2020

Development of a strengths and empowerment focused group intervention for marginalized populations with a focus on women, low-income, and racial-ethnic minorities

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DEVELOPMENT OF A STRENGTHS AND EMPOWERMENT FOCUSED GROUP

INTERVENTION FOR MARGINALIZED POPULATIONS WITH A FOCUS ON WOMEN,

LOW-INCOME, AND RACIAL-ETHNIC MINORITIES

A clinical dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Psychology

by

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October, 2020

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This clinical dissertation, written by

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under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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For my husband.

Thank you for your support and encouragement throughout life and the long process of continuing through graduate school and writing this dissertation. You gave me hope during challenging times. You believed in me. You encouraged me to follow my passions despite several obstacles in my path. Your positive attitude, compassion, and kindness inspired me to never give up on my dreams. I would not have made it through graduate school and been able to write this dissertation without you. I appreciate that you helped me move to various cities in the country so I could continue with my graduate training. I am grateful that you drove, and rode in a shuttles, trains, and planes to visit me when my graduate training led to us being separated by long distances. I am forever grateful to you.

ACKNOWLEDGEMENTS

Thank you to my Dissertation Chair, Shelly Harrell, PhD. You gave me the guidance and support throughout my time at Pepperdine. You shared with me your knowledge and wisdom that I needed to guide me in life and in writing this dissertation. When I lost sight of the big picture, you helped me take off my magnifying glass, which was focused on the details. You have helped be more self-reflective and insightful. The lessons I have learned from you will stay with me for life. My words alone cannot thank you enough. I am grateful for your guidance, support, and knowledge. You have made the world a better place by advocating for social justice though your research, engagement in marginalized communities, and efforts to combat systemic oppression. Pepperdine is lucky to have you as a faculty member.

VITA

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ABSTRACT

Members of marginalized groups face numerous stressors, including racism, discrimination, and a lack of access to quality mental health and medical care. Members of marginalized groups are also at a higher risk of developing mental health issues such as posttraumatic stress disorder, depression, and anxiety. There is a lack of literature regarding effective mental health treatment for members of marginalized groups, including those who are homeless or low income; Black, indigenous, and people of color (BIPOC); and women. A literature review indicated interventions based in empowerment, positive psychology, mindfulness, and critical consciousness may be particularly applicable to vulnerable populations. Therefore, the purpose of this project was to develop a group intervention and facilitator manual intended for use with marginalized groups to facilitate empowerment and increase well-being. The development of the manual included a review of existing literature and interventions for marginalized groups with a focus on empowering interventions. The primary aim of the intervention is to improve the empowerment and well-being of participants. Seven licensed mental health professionals evaluated the group intervention manual and their feedback was analyzed for themes and suggestions. Strengths and weakness regarding the intervention and format of the manual are discussed and the contributions and limitations of this research project are reviewed. Recommendations are provided for modifications and future development of the intervention.

Chapter 1: Introduction

The goal of this project was to create an intervention for marginalized populations using empowerment as a core organizing principle. *Marginalized populations* are defined as "persons who are peripheralized based on their identities, associations, experiences and environments" (Hall et al., 1994, p. 25). Marginalized populations need interventions that are tailored to meet their needs and are based in research with members of marginalized groups. Members of marginalized groups are often not included in research studies, which may be due to social and economic barriers, regarding effective treatment for a variety of mental health issues (Bryant-Davis, 2019; R. T. Jones et al., 2006) and may have mental health needs that are different from those of mainstream clients. Psychological research shows there is prejudice and discrimination by society toward Black, indigenous, and people of color (BIPOC; Ferdinand et al., 2015; Y. Lee et al., 2015; Myers, 2009; D. W. Sue et al., 2007), specifically toward those with multiple marginalized identities. Semmler and Williams (2000) stressed the importance of recognizing the impact of experiencing discrimination because of one's race, social class, gender, and sexual orientation when working with marginalized groups.

This dissertation reflects the development and evaluation of an intervention targeting the needs of marginalized populations, which likely includes BIPOC and women. A group format for the intervention was chosen to allow greater access to services by populations who may otherwise not have access to mental health services (Bower, 2005). As marginalized populations may lack social support, a group format may provide the opportunity for developing supportive relationships with other group members (Budge et al., 2013). Social support is associated with numerous psychological and physical health benefits (Scholz et al., 2012; Yadav, 2010). Therefore, this project was designed to develop a group intervention intended to address the

needs of marginalized populations, with a focus on homeless populations, BIPOC, and women, that uses empowerment as a core principle.

Need for Interventions for Marginalized Populations

Individuals and groups who are marginalized by society may experience threats to their well-being, which may make them even more vulnerable (Dodgson & Struthers, 2005; Vasas, 2005). Marginalized populations may have limited resources and they often experience prejudice and discrimination, which puts them at an increased risk of experiencing illness and death (Martino Maze, 2005). For example, most services for homeless populations address only urgent basic needs such as food and shelter or are intended to address only certain problems such as mental or physical health issues or substance abuse. More comprehensive services are needed for homeless populations (Baggett et al., 2010; Fazel et al., 2014). There is a relative lack of evidence-based treatments uniquely designed for BIPOC (Bernal & Scharró-del-Río, 2001; Bryant-Davis, 2019; Morales & Norcross, 2010; S. Sue, 2009). Mental health treatments specifically tailored to address the unique needs of women are also needed (American Psychological Association, 2003).

Stressors Faced by Marginalized Populations

Low-Income and Homeless Populations

Low-income and homeless populations experience stress due to macro-level issues, which may include limited access to affordable housing (Anderson & Rayens, 2004), social supports and practical resources (Wesely, 2009), nutritious food, safe places, and healthcare (Schuler, 2015). Homeless and low-income populations are at an increased risk of being exposed to stressful, toxic, and polluted environments (Dubay & Lebrun, 2012) and have an increased risk of physical health problems (Fazel et al., 2014), mental health problems (Anderson &

Rayens, 2004), and victimization (Rayburn et al., 2005; Warf et al., 2013). Austin et al. (2008) conducted a study with a sample of homeless women and found over 33% had been physically or sexually abused during childhood or physically assaulted in the past year, and 13% had been sexually assaulted in the past year. The variable found to be most predictive of mental distress among homeless women was experiencing victimization (Austin et al., 2008).

Black, Indigenous and People of Color

Black, Indigenous and People of Color (BIPOC) face a variety of stressors. They face discrimination in education, employment, and housing (Chow et al., 2003; D. R. Williams & Collins, 2001). Stressors that disproportionately affect BIPOC include poverty, illness, crime, and prejudice from society (Goldbach et al., 2015; D. R. Williams et al., 2003).

Systemic racism exists in the criminal justice system in the United States. Innocent BIPOC have experienced brutality and death at the hands of police officers (Gibson et al., 2020). BIPOC populations are also more likely to be incarcerated for petty crimes compared to non-BIPOC persons (Sobo et al., 2020). Black men are eight times more likely to be incarcerated than Whites. Ethnic minority populations are incarcerated at higher rates for all age groups and at different levels of education due to prejudice, stereotypes, and discrimination toward ethnic minority populations (Western & Wildeman, 2009).

Incarcerated persons are at a high risk of contracting COVID-19, a respiratory illness (Sobo et al., 2020). The global COVID-19 pandemic disproportionally affects BIPOC (Sobo et al., 2020), as they are at an increased risk of death and hospitalization from COVID-19 compared to non-BIPOC persons. Workers who are BIPOC are at an especially high risk for COVID-19 and complications as they are more likely to be employed in occupations that require interface with the public (Centers for Disease Control and Prevention, 2020). BIPOC are more likely to be

hospitalized and die from COVID-19 due to systemic racism and a lack of access to quality healthcare due to financial barriers.

Language barriers are another stressor BIPOC populations may face in the United States. Language is a barrier for many Latinx populations because English is a second language for many. Because of their lack of job skills that are transferable or difficulties speaking English fluently, immigrants and refugees may feel isolated (Chow et al., 2003).

Connections have been found between experiencing discrimination and both psychological distress and physical distress, including depressive symptoms, substance abuse, and chronic physical health problems (Mayes et al., 2007; Ryff et al., 2003). BIPOC have a lower life expectancy compared to non-BIPOC (Chow et al., 2003). The prevalence rates of mental disorders in several diagnostic categories are higher among BIPOC groups, and studies have shown belonging to a group that is devalued by society may increase anxiety and arousal levels (Ben-Zeev et al., 2005; Blascovich et al., 2001; Mendoza-Denton et al., 2002; O'Brien & Crandall, 2003), decrease self-regulation ability and working memory (Inzlicht et al., 2006; Schmader & Johns, 2003), and create a negative bias through which people view situations (Seibt & Forster, 2004).

Women

Women also experience numerous stressors. Women have an increased mortality rate, in part because they are more likely to be the victims of violence (World Health Organization, 2002). Violence accounts for approximately 7% of all deaths among women age 15–44 years worldwide (World Health Organization, 2002). At least 10% to 50% of women will have been physically assaulted by their partners in their lifetime (C. Watts & Zimmerman, 2002) and women are more likely than are men to report experiencing verbal and physical abuse from a

partner (Devries et al., 2013). Worldwide, one in three women will experience physical or sexual violence by an intimate partner or sexual violence by someone other than their partner (García-Moreno et al., 2013). Women who have experienced sexual abuse are at an increased risk for depression (C. E. Jordan et al., 2010).

Women also may experience sexual harassment in the workplace and other environments, which can lead to problems such as migraine headaches, gastrointestinal disorders, back and neck pain, low self-esteem, a sense of helplessness, fear (Worell & Goodheart, 2006), and depression (Humphrey, 2005). Women's self-esteem may be negatively affected by their experiences of discrimination and, as a result, women may underestimate their own competency (Worell & Goodheart, 2006).

Women of all age groups are more likely to live in poverty compared to men in the United States (Pratchett et al., 2010; He et al., 2005). Women earn less than men even in comparable occupational groupings (Cobb-Clark & Tan, 2011). In academic and vocational domains, women have been historically underrepresented and may have been prevented from pursing their educational and career goals likely in response to traditional sex roles and discrimination (Humphrey, 2005; Worell & Goodheart, 2006). Women may find it difficult to fulfill occupational and family responsibilities because they are more likely to be childcare providers. Society conveys the message that women are expected to sacrifice their well-being for others in relationships, which can make them susceptible to depression (Humphrey, 2005). Female adolescents who are parenting or pregnant and women who lack financial resources are at risk for increased stress, low levels of social support, and mental disorders, including depression (He et al., 2005). Women in the United States may experience a sense of

powerlessness because they often have less financial, political, and social influence compared to men (R. M. Bryant et al., 2005; Moore & Madison-Colmore, 2005; C. B. Williams, 2005).

Empowerment

Strengths-based work that promotes empowerment may be particularly useful for marginalized groups because of the stressors they experience, including marginalization and stigmatization (Edwards & Pedrotti, 2004). Empowerment may be a way to remedy feelings of powerlessness resulting from experiences of discrimination and devaluation that may be particularly useful to understand when working with marginalized populations, including homeless populations, BIPOC, and women (Cowen, 1994; Gibbs & Fuery, 1994; Gutierrez, 1995; Nikelly, 2001). A review of the literature indicated interventions that facilitate empowerment for marginalized groups are needed to address their experiences with discrimination and oppression that can lead to feelings of disempowerment (A. L. Brown et al., 2010; Christian et al., 2012; Schmitt et al., 2014; Varkey et al., 2010; Wesely, 2009; Worell & Goodheart, 2006). Therefore, empowerment was the core organizing principle for this project. Particular attention was paid to the empowerment of homeless and low-income populations, BIPOC, and women.

Empowerment is an important construct to address power disparities and may be a way to remedy feelings of powerlessness resulting from experiences of discrimination and devaluation. It has been suggested to be particularly useful for understanding and working with marginalized populations, including homeless populations, BIPOC, and women (Cowen, 1994; Gibbs & Fuery, 1994; Gutierrez, 1995; Nikelly, 2001). A review of the literature indicated interventions that facilitate empowerment for marginalized groups are needed to address their experiences with discrimination and oppression that can lead to feelings of disempowerment (A. L. Brown et al.,

2010; Christian et al., 2012; Schmitt et al., 2014; Varkey et al., 2010; Wesely, 2009; Worell & Goodheart, 2006). Therefore, empowerment was identified as the core organizing principle for this project. Particular attention was paid to the empowerment of homeless and low-income populations, BIPOC, and women.

Definitions of Empowerment

Empowerment has been defined as "a meaningful shift in the experience of power attained through interaction in the social world" (Cattaneo & Goodman, 2015, p. 84). Power can be defined as "one's influence in social relations at any level of human interaction, from dyadic interactions to the interactions between a person and a system" (Cattaneo & Chapman, 2010, p. 647). Christens (2012) defined empowerment as a process occurring within an individual or a community and through interpersonal relationships that includes an awareness of sociopolitical factors and power dynamics as they occur at the individual, community, and relational levels with specific attention being paid to empowerment occurring in interpersonal relationships and the ability to engage in action to promote social change. Christens proposed that the relational component of empowerment leads to transformational change and suggested psychologists view self-empowerment less in terms of a process occurring within an individual or a community and more through interpersonal relationships, as relationships will likely lead to new insights in terms of defining, operationalizing, and taking steps toward social change. Giving consideration to relationships is more in line with non-Western collectivist cultures. The abuse of power can be seen within the context of interpersonal relationships when one party has more power over another and uses that power to oppress the party with lesser power. Many studies on empowerment have involved studying people's personal beliefs about their own abilities to enact social change, and the relational component of empowerment has often been neglected.

Zimmerman (1995) defined *psychological empowerment* as the psychological aspects of processes through which people gain greater control over their lives, take a proactive approach in their communities, and develop critical understandings of their sociopolitical environments. Psychological empowerment involves feeling that one has the skills and abilities necessary to enact change. External factors may be present in order to promote individual empowerment, but if an individual does not have psychological empowerment (e.g., feelings of self-efficacy and the belief that one's actions can be effective), then empowerment will be less likely to occur (Diener, & Biswas-Diener, 2005). Research supports that psychological empowerment plays an important role in promoting proactive behavior by improving a sense of self-efficacy and confidence in one's abilities to promote social change (Huang, 2012). Psychological empowerment has been found to be associated with increased engagement in community activities and a psychological sense of community (Christens et al., 2012; Speer, 2000).

A literature review on empowerment was conducted by Cerezo et al. (2016) to determine an appropriate definition and operationalization of empowerment. It was concluded that empowerment can be defined as an "enabling process involving a shift in the balance of power, or as an outcome of this process" (Cerezo et al., 2016, p. 664). Additional literature supports that components of empowerment include the ability to influence social structures, community activism, control and authority over decision making, and the allocation of resources and collective action or advocacy (Ellison et al., 2018).

Criticisms of Empowerment

Unfortunately, empowerment has been defined and measured in different ways, which makes it hard to study, research, and implement empowerment programs (N. A. Peterson, 2014). Zimmerman (1995) described a model in which empowerment has intrapersonal, interactional,

and behavioral components, though research does not support Zimmerman's model (N. A. Peterson, 2014). Zimmerman's model can be useful to identify changes that happen at an individual level, but not at systemic levels. N. A. Peterson (2014) recommended that researchers consider empowerment in a dimensional model with constructs being represented with different amounts of complexity at various levels to explain empowerment. Researchers should describe the relationship between measures of empowerment, including any overlap and directions of the relationships between variables, in order to have a clearer understanding of empowerment. A clear definition and operationalization of empowerment are needed to enact social change, such as policy changes (N. A. Peterson, 2014).

Early definitions of empowerment emphasized individual development and growth. However, empowerment in community psychology does not emphasize individual development or growth, it emphasizes participation in groups or organizations (Riger, 1993). Community psychologists see empowerment as multidimensional, relational, and dynamic. Empowering settings are characterized by shared inspiring leadership, strength-based belief systems, a sense of community, peer support systems, and the opportunity for everyone to participate. There are problems with facilitating empowerment in organizations related to organizations becoming more bureaucratic as they grow larger, the unwillingness of people to change the status quo, and the difficulties in maintaining an empowering environment over time (Riger, 1993).

Riger (1993) critiqued empowerment by discussing how people may feel empowered when in reality, they are not. Empowerment can be confused with the illusion of empowerment. Riger asserted empowerment may be confused with efficacy, or the actual ability to make decisions, control resources, and gain freedom from oppression. Riger also explained that empowerment in Western cultures usually focuses on traditionally masculine concepts such as

mastery, control, and autonomy instead of traditionally feminine concepts of relationships, connectedness, and cooperation. In becoming empowered under an individualistic viewpoint, people can risk creating control, dominance, conflicts, and a false feeling of superiority.

For the purposes of the current study, the definition of empowerment by Cerezo et al. (2016) was used. Empowerment can be defined as an "enabling process involving a shift in the balance of power, or as an outcome of this process" (Cerezo et al., 2016, p. 664).

Empowerment and Critical Consciousness

Empowerment and critical consciousness have commonalities in that both involve efforts at overcoming oppression, enhancing community involvement, and facilitating human growth toward well-being (Christens et al., 2016). Hernandez et al. (2005) asserted that critical consciousness is the initial and crucial step toward empowerment. Research suggests that a having critical consciousness about racism can empower Black students to resist oppressive forces through persevering in school and achieving in academics (Carter, 2008). Researchers have suggested that critical consciousness of oppressive social forces can reduce feelings isolation and self-blame for one's challenges and increase a sense of engagement in a larger collective effort for social justice (Ginwright, 2010).

Critical Consciousness

Critical consciousness is based in Paulo Freire's conceptualization of *conscientizacion* which is defined as the development of critical awareness of how people interact with their social reality. Freire (1973) discussed how critical consciousness is developed through becoming aware of ways in which one's social location, including ethnic origin, community identity, and social class, have granted and restricted privileges. Often people are not aware of their own oppression and those in power indoctrinate those who are oppressed to believe that their oppression is a part

of the natural way of life (Freire, 1973). It has been suggested that critical consciousness has three components: critical reflection, political advocacy, and critical action (Godfrey & Grayman, 2014; R. J. Watts et al., 2011). Critical reflection involves recognizing inequities on the basis of race, gender, socioeconomic status, and political views and supporting equitable social and political conditions. Political advocacy involves believing that one or one's community has the power to change political and social conditions. Critical action involves individuals reforming the political system or engaging in social justice activism (R. J. Watts et al., 2011).

Martín-Baró (1994) worked toward constructing a psychology dedicated to the poor and oppressed, called the psychology of liberation. Empowerment can be seen as fundamentally aimed at promoting liberation (Christens, 2012). Martín-Baró (1989) described liberation as an ongoing process that involves identifying (a) a social rupture in which conditions are created that oppress and exclude groups, as well as (b) the social institutions that maintain inequity and oppression. Martín-Baró (1989) advocated for the study of power and the problems created from power and for working to overcome those problems. Martín-Baró (1988) discussed how critical consciousness is developed and how it affects people's lives. He claimed that through understanding the mechanisms of oppression and dehumanization, people begin to develop a perspective regarding their surroundings and social identity. When people develop critical consciousness, they begin to have a more active role in relation to others. He stated that through critical consciousness, relationships with others and their communities are enhanced. Positive psychologists, Snyder and Lopez (2002), studied how people can take more active roles in their lives through engaging in goal directed behavior. Research shows facilitating critical consciousness among marginalized groups may help them engage in goal directed behavior

within an inequitable environment such as where racism exits (e.g., Diemer & Blustein, 2006). Synder and Lopez (2002) suggested the study of self-determination and goal directed behavior is an integral part of positive psychology. The focus of strengthening empowerment through the development of critical consciousness is for the broader purpose of the well-being and liberation of oppressed populations.

Positive Psychology

Positive psychology theory and research have been suggested to be relevant to marginalized populations and there is growing attention to integrating constructs such as empowerment (Cowen, 1994; Edwards & Pedrotti, 2004; Gibbs & Fuery, 1994; Gutierrez, 1995; Harrell, 2018; Nikelly, 2001). Positive psychology places more emphasis on human strengths, assets, virtues, and positive emotions, whereas the focus in traditional psychology is on human deficits and disorders (Aspinwall & Staudinger, 2003; Keyes & Haidt, 2003; Linley & Joseph, 2004; Seligman & Csikszentmihalyi, 2000; Sheldon & King, 2001; Snyder & Lopez, 2002). Positive psychologists propose that focusing on problems and limitations does not facilitate prevention. However, positive psychology does not focus only on positive emotions and experiences because this would be too restrictive; instead, all human experience is explored to improve understanding and functioning (Linley et al., 2006).

Positive psychologists theorize that identifying and using strengths regularly will lead to more satisfaction and more meaning in life, as searching for virtue and meaning leads to a better life (Seligman, 2002; Seligman & Peterson, 2003). Focusing on the development of strengths is relevant to marginalized groups in the context of the stressors they may face related to victimization, discrimination, devaluation, and stigmatization (e.g. Edwards & Pedrotti, 2004). The focus within positive psychology on strengths, adaptation, and coping skills can facilitate

well-being among marginalized populations (e.g. Edwards & Pedrotti, 2004). Considering and using protective factors and strengths in therapeutic interventions with homeless populations, including homeless youth, is recommended (Haber & Toro, 2004). When working with BIPOC, their strengths should be recognized alongside cultural factors and how they contribute to health and well-being (Edwards & Lopez, 2006; Edwards & Pedrotti, 2004).

Empowerment and Positive Psychology

Positive psychology interventions can be used to promote empowerment. Human strengths include psychological determination, empowerment, and self-regulation (Wehmeyer et al., 2003). Positive psychologists, Synder and Lopez (2002), suggested the study of self-determination is an integral part of positive psychology. Wehmeyer (1999) indicated the main features of self-determined behavior include psychological empowerment, autonomy, self-regulation, and self-realization. Self-determined behavior was defined by Wehmeyer (1996) as "acting as the primary causal agent in one's life and making choices and decisions regarding one's quality of life free from undue external influence or interference" (p. 24). The focus on goal-directed behavior within the theory of self-determination overlaps with the focus on self-regulation and psychological empowerment (Wehmeyer et al., 2003). Locus of control is one of the main elements that contributes to psychological empowerment within the theory of self-determination (Wehmeyer et al., 2003). People who are self-determined are empowered and are active agents in their own lives (Wehmeyer, 1999).

Criticisms of Positive Psychology

The emphasis on well-being and strengths is common to both positive and multicultural psychology; however, positive psychologists may neglect the larger sociological and economic context. Critics of positive psychology have noted the main authors in the field of positive

psychology are White men using a Euro-American centric bias (Bacigalupe, 2001; Christopher & Hickinbottom, 2008; Constantine & Sue, 2006; Pedrotti, 2011). Positive psychology has received little research focus with regard to applying it within a multicultural psychology framework (Harrell, 2014). Also, positive psychology mostly places focus on the individual seeking happiness through positive emotions and positive traits, which may not be applicable or relevant to cultures outside of Western culture (Christopher & Hickinbottom, 2008). It is suggested that positive psychology be more inclusive of human diversity, social justice, and the sociopolitical and socioecological context in theory, research, and applications through the use of a psychoecocultural perspective (Harrell, 2014). The psychoecocultural perspective views human experience as behaviors that occur within psychobiological, ecosystemic, and multicultural interactions (Harrell et al., 2013). However, some research has been conducted with diverse populations in positive psychology and has shown some of the interventions within positive psychology are effective with marginalized groups, including Latinx Americans (Corona et al., 2019; Hawley, 2019), East Asian Americans (Corona et al., 2019), biracial women and girls (Edwards & Pedrotti, 2004), women (MacDougall, 2018), low-income families (Walsh, 2015), and low-income college students (Eom & Choi, 2010).

Strengths-Based Approaches and Positive Psychology

Strengths-based approaches are connected to positive psychology in that the study of strengths may be viewed as a key element of positive psychology (Oades et al., 2011). The strengths perspective seeks to engage clients in their own care which can lead to a sense of empowerment (Ocloo & Mathews, 2016). A strength may be defined as something that increases coping abilities or makes life more satisfying for others or oneself (Aspinwall & Staudinger, 2003). The strengths-based model provides a structure for exploring strengths and virtues within

supportive relationships such as the therapeutic relationship and other relationships (Smith, 2006). The strengths-based model focuses on developing competencies, abilities, and strengths. The strengths-based model incorporates contemporary, counseling, positive, and school psychology as well as research in prevention, advocacy, social work, and community health (Bowman, 2006). Positive psychologists theorize that identifying and using strengths regularly will lead to more satisfaction and more meaning in life (Seligman, 2002; Seligman & Peterson, 2003).

The strengths viewpoint involves a focus on constructs such as resiliency, empowerment, optimism, recovery, and meaning making, rather than on weaknesses, pathologies, categorizations, and problems. The focus is on resources, connections, skills, and talents (Cowger et al., 2006). Continual competence and strength building throughout one's life are emphasized in strengths-based counseling (Benson et al., 2012). Encouragement and positive reinforcement are frequently used in strength-based counseling (Adler & Dreikurs, 2012). Harmful labels that can be distorted, restrictive, degrading, and identity robbing are not used in the strengths-based model (Saleebey, 2006). To be a strengths-based counselor, some practitioners have suggested creating or improving a *strengths vocabulary* (Keyes & Haidt, 2003; Lopez & Snyder, 2003; C. Peterson & Seligman, 2004; Snyder & Lopez, 2002). The language used by strengths-based counselors is precise, optimistic, thankful, and positive (Saleebey, 2006). The strengths-based model uses different types of questions, including exception, survival, support, and esteem questions. Exception questions ask about what was occurring in the client's life when the problem did not occur, survival questions are used to gain an understanding about how the client survived and overcame difficulties, support questions are designed to identify the people in the client's life who are encouraging and supportive, and

esteem questions are used to build esteem by asking about strengths and accomplishments (Parton & O'Byrne, 2000; Saleebey, 2006). Asking clients to describe what positive aspects of their relationships they would like to continue may help them identify their strengths (Saleebey, 2006). Human strengths are recognized by informal or formal means and environmental resources. Outcomes including helping others and aspects of health and life satisfaction are emphasized, which goes beyond the individual and symptom reduction (Lopez et al., 2006). The efficacy of strengths-based approaches has been supported in reviews of outcome literature (Gingerich & Eisengart, 2000; Tse et al., 2016).

Strengths Among Marginalized Group Members

Black, Indigenous and People of Color

There is a paucity of research investigating strengths among African Americans and most of the research is outdated. New studies regarding the strengths within African American communities are needed (Cheng et al., 2020). In the existing literature on strengths, spirituality may be a strength for BIPOC populations (Beagan et al., 2012; Koenig & Cohen, 2002; Wheeler et al., 2002). Spirituality can facilitate coping with cultural oppression and prejudice and is seen as essential for living a long and healthy life among many African groups. African spirituality celebrates significant life events, especially birth, marriage, and death, as a way to enhance connectedness with other members of the community (Wheeler et al., 2002). In healthy participants, greater reductions in mortality risk have been found among those who attend church services regularly (Powell et al., 2003). Reviews show a positive correlation between religiosity or spirituality and physical well-being (Koenig & Cohen, 2002). Utsey et al. (2008) studied strengths and well-being among a group of African American participants and found participants who were more religious tended to be more optimistic, which led to increased well-being. Utsey

et al. suggested African Americans may use religion to create meaning in life events and religion may provide African Americans with the beliefs that they will have a better life in the future (e.g., heaven). Another variable in this study found to be related to well-being among African Americans was racial pride. Participants in this study with high levels of racial pride were more resilient, which increased well-being. Having a positive racial identity may enable African Americans to cope better with intrapersonal and environmental stressors stemming from their experiences of discrimination and racism (Utsey et al., 2008).

Familial involvement and social connectedness have been found to promote life satisfaction among BIPOC adolescents (Abubakar & Dimitrova, 2016). In another study, social support and cultural engagement were identified as strengths among American Indian and Alaska Native populations (Teufel-Shone et al., 2018). Latinx families also usually have close relationships with extended relatives, and these relationships are viewed as strengths (Keung Ho et al., 2003). Among Latinx families, the cultural value of familismo conveys close family relationships and social support provided through intergenerational relationships. The family takes greater responsibility in providing care for elderly family members (Ruiz, 2007). Latinx families tend to value close relationships, interdependence, cohesiveness, and cooperation among family and close friendships (Santiago-Rivera et al., 2002). Cheng et al. (2020) conducted a study regarding strengths among undocumented Latinx immigrants by interviewing undocumented Latinx immigrants. The strengths found among participants included having a sense of reciprocity in their communities, hope, and resistance against stereotypes and racism.

Homeless Populations

Positive traits have been studied among homeless populations, with results showing personal attributes such as independence, self-efficacy, determination, feelings of self-worth, and

optimism are sources of personal satisfaction and appear to increase the likelihood of positive outcomes (Kidd, 2003). Studies conducted with homeless youth have shown their sources of strength include their ability to use resources and build relationships with their peers (Rew, Taylor-Seehafer, & Fitzgerald, 2001; Rew, Taylor-Seehafer, Thomas, & Yockey, 2001). For example, homeless youth in one study reported their sense of loneliness was often decreased by having social support from peers and pets to provide love, protection, and determination to survive (Rew & Horner, 2003). Homeless youth who believe they are resilient are less likely to feel discouraged, alone, or engage in harmful behaviors (Bender et al., 2007). Research conducted by Lindsey et al. (2000) with homeless adolescents has shown changing the way they think and behave in interpersonal relationships, in addition to improved self-care, self-esteem, and spirituality, can help them cope with being homeless and transitioning successfully to a stable living environment.

Women

Women are more likely than are men to reach out and ask for help in times of need (Tamres et al., 2002). Seeking social support facilitates coping and leads to less occupational strain among women (Gonzalez-Morales et al., 2006). Women's interpersonal relationships, especially the mother's relationship with the young girl, appear to provide mentoring and promote the healthy development of social networks (Pataki, 2007). These interpersonal connections between the mother and young daughter appear to facilitate the healthy development of young girls and create a sense of community and empowerment (Pataki, 2007).

In a study conducted with women, the majority of whom were African American, many identified their children, extended family, and religion as resources or strengths (Washington & Moxley, 2001). Nurturing, family, and community are viewed as central goals and needs among

Black women (Romero, 2000). The Strong Black Woman (SBW) is a cultural symbol used by some African American women to define themselves in a positive light as it is associated with pride and self-efficacy and provides encouragement during times of adversity that developed historically during slavery. The symbol's central tenet is that African American women are inherently strong and resilient. Self-reliance and self-containment are valued (C. Jones & Shorter-Gooden, 2003).

Women who experienced violence reported that they used religion as a coping strategy and sought social support to help them cope with distressing emotions (Oosthuizen & Wissing, 2005). Women experiencing abuse in their relationships should not be seen as helpless victims because they often use adaptive strategies to help them cope with the abuse they experience (Goodkind et al., 2004). It is useful to focus on strengths such as adaptive coping skills, self-esteem, and bravery to facilitate the personal empowerment of women who experience violence (Oosthuizen & Wissing, 2005).

Strengths-Based Interventions With Marginalized Groups

Strengths-based counseling is rooted in the work of cross-cultural counseling psychologists who challenged some core assumptions of traditional counseling frameworks that include a focus on problems and psychopathology (Smith, 2006). Impoverished environments constrain the strengths of individuals and communities (Putnam, 2000). Practitioners using strengths-based models should consider how race, class, gender, sexual orientation, physical disabilities, and religion interact with each other (De Jong & Berg, 2012). Strengths are not static personality traits, they are dynamic in a contextual process that is deeply rooted in a person's culture (Aspinwall & Staudinger, 2003). Strengths-based theory asserts that culture significantly affects how people perceive and determine strengths (Aspinwall & Staudinger, 2003; Smith,

2006). Coping strategies learned as a result of being part of a marginalized or stigmatized group may be emphasized in strengths-based counseling (Orsulic-Jeras et al., 2003).

Strengths-Based Psychology and Mindfulness

Strengths-based practice shares many similarities with mindfulness practice. Mindfulness and strengths have been interconnected for centuries. In Buddhism, mindfulness meditation is seen as an effective way to reduce suffering, and also a way to enhance positive characteristics and strengths including compassion, well-being, and wisdom (Niemiec, 2012). The goal of mindfulness and strengths-based practice is to enhance what is healthy and beneficial and not necessarily to prevent, change, or cure symptoms or pathologies. There may be a mutual relationship between mindfulness and strength-based work, with mindful attention improving character strengths, and character strengths improving mindful attention (Niemiec, 2012; Niemiec et al., 2012). Mindfulness can help people make better use of their strengths by increasing attention to their inner states. Increased attention to inner states is needed in pursuing personally rewarding and fulfilling goals (K. W. Brown et al., 2007).

The concept of mindfulness is based in Buddhist and other meditative practices used to actively develop conscious attention and awareness. Mindfulness is commonly defined as the state of being aware and attentive to events occurring in the present moment (K. W. Brown & Ryan, 2003). Bishop et al. (2004) defined mindfulness as (a) attending to internal and external events occurring in the present moment, and (b) accepting one's experience as it occurs. Mindfulness has been studied through various models. A cognitive model of mindfulness involves being aware of differences, contexts, and various perspectives; being open to new experiences; and attending to the present moment (Sternberg, 2000).

Mindfulness interventions often involve one or more of the following meditative practices that are used in Kabat-Zinn's Mindfulness Based Stress Reduction (MBSR) program: (a) *mindful sitting meditation*, which involves continually returning the focus to the breath while attending to thoughts, feelings, and sensations; (b) *body scan*, which involves moving the focus from the head down to the toes while noticing any bodily sensations; (c) mindful movement, which consists of stretches and body positions designed to improve balance and strength; (d) *3-minute breathing space*, which involves attending to the present moment while noticing thoughts, feeling, and sensations; and (e) *loving kindness meditation*, which is intended to enhance compassion for the self, others, and all human beings. All of these practices emphasize continually re-focusing attention on the present moment (Kabat-Zinn, 1990). Mindfulness training may also involve didactic training and discussions on how to be mindful while engaging in daily activities. Topics presented may include mindful eating, mindfulness in relationships, mindfulness at work and school, and a mindful approach to pain, suffering, and stress (Shapiro et al., 2008).

Benefits of Mindfulness

Mindfulness interventions have been shown to have positive effects, such as decreases in anxiety, depression, hostility, and chronic pain (Hofmann et al., 2010; Kabat-Zinn, 1982). K. W. Brown and colleagues (K. W. Brown & Ryan, 2003; Carlson & Brown, 2005) found measures of mindfulness were correlated with numerous cognitive and affective indicators of mental health, including decreased levels of depression, anxiety, and stress, and increased levels of well-being, including positive affect, vitality, and life satisfaction. Mindfulness interventions for adult survivors of childhood abuse have been shown to decrease symptoms of depression and PTSD (Kimbrough et al., 2010). Chesin and Jeglic (2015) studied mindfulness among African

American college students with a history of a suicide attempt. Results of correlational analyses demonstrated students who scored higher in mindfulness, specifically present moment awareness, had less suicidal ideation than did those who scored lower in mindfulness.

Empowerment and Mindfulness

Mindfulness has been shown to improve feelings of empowerment by improving self-regulating abilities (Nichols, 2006; Tadlock-Marlo, 2011). In one study, Nichols (2006) found the ability to self-regulate facilitated feelings of empowerment among students. Students who felt empowered by their teachers were more likely to engage in goal-directed activities and to have self-regulatory abilities, increased self-worth, and self-efficacy (Nichols, 2006). Experiencing trauma can impair self-regulation skills and may lead to feelings of disempowerment. Interventions aimed at improving empowerment through increasing self-regulation skills may be relevant for marginalized populations because of the trauma these populations are likely to experience (Ford et al., 2005; Inzlicht et al., 2006; Schmader & Johns, 2003).

Interventions With Marginalized Populations

Interventions that have been used with marginalized populations are reviewed, including empowering interventions, strength-based interventions, and interventions based in positive psychology and mindfulness. This project involved a review of interventions that have been used to facilitate empowerment and well-being. Focus was given to interventions used with women, BIPOC populations, low-income, and homeless populations.

Empowering Interventions

Women, Poverty, and Trauma. East and Roll (2015) conducted a study in which they used an empowerment approach with women who experienced poverty, trauma, and multiple

oppressions, including racism, classism, and heterosexism. The model was based on research and literature in the areas of women's empowerment, women's psychology, development, and relational-cultural theory (RCT) and critical consciousness raising. The empowerment theory is based on the idea that human problems occur in a sociopolitical context that is oppressive to those most marginalized by society (Robbins, 2012). RCT proposes a shift away from seeing the self in terms of an individualistic Westernized viewpoint to seeing the self in terms of relationships and connections (J. V. Jordan et al., 1991). RCT involves an understanding of power and the development of mutuality and empathy in relationships with a focus on social justice. East and Roll's (2015) intervention approach was based on a review of the literature on women's empowerment and involved engaging participants though the use of stories, developing a voice, leadership, and advocacy. Through sharing their stories with each other, women gained social support and reduced isolation. Women shared their stories through one-to-one interviews or story circles. During the one-to-one interviews with the women, the interviewer asked questions that were intended to promote critical consciousness and to raise awareness of how racism, sexism, and classism have created oppression and inequality. For example, a woman struggling with intimate partner violence may have been asked about her experiences with racism and sexism from law enforcement on the basis of her identity. In story circles, women were brought together to share and discuss their commonalities and engage in meaning making of their experiences. Critical consciousness was promoted by discussing ways in which the women's lives were affected by racism, classism, and sexism and how they could learn skills to promote resiliency and become leaders in their communities. Another aspect involved opportunities for the women to become engaged in their communities. Skills were taught in the areas of problem solving, advocacy, personal leadership, and team building. Leadership styles

from diverse cultures were discussed and encouraged. Women who participated in these empowerment programs reported improved symptoms of anxiety, depression, and isolation (76%); increased self-efficacy (87%); and engagement in at least one community empowerment activity (53%; East & Roll, 2015).

Indigenous-developed Family Wellbeing Program. An empowerment program was developed in the 1990s called Indigenous-developed Family Wellbeing Program (FWB) to promote empowerment and engagement among families across five remote indigenous communities in Australia. Australia's indigenous population has experienced widespread discrimination and mistreatment and the program was designed to address the grief, loss, socioeconomic disadvantage, and inequities that are part of daily life for these populations (Haswell et al., 2010). The program topics included group agreement, human qualities, basic human needs, understanding relationships, life journey, conflict resolution, understanding emotions and crisis, loss and grief, and beliefs and attitudes (Tsey & Every, 2000). The purpose of the FWB empowerment program was to improve members' self-esteem, family and community interaction levels, and opportunities for self-development by removing the social and emotional barriers that prevented indigenous persons from fulfilling their potential. The results indicated the FWB program was effective based on outcome measures intended to measure empowerment and well-being (Alegría et al., 2015).

Challenging Racism and Sexism. In the context of developing critical consciousness as part of psychological interventions, there is a focus on seeking to understand how domination and oppression function (Hernandez et al., 2005). Developing awareness of one's conditions and observing those who share these conditions can enhance the awareness of self and others in the context of oppression (Moane, 2003). T. T. Bryant (2000) conducted an intervention with Black

female adolescents age 15–18 years in which they facilitated discussions challenging racism and sexism to promote the development of critical consciousness and empowerment. During each session, the peer facilitators introduced a discussion based on topics the participants wished to discuss that were relevant to the development of critical consciousness among Black females, such as relationships, self-image, school, and the future. Themes of the discussions that arose included double standards for girls and boys, violence, self-image/body-image, and the inability of other Black girls to negotiate in a school setting because of racism and sexism. There was a focus on power relations and empowerment. Participants were encouraged to keep a reflective learning journal in which they reflected upon their meetings. The participants chose a community action project that involved making Christmas baskets for the elderly and they also chose to create a bulletin board at their school each week in which a word was featured and represented as a picture meant to inspire others. Another project involved the group members creating a personalized birthday card for each female student at the school on their birthday. The project was based on inquiry, peer interactions, dialog, actions, and reflections. After the study concluded, T. T. Bryant wrote up the results and asked for the participants' input. Participants were given an opportunity to critique the results of the study. Based on T. T. Bryant's observations, field notes, and interviews with the participants, the intervention was thought to be effective at improving critical consciousness among the participants.

Gender Oriented Approach. Strömbäck et al. (2013) described a critical consciousness-based intervention based in a gender theoretical perspective used with women ages 17–25 who were enrolled in a stress-management course in Sweden. The group consisted of eight sessions each held for 2 hours conducted at a youth center. The group took a problem-solving gender-oriented strengths-based approach. The course focused on developing awareness of how gender

is socially constructed based on social, cultural, and power dynamics. The group focused on empowering young women by helping them recognize and challenge gendered expectations of young women to fit an unrealistic ideal of physical perfection and being able to care for others' needs in relationships. The course emphasized how health, stress, and social aspects of gender interact. The intervention included evidence-based bodily awareness and progressive muscle relaxation exercises that were similar to mindfulness-based techniques for stress reduction. The bodily awareness interventions emphasized empowerment by increasing awareness and acceptance of bodily sensations and emotions. The group focused on being aware of bodily sensations and recognizing how stress affects the body and how the body can be a source of strength and empowerment. One of the interventions focused on attending to the breath to increase bodily awareness. Throughout the interventions, group members were encouraged to use positive reinforcement with each other to strengthen and improve each other's abilities and help each other gain a sense of self-worth. The focus was also on being able to set limits and take time for self-care. After the interventions were completed, qualitative interviews were conducted with the participants. The group members expressed that they felt empowered by being able to share their experiences with supportive non-judgmental others in the group who shared similar experiences. They felt the group helped them see how gendered social norms, relationships, and structures created stress in their lives. Participants reported that after the interventions, they felt a sense of improved well-being and empowerment and they felt better able to cope with daily stress and demands (Strömbäck et al., 2013).

The Young Warriors Program. The Young Warriors Program is an intervention aimed at promoting critical consciousness among young African American men (R. J. Watts et al., 2002). The goal is to improve participants' critical thinking so they become more aware of how

social factors influence them and members in their communities particularly around issues related to race, culture, gender, and social class. The aim of the intervention is to create an informed perspective and critical awareness of messages portrayed in television, the internet, movies, videos, video games, and other ways. The Young Warriors Program has been used in schools where there are problems with violence, gangs, and poor academic performance as well as in youth development settings. Media is used as a target for the intervention because the media often positively portrays stereotypical and harmful aspects of masculinity. Participants deconstruct and discuss rap videos and movies in conjunction with questioning and coaching from facilitators to facilitate critical consciousness. The facilitators ask several questions to facilitate discussions about the videos and work with the participants to provide needed information to answer the questions. Determination, spirituality, and connectedness are emphasized. The effectiveness of the Young Warriors Program was evaluated and results showed increased incidences of critical thinking demonstrated over time as indicated by all types of verbal feedback provided by participants (R. J. Watts et al., 2002).

Transformative Approach. Critical consciousness can facilitate the empowerment of youth by challenging stereotypes and appreciating academic achievement (Diemer, 2008). A transformative approach was used in a study in which pilot groups consisting of urban BIPOC boys and girls in seventh and eighth grades were conducted for 20 weeks (Noguera, 2003). The goals of the group were to recognize and support the participants' progress toward liberation, provide psychological and political lessons that facilitated liberation by combating internalized oppression and increasing knowledge regarding the effects of unjust political and social circumstances (Prilleltensky & Nelson, 2002), and advocate for the students by challenging systemic obstacles to liberation within the school system (Bemak & Chung, 2008). The

facilitators sought to understand the experiences of the students rather than using a traditional structured psychoeducational approach. In the initial sessions, the facilitators supported the students in creating goals and activities for the groups on issues related to racism, sexuality, gender, violence, current events, poverty, and hopes. Allowing the group members to determine the context and dynamics of the group was a crucial process in creating empowering experiences for BIPOC students who frequently feel disempowered in schools where their values, culture, and language are devalued (Noguera, 2003). Facilitators searched for opportunities to acknowledge the students' abilities to cope with environmental stressors, including difficult parents and overly critical teachers. The students were asked to challenge and reframe their thoughts and actions through using critical consciousness to generate new perspectives. The facilitators provided the group members with information on tactics that have been used in the United States to dominate and control BIPOC groups, such as discrimination in housing and employment (Duran et al., 2008). The facilitators advocated for social justice by challenging the deficit-focused approaches taken by many school staff members. A central aspect of these groups was for the group facilitators to advocate for social justice reform by challenging system-wide injustices (Shin et al., 2010). The group was seen as having potential efficacy for BIPOC students in under resourced schools based on the group facilitators' observations and the positive feedback provided by students and school staff members (Noguera, 2003).

Strengths-Based Interventions

The Integrated Family Assessment and Intervention Model. The strengths approach is especially useful when working with impoverished families because interventions that are problem focused can increase distress by causing families to feel overwhelmed or disempowered. The Integrated Family Assessment and Intervention Model (IFAIM) is a family-

centered strengths-based assessment and intervention model that takes into account systemic factors affecting low-income families and uses family therapy approaches and social interventions to address clinical, educational, social, community, and forensic issues while including the families in the interventions by asking about and using their beliefs, preferences, and strengths in a collaborative manner. It has been shown to be useful when working with low-income families (Melo & Alarcão, 2011). The strengths approach enhances the existing positive aspects of the family and resources that can increase coping skills and promote healthy family functioning (Walsh, 2015).

Solution-Focused Therapy. Solution-focused brief therapy (SFBT) is a strengths-based intervention based on the work of de Shazer, Berg, and their colleagues between 1978 and 1984. Solution-focused therapists suggest working from a strengths perspective can lead to more benefits than traditional therapy (DeJong & Berg, 2012). A key theory underlying solution-focused therapy is that all people have strengths, abilities, resources, and competencies (Berg & Miller, 1992). Solution-focused therapy uses specific interviewing techniques aimed at empowering clients through the collaborative development of goals and solutions. The interviewing techniques are designed to help clients identify and use their strengths and resources. The solution-focused approach fosters collaboration and client empowerment (DeJong & Berg, 2012).

Solution-focused therapy has been shown to be effective with members of marginalized groups. Solution-focused approaches can be a valuable modality for work with biracial women and girls because biracial women and girls may internalize negative stereotypes about themselves and the solution-focused approach can help them reconceptualize their identities by using their strengths and resources, which can lead to empowerment (Saleebey, 2006). Outcome

studies conducted with samples of predominately Latino youth (e.g., Harris & Franklin, 2003, 2009; Springer et al., 2000) have shown solution-focused therapy can be successfully applied with Latinx populations. In another study, Moosa et al. (2017) used solution-focused art therapy with a group of refugee children in India and found significant decreases in anxiety, depression, and stress after the intervention when comparing pre- and posttest measures.

Seeking Safety. Seeking Safety was the first program that involved using psychotherapy tailored for those with the dual diagnoses of trauma and substance abuse to achieve positive outcomes (Najavits et al., 1997). Seeking Safety is a trauma-focused program used to treat symptoms of PTSD and substance abuse issues (Najavits, 2002). It has been used in a variety of settings with men and women in individual and group settings and positive outcomes have been reported on its implementation with women in prison (Zlotnick et al., 2003), urban low-income women (Hien et al., 2004), outpatient women (Najavits et al., 1997), men (Najavits et al., 2005), women in a dual diagnosis program in the community (Holdcraft & Comtois, 2002), women with posttraumatic stress disorder (PTSD; Najavits et al., 2006), and veterans (Cook et al., 2006). Seeking Safety is designed to assist clients in understanding the connection between trauma and substance use issues. Seeking Safety has elements of strength-based techniques, including teaching coping abilities that help empower clients in gaining mastery over their own lives. It is goal oriented and present focused. The interventions are intended to help clients gain mastery over their trauma, put words to their experiences, and understand the connection between substance use and trauma. It teaches adaptive coping skills to help clients deal with the intense emotions and impulses that may stem from trauma, PTSD, and substance use issues (Najavits, 2002). The treatment manual (Najavits, 2002) has 25 topics that each teach adaptive coping skills in cognitive, behavioral, and interpersonal areas. Each topic applies to PTSD and substance use

disorders and includes ideas such as "Taking Good Care of Yourself," "Coping with Triggers,"

and "Healthy Relationships." The treatment has five principles: (a) safety as the priority; (b)

integrated treatment of both disorders; (c) a focus on ideals; (d) four content areas: cognitive,

behavioral, interpersonal, and case management; and (e) attention to therapist processes. Seeking

Safety was designed to be a comprehensive program on its own, but participants can be in

additional treatments. The treatment is described in a manual (Najavits, 2002), book chapters

(Najavits, 2002), a website (www.seekingsafety.org), and videos (Najavits, 2005). A meta-

analytic review was conducted by Lenz et al. (2016) to determine the effectiveness of Seeking

Safety for the reduction of PTSD and substance abuse symptoms. Twelve between-group studies

were compared, and results showed participants with substance abuse and PTSD symptoms who

participated in Seeking Safety experienced decreased PTSD and substance abuse symptoms

compared to those who waitlisted/no treatment or participated in alternative treatments (Lenz et

al., 2016).

Interventions in Positive Psychology

      Teaching Empowerment Through Active Means. The purpose of Teaching

Empowerment Through Active Means (TEAM) is to teach at-risk youth vital social and coping

skills, including conflict resolution, anger management, responsible decision making, healthy

interpersonal boundaries, managing unfairness, positive communication and listening skills, and

respect. The TEAM program is rooted in positive psychology because of its emphasis on

building on human strengths and systematically developing and enhancing competence. The

TEAM program incorporates research in resiliency in which group facilitators seek to promote

individual factors associated with resiliency within a group context that provides caring,

supportive relationships; high/positive expectations; prosocial adult role models; and

opportunities for meaningful participation. The TEAM program focuses on developing competencies and is designed to enhance protective factors and coping skills in youth deemed to be at risk (Redivo & Buckman, 2004). Research on characteristics of successful programs for at-risk youth (Thornton et al., 2000) also influenced the development of the TEAM program. These characteristics included a focus on competence, diversity, positive/rewarding relationships, sensitivity to the developmental level of participants, multisensory learning, and proactive problem-solving skills. A research project was conducted by Redivo and Buckman (2004) to evaluate TEAM's effectiveness. Results from the teacher-completed surveys (100% completed) indicated 70% of students were rated as making improvements in their behavior during the implementation of the TEAM program. Most participants reported they enjoyed the experiential activities and described a positive experience of "working together as a team" and "communicating."

Positive Psychotherapy. Positive Psychotherapy (PPT; Rashid, 2008, 2013, 2015) is based in positive psychology. PPT is a sequential and systematic set of 14 interventions within positive psychology. PPT is a treatment approach designed to use and increase a client's positive resources, positive emotions, character strengths, meaning, positive relationships, and intrinsic motivation (Rashid & Baddar, 2019). A tenet within PPT is that psychopathology results from one's potential for growth, satisfaction, and well-being being obstructed. PPT asserts that strengths, positive emotions, and resources are as important as symptoms and distress. Within PPT, that effective therapeutic relationships are built on the exploration of positive characteristics and experiences, including positive emotions, strengths, resources, and virtues. The first phase of PPT focuses on building rapport while attempting to instill hope and enhancing self-efficacy. Clients assess their strengths and set goals. The middle phase focuses on

helping clients use their strengths in their daily lives. The focus of the final phase is on developing and enhancing personal relationships that promote meaning and purpose (Rashid & Badder, 2019).

Cuadra-Peralta and Veloso-Besio (2010, as cited in Gonzalez Suitt et al., 2016) used PPT with depressed patients in Chile and found, when comparing pre- and posttest measures, participants had significant decreases in symptoms of depression and increases in life satisfaction post intervention. In another study, Rashid (2015) conducted a review of studies using PPT and found PPT lowered symptoms of distress and enhanced well-being on posttreatment outcome measures when compared to control or pre-treatment scores, with medium to large effect sizes. In another study, Furchtlehner et al. (2019) conducted a randomized controlled clinical trial in which they compared group PPT with cognitive behavioral therapy (CBT) for depression. At 6-month follow-up, the PPT group and CBT group had significant decreases in symptoms of depression and distress. It was found that the PPT group had larger effect sizes in than the CBT group. The results overall demonstrated PPT was effective when compared to an active control group in reducing symptoms of depression and distress.

Penn Resiliency Program. The major goals of the Penn Resiliency program (PRP; Gillham et al., 1990) are to help students identify their signature character strengths and to increase students' use of these strengths in their daily lives. The program focuses on strengths (e.g., kindness, wisdom, gratitude, perseverance) that are described in the classification of character strengths (C. Peterson & Seligman, 2004). The PRP intervention also strives to promote students' resiliency, positive emotions, and sense of meaning or purpose. Most lessons involve discussing character strengths (or other concepts and skills in positive psychology), an in-class activity, a homework activity that encourages students to apply concepts and skills in

their daily lives, and a follow-up journal activity. The interventions include Using Signature Strengths in a New Way (Seligman et al., 2005), in which students are encouraged to identify and use their strengths in their daily lives, and Three Good Things exercise (Seligman et al., 2005), in which students are encouraged to write down three good things that happened each day for a week.

The PRP is one of the most widely researched programs designed to prevent depression in young people. A review was conducted of 17 studies that evaluated PRP in comparison to a control group. These studies included over 2,000 children and adolescents between the ages of 8 and 15. The PRP studies included adolescents from a variety of racial/ethnic backgrounds, community settings (urban, suburban, and rural), and countries (e.g., China, Portugal, Australia, the United States, and the United Kingdom). PRP was found to reduce symptoms of depression and hopelessness and to prevent clinical levels of depression and anxiety in youth. Brunwasser et al. (2009) conducted a meta-analysis and found PRP worked equally well for children of different racial/ethnic backgrounds.

Mindfulness Interventions With Marginalized Populations

Mindfulness has been shown to reduce rumination and worry, which may be especially helpful for BIPOC populations as they may be more prone to worrying because they may face more stressors, including a lack of finances, health issues, and exposure to violence (Hinton et al., 2011). Mindfulness has been shown to be helpful when used as an intervention for BIPOC and refugee populations by decreasing somatic distress and rumination and increasing emotional regulation and psychological flexibility (Hinton et al., 2013). Mindfulness has been shown to decrease symptoms of stress, anxiety, and depression among BIPOC youth (Gregoski et al., 2011; Liehr & Diaz, 2010; Mendelson et al., 2010). Mindfulness based interventions may

enhance psychosocial adjustment among distressed and disadvantaged youth by improving self-regulation abilities. Youth in under resourced urban communities are at an increased risk for negative outcomes related to stress, including behavioral problems, psychosocial problems, and poor academic performance. In a study by Mendelson et al. (2010), a school-based mindfulness and yoga intervention was used with students at four urban public schools and results showed the mindfulness intervention was appealing to students, teachers, and school administrators. It also reduced problematic responses to stress, including a decrease in rumination, intrusive thoughts, and emotional arousal. In another study conducted by Szanton et al. (2011), African American women over the age of 60 living in low-income housing were found to have decreased levels of stress after participating in a mindfulness intervention. Shallcross and Spruill (2018) examined the effects of trait mindfulness with a group of BIPOC. Participants who scored higher on measures of mindfulness were found to have fewer depressive symptoms and health-related issues as measured by self-report, which indicates mindfulness may lead to resilience for BIPOC who experience disproportionate levels of discrimination-related stressors and health disparities by buffering against the effects of perceived discrimination and depression. In another study, Woods-Giscombé and Gaylord (2014) conducted interviews with 15 African American adults who regularly practiced mindfulness meditation. Results showed participants felt mindfulness meditation helped them by increasing coping skills, improving health, and enhancing self-awareness and purposefulness. Participants said they would recommend mindfulness meditation to other African Americans, but suggested adaptations, such as emphasizing the health benefits of mindfulness, connecting mindfulness to religious or spiritual practices, and promoting participation and engagement within BIPOC communities (Woods-Giscombé & Gaylord, 2014).

Soulfulness. Mindfulness interventions may need to be adapted to make them more relevant for oppressed and marginalized BIPOC. Incorporating spirituality, community, and a holistic approach may make mindfulness more appealing to members of African American communities (Woods-Giscombé & Gaylord, 2014). Harrell (2018) introduced soulfulness as a way to view meditative practice by integrating African culture, including a focus on spirituality, connectedness, community, creativity, and a holistic approach. Soulfulness is defined as:

> The quality of experiencing life in a deeply connected and connecting way, an enlivened inner attunement that illuminates authentic lived experience and radiates into outer expression. It is an "interconnected aliveness" that is often experienced as a resonating, liberating, life-enhancing, spiritually-infused energy of deep connectivity and inspired expression. (Harrell, 2018, p. 6)

Soulfulness is thought to be more relevant and applicable to BIPOC as opposed to more traditional mindfulness interventions that are seen as more relevant to Westernized and non-BIPOC cultures. Soulfulness places an emphasis on overcoming the collective history and current oppression and dehumanization of people of color through resiliency, liberation, emotional expression, and connection with the soul. The soulfulness approach is hypothesized to be particularly relevant to oppressed and marginalized people of color who experienced collective trauma, including slavery, genocide, racism, and oppression.

Moment-by-Moment in Women's Recovery. The Moment-by-Moment in Women's Recovery (MMWR): A Mindfulness Based Approach to Relapse Prevention (MSBR-RP) project was offered in a community-based addiction treatment setting with a population composed of extremely marginalized and low-income African American and Latinx women with histories of trauma (Amaro & Vallejo, 2009). It was adapted from MBSR, developed by Kabat-Zinn (1990), to take into consideration the participants' history of trauma and frequent experiences of stress and provide them with support in relapse prevention and recovery. The MMWR program was created as part of an initiative to implement, evaluate, and refine the Mindfulness Based

Approach to Relapse Prevention intervention with significant input from women in substance use disorder treatment (Vallejo & Amaro, 2009). The MMWR program takes into account the needs of women in residential treatment for substance use disorders. In the MMWR program, the language and homework assignments were simplified, jargon was eliminated, key terminology was repeatedly explained, and visual aids with handouts were used. The relationship between stress and relapse was emphasized and how mindfulness can be used as a relapse prevention tool was discussed, using a more didactic approach. Mindfulness related more directly to specific stressors affecting participants' recovery and relapse risks. The body scan was reduced in duration to reduce the possibility of triggering traumatic memories and was performed in a sitting or standing position and combined with yoga poses. Instead of a scan for the pelvic area and breasts, which can trigger memories of sexual trauma, the revised body scan focused on the abdomen and front of the chest. The participants were encouraged to use the 2-minute body scan throughout their day to create mindfulness in their daily lives. Modifications included shortening the guided mediations, performing them with eyes open, and placing the hands on the abdomen to feel the expanding and contracting of the breath. The focus of the MMWR was to practice mindfulness in daily living. Participants were encouraged to take time to stop, breathe, and bring focus to their present experiences, including bodily sensations, the breath, or whatever activity they were performing in the present moment. The modifications were intended to make the MSBR interventions more appropriate for the population. It was found that when properly adapted to the population, MSBR can be used to facilitate relapse prevention in early recovery. The participants reported high levels of satisfaction and acceptability of the program, especially to the adapted model (Amaro et al., 2014; Vallejo & Amaro, 2009).

Youth Education in Spiritual Self-Schema. A mindfulness-based meditation program called Youth Education in Spiritual Self-Schema (YESSS) was developed for homeless youth at risk for drug addiction and mental illness. The aim of the program was to assist participants in challenging negative self-beliefs and developing a sense of calmness or purpose. This intervention was developed based on an existing mindfulness mediation program called spiritual self-schema intended for drug addiction and HIV prevention (Marcotte et al., 2003). The spiritual self-schema program was effective in reducing impulsive behaviors (Beitel et al., 2007; Marcotte et al., 2003; Margolin et al., 2007). The YESSS program is consistent with positive psychology in that it contains a focus on strengths and psychological well-being rather than deficiencies and symptoms. The YESSS program was adapted for homeless youth in that it was provided in group therapy rather than individual therapy and the content was adapted to reflect drug use rather than addiction because many youth do not see themselves as having an addiction. Instead of focusing on drug use among non-drug users, the program focused on coping with intense emotions. The program was shortened from 8 weeks to 4 weeks and was offered twice per week instead of once per week because of the high rates of relocating. Peer leaders ran the group rather than professionals in order to motivate people to join the group and reduce doubt about the group leaders. The participants were residents aged 18–21 at a shelter in the southeastern United States who were taught to identify negative thoughts, feelings, and behaviors and to substitute them with positive alternatives. Participants practiced compassion during the meditation by wishing themselves and others well. Participants were asked to use identified spiritual strengths in their daily lives. A breathing meditation was taught and practiced at the beginning of every session. Results showed a decrease in symptoms of depression, anxiety, and somatic symptoms post-intervention, which supports that mindfulness meditation programs for at-risk homeless youth

are feasible and may improve well-being and quality of life among participants by improving

self-regulation skills and decreasing the risk for drug addiction (Grabbe et al., 2011).

Mindfulness Allies Project. The Mindfulness Allies Project (MAP; Blum, 2014) focuses

on the intersections of mindfulness, Western Buddhism, race, and socioeconomic status. It offers

mindfulness classes in conjunction with local organizations to serve marginalized populations,

including BIPOC and those of low socioeconomic status (SES). MAP was founded on the

principle of equal access to mindfulness classes. Mindfulness teachers in MAP meet with

community leaders to learn how to make their classes specific to the marginalized population

being served prior to teaching the classes and are encouraged to attend trainings on anti-racism,

anti-oppression, class awareness, feminism, and non-violence. The MAP pilot series included

offering five weekly classes to marginalized groups in 2012 at a community center (Blum, 2014).

Participants were trained in using mindfulness to reduce inner struggles around stress, anger, and

chronic pain and outer struggles related to racism, classism, financial struggles, and family

obligations. Mindfulness classes included focusing on the breath, bodily sensations, eating, and

brief hip-hop dance classes. Topics of the classes included mindfulness, mindfulness of the body,

mindfulness and stress, mindfulness and oppression, and integrating mindfulness into daily life.

Qualitative and quantitative surveys administered at the end of the final class contained highly

positive feedback from participants. Participants indicated they enjoyed the class, found it to be

helpful, and it encouraged them to practice mindfulness in the future.

Group Interventions With Marginalized Populations

Group interventions may be particularly useful for BIPOC populations. A content

analysis of scientific literature published between 1980–2018 on trauma and group work with

African American children and adolescents showed group therapy often allowed group members

to develop social support, coping skills, and resiliency (Manyam & Davis, 2020). Sripada et al.
(2016) found that for a sample of African Americans who experienced trauma, group therapy
was more effective than traditional individual psychotherapy. Group members reported a high
level of satisfaction with group therapy and reported having positive interactions and support
from other group members motivated them to continue to attend group and they were less likely
to drop out of group therapy compared to individual therapy. Group members reported they
wanted to continue attending group therapy because of their commitment to the group.
Stacciarini et al. (2007) conducted a review of various forms of group therapy, including
cognitive behavioral group therapy, support groups, psychosocial and behavioral oriented group
processes, psychoeducational groups, and behavioral group therapy, with depressed Latinos. All
forms of group therapy were found to be effective in reducing group members' symptoms of
depression. Group therapy allowed the members to develop connections, commonalties, and
support with other group members.

A strengths-based group provides the opportunity for group members to identify their
internal resources. As a result, group members become more able to access and use their
strengths, which may enable them to cope with adverse circumstances. By becoming aware of
the strengths of other group members, individuals may become aware of their own potential
strengths and may begin to think about these as means for change. A strengths-based group does
not ignore the pain participants experience; rather, it acknowledges that even the most distressed
group members have strengths and encourages them to acknowledge and access their own
competencies during times of adversity (Laursen & Oliver, 2003). In a group format, participants
can identify and use their own personal strengths and help others in developing and using their
own personal strengths through setting a positive example for others (Burns, 2009). A significant

relationship has been found between providing support to others and better mental health (Schwartz et al., 2003).

Synthesis and Critique of the Literature

Research shows marginalized groups, including BIPOC, women, homeless, and low-income populations, are at an increased risk of experiencing mental health issues due to the discrimination and stigmatization they experience (Dodgson & Struthers, 2005; Semmler & Williams, 2000). Psychological interventions that increase empowerment may be particularly useful for marginalized groups because the discrimination they experience can lead to feelings of disempowerment (A. L. Brown et al., 2010; Christian et al., 2012; Schmitt et al., 2014; Varkey et al., 2010; Wesely, 2009; Worell & Goodheart, 2006). Interventions based in positive psychology (e.g., Berger et al., 2019; Corona et al., 2019; Davis et al., 2016; Sherman et al., 2013), mindfulness (e.g., Hinton et al., 2013; Mendelson et al., 2010; Szanton et al., 2011; Zoogman et al., 2015), and critical conscientiousness (e.g., T. T. Bryant, 2000; East & Roll, 2015; Noguera, 2003; Strömbäck et al., 2013; R. J. Watts et al., 2002) have been shown to increase empowerment among members of marginalized groups.

However, more research is needed to demonstrate the effectiveness of using interventions aimed at improving mindfulness, critical consciousness, and empowerment with marginalized groups. The literature in the realm of using interventions based in positive psychology has been mostly conducted using non-BIPOC populations and populations of higher income. The developers of positive psychology were mostly White men from Westernized countries who held Westernized values, including individualism, a focus on happiness, and self-development. Therefore, the purpose within this research project was to develop a strengths-based intervention informed by empirical research on empowerment, positive psychology, mindfulness, and critical

consciousness that is tailored and adapted for marginalized groups, including BIPOC, low-income individuals, and women. The manual is intended for facilitators conducting group interventions with marginalized populations.

Rationale for the Project and Research Objectives

The purpose of this dissertation project was to initiate the first steps of developing a group intervention based in theories of positive psychology, strengths-based techniques, mindfulness and critical consciousness as ways to increase empowerment and the general well-being of members of marginalized populations. Positive psychology interventions can facilitate the building up of self-esteem and empowerment. The review of the literature provided support for using a strengths-based (i.e., positive psychology) empowerment approach in developing a group for ethnically and racially diverse marginalized populations with adaptations. Strategies for empowering the group members individually and collectively emerged as promising approaches. Specifically, the objectives included the following:

1. To comprehensively review the literature on interventions with marginalized populations to inform the development of the group intervention.

2. To develop the group intervention manual using data from the literature review.

3. To conduct a preliminary evaluation of the group intervention manual with a panel of providers experienced in service delivery to marginalized populations.

4. To make recommendations for the next steps in the development of the group intervention and manual.

Chapter 2: Methodology

This chapter contains details of the research methodology used in the development and preliminary evaluation of a manual for a group intervention with marginalized populations. The resource manual is intended to be used by mental health service providers who work with marginalized populations. The process for developing the resource was to (a) conduct a comprehensive literature review of strengths-based techniques used for empowering participants and improving their well-being with particular attention paid to interventions designed for homeless populations, low-income populations, BIPOC, and women; (b) develop content for the manual based on a thorough literature review; (c) provide a small group of mental health service providers who work with marginalized populations with a preliminary version of the manual; and (d) evaluate the manual by obtaining feedback from the mental health service providers regarding the usefulness and relevance of the content and intervention activities as well as suggestions for inclusion in future revisions.

Purpose and Scope

The purpose of this project was to provide a framework, information, and tools for clinicians to use in a group intervention with marginalized populations. The proposed material for use in the facilitator manual was based on the integration of current research on strengths-based approaches, mindfulness, and critical consciousness with a focus on empowerment, emotion regulation, and well-being. The content and suggested activities were tailored to meet the needs of homeless populations, BIPOC, and women with the overall goal of the group intervention being to facilitate well-being and empowerment. The intervention content was based on current empirical and theoretical literature but was also designed to enable practitioners to be creative and flexible with regard to implementing the group. A group format was chosen to

enable service delivery to populations that otherwise may not have access to mental health services. The target audience for this manual is mental health service providers who work with marginalized populations and the group intervention targets the marginalized populations themselves.

The purpose of the development and evaluation process was to (a) have clinicians working with marginalized populations evaluate a preliminary version of the manual, (b) screen out material perceived as unlikely to be effective, and (c) obtain suggestions for the inclusion of material that was inadvertently not included by the researcher. The material for each section was based on a review of the literature; however, some was judged as not appropriate for this population or setting based on various factors, including literacy level, cognitive ability, SES, and culture.

Plan for Development of the Group Intervention

The strategies used in the development of the group intervention manual included an extensive literature search of both theoretical writings and empirical research studies. Sources of data considered during the review of literature were gained from databases such as EBSCOhost, PsycInfo, PsycARTICLES, and Academic Search Elite. Keyword searches included combinations of the following terms: strengths-based approaches, positive psychology, mindfulness, empowerment, critical consciousness, post-traumatic growth, emotional regulation, self-regulation, homeless, BIPOC, and women. Following the general database search for scholarly materials, a more comprehensive search of program curricula, group protocols, handbooks, and other resources was conducted. The manual also incorporated information from similar resources that was relevant to the creation of the intervention content and the manual.

Structure of the Group

A literature review revealed content in psychological empowerment, positive psychology, mindfulness, and critical consciousness may be particularly relevant for marginalized populations (A. L. Brown et al., 2010; Christian et al., 2012; Nikelly, 2001; Schmitt et al., 2014; Varkey et al., 2010; Wesely, 2009; Worell & Goodheart, 2006). The duration of the group is planned to be 10 consecutive weeks with each group being held for 90 minutes. The group is intended to be a drop-in group where participants can attend as few or as many sessions as they are able. A review of the literature showed drop-in groups may be better for marginalized groups to address possible difficulties with frequent relocation, transportation, and childcare (Boag-Munroe & Evangelou, 2012).

The group intervention is a manual intended for use by mental health professionals running groups for members of marginalized groups with the intention of improving group members' empowerment and well-being though the use of interventions grounded in positive psychology, strength-based psychology, mindfulness, and critical consciousness. The manual contains sample flyers for facilitators to advertise their groups and a list of 24 character strengths identified by C. Peterson and Seligman (2004) for use in the group.

Evaluators of the Manual and Intervention

Seven licensed mental health providers reviewed the intervention manual and provided feedback. Participants met the following criteria: (a) at least 2 years of experience providing individual or group psychotherapy to marginalized populations; and (b) licensed mental health service providers, psychologists, marriage and family therapists, clinical social workers, and professional clinical counselors working in the United States.

Participants were required to be licensed mental health service providers with at least 2 years of experiencing providing psychotherapy to marginalized populations, including people who are homeless or have low income, BIPOC, and women. The participants reported they had 2 to over 39 years of experience proving psychotherapy to marginalized populations. Two clinical psychologists, one marriage and family therapist, two clinical social workers, one mental health social worker, and one professional clinical counselor participated in this study. The mental health professionals were employed in various community mental health centers across the United States.

Recruitment Strategies and Procedures

The researcher obtained approval from the Institutional Review Board (IRB) to conduct this study (See Appendix A). The researcher located community mental health centers and homeless shelters using the Google search engine. The researcher made a list of community mental health centers and homeless centers based on the results of this search. The recruitment process began with a telephone call to contact persons at community mental health centers and homeless shelters that provide mental health services to marginalized populations (See Appendix B). The researcher stated she was developing a group intervention manual for marginalized populations to facilitate empowerment and well-being and was seeking licensed mental health service providers with the therapeutic skill or knowledge and experience working with marginalized populations to evaluate the intervention manual. The researcher asked the contact person, "Would it be possible for you to forward my email [See Appendix C] containing a description about my project to your employees or would it be possible for me to send you flyers [See Appendix D] to distribute to mental health providers at your agency?" The flyer contained a summary of the purpose of the research project, the researcher's contact information and

credentials, and information related to privacy and confidentiality. If the contact person said yes, then the researcher said, "Thank you so much for your assistance. What would be the best way to arrange for therapists at your agency to find out about the project?" If the contact person said no, then the researcher said, "Thank you for your time and consideration" (See Appendix B).

The researcher had difficulty recruiting participants in this manner as the contact person at the agencies was often not available. The researcher wrote to the IRB and obtained approval to recruit professors at Pepperdine Graduate School of Education and Psychology and the researcher's previous supervisors. The researcher sent out an email (See Appendix C) describing the study to professors in the psychology department at the Pepperdine Graduate School of Education and Psychology and her previous supervisors to ask if they would like to participate in this study or if they knew anyone who may interested in participating in this study. No possible participants were recruited though this manner.

The researcher wrote to the IRB again and gained approval to increase compensation from a $50 gift card to Target to a $75 gift card to Amazon given the researcher realized participation in this study would likely take 2 hours instead of the 1 to 1.5 hours initially predicted. The gift cards given to participants were changed from Target to Amazon as Amazon may be more accessible to participants.

The researcher continued the recruitment process by calling community mental health centers and homeless shelters identified in the manner listed above. After the interested participants contacted the researcher, the researcher emailed them the Informed Consent to Be Contacted form (See Appendix E) and the Informed Consent to Participate in Research Activities form (See Appendix F). After the researcher received the signed consent forms she emailed participants to ask how many years of experience they had providing services to marginalized

populations and if they were a licensed psychologist, marriage and family therapist, or clinical social worker. After the researcher received participants' signed consent forms for this study and an email regarding their credentials, the researcher emailed them the manual review form (See Appendix G) and a copy of the manual (See Appendix H); however, if they preferred, a copy of the materials could be sent via mail. Ten possible participants said they may be interested in participating in this study. Of the 10 possibly interested participants, seven indicated interest in participating in this study and completed the study.

The seven licensed mental health service providers were given 6 weeks to read the manual and fill out the questionnaire and email or mail the questionnaire back to the researcher. The researcher sent out two reminder messages to the participants. The first reminder message stated, "Thank you for participating in this study. This is a friendly reminder that you have 3 weeks to fill out the questionnaire and send it back to me." The next reminder stated, "Thank you for participating in this study. This is a friendly reminder that you have 2 weeks to fill out the questionnaire and send it back to me."

Within a period of 4 weeks, several participants indicated interest in the study. The researcher decided to expand participation from three to seven participants based on increased interest in participation in March and April of 2020. This was the time period when the global pandemic, COVID-19, was discovered in the United States.

Evaluation Instrument

The evaluation questionnaire was modified from the questionnaire developed by (Krichiver, 2010) to solicit feedback from participants about the manual and intervention and their perceived efficacy in improving empowerment and well-being as well as suggestions for improvement (See Appendix G). The questionnaire included a total of 11 questions, consisting of

seven items that contained both open-ended questions and items scored on a Likert scale, as well as asking for comments or suggestions. Three Likert scale items scored on a scale of 1 (*Not at All*) through 5 (*Extremely*) included the following: Item 3, Does the group intervention adequately address empowerment; Item 4, Does the group intervention adequately address wellbeing; and Item 6, Do you think the group is appropriate for use with marginalized groups? The Likert scale item scored on a scale of 0 (*Not Effective at All*) through 4 (*Extremely Effective*) was Item 8, How effective do you believe the group will be for improving the well-being of participants? On Item 2, the Likert scale items were rated from 4 (*Excellent*) to 1 (*Poor*). Item 2 was, What is your overall evaluation of the structure of the group (e.g., size, group format, length of sessions, etc.)? Items 5 and 7 were Likert scale items scored on a scale containing *Yes*, *Somewhat*, and *No*. Item 5, Does the group manual provide clear guidelines and tools for facilitators planning to use it?; and Item 7, Does the format and structure appear logical? Questions 1, 9, 10, and 11 were open-ended questions. Item 1, After reading the manual, what are your overall impressions of the group intervention and manual; Item 9, What general suggestions do you have for improving the intervention; Item 10, What general suggestions do you have for improving the manual; and Item 11, Please provide any other feedback or suggestions that you believe will help to improve the intervention and/or manual.

Data Collection

After an interested possible participant contacted the researcher, the researcher emailed them the consent forms. After the researcher received the signed consent forms, the researcher emailed them asking how many years of experience they had working with marginalized populations and if they were a licensed psychologist, marriage and family therapist, or a clinical social worker. If the interested participant had at least 2 years of experience in providing

psychotherapy to marginalized groups and was a licensed psychologist, marriage and family therapist, or clinical social worker, the researcher sent them a copy of the manual and the manual review form electronically. After receiving the review forms, the researcher emailed participants a $75 gift card to Amazon. Participants were given the option of having the hard copies of the materials and the gift card mailed to them; however, no participants expressed interest in having anything mailed to them.

Chapter 3: Results

Overview of the Development of the Intervention Manual

The researcher reviewed journal articles, program manuals, and books regarding effective interventions for improving well-being and psychological empowerment among marginalized populations, including those who are homeless or have low income, BIPOC, and women. Results of the review showed interventions based in positive psychology, strengths-based techniques, mindfulness, and critical consciousness can be effective with some marginalized groups. The researcher reviewed how existing interventions intended to improve well-being and psychological empowerment were modified or changed to make them more culturally relevant for marginalized groups.

Content of the Intervention Manual

The manual, entitled *A Strengths-Based Group Intervention for Marginalized Populations: Empowerment, Critical Consciousness, and Mindfulness*, is 72 pages in length (See Appendix H). The manual has a cover page, table of contents, tips for facilitators using the manual and working with marginalized groups, and 10 group interventions. The group manual is organized into the following sections: (a) purpose, (b) rationale, (c) tips, (d) definitions, (e) establishing group culture, (f) the frame guidelines, (g) recruitment and screening, (h) role of the facilitators, (i) tips for handling crisis situations or challenging group members, (j) structure of the groups, and (k) intervention activities. Each session starts with an introduction of the session, an introduction of the group members, a didactic component, the activity, a homework assignment called practicing your power, a closing statement by group members (what they learned from the group), take away points (main points of the session) for clients, and take away points for facilitators. Cultural adaptations are suggested for some of the sessions based on a

review of the literature. The sessions contain references to the existing interventions, research, and literature the researcher used to create the intervention program and manual.

Session 1: "Count Your Blessings"

The focus of the first session is on gratitude and the associated benefits. Group members are asked to share the reasons they joined the group and their favorite time of year and why. The participants are encouraged to write things for which they are grateful on various poster boards located throughout the room and then to discuss them within the group. Group members are also encouraged to write about their blessings in a journal over the next week as homework.

"Count Your Blessings" is used because research demonstrated gratitude interventions are effective with adults as they consistently yield positive benefits, many of which appear to endure over longer periods of time. Gratitude interventions lead to greater gratitude, life satisfaction, optimism, prosocial behavior (Emmons & McCullough, 2003), positive affect (Emmons & McCullough, 2003; Watkins et al., 2003), and well-being (Lyubomirsky et al., 2005; Seligman et al., 2005), as well as decreased negative affect (Emmons & McCullough, 2003; Seligman et al., 2005; Watkins et al., 2003). Yang et al. (2018) used interventions from positive psychology intended to increase gratitude and kindness with Chinese male prisoners. The participants were randomly assigned to a treatment as usual group, a gratitude group, or a kindness group. The gratitude intervention in the study by Yang et al. was adapted from the "Count Your Blessings" intervention used by Emmons and McCullough (2003). Participants' well-being increased in both the gratitude and kindness groups (Yang et al., 2018). Research regarding effective interventions for diverse groups within positive psychology is lacking. However, two interventions that have been used with diverse populations in various cultural contexts within positive psychology are the gratitude and self-affirmation interventions (Berger

et al., 2019; Corona et al., 2019; Crocker et al., 2008; Davis et al., 2016; Sherman & Cohen, 2006; Sherman et al., 2013). In another study conducted with a group of American European participants, a group of Latinx American participants, and group of East Asian American participants, higher gratitude scores across all three groups were associated with higher levels of self-esteem and lower levels of loneliness and perceived stress (Corona et al., 2019). In another study, conducted by Hawley (2019), a gratitude intervention was used with 237 participants, all of whom identified as Latinx. Participants in the gratitude intervention were asked to think about a person for whom they were grateful. They were then asked to discuss reasons why they felt grateful for this person and to write a letter of gratitude to this person. The gratitude intervention was found to be effective at cultivating positive emotions compared to the control condition (Hawley, 2019).

Session 2: "What Matters Most: My Core Power"

The facilitators introduce the session by stating the session will be a way to help group members identify what matters most to them, their internal values, intrinsic motivation, and intrinsic goals. Group members are asked to share why they joined the group and to discuss someone important to them. The facilitators discuss the importance of living a life in accordance with one's internal values, examine the difference between intrinsic motivation and goals versus extrinsic motivation and goals, and emphasize the importance of having intrinsic motivation and goals. The participants are asked to draw a picture representing what is most important to them and then to discuss it within the group. They are asked to journal about things that are important to them over the next week and to engage in an activity that is meaningful to them and will bring them in touch with their "core power" as homework. A reference is provided for group facilitators for material related to this intervention.

"What Matters Most: My Core Power" is based on the work of Steven Stosny in the Compassion Workshop, which was used to treat attachment trauma and has been shown to improve self-esteem (Murphy et al., 2005). Intrinsic motivation has been found to have a strong positive relationship with well-being and achievement among BIPOC students (Ryan & Deci, 2000). The association between intrinsic motivation, emotional engagement, and academic achievement was explored among a sample of 1,575 high school students who identified as African American or Latinx. Emotional engagement was associated with learning and sustained effort involving a task. Based on self-report surveys, intrinsic motivation was found to be positively correlated with emotional engagement and academic achievement (Ryan & Deci, 2000).

Session 3: "The Power of My Imagination"

The session is introduced as a way to help group members use their imagination to facilitate positive emotions. The group members are asked why they joined the group and if they could go anywhere in the world where would they go and why. The facilitators discuss how visual imagery can be used to create positive emotions and ask participants to draw an image of something real or imagery that evokes positive emotions. The participants are encouraged to use visual imagery over the next week and to create a collage or visual journal of things that will bring them positive emotions as homework. A reference is provided to group facilitators for material upon which the intervention is based.

"The Power of My Imagination" is based on research demonstrating the efficacy of visual imagery within therapeutic settings. Visual imagery has roots in Native American and other indigenous cultures. A review of studies was conducted by Utay and Miller (2006) regarding using visual imagery and it was found that visual imagery has been shown to assist people in

coping with grief (Melges & Demaso, 1980), physical pain (Ball et al., 2003), and eating disorders (Hill, 1992). Using visual imagery has been shown to lead to relaxation and improved self-talk (Utay & Miller, 2006).

Common art therapy interventions include drawing, painting, and collage making. The literature shows art therapy to be related to improved physical and mental health when used with samples of older African American adults and can lead to increased feelings of hope, energy, and emotional freedom (Johnson & Sullivan-Marx, 2006).

Session 4: "Using My Strengths"

The session is introduced as a way to help group members identify and use their strengths in their daily lives. Group members are asked to share why they joined the group and who they admire and why. The facilitators discuss strengths, virtues, and positive psychology. The facilitators are asked to give each participant 24 note cards with a character strength identified by positive psychologists C. Peterson and Seligman (2004) listed on each card. The participants are asked to pick out eight cards listing strengths they believe they possess. They are asked to take the top five cards and to think of a way they can use this strength in their daily life and write it on the back of the card. They are encouraged to use these five strengths in their daily lives as homework. A reference for a similar intervention is given to the facilitators as well as a handout with 24-character strengths with an explanation of each strength.

"Using My Strengths" is based on the interventions developed by Seligman et al. in 2005. Govindji and Linley (2007) found identifying and using one's strengths in daily life was associated with improved well-being. A review was conducted by del Rocío Hernández-Pozo and Salazar-Piñeros (2013) of studies that employed strength-based interventions in positive psychology in Latin America. Fifteen studies were included in the final analysis. It was found

that 100% of the studies employing strengths-based interventions reported a positive benefit (del Rocío Hernández-Pozo & Salazar-Piñeros, 2013). In another study, the Using Your Signature Strengths exercise was used with a sample of all female participants. It was found that participants had significant decreases in depression and increases in well-being at 1-month follow-up (MacDougall, 2018).

Session 5: "Sharing Wisdom"

The session is introduced as a way to promote self-discovery by discussing the wisdom each group member has and learning about other group members' pieces of wisdom. Group members are asked to share why they joined the group and to discuss someone they consider to be wise. The facilitators discuss self-discovery, wisdom, and sharing wisdom; provide the group members with a poem; and ask each group member to add a line to the poem about something they have learned in life or a piece of wisdom they would like to share with the group. Group members are encouraged to think about the wisdom they have and how they carry it with them in their lives as homework.

"Sharing Wisdom" and collective poetry are used as activities because philosophers suggest studies of the nature, ontogeny, and application of wisdom will further the understanding of life quality, individual competence, social justice, and human dignity (e.g., Sternberg & Jordan, 2005). Creative interventions can facilitate empowerment (Griffith et al., 2015; McPherson & Mazza, 2014). A creative intervention developed by Travis et al. (2019) using Hip Hop and poetry was used with a group of participants consisting mostly of African Americans (58%) and Latinx (26%) men residing at a homeless shelter. It was found that after the intervention, participants reported improved mood and reduced stress. Art interventions including the use of poetry have been found to improve well-being by reducing isolation and

improving community engagement among vulnerable populations, including homeless populations (Travis et al., 2019).

Session 6: "Mindful Breathing"

The group is introduced as a way to connect with the breath and learn how to stay focused on the present moment. Group members are asked to share why they joined the group and to name something healthy they do to cope with stress. The facilitators define mindfulness and discuss why it is important and why focusing on the breath can be a helpful way to engage in mindfulness. The facilitators conduct a mindful breathing mediation. A note is provided to facilitators informing them that group members should be given the option of doing this activity with their eyes open for those who have experienced trauma because closing the eyes can decrease feelings of safety. They are also informed that the exercise is shortened from its typical length in light of the possible decrease in attention span of the group members caused by stressful circumstances. Group members are encouraged to use mindfulness in their daily lives, such as when walking or doing the dishes, and homework. A reference is provided for the facilitators to material upon which the intervention is based.

"Mindful Breathing" is based on the work of Jon Kabat-Zinn in 1990. Research has demonstrated the efficacy of mindfulness interventions. A modified version of the MBSR program developed by Kabat-Zinn (1990) and by Haslock et al. (1994) was used in a study by Ando et al. (2009) with Japanese patients undergoing treatment for cancer. The intervention involved mindfulness breathing. The intervention was shown to improve spiritual well-being (Ando et al., 2009). Mindful breathing was shown to decrease emotional reactivity and negative affect when used among a group of female college students (Feldman et al., 2010). Mindful breathing has been shown to reduce test anxiety and increase positive automatic thoughts among

students in South Korea (Cho et al., 2016). Woods-Giscombé and Gaylord (2014) interviewed a group of African Americans who regularly practiced mindfulness meditation. Participants reported there were similarities between mindfulness meditation and spirituality or religion. Participants cited hymns or texts that promoted meditation, quietness, and being still. Participants reported mindfulness meditation helped them manage stress, improved their mood and health, and gave them a sense of purposefulness and self-awareness (Woods-Giscombé & Gaylord, 2014). In another study, three focus groups were conducted with 13 African American women age 60 or older who were enrolled in mindfulness classes (Szanton et al., 2011). Participants reported mindfulness meditation skills enhanced their ability to cope with life stressors and identified ways they could use mindfulness techniques in their daily lives. Participants also reported engagement in the mindfulness classes enhanced their social connectedness (Szanton et al., 2011). A qualitative assessment of mindfulness meditation was conducted among African American youth age 13–21 years (Sibinga et al., 2011). Participants reported improvements in interpersonal relationships, academic achievement, physical health, and stress reduction after using mindfulness meditation (Sibinga et al., 2011).

Session 7: "Bodily Awareness"

This session is the same as the mindfulness intervention called the "body scan," which is based on the works of Kabat-Zinn (1990) and Stahl and Goldstein (2010). This researcher changed the name from "body scan" to "bodily awareness" because the name "bodily awareness" sounded more appropriate. The session is introduced as a way to help group members become more aware of their bodies and the messages they may be sending them. The facilitators discuss the importance of paying attention to the body. Group members are asked to share why they joined the group and to discuss their favorite sport or physical activity. The

facilitators discuss how by tuning into their bodies the group members can notice stress, anxiety, and tension and then take steps to take care of themselves. The facilitators conduct an activity intended to help group members become aware of their bodies and any sensations they may be feeling. The group members are encouraged to focus on the present moment and bring their thoughts back to the present moment repeatedly when their thoughts wander. There is a note to facilitators that a revised body scan can be done with people who have experienced trauma by avoiding focusing on the pelvic and chest areas, which may evoke traumatic memories. The participants are encouraged to practice this activity in their daily lives as homework. References are provided for facilitators for material upon which this exercise is based.

In a study by Sauer-Zavala et al. (2013), participants were assigned to a sitting meditation, body scan, or mindful yoga condition. Participants were undergraduate college students in the United States. Participants in all three conditions reported improvements in well-being. Participants undergoing the body scan intervention were shown to have decreases in rumination, increases in self-compassion, and improvements in psychological well-being (Sauer-Zavala et al., 2013).

The body scan has been shown to be part of effective mindfulness programs used with BIPOC populations. Watson et al. (2016) studied participants' perceptions of mindfulness interventions. The participants were 32 adults, mostly African Americans (91%) of low SES, who were participating in mindfulness classes in the community, eight focus groups were conducted regarding the participants' perceptions of the mindfulness interventions (Watson et al., 2016). Participants reported a high level of interest in the mindfulness interventions and most thought practicing mindfulness would lead to improved physical and mental health. Most

participants expressed a strong interest in practicing mindfulness in their daily lives (Watson et al., 2016).

Session 8: "ABLE"

The session is introduced as a way to help group members cope with stress and regulate their emotions. The facilitators review the acronym, "ABLE." The A stands for Attend to the present moment. Participants are encouraged to pay attention to what is happening in the here and now. B stands for Breathe. Group members are encouraged to focus on their breath as they breathe in and out. L stand for Listen. Group members are encouraged to listen to their thoughts, feelings, and emotions without judgement. Group members are encouraged to label the things their mind does to gain awareness into their thought patterns. E stands for Engage. Group members are encouraged to engage in the present moment by engaging in self-care. Participants are encouraged to use ABLE in their daily lives as homework. References are provided to facilitators for activities that are somewhat similar to ABLE.

ABLE is a mindfulness-based cognitive therapy (MBCT) intervention. A literature review was conducted of studies regarding the effectiveness of MBCT using a pre-posttest design or using a control group design with Asian participants (Thapaliya et al., 2018). Thirty-three studies were reviewed and it was found that MBCT generally led to decreased symptoms of anxiety and depression among Asian participants. However, more research needs to be conducted on the use of MBCT with diverse populations (Thapaliya et al., 2018).

Session 9: "I Am Me: Not Your Label"

The session is introduced as a way to help group members develop critical consciousness. Group members are asked to critically discuss race, gender, culture, and class and collective action so they can become more conscious of the social forces that influence them and their

communities, especially in relation to race, culture, class, and gender. Group members are asked to share why they joined the group and to discuss their favorite book, television show, or movie. The facilitators lead a discussion on sociopolitical development, liberation, critical consciousness, and oppression in which group members are encouraged to discuss how the media portrays racist and sexist images. There is a note for facilitators that the focus of the group is on issues related to systemic, institutionalized racism, sexism, and discrimination and steps group members may take to accomplish critical consciousness. The facilitators are encouraged to provide a media clip that portrays racist or sexist images or words. Facilitators are given a list of questions they can ask group members to facilitate critical consciousness. Participants are encouraged to take an action to promote positive social change. A reference is provided for material that was used in this intervention.

"I Am Me: Not Your Label" is based on the work of R. J. Watts et al. (2002) with the Young Warriors Program, which has been shown to be effective in promoting critical consciousness and resiliency among young African American men. The Young Warriors Program is a critical consciousness raising intervention that involves having participants, African American young men, critically analyze music videos and television shows within urban culture. The facilitators engage the participants in a discussion on thinking critically and analyzing messages around racism and sexism by proposing a set of questions similar to the ones used in "I Am Me, Not Your Label." Participants in the Young Warriors Program evidenced an increase in critical thinking as indicated by self-report (R. J. Watts et al., 2002).

Session 10: "Power of the Mind"

The session is introduced as a way to challenge negative messages about the self that have been portrayed by society. It is hoped that the session will help the group members analyze

what they tell themselves that is based on the negative messages society may portray. The facilitators help group members critically analyze the limiting messages society conveys regarding race, social class, and gender. Group members are asked to share why they joined the group and one goal they have for their future. The group facilitators discuss empowerment and self-efficacy and ask group members about messages from society they have received about what they can and cannot or should not do. Group members are asked to name skills they possess that are inconsistent with the negative messages they have received from society about what they cannot or should not do and then to write a list of their skills on a board that are incompatible with negative societal messages. Group members are asked to discuss how oppression from society may have affected them and to take note of negative self-statements, challenge them, and replace them with positive self-statements as homework. References are provided to facilitators for other similar activities upon which this intervention was based.

The "Power of the Mind" intervention is designed to increase self-efficacy among participants. A meta-analysis was conducted by D. L. Lee and Ahn (2012) focusing on Latinx populations regarding self-efficacy and other strengths. It was found that self-efficacy and other strengths were strongly and negatively associated with poor mental health outcomes. Greater self-efficacy and ethnic identity were associated with less traumatic stress due to experiencing racism and discrimination among Latinx populations (D. L. Lee & Ahn, 2012). In another study, increases in self-efficacy were found to be a protective factor when examined among elderly Latinx populations living in Chile (Herrera et al., 2016). In another study, it was suggested that resources, including increases in self-efficacy and positive ethnic identity, may be protective factors against racism-related stress among Latinx populations (Pascoe & Smart Richman, 2009). The media often portrays BIPOC in a negative way, which can lead to some individuals having

negative implicit biases against members of their own race. Addressing negative messages about one's one race portrayed in society and the media is recommended to improve well-being among BIPOC populations (Mastro, 2015; Opportunity Agenda, 2011).

Evaluation of the Intervention Program and Manual

Questionnaire responses from the seven evaluators were analyzed for common themes, relevant issues, suggestions, comments, and opinions to contribute to the evaluation and further development of the group curriculum and facilitator manual. The comments made were examined in relation to the relevant literature reviewed by the researcher to help determine what pertinent information was inadvertently omitted and what information included was perceived as useful and relevant. Strengths and weaknesses of the group curriculum manual in the responses were emphasized.

The researcher reviewed all of the feedback provided by the evaluators. The researcher created a table and categorized the feedback into positive, neutral, and negative feedback for each question. Positive feedback consisted of evaluators commenting on the strengths and benefits of the intervention/manual, neutral feedback consisted of suggestions or feedback that could not be categorized by the researcher as positive or negative, and negative feedback consisted of feedback that discussed the limitations and weaknesses of the intervention/manual and suggestions for improvement. The researcher grouped data that seemed to express a similar concept and then labeled them with a theme. The quantitative data that were scored on a Likert scale were analyzed in terms of frequency and the researcher created pie charts showing the number of evaluators who indicated each response on the Likert scales. All of the data were re-analyzed for themes not belonging to a specific question, but themes based on all of the questions. The rationale for re-analyzing the data for overall themes was that several similar

themes were presented throughout all of the questions that could not be identified when categorizing the data based on question number. The researcher created a separate section for unique data or data that were provided that were not expressed by any other evaluator. The researcher used these data to develop suggestions for improvement regarding the group intervention/manual. The researcher commented on these data by stating that one evaluator made a comment or suggestion.

Evaluator Responses

The first question on the evaluation questionnaire asked evaluators about their overall impressions of the group intervention and manual. One theme found in response to Question 1 was that the manual had a good structure and the manual/intervention was based on literature and existing interventions. One evaluator wrote, "The manual is well thought out with good structure and literature to substantiate the program and each session. It would be easy to follow and implement as a facilitator." Another evaluator wrote:

> The manual is clear and to the point—it could be used by different skill levels of facilitators. I liked the take aways in each section, because if a group facilitator who saw clients individually at a treatment center (as well as doing this group) they could then build individualized sessions from those take aways.

Another evaluator wrote:

> This manual puts the more nuanced and subtle aspects of group work in the foreground. The therapeutic interventions are solid and well-known. What makes this different is the focus on [the] presentation and audience. How the information is conveyed is given equal if not more attention than the material itself, which I think is very important. There is an emphasis on forming a relationship with the participant and creating a space to learn to explore. Most manuals assume this happens, but rarely make explicit all the steps necessary to ensure that it happens.

Another evaluator wrote, "I am hoping to try it [the manual] out at our clinic." However, two evaluators wondered how the manual/intervention would be received by the targeted populations.

One evaluator wrote, "It is very positive and there are some good practical skills. I wonder how it will be received by targeted populations."

The second question asked evaluators about their overall impressions of the structure of the group (e.g., size, group format, and length; see Figure 1). Five of the seven evaluators indicated their impressions were *Good* on a 4-point Likert scale ranging from *Excellent* to *Poor*. One evaluator indicated their impression was *Excellent* and one evaluator indicated their overall impression was *Fair*.

Figure 1

Evaluator Responses to Evaluation Question 2
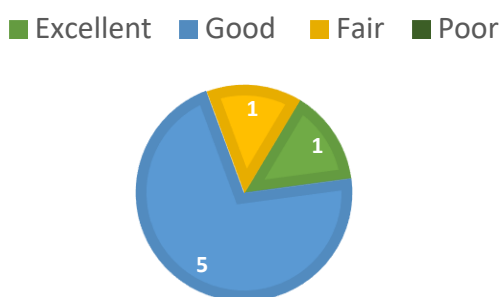
One theme found for Question 2 was that the format and structure of the group were good. One evaluator wrote, "90 minutes is a good amount of time and the groups are structed well with different components (didactic section and activity) to break up the group and encourage engagement." Another evaluator wrote, "This program could be adaptable to longer Intensive Outpatient Programs as well due to the solid formatting. I would limit [the group] to 12 members." Another theme was that the length of the sessions was too short to cover all of the material. One evaluator wrote, "The length of the sessions is a bit ambitious given the amount of content covered especially leaving room for discussion." There were also some suggestions for improvement regarding the format and structure. One evaluator wrote, "The more practical

skills-oriented sessions towards the end could be more appropriate at the beginning." One evaluator wrote, "I would (re: empowerment) have members design their own rules."

The third question asked whether the group intervention adequately addressed empowerment on a scale from *Extremely* to *Not at All*. Three evaluators indicated the group *Very* much addressed empowerment and three evaluators indicated the group intervention *Somewhat* addressed empowerment. One evaluator did not answer the Likert scale question.

Figure 2

Evaluator Responses to Evaluation Question 3
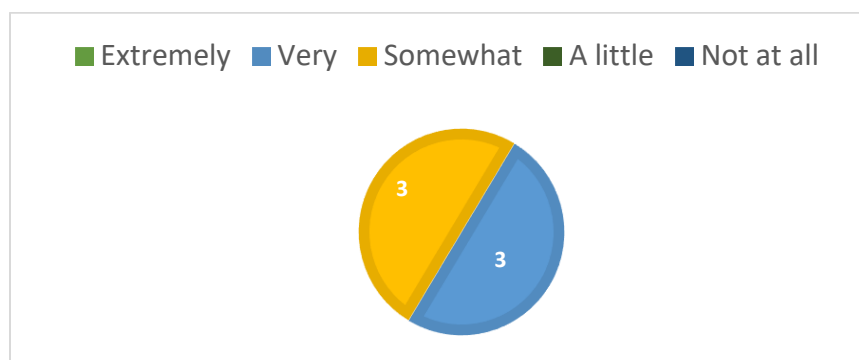
The theme found in Question 3 was that some of the group interventions were thought to address empowerment, but others were not. One evaluator wrote, "The interventions are helpful for clients to identify strengths and ways to empower themselves." Some evaluators were uncertain whether the targeted groups would feel empowered. One evaluator wrote, "Empowerment is the focus, but I am unsure of the reception among target groups." Another evaluator wrote:

> I would recommend having less agenda-focused content if you truly want to address empowerment. The intervention does not seem to inquire about the group members but actually makes quite a few assumptions about them based on research. Less rigidity and more flexibility is in order. I see the facilitator but not the group members.

Another evaluator wrote, "Concern with the first group being about gratitude—might be better after rapport is built—wouldn't want it to be patronizing/shaming."

The fourth question asked whether the group intervention adequately addressed well-being on a scale ranging from *Extremely* to *Not at All*. Four evaluators indicated the group intervention addressed well-being *Very Much*, two evaluators indicated the group intervention addressed well-being *Somewhat*, and one evaluator indicated it addressed well-being *Extremely Well*.

Figure 3

Evaluator Responses to Evaluation Question 4
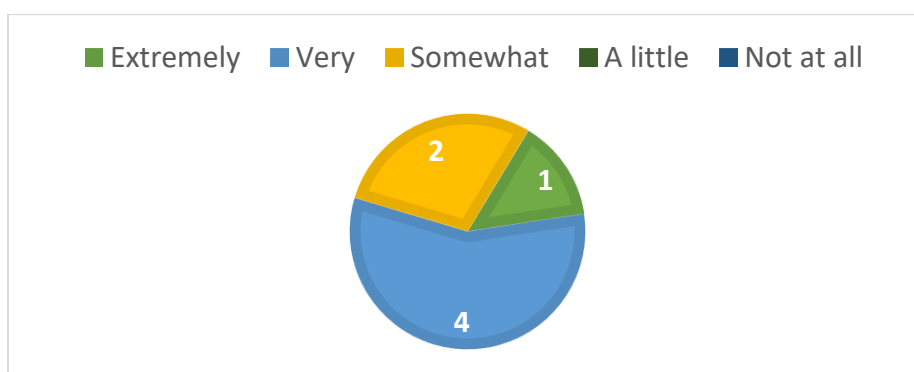
The theme found was that the focus was on improving well-being. One evaluator wrote, "The focus remains consistently on a positive sense of self throughout the 10 weeks. It keeps the topic on ways to improve the client's well-being through a variety of approaches." Another evaluator wrote, "I think it does this [improves well-being] however, I think it is too heavily focused on addressing well-being and loses sight of empowerment (heavy focus on researched interventions and not eliciting individual experience of the group)."

The fifth question asked whether the manual provided clear guidelines and tools for the facilitators. All evaluators indicated *Yes* on a Likert scale containing *Yes*, *Somewhat*, and *No*.

Figure 4

Evaluator Responses to Evaluation Question 5
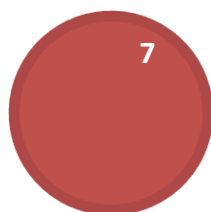
One theme found for Question 5 was that the group manual is easy to follow and the

interventions are easy to implement. One evaluator wrote:

> The group instructions are clear and specific. The topics are clearly defined, and the
> background details are cited if the facilitator wanted to review the research and
> background information. It is helpful that it provides talking points on the topic and sums
> up the take-away points for the group member and the facilitator in a succinct fashion. It
> would be easy to take the manual and implement the program (a few specific suggestions
> are listed at the end of this evaluation).

Another evaluator wrote, "Very easy to follow. Good for first-time facilitators."

The sixth question asked whether evaluators thought the group was appropriate to use

with marginalized groups on a Likert scale ranging from *Not at All* to *Extremely*. Five evaluators

indicated *Somewhat* and two evaluators indicated it was *Very* appropriate for use with

marginalized groups.

Figure 5

Evaluator Responses to Evaluation Question 6
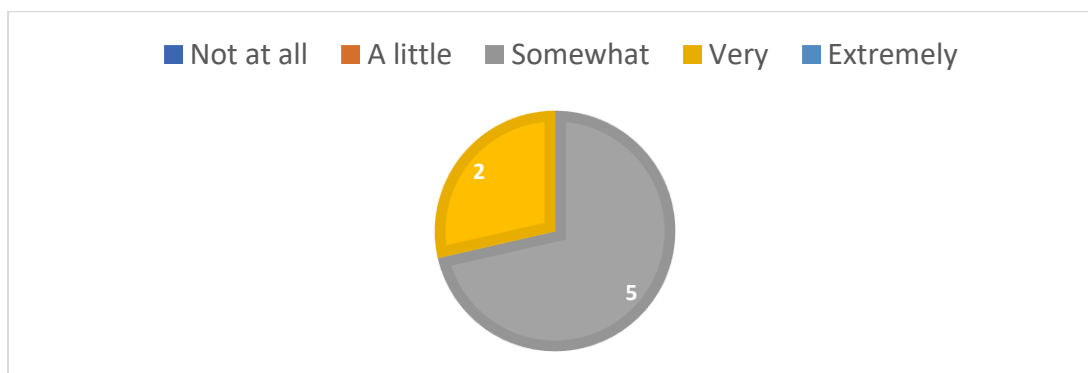
The theme found for Question 6 was that evaluators had concerns about whether the

manual/intervention would be relevant for some marginalized groups. One evaluator wrote, "I

have some concerns regarding the accessibility of the language used with some of the identified

groups." Another evaluator wrote:

> Most of the topics are appropriate and relevant. There are a few sections that become too
> esoteric for an individual that is struggling to meet basic needs (such as food, housing,
> etc.) or from a marginalized community so the group members may not be able to relate
> at those times. For example, in Session 9, I think the focus on social justice gets a bit off
> track for this population. Maybe it is the language that is used as concepts of addressing
> oppression and empowering oneself through self-awareness and assertiveness is good,
> but when you have someone that is homeless or a migrant farmworker they are focused
> more on basic needs of safety, food, housing, etc. it might be helpful to modify this
> session, so it is more relevant to their life circumstances. Focusing more on stereotypes,
> racism, and stigma would be more empowering than a focus on critical consciousness.

Another evaluator wrote:

> It would be good for groups that are relatively homogeneous, or at least the participants
> who are from similar backgrounds. Marginalized is a very large group and there are
> complicated dynamics among those people. Marginalized by society does not make them
> or their problems similar. I do not think it adequately addresses the gender/sexual
> minority issues.

The seventh question asked whether evaluators thought the format and structure appeared

logical. All seven evaluators indicated *Yes* on a Likert scale including *Yes*, *Somewhat*, and *No*.

Figure 6

Evaluator Responses to Evaluation Question 7
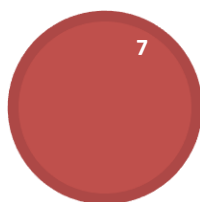
The theme for Question 7 was that all evaluators thought the format and structure appeared

logical. One evaluator wrote, "It is well organized and logical in its progression and topic

development." Another evaluator wrote, "Sessions build in intensity and made sense with

addressed skills." One evaluator suggested making minor changes:

> In Session 4 the concept of mindfulness is introduced but it seems to be put there in an arbitrary fashion, and I don't think mindfulness is necessary directly related to the concept of strengths and empowering oneself. Mindfulness is covered in a later session and that is better because it needs more than just throwing in a couple of comments into another topic. The session on mindfulness is more effective as it is focusing on that concept and not as a side note to another important topic.

The eighth question asked how effective evaluators thought the intervention/manual

would be at improving well-being. Four of the seven evaluators responded *Somewhat Effective* at

improving well-being and three evaluators responded *Very Effective* on a Likert scale ranging

from *Very Effective* to *Not Effective at All*.

Figure 7

Evaluator Responses to Evaluation Question 8

■ Very effective　　■ Somewhat effective　　■ A little effective
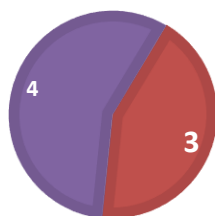
The theme found for Question 8 was that some evaluators were not sure whether certain

marginalized groups would find the interventions beneficial as they may not be relevant to them.

One evaluator wrote, "Some of the language used and topics discussed should be restated in a

way that is more relevant to a marginalized population."

The ninth question asked what general suggestions evaluators had for improving the

intervention. One theme found was that the participants should be more involved in the process

of developing the manual/intervention and participating in the group. One evaluator wrote:

> Re-evaluate each topic from the perspective of clients (i.e. a group facilitator telling me I
> should be grateful for what I have, etc.). instead of having [the] facilitator start with the
> intervention, maybe have it as a backup and open each group by checking in with the
> Clients about what is present for them and conducting the group topic around that
> (empowerment).

Another evaluator wrote:

> More education about the intervention and the psychological underpinnings for
> participants. Why are these things useful or important? It is in there, but I think there
> could be more. Also, the manual seems to mostly focus on oppression as an exterior force
> from privileged society. There is still a lot of intra-group oppression and internalized
> stigma (i.e. shadism). The importance/influence of intersectionality is conspicuously
> absent.

Another evaluator wrote, "More emphasis on following up on application of skills built from

previous sessions-maybe at the beginning of each group to help evaluate effectiveness for

participants." Another evaluator wrote:

> In general, with the drawing and art interventions you should be careful if one is not a trained and certified art therapist. Not all [participants] are comfortable with drawing something and it would be helpful to offer an alternative such as a collage, picture or words cut out of a magazine.

One evaluator wrote, "A shade too didactic. Thinking of ways to make them [interventions] more playful fun. Maybe sending a page for each member around and having each person write a specific compliment for each." Another evaluator wrote, "Consider concrete, practical skills for each session."

The 10th question asked what general suggestions evaluators had for improving the manual. The theme found was that the language used in the manual may not be understood by all of the participants. Two evaluators suggested having client handouts and homework handouts to help them stay on topic and to get them more engaged by practicing their skills between sessions.

The 11th question asked evaluators to provide any other feedback or suggestions they believed would help improve the intervention or manual. The theme was that the facilitator should find ways to get participants more engaged in the process of reviewing the manual and engaging in the sessions. One evaluator wrote, "I think it makes sense to have folks who will be from the target population reviewing the materials. They can give you feedback as a community member." Three evaluators felt the manual may be too didactic and not allow the participants enough space to provide their feedback. One evaluator wrote, "Feels like there needs to be a wrap up session, or at least follow up—this could be accomplished by extending the program to 12 sessions." Two evaluators did not provide feedback for this question. One evaluator wrote, "I think it's great."

Suggested Changes

The evaluators suggested making following modifications to the *Empowering Interventions for Marginalized Populations* group intervention manual in the following areas.

Session 1: "Count Your Blessings"

- Move this activity to a later session.

- Provide more detail about the intervention, such as discuss how the poster boards will be set up, their size, and whether group members write different blessings on several boards or just one.

- Do not tell or imply that participants should be grateful for what they have but consider another topic.

Session 2: "What Matters Most: My Core Power"

- Include an empowering activity the members can participate in together (e.g., volunteering).

Session 3: "The Power of My Imagination"

- Offer alternatives to drawing such as the opportunity to create a collage.

- Be careful with using art therapy if one is not a certified art therapist.

Session 4: "Using My Strengths"

- Leave out the discussion on mindfulness as it does not relate to the main topic of the discussion, character strengths and virtues. Mindfulness is better as a standalone topic such as in the later sessions.

Session 5: "Sharing Wisdom"

- Facilitate a discussion in which group members can discuss other group members' strengths.

Session 6: "Mindful Breathing"

- Make it more relevant and applicable to the group members' daily lives.

Session 9: "I Am Me, Not Your Label"

- Change the focus from critical consciousness to stereotypes, racism, and stigma.

- Have more suggestions about specific videos or movies to use for group facilitators.

Changes suggested to the program overall:

- Use language that is less psychological and easier to understand and more relevant to the populations being served.

- Consider changing the order of the sessions, with the sessions that teach concrete skills being in the beginning of the program.

- Use more handouts and worksheets.

  - Consider having homework exercises built into the interventions

- Have the facilitators be more flexible.

- Have the clients be more involved.

  - Follow the client's lead

  - Allow group members generate their own topics for discussion

  - Allow group members to design their own rules

  - Trim the content so group members will have more opportunities to participate

  - Consider making the sessions longer so group members will be able to participate more often

- Have members of the target populations involved in reviewing the material for the interventions.

  - Consider using focus groups to obtain feedback about the program from participants themselves

- Place more of an emphasis on empowerment and less of an emphasis on well-being.

- o Have group members participate in an empowering activity together, for example registering to vote

- o Place less of an emphasis on agenda focused content to empower group members

- o Ask more questions to the group members instead of making assumptions about them

- Taylor the interventions to the specific populations being served.

- Discuss gender/sexual minority issues.

- Make the interventions less didactic and more fun.

- Provide more education on why the interventions are useful and important to the participants.

- Discuss intra-group oppression and internalized stigma (i.e., shadism).

- Consider the influence of intersectionality.

- Offer incentives for participation in the groups.

Chapter 4: Discussion

Overview

This dissertation was intended to be an initial step in the development of an evidence-informed intervention aimed at improving empowerment and well-being among marginalized populations through the use of interventions grounded in positive psychology, strength-based psychology, critical consciousness and mindfulness. Specifically, the researcher did the following:

- Conducted a comprehensive review the literature on interventions with marginalized populations to inform the development of the group intervention.

- Developed the group intervention manual using data from the literature review.

- Conducted a preliminary evaluation of the group intervention manual with a panel of providers experienced in service delivery to marginalized populations.

- Made recommendations for the next steps in the development of the group intervention and manual.

Results in the Context of Existing Literature

The group intervention is based on current literature on using strengths-based empowering interventions while integrating concepts from mindfulness and critical consciousness. A review of the literature demonstrated strengths-based approaches may be particularly relevant for marginalized populations (A. L. Brown et al., 2010; Christian et al., 2012; Nikelly, 2001; Schmitt et al., 2014; Varkey et al., 2010; Wesely, 2009; Worell & Goodheart, 2006). In a meta-analysis of studies that used interventions based in positive psychology, results demonstrated positive psychology interventions can be effective in

improving subjective well-being and psychological well-being, as well as in helping to reduce depressive symptoms (Bolier et al., 2013).

Strengths of the Group Intervention and Manual

The evaluators in this study reviewed the manual and provided their comments. Five evaluators thought the intervention would be helpful for improving well-being. All evaluators thought the format and structure of the group intervention/manual appeared logical. They wrote that the manual was well thought out, the topics were clearly defined, the group instructions were clear and specific, and the manual was clear and to the point. Two evaluators indicated it would be easy to follow and implement the program as a facilitator. Two evaluators thought 90 minutes was a good amount of time for the groups. One evaluator wrote that the groups were structured well with different components (didactic section and activity) to break up the group and encourage engagement. Three evaluators wrote that they liked the "take aways" in each section and thought it was helpful that the manual included talking points on the topics. Two evaluators wrote that the sessions were based on a lot of research and it was helpful that the interventions provided references for studies upon which the interventions were based. Most of the topics seemed appropriate and relevant to the evaluators.

Identified Weakness and Implications for Modification

The next revision of the program could benefit from focusing on empowerment in all of the interventions. Though empowerment was intended to be the focus of this project, it was unclear whether all of the interventions would facilitate empowerment. Empowerment should be incorporated and integrated throughout the program more explicitly.

The next revision of the program might benefit from including more explicit attention to the ways in which participants can engage in collective action to promote empowerment, instead

of focusing on empowerment as occurring on an individual level. The importance of promoting collective action in facilitating empowerment was emphasized in a study by East and Roll (2015) on empowerment. In order to optimize empowerment, participants should be given opportunities to engage in community activities. In a study by Thomas et al. (2008) an empowerment group was conducted with African American adolescent teenage girls. It was found that engaging in a group activity such as visiting an African American history museum and engaging in a discussion on racism, civil rights, and resiliency were empowering (Thomas et al., 2008). Therefore, this researcher would consider incorporating collective group activities to promote empowerment. The next revision of the program could include more ways to help participants learn concrete, practical skills for each session to promote psychological empowerment, as these types of skills have been suggested as helping to promote psychological empowerment (Fourie, 2009; Zimmerman, 1995).

One evaluator in this study thought mindfulness may not be relevant for some marginalized groups; however, this researcher disagrees based on the existing literature. There are studies showing mindfulness is effective with marginalized groups, including BIPOC youth (Gregoski et al., 2011, Liehr & Diaz, 2010; Mendelson et al., 2010), African American women (Szanton et al., 2011), and African American and Latina women (Amaro et al., 2014; Vellejo & Amaro, 2009). However, this researcher would make modifications to the mindfulness interventions to make them more culturally relevant. Woods-Giscombé and Gaylord (2014) conducted a research study in which they interviewed African American participants regarding what modifications they would recommend for making mindfulness more applicable to African Americans. Participants recommended discussing and emphasizing the health benefits of mindfulness, connecting mindfulness practice to religious or spiritual practices, and connecting

mindfulness to everyday activities. In another study conducted by Linder et al. (2020) it was suggested that adaptations be made to mindfulness interventions to make them more relevant to Latinx populations, such as by incorporating collectivist values, spirituality, and religion.

Therefore, in order to continue to deliver mindfulness interventions in ways more applicable to the population being served (e.g., women experiencing homelessness, BIPOC), the next revision will emphasize how mindfulness can be used to improve physical health and highlight mindfulness in the context of religious or spiritual practices. Attention to group composition with respect to race and ethnicity will be included in the manual so potential facilitators will consider the potential preference of BIPOC women to be in a group with other BIPOC women.

The next revision could benefit by paying attention to the language used and eliminating jargon so the intervention is experienced as more relevant and is better understood by the target population. Adapting the program led to improvements in well-being and increased the reception among participants in studies by Amaro et al. (2014) and Vallejo and Amaro (2009). Therefore, this researcher would eliminate psychological jargon from the interventions and simplify the language to make it more understandable, applicable, and relevant for marginalized groups. Further, in Gelman's (2004) study on culturally competent practice with Latinx populations, the importance of using shared language was discussed. It was recommended that when working with Latinx populations, the providers use language that is shared and understandable, as language is a barrier for many members of Latinx cultures because of their varying levels of education and acculturation.

One evaluator's comment that "marginalized" is a very large group has several implications for potential modification in the next revision. There are complicated dynamics and

much diversity among people who are marginalized. After consideration, it became clear that more attention needs to be given to the diversity of group members with respect to race, ethnicity, sexual orientation, and gender identity. Overall, evaluator feedback brought to the researcher's attention more clearly that the manual and interventions did not pay enough attention to intersectionality. It is important to recognize the amount of stress that may come with having multiple marginalized identities (e.g., being an ethnic minority, of low SES, and female). Research shows intersectional oppression can include experiencing racism, sexism, heterosexism, ableism, ageism, classism, religious intolerance, transphobia, or xenophobia simultaneously (Crenshaw, 2005). Persons with multiple marginalized identities are more likely to experience several forms of oppression, are at an increased risk for the development of PTSD, and are less likely to have access to evidence-based treatments (Bryant-Davis, 2019). L. S. Brown (2008) suggested trauma recovery must be individually tailored to address the person's multiple marginalized identities on the basis of race, ethnicity, social class, sexual orientation, migration history, disability, and religion/spirituality. One evaluator specifically noted the group manual/intervention did not address gender/sexual minority issues, which needs more explicit attention in the next revision. Research on empowerment has shown clinicians must attend to the discrimination clients may experience related to their sexual orientation and the possibility of internalized discrimination negatively affecting their sense of self (Dworkin et al., 2018). Literature also supports the importance of highlighting ways in which members of sexual minority communities can obtain social support and affirmation (Gray & Rose, 2012).

Evaluators also shared comments related to the need to give increased attention to discrimination and oppression, including intragroup oppression. Research demonstrates rejection from one's in-group may be especially pertinent for Latinx populations because they are a

heterogeneous group of individuals who vary by language spoken, immigration status, ethnicity, and cultural adaptation (Mata-Greve & Torres, 2019). Research demonstrates that intragroup oppression can lead to rejection and intragroup separation (Castillo et al., 2007). It is also important to consider that though all members of marginalized group are discriminated against, members of some marginalized groups may be more likely to encounter discrimination because their membership in marginalized groups is visible to others (e.g., based on skin color, language, etc.). These features might contribute to differences in how group members react to traumatic events and discrimination (Matheson et al., 2019). McVittie et al. (2008) conducted a study with marginalized groups and discussed that when membership in a marginalized group is not visible to others, members may downplay or limit their association with the marginalized group to limit their exposure to stigma (e.g., where homophobia is present). Future revisions of the intervention will focus more attention on a range of issues related to oppression and discrimination.

Social support has been shown to improve well-being among those who belong to multiple marginalized groups (Crabtree et al., 2010). Strengthening the ways through which group members can provide mutual support will be important to consider in the next revision. For example, making group sessions less didactic and allowing more opportunities for participants to discuss their personal experiences could increase the provision of social support.

Two evaluators suggested gratitude interventions may feel patronizing to marginalized groups. Research on gratitude shows that in some cultures, especially collectivist cultures, fostering gratitude may create feelings of indebtedness or guilt resulting from taking and may lower self-esteem (Titova et al., 2017). In another study, researchers criticized positive psychology for overemphasizing positive emotions, including well-being, happiness, and gratitude, while neglecting negative emotions such as anger, which can be helpful in promoting

well-being (Lomas & Ivtzan, 2016). For example, anger can motivate someone to promote social change. Also, Westernized nations tend to value individual pleasure and happiness more than other nations that may put a higher value on meaning and community (Lomas & Ivtzan, 2016). Therefore, the next revision of the intervention will not start in Session 1 with a focus on gratitude and consider ways that attention to gratitude could be presented in a more culturally sensitive manner. For example, it may be more consistent within collectivist cultures to experience gratitude through encouraging participation in community action projects where emphasis is on enhancing communal resources rather than focusing on individual well-being.

The next revision may benefit from focusing less on a positive psychology perspective and focusing more on a psychoecocultural perspective. Positive psychology has received little research focus with regard to applying it within a multicultural psychology framework (Harrell, 2014). The psychoecocultural perspective views human experience as behaviors that occur within psychobiological, ecosystemic, and multicultural interactions (Harrell et al., 2013). The psychoecocultural perspective best fits within the realm of multicultural and community psychology because the focus is on human diversity, social justice, and contextual factors (Harrell, 2014). The focus should be more on engaging in collective actions to promote social justice.

A central take away from the evaluators' feedback is the need to pay more attention to both researcher and facilitator bias. Green and Stiers (2002), in their comments on empowerment groups, suggested group facilitators need to become aware of their own biases, such as heterosexist biases. This has implications for training facilitators and potentially including information and resources in the manual on how facilitators can become aware of their own biases.

Limitations and Recommendations for Future Directions

Several limitations to this study were identified. The group intervention manual was developed based on information from empirical literature and a questionnaire sent to mental health service providers working with marginalized groups; however, input from other sources may be useful. The program was modeled based on parts of existing treatment manuals and literature; however, it is not based on other treatment programs in their entirety. It is possible that other programs or relevant research exist but were not identified or able to be accessed by the researcher. The feedback given by the mental health service providers was subjective and not representative of mental health providers more generally.

There was researcher bias in the study based on the researcher's social location as White, educated, and middle SES. Although this researcher had a dissertation chairperson who was BIPOC and female, this researcher also could have obtained input from members of the groups targeted in this intervention, such as members of the BIPOC communities, the LGBTQ+ community, and homeless populations. The researcher's biases were also influenced by training experiences and theoretical leanings within psychology, including positive psychology and mindfulness as prominent influences. Some of the researcher's assumptions are described below.

It was assumed that techniques based on the integration of positive psychology, strength-based interventions, mindfulness, critical consciousness, and empowerment would be effective in facilitating well-being. All intervention activities were presumed to be equally effective in facilitating well-being. It was assumed that the combination of intervention activities constituted a comprehensive treatment and contributed to the overall effectiveness of the program. If the proposed interventions are implemented and facilitated by qualified professionals, it is assumed the program will be effective. It was believed qualified professionals will be able to effectively

implement and adhere to the material in the intervention manual. Obtaining feedback from mental health service provides working with marginalized populations was presumed to contribute to the development of the program and was seen as an effective way to minimize investigator bias.

The majority of the mental health professionals who participated in this study expressed an interest in participating during the beginning of the global COVID-19 pandemic. It is unknown how the global pandemic and economic hardships associated with the pandemic affected the evaluators in this study. The global pandemic was a unique occurrence that may limit the generalizability of the results of this study.

Conclusion and Potential Contributions of this Study

With respect to potential contributions, it is expected this dissertation project will aid in the development of a manualized program that is practical, useful, effective, time-limited, and cost-effective. It may fit the need for brief structured group treatment for marginalized groups, including homeless populations, BIPOC, and women. It has been found that manuals are more effective in helping new therapists learn treatment approaches in a systematic manner rather than relying solely on supervision (Wilson, 1996). This preliminary manual divides the material into sections with specific material intended for use in each session. It has been suggested that programs employing step-by-step lesson plans are more helpful when time is limited (Sussman, 2001).

The preliminary manual includes intervention activities based on the integration of the literature on positive psychology, mindfulness, critical consciousness, and group work. It is intended to address the unique emotional and psychological needs of homeless populations,

BIPOC, and women. The program and manual have the potential to contribute to interventions that aid in facilitating empowerment and well-being among marginalized groups.

It is expected the group will provide members with a structured and confidential space in which they can learn techniques that are expected to improve their emotional well-being. They can gain access to social support from other group members. It is expected that the group will provide group members with an outlet to discuss and process stressful experiences. Once group members learn the techniques taught in the group, they can use the techniques outside of session to facilitate their emotional well-being.

This project recognizes the unique needs of homeless populations, particularly women and BIPOC, including their increased likelihood of having experienced sexual, emotional, and physical abuse and stigmatization and discrimination related to being homeless. It meets the needs of BIPOC by acknowledging and addressing the discrimination and stigmatization they may have experienced and their effects on well-being. It acknowledges the stressors women may face, including unequal wages, sexism, violence against women, and devaluation. Cultural factors, including issues unique to homeless populations, BIPOC, and women, were taken into consideration in developing the interventions. The manual is based on research into the needs of the homeless population, women's needs, BIPOC mental health, discrimination, racism, empowerment, and critical consciousness. The involvement of mental health service providers who work with marginalized groups in the initial evaluation helped inform directions for future revision and modification. It is hoped this dissertation project will lead to the further development of a program that uses strengths-based interventions to facilitate empowerment and well-being among a particular marginalized population, women experiencing homelessness.

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APPENDIX A

IRB Approval Letter

PEPPERDINE

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: October 30, 2018

Protocol Investigator Name: Kristin Brewer

Protocol #: 18-02-726

Project Title: Empowering Interventions for Marginalized Populations: A Resource Manual

School: Graduate School of Education and Psychology

Dear Brewer:

Thank you for submitting your amended expedited application to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today October 30, 2018, and expires on April 17, 2019.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. You can only use copies of the consent that have been stamped with the IRB expiration date to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond April 17, 2019, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

PEPPERDINE

Sincerely,

Judy Ho, IRB Chairperson

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives

Mr. Brett Leach, Regulatory Affairs Specialist

APPENDIX B

Telephone Script for Agency Contact Person

Hello. My name is Kristin Goradietsky. I am a doctoral student in clinical psychology at Pepperdine University, Graduate School of Education and Psychology, working under the supervision of Shelly Harrell, Ph.D. For my dissertation, I am developing a group intervention for marginalized populations to facilitate empowerment and well-being. I am seeking licensed mental health service providers who have the therapeutic skill or knowledge and experience working with marginalized populations to evaluate the facilitator manual for the group. I am hoping to coordinate a way to inform therapists at your agency about the study to see if they might be interested reviewing the facilitator manual. I am providing a $75 gift certificate to the evaluators. Would it be possible for me to send you flyers to distribute to therapists at your agency? Or possibly bring flyers to be placed in a work room where therapists could find out about the opportunity?

If they say yes, then I say, "Thank you so much for your assistance. What would be the best way to arrange for therapists at your agency to find out about the project?"

If they say no, then I say, "Thank you for your time and consideration."

APPENDIX C

Study Description

Hello. My name is Kristin Goradietsky. I am a doctoral student in clinical psychology at Pepperdine University, Graduate School of Education and Psychology, working under the supervision of Shelly Harrell, Ph.D. For my dissertation, I am developing a group intervention for marginalized populations to facilitate empowerment and well-being. I am emailing you to find out if you know anyone would be willing to participate in an evaluation of the group by reviewing the facilitator manual and completing a questionnaire to evaluate the intervention. It is expected that the review and evaluation process will take approximately two hours. Participation is completely voluntary. No identifying information will be associated with the participant's evaluation responses. Each evaluator will receive a $75 gift certificate to Amazon in appreciation of their time and expertise. I can send you further details if you think you know someone who may be interested in participating. If you know anyone who may be interested in participating in this study, I would greatly appreciate you forwarding them this email or facilitating contact by inviting them to contact me at kbrewer@pepperdine.edu.

If they email me stating they know someone who is interested in participating then I will send them another email stating "Thank you so much for assistance, it is greatly appreciated." *I then will confirm my contact information for them to pass on to the potential participant.*

If they say no, then I will send an email stating "Thank you for your time and consideration."

APPENDIX D

Flyer

DO YOU PROVIDE MENTAL HEALTH SERVICES TO CULTURALLY DIVERSE OR

MARGINALIZED POPULATIONS?

WOULD YOU BE WILLING TO REVIEW A GROUP INTERVENTION MANUAL FOR A

STRENGTHS-BASED GROUP TO FACILITATE EMPOWERMENT AND WELL-BEING?

My name is Kristin Goradietsky and I am conducting a research study to inform the development of a strengths-based group intervention manual for culturally diverse marginalized populations. I am a doctoral student in clinical psychology at Pepperdine University, Graduate School of Education and Psychology, working under the supervision of Shelly Harrell, Ph.D.

If you have at least two years of experience providing psychotherapy to marginalized populations and you are licensed mental health professional including a psychologist, marriage and family therapist, clinical social worker or professional clinical counselor and you have at least two years of experienced working with marginalized populations, you are eligible to participate in this study.

You will be asked to review a facilitator manual and complete a questionnaire to evaluate a group intervention intended to facilitate empowerment and well-being of marginalized populations. No identifying information will be associated with your responses. The questionnaire includes items to obtain your feedback regarding the proposed intervention manual. The feedback that evaluators provide will be analyzed for common themes which may aid in the future development of the group intervention and manual.

Participation in this study is completely voluntary. You will receive a $75 gift card to Amazon for your time and expertise.

If you are interested in participating in this study, I can be reached by email at KBrewer@pepperdine.edu or at 716-536-4657. If you have further questions you may contact my dissertation chairperson, Dr. Shelly Harrell at 310-258-2844.

APPENDIX E

Informed Consent to be Contacted

I give Kristin Goradietsky, a doctoral student at Pepperdine University Graduate School of Education and Psychology, permission to contact me solely for the purposes relevant to this research project, Development of a strengths-based group intervention for marginalized populations: empowerment, mindfulness and critical consciousness. My contact information will not be shared with any other party. After the research project is concluded my contact information will be disposed of in the proper manner to ensure confidentiality of my contact information.

_____

Participant's Name (please print)

_____   _____

Participant's Signature   Date

APPENDIX F

Informed Consent to Participate in Research Activities

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

Empowering Interventions for Marginalized Populations: A Resource Manual

You are invited to participate in a research study conducted by Kristin Goradietsky, M.A. and Shelly Harrell, Ph.D at Pepperdine University, because you are a licensed mental health professional, a psychologist, marriage and family therapist or a professional clinical counselor with at least two years of experience providing therapy to marginalized groups. Your participation is voluntary. You should read the information below and ask questions about anything that you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. If you decide to participate, you will be asked to sign this form. You will also be given a copy of this form for you records.

PURPOSE OF THE STUDY

The purpose of this project is to provide a framework, information and tools for clinicians to utilize in a group intervention with marginalized populations. The researcher created a group intervention manual intended for use by mental health professionals providing group therapy to marginalized populations. The content for the manual was based on a review of empirical literature on strength-based and empowering interventions for marginalized populations. The focus is on empowerment because it has been demonstrated in the literature that marginalized populations may face devaluing experiences which can lead to feelings of dis-empowerment. It is hoped that future studies will be conducted to further evaluate the clinical utility and effectiveness of the group interventions.

STUDY PROCEDURES

If you volunteer to participate in this study, you will be asked to read a group intervention

manual containing ten interventions. You will be asked to provide feedback about the interventions which will take approximately 2 hours of your time. After reading the manual, you will be asked to answer nine questions regarding the perceived effectiveness, usefulness and appropriateness of the manual for marginalized groups. After you return the questionnaire then you will receive a $75 gift card to Amazon.

POTENTIAL RISKS AND DISCOMFORTS

The potential and foreseeable risks associated with participation in this study include boredom and fatigue that may occur while reading the manual and filling out the questionnaire.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

While there are no direct benefits to the study participants, there are several anticipated benefits to society which include the development of a group intervention manual for marginalized groups. The interventions are designed to improve well-being among marginalized groups. The interventions may add to existing literature on interventions for marginalized groups. The feedback that you provide can help in the creation of an improved manual for future use.

PAYMENT/COMPENSATION FOR PARTICIPATION

You will receive $75 gift card to Amazon for your time. You do not have to answer all of the questions in order to receive the card. The card will be given to you when you return the questionnaire.

CONFIDENTIALITY

The researcher will keep your records for this study confidential as far as Pepperdine's University's

Human Subjects Protection Program (HSPP) may access the data permitted by law collected.

The HSPP occasionally reviews and monitors research studies to protect the rights and welfare of

research subjects. Any identifiable information collected in this study will remain confidential.
Any identifiable information will be de-identified and your responses will be coded with a
number. You deidentified feedback may be published or presented at professional conferences in
order to assist with the development of future manuals and research. Your data will be stored in
a locked file cabinet for 5 years and then destroyed.

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary. You may withdraw your consent at any time and discontinue
participation without penalty.

ALTERNATIVES TO FULL PARTICIPATION

The alternative to participation in the study is not participating or completing only the items
which you feel comfortable.

INVESTIGATOR'S CONTACT INFORMATION

The investigator is willing to answer any inquiries you may have concerning the
research herein described. You may contact Dr. Shelly Harrell, the principal
investigator's dissertation chairperson, via email at shelly.harrell@pepperdine.edu if
you have any other questions or concerns about this research.

RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION

If you have any questions, concerns, or complaints about your rights as a research
participant or about research in general, please contact Dr. Judy Ho, Chairperson of the
Graduate & Professional Schools Institutional Review Board at Pepperdine University,
6100 Center Drive, Suite 500, Los Angeles, CA 90045, 310-568-5753, or
gpsirb@pepperdine.edu.

SIGNATURE OF RESEARCH PARTICIPANT

I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction and I agree to participate in this study. I have been given a copy of this form.

_____

Name of Participant

_____   _____

Signature of Participant   Date

SIGNATURE OF INVESTIGATOR

I have explained the research to the participants and answered all of his/her questions. In my judgment the participants are knowingly, willingly and intelligently agreeing to participate in this study. They have the legal capacity to give informed consent to participate in this research study and all of the various components. They also have been informed participation is voluntarily and that they may discontinue their participation in the study at any time, for any reason.

_____

Name of Person Obtaining Consent

_____   _____

Signature of Person Obtaining Consent   Date

APPENDIX G

Evaluation Questionnaire

1. After reading the manual, what are your overall impressions of the group intervention and manual?

2. What is your overall evaluation of the structure of the group (e.g., size, group format, length of sessions, etc.)?

Excellent   Good   Fair   Poor

Comments or Suggestions:

3. Does the group intervention adequately address empowerment?

Not at all   A little   Somewhat   Very   Extremely

Comments or Suggestions:

4. Does the group intervention adequately address well-being?

Not at all   A little   Somewhat   Very   Extremely

Comments or Suggestions:

5. Does the group manual provide clear guidelines and tools for facilitators planning to use it?

Yes   Somewhat   No

Comments or Suggestions:

6. Do you think the group is appropriate for use with marginalized groups?

Not at all   A little   Somewhat   Very   Extremely

Comments or Suggestions:

7. Does the format and structure appear logical?   Yes   Somewhat   No

Comments or Suggestions:

8. How effective do you believe the group will be for improving the well-being of participants?

0=not effective at all   1=a little effective   2=somewhat effective   3=very effective

4=extremely effective

Comments or Suggestions:

9. What general suggestions do you have for improving the <u>intervention</u>?

10. What general suggestions do you have for improving the <u>manual</u>?

11. Please provide any other feedback or suggestions that you believe will help to improve

the intervention and/or manual?

APPENDIX H

Intervention Manual

A STRENGTHS-BASED GROUP INTERVENTION FOR MARGINALIZED POPULATIONS: EMPOWERMENT, CRITICAL CONSCIOUSNESS AND MINDFULNESS

A Group Intervention Manual for Mental Health Professionals

Compiled and edited by; Kristin Goradietsky, M.A. and Dr. Shelly Harrell

Table of Contents

Overview of Resource Manual

The purpose of this manual is to provide mental health service providers with:

A framework, information, and tools to promote psychological well-being and empowerment among group members.

The flexibility to adapt interventions so they are relevant for the population served.

Guidance in conducting the group; however, the content and process of the group will vary based on the composition of the group, the facilitators and the unique aspects of each group.

Interventions which are a combination of didactics and experiential components.

The rationale for a group for marginalized populations based in:

Empowerment-Provides the framework for the group and is the core organizing principle

Positive psychology

Mindfulness

Critical consciousness

The goal of the group is to promote:

Empowerment

Well-being

Positive social relationships among group members

Marginalized populations have been defined as:

Persons who are "peripheralized on the basis of their identities, characteristics, group memberships, experiences and environments" (1)

There is a need for interventions that are created to address the specific needs of marginalized populations including impoverished populations, ethnic minorities, and women because

Marginalized populations have often been denied access to effective therapeutic interventions and services (2).

Many psychological interventions do not incorporate diversity including race, culture,

1

socioeconomic status, and gender (3).

The interventions are designed to meet the unique needs of marginalized groups which may include homeless, low-income populations, ethnic minorities, and women

Tips for working with homeless populations

Note: These tips are based on my experience facilitating and co-facilitating groups with marginalized populations at three different locations, a homeless shelter serving women and children, a community mental health center serving men and women who are homeless and a treatment facility for addiction.

Groups can promote access to social support given homeless persons often have limited access to social supports and resources (117).

Homeless populations, especially females are at an increased risk of victimization and may have increased levels of emotional distress (118).

Homeless populations face an increased risk of victimization, mental illness, and substance abuse issues (119).

Dignity may be compromised among some homeless populations due to the social stigma of homelessness and the degrading and dehumanizing situations homeless individuals often face (120).

Tips for working with low-income populations

Low-income groups are more likely to drop out early from therapy groups, which may be due to barriers such as childcare, transportation and work schedules (121).

The risk of common mental disorders such as posttraumatic stress disorder (122) and depression (123) is higher among low-income groups which may be due to the stressors that they experience.

Racial and ethnic minorities are overrepresented among the impoverished which is often due to racism and discrimination they experience in the job market (124).

Tips for working with ethnic minorities

Rates of verbal participation may be lower among members of multicultural groups which can be related to group composition and intergroup dynamics, the degree of cultural competence of the facilitator, and appropriate cultural fit of the group (125).

When English is a second language the facilitators should ensure that members understand what

2

is being said and they feel comfortable contributing to the group discussion (126).

Individualism, competitiveness, and achievement are more valued among individualistic cultures rather than humility, cooperation and modesty, which are more prevalent among non-Western cultures (127).

Group members may bring ethnic, cultural or stereotypes to the group which may impair its functioning. Facilitators should seek to help group members understand and identify the values of the community and culture (128).

Minorities tend to seek mental health services less often and only when their problems are severe, and they tend to leave therapy prematurely which may be due to experiences or concerns related to prejudice and discrimination (129).

Minorities may not seek mental health services because they fear that they may experience prejudice and discrimination (129).

Tips for working with women

Violence against women by their partner either physical or sexual is prevalent. This type of abuse associated with serious physical and mental health problems including depression (130), suicide (131), bodily injury (132) and homicide (133).

Women who suffered from sexual abuse may have higher rates of group attrition and dropout rates (134).

Affect dysregulation is prevalent among women who have experienced abuse. Affect dysregulation can be defined as the lack of capacity to adaptively manage or tolerate intense emotions (135).

A premature focus on traumatic experiences may heighten distress for some group members and it may be re-traumatizing which can result in psychological disturbances (136). However, the avoidance of traumatic material may worsen symptoms (137).

Establishing physical and emotional safety should be the initial goal of treatment (136).

Tips for conducting the group:

Work collaboratively with group members: The facilitators should not be viewed as infallible and all-knowing (21). The facilitators and group members should be seen as equals who both have resources and strengths to contribute and work together. The facilitators should help group members develop their knowledge and skills (22).

Validate the client's subjective experience: Acknowledge their thoughts, feelings, and emotions Attend to non-verbal cues such as body language, the tone of voice and eye-contact (23).
Take into account the individual's culture, circumstances, background, values, personality, and

3

goals (25).

Seek to understand how power dynamics operate at societal, cultural, familial and individual levels (24).

Learn about existing community organizations, support groups, neighborhood action committees and other methods of collective involvement so clients can be informed about opportunities to be involved in the community. It may be helpful to have a handout of existing groups and organizations that will support collective involvement (26).

Promote the development of skills such as decision making, social skills and assertiveness (27).

Seek to notice and highlight group member's strengths, coping skills, and resources (28).

The focus is on strengths, resilience, empowerment, hope, healing, resources, skills, gifts and meaning making, rather than focusing on deficits, disease, labels, and problems (30).

The focus should be on understanding the full range of human experience, from suffering, sickness, loss, and distress through fulfillment, connection, satisfaction, and well-being (29).

Encouragement and positive reinforcement should be used frequently (31).

Group members should be encouraged to recognize the strengths of the other group members (31).

Encouragement should be used which focuses on individuals' efforts toward improvement rather than the results of their efforts. Group members should be acknowledged for trying to make positive changes even if it did not work out as planned (32).

Times or situations when a problematic behavior or mindset does not occur should be emphasized (33).

Use language that is strength-based, and possibility focused, hopeful, appreciative, and positive (34).

Use types of strength-based questions including exception, survival, support and self-esteem questions. Exception questions ask about what was occurring in client's life when the problem was absent. Survival questions seek to gain an understanding of how the client survived and overcame difficulties in his or her life. Support questions aim to discover who the client depends on for emotional support and encouragement. Esteem questions seek to build self-esteem by asking about strengths, abilities, and accomplishments (35).

Harmful labels that can be distorted, restrictive, degrading, and identity robbing are not used (36).

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Other groups which may benefit from the group may include:

Women in domestic violence shelters

Adolescents in foster care

Runaway teens

Gay and lesbian groups

Incarcerated individuals

Individuals in drug/alcohol treatment programs

When using this manual with other marginalized groups

Know the culture of the clients and be sensitive and flexible.

Be aware of your personal values, beliefs, and biases and how these influence perceptions of the client, the client's challenges, and the therapeutic alliance.

Gain an understanding about the client's culture, background and values and their therapeutic goals and expectations for psychotherapy (138).

Be able to use interventions in a culturally sensitive and appropriate manner (139).

Form hypotheses regarding clients who are from various cultures rather than making premature judgments or categorizations and test the hypotheses (138).

Know when to make inclusive generalizations and when to make individualized exclusions when working with clients to avoid stereotypes and still appreciate the importance of culture (138).

Have knowledge and skills specific to the culture of the client, for example, knowing if the client experienced racism and discrimination which may relate to their mistrust as being healthy versus paranoia (140).

What is Empowerment?

Persons who belong to a stigmatized social category can be assisted in gaining control over their lives (17)

Promotion of competence, skills (18) and self-esteem (19)

Promotion of the ability to use existing resources in the community (20)

Empowerment provides the core organizing principle for the group because

Stressors such as prejudice and discrimination faced by marginalized populations can contribute to feelings of decreased self-efficacy and self-worth (4)

Empowerment can lead to increased self-efficacy and self-worth (5)

What is Positive Psychology?

Emphases on positive human qualities, positive emotions, resources, strengths, values and virtues (6)

Mental health, well-being and being able to experience a complete range of emotional experiences (7)

It does not emphasize illness, disorder or pathology but rather strengths and resources (6)

What is Mindfulness?

Being attentive to and aware of what is happening in the present moment (8)

Accepting thoughts and feelings at the moment as they are without trying to change or control them (9)

Why is mindfulness useful for marginalized groups?

Mindfulness can improve self-regulation abilities (10)

Having self-regulation abilities has been shown to be related to feeling a sense of empowerment (11)

Experiencing discrimination and prejudice from society may impair self-regulation abilities (12)

Marginalized groups may have experienced physical, sexual or emotional abuse which is associated with self-regulation difficulties (13)

What is Critical Consciousness/Sociopolitical Development?

A process of examining and reflecting upon ways in which our own biases, assumptions, and worldview affect the ways we recognize diversity and power dynamics (14)

Developing a new perspective regarding one's surroundings and social identity by understanding how oppression from society operates (15)

When people develop critical consciousness, they begin to have a more active role in their lives and are better able to recognize and confront social injustices (16)

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Establishing Group Culture

Negative emotions, traumatic experiences or distress should not be dismissed; however, they should not be the focus.

Facilitators should provide members with empathetic listening and positive regard. The facilitator should work to identify shared emotions, themes or experiences by the group members and highlight the commonalities that exist among the group members to promote group solidarity. However, it is important to recognize that each person is a unique individual with varying life experiences and qualities.

The theme of the group should be on achieving well-being and on flourishing. The primary task of the facilitators is to facilitate the actualizing tendency of the participants so that they can recognize and utilize their own strengths and resources. The facilitators create an environment of collaboration, focusing on strengths and believing that individuals know themselves and their experiences better than anyone else and letting the experience of the participants guide them. The facilitators should provide an atmosphere of warmth, genuine positive regard, and empathy.

Attention should be given to the group member's cultural beliefs. Remember that strengths are culturally defined meaning what is identified as a strength in one culture may not be a strength in another. For example, individual success may be valued in Western cultures, but may not be valued in collective cultures.

The Frame

Guidelines

The groups consist of 10 sessions each 90 minutes in duration

Groups are comprised of individuals from marginalized groups interested in didactic and experiential experiences based on empowerment, positive psychology, mindfulness and critical consciousness.

The size of the group may vary but it should not exceed 15 members in order to maintain the small group processes.

The group is ideally facilitated by two mental health service providers.

The interventions are primarily activity focused; however, a didactic component is included prior to the activities to maximize the gains achieved from the activities.

Participants may attend as little as one session or as many as all sessions.

The participants decide how many sessions to attend because there may limitations that may prevent group members from attending all sessions such as problems obtaining transportation, childcare, transient living environments or other stressors.

Each session is self-contained meaning the material presented in each session does not build upon previous material presented.

The participants are encouraged to attend as many sessions as possible.

Recruitment and Screening:

It is recommended that the group is advertised through flyers placed at locations where marginalized populations may reside or visit, for example, homeless shelters, domestic violence shelters, community mental health centers, or drug/rehabilitation programs (See Appendix for a sample flyer). The facilitators should modify the flyer to fit their population.

Any adults who are members of marginalized groups are invited to participate.

Participants should be informed that the group is not a therapy group, but interpersonal sharing may occur to promote well-being and group solidarity.

Participants should be comfortable with engaging in group activities that include a didactic component.

Role of the Facilitators:

Each session consists of a(n)

Introduction to the group

Check-in

Didactic component

Group activity

Closing

During the introduction the facilitators

Review the confidentiality agreement signed by group members

Present group rules

Define the objective of the group

Ask if anyone has questions about the group

Steps
Present didactic material which uses empowerment as a core organizing principle and facilitate discussions regarding the material presented.

The facilitators look for themes of empowerment, hope, healing and meaning making.

Highlight commonalities that may exist among group members in terms of shared experiences or emotions.

After the discussion is concluded the facilitators introduce an activity.

The group closes by having the group members describe their experiences of being in the group and engaging in the activity.

Tips for handling crisis situations and/or challenging group members

Steps

Follow agency policies for managing crisis situations

Seek to establish the physical safety of group members, which may involve asking the aggressive/disruptive member to leave the room and if the member refuses to call for backup

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assistance such as security or police

At the beginning of each group make it clear to group members that aggressive or disruptive behavior will not be tolerated

Provide group members with an empathetic environment, which is an important element in conflict resolution

Understand and appreciate the group member's challenges and distress

Use conflict resolution as a learning experience for the group members and reflect upon how the crisis situation/difficult client affected the group members and the group process

Highlight the group member's emotional experience then reflect upon that experience. It is best to notice the group members experience as it happens rather than waiting until a later time

For example: You seem to be experiencing intense emotions right now let's try to understand what is happening for you (149)

Structure of Groups

All groups follow a consistent format. Below is a table containing a description of each portion of the session.

SESSION TIME

Introduction of Facilitators 5 minutes

Overview of session 5 minutes
Check-in 15 minutes
Name
Interest in participating in group Introduction

Didactic 15 minutes
Introduction to Activity 10 minutes

Activity 30 minutes

Closing 10 minutes

Session 1: Count Your Blessings

Introducing the session
The purpose of today's group is to help you recognize your blessings. When things do not seem to be going well in your life or when you feel stressed or down it is often difficult to think of things that you may be blessed with or positive things in your life. By sharing your own blessings and by hearing about other group members blessings it is hoped that you will be better able to recognize your blessings, which is hoped will lead to increased happiness. It was found in research studies that those who were aware of their blessings were happier than those were not aware of their blessings.

This group is 90 minutes and you will be given a break at the halfway point. In the first part of the group, you will be given the opportunity to engage in a discussion about gratitude and why it is important then participate in an activity called "Count Your Blessings." After the activity, you will be allowed to share your thoughts or experiences about today's group.

Introduction of group members
Why are you here today?
What is your favorite time of year and why?

Discussion on gratitude

Gratitude:

>   Connects people with something greater than themselves and others in their life

>   When you are grateful do you feel connected to something larger than yourself?

>   Connects individuals to positivity

>   Produces an emotion of appreciation

>   Gives the sense that one has benefited from the actions of another or a higher power

>   Creates a sense of appreciation for life

>   Allows for enjoyment in the simple pleasures in life

>   Creates a sense of wonder or awe (37)

Those who are grateful were found to:

>   Feel better about their lives

>   Be more optimistic about the future and to have higher levels of alertness, attentiveness,

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energy, and determination (38)

Have increased levels of positive emotions, such as satisfaction, optimism, and energy and lower levels of stress and depression (39)

Have improved mood and have a greater sense of well-being (40)

Are better able to enjoy the ordinary aspects of life (41)

Grateful individuals:

Place less value on material items

Are more accepting of themselves and others

Are more likely to share with others (41)

Practicing grateful thinking on a regular basis has been found to be associated with better psychological and social functioning (42)

Some may assume that those who are grateful are naive or deny the pain in life. Research shows just the opposite, that grateful individuals are able to:

Recognize good in difficult situations

They are not overly optimistic or out of touch with reality

They are not under some illusion that suffering, and pain are nonexistent

They have decided to take control by choosing to look for the good in challenging or difficult situations

Do you find it hard to be grateful when you are experiencing hard times or stress? One of the major benefits of this outlook on life is seeing life as a gift (43).

Researchers examined an activity designed to increase happiness called "Count Your Blessings." It was found that those who count their blessings once per week for 6 weeks were happier than those who did not count their blessings (44).

Those who discussed things that went well that day and gave an explanation as to why were found to be happier and they had decreased depressive symptoms among participants for up to six months after the activity (45).

Do you think being aware of your blessings will make you happier? Why? Or Why not?

"Gratitude connects one happily to the past, and hope connects one happily to the future" (46).

What do you think about this quote?

Activity

What are you blessed with? Please write your blessings on the poster boards located around the room. You will each be given your own marker of a different color to write your responses. Preferably markers will each be of a different color so that each group member`s response can be seen as belonging to them. After the activity ask them to: Please talk about your blessings. It is important to recognize your blessings even if it's blessings for seemingly minor things. Talk about one good thing that you felt, observed, or experienced today so far. How were you feeling when you experienced a blessing? Write words describing good feelings on the board such as happy, alive, calm, peaceful, thankful, blessed, joyful, pleased, comforted, inspired, content, glad, cheerful and enthusiastic. Pick word(s) that describe(s) your experiences.

Practicing Your Power

1. Keep a blessings journal and write about things for which you are blessed once per week

Closing

Share a comment about something you learned or an idea you liked or something you can do differently as a result of group

Take away points for clients

1. During stressful times it is often difficult to recognize your blessings or the positive aspects of life
2. By recognizing your blessings even if they are minor you can be happier
3. Discussing your blessings can bring about positive moods

Take away points for facilitators

1. Engaging clients in discussions about positive events and emotions has been shown to increase positive emotions
2. Being grateful does not mean ignoring pain or distress but rather extracting positives from difficult situations
3. Gratitude takes practice and effort especially for clients who are experiencing extreme distress or hardship

Note: The material on gratitude and this intervention "Count Your Blessings" is based on the following works of positive psychologists.

Emmons, R. A., & McCullough, M. E. (2003). Counting blessings versus burdens: An

experimental investigation of gratitude and subject well-being in daily life. *Journal* of

Personality and Social Psychology, 84(2), 377–389. https://doi.org/10.1037/0022-

3514.84.2.377

Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress:

Empirical validation of interventions. *American Psychologist, 60*(5), 410-421.

https://doi.org/10.1037/0003-066x.60.5.410

Lyubomirsky, S., Sheldon, K. M., & Schkade, D. (2005). Pursuing happiness: The architecture

of sustainable change. *Review of General Psychology, 9*(2), 111-131.

https://doi.org/10.1037/10892680.9.2.111

Session 2: What Matters Most: My Core Power

Introducing the session
The purpose of today's group is to help you recognize what matters most to you. By recognizing what is most important in life it can help you put things into perspective and to live a life in line with your personal values. By remembering what is really important in life it can help us live a meaningful life. By sharing about what matters most to you and by hearing about what matters most to other group members it is hoped that you will be better able to live a more satisfying life.

This group is 90 minutes and you will be given a break at the halfway point. In the first part of the group, you will be given the opportunity to engage in a discussion about how to put things into perspective and why it is important. Then you will be given the opportunity to participate in an activity called "What Matters Most: My Core Power." After the activity, you will be allowed to share your thoughts about today's group and your experiences.

Introduction of group members
Why are you here today?
Name someone who is important to you.

Discussion on pursuing a life in accordance with internal values

Intrinsic motivation:

> Is doing something because the activity itself is interesting and satisfying

> Performing activities because of the positive feelings that result from the activities themselves and not external rewards such as money or power (47)

Intrinsic goals:

> Promote growth

> Are likely to satisfy basic psychological needs such as self-acceptance or being connected with others

Extrinsic motivation:

> Engaging in an activity because it leads to some separate consequence such as money, recognition, power or fame (48)

Extrinsic goals:

> Depend on the acceptance or approval from others, examples include being rich,

physically attractive or famous (49)

Pursuing intrinsic goals rather than extrinsic goals is related to:

Increased happiness

Personal development

Intimacy

A greater sense of well-being (50)

Do you think you understand the difference between intrinsic and extrinsic goals?

Materialism is defined as "a set of centrally held beliefs about the importance of possessions in one's life."

Materialistic individuals:

Place a high value on obtaining and possessing material objects

Believe that their happiness can be enhanced by having material objects (51)

Are less satisfied with their lives (52)

Are less happy (53)

Have higher rates of anxiety and depression (55)

Have lower levels of functioning (55)

People who lived a life in line with their personal values were found to be more satisfied with their lives overall (56)

Do you think that people who are motivated by money and fame are less happy than people who are motivated by having meaningful relationships with others or having self- acceptance?

Activity
Think of what is the most important to you. We will call this your "core power." Draw a picture representing what is important to you. After the activity ask: How did you feel when drawing your picture? Talk about your picture. How do feel now when talking about what is most important to you? Put your drawings together. Place the drawings together on a table or board so that all the representations may be displayed together which creates a collective symbolism. At the end of the exercise emphasize that a core power is internal. A "core power" is internal, it cannot be taken away. For example, even if material objects such as family photos were lost;

your "core power" is still present. Your feelings of love toward your family will always be there wherever you go.

Practicing Your Power
1. Keep a "core power" journal and write about things that matter most to you
2. Engage in an activity that brings you closer to your core power. For example, if spending quality time with your family is important then have dinner with your family

Closing
Share a comment about something you learned or an idea you liked or something you can do differently as a result of the group.

Take away points for clients
1. Pursuing goals in line with personal values are associated with increased happiness rather than pursuing goals for a separate consequence for example acceptance, money or fame
2. Happiness is internal and not based upon possession of material objects
3. Core power is internal, and it cannot be taken away

Take away points for facilitators
1. Having clients speak about what is important to them helps them put things into perspective and creating positive changes
2. Having group members put their representations of what is important to them together with other group members likely increases cohesion
3. Drawing can help clients become in touch with their emotions especially for clients who have difficulty verbalizing their emotions

Note: This intervention, "My Core Power," is based on the intervention, "My Core Value," in the "Core Value Workshop" created by Steven Stosny, PhD.

Stosny, S. (2004). Manual of the core value workshop. Steven Stosny

Session 3: The Power of My Imagination

Introducing the session

The purpose of today's group is to help you use your imagination to create positive emotions such as calmness, peacefulness or happiness. Your imagination is a powerful tool that can be used whenever and wherever you like. It is hoped that you will learn how to use your imagination to bring you greater satisfaction in life.

This group is 90 minutes and you will be given a break at the halfway point. In the first part of the group, you will be given the opportunity to engage in a discussion about using your imagination to create positive emotions such as happiness, safety, or calmness and the benefits associated with remembering and discussing times in which you felt positive emotions. You will be given the opportunity to participate in an activity called, "The Power of My Imagination." After the activity, you will be allowed to share your thoughts or experiences about today's group.

Introduction of group members

Why are you here today?
If you could go anywhere in the world where would it be and why?

Discussion on visual imagery and affectively positive experiences

Creating an image that creates positive emotions such as joy, happiness or calmness can:

Reduce stress

Serve as a break from negative thinking or behaviors

Lead to relaxation (57)

The mind and imagination are very powerful tools. Your mind and imagination are always with you so you can use them at anytime

Do you think you were better at using your imagination when you were a child?

Can you think of a particular time when you used your imagination and it seemed helpful?

Guided imagery:

Using the power of thought to influence psychological and physical states

Has been found to be effective through a large body of research over several decades including improved mood and immune system functioning (58)

Talking about times in which you felt positive emotions can also create positive emotions. Those who were asked to recall a large number of recent experiences in which they experienced

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positive emotions reported being happier (59)

Activity
What is something that you have experienced or observed that brought you peace, calmness, happiness or another positive emotion? Let the scene become as vivid and real as possible. (Provide them with supplies, for example, crayons, pencils and markers and paper). Draw the image that you have created in your mind. Play relaxing music while the group members are engaged in the activity to provide an atmosphere of tranquility (60). Discuss the image that you created. How did you feel when you were drawing the image you created? Recall and discuss a recent time when you felt positive emotions such as happiness, joy, calmness, satisfaction or gratitude.

Practicing Your Power
1. Practice visual imagery on a regular basis
2. Collect images of soothing pictures from magazines or other sources and make a collage or visual journal to create positive thoughts when needed (61)

Closing
Share a comment about something you learned or an idea you liked or something you can do differently as a result of the group

Take away points for clients
1. Imagining a place where you feel positive emotions can bring about positive emotions
2. Recalling positive memories can bring about positive emotions
3. You have the power to use your imagination anytime

Take away points for facilitators
1. Expressing oneself through art can promote positive emotions especially in clients who may have difficulty verbalizing emotions
2. Providing clients with a comfortable environment such as though the use of relaxing music can promote well-being
3. Engaging clients in a discussion about times in which they felt positive emotions can create positive emotions

This intervention, "The Power of My Imagination" is based on the following workbook:

Rozum, A. L., & Malchiodi, C. A. (2003). Cognitive-behavioral approaches. *Handbook*

of art therapy, 72-81.

Session 4: Using My Strengths

Introducing the session

The purpose of today's group is to help you recognize and use your strengths and to help you find and engage in activities that you like. By recognizing and using your strengths it is hoped that you will be better able to live up to your fullest potential.

This group is 90 minutes and you will be given a break at the halfway point. In the first part of the group, you will be given the opportunity to engage in a discussion about things you can do to bring you happiness then participate in an activity called "Using My Strengths and Enjoying My Life." After the activities, you will be allowed to share your thoughts or experiences about today's group.

Introduction of group members

Why are you here today?
Who do you admire and why?

Discussion on character strengths, mindfulness, and engagement in pleasurable activities

Positive psychology:

> Corrects traditional psychology's focus on human weaknesses, deficits, and diseases
>
> Puts more emphasis on positive human qualities and coping skills (62)
>
> Seeks to understand positive emotions, strengths, and virtues (63)
>
> Emphasizes mental health, well-being and complete human functioning (64)
>
> Acknowledges the unpleasant aspects of life, distress and dysfunction, but does not overly focus on it (141)
>
> Attempts to understand the full range of human experience by acknowledging pain, dysfunctional family dynamics, racism, sexism and ineffective institutions (141)

Positive psychologists claim that by identifying your strengths and using them regularly you will be happier and lead a more meaningful life (65)

A character strength or virtue has been defined as "any psychological process that consistently enables a person to think and act so as to yield benefits to himself or herself and society" (66). A strength is something that helps you cope or makes life more fulfilling for yourself and others (67). Can you think of an example of a character strength?

There are many benefits of identifying and using your character strengths and virtues including

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being more able to fulfill your potential and thrive (68) and increased happiness or wellbeing (69)

Well-known positive psychologists Peterson and Seligman researched and designed a system classifying and measuring character strengths and virtues (70) They identified twenty-four-character strengths (Present the handout of 24-character strengths to group members).

Their classification includes 24 strengths but there are many more. Having these strengths was associated with being more satisfied with life (71). Using these strengths in daily life has been found to increase happiness (72)

How might someone who identifies their strength as kindness use this strength? If they cannot give an example, provide the following example: Someone may spend time with someone they care about and give them their full attention. How might someone who has the strength of gratitude use this strength? If they cannot give an example, provide the following example: He or she could say thank you to someone who has helped them.

When engaging in pleasurable activities and in using your strengths try to practice mindfulness

Mindfulness involves:

> Giving your full attention to the activity or task at hand

> Being attentive to and aware of what is happening in the present moment

> Accepting your thoughts as they are without trying to change or control them

Even while engaging in fun activities people are often distracted by negative thoughts and worries that take away for experiencing pleasure in the moment. How much time do you think you spend thinking about the past or future rather than being in the moment?

It is natural to have negative thoughts that come to mind, but when this happens-try to bring your attention back to the present moment

Don't beat yourself up about being distracted

Being distracted is part of being human, it does not mean that you are doing anything wrong

Keep bringing your mind back to the present moment over and over again when it warders. Remember mindfulness is difficult, but the more you practice mindfulness the easier it gets, like riding a bike

Mindfulness is like strengthening your attention muscle (73)

Activity
Give each group member a stack of 24 note cards; each card will have one of the 24-character

strengths defined by Seligman and Peterson wrote on it; See appendix. Ask them to: Sort through the cards and pick out at least 8 cards with strengths that they have. Take the stack of cards with strengths that apply to you and order them in terms of what strengths you feel you possess the most to least. Take the top five note cards representing your highest ranked strengths. Think of a way you can use that strength identified on the note card and write how you can use that strength on the back of the note card. Does this make sense? For example, if my strength is love I may write on the back of the index card with love written on it a way I can show love. For example, I could spend time each day playing a game with my children. Keep the note cards with you and add to the note cards by writing down new ways you can implement your strengths when opportunities come to mind. After this activity is completed ask group members to: Name healthy activities that you enjoy. Write the list of activities on the board. Think of past times you experienced pleasure while you engaged in healthy pleasurable activities. Discuss your experiences while you engaged in these activities. How were you feeling?

Practicing Your Power
Take the 5 note cards representing your highest ranked strengths and use these strengths in your daily life and keep adding more strengths that you have as you recognize them.

Closing
Share a comment about something you learned or an idea you liked or something you can do differently as a result of the group.

Take away points for clients
1. Identifying and using your strengths regularly promotes well-being
2. Often we don't live in the present moment due to worries about the past or future which takes away from experiencing pleasure in the moment and mindfulness can help you experience the moment
3. Being mindful and discussing positive experiences can create positive emotions

Take away points for facilitators
1. Focusing on client's strengths and discussing pleasurable experiences or time when they used their strengths is empowering
2. Clients may have difficulty with mindfulness so emphasize that mindfulness takes practice and it's natural to have the mind wander during mindfulness but bring the mind back to the moment each time this happens
3. Clients should be encouraged to use their strengths in daily life outside of the session

Note: This intervention "Using My Strengths and Enjoying My Life" is based on the following work of, Christopher Peterson, PhD and Martin E. P. Seligman, PhD.

Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and*

   classification. Washington, DC: American Psychological Association.

Session 5: Sharing Wisdom

Introducing the session
The purpose of today's group is to help you gain awareness into the wisdom you have within you. By sharing your own wisdom and by hearing about other group members' pieces of wisdom it is hoped that you will be better able access your wisdom. The intention of this activity is to promote self-discovery.

This group is 90 minutes and you will be given a break at the halfway point. In the first part of the group, you will be given the opportunity to engage in a discussion about self-discovery, wisdom, and sharing wisdom. Then you will be given the opportunity to participate in an activity called "Sharing Wisdom: Listening and Learning from Each Other." After the activity, you will be allowed to share your thoughts or experiences about the today's group.

Introduction of group members
Why are you here today?
Who do you consider to be wise?

Discussion on self-discovery, wisdom and sharing wisdom
Everyone has something positive to offer to the world (74)

Wisdom involves:

>
> Sharing knowledge (75)
>
> Learning from each other (75)
>
> Gaining insight into what it is like to be human and how to live a good life (76)
>
> Supporting your own well-being and the wellbeing of others (78)
>
> Knowing what societies and people can do to develop themselves and others (77)
>
> Is a state of mind and behavior that includes the ability to listen, evaluate and give good advice (79)
>
> Acknowledging and tolerating different values held by individuals and society while keeping in mind the common good and virtue (80)
>
> Learning from life experience and practice (81)

Here's a quote about wisdom; "Learn all you can from the mistakes of others. You won't have time to make them all yourself." Alfred Sheinwold

What have you learned from your own mistakes or the mistakes of others?

Here's another quote "If you want to lift yourself up, lift up someone else." Booker T- Washington

When have you helped someone else? How did you feel after you helped someone else?

Sometimes people realize that they have not achieved their goals or lived life the way they wanted. What should they do and consider? (82)

Sharing and learning from others is important in developing wisdom. It was found that when people worked together to come up with solutions to problems or dilemmas they came up with better solutions together than when they had worked alone (83)

Here's another quote "A journey of a thousand miles begins with a single step and this step is more effective the more it is a step in the right direction." Lao Tzu (84).

How can you take a single step in the right direction in your life?

Activity
The purpose of the session is to enjoy each other's company by listening and learning from each other. Read the following poem and give copies of the poem to group members.

"A Creed To Live By"
Don't undermine your worth by comparing
yourself with others.
It is because we are different that each of us is special.
Don't set your goals by what other people deem important.

Only you know what is best for you.
Don't take for granted the things closest to your heart.
Cling to them as you would your life, for without them
 life is meaningless.

Don't let your life slip through your fingers
by living in the past or for the future.
By living your life one day at a time,
you live all the days of your life.

Don't give up when you still have something to give.
Nothing is really over until the moment you stop trying.
Don't be afraid to admit that you are less than perfect.
It is this fragile thread that binds us to each other.
Don't be afraid to encounter risks.

It is by taking chances that we learn how to be brave.
Don't shut love out of your life by saying it's impossible to find.
The quickest way to receive love is to give love.
The fastest way to lose love is to hold it too tightly;

and the best way to keep love is to give it wings.
Don't dismiss your dreams.
To be without dreams is to be without hope;
to be without hope is to be without purpose.
Don't run through life so fast that you forget
not only where you've been, but also where you're going.
Life is not a race, but a journey to be savored
each step of the way.

Nancye Sims

Write down a line or phrase to add to the poem that describes a lesson you have learned in your life experience and a piece of wisdom you can pass on related to that lesson. Say whatever comes to mind regardless of whether it makes sense. Share your line or phrase with other group members. Share your thoughts, feelings, and reactions to the poem. At the close of the session ask them to: Please give a compliment to another group member.

Practicing Your Power
Think of the wisdom that you have and how you carry it with you in your life.

Closing
Share a comment about something you learned or an idea you liked or something you can do differently as a result of the group.

Take away points for clients
1. Wisdom involves listening, sharing and learning from each other
2. Having wisdom and utilizing your wisdom is different, it is important to make use of the wisdom you have in your daily life
3. Everyone is unique and has something to offer the world

Take away points for facilitators
1. Emphasizing how to utilize wisdom to promote behavior change is empowering
2. Having clients add a line to the poem and complement each other promotes group cohesion
3. Utilizing expressive arts such as poetry promotes self-expression, self-discovery, and creativity

Session 6: Mindful Breathing

Introducing the session

The purpose of today's group is to allow you to engage in an activity that will hopefully allow you to be more present in your life. It will allow you to enjoy the moment rather than being focused on the past or the future.

This group is 90 minutes and you will be given a break at the halfway point. In the first part of the group, you will have the opportunity to engage in a discussion about mindfulness and why it is important then to participate in an activity called "Mindful Breathing." After the activity, you will be allowed to share your thoughts or experiences about today's group.

Introduction of group members

Why are you here today?
Name something healthy that you do to allow you to better cope with stress.

Discussion on mindfulness

Mindfulness involves:

Knowing what you are doing while you are doing it (85)

Paying attention to and being aware of what is happening in the present moment

Focusing attention on what is occurring in the moment, not thinking of the past or the future (86)

Paying attention to where your mind is moment to moment throughout the day

Allowing yourself to be in the moment with things exactly as they are without trying to change anything

Openness and awareness to all stimulation such as sights, smells and sounds, and emotions without evaluating these sensations as good or bad (88)

Accepting your thoughts and feelings as they are without trying to avoid them or change them (89)

Awareness in mindfulness is not focused on any single object unlike concentration

How much time during the day do you find yourself thinking about the past or the future?

Research shows several benefits associated with practicing mindfulness such as decreases in anxiety, hostility, and depression and medical problems (92)

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Mindfulness involves accepting thoughts, feelings, and emotions as they are

The inability to accept painful emotions and trying to avoid experiencing painful emotions may increase mental discomfort (90)

Mental distress results from trying to avoid or escape unwanted emotions, thoughts, and memories (90)

When treating mental disorders, the goal is often to reduce the person's use of strategies involving distraction, avoidance or escape to deal with painful thoughts, feelings, and memories and to help the person accept and fully experience these unwanted sensations (91)

Avoiding painful emotions is like throwing a boomerang, when you throw a boomerang what does it do? If group members don't answer or give another answer say: They come back

Ask group members NOT to picture a pink elephant and then ask them what they thought of. Most will say a pink elephant. Say when you try to push your thoughts away they come back and often stronger

Many of us live in survival mode which involves:

> Focusing on basic needs such as food and shelter

> Getting by in an automatic fashion like running on autopilot without much awareness of one's inner thoughts, feelings, emotions and external environment such as when driving or riding to a place and not remembering much about the journey (93)

> Activation of brain areas which prepare the body to respond to life-threatening situations the body becomes prepared to fight or flee from the perceived threat

> The engagement of the sympathetic nervous system which causes increases in heart rate, blood pressure and breathing which prepares the body to flee from the threatening situation or to fight the threat

Survival mode is triggered by life threatening events in the environment or the expectation that you will encounter life-threatening events

It may be activated even when no threat is actually present such as when the threat is solely in your mind

It may be unconscious; you may lack awareness that you are running in survival mode (94)

Living in survival mode has benefits such as being able to:

> Process information about the threat

Respond rapidly to the threat

Address basic needs necessary for survival

Living in survival mode has drawbacks:

It increases physiological arousal which can strain the body and impair the immune system (95)

Activates brain areas associated with anger and anxiety

Can cause increases in anger and aggression. People who live in survival mode such as Vietnam veterans, reported more anger and aggression (96)

It impairs your ability to control your own reactions. If you live in survival mode for extended periods of time, you may have difficulty controlling your behavior, and instead, act on impulse

Sometimes living is survival mode necessary, but it is not a good idea to be in survival mode continuously without making time for mindfulness (98).

The breath:

Is an easy way to shift gears out of autopilot when you notice unpleasant thoughts, feelings, or physical pain

Is always with you, which makes this a useful tool for connecting with yourself can calm the mind down

For most people

Our minds tend to wander and jump quickly from one thing to another

We can get easily distracted and we have difficulty keeping attention focused on our breathing for any length of time unless we train ourselves to bring our focus back to the breath repeatedly

Activity
This exercise involves paying attention to the breath with a calm and easy awareness. Put both of your feet flat on the floor. Sit so that your back is straight, but not tense. You may keep your eyes open or close them during this activity, whichever way you feel most comfortable. Notice your breathing. Don't try to control or change your breathing. Let your breathing happen naturally and be aware of it, feeling how it feels, watching it as it flows in and out. You may think sitting there and focusing on your breath is stupid or boring. Recognize that this is just a thought or a judgment that your mind is creating and to simply let go of it and bring the attention back to the breath. Watch your breath go in and out for two minutes. After the activity ask: How

did you feel during this time and how much or how little did your mind wander away from your breathing. What would have happened if you had continued the exercise for five or ten minutes, or for half an hour, or an hour? Do you think you can practice this exercise regularly (100)

Note to facilitators
This exercise is typically performed with the eyes closed, however, to increase the feelings of safety among group members who have experienced trauma they will be given the option of doing the exercise with eyes open focused at a point on the floor. This exercise is typically three minutes, but due to possible difficulties that group members may have maintaining a longer attention span, it can be reduced to two minutes (101).

Practicing Your Power
Use mindfulness in your daily life such as while eating, walking, bathing, doing chores, and listening to music.

Closing
Share a comment about something you learned or an idea you liked or something you can do differently as a result of the group.

Take away points for clients
1. Mindfulness involves staying focused on the present moment and accepting your thoughts, feelings, and emotions as they are without trying to change or control them
2. Living in survival mode is necessary at times but doing so continuously has several drawbacks including impairing your immune system and self-regulation ability
3. Focusing on the breath can be done anytime and can promote relaxation

Take away points for facilitators
1. Mindfulness takes practice and using it in daily life regularly promotes relaxation
2. Due to the stressors that clients may be facing, many of them live in survival mode; therefore, mindfulness is especially beneficial
3. Focusing on the breath may seem odd for many group members; therefore, normalizing their experiences can be helpful

This intervention, "Mindful Breathing" is based on the work of Jon Kabat-Zinn, PhD.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind*

to face stress, pain and illness. New York, NY: Delacorte.

Session 7: Bodily Awareness

Introducing the session
The purpose of today's group is to help you become aware of your body and how to listen to the messages it may be sending you. It is hoped you will gain awareness into how your thoughts, feelings, and body are interconnected and influence each other so that you can listen to the messages your body is sending you and take action if necessary.

This group is 90 minutes and you will be given a break at the halfway point. In the first part of the group, you will be given the opportunity to engage in a discussion about paying attention to your body. You will then be given the opportunity to participate in an activity called "Bodily Awareness." After the activity, you will be allowed to share your thoughts or experiences about today's group.

Introduction of group members
Why are you here today?
What is your favorite physical activity or sport?

Discussion on the importance of paying attention to your body
Your body is important because it is necessary for survival and you only have one body in this lifetime

Due to several stressors in life that people may be facing they may neglect their bodies and their health

The stress of daily living often creates tension that tends to occur in particular muscle groups such as the shoulders, jaw or forehead. Releasing the tension starts with being aware of the tension. Where does tension occur in your body when you are stressed?

If you notice tension in your body ask yourself, what is this symptom telling me about my mind or my body? Martha Graham noted that "The body says what words cannot." What do you think this means?

Pain is not bad; it may signal that we need to pay attention to it and take action to improve the situation. Pain is a messenger; it is trying to tell us something. For example, if your back hurts it may signal that you need to stop lifting heavy objects and seek medical attention.

The mind and body are interconnected. There is a connection between what you are thinking and how you are feeling physically.

By being mindful of your body you can:

Begin to understand how stress and anxiety affect you

Become aware of how you hold pain in your body then you can begin to figure out how

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to work with it. For example, pain in your shoulders may mean you need to adjust your posture.

Tuning into your physical sensations can help you gain awareness into your emotions. For example, when you are anxious, you may feel tension in your chest, shoulders, and back. When you are angry you may notice that your face feels hot and your fists are clenched.

By being alert to your physical sensations you can work with your emotions before they get out of control. For example, if you recognize that your body is telling you that you are anxious, you may need to take steps to reduce your anxiety such as deep breathing or taking a break before your anxiety worsens (102).

Relaxation can happen when you pay attention to your body and the sensations you are experiencing in various body regions in the moment. Being aware of your body involves scanning your body, region by region and focusing on sensations in each region.

Most people tend to ignore what is happening in their body due to thinking of the future or past. While paying attention to your body and sensations the mind will often wander, but just bring it back to present moment and your body each time and don't beat yourself up about it. Just keep bringing your attention to your body again and again. Do you notice that you are often caught up in your thoughts and you don't pay attention to your body and physical needs?

Trying to stop your thoughts or sensations you are experiencing will only cause more tension and frustration. Stopping thoughts can often lead to them becoming stronger.

Acceptance:

> Don't label your thoughts or experiences as good or bad just simply experience the moment.

> Bring your awareness to every moment and your body region by region and feel what is there and accept whatever it is.

> Allow yourself to be open to all of your sensations and their intensity then let them go and move on.

> Growth is promoted by accepting thoughts and feelings even if frightening, undesirable or painful.

During the following exercise:

You may have sensations that are pleasant, unpleasant or you may feel nothing at all. If you feel nothing just recognize that this is what you are feeling.

Try not to have a goal of getting something from the exercise, for example, relaxation or calmness but just do it for its own sake.

Accept things as they actually are rather than having expectations for how you should be feeling.

If you practice the following exercise regularly you can feel more relaxed and more comfortable with your body (103)

Activity
Take a deep breath and focus your attention on the physical sensations that you are feeling right now. This includes things like warmth, coldness, pain or sensory experiences related to touch, sound, and sight. Here's an example to show how you can pay attention to what you are sensing. I am sitting on a hard chair. The chair feels cool. Sunlight is coming from the window and warming me. I hear traffic passing by in the distance. My thoughts wander off into what I need to do after work. I am trying to observe these thoughts passing through my mind and bring my attention back to the present moment. I am in this room heated by the sun. I hear people talking outside. I try to bring myself back to the present moment as I let the sound of the outside world fade into the background. At this moment I am focusing my awareness on the feeling of the office chair beneath me and the warmth I feel from the sunlight. How is your body positioned right now? What is the temperature of your body? Notice any particular sensations, good or bad, in your body starting with your head, moving to your neck, shoulders, arms and hands, to your abdomen and then to your back, and down through your legs, knees and feet. For example, I am sitting in my chair with my legs crossed and my foot is slightly numb, and I feel air condition from above (104).

Note to facilitators
Instead of a detailed scan for the pelvic area and breasts, the revised body scan focuses on the abdominal area and front of the chest to reduce the likelihood of traumatic memories resurging for those who have experienced sexual abuse (105).

Practicing Your Power
Find a time and place to practice this exercise in your daily life

Closing
Share a comment about something you learned or an idea you liked or something you can do differently as a result of the group.

Take away points for clients
1. The body is often neglected due to the stress of daily living but paying attention to your body is necessary
2. By paying attention to your body you can learn about your emotions and take actions to reduce negative emotions before they worsen
3. You can focus your attention to your body anytime which may increase bodily awareness, health, and relaxation

Take away points for facilitators
1. Many clients live in survival mode which involves focusing on basic needs such as food and safety therefore bodily awareness may take practice and effort

2**.** The mind and body are interconnected
3. Clients have the power to engage in bodily awareness anytime and can take actions to promote their physical and emotional health
This intervention, "Bodily Awareness," is based on the work of Jon Kabat-Zinn, PhD, Bob Stahl, PhD and Elisha Goldstein, PhD

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face*

   stress, pain and illness. New York, NY: Delacorte.

Stahl, B., & Goldstein, E. (2010). *A mindfulness-based stress reduction workbook*. New

   Harbinger Publications.

Session 8: ABLE

Introducing the session
The purpose of today's group is to help you manage stress and regulate your emotions.

This group is 90 minutes and you will be given a break at the halfway point. In the first part of group, you will be given the opportunity to engage in a discussion about stress management. Then you will be given the opportunity to participate in an activity called "ABLE." After the activity, you will be allowed to share your thoughts or experiences about today's group.

Introduction of group members
Why are you here today?
How can you be compassionate to yourself?

Activity

A=Attend

Attend To the present moment

Pay attention to what is happening here and now

B=Breathe

Breathe In and out naturally and feel your breath coming in and out of your nose

You can try saying in on the "in" breath and out on the "out" breath to increase focus if it's helpful

L=Listen

Listen to your thoughts, feelings and emotions without judgment

Label
Label the things that your mind does which will help you gain awareness into your thought patterns

For example, if you have angry thoughts you can label these thoughts as "the angry mind." If you have obsessive thoughts, you can label these thoughts, as the "obsessive mind."

Do you have any suggestions for labeling what your mind does?

Notice any emotions that are there and just name them

Thoughts, feelings and emotions are temporary and ever changing

E=Engage

Engage in something that will support you in the moment such as taking a walk or talking to a friend

Engage in self-care which may include eating healthy, exercising or spending time socializing.

There may be many times during the day when you are unaware of your emotions.

By being able to attend to the present moment, take a breath in and out, and notice whatever is happening and let your thoughts pass by then engage in something that will support you, you can live more fully in the here and now.

Maybe your shoulders are tense, your jaw is clenched, or your body is filled with tension. Maybe you're thirsty. Maybe you just need to remind yourself to come back into the present moment.

You can practice anytime. You might choose to do this practice before or after certain activities. You may schedule various times during the day to be ABLE and check in with yourself.

Stress is like a fish, the more you feed it, the bigger it gets. Stress happens and it grows out of control. The mind can make a goldfish seem like a shark. ABLE doesn't make problems go away but it can interrupt the avalanche and prevent emotions and stress from taking control.

Be creative and find various ways to remind yourself to be ABLE and come back into the moment. You can become an active participant in taking care of you and develop the potential to experience any moment, no matter how difficult or intense with more balance and harmony (106).

Practicing Your Power
Use ABLE in your daily life

Closing
Share a comment about something you learned or an idea you liked or something you can do differently as a result of the group.

Take away points for clients
1. You have the power to interrupt your negative thoughts to prevent them from snowballing and prevent stress from worsening
2. By observing and labeling what your mind does you are more able to change your
3. You have the power to use ABLE anytime to respond more effectively to the present situation

Take away points for facilitators

1.Clients may often be unaware of their thoughts, feelings, and emotions due to the variety of stressors they may be facing

2. Clients have control over their thoughts and emotions

3 ABLE promotes emotional regulation and stress management

This intervention, "ABLE," is a modified version of the intervention "STOP" by Elisha

Goldstein, PhD.

Stahl, B., & Goldstein, E. (2010). *A mindfulness-based stress reduction workbook*. New

Harbinger Publications.

Session 9: I Am Me, Not Your Label

Introducing the session

The goal of the group is to help you critically discuss race, gender, culture, class, history, and community action and development so that you can become more conscious of social forces that influence you and your communities especially in relation to race, culture, class, and gender. The aim is to help you be educated and wise consumers of media including social media, TV, video games and music etc. It is hoped you will be better able to deconstruct experiences related to race, culture, and gender that are part of your daily experiences. The goal is to help you make your own personal judgments about media and draw your own conclusions. By having the opportunity to discuss alternative views with other people in the group it is hoped you will be less likely to incorporate the negative messages you have received from society about issues such as race, class, and gender into the ways in which you perceive the world.

Introduction of group members

Why are you here today?
What is your favorite song, TV show, book or movie?

Discussion on social political development/critical consciousness

Sociopolitical development:

> Capacity to understand social, economic, cultural, and political forces that shape a person's status in society

> A process of gaining knowledge

> Ability to question the way things are

> Ability to take the needed action to work for freedom oppressive forces

Liberation:

> A process of resisting oppression

> Challenging the social inequities between social groups

> Creating new relationships that rid oppressive social forces, values and practices (142)

> Contributes to the creation of a changed society and ways of living that support economic, cultural, political, psychological, social and spiritual needs of individuals, groups and institutions

> Supports the fulfillment of human potential and supportive relationships between people that support well-being

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Ongoing process and part of everyday life

For people who are oppressed such as minorities, low-income populations and women the ability to think independently and critically is needed in order for liberation to occur (143).

Oppression is both a process and an outcome (144)

As a process, oppression is the unjust use of power by one group over another as a means of controlling ideas and desired resources and aims to take away resources from certain groups of people, for example minorities, women and low-income groups

Examples of oppression include:

Women getting paid less than men for performing the same job

Tougher sentencing in the prison system for impoverished and minority populations

Inadequate funding given to schools where the majority of students are minorities (145)

Can you think of another example of oppression?

Media often oppresses people because of the stereotyping of groups of people such as minorities, low-income people and women

Music videos especially rap videos often show violent, sexual, and sexist messages (146)

Can you think of a movie, TV show, music video or song that is conveys racist or sexist messages?

When developing critical consciousness:

Become aware of the ways in which you were privileged and oppressed by society

Try to determine how the way you see and interpret the world is affected by your race, gender, ethnicity, sexual orientation, social class and other socially meaningful characteristics (147).

Few people make a long-term commitment to social justice, but society benefits when everyone makes a small contribution (148). Can you think of a way you can make a contribution to society?

Critical consciousness:

Involves becoming more aware of the self, others and the relation of the self to others

Involves using that awareness to take responsibility in your life situations and define

yourself rather than be defined by others (108)

Involves developing awareness and taking action to create social change (109)

Enables people to question the nature of their situations and see themselves as active agents who are capable of changing their environment (110)

Note to facilitators
The focus of the group is on issues related to systemic, institutionalized racism, sexism and discrimination. The goal is to;1) acknowledge and affirm group members beneficial efforts toward liberation 2) provide socio-political education that facilitates liberation by combating internalized oppression while increasing awareness of the impact of unjust social and political conditions (116) 3) advocate for group members by helping them confront systemic barriers.

It may be helpful to self-disclose your own life experiences in confronting oppressive forces so that group members can relate it to their own lives. It may be helpful to disclose about a time when you confronted oppressive forces and discuss how you felt about yourself before you confronted the oppressive forces and after you confronted the oppressive forces. Highlight the changes in your feelings before and after you confronted the oppressive forces.

Activity
Show a film, music video, or another form of media regarding contemporary culture intended to facilitate a discussion about social forces and oppression. An example of media that may facilitate a discussion about social forces and oppression may include rap videos due to the frequent depiction of violence and misogynistic themes. The goal is to help group members critically analyze their environment and the messages that are conveyed through the media regarding gender, ethnicity, race and social class, as well as come up with actions they can take to address the issues personally or collectively. Present the media and then facilitate a discussion regarding the media. The choice of media will be based upon the population with which it is used. The facilitator should pick media with which the group members have a personal connection.

For example, for a discussion on sexism and misogyny you could use the song, "99 Problems" by Jay Z or "Smack my Bitch Up" by Prodigy or "Girls" by Beastie Boys.

Suggested questions:
-What did you see or hear?
-What did you see or hear that impacted you the most?
-What does it mean to you?
-What message is the person trying to send?
-Why do you think that is what it means?
-Support your opinion with evidence
 -How do you think and feel about what you saw or heard?
-How does it fit with your values or behavior?
-Is what you saw good, bad or neither?
-What would you do to make it better?

-What steps can you and others take to improve the situation?

Practicing Your Power
Take action and do something that can promote social change.

Closing
Share a comment about something you learned or an idea you liked or something you can do differently as a result of the group.

Take away points for clients
1. The media often stereotypes groups of people
2. By become aware of the ways in which media and society has affected the way you view yourself, others and the world you are more able to change your perceptions
3. You have the power to take action to promote social change

Take away points for facilitators
1. Critical consciousness promotes empowerment by helping group members become an active agent in their own lives
2. Discussing experiences with oppressive forces with others can increase awareness and promote group solidarity
3. Critical consciousness is promoted by asking group members questions to facilitate their ability to critically analyze their world

This intervention "I Am Me, Not Your Label" is based on the "Young Warriors Program" created by Roderick J. Watts, PhD and enhanced by R.J. Watts, and Jaleel K. Abdul-Adil, PhD and Terrance Pratt, PhD.

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Session 10: Power of the Mind

Introducing the session
The goal of the group is to empower you to change your negative behaviors and thoughts. It is hoped that you will take more responsibility and make choices about the things you tell yourself. You can redirect what you tell yourself and what society says about you.

This group is 90 minutes and you will be given a break at the halfway point. In the first part of group, you will be given the opportunity to engage in a discussion about ways to empower yourself then to participate in an activity called "Power of the Mind." After the activity, you will be allowed to share your thoughts or experiences about today's group.

Introduction of group members
Why are you here today?
What is one of your goals for your future?

Discussion on empowerment and self-efficacy

How often do you send yourself negative messages such as "I am hopeless" or "I am worthless?"

Would you ever talk to a friend the way you talk to yourself?

When you say these things to yourself, how does it make you feel?

Negative thoughts about the self are often rooted in negative childhood and adolescent experiences

You have probably often felt unsure of yourself for lacked confidence in yourself. Almost everyone is plagued by a nasty critic that often judges you. Do you know who this nasty critic is? The critic is yourself.

How often do you say to yourself "I should have done better?" or "I must be successful, wealthy, attractive, etc?"

The "shoulds" and "musts" are part of a common thought pattern that can lead to guilt, anger and distress. They involve having a list of rigid rules for yourself or others that cannot be broken. They are inflexible and don't take into account the situation.

If you break the rules for yourself you often feel guilty because you have not lived up to your own expectations. If others break your rules you often become angry or resentful.

Try to notice any negative self-talk you may have in your mind at this moment. What sort of negative things were you telling yourself? After you send yourself an unkind message such as "I am hopeless" or "I am worthless" how does that feel in your mind or in your body? Do you feel tired, tense or sad?

Ask yourself if there is another way you can view the situation. Freeing yourself from your self-limiting thoughts will bring you freedom and empowerment. Often our limitations are self-imposed through our own misperceptions.

Try to notice when the word "should" or "must" comes into your mind and see if the "shoulds" or "musts" reflect a rule or a judgment

By becoming aware of your inner rules including "shoulds" and "musts" and you will begin to

Understand how much you are controlled by them

Have increased ability to choose how you relate to the world and yourself

Accept yourself and break free from habitual ways of thinking and behaving.

How might your life be different if you stopped negative self-talk? Our "should" and "musts" can come from what others want from us or expect of us rather than what we want

Your thoughts are just thoughts, they are not facts or reality. They do not define who you are. They are based on your past experiences and ways of seeing the world. They are often not based in reality when it comes to how you view yourself.

You are not your thoughts. For example, you are not anxious; you are a person who has anxious thoughts.

Thoughts:

Are temporary and ever changing like clouds in the sky that pass by or like leaves on a stream floating by

Come and go

They intensify and lessen like ocean waves that crest and fall (107)

You have the power to change your thoughts and behaviors. The ways that you think are sometimes influenced by forces that are not in your best interest, so you need to be aware of this and challenge some of the negative things that you think. You have the power to define yourself rather than being labeled and defined by society. Just because society may view you in a certain way does not mean you have to accept or believe this about yourself (111). How has society labeled you? How has this affected you?

Empowerment involves becoming aware how society has shaped the view you have of yourself and perceiving yourself as having personal control in your life (112).

Empowerment is a combination of self-acceptance, self-confidence, social and political understanding, the ability to play an active role in controlling resources and decisions in your

community (113)

Due to negative messages you may have received from society about various personal characteristics such as your class, race or gender, you may have come to internalize these false messages often without knowing it, which may have affected your sense of self-efficacy (114)

Self-efficacy determines how people feel, think, and motivate themselves and their behavior and it involves having confidence in your ability to accomplish specific tasks and goals and believing you have control over events that affect your life

People with a strong sense of self-efficacy:

>   Believe that they have the ability accomplish difficult tasks

>   See difficult tasks as challenges to be mastered rather than threats to be avoided

>   Have strong interest in their activities

>   Are deeply absorbed in their activities

>   Set challenging goals for themselves

>   Remain committed to their goals

>   Persist in their efforts even in the face of failure

>   Quickly recover their sense of efficacy even after failures or setbacks

>   Approach threatening situations with assurance that they have control over the situation

A strong sense of self-efficacy:

>   Facilitates self-empowerment

>   Enhances personal accomplishment

>   Reduces stress and lowers your risk to depression

>   Enhances human accomplishment and personal well-being (115)

It is hoped that by understanding how oppressive forces such as racism, sexism and social injustice may have influenced your thoughts and experiences, you will develop a greater sense of self-efficacy.

Activity
Have you received messages from society about what you cannot or should not do? Name skills

you possess that are inconsistent with messages you have received from society about what you cannot or should not do. Write the list of your skills onto the board. Think about how oppression has affected your beliefs about yourself. Write down a negative belief you have about yourself, reject it and write down a new positive belief about yourself. Share your negative and new positive belief about yourself with the other group members.

Practicing Your Power
Keep track of the negative messages you tell yourself throughout the day and where these messages may have come from. Note how you are feeling after you tell yourself negative messages. Combat the negative messages with more helpful messages.

Closing
Share a comment about something you learned or an idea you liked or something you can do differently as a result of group.

Take away points for clients
1. You may have come to believe negative things that society says about your personal characteristics such as your race, class or gender without realizing it
2. You have the power to change what you tell yourself about yourself
3. Thoughts are not reality and they are influenced by what you think about yourself and by your environment and culture

Take away points for facilitators
1. By becoming aware of negative thoughts clients can challenge their negative thoughts and replace them with more adaptive thoughts
2. Self-efficacy is promoted by the ability to reflect upon one's thoughts about themselves and the origins of these thoughts
3. Thoughts, feelings, and emotions are temporary and changeable

The intervention, "Power of the Mind" is based on the following workbook written by Bob Stahl, PhD and Elisha Goldstein, PhD;

Stahl, B., & Goldstein, E. (2010). *A mindfulness-based stress reduction workbook*. New

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APPENDICES

Appreciation of beauty and excellence [awe, wonder, elevation]: Noticing and appreciating beauty, excellence, and/or skilled performance in all domains of life, from nature to art to mathematics to science to everyday experience.

Bravery: Not shrinking from threat, challenge, difficulty, or pain; speaking up for what is right even if there is opposition; acting on convictions even if unpopular; includes physical bravery but is not limited to it.

Citizenship [social responsibility, loyalty, teamwork]: Working well as a member of a group or team; being loyal to the group; doing one's share.

Creativity [originality, ingenuity]: Thinking of novel and productive ways to do things; includes artistic achievement but is not limited to it.

Curiosity [interest, novelty–seeking, openness to experience]: Taking an interest in all of ongoing experience; finding all subjects and topics fascinating; exploring and discovering. Fairness: Treating all people the same according to notions of fairness and justice; not letting personal feelings bias decisions about others; giving everyone a fair chance.

Forgiveness and mercy: Forgiving those who have done wrong; giving people a second chance; not being vengeful.

Gratitude: Being aware of and thankful for the good things that happen; taking time to express thanks.

Hope [optimism, future–mindedness, future orientation]: Expecting the best in the future and working to achieve it; believing that a good future is something that can be brought about.

Humor [playfulness]: Liking to laugh and tease; bringing smiles to other people; seeing the light side; making (not necessarily telling) jokes.

Integrity [authenticity, honesty]: Speaking the truth but more broadly presenting oneself in a genuine way; being without pretense; taking responsibility for one's feelings and actions.

Judgment [open–mindedness, critical thinking]: Thinking things through and examining them from all sides; not jumping to conclusions; being able to change one's mind in light of evidence; weighing all evidence fairly.

Kindness [generosity, nurturance, care, compassion, altruistic love, "niceness"]: Doing favors and good deeds for others; helping them; taking care of them.

Leadership: Encouraging a group of which one is a member to get things done and at the same time maintaining good relations within the group; organizing group activities and seeing that

they happen.

Love: Valuing close relations with others, in particular those in which sharing and caring are reciprocated; being close to people.

Love of learning: Mastering new skills, topics, and bodies of knowledge, whether on one's own or formally; obviously related to the strength of curiosity but goes beyond it to describe the tendency to add systematically to what one knows

Modesty and humility: Letting one's accomplishments speak for themselves; not seeking the spotlight; not regarding oneself as more special than one is.

Persistence [perseverance, industriousness]: Finishing what one starts; persisting in a course of action in spite of obstacles; "getting it out the door"; taking pleasure in completing tasks.

Perspective [wisdom]: Being able to provide wise counsel to others; having ways of looking at the world that make sense to oneself and to other people.

Prudence: Being careful about one's choices; not taking undue risks; not saying or doing things that might later be regretted.

Self–regulation [self–control]: Regulating what one feels and does; being disciplined; controlling one's appetites and emotions.

Social intelligence [emotional intelligence, personal intelligence]: Being aware of the motives and feelings of other people and oneself; knowing what to do to fit in to different social situations; knowing what makes other people tick.

Spirituality [religiousness, faith, purpose]:Having coherent beliefs about the higher purpose and meaning of the universe; knowing where one fits within the larger scheme; having beliefs about the meaning of life that shape conduct and provide comfort.

Zest [vitality, enthusiasm, vigor, energy]: Approaching life with excitement and energy; not doing things halfway or half heartedly; living life as an adventure; feeling alive and activated.

THE EMPOWERMENT GROUP FLYER

Join us for an empowerment and strengths-based group where you will come together with others to engage in activities designed to improve wellbeing. This is an open group, you may join for any session and attend as many or as few sessions as you would like. The group is divided into 10 sessions with one activity per session.

Session 1: Count Your Blessings You will learn to appreciate what you are grateful for even during difficult times in life. By recognizing your blessings and sharing about them, it is hoped this will lead to greater happiness.

Session 2: What Matters Most: My Core Power You will learn to identify your core values and share them with others in a collective art activity so that you can hopefully live a more meaningful life in accordance with your values.

Session 3: The Power of My Imagination The goal is to help you recognize the power of your imagination to create positive emotions such as calmness, peacefulness or satisfaction in a creative art activity.

Session 4: Using my Strengths The goal of this activity is to help you identify, develop and use your strengths in your everyday life.

Session 5: Sharing Wisdom You will learn about self-discovery and wisdom while discussing a piece of literary art.

Session 6: Mindful Breathing The focus of this session is on using your breath to help you stay present and engaged fully in the moment. Mindfulness has been shown to reduce stress and improve mental and physical health.

Session 7: Bodily Awareness This activity teaches to be attuned to your thoughts, feelings and bodily sensations so that you can take actions that will promote your wellbeing.

Session 8: ABLE The purpose of this group is to help you manage stress and regulate your emotions in an adaptive away though attending, breathing, listening and engaging.

Session 9: I Am Me, Not Your Label The goal of this group is to help you learn to recognize and combat negative messages from society rooted in sexism, racism and classism etc. which may have affected the way you feel about yourself and others.

Session 10: Power of the Mind You will learn how to empower yourself though identifying, challenging and replacing negative thoughts.

Please contact -----
at----- if you are
interested in enrolling

WE ARE

EMPOWERED

JOIN US
WEEKLY ON

___DAYS

from __to__

THIS GROUP IS FOR
ANYONE WHO WANTS
TO HAVE A GREATER
SENSE OF WELLBEING
AND EMPOWERMENT
IN THIER LIVES

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