



CULTURAL ELEMENTS IN COMMUNITY DEFINED EVIDENCE-BASED MENTAL HEALTH PROGRAMS

**Findings from a study conducted by:
New York State Office of Mental Health
Nathan S. Kline Institute for Psychiatric Research
Center of Excellence in Culturally Competent Mental Health**

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For the purpose of this handout, the details of The Latino Inpatient Treatment Program (LTP) at Bellevue Hospital Center and Hamilton Madison House (HMH) Behavioral Health Services have been deleted.

EXECUTIVE SUMMARY

Mental health interventions rely heavily on verbal communication and therapeutic alliances between caregiver and recipient. The consumer must relay the nature of the psychiatric distress, and the caregiver must communicate how an intervention could help, and both need to have a shared sense of what a good outcome will look like. Thus language, communication styles and strategies to establish trusting therapeutic relationships play major roles in the acceptability and efficacy of the intervention. Cultural values and stances related to family, self, mind, body, spirituality, stigma and attribution of mental illness can of play a major role in how an intervention is perceived and responded to by a member of a cultural group.

The Nathan Kline Center of Excellence in Culturally Competent Mental Health conducted a research project to document cultural features of three well-established mental health programs developed by community members, or adapted by providers to work for the cultural groups they serve. As the project progressed, the most striking feature noted of all the programs is that they are flexibly delivered. The original goal of the project to provide practice manuals or fidelity instruments was accordingly changed. In its stead, we provide generic suggestions on how other programs can work more effectively with cultural groups. The document encapsulates the “what” and the “why” of the program components as they are fluidly delivered to a cultural group.

Programs studied

Three New York State programs were selected for study – one is a prevention program mainly geared to youths of color, the other two are culture-specific: an inpatient program for Latinos and three community-based programs for Chinese part of an agency serving Asian populations. Each of the programs had been in existence for more than 10 years. While none of them have been studied for their effectiveness with cultural groups, each had endorsement of their success from community and professional

mental health stakeholders. The programs represent what some call “Community Defined Evidence-Based” programs. This term is in current use to describe a program that has evidence of its effectiveness from non-research based evaluation, small research studies, community consensus, or community based support/ endorsement in counterpoint to more rigorous evidence from controlled intervention trials. Other terms used for such programs are promising practices or grass root programs/practices.

A mixed methods approach guided the data collection efforts to document cultural elements that might contribute to the implied cultural competency of the programs for persons from diverse racial/ethnic and socio-cultural backgrounds. A semi-structured framework suggested the aspects of the program to be documented from four distinct lenses: (1) structural (2) philosophical (3) cultural infusion into processes and procedures (4) client, family and staff perceptions. A variety of methods for data collection were used that included field observations, informal conversations, telephone calls, e-mails, interviews and discussion groups.

Following are brief summaries of findings from the three programs studied.

1. Prevention, Access, Self-Empowerment and Support (PASS)

The target population is 13 to 17 year old youths experiencing behavioral and emotional challenges in their daily lives. PASS aims to improve youth psychosocial, educational, and community outcomes. It also works with the parents of the youths providing them with education and supports to enable them to improve their relationships with their children.

PASS was founded by consumers, mental health professionals, and community volunteers, all of whom were persons of color. The program builds on the cultural strengths of the youths and their families and works to accommodate their cultural views. The program consists of four intensive weekend workshops geared to the culture of the youths in the program and the

cultures of their families. It has a strength-based, self-efficacy focus, uses a youth friendly semi-structured 19 module curriculum flexibly delivered by adult and peer-mentors with participation from skilled community members. It provides year round supports to youth and families.

- **A multicultural program by design**

The target cultural group is youths of color from lower socio-economic groups. But in addition, other youth are part of the program since a goal of PASS is to get all groups to work together to resolve mutual conflicts.

- **Delivers its program content in a safe, neutral environment**

It avoids meeting spaces identified with the treatment of serious emotional distress, such as mental health centers or psychiatric hospitals and provides its program in pleasant hotel retreat like settings.

- **Utilizes adult and peer role models**

Adult mentors embody achievable success and illustrate the lessons of the curriculum. Peer mentors act as a bridge between youths and adults, interpret curriculum, and are visible symbols of youth achievement.

- **Aims to move youth into outside world**

Learning aids are offered for living and succeeding in an 'outside' world but emphasize maintaining ties to one's cultural group. PASS provides a place for rehearsal of learned skills to be used to secure resources (e.g. good jobs) and gain fulfillment (e.g. meaningful relationships). The mentors embody the possibility of success in the outside world.

- **Utilizes a language of empowerment and hope**

This includes the credo of the "8 Keys of Excellence" and specific curriculum material that tap the spiritual and religious background of many of the youths.

- **Participants learn to find their voice and how it is respected**

The program is delivered in a manner that aims to level the authority gradient, making all voices equal. Youth are encouraged to take ownership of their words and actions and understand the potential consequences.

- **Helps adolescents and their families with their interpersonal communication**

It provides strategies for families to consider that effectively address the clash of parental authority, cultural modes of response and youth resistance.

- **Provides easy access to supports**

Access to supports begins at the application process and continues for the parents and the adolescents over the course of the year. Mentors are consistently available by phone, parents meet monthly for additional support, and parents of former graduates often form relationships with new parents at the first parent-mentor workshop.

2. **Latino Treatment Program (LTP) at Bellevue Hospital Center**

The Latino Treatment Program (LTP) is an adult inpatient unit in an acute care setting of a large urban hospital. It operates within the medical framework of other inpatient units to treat and stabilize persons with acute psychiatric distress. It has modified and innovated with procedures to make the milieu and program material more acceptable to Latino patients with Limited English Proficiency. This adaptation was largely accomplished by involving Latino staff familiar with the challenges cultural groups encounter when receiving services and by culturally modifying cutting edge psychotherapeutic approaches. The program has worked to establish a welcoming and compassionate milieu for Latinos, and to provide services that are well received and effective. Some of the approaches are summarized.

- **LTP has a cohesive and committed staff**

Staff is bilingual and bicultural

The great diversity of Latino populations served is reflected in the professional staff.

Staff has cultural knowledge

Their capacity to share cultural-specific knowledge provides an additional level of comfort to patients and their families and an understanding of expressions of distress and illness.

Staff includes a Latina Peer counselor

She reinforces the possibility of personal recovery and is able to discuss fears of patients regarding medications in cultural terms. She conducts an inclusive spirituality groups that recognizes the importance of a variety of Latino religious and spiritual connections.

- **Treatment modalities are modified**

Flexibility in the delivery of services such as family psycho-education helps establish trust and engage the family in effective patient care.

- **Creates family and involves family**

Familismo on the Unit

Staff recreates a social role structure that is familiar and comforting to patients.

Community meetings

The gregarious nature of Latino cultures is evident in twice-daily meetings that reinforce the feelings of family.

Family involvement

Visits by the extended family are encouraged and extra efforts are made to help patients reconnect with family.

- **Works to reduce stigma using multiple approaches**

Psycho-education geared to Latino health beliefs and avoiding psychiatric terms help with the stigma felt by patients and families.

3. Hamilton-Madison House (HMH) Behavioral Health Services

HMH community-based programs have decades-old grass roots origins in the community, many begun in store fronts to meet the needs of new and diverse Asian immigrants and their family members. They have a long history of hiring bicultural/ bilingual staff with mental health training and developing programs acceptable to the health beliefs of the different

Asian immigrant groups they serve. Services for Chinese populations include a continuing day treatment program, the family counseling center and depression screening for the elderly. There are strong connections to the other support services at HMH.

- **Makes language accommodations, and are respectful of traditional social roles**

Staff is bilingual or trilingual and bicultural

Clinically trained staff represents diverse Asian cultural backgrounds and are able to communicate in the major Chinese dialects.

Staff is frequently recruited from Asia

Efforts to hire staff with clinical training and language skills extend to overseas sources.

- **Modifies Western services**

The Day Treatment program is structured in a culturally acceptable classroom setting. Clinic services rarely include group therapy which is less acceptable in Chinese culture. While Western approaches are used, they are culturally modified on a one to one basis as ascertained by bicultural staff. Depression screens use language acceptable to the Chinese elderly.

- **Aims to reduce shame and stigma**

Stigma is addressed by use of indirect language and avoiding blaming or shaming of other family members.

- **Involves the family**

Family psychoeducation around medication and other aspects of home care giving are addressed to ensure cultural values are respected while the needs of the person with mental illness are understood. Extended family members are included.

Common Cultural Elements of Programs

The following table summarizes the key cultural elements identified in the three programs that were common to all. Each element was differently embodied based on the program and cultural group served.

Summary Table of Common Cultural Elements of Studied Programs

Programs	Prevention, Access, Self-Empowerment and Support (PASS)	Bellevue Latino Inpatient Treatment Program	Hamilton Madison House: Continuing Day Treatment (CDT) Family Consultation Center (FCC)
Cultural Elements			
Language/communication accommodations	Multiple languages used: Youth PASS Outside world	Multiple Spanish dialects spoken Use of colloquial phrases, humor, joking, warmth Indirect references to mental illness	Multiple Chinese dialects spoken Formal/respectful, especially with family Familiar references to Confucian philosophy, Chinese parables, aphorisms
Passionate/compassionate Bilingual/bicultural Staff	Hierarchical leveling in communication between staff and youth Adult mentors from culture Youth peer mentors	Staff takes on family roles Gregarious Represent many Latino cultures Latino Peer counselor	Staff represent many cultures, some hired from abroad CDT: Staff takes on teacher role
Family involvement	Workshops Prior year family members as mentors Support groups for families	Psycho-education Outreach to bring in families/kin Family assessments (for expressed emotion)	Education around mental illness and medication
Community involvement	Mentors with active productive roles in community Linkages to schools, employment	Clergy: during and after treatment NAMI contacts on discharge	Linkages to Senior Center/other HMH services
Culturally friendly milieu	Creation of a safe village References to popular culture, music of youth and cultural group	Unit promotes community <i>Familismo/ personalismo</i> endorsed Latino posters and maps displayed	CDT: school room setting; tea and Chinese foods served FCC: waiting room 'medical' in appearance: health brochures
New/modified/flexible services	Timing and the specific curriculum topics presented based on the specific needs of the enrolled youths Non-traditional MH techniques used that are more acceptable to youths, e.g., theater, talents, team activities, athletics, preparation for positive roles in outside world	Specially adapted psycho-education flexibly delivered Spirituality group geared to all religions	CDT: Socialization activities include karaoke, ping-pong, and mahjong which are popular among Chinese Staff research and create daily lesson plan FCC: Western services modified on an individual basis; groups (less acceptable to Chinese) infrequently formed

Programs	Prevention, Access, Self-Empowerment and Support (PASS)	Bellevue Latino Inpatient Treatment Program	Hamilton Madison House: Chinese Day Treatment (CDT) Family Consultation Center (FCC)
Peer Bridgers	Peer mentors act as bridge between youths and adults	Latino peer counselor acts as bridge between patients and staff, and staff and family	
Efforts at Trust Building	No one dismissed from program for misconduct Hierarchical leveling	Trust gained through bicultural staffs' awareness of Latino view of mental illness Family atmosphere	Trust gained with respect for interpersonal roles defined by Chinese cultural views of gender and age groups Terms of respect used
Efforts at Stigma Reduction	Program not framed as a mental health program Uses materials developed for mainstream group programs to enhance leadership skills and enhance self-efficacy	Psycho-education and educational material geared to Latino populations discuss mental illness in medical terms	CDT: Education to families on mental illness

THE DOCUMENTATION PROJECT

A. General Introduction

Mental health interventions, more than most health services, rely heavily on verbal communication, therapeutic alliances between caregiver and recipient and accommodating milieus. Cultural values and stances related to family, self, mind, body, spirituality, stigma and attribution of mental illness, to name a few, can often play a major role in how an intervention is perceived and responded to by a member of a cultural group.

There are existing programs that appear to have great success in serving one or more cultural groups. Some have been developed because a local community group has sought a mental health response to a problem they have recognized within their own cultural group. Some have been developed by mental health agencies, with endorsement of and funding from local and state agencies, as they have recognized that existing programs have not worked to engage and sustain cultural recipients and that disparities persist.

The simplest example of a program adapted to a cultural group is one in which an existing agency program is also delivered in the language of the cultural group. Once language accommodation is addressed, over time other changes may be introduced as care deliverers recognize and respond to the communication styles, cultural values and mental health needs of the cultural group. Ideally, existing programs are tailored with the help of community stakeholders who work with them to identify the cultural factors that will enhance the acceptability of the program.

Several of these programs have existed for many years, their longevity attributed to strong community endorsement. In counter point to Evidence Based Practices (EBPs) that have ‘scientific’ evidence of their effect, community developed programs, often called grass roots programs, have rarely been studied using

scientific methods. They are, however, appreciated as having strong “community defined evidence” of their efficacy.

The Center of Excellence in Cultural Competency (CECC) Community Defined Evidence project was undertaken to study three such programs. The goal of the project is to gain generic insight into how other programs can be made more acceptable to cultural groups, and to specifically suggest which features may be key to their replication.

The most striking feature of the three programs studied is that they cannot be “manualized” as have EBPs since all of them endorse flexibility and fluidity in their approaches. Therefore, this document will not provide a precise curriculum for the delivery of the program, nor a fidelity instrument. It will, however, highlight the specific approaches and processes that are endorsed by the persons who developed these programs and by the staff who now enthusiastically deliver the service. Many approaches contain elements of ‘studied’ interventions, and these will be identified. The document will attempt to encapsulate the “what” and the “why” of the components as they are fluidly delivered.

B. Participating Programs

Three very different programs were studied as part of this project. One was a prevention program for adolescents of diverse cultural backgrounds; another was an inpatient unit of a large public hospital focusing on Latino patients, and one was a clinic serving Asian populations in which we studied their outpatient clinic and day treatment program for Chinese populations. Each presented unique research challenges and each provided a rich array of culturally contextualized approaches to serving their designated populations. The programs are:

1. **Prevention, Access, Self-empowerment¹ and Support (PASS),**

¹ **Self-empowerment** An event or process whereby an individual or group gains control over decisions and actions affecting their health. (The Higher Education Academy,

a program for 13 to 17 year old youths experiencing behavioral and emotional challenges in their daily lives. PASS aims to improve youth psychosocial, educational, and community outcomes. It also works with the parents of the youths providing them with education and supports to enable them to improve their relationships with their children. It utilizes a strength-based², self-efficacy³ approach to help its participants develop the resources needed to achieve and maintain healthy lifestyles.

2. **The Latino Treatment Program (LTP)**, a specialized 19-bed psychiatric inpatient unit on the 20th floor of Bellevue Hospital Center, the largest public hospital in New York City. It is operated in conjunction with NYC Health and Hospitals Corporation and the New York University Department of Psychiatry. It works within the structure and rules of operation of other inpatient psychiatric units at Bellevue in terms of its treatments and the goal of returning persons to the community as quickly as possible. LTP has added new and adapted traditional programs to work with persons and their families with limited English proficiency.
3. Three programs part of **Hamilton-Madison House (HMH) Behavioral Health Services**, an agency that provides a number of different clinical and support services to the Asian population in New York City: The Continuing Day Treatment

http://www.medeval.ac.uk/resources/defs/display_single?auto_num=537) permitting ones self to do, and having the skills and the “power” to accomplish or seek to accomplish personal goals (PASS definition)

² **Strength-based approach** Rather than focus on “what’s wrong,” a strength-based approach identifies the positive resources and abilities that children and families have. (Center for Effective Collaboration and Practice, <http://cecp.air.org/interact/expertonline/strength/sba.asp>)

³ **Self-efficacy** People’s beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. The beliefs determine how people feel, think, motivate themselves and behave. <http://www.des.emory.edu/mfp/BanEncy.html>)

Program, the Chinatown Family Consultation Center and Depression Screening at its Senior Center. In addition to addressing language needs, its bicultural staff is able to incorporate culturally acceptable ways of working with their clients.

These “grass roots” programs are so called because they emerged out of needs identified by community members who were able to identify the challenges facing these particular groups in accessing mental health services, and to develop unique approaches to serving their needs. The brief genealogies included with each report reveal these processes. All have been in existence for over a decade and have been accepted as exemplars of effective programs by the communities they have intended to serve.

The job of the researchers has been to identify the key aspects of “culture” that have been incorporated into the program content and treatment strategies and analyze how they have contributed to their success in working with these groups. The next steps are to study how these culture-specific strategies can lead to reductions in disparities in access to and acceptance of customized mental health services.

Language accommodation, respectful communication, knowledge of cultural values, and engaging the family all appear to be the common foundations of culturally competent care. Yet as each documented program shows, there are different ways to accomplish each depending upon the cultural group seen. And each reveals unique cultural aspects as well.

C. Who will benefit from this Documentation Project?

Originally the goal was to document each program so that it could be studied in an intervention trial on cultural groups in order to obtain the research evidence that would elevate it to evidence-based practice standards. However, over time it became clear that each program was marked by fluidness and flexibility in using

approaches that while they may have had origins in accepted clinical practices and procedures, were not and indeed could not be statically applied. This led us to abandon the idea of developing ‘fidelity’ instruments describing necessary components.

The document is now intended for providers and their agencies considering implementing similar programs in environments in which the cultural groups studied are seeking services. However, it does not provide the documentation for replication which would entail a highly structured format for introducing a similar program. Rather it aims to highlight the areas in which some fairly standardized practices and procedures are used, but have been infused with cultural elements to make them more acceptable to the cultural groups. What these cultural elements are is detailed with respect to the clinical or behavioral modification targeted by the program.

The document also can be used to suggest program approaches to those considering the development of different programs but for similar populations. These approaches while not yet research-tested have gained wide community acceptance. For example, approaches used in the PASS program for community youth with serious emotional disorders and their families can be applied to other kinds of programs being developed for community youth, e.g., substance abuse prevention.

D. Research Methodology

The research was framed as a documentation project because it did not aim to evaluate the effectiveness of the program, nor consumer satisfaction with the program. A mixed methods approach guided the data collection efforts to identify key cultural elements believed to result in culturally competent programs for persons from diverse racial/ethnic and socio-cultural backgrounds. A semi-structured framework was guided by a study-developed instrument they suggested aspects of the program to be documented from four distinct lenses: (1) structural (2) philosophical (3) cultural infusion into processes and (4) client and staff perceptions.

Information was obtained from observations and direct interviews of both those delivering and receiving services (See Appendix for a copy of the “Four Lens Cultural Documentation Instrument Guide”). Researchers examined program materials (e.g., policies, marketing literature, key forms, program curricula, activity schedules), reviewed previously collected aggregate data and utilized qualitative research methods to observe the program and allow program participants and staff to share their views. Data collection was seen as a dynamic process that called for flexibility in determining what additional data needed to be collected based upon knowledge learned. Accordingly, we used a variety of methods for data collection (e.g. field observations, informal conversations, telephone calls, e-mails, interviews and discussion groups).

Field Observations

Researchers conducted field observations of ongoing program activities and interactions with staff members including voluntary group meetings, recreational activities, and workshops. They were introduced to program participants by a program leader. Researchers presented in detail the goal of the project and the reasons for their observation. Although researchers observed many events and participated in some (e.g., meals), they did not make any contributions to the programs per se. They did not sit in on individual or group therapy sessions, medication consultations or specific family counseling sessions.

Field researchers were asked to identify specific aspects inherent in the program that might be viewed as representing cultural elements. They were guided by the Four Lens Instrument. Their observations were recorded in detailed field notes during each event or shortly thereafter; such field observations are a standard data collection tool in ethnographic research.

Field observations required obtaining permission of the parties involved which was done verbally at repeated times. Researchers and hence consent forms were sensitive to the fact that program participants from minority groups and/or who are immigrants may be suspicious of scientific

research and reluctant to be identified as research subjects, or may be fearful of losing their residential status. Assurances were provided in language and terms that were judged to be acceptable by persons familiar with or from the cultural groups.

Interviews

Staff members and program developers were interviewed to obtain information about the program including its mission, philosophy, historical development, financing and structure. These individuals were asked to identify any cultural considerations and accommodations inherent in various program elements such as staffing, educational materials, curriculum and interactions with family members. The Four Lens Cultural Documentation Guide (See Appendix) was used as the data collection guide and researchers made inquiries into those domains outlined primarily in Lenses 1 and 2. During the course of the research we often determined that we needed to speak more with people that we met during our field observations to make inquiries of them or clarify data collected.

Discussion Groups

In order to ascertain how cultural aspects of the program were perceived, discussion groups with program participants, family members and staff members were conducted. Participation was on a voluntary consensual basis and each non-staff participant received monetary compensation. To enhance the range of data collected in this way, a number of these groups were held in languages other than English. Thus clients and family members could be engaged with varying levels of language skills and degrees of acculturation. In addition to talking about the program itself, the discussion groups also explored how the concept of recovery is considered within particular cultural groups.

Document review

Sites that were visited provided copies of intake forms and other documentation that was relevant to the operation of the program. Schedules of

activities were reviewed in order to schedule site visits that provided a broad range of observation opportunities.

Institutional Review Board Approval

All research involving people in New York State is governed by regulations that ensure the proper protections are in place. Confidentiality of personal information must be a paramount concern to researchers, and all field staff and other investigators were required to complete a training course and obtain certification to conduct any aspect of the study. In these studies no identifying information was collected on persons who participated, only demographic data in aggregate form (age groups, racial and ethnic groups, gender).

The Institutional Review Board (IRB) of the Nathan Kline Institute approved all protocols, paying special attention to how people in these programs were informed about the research study, especially the fact that researchers would be observing the day to day activities of the program, and how they were approached to participate in the discussion groups. Consent forms were reviewed, revised and given final approval before data collection could begin. If other institutions that were participating in the study also had IRBs, their approval process had to be followed as well. In some instances, consent forms had to be available in languages other than English and the IRB required assurance that the legal language contained in the consent forms was not mistranslated by utilizing a back-translation process where the translated document was translated back into English and compared with the original for discrepancies.

PREVENTION, ACCESS, SELF-EMPOWERMENT & SUPPORT (PASS)

A. General Program Description

Prevention, Access, Self-empowerment⁴ and Support (PASS) is a NYS program for 13 to 17 year old youths experiencing behavioral and emotional challenges in their daily lives. PASS aims to improve youth psychosocial, educational, and community outcomes. It also works with the parents of the youths providing them with education and supports to enable them to improve their relationships with their children. It utilizes a strength-based⁵, self-efficacy⁶ approach to help its participants develop the resources needed to achieve and maintain healthy lifestyles.

PASS is sponsored by the Monroe County Office of Mental Health and available to youths across New York State. The program is geared towards youths of color. A large number of youths who enroll are from families of lower socioeconomic status.

The majority of adolescents who apply to PASS have severe emotional disorders and/or a parent who may have a serious mental illness. Likely candidates for the program are those youths who may be having difficulties building and maintaining relationships, managing anger, making decisions, focusing and finishing tasks, and controlling their behavior. Referrals to the program are not limited to traditional sources. Youth who may have had aggressive, suicidal and/or self-destructive behavior and substance abuse may be enrolled depending on school and

⁴ **Self-empowerment** An event or process whereby an individual or group gains control over decisions and actions affecting their health. (The Higher Education Academy, http://www.medev.ac.uk/resources/defs/display_single?auto_num=537) permitting ones self to do, and having the skills and the “power” to accomplish or seek to accomplish personal goals (PASS definition)

⁵ **Strength-based approach** Rather than focus on “what’s wrong,” a strength-based approach identifies the positive resources and abilities that children and families have. (Center for Effective Collaboration and Practice, <http://cecp.air.org/interact/expertonline/strength/sba.asp>)

⁶ **Self-efficacy** People’s beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. The beliefs determine how people feel, think, motivate themselves and behave. <http://www.des.emory.edu/mfp/BanEncy.html>)

clinical recommendations, but participants may also refer themselves.

A two tier mentoring approach is built into the program, with adult mentors assisting adolescents in applying strategies learned in the program to their unique life situations, and junior mentors – recent graduates of the program – providing peer role models and helping to bridge the generational gap. The program is administered over a 12 month period, with four extended weekend workshops providing the staging area for a curriculum-based approach. Program workshops are offered in a retreat style setting at various hotels around upstate New York. This allows program participants to be immersed into the program without the distractions of daily life. Monthly parent support groups and ongoing contacts with schools and other community programs complete the circle of support. Participants and their families incur no cost while going through the program as travel to and from program’s workshops, lodging and meals are covered by the program’s funding mechanism.

B. Genealogy

PASS was formally organized in 1996 in Rochester, New York, in upstate Monroe County. Rochester is a middle class, mid-sized city with pockets of poverty. The County’s mental health division has a long history of the promotion of innovative approaches to achieving cultural competency in the delivery of mental health services. They contract with Coordinated Care Services Inc. (CCSI), a non-profit management services organization that provides oversight, monitoring and evaluation to behavioral healthcare services. The County specifically requested that cultural competency activities be conducted as part of this contract.

The founding of PASS reflects important trends in public mental health care philosophy and funding. Recovery and consumer empowerment became parts of the New York State Office of Mental Health (NYSOMH) mission beginning in the late ‘60s. The deinstitutionalization movement led to a gradual closing of State inpatient facilities. In 1993, the Community

Reinvestment Act was enacted allocating funds to community care, based on the projected savings from the closing and reduction of State operated inpatient care. Some reinvestment dollars were available to the Commissioner to be allocated at his discretion. Under the impetus of the NYSOMH Multicultural Advisory Committee (MAC), a group that had been reorganized and strengthened by Commissioner Richard Surles in about 1989, funding was targeted for programs specifically designed for individuals of color. Five members of the MAC were part of the founding group that developed the idea for the PASS program. Two were African American consumers, one who had been in the mental health system since childhood and the other from upstate NY. One was an African American therapist, nurse and mental health administrator, one a Latina who was a local college professor of social work, and the other an African American psychologist working in the Monroe County healthcare system.

The Rochester, Monroe County group members of the NYSOMH MAC, along with staff from CCSI and representatives from the community, including persons from the juvenile justice system, schools, settlement houses and other service providers, developed a local Multicultural Advisory Committee (MAC). One of the first activities of this group was to convene a focus group of consumers from the Rochester, Buffalo and Syracuse areas to address the concerns of people of color in the public mental health system. The issues of youth and their families were identified as a major concern. They felt that available programs were not addressing what they identified as their needs, and that they did not have access to what are often described as the “Cadillac” programs. Parents diagnosed with severe and persistent mental illness reported that their children were often placed under Children’s Protective Services for supposedly inappropriate parenting behaviors.

As a result of the focus group, a conference was organized by the MAC for persons from Rochester, Syracuse, Buffalo and Binghamton who had contact with the mental health system. It took place in Elmira in 1996. The goal of the

conference was to bring parents and youths together with community members to talk about more effective ways to work with the existing systems of services and supports. It also addressed ways in which to improve family communication skills.

The Conference was at no-cost to participants – transportation, lodging, food, and day care were provided to all. The conference was promoted to attract individuals of color and used language, pictures, and media that were familiar to these groups. The conference was conducted to engage, teach, and support participants using formats familiar and acceptable to them, including music, role-playing, theatre, story-telling and presentations by people of color. Some presenters were already volunteers in their local communities providing mentoring to youths and supports to families of color. Among these were educational mentors and a local theatre group. Authority figures were represented by a local policeman and judge.

The Conference evaluation by the participants was discussed with the local MAC and with CCSI leadership, who had been providing support to the local MAC. These conversations led to the idea to develop a program for youths and their families that addressed needs identified in the conference and focus groups. Funds were sought and received from several organizations to establish and support the program. CCSI developed the proposals, and became the agency that managed the funds and contracts.

The PASS program developed in October 1996 had youth self-empowerment and self-advocacy as primary goals. The program’s semi-structured curriculum was intended to be acceptable to youths. Peers were to be engaged in the program as mentors. It was to be delivered in retreat-like settings over several weekends using varied formats, including: role-playing (with help from the theatre group), story-telling, and lectures. Referrals were to be received from mental health and social service providers. Adult mentors and mental health professionals would deliver the curriculum.

After the first run of the program in 1996, observations from staff and feedback from participating adolescents were used to shape a new framework for the program. The basic philosophy of the new program was better articulated. It would use a strength-based approach helping youths and families to develop the personal skills and seek out the community resources necessary to achieve and maintain healthy lifestyles. In the revised program, the curriculum was more clearly defined, the population of focus formalized, and the activities to be used delineated. A grant application for the program was submitted to NYSOMH for funds to strengthen and sustain the new model. Funding was received for the new program and continues 14 years later.

C. Structural Components

Program Goals and Intent

The program aims to self-empower youth to build their confidence by providing them with tools and techniques for defining and achieving productive goals, with respect to personal life skills, academic, workplace and community achievement. The program works to instill in youth the need to be accountable by taking ownership of behaviors and actions. It also aims to help parents in communicating with their children especially as the youth change as a result of the program. It provides parents with supports from program staff, other parents and from community resources.

The curriculum for youth, which is both formal and informal, works to improve:

Personal life skills, by teaching youth to

- Define socially acceptable goals and make informed choices.
- Deal with conflict and negative situations in ways that deflect potential problems.
- Manage stress and anger.
- Improve their communication styles with peers and other community members.

Self efficacy, by teaching youth to

- Take on leadership roles in schools, work and community.
- Harness and use innate talents.
- Take on self, peer and community advocacy roles.
- Use new resources or approaches to seek solutions.

Community interaction skills, by

- Increasing families' knowledge of systems and supports available to them within their communities and training them to negotiate these systems.
- Training youths in public speaking.
- Training youths in job and school interviewing.
- Enhancing youths' socially desirable habits related to manners, eating and other social graces.

Youth and parent/caregiver interactions, by

- Improving communication approaches used between parent and youth.
- Providing family support through informally organized family groups.

Population of Focus

The program serves youth who may have been diagnosed with serious emotional disturbance or may have one or more family members with a mental illness diagnosis. Participants are drawn from a spectrum of both formal and informal care and service providers. Likely candidates have difficulties building and maintaining relationships, managing anger, making decisions, focusing and finishing tasks, and controlling their behavior. Youth with aggressive, suicidal and/or self-destructive behavior and substance abuse may be enrolled depending on clinical recommendations.

Other requirements of the youth include being able to travel, maintain at least a 'C' average in school, and ability to or interest in managing medication schedules. Importantly, they must consent and agree to the regulations and expectations of the program.

Selection of Applicants

Applicants are selected to ensure there is diversity of cultural groups and of behavioral and emotional challenges. For logistical reasons, the participants are primarily from areas around Rochester with a lesser representation from other localities of the State, for example, NYC, Albany, Buffalo, Syracuse and Binghamton. While the majority of the participants are people of color, whites are not excluded from the mix. Language does present a restriction, in that the curriculum is currently available in English only. However, the program does provide language accommodations for those whose parents prefer to speak Spanish.

Planning for PASS starts in the early part of the calendar year, when applications are reviewed and participants selected. Current funding and staff levels restrict enrollment to no more than 20 youths per year. Parents and adolescents are required to complete portions of the application, including personal assessments of what they expect from the program. In addition, information is solicited from applicants' counselors, teachers, psychiatrists and other professionals to inform the selection process and to identify accommodations necessary for participation. PASS administrators review the applications. The mental health needs of the applicants are reviewed by a clinician affiliated with the program, and the final mix is selected by mid-April. Mentors are selected based on the mix of participants chosen.

Description of Funding

Since 1997, PASS has been sponsored through a grant from NYSOMH, with additional support from the Monroe County Office of Mental Health and CCSI. The program's annual budget from NYSOMH is approximately \$130,000 and an additional \$40,000 - 50,000 of in kind support is received from Monroe and Erie County Office of Mental Health and CCSI. The majority of the expenses are for meeting space rentals, transportation and food. Most of the staff (mentors and presenters included) receive a small honorarium for their involvement in the

program, but volunteer their time. Based on previous years' experiences, the program as configured can handle up to 20 adolescent participants. In 2008, there were 14 adult mentors and 8 junior mentors to support 17 adolescents; each adolescent had at least one adult and one junior mentor.

Staffing

Paid staff and volunteer staff serve largely interchangeable roles. All receive cultural competency training on knowledge, attitudes, and skills related to the participants' identities and on techniques of how to engage with adolescents within the context of their culture. Specific staff roles include:

Program Director

Responsible for the overall administration of the program, including ensuring and enhancing funding for the program; letting contracts for vendors and program's affiliates; advertising program; selecting participants and mentors; creating and developing new curriculum; coordinating and selecting workshop dates, locations and facilitators/presenters.

Project Manager

Responsible for coordinating the day to day functions of workshops, including reaching out to participants and parents for program feedback and updates between workshops; assisting the program Director in carrying out duties; creating and developing new curriculum; and selecting workshop facilitators/presenters.

Program Staff

A paid parent advocate provides weekly outreach to each parent; assists with coordinating and facilitating the parent support meetings, workshops and curriculum delivery. Additional staff from CCSI assists mentors and participants in delivery of program; collection and assembly of program's materials; and miscellaneous duties. In 2008 there were two program staff members available on a part time basis.

Program Affiliates (Presenters/Facilitators)

Individuals that present or facilitate specific

curriculum modules. Examples: Community Service Specialist, Detective, Lawyer, Chef, Tae-Kwan Do instructor, yoga instructor. In 2008 there were 26 presenters/facilitators

Program Affiliates (Adult Mentors)

Volunteers who assist in the general delivery of the program (They usually are not mental health professionals). They serve as chaperones and also provide youth and caregivers ongoing support during, between and after workshops. Some mentors are parents from prior years who have established a relationship with the PASS program and who return to volunteer their time to work with the adolescents. Mentors are screened, interviewed, and trained prior to participation in the program. In 2008 there were 14 adult mentors.

Program Affiliates (Junior Mentors)

Former graduates of the program who are of a similar age as participants assist in the delivery of the program. They serve as a bridge between participants and adults often advocating for the adolescent participants. They are seen as the most critical element in program retention. In 2008 there were 8 junior mentors.

Additional Affiliates

Individuals assigned to monitor hallway after curfew to ensure that participants remain in their room. They are responsible for providing transportation of participants and staff to and from venues. In 2008 there were nine additional affiliates.

Program Structure

There are five weekend-long workshops: one for program staff, one for program staff and parents, and three for the adolescents. Over the course of the three workshops, each adolescent is exposed to approximately 10 ½ days of the PASS program for a total of approximately 150 hours. Parents attend 2 ½ days for approximately 30 hours.

Initial staff training

The initial one and a half day workshop is for program staff and mentors. The PASS mission and philosophy are reviewed and orientation and

preparation for the running of the program is discussed. Mentor guidelines are presented for interacting with PASS participants. Cultural competency training is provided.

Staff and parent training

Prior to the workshops for participating adolescents, there is a 3-day training workshop for mentors and parents (or caregivers) of the current year's participants. The role of mentors is clarified and differentiated from that of mental health care workers. An overview of the topics in the curriculum, and the methods to be used for delivering the curriculum are presented. Parents of previous years' participants may attend, providing an opportunity for new parents to meet and speak with them about the program. Expectations of both parents and mentors are reviewed. Parents receive information on family support networks in their localities. Professionals from the healthcare field provide a general overview of the delivery system, and symptoms relating to emotional challenges in young people.

Three youth sessions

The semi-structured curriculum is delivered to the youths in workshops three times per year. Each workshop is conducted over a three-day weekend (Thursday through Sunday) by program affiliates and mentors. One workshop takes place during school summer vacation, and the other two take place during the school year. Sessions are conducted by program staff or affiliates with a specialty, mentors and peer mentors. At each workshop workbooks are distributed, group activities and individual exercises are conducted, and opportunities are provided to test the knowledge gained and to receive feedback from peers and support staff. For workshops that take place during the school year, caregivers are asked to have teachers provide participants with homework assignments. At the workshops, time is set aside to complete school assignments. If an adolescent has no assignments, program staff identifies an educational project for her/him to complete. A graduation ceremony is held at the last workshop and guests are invited to attend.

Every day of each workshop ends with a peer group meeting for participants at which junior mentors, but no parents or adult staff, are present. Youths are encouraged to bring up any topics they want. What transpires at these meetings is confidential and is not presented to the adult staff.

Ongoing Parent supports

Parent Support Group sessions are held one evening per month from 6 – 9 p.m. throughout the duration of the program. Parents learn and practice new communication skills such as ways to listen and dialogue to support the changes that the adolescents are achieving through the program year. In situations where a participant comes from a single parent home, outreach is made to the out-of-home parent for support. This is contingent on custodial parent's consent and the availability of the out-of-home parent. Families are afforded access to any of the program staff at any point in the future.

Program access

Transportation is provided to workshops and support groups for mentors, parents and siblings, and participants. Day care is provided on-site for parents attending the workshops and support sessions, by contracting with a local provider for respite workers at no cost to the parents.

Program follow-up and continuing supports

Former participants and caregivers are often invited back to the last workshop to share their experiences and refresh PASS concepts. The program has also setup an e-mail system where participants, families, program staff and affiliates can communicate with each other between workshops and in the future. The mentors are available by phone, parents meet monthly for additional support, and parents of former graduates often form relationships with new parents at the first parent-mentor workshop.

Program Immersion

Program workshops are offered in retreat style settings in various hotels in upstate NY. All participants stay overnight in the same hotel for the entire weekend, fostering immersion by precluding interference from the participants' daily lives. The settings for the workshops are

intended to provide opportunities for learning and relaxing (hotels with pools and game rooms). Field trips take place to provide the participants with new experiences (evening boat trips, visits to restaurants and universities). The away from home environment provides an opportunity for the youth to develop new friendships with persons who have a common outlook..

Curriculum

The "8 Keys of Excellence" are statements that are used to undergird the entire PASS program and represent modes of behavior. Staff is expected to model their behaviors around the Keys. They are 1) Live in integrity; 2) Acknowledge that failure leads to success; 3) Speak with good purpose; 4) Live in the now – this is it; 5) Affirm your commitment; 6) Take ownership; 7) Stay flexible; 8) Keep your balance.

The precepts were chosen as applicable to all youth (they are used in a "grade-specific" summer program for middle school, high school, and college students)⁷ independent of culture, race/ethnicity, mental health status, poverty or other life challenges. The Keys of Excellence are extensively discussed and quoted throughout the program.

The curriculum continues to evolve. Currently it is comprised of 19 program modules some of which directly address a skill development, social interaction skill, or self-efficacy, while others are tone-setting to reinforce the underlying philosophy of the program.

⁷ **SuperCamp**/Quantum Learning Programs; Learning Forum
(Bobbi DePorter, President)
www.learningforum.com

Modules	Personal skills development	Social Interactions	Self-efficacy	Various “tone setting” modules
	Goal setting	Morals and values	Self empowerment	Optimism
	Belief systems	Love and happiness	Visualization ⁸ training	Affirmation ⁹ of self worth
	Problem solving and decision making	Etiquette, clothing and hygiene	Interviewing skills	Living the “Keys of Excellence”
	Managing disappointment, stress and anger	Inter-personal communication skills	Understanding and advocating with mental health systems and other governance agents	
	Identifying self-sabotaging practices		Advocating for self, others, and serving as role models	
	Accountability			
	Enhancing self esteem ¹⁰			

Workbooks entitled “A Self-Empowering Curriculum” provide a compilation of materials and activities supporting each topic covered. In addition, included are a phone directory, birthday list, poems and affirmations, the 8 Keys of Excellence, ground rules, “sacred rules,” and a success checklist. Curriculum material has been written by program staff and/or abstracted and collated from other sources including self-help materials, and guidance and instructional documents.

Materials in the workbooks are presented non-formally, as brief often one-line formats, with cartoon illustrations making for quick read. Material is simply stated, and is interspersed with points to provoke discussion. Workbooks are distributed to participants, mentors and parents to be used as resource guides at each weekend. Participating adolescents and their

parents are encouraged to use the material after the workshop to further strengthen learning.

Flexibility is built into the program with respect to the timing, and the specific curriculum topics presented at each day of a weekend. Although several topics are covered during the weekends, the intensity of coverage of each topic varies depending upon the needs of the participants and the opportunities for guided learning. Program leaders (in conjunction with mentors and, to an extent, the participants themselves) make adjustments to the days’ agenda. For example, if youths report low self esteem, flexibility is allowed to spend additional time or resources to address that need.

In the case that participants (whether, parents, mentors or youth) have limited reading skills due to lack of education, learning or other difficulties, program staff are available to read material to these individuals. This assistance is provided in ways that help the individual to maintain his/her self-respect and self-esteem.

⁸ **Visualization** The mental practice of picturing oneself accomplishing a future desire with the intent of increasing the likelihood of the event occurring in the future (PASS definition).

⁹ **Affirmation** Verbalizing a desirable condition knowing that it does not exist, but doing so in faith that after the statement is made, the situation will manifest over time (PASS definition).

¹⁰ **Self esteem** The way you view yourself, your personal self image and your self -competencies or capabilities (PASS definition).

Techniques used for curriculum delivery
PASS organizes its support structure around teams who work with the participants. Each

team consists of two to three adult mentors and a junior mentor, and they work with four to five adolescents. Team assignments are made by administrators prior to the mentor and staff training based on the strengths, experiences, and expertise of adult and junior mentors. During the initial staff training for mentors and staff, team building exercises and assessment tools are used to develop cohesiveness and camaraderie.

The curriculum is delivered through a variety of strategies, both didactic and experiential, utilizing expertise from the affiliate and community representative who are experts in some aspect of the curriculum. The workbooks are distributed, but they are not closely followed. Materials related to a curriculum topic are presented using drama, debates, storytelling, impromptu skits, slides/music/film, talent shows and various activities (aerobics, games/sports, martial arts, yoga etc). Public speaking is taught, and practice interviews for jobs and schools are held.

Theatre, impromptu skits and alternative talent shows are viewed as ways to elevate youth self esteem. Youths can relate their experiences without personal disclosure, and may build self-esteem by showcasing their talents. Youth may be asked to produce something on their own (a presentation for a talent show) or be asked to work together. Team staff provides assistance, encouragement, and support for these individual and collective activities.

Feedback

Ongoing feedback is sought throughout the program from participants about their sense of personal improvement, and from mentors, parents and other individuals involved in the adolescent's life regarding their perception of participants' growth and development. Feedback received is then used to make modifications as is necessary.

At the end of the program, during the last workshop, feedback is sought from both youths and staff about the experience. Comments and suggestions are used to make changes for future years.

Achievement of program goals

Self Empowerment

Self-empowerment is ingrained into the PASS philosophy as a mechanism to foster continuous learning, increase self-awareness and improve the ability to communicate. The program aims to develop responsibility for life choices and awareness of positive life outcomes in participants. Participants are taught the skills to be self-empowered and to make informed choices.

An environment is created that stresses a partnership between the adolescents and their parents or other caregivers emphasizing openness and de-emphasizing hierarchical roles.

Adolescents are encouraged to have a *voice* in both how the curriculum is delivered and in articulating what works best for them. For many, it is the first time they are at liberty to engage in reciprocal dialogue with adults, to be heard and to have their concerns acted upon.

Improvement of interpersonal skills

Adolescents learn interpersonal skills from peers who serve as role models and from mentoring by program staff. Lessons can be both explicit and implicit. Staff is expected to behave in accordance with the Keys of Excellence.

Program staff is encouraged to exercise a "watchful waiting" stance to recognize and capture events that occur impromptu providing what the program calls "teachable moments" for discussing interpersonal skills. These can happen during the workshops or on field trips. The importance of these events is to reinforce lessons from the workshops and to observe how role models respond in action.

Program staff also role model the Key of Excellence concerning flexibility as they adapt features of the program to the youths. For example, when younger participants in this class are less responsive to didactic instruction techniques than older participants, more interactive strategies, breaks and recreation time are inserted into the agenda.

Skill development for advancing in mainstream society

Didactics detail specific social norms, such as rules of etiquette, and provide opportunities for practicing their observance. For example, youths are taken to a restaurant with formal table settings, and encouraged to use their newly developed skills. Interviewing skills are taught and practice interviews are held.

Skill development for conflict resolution with families, peers and members of the larger society

Many of the participants report interpersonal challenges with family members, peers and the community at large. Through skits, individual and group discussions and their reference to the Keys of Excellence participants develop conflict resolution skills. Sometimes, conflicts are deliberately planned and staged, and program staff model conflict resolution skills. Every step forward, setback, or emotional outburst becomes a ‘teaching moment’, and is used to demonstrate how these principles can be used to make informed decisions in the future. Participants are invited to practice these newly acquired skills with other youths and mentors at the workshop and are encouraged to utilize them when they return home. In addition, the Keys of Excellence posted on the walls serve as visual reminders to cultivate these skills.

Improvement of Youth/Parent interactions

A cornerstone of the program is enabling the parents to support the adolescent transformation by improving parent to youth communication skills at home. From the application process to graduation, program staff makes a concerted effort to include parents into the delivery of the program. Parents are encouraged to go through the curriculum at a weekend workshop, and to discuss the curriculum with their children. Agenda and curriculum is also shared with parents while their adolescents are in workshop. Parents are able to speak to program staff at any time and are given information for family support resources in their communities. Throughout the program, feedback is sought from parents and caregivers about their

perception of the adolescents’ growth and development.

D. Elements of Cultural Infusion

PASS youths represent the intersection of three cultural groups: youths, persons from lower socio-economic levels and persons of color. “Cultural infusion” will relate to any and all of these groups.

Staff

The staff is representative of the various cultures of the participants and of all educational backgrounds. Some senior mentors have academic skills; others have skills in some trade. Some have extensive knowledge of resources in the communities and the available social support systems. Gender and age groups are well represented. Most staff members return from year to year and are ‘passionate’ about their role in the program and their desire to work with youth and their families. Staff is flexible and openly shares cultural stories, victories and defeats. Peer mentors represent a role model for the youths indicating to them that they can take on leadership roles.

Cultural competency (CC) training is provided to all with a heavy emphasis on the development of trust. The “Tale of O”, a video that abstracts situations of being a dominant group (X) and an ostracized or marginalized group (O) within a group, a diversity profile tool, and a personality profile self assessment tool are used as part of this training.

Reflects the culture

The staff mix is representative of people of color which puts participants at ease. This was evidenced when parents and adolescents remarked that they felt familiar with staff and affiliates the first time they met. Cultural competency training highlights that relationships must be built around the issues of natural suspicion and distrust that people of color have in encounters away from the cultural group’s home base. Staff is made aware of the need to maintain trusting relationships with participants.

Represents a village

PASS organizes its support structure around teams: groups of key players who work with the participants. The staff, mentors, and youth commonly refer to the program as the “PASS family”. Teams in aggregate can be viewed as representing a ‘village’ in which the adolescents feel safe, can develop trusting relationships and have opportunities to learn and practice newly acquired attitudes and skills with its members who serve as role models for future behaviors. On the first day of the PASS affiliate training, excitement among staff and mentors was observed as they remembered one another from previous workshops and also enthusiastically accepted newcomers into the ‘PASS family’”.

Represents youths

Peer mentors belong to the same cultural group as the youths. They illustrate a way to bridge age barriers by providing a model of an appropriate way for participants to present their views to adults. Peer mentors encourage participants to express their views to the group and to respect each others’ viewpoints. Testimonials offered by peer mentors, who are roughly the same age, add to the credibility of lessons learned. Many participants aim to become peer mentors in subsequent years.

Culturally Appropriate Milieu

PASS is a safe place

Many PASS participants view the world as compartmentalized into “our world” and an “outside world”. The outside world is seen as unfair, unsafe, uncaring and exclusionary. Participants along with the staff examine their behaviors, the language they use and actions they take through a cultural lens that help them differentiate what is acceptable in “our world” and socially unacceptable in the “outside world”. The PASS program serves to provide an intermediate zone in which participants are safe to discuss this tension and practice new behaviors. They rehearse alternative and more productive roles that take into account cultural nuances, beliefs and values from both worlds. Through role playing, debate, and other physical, emotional, and interpersonal activities, participants are guided to shed layers donned for

protection (for example, being “the bad child”) in the “outside world”.

Workshop environments are culturally acceptable

The PASS program is administered in hotels in various parts of the State. Hotels are chosen that are clean and comfortable, but not ostentatious. The meeting areas are set up with circular tables for each team, neutralizing hierarchical roles. The program staff provides opportunities for participants to experience their cultures as well as other cultures through music and pictures which they post in the meeting areas. A slide show created by PASS staff captures places, things and persons that represent different cultures, and is projected during non-teaching periods accompanied by a variety of musical pieces familiar to cultural groups but also including other non-familiar ‘outside’ world music.

The messages in music are used as teaching opportunities for youths and parents. Participating adolescents are involved in the selection process and music is used to stimulate, engage, calm and create an environment that is culturally relevant and appropriate. For example, “Happy Birthday” is sung to a Stevie Wonder melody. Bob Marley’s song “One Love” exemplary of reggae, a historically major mode of expression of love, poverty, injustice and other social and political issues for communities of color, is played during exercises.

The village is celebratory

Celebrations provide an opportunity for communities of color to acknowledge the achievements of its members. Youth achievement and important life events are celebrated. The PASS program celebrates birthdays, and graduations. Parents and guardians are an integral part of the graduation ceremony. The PASS ‘village’ has also communally shared losses experienced by persons during the program.

Food

The cultural importance of food for both African American and Latino cultures is incorporated into discussions around the use of food in maintaining healthy lifestyles. While at the various hotels, the staff of the program tries to ensure that food served during the three day period is “youth” oriented. To broaden their experiences, youths are exposed to foods from different cultures in dinner excursions and by staff who may bring in exotic or unfamiliar food.

Techniques for curriculum delivery

Establishing trust

Utilizing a person-centered and trust-building approach to engage and sustain relationships is particularly important for multicultural youths because of the legacy of the historical trauma felt by many of them, which manifests itself in mistrust of the ‘outside’ world.

A great deal of effort takes place to establish trust, since it facilitates focus on behaviors and challenges that may interfere with the participating youths and families meeting their goals. Youths and families remain in the program as a result of the trust they have built in relationships between mentors, staff and other participants.

Infringement of program rules is discussed in terms of its impact on the group as a whole. While youth are not dismissed from the program for infringement of rules, privileges may be withdrawn. The continued acceptance of youth in the PASS family in spite of the infringement enhances the trust of the youth in the program.

Leveling of the hierarchical structure

All program staff and participants are regarded as having an equal voice. At the first workshop for participants, staff asked everyone to introduce themselves by name and to share something personal. No staff member identified their role in the program; this set a tone of equality.

The program grants a “voice” to individuals whose insights on what works well for them have not for the most part been heard. Through

this approach, program staff adjusts the curriculum to be palatable to participants.

Program immersion

The immersion model of sleep-away weekends provides an opportunity for youth to develop a “family” away from home, to experience different settings, to work as “teams” and to interact with persons who are the “same” but “different” in terms of where they live, how they speak, what music they listen to, how they dress and their family lifestyles. They share common experiences in a safe place with members of their cultural group related to trauma induced by racism and bigotry. The intensity of the program fosters the formation of strong bonds between adolescents.

Speaking the language of the cultural group

The mentors can speak the language of the PASS youth, i.e., the everyday vernacular, phrases and slang they are likely to use among themselves and with their families. Staff uses this language to operate in the youths’ cultural world and particularly early on in the program when trust is being developed. Related to this, examples in curriculum exercises are attuned to the youth’s cultural world, and scenarios refer to activities that they are likely to participate in rather than activities from the outside world, e.g., basketball rather than golf would be a sports illustration.

Establishing new vocabularies

In the culture of the youths, words, voice and action are openly used to express feelings without undue negative repercussions. The ‘outside’ world may find certain modes of expression unacceptable, and view adolescents using them as “acting out”, aggressive and uncouth. They may be labeled as having behavioral, emotional, and social challenges that lead them into the criminal justice systems and constrain their opportunities. PASS encourages adolescents to examine the impact of the words they use and provides an alternate vocabulary that reinforces their power but is more appropriate in mainstream culture.

Another aspect of vocabulary development centers on using words and phrases that create a sense of empowerment and hope, which is in keeping with principles of client-centered and recovery-oriented care. PASS program materials and especially the 8 Keys of Excellence reinforce this as a common 'language' to be used by both youth and adults. Words from this language are reiterated in 'affirmation' statements, are found in the curriculum, and become common through repetition and reinforcement.

Mentoring

Mentors represent cultural groups

Mentors from cultural groups model achievement and attainment of respect. Adult mentors from the cultural worlds of the youth indicate to them that they can achieve in the 'outside' world, attain good jobs (e.g., an African American mentor who works with the National Aeronautics Space Agency, a parent advocate who works for the City School District, and a nurse practitioner), and be highly respected. They also provide a model for community activism. Peer mentors provide models that even as youths they have the power to achieve and be respected.

Most mentors return, without pay, and participants benefit from their accumulated experience in the program. Their comments indicate that they themselves benefit year after year. This reaffirmation of the value of the program provides hope to the participants and reinforces a perception of common purpose and membership.

Peer mentors

Youth participants see peer mentoring as a desirable goal. Peer involvement speaks to the viability and sustainability of the program. Peer mentors can be viewed as still in the program, reinforcing and building upon skill-sets harnessed during previous year(s) involvement. Their leadership role looks especially appealing on college and employment applications. As mentors, they play an important role, helping participants to understand the curriculum through the experiences of those with whom

they most identify. Peer mentors also serve as conduits between adults and participants, helping to foster open dialogue and communication, thereby lowering hierarchical walls, a goal of the program.

Adult mentors

Adult mentors comprise the largest group of program staff and are principally responsible for conducting the program. Although participants are assigned mentors at the outset of the program, the process is not rigidly adhered to, in that they can bond with any mentor they build a connection with. This is also consistent during, between, and after current year's events.

Family involvement

Parents often view the mainstream society ('outside world') with suspicion. Many lack necessary information regarding jobs, educational opportunities, mental illness, support services and other critical areas such as the power of networking. The program provides a place for parents who have similar backgrounds and experiences and cultural references to voice their concerns, issues, hopes and dreams. This is done in a setting that is conducive to and safe for these discussions to occur facilitating the work on possible solutions to the issues presented. Parents are encouraged to be a part of the solution, so as to preclude themselves from being viewed as the problem.

Community Involvement

Community members are directly involved in the program as mentors. They provide an understanding of the cultural strengths and challenges of the cultural groups enrolled. Community members may also be asked to help with some particular identified need of a participant or to participate in a specific program module, e.g., a policeman and a lawyer participate when discussing how to engage with the legal system.

With respect to participants, PASS provides community linkages to youth and their parents to mental health and support resources and community activities. It may also assist participants in obtaining jobs.

E. Summary

The program was founded by consumers, mental health professionals, and community volunteers, all of whom were persons of color. Although some of the founders have experience in mental health program development PASS was not developed as a mental health program. Incorporated into PASS are many features of practice-based or evidence-based mental health treatment approaches: for example components resemble strength-based approaches, resiliency training, family psycho-education, cognitive reframing and cognitive behavioral therapy, and motivational interviewing. A hallmark of the program is that mental health diagnoses are never shared with affiliates or other participants, helping to avoid the stigma of being identified as mentally ill.

The program works to help participants use their own strengths and supports to live and operate successfully in mainstream culture. It works with both parents and youths to establish two-way communication in which there is an understanding of each other's view points, and there is mutual respect. It inculcates the values of persons from the African Diasporas who place emphasis on educational achievement, ownership of destiny, and skills such as social graces.

Participants enter the program viewing the outside world as "them" and not "us". In the outside world, they report that they have had unfair situations, disadvantage and injury. To most participants, "us" and "them" are color coded groups as well. PASS is an intermediate zone between "us" and "them" providing a safe place for reflection and rehearsal that will encourage relationships with "them," not as a betrayal of oneself or one's home culture, but as entrée to the world where they can secure resources (e.g. good jobs) and fulfillment (e.g. meaningful relationships). The mentors embody the possibility of being able to cross back and forth between the two worlds, to "pass" in that outside world. The workshops and exercises are designed to offer learning aids for living, even

succeeding, in that world while maintaining ties to one's home. By demonstrating how adults approach resolving conflict (not always successfully), offering reasons for rules and why some rules have no reason, and demonstrating many ways of defining and affirming one's values, the PASS program provides vivid preparation for the outside world.

PASS is a multicultural program by design

PASS is a multicultural program that recognizes that adolescents may present with challenges that have cultural underpinnings, especially in the realms of conflict resolution and obedience to authority. The goal of PASS is to get all groups to work together to resolve mutual conflicts. The mix is critical to the message: that in order to succeed as adults one will need to take ownership of behaviors, consequences, and work toward goals with many people for other cultural groups. Aspects of cultural group interactions that involve seeking respect must begin from a place of offering respect to others.

PASS delivers its program content in a safe, neutral environment

By housing all participants in quality hotels, using excellent professional meeting spaces, and sharing meals in restaurants, PASS is able to deliver its message in non-clinical, non-threatening settings. By exposing parents to the PASS procedures prior to beginning work with the adolescents, the program leaders are able to minimize fears that parents may have about how the program will work with their children and whether they can trust them to be away from home for an extended period.

PASS utilizes peer and adult role models

Both adult and junior mentors are role models. Peer mentors connect with the adolescent participants by sharing their experiences. They relate how the Keys of Excellence helped them become self-empowered and demonstrate how small changes in communicating can lead to big changes in respect and understanding. Adult mentors embody achievable success, instill hope, and illustrate the lessons of the curriculum.

PASS utilizes a distinct language of empowerment and hope

In keeping with principles of client-centered and recovery-oriented care, PASS program materials and especially the 8 Keys of Excellence encompass a vernacular that is common to all. They can serve as a bridge between adults' and adolescents' colloquial speech, and to reiterate the program goals through repetition and reinforcement.

PASS participants learn to find their voice and how it is respected

PASS teaches participants to recognize that they have an equal opportunity for expression, and that if they communicate in respectful ways their voice will be heard and their opinion will be respected. One way that this is accomplished is by leveling the authority gradient, making all voices equal at the time the program is delivered. Another is by encouraging adolescents to take ownership of their words and actions including their consequences, and by redefining small failures as opportunities for learning and growth rather than assuming defeatist attitudes and the unproductive actions that may result.

PASS can help families with their interpersonal communication

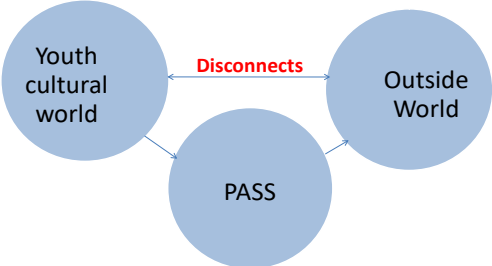
In many families of color, obedience to parental authority is demanded, and cannot be questioned or challenged. PASS works with both parents and adolescents, and encourages opportunities for the adolescent position to be heard calmly without raised voices and dire threats. Attempts to translate experiences in the workshop to the home setting include identifying a location in the home that is considered a safe zone for communicating.

PASS participants have easy access to supports

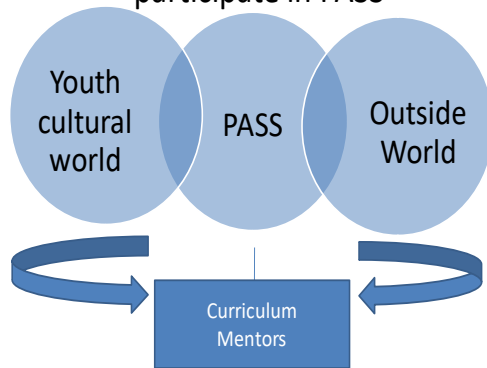
Underserved groups by definition have difficulty accessing services and supports. In PASS, access to supports begins at the application process and continues for the parents and the adolescents as the program continues over the course of the year. The mentors are consistently available by phone, parents meet monthly for additional support, and parents of former graduates often form relationships with new parents at the first parent-mentor workshop.

F. Program Schema

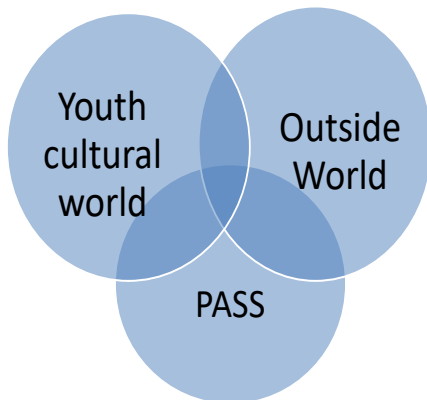
Stage 1: Youth disconnects recognized
Youths engaged in PASS



Stage 2: Youth and parents participate in PASS



Stage 3: Connections made
PASS supports continue



Glossary of Terms

Affirmation - Verbalizing a desirable condition knowing that it does not exist, but doing so in faith that after the statement is made, the situation will manifest over time (PASS definition).

Community Defined Evidence - This term is used to describe a program that has evidence of its effectiveness from either non-research based evaluations, small research studies, community consensus, or community based support/endorsement.

Culture - Culture is the way of life of a group of people. It encompasses behaviors, beliefs, values, and symbols that are accepted and passed along, by communication and imitation, from one generation to the next. Culture can be shaped by the society in which one lives. Large societies often encompass cultural variations which differentiate some members from the larger group. These can be based on domains such as age, race, ethnicity, class, gender, political affiliation, religion, geographic location, and/or sexual orientation, among other factors. (cecc.rfmh.org)

Cultural competency – At the organizational level, the attributes of a behavioral health care organization that describe the set of congruent behaviors, attitudes, skills, policies and procedures that are endorsed and promoted at all of the levels of the organization to enable caregivers to work effectively and efficiently in cross/multi-cultural situations to provide high quality services and to reduce disparities. (cecc.rfmh.org). At the personal provider level, the attitudes, behaviors, skill and knowledge that enable the care giver to work effectively and efficiently in cross/multi-cultural situations.

Cultural infusion - The introduction of modifications and accommodations to a program to reflect a cultural group's attitudes, customs and beliefs with the goal of improving its acceptance by and effectiveness for the group.

Limited English Proficiency (LEP) - Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." These individuals may be entitled language assistance with respect to a particular type or service, benefit, or encounter. (Limited English Proficiency: A Federal Interagency Website, <http://www.lep.gov>)

Self-empowerment - An event or process whereby an individual or group gains control over decisions and actions affecting their health. (The Higher Education Academy, http://www.medev.ac.uk/resources/defs/display_single?auto_num=537); permitting oneself to do, and having the skills and the "power" to accomplish or seek to accomplish personal goals (PASS definition)

Strength-based approach - Rather than focus on "what's wrong," a strength-based approach identifies the positive resources and abilities that children and families have. (Center for Effective Collaboration and Practice, <http://cecp.air.org/interact/expertonline/strength/sba.asp>)

Self-efficacy - People's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. The beliefs determine how people feel, think, motivate themselves and behave. (<http://www.des.emory.edu/mfp/BanEncy.html>)

Self-esteem - The way you view yourself, your personal self image and your self -competencies or capabilities (PASS definition).

Visualization - The mental practice of picturing oneself accomplishing a future desire with the intent of increasing the likelihood of the event occurring in the future (PASS definition).

FOUR LENS DATA COLLECTION GUIDE: AN OUTLINE

(Semi-structured open ended format)

Lens 1: Program Structure

Method of study: interview, document review

Type

Modalities/services offered

Physical setting and condition

Access

Hours

Location

Transportation

Characteristics of Staff: disciplines, age, gender

Characteristics of Participants: demographics,
clinical descriptors

Lens 2: Program

Philosophy/Development

Method of study: interviews

History of program

Articulated Values/Mission of program

Financing

Advisory/Quality Assurance

Boards/Committees

Lens 3: Cultural Infusion into Program

Method of study: Ethnographic observation,
conversation, document review

Staff

Representation of languages/cultures

Training on cultural competency

Setting Milieu

- Layout and ambience of rooms, physical structures
- Cultural elements introduced in environments (pictures, magazines, newspapers, music, announcements, menus)

Application Process

Selection process with respect to access to cultural groups

Initial assessments:

- Observations on cultural sensitivity in participants' initial contact with various staff
- How are language needs accommodated?
- Are cultural assessments made (get copy)?

Modalities/services

- How are services altered, modified, adapted?
- Are there any new services for cultural groups?
- How are they delivered to the cultural groups?
 - gender/age accommodations
 - special cultural considerations

During Participation

How are language needs accommodated?

How are families involved?

Are cultural groups within broad cultural categories recognized and how are they accommodated?

How is acculturation level taken into account?

Is there recognition of cultural holidays/special cultural events?

How are religion/spirituality incorporated into program?

Key Forms/Notices/Announcements/
Correspondence

- Are key forms modified/translated?
- Are other written material /translated with respect to cultures LEP, reading levels?
- Are bilingual interpreters available to read or translate forms?
- Are grievance procedures spelled out in with respect to cultures LEP, reading levels?

Community Linkages

- Are there connections to health, housing and other agencies, schools and groups with respect to community living needs of client?
- Is language assistance provided in making linkages?
- How are clergy involved?
- Are their cultural support groups for clients?

Lens 4: Perceptions of Cultural Aspects of Program by Staff, Families and Program Participants
Method of study: Focus/discussion groups in which participants are asked about how they perceive their special cultural needs were addressed.

Participants' involvement in program

Are participants involved in curriculum planning?

Is participant feedback sought?

- Interviews?
- Satisfaction surveys?
- Uncomplicated
- Easy to understand?
- Translated?
- Routinely?

What evidence is there of use of feedback?

Are peers involved in program?

Are participants asked whether treatment instructions were understandable and if there were opportunities for asking for clarification?

Focus group guides and probes

General demographic characteristics of participants

Participants focus groups

- Has the program made you feel comfortable as an individual?
- Is the way you were treated different from what you expected?
- Different from the way care is given in your community?
- How accessible was program staff available to address your concerns?
- How would you describe recovery?

Staff focus groups

- Do personal beliefs and values conflict with cultural needs in the participation process? How do you handle this?
- How do you accommodate the special cultural needs of the participants? Is this important to do?
- How accessible was organizational staff available to address your concerns?
- How would you describe recovery?

Family focus groups

- Has the program welcomed you as a family member?
- Do the treatments given your family member conflict with your ideas of how treatment should be given? How they were handled in your country/community?
- How accessible was program staff available to address your concerns?
- How would you describe recovery?

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