

The Mental Health

CULTURALLY RESPONSIVE CARE



TOOLKIT



Table of Contents



Preface

Purpose Statement
Toolkit Details
Special Thanks



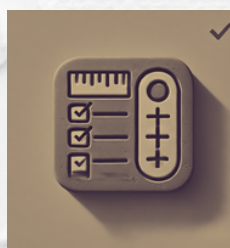
Provider Guides

for providers when
implementing
instruction



Handouts for Providers

for implementing care



Measures

for assessing mental
health literacy, stigma,
and help-seeking

COMING SOON!



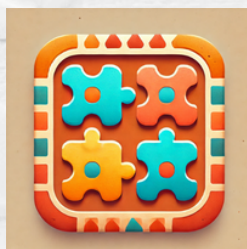
Handouts to Families

for receiving care



Provider Scripts

Language for engaging
families



Family Activities

Interactive activities
for families



Video

Victor Luna
psychoeducational
video and commentary

Online

Table of Contents



Podcast + Newsletter

on accessing mental health, hosted by Dr. Jonathan Martinez

Online



Glossary & References

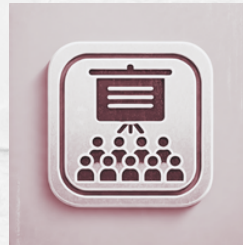
COMING SOON!



Resources

for families navigating community-based mental healthcare

COMING SOON!



Workshops

Psychoeducational workshops and other events

Online





A Message from Dr. Jon

*Jonathan I. Martinez, Ph.D is the developer
of The Mental Health Toolkit for Culturally
Responsive Care.*

Throughout my training and professional career, I have demonstrated a long-standing commitment to addressing the mental health needs of underserved communities. My research interests were inspired from my own upbringing and background, where I observed the stigma and mental health literacy issues my extended family faced with seeking out help for mental health concerns. Unfortunately, these are typical challenges that Latino, immigrant, and Spanish-speaking families encounter when mental health needs arise in family members. This was foundational and inspired my passion for my research, which is often described as “me-search” – personal experiences that motivate one’s research.

I completed my Ph.D. in Clinical Psychology at UCLA, where my research was informed from my clinical experiences at Providence St. John’s Health Center in Los Angeles, CA. I primarily served Latinx, Spanish-speaking families and received extensive training in the delivery of evidence-based interventions. I completed a Postdoctoral Research Fellowship at the Child & Adolescent Services Research Center in San Diego, where I worked on projects focused on the implementation of evidenced-based practices in community mental health settings. My research, clinical, and personal experiences have allowed him to gain both breadth and depth on issues pertaining to culture and diversity. My own background as a Latino, first generation college student are unique assets I have brought to California State University, Northridge (CSUN).

At CSUN, I am currently an Associate Professor in the Department of Psychology, where I am the Co-Director of our Clinical Psychology M.A. Program. I am the Principal Investigator of my P.U.E.N.T.E. (Promoting the Use of Evidence-based practices: Narrowing the Treatment Engagement gap) Research Lab. The goal of our lab is to achieve health equity by implementing evidence-based, culturally responsive practices in the delivery of mental healthcare to underserved families. We accomplish this by fostering collaborative partnerships with community-based mental health organizations to ensure the voice of underserved communities is being amplified and included in research.





Preface

The Purpose of This Toolkit

Despite the high prevalence rates of mental illness in youth, unfortunately most U.S. youth with mental health needs do not receive mental healthcare. The disparity in need and care is highest among racial/ethnic minority and socially disadvantaged families. Mental health literacy - knowledge and beliefs about the nature of problems and effective treatments – is among the most common perceptual barrier limiting the use of effective treatments. Psychoeducation, which provides basic information about mental health problems and treatment options, has emerged as a promising tool for engaging families in mental healthcare. Yet, there is limited psychoeducational content that is co-developed, easily accessible, free, and specifically designed for underserved communities.

To address this gap, this Psychoeducational Mental Health Toolkit was designed to engage underserved families in mental healthcare and increase conversations about mental health between providers and families. Using a collaborative approach with community stakeholders, this toolkit was specifically designed to increase mental health literacy, reduce stigma, and enhance help-seeking behaviors in underserved communities. A cultural lens was used in the development of these materials to highlight the role of culture on impacting mental health and treatment decisions.





What Is Included in the Toolkit

This toolkit contains materials for providers to engage families in care, and for families that are embarking upon their mental health journey, including:

- Provider handouts for implementing culturally responsive, evidence-based strategies for engaging community members in mental health discussions and care.
- Family handouts explaining the importance of these above strategies and questions to ask providers when receiving care.
- Worksheets for interactive activities between providers and families to increase discussions about culture, mental health, help-seeking, and self-care activities.
- Instructional guides, interactive activities.
- Sample worksheets completed by a fictional mother and son to provide examples of completed materials.
- A series of podcasts with stakeholders involved in the community mental health sector to generate conversations about mental health, reduce stigma, and encourage help-seeking.
- A hybrid testimonial/narrative video that depicts a family navigating through mental health struggles and to demystify and destigmatize the help-seeking process.
- A brief measure to assess mental health literacy, stigma, and help-seeking in families.
- Resources for families navigating community-based mental healthcare.





Special Thanks



TO THOSE WHO INSPIRED MY PASSION FOR THIS WORK

To my parents, who were foundational for my ability to accomplish my goals. Were it not for their sacrifices when immigrating to the U.S. from Colombia, I would not have achieved my academic and professional goals to embark on this work.

To my wife, Maria-Pia S. Martinez, for her unconditional love and support of my professional pursuits. She created an atmosphere for me to be in this position to undertake this research. To my son, DeMar L. Martinez, and daughter, Demí S. Martinez, that keep me grounded and mindful on what is important in life.

To Myzomi Productions, led by 3-time Emmy Award Winning Producer Alexander Martinez, who happens to also be my brother. He produced our podcasts, videos, and this toolkit. His creativity shines through.

To my community partner, Maria Arteaga, J.D., who has experience as a Cultural Competency and Diversity Officer at several Behavioral Health Organizations. Maria and the Executive Board for the Equity & Justice for All organization have been instrumental in amplifying the voices of underserved communities and providing feedback in the development of this toolkit.

To my PUENTE Lab members, for their innovative approach to designing toolkit materials. I have a strong track record of mentoring underrepresented students in psychological research. But this mentorship is bidirectional, where they keep me motivated to continue this work.



For Implementing Instruction & Leading Activities

A. ADDRESSING BARRIERS TO CARE

B. COLLABORATION

C. TRUST

D. PSYCHOEDUCATION

E. EMPOWERMENT GUIDE FOR PROVIDERS

F. RELATIONSHIP + PERSONALISMO





PROVIDER

Addressing Barriers to Care

what is it?

Barriers to Care consist of factors that prevent people from getting help despite them wanting to get help¹. Such factors include cognitive (e.g., conceptualization of mental health), affective (e.g., stigma), value orientation (e.g., cultural values), and physical and structural barriers (e.g., location and scarcity of bicultural and bilingual mental health professionals)^{2,3}.

importance

When providers identify barriers and try to problem solve them, they are more likely to increase the likelihood of clients to engage in help-seeking behaviors. It is also important in order to achieve the best possible health outcomes for families⁵.

goals

The goal for providers is identify the different barriers and work on trying to problem solve⁶.

The goal is also for provider to be more sensitive to the challenges faced by their patients⁷.

provider steps

1. Address any concerns that were brought up⁸.
2. Address any cultural barriers (e.g., stigma, shame).
3. Identify future potential barriers by asking, “what might get in the way of coming back?”
4. Help problem-solve to address the barriers⁹.



References

[Barriers to Care]

1. Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry*, 10(1), 113. <https://doi.org/10.1186/1471-244X-10-113>
2. Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: does it matter? *Journal of Health and Social Behavior*, 36(1), 1–10. <https://doi.org/10.2307/2137284>
3. Gary, F. A. (2005). Stigma: barrier to mental health care among ethnic minorities. *Issues in Mental Health Nursing*, 26(10), 979–999. <https://doi.org/10.1080/01612840500280638>
4. Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614–625. <https://doi.org/10.1037/0003-066X.59.7.614>
5. Alegría, M., Canino, G., Ríos, R., Vera, M., Calderón, J., Rusch, D., & Ortega, A. N. (2002). Mental health care for Latinos: Inequalities in use of specialty mental health services among Latinos, African Americans, and non-Latino whites. *Psychiatric Services*, 53(12), 1547–1555. <https://doi.org/10.1176/appi.ps.53.12.1547>
6. Snowden, L. R. (2001). Barriers to effective mental health services for African Americans. *Mental Health Services Research*, 3(4), 181–187. <https://doi.org/10.1023/A:1013172913880>
7. Sue, S., Cheng, J. K. Y., Saad, C. S., & Chu, J. P. (2012). Asian American mental health: A call to action. *American Psychologist*, 67(7), 532–544. <https://doi.org/10.1037/a0028900>
8. Vega, W. A., & Lopez, S. R. (2001). Priority issues in Latino mental health services research. *Mental Health Services Research*, 3(4), 189–200. <https://doi.org/10.1023/A:1013129115450>
9. Leong, F. T. L., & Kalibatseva, Z. (2011). Cross-cultural barriers to mental health services in the United States. *Cerebrum: The Dana Forum on Brain Science*, 2011, 5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3574794/>



PROVIDER

Collaboration

what is it?

In a clinical setting, collaboration is often referred to as a therapeutic alliance. A therapeutic alliance is a collaborative relationship that is formed between the provider and family with the intent of working together to meet the family's needs and goals. ^{1,2}

importance

Good collaboration is associated with:

- Higher child and parent engagement during treatment ^{1,2,4,5,6,7}
- Increased medication compliance ¹
- Decreased hospitalization time ⁸
- Greater client retention ^{1,3,4,5,6,7,9,10}

goals

- Team-based partnership created between family and provider ¹
- Treatment centered around the family's needs and goals ^{11,12,13,14,15}
- Family input is incorporated into treatment ^{2,3}

provider steps

1. Address any concerns that were brought up.
2. Address any cultural barriers (e.g., stigma, shame).
3. Identify future potential barriers by asking, “what might get in the way of coming back?”
4. Help problem-solve to address the barriers.



References

[Collaboration]

1. Howgego, I. M., Yellowlees, P., Owen, C., Meldrum, L., & Dark, F. (2003). The therapeutic alliance: The key to effective patient outcome? A descriptive review of the evidence in community mental health case management. *Australian & New Zealand Journal of Psychiatry*, 37(2), 169–183. <https://doi.org/10.1046/j.1440-1614.2003.01131.x>
2. Wampold, B. E. (2001). Contextualizing psychotherapy as a healing practice: Culture, history, and methods. *Applied and Preventive Psychology*, 10(2), 69-86. [https://doi.org/10.1017/S0962-1849\(02\)01001-6](https://doi.org/10.1017/S0962-1849(02)01001-6)
3. Hawley, K. M., & Weisz, J. R. (2005). Youth versus parent working alliance in usual clinical care: Distinctive associations with retention, satisfaction, and treatment outcome. *Journal of Clinical Child & Adolescent Psychology*, 34(1), 117-128. https://doi.org/10.1207/s15374424jccp3401_11
4. Alexander, J. F., Barton, C., Schiaro, R. S., & Parsons, B. V. (1976). Systems-behavioral intervention with families of delinquents: Therapist characteristics, family behavior, and outcome. *Journal of Consulting and Clinical Psychology*, 44(4), 656-664. <https://doi.org/10.1037/0022-006X.44.4.656>
5. Garcia, J. A., & Weisz, J. R. (2002). When youth mental health care stops: Therapeutic relationship problems and other reasons for ending youth outpatient treatment. *Journal of Consulting and Clinical Psychology*, 70(2), 439-443. <https://doi.org/10.1037/0022-006X.70.2.439>
6. Kazdin, A. E., Holland, L., & Crowley, M. (1997). Family experience of barriers to treatment and premature termination from child therapy. *Journal of Consulting and Clinical Psychology*, 65(3), 453-463. <https://doi.org/10.1037/0022-006X.65.3.453>
7. Florsheim, P., Shotorbani, S., Guest-Warnick, G., Barratt, T., & Hwang, W. -C. (2000). Role of the working alliance in the treatment of delinquent boys in community-based programs. *Journal of Clinical Child Psychology*, 29(1), 94-107. https://doi.org/10.1207/S15374424jccp2901_10
8. Frank, A. F., & Gunderson, J. G. (1990). The role of the therapeutic alliance in the treatment of schizophrenia: Relationship to course and outcome. *Archives of General Psychiatry*, 47(3), 228–236. <https://doi.org/10.1001/archpsyc.1990.01810150028006>



PROVIDER

Building Trust

what is it?

Trust can be defined as a person's willingness to consider new knowledge from another person as honest, generalizable, and relevant to themselves. It is one of the core constructs of therapeutic alliance.²

importance

- Therapeutic relationships involve risk and safety, especially when working with underserved communities³
- There is historic mistrust among people of color, immigrants, and LGBTQ+ communities⁴
- Trust may reduce the likelihood of early treatment termination and increase better treatment outcomes

goals

- Communication before, throughout, and following family engagement
- Respect of the family through your use of tone, content, and treatment facilitation
- Transparency with the family that is clear and well-understood⁶

steps to take

1. Listening to and addressing treatment priorities identified by family
2. Recognize the family's strengths and resources
3. Account for family's perspectives, cultural values, and contributions
4. Reflect on whether the family's goals have been met
5. Follow up with family, and establish ways they can continue to receive support^{1,3,6}



References

[Trust]

1. Fonagy, Peter, and Elizabeth Allison. "The Role of Mentalizing and Epistemic Trust in the Therapeutic Relationship." *Psychotherapy (Chicago, Ill.)*, vol. 51, no. 3, 2014, pp. 372-80, <https://doi.org/10.1037/a0036505>.
2. Mayer, R. C., Davis, J. H., & Schoorman, F. D. (1995). An integrative model of organizational trust. *The Academy of Management Review*, 20(3), 709-734. <https://doi.org/10.2307/258792>
3. Lucero, Julie & Wright, Kathrine & Reese, Abigail. (2017). Trust Development in CBPR Partnerships.
4. Jessica Jaiswal (2019) Whose Responsibility Is It to Dismantle Medical Mistrust? Future Directions for Researchers and Health Care Providers, *Behavioral Medicine*, 45:2, 188-196, DOI: 10.1080/08964289.2019.1630357
5. O'Keeffe, S., Martin, P., & Midgley, N. (2020). When adolescents stop psychological therapy: Rupture-repair in the therapeutic alliance and association with therapy ending. *Psychotherapy*, 57(4), 471-490. <https://doi.org/10.1037/pst0000279>
6. The Role and Importance of Building Trust. (n.d.). Department of Agricultural Economics, Sociology, and Education. <https://aese.psu.edu/research/centers/cecd/engagement-toolbox/roleimportance-of-building-trust>



PROVIDER

Psychoeducation

what is it?

Psychoeducation can simply be defined as "a therapeutic practice used to present factual information about target problems and treatments" ¹. At the family level, psychoeducation is a strategy that provides individuals (and their family members) with mental health problems with information about prevention, treatment, and recovery strategies for that disorder. ²

importance

- Acts as a foundation for other engagement practices.
- Increases caregiver involvement in services.¹
- Reduces non-adherence, relapses, and hospitalization.
- Improves social and global functioning, consumer satisfaction, and quality of life².
- Increases participant help seeking attitudes, help seeking intentions, and literacy⁵.

goals

- Facilitate families' comprehension of complex information.
- Provide families with optimistic messages to encourage engagement.

steps to take

1. Address any concerns that were brought up.
2. Address any cultural barriers (e.g., stigma, shame).
3. Identify future potential barriers by asking, "what might get in the way of coming back?"
4. Help problem-solve to address the barriers.



References

[Psychoeducation]

1. Martinez, J. I., Lau, A., Chorpita, B. F., Weisz, J. R., & the Research Network on Youth Mental Health (2015). Psychoeducation as a mediator of treatment approach on parent engagement in child psychotherapy for disruptive behavior. *Journal of Clinical Child and Adolescent Psychology*, 46(4), 573-587. doi:10.1080/15374416.2015.1038826.
2. Lyman, D. R., Braude, L., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Consumer and family psychoeducation: assessing the evidence. *Psychiatric services (Washington, D.C.)*, 65(4), 416–428.
<https://doi.org/10.1176/appi.ps.201300266>.
3. Martinez, J. I., (2022). Enhancing Awareness of Cultural Humility and Intersectionality to Implement Culturally Responsive Care to Underserved Families in Community-Based Mental Health Settings [PowerPoint Slides]. Department of Psychology, California State University, Northridge.
4. Becker, K. D., Lee, B. R., Daleiden, E. L., Lindsey, M., Brandt, N. E., & Chorpita, B. F. (2015). The common elements of engagement in children's mental health services: Which elements for which outcomes? *Journal of Clinical Child & Adolescent Psychology*, 44(1), 1-14.
5. Taylor-Rodgers, E., & Batterham, P. J. (2014). Evaluation of an online psychoeducation intervention to promote mental health help seeking attitudes and intentions among young adults: randomised controlled trial. *Journal of affective disorders*, 168, 65–71. <https://doi.org/10.1016/j.jad.2014.06.047>.
6. Lucksted, A., McFarlane, W., Downing, D., & Dixon, L. (2012). Recent developments in family psychoeducation as an evidence-based practice. *Journal of marital and family therapy*, 38(1), 101–121. <https://doi.org/10.1111/j.1752-0606.2011.00256>.

PROVIDER

Empowerment

what is it?

Empowerment is broadly defined as “the act of giving somebody more control over their own life or the situation they are in.”¹ However, this definition is adaptable in how it applies to distinct groups and communities. Within the context of families, empowerment is conceptualized as a “process of recognizing, promoting, and enhancing caregivers’ abilities to meet their own needs, solve their own problems, and mobilize the necessary resources to feel in control of their own lives.”² Empowering caregivers provides them with the confidence and encouragement to take an active role in the mental health treatment of their children.

importance

- Impacts child treatment outcomes positively.
- Increases likelihood of treatment attendance and completion.
- Improves caregiver-child relationships.
- Increases confidence in caregiving skills.
- Decreases caregiver stress.
- Improves behaviors and academic outcomes.^{3 4 5}
- Fewer and less severe caregiver mental health problems.⁶

goals

- Emphasizing family as expert.
- Praising family strengths and effort.
- Supporting self-efficacy.

steps to take

1. Let caregivers know they are the expert on their family and their role is invaluable.
2. Work with caregivers to address barriers to change (e.g., mental health stigma, attitudes about mental health services, beliefs surrounding child social and behavioral problems).
3. Provide knowledge and information to adapt attitudes and beliefs.
4. Support family strengths/effort to make them feel confident in their abilities to carry out therapy work.⁷
5. Aid in the development of skills and abilities for navigating and interacting with different providers and healthcare systems.⁸



References

[Empowerment]

- ¹ Oxford Learner's English Dictionary. (n.d.). Empowerment. In Oxford Learner's Dictionaries.com. Retrieved November 21, 2022, from <https://www.oxfordlearnersdictionaries.com/us/definition/english/empowerment?q=empowerment>
- ² Gibson C. H. (1995). The process of empowerment in mothers of chronically ill children. *Journal of advanced nursing*, 21(6), 1201–1210.
- ³ Chacko, A., Wymbs, B. T., Wymbs, F. A., Pelham, W. E., Swanger-Gagne, M. S., Girio, E., Pirvics, L., Herbst, L., Guzzo, J., Phillips, C., & O'Connor, B. (2009). Enhancing traditional behavioral parent training for single mothers of children with ADHD. *Journal of clinical child and adolescent psychology: the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53*, 38(2), 206–218.
- ⁴ Kazdin, A. E., & Wassell, G. (2000). Predictors of barriers to treatment and therapeutic change in outpatient therapy for antisocial children and their families. *Mental Health Services Research*, 2(1), 27–40.
- ⁵ Ruffolo, M., Kuhn, M., & Evans, M. (2006). Developing a parent-professional team leadership model in group work: Work with families with children experience behavioral and emotional problems. *Social Work*, 51, 39–47.
- ⁶ Weiss, J. A., Cappadocia, M. C., MacMullin, J. A., Viecili, M., & Lunskey, Y. (2012). The impact of child problem behaviors of children with ASD on parent mental health: the mediating role of acceptance and empowerment. *Autism: the international journal of research and practice*, 16(3), 261–274.
- ⁷ Martinez, J. I. (2022). Enhancing Awareness of Cultural Humility and Intersectionality to Implement Culturally Responsive Care to Underserved Families in Community-Based Mental Health Settings [PowerPoint Slides]. Department of Psychology, California State University, Northridge.
- ⁸ Olin, S. S., Hoagwood, K. E., Rodriguez, J., Ramos, B., Burton, G., Penn, M., Crowe, M., Radigan, M., & Jensen, P. S. (2010). The Application of Behavior Change Theory to Family-Based Services: Improving



PROVIDER

Relationship Building

what is it?

Relationship Building can be best defined as “the act of developing and maintaining relationships with people.”¹

Within the context of a therapeutic relationship, relationship building is “someone with whom they felt a positive connection and in whom they had developed a collaborative relationship,” essentially, building rapport between providers and families.²

importance

- Achieves optimal results by providing an open space for families and the client to express concerns both safely and confidently.³
- Found to be a concern for child therapy dropout rates, as well as an important factor for treatment outcomes.^{4, 5}

goals

- Create an open space so family can share any negative emotional responses.⁶
- Utilizing active listening to show full attention.⁶
- Agree to opinions/views that others do not.⁶
- General agreement on the goals and tasks of the treatment.⁶
- Shared decision-making.⁶

steps to take

1. Hear their story and understand where they're coming from.
2. Spend time and listen to the parent in a nonjudgmental manner.
3. Actively and reflectively listen to the family.
4. Empathize with the parents' experience.
5. Validate and express concerns about the family.



References

[Relationship Building]

¹ <https://study.com/academy/lesson/relationship-building-skills.html>

² Thompson, S. J., Bender, K., Lantry, J., & Flynn, P. M. (2007). Treatment Engagement: Building Therapeutic Alliance in Home-Based Treatment with Adolescents and their Families. *Contemporary Family Therapy*, 29(1-2), 39–55. <https://doi.org/10.1007/s10591-007-9030-6>

³ Garcia, J. A., & Weisz, J. R. (2002). When youth mental health care stops: Therapeutic relationship problems and other reasons for ending youth outpatient treatment. *Journal of Consulting and Clinical Psychology*, 70(2), 439–443. <https://doi.org/10.1037/0022-006X.70.2.439>

⁴ Karver, M. S., Handelsman, J. B., Fields, S., & Bickman, L. (2006). Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in the child and adolescent treatment outcome literature. *Clinical Psychology Review*, 26(1), 50–65. <https://doi.org/10.1016/j.cpr.2005.09.001>

⁵ Shirk, S. R., Karver, M. S., & Brown, R. (2011). The alliance in child and adolescent psychotherapy. *Psychotherapy*, 48(1), 17–24. <https://doi.org/10.1037/a0022181> o6<https://www.family-institute.org/behavioral-health-resources/importance-relationshiptherapist>



For Receiving Culturally Responsive Care

A. ADDRESSING BARRIERS TO CARE

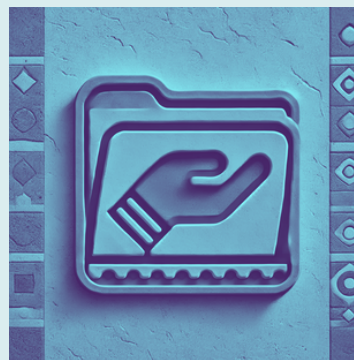
B. RELATIONSHIP + PERSONALISMO

C. COLLABORATION

D. PSYCHOEDUCATION

E. EMPOWERMENT GUIDE FOR PROVIDERS

F. TRUST





FAMILY

Addressing Barriers to Care

what is it?

- Barriers to Care include any sort of obstacle that limits or prevents people from receiving health care.
- Barriers may include lack of health insurance, poor access to transportation, limited health care resources, culture, etc.¹

importance

- Barriers to care has been shown to increase the risk of poor health outcomes and health disparities.¹
- If left untreated, families may not achieve the wellness they desire.

goals

- Increase mental health outcomes.
- Receive adequate mental health care.
- Promote awareness of mental health.
- Help problem-solve potential barriers that you may or may not have anticipated, collaboratively with your provider.

?s to Ask

- How should I communicate any barriers that I have?
- What's the best way to communicate if I cannot attend treatment?
- If I am feeling uncertain about whether therapy is helping me, how should I communicate that?
- If my family is not in the same page that I am going to therapy, what should I do?



References

[Barriers to Care]

¹ Access to Health Services. Healthy People 2030. (n.d.).
<https://health.gov/healthypeople/priority-areas/social-determinants-health/literaturesummaries/access-health-services>





FAMILY

Relationship Building

what is it?

Relationship Building can be best defined as working to build or maintain ethical relationships or networks with people to achieve goals and establish advantages.¹

importance

- Relationship building provides an open space for families and clients to express concerns safely and confidently.
- It is also helpful in providing more effective solutions when problems arise, and improve overall cooperation.

goals

- Trust: Freedom to share any negative emotional responses with each other.
- Care: Utilizing active listening to show full attention.
- Respect: Agreeing to opinions/views that others do not.
- Agreement: General agreement on the goals and tasks of the treatment.
- Collaboration: Shared decision-making.

?s to Ask

- How can we work to establish trust?
- What forms of communication will be most effective throughout treatment?
- How can I build a safe space for expressing concerns?
- How do I make sure my opinions and concerns are respected?



References

[Relationship Building]

¹ Government of the Northwest Territories. (n.d.).
Relationship building. Relationship Building.
<https://my.hr.gov.nt.ca/competencies/relationship-building>





FAMILY

Collaboration

what is it?

In treatment, a collaborative relationship occurs when the family and provider work together to meet the family's needs and goals.^{1,2}

importance

Good collaboration is associated with:

- Less severe mental health symptoms³
- Greater trust in provider and treatment⁴
- Higher child and parent participation during treatment^{1,5,6,7,8,9}
- Greater family satisfaction with treatment experience^{10,11}

characteristics

Partnership: A positive relationship between family and provider¹

Family-centered: Treatment considers the family's needs and goals^{12,13,14,15,16}

Participation: Family is actively involved in treatment¹

?s to Ask

How will my family's top concerns be considered in treatment?

How will my family's goals be integrated into treatment?

How are the provider's and my family's goals similar and/or different?

How will my family participate in my child's treatment?



References

[Collaboration]

1. Howgego, I. M., Yellowlees, P., Owen, C., Meldrum, L., & Dark, F. (2003). The therapeutic alliance: The key to effective patient outcome? A descriptive review of the evidence in community mental health case management. *Australian & New Zealand Journal of Psychiatry*, 37(2), 169-183. <https://doi.org/10.1046/j.1440-1614.2003.01131.x>
2. Wampold, B. E. (2001). Contextualizing psychotherapy as a healing practice: Culture, history, and methods. *Applied and Preventive Psychology*, 10(2), 69-86. [https://doi.org/10.1017/S0962-1849\(02\)01001-6](https://doi.org/10.1017/S0962-1849(02)01001-6)
3. Solomon, P., Draine, J. & Delaney, M. A. (1995). The working alliance and consumer case management. *The Journal of Mental Health Administration*, 22, 126-134. <https://doi.org/10.1007/BF02518753>
4. Bachelor, A., Laverdière, O., Gamache, D., & Bordeleau, V. (2007). Clients' collaboration in therapy: Selfperceptions and relationships with client psychological functioning, interpersonal relations, and motivation. *Psychotherapy (Chicago, ILL.)*, 44(2), 175-192. <https://doi.org/10.1037/0033-3204.44.2.17>
5. Hawley, K. M., & Weisz, J. R. (2005). Youth versus parent working alliance in usual clinical care: Distinctive associations with retention, satisfaction, and treatment outcome. *Journal of Clinical Child & Adolescent Psychology*, 34(1), 117-128. https://doi.org/10.1207/s15374424jccp3401_11
6. Alexander, J. F., Barton, C., Schiaro, R. S., & Parsons, B. V. (1976). Systems-behavioral intervention with families of delinquents: Therapist characteristics, family behavior, and outcome. *Journal of Consulting and Clinical Psychology*, 44(4), 656-664. <https://doi.org/10.1037/0022-006X.44.4.656>
7. Garcia, J. A., & Weisz, J. R. (2002). When youth mental health care stops: Therapeutic relationship problems and other reasons for ending youth outpatient treatment. *Journal of Consulting and Clinical Psychology*, 70(2), 439-443. <https://doi.org/10.1037/0022-006X.70.2.439>
8. Kazdin, A. E., Holland, L., & Crowley, M. (1997). Family experience of barriers to treatment and premature termination from child therapy. *Journal of Consulting and Clinical Psychology*, 65(3), 453-463. <https://doi.org/10.1037/0022-006X.65.3.453>
9. Florsheim, P., Shotorbani, S., Guest-Warnick, G., Barratt, T., & Hwang, W. -C. (2000). Role of the working alliance in the treatment of delinquent boys in community-based programs. *Journal of Clinical Child Psychology*, 29(1), 94-107. https://doi.org/10.1207/S15374424jccp2901_10



References

[Collaboration]

10. Garland, A. F., Aarons, G. A., Saltzman, M. D., & Kruse, M.). (2000). CCorrelates of adolescents' satisfaction with mental health services. *Mental Health Services Research*, 2, 127-139. <https://doi.org/10.1023/A:1010137725958>
11. Kendall, P. C., & Southam-Gerow, M. A. (1996). Long-term follow-up of a cognitive-behavioral therapy for anxiety-disordered youth. *Journal of Consulting and Clinical Psychology*, 64(4), 724-730. <https://doi.org/10.1037/0022-006X.64.4.724>
12. Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice*, 16(3), 252--260. <https://doi.org/10.1037/h0085885>
13. Horvath, A. O., & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal of Consulting and Clinical Psychology*, 61(4), 561-573. <https://doi.org/10.1037/0022-006X.61.4.561>
14. Shirk, S., & Saiz, C. (1992). Clinical, empirical, and developmental perspectives on the therapeutic relationship in child psychotherapy. *Development and Psychopathology*, 4(4), 713-728. <https://doi.org/10.1017/S095457-9400004946>
15. Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103. <https://doi.org/10.1037/h0045357>
16. Stark, K. D., Rouse, L. W., & Livingston, R. (1991). Treatment of depression during childhood and adolescence: Cognitive-behavioral procedures for the individual and family. In P. C. Kendall (Ed.), *Child and adolescent therapy: Cognitive-behavioral procedures* (pp. 165-206). New York: Guilford





FAMILY

Psychoeducation

what is it?

Providing educational information about mental health to those seeking or receiving mental health services to better their understanding of mental health problems and treatment options and to promote recovery.

importance

- Promotes understanding of important topics involving family and child mental health
- Increases caregiver satisfaction
- Improves family interactions
- Fosters more positive family and child outcomes¹

goals

- Improve familial knowledge of mental health
- Address issues, concerns, and expectations about treatment
- Encourage family attendance and participation
- Provide optimistic messages about child and family mental health.¹

?s to Ask

- Who is involved in this process?
- How often will we be meeting with one another?
- What does mental health care look like for my child/our family?
- How will treatment help my child/our family?
- What are your expectations for my child/us as a family?



References

Psychoeducation

1. Martinez, J.I. (2018). implementing evidence-based, culturally responsive strategies for engaging families in youth mental health services [powerpoint slides]. department of psychology, California State University Northridge.





FAMILY

Empowerment

what is it?

Empowerment acknowledges, encourages, and strengthens the ability of families and caregivers to identify their needs, problem solve, and utilize resources to gain a sense of confidence and control over their lives. ¹

importance

- Increases treatment attendance and completion
- Improves caregiver-child relationship
- Enhances confidence in caretaking skills Reduces caregiver stress
- Betters child behavioral outcomes ¹

goals

- Highlight family strengths and abilities
- Praise family efforts
- Communicate invaluable role of caregiver in treatment
- Increase family confidence in ability to carry out treatment ²

achieving empowerment

1. Acknowledge family strengths, capabilities, and resources
2. Recognize that you are the expert on your child ²
3. Have confidence in yourself as a caregiver
4. Speak up and ask for what you need
5. Take an active role in your child's treatment³



References

[EMPOWERMENT]

1. Olin, S. S., Hoagwood, K. E., Rodriguez, J., Ramos, B., Burton, G., Penn, M., Crowe, M., Radigan, M., & Jensen, P. S. (2010). The Application of Behavior Change Theory to Family-Based Services: Improving Parent Empowerment in Children's Mental Health. *Journal of child and family studies*, 19(4), 462–470.
<https://doi.org/10.1007/s10826-009-9317-3>
2. Martinez, J. I. (2018). Implementing Evidence-Based, Culturally Responsive Strategies for Engaging Families in Youth Mental Health Services [PowerPoint Slides]. Department of Psychology, California State University Northridge.
3. University of Michigan. (n.d.). Empower yourself. Eisenberg Family Depression Center.
<https://depressioncenter.org/outreacheducation/depression-toolkit/want-stay-mentallyhealthy/empower-yourself>



FAMILY

Building Trust



what is it?

Trust is defined as a basic attitude that you can take toward another person in which you believe they will act in a kind, approving, and supportive way in return.¹ Trust involves having open thoughts and feelings with others,¹ which is important to have with your provider to accomplish therapy goals.³

importance

- Trust between a provider and a client creates comfort for both parties to develop open and honest conversations.
- It can minimize ending treatment sooner and likely increase the effectiveness in treatment.
- A lack of trust can cause disruptions and may result in ending treatment prematurely.⁴

goals

- Build a therapeutic and collaborative relationship with your provider with the intention to understand your needs.²
- Engage in a collaborative relationship with mutual respect for everyone.²
- Establishing trust with your provider can have a positive impact on the parent-child relationship.

?s to Ask

- How can I demonstrate my commitment and actively participate in therapy?
- What is the appropriate and clear method for me to communicate, ask questions address concerns?
- How can I make sure I feel safe and respected here so that I can be as honest as possible?
- In what ways can I make sure that I understand the agreements made? In what ways can we practice working on being as transparent as possible in our work together?



References

BUILDING TRUST

1. Faulkner, Paul, and Thomas Simpson (eds), *The Philosophy of Trust* (Oxford, 2017; online edn, Oxford Academic, 23 Mar. 2017), <https://doi.org/10.1093/acprof:oso/9780198732549.001.0001>
2. Kottler, J. A., & Shepard, D. (8th Edition-2015). *Introduction to counseling: Voices from the field* 8th Ed. Stamford, CT: Cengage Learning
3. Mayer, R. C., Davis, J. H., & Schoorman, F. D. (1995). An integrative model of organizational trust. *The Academy of Management Review*, 20(3), 709–734. <https://doi.org/10.2307/258792>
4. O’Keeffe, S., Martin, P., & Midgley, N. (2020). When adolescents stop psychological therapy: Rupturerepair in the therapeutic alliance and association with therapy ending. *Psychotherapy*, 57(4), 471-490





For Receiving Culturally Responsive Care

A. SELF-CARE ACTIVITIES

B. CULTURAL IDENTITY WHEEL

C. STRENGTHS OF YOUR COMMUNITY

D. VICTOR LUNA VIDEO WORKSHEET

E. COMPLIMENTARY CARE

F. CULTURAL VALUES & BELIEFS





SELF-CARE ACTIVITIES ACTION PLAN

WHAT IS ONE SELF-CARE ACTIVITY YOU CAN DO WITHIN THE NEXT WEEK?
(REFER TO SELF-CARE ACTIVITIES CHECKLIST)

WHAT DAY AND TIME WOULD BE BEST FOR DOING THIS ACTIVITY?

Mon

Tues

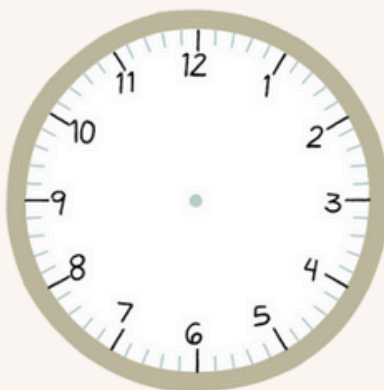
Wed

Thu

Fri

Sat

Sun



—:— AM
—:— PM

WHAT MIGHT GET IN THE WAY OF DOING THIS ACTIVITY?



SELF-CARE ACTIVITIES CHECK IN

HOW WOULD YOU RATE YOUR MOOD 5 MINUTES BEFORE COMPLETING THIS ACTIVITY?

				
1	2	3	4	5

HOW WOULD YOU RATE YOUR MOOD AFTER COMPLETING THIS ACTIVITY?

				
1	2	3	4	5

HOW DID THE ACTIVITY GO?

<hr/> <hr/>

WHAT HELPED YOU COMPLETE THIS ACTIVITY OR CAN HELP YOU COMPLETE IT IN THE FUTURE?

<hr/> <hr/>

DO YOU HAVE QUESTIONS ABOUT THIS ACTIVITY OR IS THERE ANYTHING YOU WOULD LIKE TO PRACTICE?

<hr/> <hr/>



SELF-CARE ACTIVITIES CHECKLIST

- ☐ Download and use a wellness application
- ☐ Connect with friends and/or family
- ☐ Meditate and practice deep breathing exercises
- ☐ Do an activity that brings joy
- ☐ Spend time doing a hobby
- ☐ Spend time journaling
- ☐ Spend time outdoors
- ☐ Attend a community event
- ☐ Take a relaxing bath or shower
- ☐ Get a good night's sleep or take a nap
- ☐ Attend a religious service and/or say a prayer
- ☐ Take a break from technology
- ☐ Engage in mindfulness activities
- ☐ Do something kind for someone you care about
- ☐ Exercise





EXAMPLES

SELF-CARE ACTIVITIES

APPS

- Headspace
- Mindshift
- Mango Health

HOBBIES

- Playing an instrument
- Doing art (painting, drawing, knitting)
- Gardening
- Hiking
- Dancing
- Baking
- Cooking

OUTDOOR TIME

- Take a walk around your neighborhood
- Spend time in a park
- Visit a pond, lake, or beach
- Spend 20 minutes enjoying the sun

MINDFULNESS

- Practice gratitude
- Reflect on how you are feeling (mentally, emotionally, physically)

ACTIVITIES

- Reading a book
- Playing a video, board, or card game
- Listening to music or a podcast
- Watching a TV show or movie

EXERCISE

- Go for a walk or run
- Do a short at-home workout
- Go to the gym
- Do yoga

FAMILY CONTACT

- Text
- Call
- Email
- Spend physical time together

JOURNALING

- Thoughts and feelings
- The day's events
- Things you are grateful for
- Things you like about yourself

TECH TUNE OUT

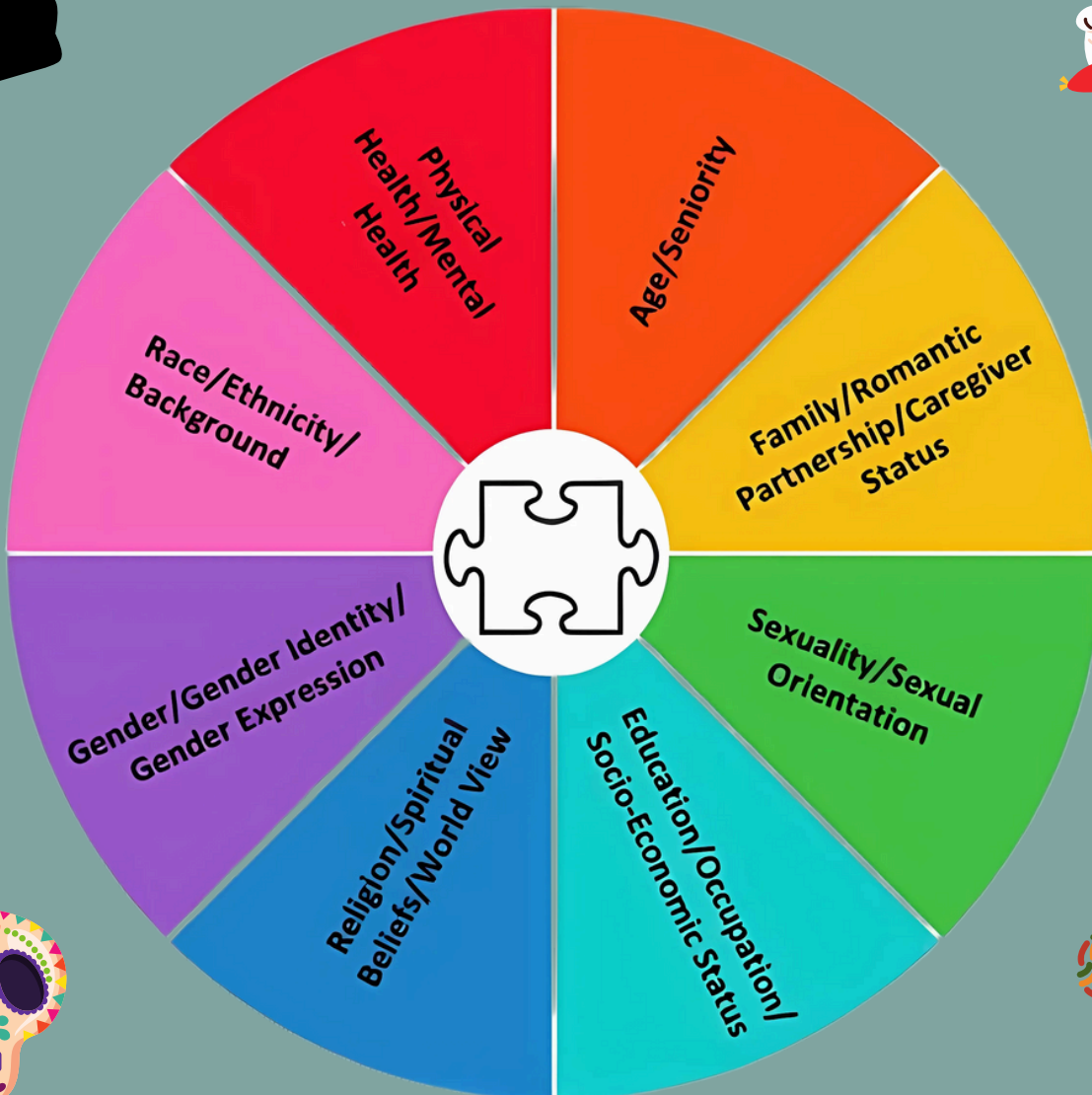
- Spend time away from phones, tablets, computers, and TVs
- Turn off all electronics for a set time



Cultural Identities Worksheet

What does culture mean to you?

Cultural Identity Wheel





Cultural Identities Worksheet

OVERVIEW

The wheel on Pg.39 provides some examples of cultural identities and groups. Pick 3 cultural groups or identities (those listed or not listed on this wheel) that significantly impact who you are.

1

2

3

Imagine the second cultural identity you listed above was erased and no longer existed. What are some emotions or feelings you have now that the cultural group or identity is not a part of you?

What are ways in which each of your listed cultural identities have offered you certain advantages/privileges? Have they presented certain challenges/obstacles as well?

How might each of your listed cultural identities push or pull you away from achieving mental health wellness?



Cultural Identities Worksheet

VALUES & BELIEFS

CULTURAL VALUES & BELIEFS

Ten common cultural values and their definitions are listed below. Please place a checkmark in the box next to each value you identify as being important to you.

Importance of Family²

Valuing close connectedness among family members.

Respect for Authority³

Valuing and showing politeness to those with superior status.

Respect for Elders³

Valuing and showing politeness to those older than oneself.

Importance of Close Relationships

Forming and valuing personal, reciprocal relationships.

Modesty and Humility

Understanding personal strengths and limitations.

Collectivism

Prioritizing the well-being, needs, and shared goals of a group.

Individualism

Valuing personal well-being over group needs and goals.

Acceptance¹

Events are predetermined and happen for a reason.

Spirituality and Religiosity

Belief in a higher power or affiliation with a specific religion.

Conformation to Gender Roles

Fulfillment of expectations associated with respective gender.



Cultural Identities Worksheet

VALUES & BELIEFS

CULTURAL VALUES & BELIEFS

Based on the cultural values selected on the previous page, answer the following questions using the provided lines below. Please answer the questions to the best of your ability and as honestly as possible.

In what ways might the cultural value(s) you identified as important be helpful in achieving mental health wellness?

In what ways might the cultural value(s) you identified as important act as an obstacle in achieving mental health wellness?

Compare the cultural value(s) you selected with your provider. How are these values similar? How are they different?



References

[CULTURAL IDENTITY]

¹ Anastasia, E. A., & Bridges, A. J. (2015). Understanding Service Utilization Disparities and Depression in Latinos: The Role of Fatalismo. *Journal of immigrant and minority health*, 17(6), 1758–1764. <https://doi.org/10.1007/s10903-015-0196-y>

² Campos, B., Ullman, J. B., Aguilera, A., & Dunkel Schetter, C. (2014). Familism and psychological health: the intervening role of closeness and social support. *Cultural diversity & ethnic minority psychology*, 20(2), 191–201. <https://doi.org/10.1037/a0034094>

³ Calzada, E. J., Fernandez, Y., & Cortes, D. E. (2010). Incorporating the cultural value of respeto into a framework of Latino parenting. *Cultural diversity & ethnic minority psychology*, 16(1), 77–86. <https://doi.org/10.1037/a0016071>





To Implement Interactive Activities

Guides for
Instructors

A. CULTURAL VALUES & BELIEFS

B. CULTURAL IDENTITY WHEEL

C. STRENGTHS OF YOUR COMMUNITY

D. VICTOR LUNA VIDEO WORKSHEET

E. SELF-CARE ACTIVITIES





Cultural Values & Beliefs

CULTURAL VALUES & BELIEFS PROVIDER GUIDE

Cultural Identity and Humility

It is important to practice cultural humility when reviewing and engaging in interactive activities with clients. Cultural humility includes understanding attitudes and unconscious thought processes and exploring one's identity strengths, privileges, obstacles, and challenges. As cultural humility impacts your worldview and work with clients, it is essential for you as a provider to self-evaluate your worldview and experiences through your personal identity lens. 1

Discussing Cultural Values & Beliefs

- Discuss the concept of culture, exploring how it manifests in individuals' personal values and beliefs.
- Present the list of cultural values and beliefs.
- Note that the included values and beliefs are a small, representative set of values, not an exhaustive list.
- Review the listed descriptions for each value and provide examples of what each might look like.

Refer to the provided adolescent and mother samples or use your own personal examples.

- People may struggle in selecting values and beliefs; it is important to act as a model by picking and sharing values and beliefs important to you.



Cultural Values & Beliefs

CULTURAL VALUES & BELIEFS PROVIDER GUIDE

Cultural Values & Achieving Mental Health Wellness

- Present the concept of mental health wellness. Explore what mental health wellness might look like for the client.
- Acknowledge that some values and beliefs may be helpful for individuals in achieving mental health wellness.
- Provide examples of how values and beliefs may contribute to achieving mental health wellness.

Refer to the provided adolescent and mother samples or use your own personal examples.

Cultural Values as Obstacles

- Present the concept of obstacles as they relate to mental health wellness.
- Acknowledge that some values and beliefs may make it more difficult for individuals to achieve mental health wellness.
- Provide examples of how values and beliefs may contribute to achieving mental health wellness.

Refer to the provided adolescent and mother samples or use your own personal examples.

- It may be helpful to share personal examples of how your values and beliefs have presented challenges for you in achieving mental health wellness.



References

[CULTURAL VALUES & BELIEFS]

1. Mosher, D. K., Hook, J. N., Captari, L. E., Davis, D. E., DeBlaere, C., & Owen, J. (2017). Cultural humility: A therapeutic framework for engaging diverse clients. *Practice Innovations*, 2(4), 221–233.



Cultural Identities Provider Guide

overview

The information provided below is a guide to help your client complete this worksheet. It is encouraged to also complete the worksheet for yourself. This way, you can serve as a model by sharing your own responses and have more dialogue around these topics. People may struggle in picking their cultural identities; it is important to act as a model by picking and sharing your own identities.

discussing culture

- Ask the client to provide a personal description of culture.
- Present the client with a definition of culture. You may use the definition of culture provided below or provide your own personalized definition of culture. *“A unique meaning and information system shared, by a group and transmitted across generations, that allows the group to meet basic needs of survival, pursue happiness, and well-being, and derive meaning from life” (Matsumoto & Juang, 2013).*
- Reflect on the definition. Does the client agree with how culture is defined? How is the client’s definition of culture similar to the one you provided? How is it different?

identifying identity

- Present the cultural identities wheel. Review each identity, providing a brief description and example of each.
- Acknowledge that the included identities are just a few examples and not an exhaustive list.
- Have the client identify three cultural groups/identities using those listed or not listed on the wheel.

Cultural Identity Wheel





Cultural Identities Provider Guide

feelings emotions

- Have the client identify feelings/emotions associated with losing the second listed cultural identity.
- Use resources such as an emotions chart to provide the client with some examples and guide them towards using emotion words.
- Although negative feelings such as sadness and loss are common, some clients may experience positive feelings such as joy or relief.
- Encourage the client to reflect on these feelings, identifying the emotional importance associated with each cultural identity.

privileges obstacles

- Introduce concepts of privileges and obstacles. What are they? How are they related to cultural identity?
- Provide the client with examples of how cultural identities may act as privileges and/or obstacles.
- *Refer to the provided adolescent and mother samples or use your own personal examples.*
- People may struggle with identifying how their cultural identities act as privileges and/or obstacles; it may be helpful to share how your own identities have acted as privileges/obstacles in your life.

mental health wellness

- Address the concept of mental health wellness. What is it? How might the client picture mental health wellness in the context of their own life?
- Provide the client with some examples of how cultural identities may push or pull individuals away from mental health wellness. Use the examples provided below, or use your own.
- *Refer to the provided adolescent and mother samples or use your own personal examples.*



Self-Care Activities

PROVIDER GUIDE

REVIEW THE PROVIDED SELF-CARE ACTIVITIES CHECKLIST

A checklist of self-care activities can be found on the first page of the worksheet.

- Review each listed item individually and encourage the client to place a checkmark next to any activities they might enjoy participating in.
 - Position the client to be successful in this activity by selecting something easy to do.
 - If the client selects multiple activities, assist them in selecting the ones that fit their current lifestyle.
- Ensure the client that these are just some examples of what people do for self-care and there might be other activities to consider.
- Encourage the client to reflect on whether they would require external support to complete this activity.

REVIEW THE PROVIDED SELF-CARE ACTIVITIES EXAMPLES

Examples for each of the listed self-care activities are provided on the second page of the worksheet.

- Review the examples as you individually discuss each of the provided self-care activities with the client.
- Use the examples to answer questions from the client about what a particular activity might look like.
 - Refer to mother and adolescent male samples or use your own example.
- Review the examples after completion of the worksheet to identify specific examples of activities the client might be most interested in.
 - Motivate the client to pursue a familiar activity that they enjoy and are inclined to continue with.



Self-Care Activities

PROVIDER GUIDE

CREATE A SELF-CARE PLAN WITH THE CLIENT

After completing the worksheet, create a self-care action plan with the client using the self-care activities they selected. You may utilize the Self-Care Activities Action Plan worksheet provided.

- Discuss the feasibility of implementing each of the selected self-care activities into the client's current schedule.
 - Assist the client in narrowing down to one activity to complete within the next week.
- Identify activities that work best and collaborate with the client on how to best implement these activities.
 - Ask the client how comfortable they are carrying out this activity at the selected day and time.
- Identify any barriers or challenges that may exist when implementing these activities and explore possible ways to overcome them.
 - If the client is struggling to come up with obstacles to completing the selected activity, it may be useful to ask if the days and times selected are appropriate.
 - Prompt the client with questions such as, "What happens if you are too tired or not in the mood to complete the activity? Is there someone that can support you?"

LIKERT SCALES

- Try to get a sense of whether the client understands the provided Likert scales.
 - Model the mood for them by providing your own examples.
- Instruct the client to complete the first mood scale 5 minutes before the activity and the second, after the activity has been completed.
- Allow the client to express any concerns they may have about the completion of this activity.
 - Be prepared to practice activities that the client may need more guidance on