

The Mental Health

CULTURALLY RESPONSIVE CARE



TOOLKIT





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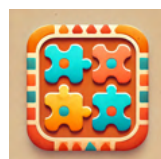
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...





A Message from Dr. Jonathan Martinez

Preface

Throughout my professional career, I have demonstrated a commitment to addressing the mental health needs of underserved communities. My research interests were inspired from my own upbringing, where I observed the mental health literacy, stigma and help-seeking barriers my extended family members faced when struggling with mental health issues. Unfortunately, these are typical challenges that Latino, immigrant, and Spanish-speaking families encounter when mental health needs arise in their community. This was foundational and inspired my passion for my research, 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 further informed from my clinical experiences at Providence St. John’s Health Center in Los Angeles, CA. I primarily served Latino, Spanish-speaking families and received training in evidence-based interventions. I completed a Postdoctoral Research Fellowship at the Child & Adolescent Services Research Center in San Diego, CA, 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 mental health, particularly in Latino families.

I am a Professor in the Department of Psychology at California State University Northridge. I am the Co-Director of our Clinical Psychology M.A. Program and the Principal Investigator of my P.U.E.N.T.E. Research Lab. Our lab’s goal 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 amplified and included in research.



Special Thanks



Preface

TO THOSE WHO INSPIRED MY PASSION FOR THIS WORK

To my parents, who were instrumental in the development of who I am today. Were it not for their sacrifices when immigrating to the U.S. from Colombia, I would not have achieved my professional goals to embark upon 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 undertake this work. To my son, DeMar L. Martinez, and daughter, Demí S. Martinez, that keep me grateful and mindful on what is important in life.

To my brother, Alexander Martinez, 3-time Emmy-award winning Producer and Co-Founder of Myzomi Productions. He produced all our toolkit content, from our PUENTE Podcast to the Victor Luna video. His creativity and attention to detail shines through.

To my community partners, Maria Arteaga, J.D., and Patty Orozco, B.A. They, along with the Executive Board at Equity & Justice 4 All, Inc., have strengthened the development of this toolkit by providing feedback and amplifying the voices of underserved communities.

Last but not least, to my PUENTE Lab members, for their creativity and passion in the collaborative development of this toolkit. The materials in this toolkit would not be what they are without their innovative approach to creating culturally-responsive content for the community. They keep me motivated to continue this work and I am excited to witness what this next generation of clinical scholars will accomplish.





Introducing the PUENTE Lab



About the PUENTE Lab

The PUENTE Lab (**P**romoting the **U**se of Evidence-based Practices: **N**arrowing the **T**reatment Engagement Gap Research Lab), directed by Dr. Jonathan Martinez, develops culturally responsive mental health resources to support youth, families, and the providers who serve them. Through community-engaged research and implementation science, the lab works to reduce mental health disparities and increase access to effective care in diverse communities. Our team includes both graduate and undergraduate research assistants.

PUENTE Lab Mental Health Toolkit

Our main mission has focused on developing our NIH-funded Mental Health Toolkit for families and providers to promote collaboration between families and professionals, encourage early identification and intervention, and strengthen communication and coordination of care.

The toolkit includes:

- Family and Provider Handouts
- Interactive activities for youth and families
- Cinematic short film
 - (Victor Luna: My Journey into Mental Health Care)
- Mental Health Podcast
- and more additional resources in development!



By translating research into practical tools, the toolkit helps communities support youth well-being in culturally responsive ways.

Visit the PUENTE Lab Website

Scan the QR code to stay updated and access these materials, visit the PUENTE Lab website, where you can explore the full toolkit and related resources.



What's Included in the Toolkit

This toolkit offers culturally responsive resources for both providers and families. **Here's what you'll find inside:**



Family and Provider Handouts

Practical, culturally responsive, evidence-based strategies to start conversations and engage in care.

Interactive Activities

Activities for families and providers to spark conversations about culture, mental health, and self-care.



A Mental Health Short Film

A testimonial-style short film following Victor Luna's mental health journey to help normalize the process of seeking support.

Mental Health Podcast

Episodes focused on open mental health dialogue hosted by Dr. Martinez featuring professionals and community members.



Instructional Guides

Instructional guides for providers to implement and facilitate family interactive activities.

**AND MORE
COMING
SOON!**



Understanding Help-Seeking for Mental Health

Feeling stressed, sad, or overwhelmed is common or some may also have trouble focusing, sitting still, or managing their emotions or behavior at home or school. When these challenges start to affect daily life, it may be time to reach out for support.



This toolkit provides useful resources, but it is **NOT a substitute for professional care**. If you, your child or family, are experiencing emotional, attentional, or behavioral difficulties, reaching out to a healthcare provider or mental health professional can help. Support is available, and asking for help is a positive step.

Step 1: Start with Your Primary Care Provider

Primary care providers (like family doctors or nurse practitioners) can be a helpful first step for youth and families. They can:

- Talk about mood, stress, sleep, focus, and behavior
- Check for concerns like anxiety, depression, or attention difficulties
- Provide early support and guidance
- Connect you with a mental health specialist if needed



Step 2: Consider Therapy

Therapists (e.g. psychologists, social workers, counselors) provide a safe, supportive space for youth and families to talk and learn coping skills. They can help with:

- Ongoing stress, anxiety, or feeling overwhelmed
- Sadness or low mood
- Challenges with focus, behavior, or relationships

Step 3: Psychiatric Support (if needed)

In some cases, meeting with a psychiatrist may be helpful. They can:

- Evaluate emotional, attentional, or behavioral concerns
- Help determine whether medication could be helpful





Who is Victor Luna?

A VIDEO SERIES BY P.U.E.N.T.E. LAB

Victor Luna is a Latino adult male in his mid-20's that is reflecting on his prior experiences with anxiety and depression in High School and what prompted him to seek formal mental healthcare.

Victor Luna: My Journey into Mental Health follows Victor's story, offering a closer look at mental health through the eyes of someone navigating cultural stigma, family misconceptions, and the pressure to overcome in silence.



Mental Health Providers can visit [Page 10](#) to learn more about the *Victor Luna Interactive Activity*.

SCAN HERE FOR
VICTOR LUNA
SERIES



Why is Victor Luna's story important?

This video is not just Victor's story; it's a bridge for families like his. It creates an opportunity for culturally-diverse youth and parents to start conversations about mental health, understand its importance, and see the value of culturally responsive care. Victor's experience inspires hope and reminds us that seeking help is not a sign of weakness but of strength and resiliency. His journey sheds light on the struggles many face when mental health is dismissed or stigmatized and shows how seeking support can transform lives.

Why Storytelling Increases Mental Health Awareness

The research team behind P.U.E.N.T.E Lab has developed an 8-minute narrative storytelling video based on feedback received from community-based mental health providers on the ease of video dissemination, the ability to digest complex mental health concepts, and the importance of storytelling for the Latino community.

Narrative-driven methods, often developed with input from the target audience, have proven effective in increasing Mental Health Literacy, including better symptom recognition and awareness of available treatments, while also reducing stigma surrounding mental health disorders and the use of mental health services ^{1,2}.





References

[Who is Victor Luna?]

1. Gonzalez, F., & Benuto, L. T. (2021). ¡Yo no Estoy Loca! A behavioral health telenovela style entertainment education video: Increasing mental health literacy among Latinas. *Community Mental Health Journal*, 58(5), 850-861. <https://doi.org/10.1007/s10597-021-00892-9>
2. Sánchez-Rodríguez, R., Perier, S., Callahan, S., & Séjourné, N. (2019). Revue de la littérature relative au burnout parental: Correction to Sánchez-Rodríguez et al. (2019) [Review of the change in the literature on parental burnout: Correction to Sánchez-Rodríguez at al. (2019)]. *Canadian Psychology / Psychologie canadienne*, 60(2), 77-89. <https://doi.org/10.1037/cap0000177>





Victor Luna: My Journey

Worksheet



Section 1: Youth - Individual Reflection

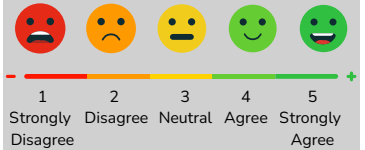
Through the story of Victor Luna, this section invites you to reflect on your own experiences. As you read about Victor's story, you are encouraged to think about how similar experiences may show up in your own life. This reflection is meant to help build self-awareness and understanding. There are no right or wrong answers. Please share what feels comfortable to you.

AWARENESS & GROWTH

Victor shared that for years he tried to ignore his feelings, but something shifted, and he lost interest in things he once enjoyed, activities such as soccer, and video games.

Have you noticed any changes in what feels meaningful or important to you lately? What stands out to you about those changes?

Circle one that best describes you: I have lost interest in activities I used to enjoy

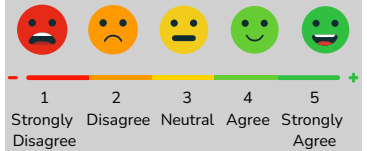


THE FEELING OF DISCONNECTION

Victor said he "disconnected from everyone" because it felt like everyone had disconnected from him.

What helps you feel connected to family and friends? How can you tell when you start feeling less connected?

Circle one that best describes you: I feel connected to the people around me

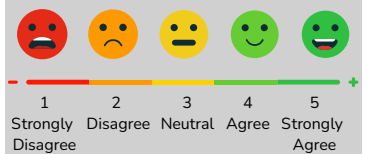


COPING & SELF-PROTECTION

Victor mentioned hiding during his dad's 40th birthday because he felt overwhelming anxiety.

Can you describe a recent situation where you chose to stay quiet or step back to take care of yourself? What were you feeling inside at that moment?

Circle one that best describes you: I avoid situations or conversations that feel emotionally challenging.



FINAL REFLECTION

What is something you better understand about yourself and family after reflecting on Victor's experience?





Victor Luna: My Journey

Worksheet



Section 2: Caregiver Reflection

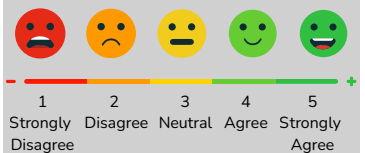
Through the story of Victor Luna, this section invites you to reflect on different ways families respond when someone is struggling. Victor's experiences are one example, and every family is different. This reflection is intended to support self-awareness and understanding. There are no right or wrong answers. Please share what feels comfortable to you.

LISTENING

When Victor expressed his struggles, his mother responded by emphasizing eating to “nourish the brain,” while his father suggested that he was being lazy and needed purpose.

When your child is having a hard time, what do you tend to offer first—listening, advice, and/or problem-solving? How might that approach shape how supported they feel in that moment?

Circle one that best describes you: I listen before giving advice



NOTICING CHANGES OVER TIME

Victor's family mentioned that he no longer played soccer or video games—activities he once enjoyed. They brought up these changes while encouraging him to “get it together.”

When Victor's family noticed these changes, what do you think mattered most to them? What do you think mattered most to Victor?

Circle one: When someone stops doing things they once enjoyed, I feel unsure about how to approach them.

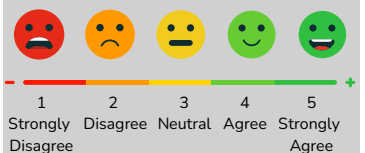


TURNING POINT

On the day of his father's birthday party, Victor experienced intense anxiety and coped by drinking alcohol and withdrawing, which led him to miss the celebration. When he stopped responding to calls, his mother said, “I can't believe he's doing this to us again.”

Looking back at this moment, what might have helped Victor feel supported before things escalated? What do the family's reactions suggest about how they understood what was happening?

Circle one: When my child goes quiet or pulls back, I feel unsure about how best to support them.



FINAL REFLECTION

After watching Victor's story, what stood out to you most about how families respond during difficult moments?





Victor Luna: My Journey

Worksheet



Section 3: The Turning Point & Path Forward: Action Plan

A guided conversation for youth, caregiver(s), and provider to build understanding, connection, and a shared plan for support.

A. Recognizing the Breaking Point

Discussion Question:

What changes might tell us someone is struggling before things reach a crisis?



.....

.....

Check the Early signs we can look for:

- Easily irritated or emotional
- Low energy or fatigue
- Losing interest in things they usually enjoy
- Avoiding family time
- Changes in sleep or appetite
- Quiet or withdrawing from conversation
- Other signs we've noticed:

B. Supportive Communication



Discussion question:

When someone is struggling, what words feel most helpful and supportive?

Check the most supportive response:

- Judgment
- Advice
- Listening
- Comfort
- Encouragement
- Other signs we've noticed:

1. Phrase builder:

"I notice you seem _____.

I'm here to _____ when
you're ready. "

2. Reframing Practice:

Instead of saying:

We can try saying:

D. Setting Goals: Path Forward

In the next week...

Youth commitment (one small step):

.....

.....

Caregiver commitment (one supportive change):

.....

.....



C. Strengthening Connection at Home

Victor's choice to speak with a professional opened a path to healing. But support at home matters too.



Discussion question:

How can we show up for each other even when we don't fully understand the pain someone is carrying?

- One shared activity weekly (walk, meal, music, etc.)
- Asking "How can I support you right now?"
- Sitting together even without talking
- Encouraging outside help when needed
- Other ways we connect: :

E. Closing Statement

"We may not always have the perfect words, but we can always choose presence, care, and a willingness to understand each other."

Signed (optional):

Youth:

Caregiver(s):

Date:

Letters to Myself

A SERIES BY TINO MELCHOR



ABOUT THE AUTHOR

Tino Melchor is a former undergraduate research assistant with the PUENTE Lab. He is currently pursuing his Masters in Social Work (MSW) with a commitment to serving historically marginalized communities. He has worked closely with curanderos and community healers, drawing inspiration from traditional healing practices that emphasize storytelling, symbolism, and relational care, while also drawing influence from multiple fields, including social work, philosophy, Muay Thai, Mexica cosmology, and men's work, to inform his creative and healing-centered perspective. His lived experiences, including the loss of his father at a young age, deeply shape his creative voice, informing a body of work that centers grief, resilience, and the quiet emotional labor carried by many individuals and families. Through poetry, Tino explores the spaces where language falls short and where healing begins not with answers, but with awareness.



Why Art as a Medium for Mental Health?

Although clinical definitions of mental health are essential, they often fail to capture the lived experience of distress. Research suggests that artistic expression can supplement traditional mental health frameworks by giving form to internal experiences that are difficult to articulate verbally¹. Expressive writing and poetry allow individuals to externalize emotions through symbolic language, supporting affect labeling, meaning-making, and emotional clarity, and have been linked to reductions in stress and improvements in emotion regulation²³. As a result, art functions not as a replacement for clinical care, but as complementary, culturally flexible and accessible complement that fosters reflection, connection, and healing.

Some of Tino's Poems can be found throughout the toolkit, or for more poems and resources, please visit puentelab.com.

Letters

What is mental health?

- p. 33-34

Un momento

- p. 41

Silent Suffering

- p. 55

How are you really?

- p. 57

So what now?

- p. 95



References

[Letters to Myself]

1. Fancourt, D., & Finn, S. (2019). Health evidence network synthesis report 67; *What is the evidence on the role of the arts in improving health and well-being? A scoping review*. World Health Organization Regional Office for Europe. <https://iris.who.int/bitstream/handle/10665/329834/9789289054553-eng.pdf>
2. Baikie, K. A., & Wilhelm, K. (2005). Emotional and physical health benefits of expressive writing. *Advances in Psychiatric Treatment*, 11(5), 338–346. <https://doi.org/10.1192/apt.11.5.338>
3. Kaimal, G., Ray, K., & Muniz, J. (2016). Reduction of cortisol levels and participants' responses following art making. *Art Therapy*, 33(2), 74–80. <https://doi.org/10.1080/07421656.2016.1166832>



What Do You Meme?

An Emotion Chart to Express How You Feel Family Guide

What is it?

The purpose of this emotion chart activity is to help identify how you have been feeling and create space for meaningful conversations about emotions¹. The *What Do You Meme? Emotion Chart* allows its users to mindfully check in with themselves internally, as well as how their emotions are being reflected outward towards others. Many people may find it difficult to express their emotions beyond “good” or “fine”, especially in cultures where downplaying or dismissing feelings is treated as normal. The chart pairs identifiable emotions with memes, or humorous internet images from popular culture, because learning how to talk about emotions can create the gateway to improving mental health.

Importance

Successfully identifying emotions allows you to:

- Increase emotional vocabulary, insight, and awareness^{2,3}
- Enhance ability to discuss emotional experiences¹
- Strengthen the provider-client relationships¹

Characteristics

- Openness: This shared tool can be used to support emotional awareness and build trust.⁴
- Self-Expression: Promotes participation and reflection to encourage taking an active role in labeling, identifying, and communicating emotions.⁵
- Relationship Building: This activity strengthens the provider-family relationship to reduce misunderstandings, encourage supportive communication, and deepen relationships.



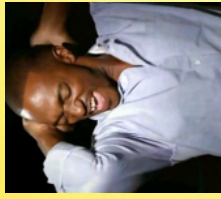
Questions to Ask

- What emotion are you feeling today?
- Based on the emotion chart, what's the most blue or yellow emotion you've felt recently?
- How do you share your feelings with others?

Yellow Feeling Guide



Relaxed



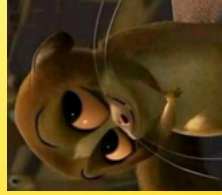
Confident



Happy



Calm



Satisfied



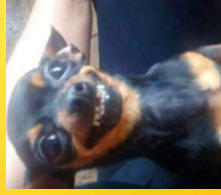
Accomplished



Energetic



Relieved



Grateful



Excited



Cheerful



Sure



Comfortable



Whimsy



Loving



Kind



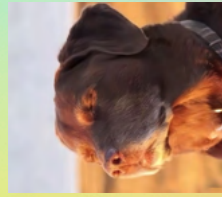
Enthusiastic



Productive



Curious



Accepting

Blue Feeling Guide



Frustrated



Nervous



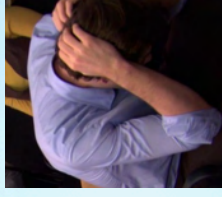
Irritated



Awkward



Exhausted



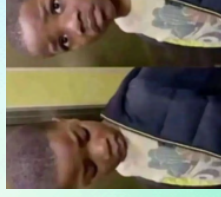
Drained



Disappointed



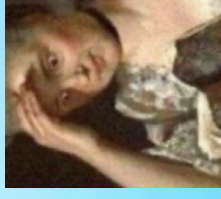
Unsure



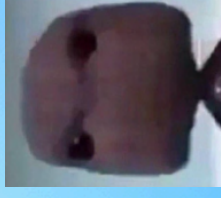
Concerned



Sad



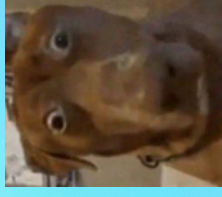
Ashamed



Mad



Shocked



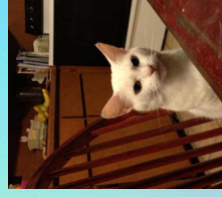
Scared



Overwhelmed



Doubt



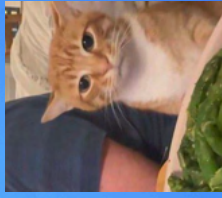
Hangry



Regret



Uncomfortable



Bored



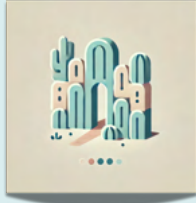
References

[What Do You Meme?]

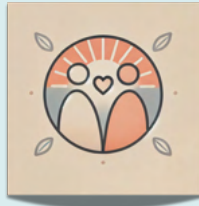
1. Jespersen, J. E., Hardy, N. R., & Morris, A. S. (2021). Parent and peer emotion responsivity styles: An extension of Gottman's emotion socialization parenting typologies. *Children, 8*(5), 319. <https://doi.org/10.3390/children8050319>
2. Kashdan, T. B., Barrett, L. F., & McKnight, P. E. (2015). Unpacking emotion differentiation. *Current Directions in Psychological Science, 24*(1), 10–16. <https://doi.org/10.1177/0963721414550708>
3. Liu, D. Y., Gilbert, K. E., & Thompson, R. J. (2020). Emotion differentiation moderates the effects of rumination on depression: A longitudinal study. *Emotion, 20*(7), 1234–1243. <https://doi.org/10.1037/emo0000627>
4. Shirk, S. R., & Karver, M. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*(3), 452–464. <https://doi.org/10.1037/0022-006X.71.3.452>
5. Kuhlthau, K. A., Bloom, S., Van Cleave, J., Knapp, A. A., Romm, D., Klatka, K., Homer, C. J., Newacheck, P. W., & Perrin, J. M. (2011). Evidence for family-centered care for children with special health care needs: A systematic review. *Academic Pediatrics, 11*(2), 136–143. <https://doi.org/10.1016/j.acap.2010.12.014>

Family Handouts

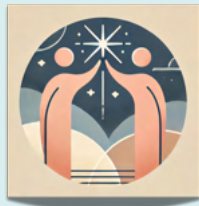
Guidance for Receiving Culturally Responsive Care



Addressing Barriers to Care



Relationship Building



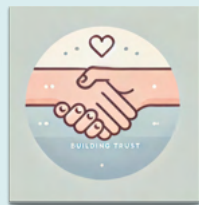
Collaboration



Psychoeducation



Empowerment



Building Trust



FAMILY

Addressing Barriers to Care

What is it?

- Barriers to care are any challenges that make it harder for people to access health services.
- Barriers may include lack of health insurance, poor access to transportation, limited health care resources, or cultural beliefs that affect how mental health is viewed, etc.¹

Importance

- Barriers to care can increase the risk of poor health outcomes and make it harder for families to get the support they need.¹
- If not addressed, these barriers can prevent families from reaching their mental health and wellness goals.

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. Office of Disease Prevention and Health Promotion. (n.d.). *Access to health services*. Retrieved March 30, 2026, from <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services>





FAMILY

Relationship Building

What is it?

Relationship building means creating and maintaining respectful, trusting connections with others. These relationships are built on honesty, care, and mutual support, and help people work together toward shared goals.¹

Importance

- Relationship building creates a safe and supportive space where families and clients can share their concerns openly and confidently.
- Strong relationships also make it easier to find meaningful solutions when challenges come up and help build trust, understanding, and teamwork over time.

Goals

- **Trust:** Feeling safe enough to share difficult emotions without fear of judgment.
- **Care:** Showing full attention through active listening and being present with one another.
- **Respect:** Recognizing and honoring different opinions, even when we don't agree.
- **Agreement:** Coming to a shared understanding about the goals and steps of treatment.
- **Collaboration:** Making decisions together in a way that values everyone's voice and input.

?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*.
<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 the family and provider, built on trust and shared understanding.¹
- Family-centered: Care is guided by what matters most to the family- their needs, strengths, and goals.^{12,13,14,15,16}
- Participation: Families are encouraged and supported to take an active role in the treatment process.¹

?s to Ask

- How will the family's most pressing concerns be considered in treatment?
- How will the family's goals be integrated into treatment?
- How are the provider's and family's goals similar and/or different from each other?
- How will the family participate in their 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: Self-perceptions and relationships with client psychological functioning, interpersonal relations, and motivation. *Psychotherapy*, 44(2), 175–192. [10.1037/0033-3204.44.2.175](https://doi.org/10.1037/0033-3204.44.2.175)
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] cont.

10. Garland, A. F., Aarons, G. A., Saltzman, M. D., & Kruse, M.I. (2000). Correlates of adolescents' satisfaction with mental health services. *Mental Health Services Research, 2*(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/S0954579400004946>
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). Guilford Press https://www.guilford.com/excerpts/prinstein2_ch6.pdf?t=1





FAMILY

Psychoeducation

What is it?

Providing clear, accessible information about mental health to individuals and families seeking or receiving care, helping them better understand their experiences, explore support options, and take steps toward healing and recovery.

Importance

- Supports understanding of key topics in child and family mental health
- Enhances caregiver confidence and satisfaction
- Strengthens family relationships
- Encourages healthier outcomes for both children and the families¹

Goals

- Enhances family understanding of mental health
- Responds to concerns, questions, and expectations about care
- Encourages active family involvement in services
- Promotes hopeful, strengths-based messages about child and family mental health¹

?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., Lau, A., & Bear, L. (2015, November). Parent engagement in school-based mental health services: How informed are parents on the expected nature of their involvement? [Symposium]. Association for Behavioral and Cognitive Therapies Conference, Chicago, IL.
2. Martinez, J. I., Lau, A. S., Chorpita, B. F., & Weisz, J. R. (2017). Psychoeducation as a Mediator of Treatment Approach on Parent Engagement in Child Psychotherapy for Disruptive Behavior. *Journal of Clinical Child & Adolescent Psychology*, 46(4), 573–587. <https://doi.org/10.1080/15374416.2015.1038826>
3. Martinez, J. I., Lau, A. S., 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. <https://doi.org/10.1080/15374416.2015.1038826>





FAMILY

Empowerment

What is it?

Empowerment recognizes and supports the ability of families and caregivers to identify their needs, solve problems, and access resources: building confidence and a greater sense of control in their lives. ¹

Importance

- Increases participation in and completion of treatment
- Strengthens caregiver-child relationships
- Builds confidence in caregiving skills
- Reduces caregiver stress
- Improves child behavior and emotional well-being ¹

Goals

- Recognize and build on family strengths and abilities
- Acknowledge and celebrate caregiver efforts
- Emphasize the essential role of caregivers in the treatment process
- Boost family confidence in their ability to support treatment goals 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 treatment ³



References

[Empowerment]

1. Olin, S. S., Hoagwood, K. E., Rodriguez, J., Ramos, B., Burton, G., Penn, M., Crowe, M., Radigan, M., & Jensen, P. S. (2009). 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. Eisenberg Family Depression Center. (2026). *Empower yourself*. <https://depressioncenter.org/outreach-education/depression-center-toolkit/want-stay-mentally-healthy/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 client is essential for creating a sense of comfort that allows for open, honest conversations.
- It can help prevent early termination of treatment and increase its overall effectiveness.
- In contrast, a lack of trust may disrupt the therapeutic process and lead to ending treatment prematurely.⁴

Goals

- Build a therapeutic and collaborative relationship with your provider, centered on understanding your needs.²
- Engage in a partnership built on mutual respect between all individuals involved.²
- Establishing trust with your provider can positively influence 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, P., & Simpson, T. (Eds.). (2017). *The philosophy of trust*. Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780198732549.001.0001>
2. Kottler, J. A., & Shepard, D. S. (2015). *Introduction to counseling: voices from the field* (8th ed.). Cengage Learning. <https://www.cengage.com/c/introduction-to-counseling-voices-from-the-field-8e-kottler-shepard/9781285084763/>
3. Mayer, R. C., Davis, J. H., & Schoorman, F. D. (1995). An integrative model of organizational trust. *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: Rupture-repair in the therapeutic alliance and association with therapy ending. *Psychotherapy*, 57(4), 471–490. <https://doi-org.libproxy.csun.edu/10.1037/pst0000279>



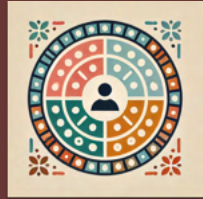


Family Activities

Interactive Worksheets for
Families and Providers



Cultural Identity Wheel



Cultural Values & Beliefs



Strengths of Your Community



Self-Care Activities

COMING SOON!

Complimentary Care

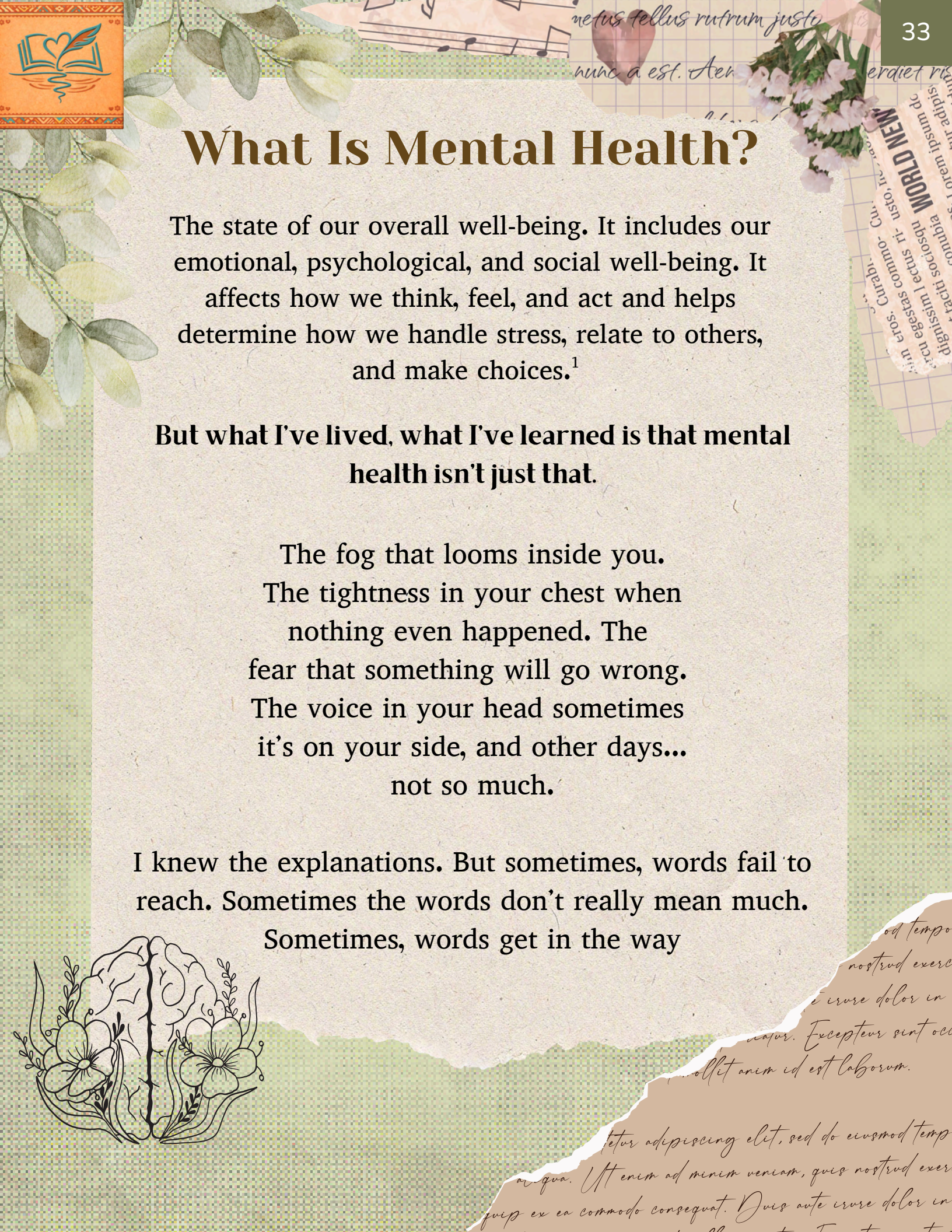
What Is Mental Health?

The state of our overall well-being. It includes our emotional, psychological, and social well-being. It affects how we think, feel, and act and helps determine how we handle stress, relate to others, and make choices.¹

But what I've lived, what I've learned is that mental health isn't just that.

The fog that looms inside you.
 The tightness in your chest when
 nothing even happened. The
 fear that something will go wrong.
 The voice in your head sometimes
 it's on your side, and other days...
 not so much.

I knew the explanations. But sometimes, words fail to reach. Sometimes the words don't really mean much. Sometimes, words get in the way



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What Is Mental Health?

But how are you?

“I’m good.”

And that can be the end of it.



But sometimes. “I’m good” is...
a mask I wear

You are allowed to, feel,

You are allowed to, question

You are allowed to, heal.

Because mental health isn’t just in
your mind. It lives in your body,
your culture, your brain chemistry,
your society, and it shows up in all
kinds of ways seen and unseen





References

[What is Mental Health?]

1. Substance Abuse and Mental Health Services Administration. (2023, April 24). *Mental health: Causes, symptoms, treatment, and help*. <https://www.samhsa.gov/mental-health>





Cultural Identities Worksheet

What does culture mean to you?

Cultural Identity Wheel





Cultural Identities Worksheet

OVERVIEW

The wheel on Pg.37 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 Values & Beliefs Worksheet



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 Family¹

Valuing close connectedness among family members

Respect for Authority²

Valuing and showing politeness to those with superior status

Respect for Elders²

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

Acceptance³

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 Values & Beliefs Worksheet

Based on the cultural values selected on the previous page, answer the following the 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 VALUES & BELIEFS]

1. 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>
2. Calzada, E. J., Fernández, 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>
3. 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>





Un Momento

PAUSE. BREATHE. NOTICE.

We ask it every day:

“How are you?”

But do we really mean it?

Let's go deeper. It's not a box to check off, but rather with your words and your whole self.

Lets go deeper.

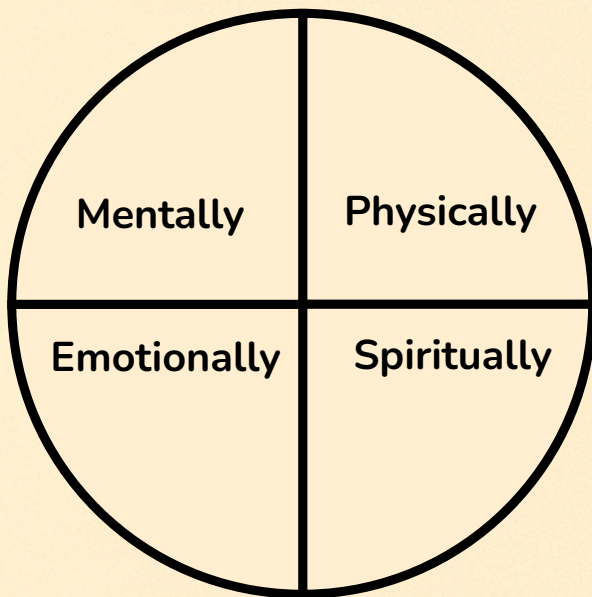
In a journal.

As a voice note.

In prayer.

Or just silently to yourself with a friend.

How are you really?



You can say as much or as little as you want. And if you can, bring this into conversation with a friend, a loved one, or a trained professional.





Strengths of Your Community Worksheet



Introduction

Strengths-based care highlights the resilience, talents, and positive qualities already present in every individual and family. It is completely normal if reflecting on your own strengths, child's or community's strengths, feels unfamiliar at first. Recognizing these strengths increases participation, builds confidence, and leads to better outcomes.¹

As you move through this activity, remember:
you know your story best.

We're simply here to support you in exploring and celebrating the strengths that make you, your loved ones, and your community unique.

Thank you for engaging in this Strengths-Based Activity.

We're genuinely grateful for your openness and curiosity.



EXPLORE YOUR STRENGTHS TOGETHER



We would like to learn more about the strengths and positive qualities that you, your child, family, and community bring. Please answer the questions below to the best of your ability². You may use the example list of strengths on page 4 if needed.



Open-ended questions

Child^{3,4,5}:

1. Tell me about your child, what stands out about them?
2. What are some things that bring your child the most joy?
3. Describe a moment that you felt proud about your child?

Parent/Caregiver^{1,3,4}:

1. What are some things you feel are your strengths about being your child's parent/caregiver?
2. What is something you've learned about yourself since becoming a parent/caregiver?
3. What are some ways you like to do to recharge or take care of your own well-being?

Family Unit¹:

1. What makes your family feel close or connected?
2. What is a moment you've had as a family that describes all of you as a unit?
3. Are there values or beliefs that guide your family through tough decisions?

Community^{6,7}:

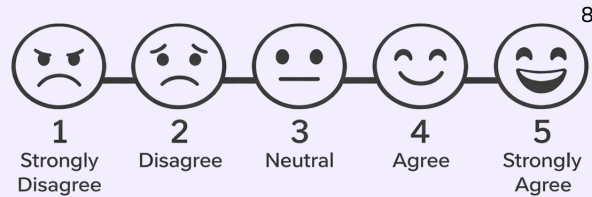
1. How would you describe your community or neighborhood?
2. What helps you feel connected (or disconnected) from your community?
3. What do you think your community does well?



STRENGTH DOMAINS



Read the questions below and identify one or two from each section that stand out to you. Using the scale provided below, please rate how much you agree with each of the following statements.



Child Strengths Domain^{3,4,5}

1. The child has the ability to make friends. _____
2. The child enjoys school and participates in school-related activities. _____
3. My child can recognize their own mistakes. _____

Parental Strengths Domain^{1,3,4}

1. I try to see my child's point of view. _____
2. I give praise when my child had done something positive. _____
3. I work to be a good role model for my child. _____

Family Unit Domain¹

1. Our family is able to communicate openly about problems and feelings. _____
2. Family members support one another during challenges and setbacks. _____
3. Our family values each person's individuality and contributions. _____

Community Domain^{6,7}

1. The community is clean, well-maintained, and welcoming to families. _____
2. Our community has resources that support families (e.g., food assistance, health clinics, mental health services). _____
3. The school is an active partner in the child's education. _____



EXAMPLE LIST OF STRENGTHS⁵



Perceived Strengths for Child^{3,4,5}

1. Honest: ability to be truthful and genuine through words and actions
2. Well-behaved: ability to be respectful of rules and social norms
3. Selfless: ability to prioritize well-being of others over own
4. Open-minded: ability to be open to new ideas and concepts
5. Independence: able to complete tasks on their own without guidance
6. Respectful: treats others kindly and values their feelings

Perceived Strengths for Parent/Caregiver^{1,3,4}

1. Empathetic: can understand child's needs and feelings
2. Patience: can take a step back and does not rush
3. Stable: provides child security
4. Grounded: stays calm, steady, and practical
5. Mindful: considerate of how they impact others around them
6. Kindness: shows compassion

Perceived Strengths for the Family Unit¹

1. Celebratory: takes time to recognize milestones, successes, and shared traditions
2. Adaptable: can adjust roles and routines when confronted with change
3. Playful: humor and shared joy to maintain closeness
4. Empathetic: demonstrates understanding and compassion for one another
5. Open-minded: willing to consider new ideas and perspectives
6. Respectful: treat each other with kindness, dignity and consideration

Perceived Strengths for the Community^{6,7}

1. Accessibility & Safety: there are sidewalks for pedestrians, feeling safe
2. Programs: there are places children can go for fun or parents to get support or have fun
3. Learning opportunities & Technology Access: there are libraries, adult education classes, or tutoring programs with accessible Wi-Fi zones.
4. Language & Culture: there is support for bilingual individuals and spaces to celebrate diverse cultures
5. Faith communities: there are places available for worship or spiritual groups
6. Crisis Support: there are services to help the community during emergencies



References

[Strengths of Your Community]

1. Saleebey, D. (2006). *The strengths perspective in social work practice* (4th ed.). Pearson.
<https://www.pearsonhighered.com/assets/samplechapter/0/2/0/5/0205408176.pdf>
2. Academy for Educational Development. (1995). *A skill-building guide for making focus groups work*.
https://www.naccho.org/uploads/resource-hub-images/Conducting_a_Focus_Group_Tip_Sheet_2-id981.pdf
3. John Praed Foundation. (2017). *Child and adolescent needs and strengths: Standard CANS comprehensive 3.0 reference guide*. https://praedfoundation.org/wp-content/uploads/2023/04/REFERENCE-GUIDE_Standard-Comprehensive-CANS-3.0_CWBH_Final_Hyperlink_2021.01.13.pdf
4. John Praed Foundation. (2021). *Child and adolescent needs and strengths: Standard CANS comprehensive 3.0 reference guide*. https://praedfoundation.org/wp-content/uploads/2021/02/2021.01.13_REFERENCE-GUIDE_Standard-Comprehensive-CANS-3.0_CWBH_Final.pdf
5. Abrazo Foster Family Agency. (n.d.). *Child strengths checklist*. Retrieved November 21, 2017 from
<https://abrazoffa.net/dev/wp-content/uploads/2018/03/Strengths-Assessment-Child.pdf>
6. Cook County Department of Public Health. (n.d.). *Community themes and strengths assessment*.
https://cookcountypublichealth.org/wp-content/uploads/2022/06/CTSA_appendix-A_final.pdf
7. National Association of County and City Health Officials. (n.d.). *The community themes and strengths assessment at-a-glance*. <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/ctsa.pdf>
8. OpenAI. (2026). Chatgpt. [AI image generator]. <https://chat.openai.com/chat>

*Not all questions come directly from the above sources. The creation of this activity incorporates the collaboration of many P.U.E.N.T.E. Lab members across iterations.



Self-Care Activities Worksheet

Self-care is the practice of taking intentional actions to support our emotional and overall well-being. Taking time for self-care can help us manage stress, reduce the risk of illness, and boost daily energy¹. While self-care looks different for everyone, even small daily actions can make a positive difference in our physical and mental health^{2,3,4}. This worksheet is designed to support you in starting your self-care journey with **examples** that lead to a **checklist, action plan, and check-in**.

EXAMPLES

APPS

- Headspace
- Mindshift
- Mango Health
- Calm
- Insight Timer

HOBBIES

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

OUTDOOR TIME

- Take a walk around your street
- Spend time in a park
- Visit a pond, lake, or beach
- Spend 10 minutes enjoying the sun

MINDFULNESS

- Practice gratitude
- Reflect on how you are feeling (mentally, emotionally, physically)
- Observe and describe an object

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



Self-Care Activities Worksheet

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
- Write down 5 things you are grateful for
- Exercise



Self-Care Activities Worksheet

ACTION PLAN

What is one self-care activity from the checklist
you can do within the next week?

What day and time would be best for doing this activity?

Mon

Tue

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 emotions 5 minutes before this activity?

				
1	2	3	4	5
Negative		Neutral		Positive

What emotion are you currently feeling? (Reference the Emotion Chart)

How would you rate your emotion after completing this activity?

				
1	2	3	4	5
Negative		Neutral		Positive

How did the activity go?

What helped you complete this activity or can help you complete it in the future?

Do you have questions about this activity or is there anything else you would like to practice?



References

[Self-Care Activities]

1. National Institute of Mental Health. (2024, December). *Caring for Your Mental Health*. <https://www.nimh.nih.gov/health/topics/caring-for-your-mental-health>
2. Rajan, A., Kumar, M., & Raj P, P. (2026). Effects of mindfulness-based interventions on perceived stress among non-clinical adults: a systematic review and meta-analysis. *Npj Mental Health Research*, 5(1). [10.1038/s44184-026-00188-4](https://doi.org/10.1038/s44184-026-00188-4)
3. Merkuri, L., Kamberi, F., Mio, D., & Gabrani, J. (2023). Self-care for health and wellbeing – a literature review. *Medicus*, 7(2), 41–48. <https://doi.org/10.58944/qltp2509>
4. World Health Organization. (2020). WHO Guidelines on Physical Activity and Sedentary Behaviour. *WHO*. <https://www.who.int/publications/i/item/9789240015128>





PUENTE Lab Podcast

HOSTED BY DR. JONATHAN MARTINEZ



SCAN HERE
FOR
PODCAST
SERIES



What Is It?

Welcome to the P.U.E.N.T.E. Lab Podcast where we talk with community members and mental health professionals to spark conversations about mental health disparities. Hosted by Dr. Jonathan Martinez, Professor of Psychology at California State University, Northridge, this podcast aims to break down mental health stigma in underserved communities by amplifying voices and personal stories. Each episode discusses important, and crucial topics surrounding the mental health field today. Through these conversations, we explore personal experiences, cultural perspectives, and practical strategies for fostering resilience, awareness, and community building.

Why Use Podcasts for Mental Health Outreach?

Mental health can be difficult to talk about. Hearing various experiences from others such as professionals and community members can increase mental health literacy throughout underserved communities. By using podcasts as an accessible outreach tool, we make it easier for everyone to learn about mental health resources and support.¹ We invite everyone to listen and learn how science connects with real-life experience. Learn practical tips on how to advocate for mental health in your own family, school, or community.





References

[PUENTE Lab Podcast]

1. Carrotte, E. R., Hobern, B., Wu, A., Groot, C., Hoggood, F., Blanchard, M., & Phillips, L. (2025). The impact of podcast-based interventions on mental health: A systematic scoping review. *PLOS Mental Health*, 2(3), e0000272. <https://doi.org/10.1371/journal.pmen.0000272>





PUENTE Lab Website Bulletin

At PUENTE Lab, we believe in providing you with valuable resources to support your mental health all year long. That's why we've created the **PUENTE Lab Website Bulletin** - a dedicated section of our website that focuses on seasonal wellness tips and simple ways to integrate the Family Activities from this toolkit into your daily life.

Spotlight on Self-Care in our Latest Bulletin

In our latest edition of the PUENTE Lab Bulletin, titled “**Self-Care: More than Just a New Year’s Resolution**”, we highlight the importance of self-care as more than a fleeting resolution, emphasizing its role as a year-round practice for mental and emotional wellbeing using our Mental Health Toolkit’s Self-care Activities Worksheet (see page 47).

Scan or hold the QR code to read the full article and stay updated for upcoming bulletins!





Silent Suffering

I do not know who you are,
But I know there are things
You cannot say
I see you.

I see the weight you carry
behind your smile.
I see how hard you try to hold
everything together for the kids.
I see how much the assignments pile
and you are worried about others.

I see how much you worry,
about work,
about money,
about the future.

I see how you stay quiet
because being open has never
led to a safe place.

I see how you fight,
hoping things will change.

-Tino





Provider Guides

Instructional Guides to Implement Family Activities



Victor Luna Activity



Emotion Chart



Cultural Identity Wheel



Cultural Values & Beliefs



Strengths of Your Community

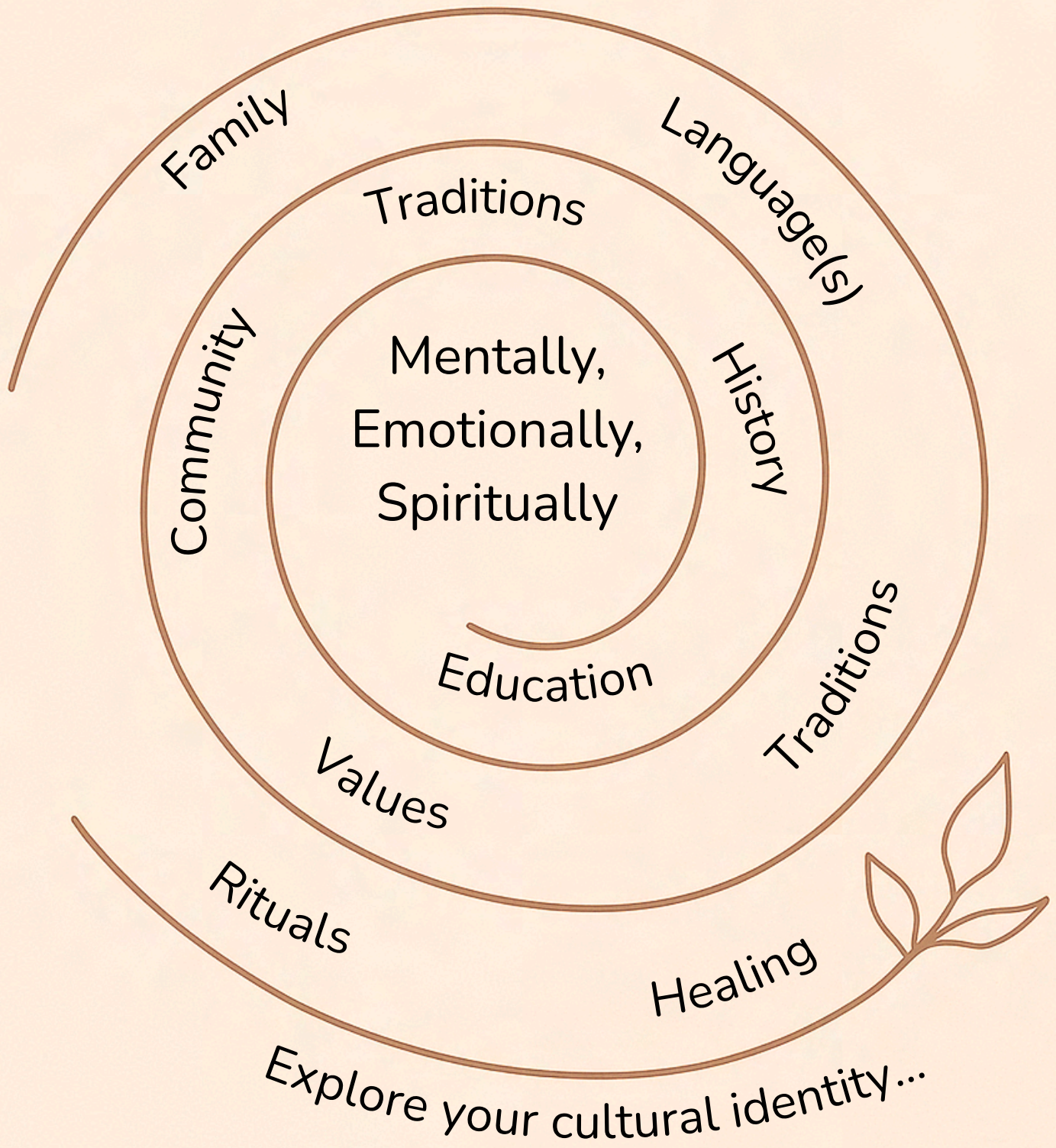


Self-Care Activities

COMING SOON!

Complimentary Care

How are you really?





Victor Luna: My Journey

Worksheet

Provider Guide



A provider guide to facilitate the Victor Luna: My Journey into Mental Health Care interactive worksheets

APPROACH OVERVIEW

Caregiver involvement in mental health (MH) services has shown to improve youth MH outcomes^{1,2}. This interactive activity promotes caregiver engagement through strengths-based individual reflection and a collaborative action plan, emphasizing a strengths-based approach to support well-being^{3,4}. Cinematic storytelling is used to enhance reflective functioning and youth-caregiver relationships⁵, reduce stigma^{6,7}, promote mental health literacy⁸, and foster emotional connection^{9,10}. This interactive activity offers an accessible pathway to understanding MH experiences¹¹.

PROVIDER ROLE

Providers play **guiding** and **supportive** roles throughout the interactive worksheets by helping to pace the activity while maintaining a reflective and non-blaming space. The **goal** of this activity is to bring families together through Victor Luna's story to build understanding and connection, followed by **individual reflection** through open-ended questions, rating scales, and an optional **shared action plan**.

GUIDELINES

1. **Watch** the **Victor Luna: My Journey into Mental Health Care** series, available through the interactive worksheet on www.puentelab.com or on YouTube. This shared viewing helps set context and tone.
2. **Complete** the Interactive Worksheets {or} Choose the most appropriate worksheet.
 - a. The activity includes three worksheets:
 - i. Youth Reflection
 - ii. Caregiver Reflection
 - iii. Collaborative Action Plan (optional)
3. **Recommended Structure**
 - Interactive worksheets may be completed stand alone or in a sequential order (e.g., youth reflection, caregiver reflection, and action plan).
 - Youth and Caregiver Reflection worksheets are best completed one at a time to allow space for individual reflection.
4. **Optional: Action Plan**
 - a. The Action Plan is completed together by the youth and caregiver, guided by the provider, to support shared goals and next steps.



SCAN HERE FOR
VICTOR LUNA
SERIES

Helpful Tips:

- There are no right or wrong answers; encourage sharing of what feels comfortable.
- If the topic is creating negative interactions, pause and come back at a later time.



Victor Luna: My Journey

Worksheet

Provider Guide



1. REFLECTION: OPEN-ENDED QUESTIONS

Purpose: These questions invite youth and caregivers to engage in discussion and express their thoughts and experiences in their own words.

Helpful Tips:

- Remind participants there are no right or wrong answers.
- Encourage them to share only what feels comfortable.
- Gently prompt deeper reflection (e.g., “Tell me more”) if responses are limited to “yes” or “no.”

2. REFLECTION: SURVEY-STYLE QUESTIONS

Purpose: These likert-scale–inspired visual questions support structured reflection on experiences highlighted in the Victor Luna series. (e.g., I have lost interest in activities I used to enjoy”)

Helpful Tips:

- Likert-style visuals follow each open-ended question to support deeper reflection.
- Say: “Choose the visual that best describes you or your level of agreement.”
- Remind clients there are no right or wrong answers.

3. OPTIONAL: ACTION PLAN WORKSHEET

Purpose: Helps youth and caregivers turn reflections into manageable next steps with provider guidance.

A.) Recognizing the Breaking Point

Purpose: Help caregivers recognize early signs of distress so they can provide timely support before a crisis.

Helpful tips:

- Invite youth to add their examples to reflect personal or cultural expressions of what distress means to them.

B.) Supportive Communication

Purpose: Initiate communication strategies that help youth feel heard and supported during difficult moments.

Helpful Tips:

- Communication styles vary across relationships and cultures — model supportive language and use the phrase builder as needed.
- If caregiver is unsure, remind to prioritize listening and being present over giving advice or problem-solving.

C.) Strengthening Connection at Home

Purpose: Identify small ways caregivers can support their child, even when struggles are not openly expressed.

Helpful tips:

- Encourage meaningful choices that feel natural and realistic within the family or household.
- Reinforce existing strengths and supportive patterns already present in the home.

D.) Setting Goals: Path Forward

Purpose: Guide reflection into action by identifying a small, achievable goal that supports gradual change.

Helpful Tips:

- Encourage specific, realistic and manageable goals that can be adjusted over time.
- Affirm that effort and intention matter more than perfection or immediate results.



Victor Luna: My Journey

Worksheet

Provider Guide



E.) Closing Statement

Purpose: Gently close the action planning process by reinforcing presence and understanding.

Helpful tips:

- Read the closing statement aloud if appropriate, or invite the client to read it silently.
- Allow space for pause or reflection after the statement.
- Remind clients that signatures are meant as an optional acknowledgement of intention rather than as a contract or fulfillment of an obligation.

WRAPPING IT UP

- Thank the youth and caregiver for their time, openness, and reflection.
- Answer any remaining questions. If an action plan was completed, acknowledge their collaboration and shared commitment. If not, affirm the progress made and the effort shown.
- Normalize that this work is ongoing and can be revisited or updated in future sessions.

END ON A POSITIVE NOTE

“Thank you for engaging in this together. It takes time and collaboration, and I hope Victor’s story helped you learn something meaningful about yourselves and each other. This is just the beginning.”

NEXT STEPS

If the activity felt heavy, transition to a brief self-care or joy-focused activity in our Mental Health Toolkit to maintain a supportive, strengths-based close.





References

[Victor Luna Provider Guide]

1. Martinez, J., Lau, A. S., & Chorpita, C. F. (2013). *Psychoeducation and parental engagement in mental health services for youth*. [Doctoral Dissertation, University of California, Los Angeles]. <https://escholarship.org/uc/item/3rp5q5m2>
2. Haine-Schlagel, R., & Walsh, N. E. (2015). A Review of Parent Participation Engagement in Child and Family Mental Health Treatment. *Clinical Child and Family Psychology Review*, 18(2), 133–150. <https://doi.org/10.1007/s10567-015-0182-x>
3. He, W., & Gan, J. (2025). The relationship between self-reflection and mental health: A meta-analysis review. *Current Psychology*, 44. <https://doi.org/10.1007/s12144-025-07415-9>
4. Rawana, E., & Brownlee, K. (2009). Making the Possible Probable: A Strength-Based Assessment and Intervention Framework for Clinical Work with Parents, Children, and Adolescents. *Families in Society: The Journal of Contemporary Social Services*, 90(3), 255–260. <https://doi.org/10.1606/1044-3894.3900>
5. Rostad, W. L., & Whitaker, D. J. (2016). The association between reflective functioning and parent–child relationship quality. *Journal of Child and Family Studies*, 25(7), 2164–2177. <https://doi.org/10.1007/s10826-016-0388-7>
6. Sznajder, K. K., Coppersmith, G., & Lynch, K. M. (2022). The power of film to reduce stigma of mental health conditions. *Cogent Social Sciences*, 8(1). <https://doi.org/10.1080/23311886.2022.2123083>
7. Ross, A. M., Morgan, A. J., Jorm, A. F., & Reavley, N. J. (2019). A systematic review of the impact of media reports of severe mental illness on stigma and discrimination, and interventions that aim to mitigate any adverse impact. *Social Psychiatry and Psychiatric Epidemiology*, 54(1), 11–31. <https://doi.org/10.1007/s00127-018-1608-9>
8. Goodwin, J., Saab, M. M., Dillon, C. B., Kilty, C., McCarthy, A., O'Brien, M., & Philpott, L. F. (2021). The use of film-based interventions in adolescent mental health education: A systematic review. *Journal of Psychiatric Research*, 137, 158–172. <https://doi.org/10.1016/j.jpsychires.2021.02.055>
9. Ito-Jaeger, S., Perez Vallejos, E., Curran, T., & Crawford, P. (2022). What's up with everyone? A qualitative study on young people's perceptions of cocreated online animations to promote mental health literacy. *Health Expectations*, 25(4). <https://doi.org/10.1111/hex.13507>



References

[Victor Luna Provider Guide]

10. Janoušková, M., Tušková, E., Weissová, A., Trančík, P., Pasz, J., Evans-Lacko, S., & Winkler, P. (2017). Can video interventions be used to effectively destigmatize mental illness among young people? A systematic review. *European Psychiatry*, 41(1), 1–9. <https://doi.org/10.1016/j.eurpsy.2016.09.008>
11. Wedding, D. (2024). *Movies and mental illness: Using films to understand psychopathology (5th ed.)*. Hogrefe Publishing. https://pubengine2.s3.eu-central-1.amazonaws.com/preview/99.110005/9781616765538_preview.pdf

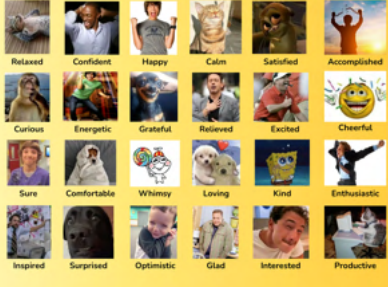
What Do You Meme?

An Emotion Chart to Express How You Feel Provider Guide



What is it?

Yellow Feeling Guide



Blue Feeling Guide



Importance

The P.U.E.N.T.E Lab first developed the *What Do You Meme?* Emotion Chart for its lab members as a check-in meant to be more than just a general “how are you?” Our lab has sought to incorporate its usage with supporting families in recognizing, labeling, and communicating their emotional experiences¹. It can be hard to express how we’re feeling or what emotion we’re experiencing at a given moment. The chart pairs emotion labels with relatable memes from popular culture to help better express emotions. Our lab has developed the combined emotion chart as well as the separate blue (negatively oriented emotions) and yellow (positively oriented emotions) charts as needed for use by providers and clients.

Effective emotional identification is intended to help with:

- Increasing one’s level of emotional awareness^{2,3}
- Reducing one-word emotion responses (i.e., “good”)
- Improving the clarity of communication and connection between providers and clients

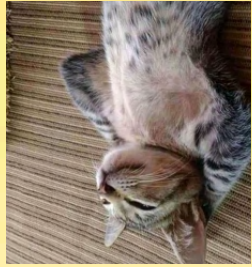
Goals

- Increase emotional vocabulary, insight, and awareness
- Enhance ability to discuss emotional experiences
- Strengthen the provider-client relationships

Provider steps

1. Introduce emotions on the blue and yellow emotion charts (eg, happy, sad).
2. Identify why the client chose these emotions.
3. Address the emotions more deeply (e.g., triggers, intensity).
4. Collaborate with the client to identify healthy coping strategies to use when describing emotional states.

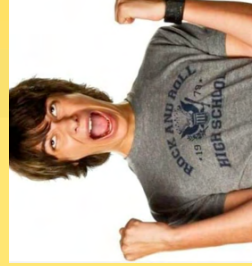
Yellow Feeling Guide



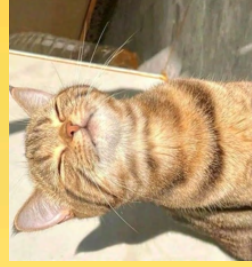
Relaxed



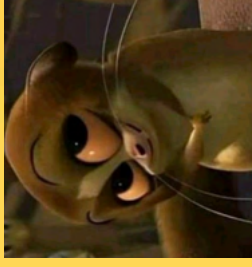
Confident



Happy



Calm



Satisfied



Accomplished



Curious



Energetic



Grateful



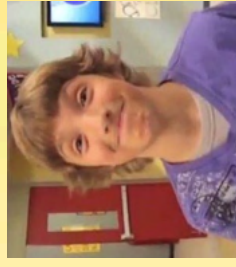
Relieved



Excited



Cheerful



Sure



Comfortable



Whimsy



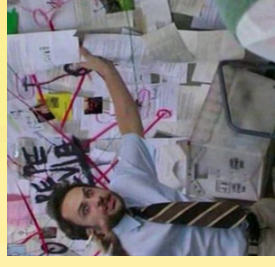
Loving



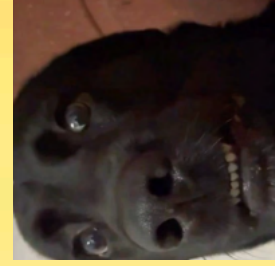
Kind



Enthusiastic



Inspired



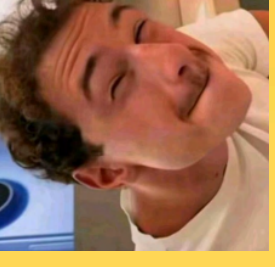
Surprised



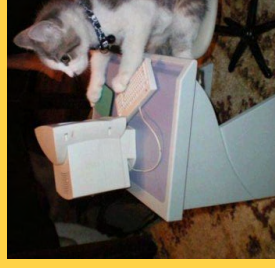
Optimistic



Glad

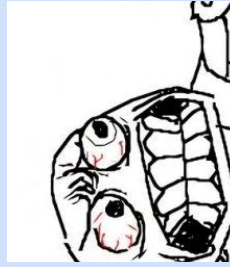


Interested



Productive

Blue Feeling Guide



Frustrated



Nervous



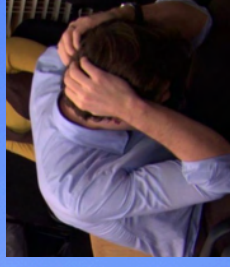
Irritated



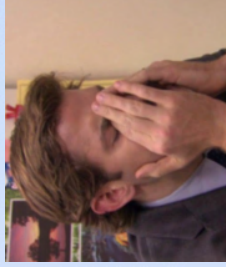
Awkward



Tired



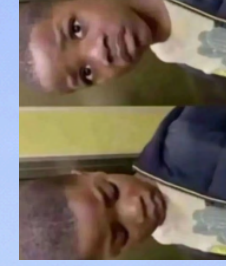
Drained



Disappointed



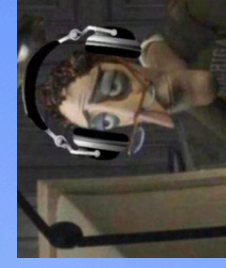
Unsure



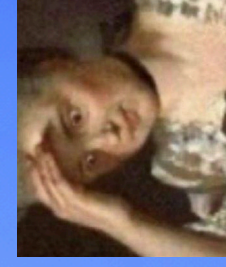
Concerned



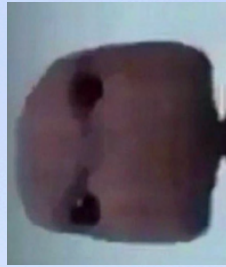
Sad



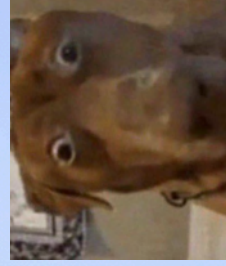
Exhausted



Ashamed



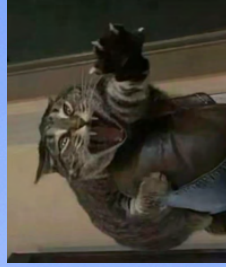
Mad



Scared



Overwhelmed



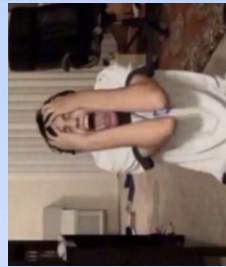
Desperate



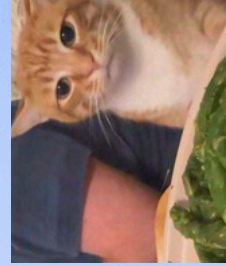
Doubt



Homesick



Crash-out



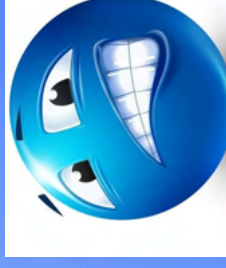
Bored



Regret



Shocked



Uncomfortable



Fed-Up



References

[What Do You Meme?]

1. Jespersen, J. E., Hardy, N. R., & Morris, A. S. (2021). Parent and peer emotion responsivity styles: An extension of Gottman's emotion socialization parenting typologies. *Children, 8*(5), 319. <https://doi.org/10.3390/children8050319>
2. Kashdan, T. B., Barrett, L. F., & McKnight, P. E. (2015). Unpacking emotion differentiation. *Current Directions in Psychological Science, 24*(1), 10–16. <https://doi.org/10.1177/0963721414550708>
3. Liu, D. Y., Gilbert, K. E., & Thompson, R. J. (2020). Emotion differentiation moderates the effects of rumination on depression: A longitudinal study. *Emotion, 20*(7), 1234–1243. <https://doi.org/10.1037/emo0000627>
4. Shirk, S. R., & Karver, M. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*(3), 452–464. <https://doi.org/10.1037/0022-006X.71.3.452>
5. Kuhlthau, K. A., Bloom, S., Van Cleave, J., Knapp, A. A., Romm, D., Klatka, K., Homer, C. J., Newacheck, P. W., & Perrin, J. M. (2011). Evidence for family-centered care for children with special health care needs: A systematic review. *Academic Pediatrics, 11*(2), 136–143. <https://doi.org/10.1016/j.acap.2010.12.014>

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.

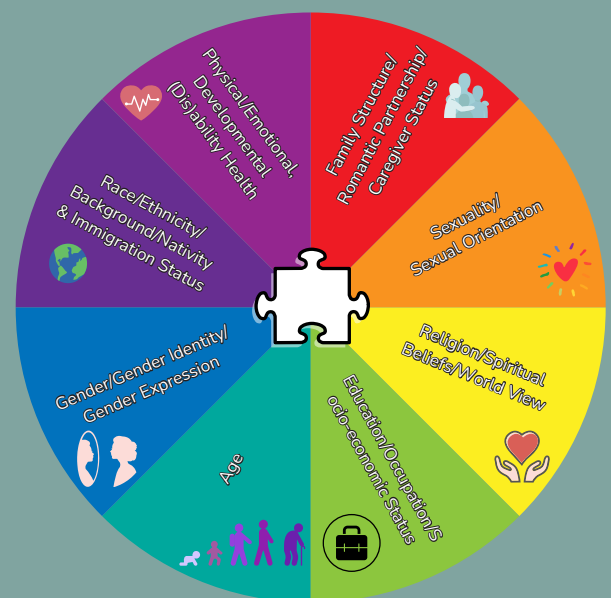
Discussing culture

- 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”.***¹
- 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.***



References

[Cultural Identities]

1. Matsumoto, D., & Juang, L. (2017). *Culture and psychology* (6th ed.). Wadsworth, Cengage Learning. <https://www.cengage.com/c/culture-and-psychology-6e-matsumoto-juang/9781305648951/>



Cultural Values & Beliefs

Provider Guide

A guide to facilitate the Cultural Values & Beliefs Worksheet

Note: “client” is used as a general term for any individual receiving support.

CULTURAL HUMILITY & IDENTITY

Cultural humility is a continuous process of self-reflection of one’s worldviews (e.g., your culture, identities, biases, clinical or professional training) coupled with a honest self-evaluation of how these experiences influence your interactions others. It is essential when working with families from historically marginalized communities who may enter services with understandable caution or mistrust due to past institutional experiences. We encourage you to 1) reflect on how power, privilege, bias, and systemic inequities may sway your conversations, and 2) approach families with curiosity, respect, and openness.^{1,2,3,9}

DISCUSSING CULTURAL VALUES & BELIEFS

First, discuss the concept of culture and explore how it manifests in their personal values and beliefs

- **Culture:** a shared set of values, beliefs, and behaviors that vary based on geography, demographic identity, and relational (formal or informal) group^{4,5,6}
- Present the list of cultural values and beliefs
 - The included values and beliefs are an often used set of values, not an exhaustive list^{6,7,8}
- Review the listed descriptions for each value and provide examples of what each might look like
- 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 & ACHIEVING MENTAL HEALTH WELLNESS

Second, discuss how culture intersects with mental health (MH) in everyday life

- Introduce mental health wellness as a flexible, culturally defined concept. Invite the client to describe what “wellness” means in their life, family, and community. Avoid imposing a clinical definition; instead, co-construct a shared understanding^{3,5,7,9}
- 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 MH wellness

CULTURAL VALUES AS OBSTACLES

Third, discuss how some cultural values and mental health goals seem conflicting but can be addressed⁹

- Once values are identified, discuss how cultural values can sometimes create tension when navigating systems that were not designed with the family’s culture in mind. Emphasize that difficulties often arise from systemic mismatch—not from the culture itself^{6,9}
- Provide examples of how values and beliefs may contribute to achieving mental health wellness
- It may be helpful to share personal examples of how your values and beliefs have presented challenges for you in achieving mental health wellness

WRAPPING UP

If this discussion brought up strong feelings, feel free to stop at any time, check in with the client, and shift to the Self-Care Activity to maintain a supportive, strength-based close.



References

[Cultural Values & Beliefs]

1. Yeager, K. A., & Bauer-Wu, S. (2013). Cultural humility: Essential foundation for clinical researchers. *Applied Nursing Research*, 26(4), 251–256. <https://doi.org/10.1016/j.apnr.2013.06.008>
2. Kumagai, A. K., & Lyson, M. L. (2009). Beyond cultural competence: Critical consciousness, social justice, and multicultural education. *Academic Medicine*, 84(6), 782–787. <https://doi.org/10.1097/ACM.0b013e3181a42398>
3. 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. <https://doi.org/10.1037/pri0000055>
4. Chao, G. T. (2000). Multilevel issues and culture: An integrative view. In K. J. Klein & S. W. J. Kozlowski (Eds.), *Multilevel theory, research, and methods in organizations: Foundations, extensions, and new directions* (pp. 308–346). Jossey-Bass/Wiley.
5. Chao, G. T., & Moon, H. (2005). The cultural mosaic: A metatheory for understanding the complexity of culture. *Journal of Applied Psychology*, 90(6), 1128–1140. <https://doi.org/10.1037/0021-9010.90.6.1128>
6. 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>
7. 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>
8. 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>
10. Sommers-Flanagan, J., & Sommers-Flanagan, R. (2018). Developing your multicultural orientation and skills. In *Counseling and psychotherapy theories in context and practice: Skills, strategies, and techniques* (3rd ed., pp. 339–364). Wiley.

Strengths of Your Community

Provider Guide



A guide to facilitate the Strengths Activity Worksheet

Note: “client” is used as a general term for any individual receiving support

APPROACH OVERVIEW

Strength-based care is an approach that **emphasizes strengths, abilities, and resources** important to the client based in their culture¹. This model is rooted in the belief that **people have natural skills and resilience** that can be called upon to enhance well-being, achieve personal goals, and overcome challenges^{1,2}. It has shown **benefits** such as increased engagement, improved health outcomes, and enhanced self-efficacy^{1,3}. Importantly, it **fosters collaboration** and empowers individuals to actively participate in their care and healing processes¹.

FOR YOU (PROVIDER)

Purpose: Complete the activity yourself to **help you model** the process for your client and experience what it feels like to reflect on your own strengths.

Helpful tips:

- Read through this provider guide a couple times before doing the activity sheet with someone
- Take notes of the strengths your client mentions throughout the activity so you can share them at the end

GUIDELINES

This activity is meant to **spark conversations**. It is not meant to be a structured Q&A nor does it have to be verbatim. In fact, add your own style. Parents or caregivers could find it challenging to identify the strengths within their child, family, or community. Therefore, the worksheet is organized into **three sections**:

1. **Open-ended** questions to spark reflection and discussion
2. **Survey-style** questions to help identify and prioritize strengths
3. **Examples** of strengths to inspire and guide you and the client

You **do not** need to ask each question in all sections. Start by asking **one question** in section 1. If the client **openly shares 2-4 strengths** within the one or two questions, feel free to **conclude** the activity and summarize the strengths they've identified. If your client still seems unsure, **go to section 2** for a different approach.

Lastly, if the client feels they cannot identify strengths, you can **redirect** them to think of areas where they **want** to develop more skills (e.g., problem solving, empowerment to speak up, self-care). Then you can **switch** to a relevant handout or activity from the toolkit to start building that strength.

1: OPEN-ENDED QUESTIONS

Purpose: spark reflection and allow a client to express themselves in their own words

Helpful tips:

- Do they seem uncertain? Use the supplemental prompts* to help clarify
- Still can't think of a strength? Use section 3 to help spur ideas or suggestions
- Still unsure? Go to the survey-style questions for a new angle



Strengths of Your Community

Provider Guide

*SUPPLEMENTAL PROMPTS FOR OPEN-ENDED QUESTIONS ^{4,5,6,7,8,9}

Purpose: Help you have more questions to go deeper, if needed

Child:

- What activities or situations seem to bring out the best in your child?
- If your child had to describe themselves in three words, what do you think they'd choose?

Parent/Caregiver:

- What do you feel are the strengths about your parenting style?
- Can you think of a moment when parenting felt hard but you handled it well?

Family:

- Families are full of different personalities. How do you think everyone's differences help your family work together?
- What hopes or goals do you have for how your family can grow stronger together?

Community:

- In what ways does your community celebrate culture, diversity, or shared traditions?
- Who or what in your community has made a difference to you or for your family?

2: SURVEY STYLE QUESTIONS

Purpose: Offer structured questions with response options to help guide clients

Helpful tips:

- Start with one question from each section
- "I have a few questions that might help us. I can share them out loud or you can read them to yourself. Which would you prefer? [pause] Great! Let me know how much you disagree or agree on a scale from 1-5: 1 being you **strongly** disagree to 5 being you **strongly** agree."
- When switching domains say, "Next I'll ask about your [family, community...]"

3: STRENGTH EXAMPLES

Purpose: Use these examples as helpful ideas when you or the client feels "stuck"

Helpful tip: look at the activity sheet with the client to explore examples

WRAPPING IT UP

Now what? When finished, summarize with the client the strengths they shared.

Helpful tips: End on a positive note!

- "Thank you for sharing these strengths you see in [area] with me. These are natural abilities you can call upon when you're going through a hard time or you feel down and need to remind your child or yourself of the things you do well. These are also things that you can feel proud of yourself and empowered that these strengths are already within you."

It is suggested to go to the "Self-Care" activity next or ask the client what they can do today that will bring them some joy if they struggled with this activity.



References

[Strengths]

1. Rawana, E., & Brownlee, K. (2009). Making the possible probable: A strength-based assessment and intervention framework for clinical work with parents, children, and adolescents. *Families in Society: The Journal of Contemporary Social Services*, 90(3), 255–260. <https://doi.org/10.1606/1044-3894.3900>
2. Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41(3), 296–305. <https://doi.org/10.1093/sw/41.3.296>
3. Swartz, M. K. (2017). A strength-based approach to care. *Journal of Pediatric Health Care*, 31(1), 1. <https://doi.org/10.1016/j.pedhc.2016.10.008>
4. John Praed Foundation. (2021). *Child and adolescent needs and strengths: Standard CANS comprehensive 3.0. reference guide*. https://praedfoundation.org/wpcontent/uploads/2021/02/2021.01.13_REFERENCE-GUIDE_Standard-Comprehensive-CANS-3.0_CWBH_Final.pdf
5. Child Strengths Checklist. (n.d.). *Abrazo Foster Family Agency*. <https://abrazoffa.net/dev/wp-content/uploads/2018/03/Strengths-Assessment-Child.pdf>
6. Saleebey, D. (2000). Power in the People: Strengths and Hope. *Advances in Social Work*, 1(2), 127–136. <https://doi.org/10.18060/18>
7. Rudolph, S. M., & Epstein, M. H. (2000). Empowering children and families through strength-based assessment. *Reclaiming Children and Youth*, 8(4), 207. <http://web.archive.org/web/20160125144006/http://cecp.air.org/interact/expertonline/strength/empower/1.asp>
9. Cook County Department of Public Health (n.d.). *Community themes and strengths assessment*. https://cookcountypublichealth.org/wp-content/uploads/2022/06/CTSA_appendix-A_final.pdf
10. National Association of County and City Health Officials. (n.d.). *The community themes and strengths assessment at-a-glance*. <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/ctsa.pdf>



Self-Care Activities

Provider Guide

A guide to facilitate the Self-Care Activities Worksheet

Note: “client” is used as a general term for any individual receiving support.

FOR YOU (PROVIDER)

Complete the activity yourself, beforehand, to help you model the process for your client. This also ensures you can share how you practice self-care in a way that is comfortable for you to disclose. For further guidance, you may also utilize the mother and adolescent male samples in the Appendix.

REVIEW THE EXAMPLES OF SELF-CARE ACTIVITIES

Examples for each of the listed self-care activities are provided on the first page

- 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 the samples in the appendix 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

REVIEW THE CHECKLIST OF SELF-CARE ACTIVITIES

A checklist of self-care activities can be found on the second page

- Review each listed item individually and encourage the client to place a checkmark next to any activities they might enjoy participating in
 - If the client selects multiple activities, assist them in selecting the ones that fit their current lifestyle
 - Support them to be successful by selecting a simple activity
- 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

Self-Care Activities

Provider Guide

CREATE A SELF-CARE PLAN WITH THE CLIENT

After completing the checklist, move into creating a self-care action plan. You may utilize the Self-Care Activities Action Plan worksheet on the third page.

- Direct the client to pinpoint one activity they feel capable of completing in the next week when they consider their current schedule
 - Strategize with the client on how they can best implement the activity
 - Ask the client how comfortable they feel 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
 - Prompt the client with questions such as, “What do you think will happen if you are too tired or feel like you don’t have time to complete the activity?”
 - If the client cannot think of obstacles to completing the activity, it may be helpful to double check if the day and time selected truly work for them
- Identify solutions to the barriers or challenges from above
 - “Is there someone that can support you?”
 - “When could you carve out a few moments for yourself in the day?”

CHECK IN AND LIKERT SCALES

- Get a sense of whether the client understands the provided Likert scales
 - Model how you would rate your own emotion before the activity
 - Ask the client how they currently feel and instruct the client to complete the first emotion scale 5 minutes before the activity
 - Then encourage the client to select a specific emotion of their own
 - Remind the client to complete the second rating scale right after the activity
- Ask the client if they have any concerns about this activity
 - Be prepared to practice any activity the client is unsure how to implement

FOLLOWING UP

When you see the client the next time, ask if they would like to share their experience. If the client received a benefit from the activity, encourage them to schedule the activity again or try a different one! If the activity brought up uncomfortable feelings, explore another activity and encourage the use of the action plan again. Gently remind the client that we all need time to recharge our own batteries.

Provider Handouts

Guidance to Implement Culturally Responsive Care



Addressing Barriers to Care



Relationship Building



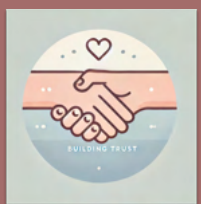
Collaboration



Psychoeducation



Empowerment



Building Trust



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 help.¹ 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 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://pmc.ncbi.nlm.nih.gov/articles/PMC3574791/>



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 their 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. Williams, K. (2022). Relationship Building | Definition & Skills. Study.com. <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>



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 compliance¹
- Decreased hospitalization time⁸
- Greater client retention^{1,3,4,5,6,7,8}

Goals

- Team-based partnership created between the family and provider¹
- Treatment centered around the family's needs and goals
- 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 be getting 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

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 literacy³.

Goals

- Facilitate families' comprehension of complex information.
- Provide families with optimistic messages in order 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. <https://doi.org/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. 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>

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



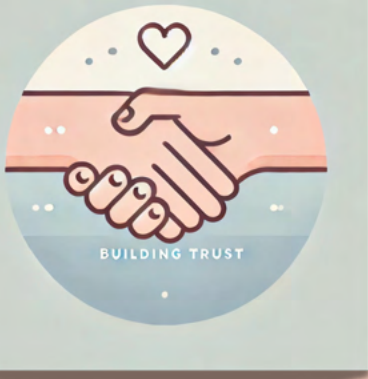
References

[Empowerment]

1. Oxford Learner's Dictionaries. (n.d.). *Empowerment*. In Oxford Learner's Dictionaries. 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. <https://doi.org/10.1046/j.1365-2648.1995.21061201.x>
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 & Adolescent Psychology*, 38(2), 206–218. <https://doi.org/10.1080/15374410802698388>
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. <https://doi.org/10.1023/A:1010191807861>
5. Ruffolo, M. C., Kuhn, M. T., & Evans, M. E. (2006). Developing a parent-professional team leadership model in group work: Work with families with children experiencing behavioral and emotional problems. *Social Work*, 51(1), 39–47. <https://doi.org/10.1093/sw/51.1.39>
6. Weiss, J. A., Cappadocia, M. C., MacMullin, J. A., Vecili, 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. <https://doi.org/10.1177/1362361311422708>
7. Martinez, J. I., Lau, A., & Bear, L. (2015, November). Parent engagement in school-based mental health services: How informed are parents on the expected nature of their involvement? [Symposium]. Association for Behavioral and Cognitive Therapies Conference, Chicago, IL
8. Olin, S. S., Hoagwood, K. E., Rodriguez, J., Ramos, B., Burton, G., Penn, M., Crowe, M., Radigan, M., & Jensen, P. S. (2009). 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>

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 the family engagement
- Respect of the family through your use of tone, content, and treatment facilitation
- Transparency with the family that is clear and recognized⁶

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, contributions, and cultural values
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

[Building Trust]

1. Fonagy, P., & Allison, E. (2014). The role of mentalizing and epistemic trust in the therapeutic relationship. *Psychotherapy, 51*(3), 372–380. <https://doi.org/10.1037/a0036505>
2. Mayer, R. C., Davis, J. H., & Schoorman, F. D. (1995). An integrative model of organizational trust. *Academy of Management Review, 20*(3), 709–734. <https://doi.org/10.2307/258792>
3. Lucero, J., & Wright, K., & Reese, A. (2017). *Trust development in CBPR partnerships*. https://www.researchgate.net/publication/329328321_Trust_Development_in_CBPR_Partnerships
4. Jaiswal, J. (2019). Whose responsibility is it to dismantle medical mistrust? Future directions for researchers and health care providers. *Behavioral Medicine, 45*(2), 188–196. <https://doi.org/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. Pennsylvania State University, Center for Economic and Community Development. (n.d.). *The role and importance of building trust*. <https://aese.psu.edu/research/centers/cecd/engagement-toolbox/role-importance-of-building-trust>



C.A.R.E. Scale

Community Assessment & Resource Engagement Outreach Event Measure



Introduction

Existing psychological measures are often developed with predominantly White, college-educated, and/or middle-class samples^{1,2,3,4}. This may result in low response rates in underserved communities because the clinical terminology can be unfamiliar and confusing. To fill this gap, the CARE Scale was curated using a mixed-method approach that employed a Delphi expert consensus framework.

Through the input of experts and community members, the P.U.E.N.T.E. Lab and our community partners developed a mental health literacy, stigma, and help-seeking measure that is informed by and for underserved communities. The CARE Scale allows for a better snapshot of the mental health needs in diverse settings while showing providers where they could improve their mental health offerings. Directions are written as open ended instructions because the events could vary in topic and presentation style.

Why collect Demographics?

Should you want to collect demographics, the last page of the scale has questions that address some of the areas that are considered. When collecting feedback from community members, it can help to understand when information is effective and where improvements could be made. Demographics serve as an indicator of mismatch and allow providers the opportunity to adjust materials, information, and offerings to better fit the community in which they are working.

Importantly, it is encouraged to work collaboratively with the community you are serving so the options are culturally responsive. For example, the options in “Gender” may not fit the community and need to be expanded or “Age” may need to have more categories added in the adult years. Please contact us at support@puentelab.com to request an editable version of this measure that you can then tailor to fit your needs and the community you serve.

However, the safety and comfort of the community members is the top priority. Therefore, the demographic questions included on the last page are optional.

Special Note for Pre/Post Collection

If you prefer to use the CARE Scale to measure pre-post changes:

- Remove the text, “As a direct result of receiving this information...”
- Retain the statement prompts, “I am more likely to:” and “I am more likely to believe:”



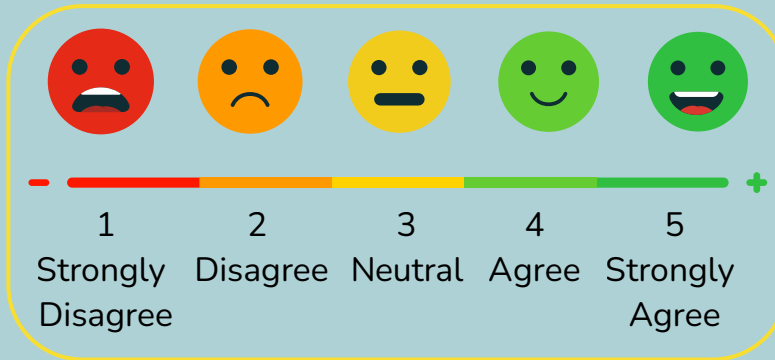
C.A.R.E. Scale

Outreach Event Measure



Instructions: This questionnaire is designed to gather feedback about the information you received today. Please rate the extent to which you agree with the following statements using the scale below by circling your response.

Section 1: Survey

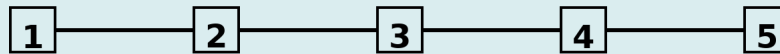


Example Statement: I learned about mental health at this event

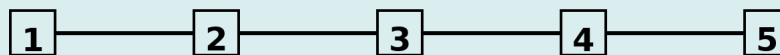


As a direct result of receiving this information (e.g., training, workshop, resources, healthfair, conversations, session, etc.), I am more likely to:

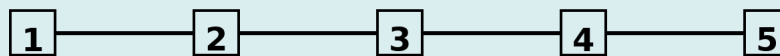
Talk with my family about my mental health challenge



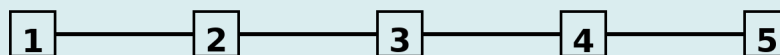
Talk with my friends about my mental health challenge.



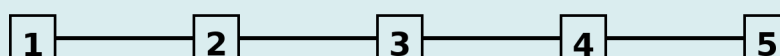
Talk with a trusted member in my community (e.g., priest, promotora, spiritual healer, etc.) about my mental health challenge.



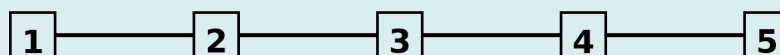
Use the resources provided to help my mental health challenge.



Know where to get useful information about mental health challenges.



Seek professional help (e.g., psychologist, therapist, counselor, family doctor, etc.) if I have a mental health challenge.





C.A.R.E. Scale

Outreach Event Measure



As a direct result of receiving this information (e.g., training, workshop, resources, healthfair, conversations, session, etc.), I am more likely to believe:

Anyone can suffer from a mental health challenge.

1 — 2 — 3 — 4 — 5

I can recognize common signs and symptoms of a mental health challenge.

1 — 2 — 3 — 4 — 5

I am more likely to know where to get help for a mental health challenge.

1 — 2 — 3 — 4 — 5

Therapy is helpful for treating people with a mental health challenge.

1 — 2 — 3 — 4 — 5

As a direct result of receiving this information (e.g., training, workshop, resources, healthfair, conversations, session, etc.), I am more likely to believe:

People with a mental health challenge do not need to be avoided.

1 — 2 — 3 — 4 — 5

Having a mental health challenge is not a sign of weakness.

1 — 2 — 3 — 4 — 5

Having a mental health challenge does not mean you are crazy.

1 — 2 — 3 — 4 — 5

Having a mental health challenge does not mean you are lazy.

1 — 2 — 3 — 4 — 5

Mental health challenges should be treated as seriously as other medical problems

1 — 2 — 3 — 4 — 5

Thank you for participating in our survey!



C.A.R.E. Scale

Outreach Event Measure



Please help our agency make our services better by checking your responses to the questions below. Your answers are completely confidential.

Section 2: Demographics

1. How do you identify ?

- White Hispanic/Latino Asian More than one ethnicity
 Black Native American Native Hawaiian/Pacific Islander Other (Specify Optional)

2. What is your age?

- 0-15 Youth 26 - 59 Adult
 16 - 25 TAY* 60+ Older Adult Decline to state *transitional age youth

3. What gender do you identify as?

- Man/Boy Non-binary Queergender
 Woman/Girl Transgender Questioning or unsure

4. What is your primary language?

- Arabic English Tagalog Mandarin Other Chinese
 Armenian Farsi Khmer Spanish American Sign Language (ASL)
 Cantonese Hmong Korean Russian

5. What is the highest degree or level of school you have completed?

- None Some College Doctorate Degree
 K-8th Grade Associate Degree Professional Degree
 Some High School Bachelor's Degree Trade/Technical/Vocational Training
 High School or GED Master's Degree Other: _____
 Decline to state

6. What is your annual household income?

- Less than \$25,000 \$50,000-\$100,000 Decline to state
 \$25,000-\$50,000 \$100,000-\$200,000

7. How many people currently live in your household?

- One Three Other: _____
 Two Four

8. Do you have a disability?

- Yes (specify to the right) — Difficulty seeing — Physical/Mobility
 No — Mental (excluding mental illness) — Difficulty hearing
 Decline to state — Chronic health condition — Other: _____

9. Are you a veteran?

- Yes No Decline to state

10. Have you ever received mental health treatment? If yes, please specify the type of service(s) you received.

- Yes No Decline to state



References

[Outreach Event Measurement]

1. Corrigan, P., Markowitz, F. E., Watson, A., Rowan, D., & Kubiak, M. A. (2003). An attribution model of public discrimination towards persons with mental illness. *Journal of Health and Social Behavior*, 44(2), 162–179. <https://doi.org/10.2307/1519806>
2. Evans-Lacko, S., Little, K., Meltzer, H., Rose, D., Rhydderch, D., Henderson, C., & Thornicroft, G. (2010). Development and psychometric properties of the Mental Health Knowledge Schedule. *The Canadian Journal of Psychiatry*. 55(7), 440–448. <https://doi.org/10.1177/070674371005500707>
3. Boyd Ritsher, J., Otilingam, P. G., & Grajales, M. (2003). Internalized stigma of mental illness: Psychometric properties of a new measure. *Psychiatry Research*, 121(1), 31–49. <https://doi.org/10.1016/j.psychres.2003.08.008>
4. Wei, Y., McGrath, P., Hayden, J., & Kutcher, S. (2017). The quality of mental health literacy measurement tools evaluating the stigma of mental illness: a systematic review. *Epidemiology and Psychiatric Sciences*, 27(5), 433–462. <https://doi.org/10.1017/S2045796017000178>

So What Now?

You pause.

You breathe.

You start where you are.

