun activities. Less worksheets. More role plays. Activities where able to interact with mentor.
        - Field trips
        - Fun games like basketball, soccer, sports

- o Change in Perspective
  - ▪ "I wish she'd talk to us about like us expressing our feelings and our angers … sometimes you need to be angry. You're angry and it's okay to be, but what are some healthy ways to be angry"
- o Longer time with group leaders / In Program
  - ▪ "I already told them about myself so I don't want to keep telling new people about myself."
  - ▪ Keep program / group leaders in school so can be part of it every year
  - ▪ "I just hope we all keep doing this program. Maybe we can see probably when younger kids get our age the violence decrease because of what we're doing. That's all we would need."
- o Group Leaders Need to Listen More
  - ▪ "Stop talking over us and listen to our problems."
  - ▪ Get youth feedback on what they want to talk about or learn in the program.
  - ▪ "By paying attention more to the students instead of their phones"
- o Activism Component / Giving Back
  - ▪ Desire to go to other schools and give talks to encourage other youth
    - • "People that's younger than me, you know, the teenagers just beginning to come outside and realize what's out here. I just want to let them know like it's not the way to go just because you see your older siblings doing this. It's not what you want to do. If you have motives and goals in your life, you should follow that, you know. Don't let nobody bring you down. So I would love to just go to talk to youths."
    - • "I like how we're trying to change the community and slow down the violence, and we use the videos and stuff, that I would keep. What I would do though is take kids like us, because my generation to me is almost it's over for us. We almost set in our ways. We're 18, 20. … Really we need to target the generation under us, 10, 11, stuff like that. So I say I would get kids first. Get them in a program like this. Do this with them for a couple of weeks and take the kids from the older program and have them partnered up with middle school kids. Do the same thing with them and have them be like a buddy. … Have the link up with us, have them link up with kids like me who been through gang

> bang and could tell them about getting locked up. They don't want to do it. I could take them around some people who really been through it. .. You know, that'll open up like stuff like open up their eyes. .. You know, kids that age look up to kids my age right now between the ages of 16 to 22. We set the trends, you know. We set the trends. Sixteen to 25 we set the trends for what's going on, what's cool all that. I don't think I'm lame. So I feel like I could really influence a kid you know. You can't have no lame kids trying to talk to somebody. You got to have kids just like them. So take kids like me. Put us in a program first though. Take us through the, you know, to make sure I'm right to help those kids and take them and do the same thing with them for a couple weeks. … Maybe we can see when younger kids get our age the violence decrease because of what we are doing. … Especially out here, you know, we got the highest murder rate. That got to stop. I want to bring no kid to this world worry about him done before he hit 13. I worry about me done before I make it to 25. That's just crazy."

- "Put the high school kids to teach the young kids like stuff like not to gang bang and stuff like don't do that"

o More Systemic
  - "I feel like you should bring some teachers into it like you know bring some adults. … It could help us to understand things more clearly from a grown up perspective instead of from our young minds. So I feel some of those would be beneficial to the program."

o Increase Number of Group Members
  - "Encourage more people to come, you know. Let them know that there's nothing really going on. We're just having a big group discussion and it's very interesting and they will really enjoy it."
  - "Tell other kids to come"

o Program Environmental Change
  - "The way they organize the kids a little better"
  - "I think that they should get something better because we are sitting in the cafeteria because [there are] many of us, the room is small, [we need a] bigger room or to be split up so not so many people."
  - More teachers / group leaders because not enough in there for number of youth.

- More "specialists" leading the program: "I don't think they got specialists and stuff talking … because they just say the obvious stuff"
- Some of the group leaders are on their phone or leave early.
- Mentors need to get to coping skills group on time sometimes they don't make it at all because of traffic.
- Have program in a big and aesthetically pleasing place – painted bright colors.
  - o Work Learning Component
    - Want a vocational skills training program or work study program where paid to do work.
      - "I really need a job. I'm trying to stay out of trouble. … My generation needs jobs to stay off the street because no matter what you say to anybody, if you're broke, you're not trying to quit. Trust me, I know."
  - o Snacks
    - Bring snacks
- Things Group Members can do to Improve Program
  - o Offer group leaders advice for other group members
    - "By telling them advice on what they should do better, because … they don't know what [my friends] are like, so I tell them what they should do, give them good advice. … like if [friend's name] is saying, 'I have a problem with my teacher,' I'd tell [group leader's name], 'You should tell her like how to be respectful because she might be disrespectful talking back to the teacher saying, 'I don't care, I don't care,' or just banging on the desk.' I would tell her like, "[group leader's name], this is what you should do to make this get better.' I would be like, "You should talk to her and say like you shouldn't be disrespectful. You should try to hear yourself and do more of that and keep yourself calm or you might get in trouble.' … If I didn't do that, giving the leaders advice, I think my friends, they would have come out bad.'"