

FLORIDA INTERNATIONAL UNIVERSITY

Miami, Florida

CONSIDERING CULTURE AND CONTEXT: A MIXED-METHODS APPROACH
TO EXAMINING ADOLESCENT ENGAGEMENT AND PARENT SATISFACTION
IN URBAN OUT-OF-SCHOOL-TIME PROGRAMS

A dissertation submitted in partial fulfillment of the
requirements for the degree of
DOCTOR OF PHILOSOPHY

in

PSYCHOLOGY

by

Jacqueline O. Moses

2021

To: Dean Michael R. Heithaus
College of Arts, Sciences and Education

This dissertation, written by Jacqueline O. Moses, and entitled *Considering Culture and Context: A Mixed-Methods Approach to Examining Adolescent Engagement and Parent Satisfaction in Urban Out-of-School-Time Programs*, having been approved in respect to style and intellectual content, is referred to you for judgment.

We have read this dissertation and recommend that it be approved.

Joseph Raiker, Jr.

Isaac Burt

Dionne Stephens, Co-Major Professor

Stacy L. Frazier, Co-Major Professor

Date of Defense: July 28, 2020

The dissertation of Jacqueline O. Moses is approved.

Dean Michael R. Heithaus
College of Arts, Sciences and Education

Andrés G. Gil
Vice President for Research and Economic Development
and Dean of the University Graduate School

Florida International University, 2021

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DEDICATION

I dedicate this dissertation to the adolescents, caregivers, and OST program leadership and staff, who participated in this research for their invaluable contributions to the work; and to my family for their endless support, and for instilling me with cultural values deeply rooted in resilience, community, and an eagerness to serve others.

ACKNOWLEDGMENTS

First and foremost, this work would not have been possible without the invaluable contributions of the adolescents and caregivers who participated in this research and efforts of the OST program leadership and staff. Thank you for your time, generosity, kindness, and realness.

Special thank you to my research assistants, Doreen Jean-Jacques, Yandra Mariano, Valentina Jadue, and Ayesha Jean-Baptiste for their help. I am grateful for the graduate students of the NAFASI Team and the HDCI Lab for their collegial spirits.

I would like to thank my team of mentors who each contributed immensely and uniquely to my personal and professional development throughout my doctoral training. I am extremely grateful for the mentorship of Drs. Miguel and Feion Villodas, for nurturing and encouraging my early ideas, and supporting me throughout graduate school. Thank you to my dissertation committee members, Drs. Joseph Raiker, Jr. and Isaac Burt for their time, feedback, and support in the making of this project. I am deeply thankful for my mentor, Dr. Dionne Stephens, for your expertise and being an exemplar for myself and other Black trainees in this field. To my mentor, Dr. Stacy Frazier, I am eternally grateful for your warmth, guidance, enthusiasm, and encouragement throughout this process and many others during my graduate training.

Finally, thank you to my family – parents Anifat and Joseph Moses, siblings Stephanie and Niyi Moses, aunt and uncle Toyin and Taiwo George, cousins Gbenga, Jumoke, and Toks George, and niece and nephew Lola and Niji George – and friends for being my foundation and motivation throughout my doctoral training. Mo dupe.

ABSTRACT OF THE DISSERTATION
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by

Jacqueline O. Moses

Florida International University, 2021

Miami, Florida

Professor Stacy L. Frazier, Co-Major Professor

Professor Dionne Stephens, Co-Major Professor

Adolescents of color living in poverty are at elevated risk for mental health problems with limited access to quality care, and 21% of youth in poverty are diagnosed with mental health disorders that, left untreated, lead to significant long-term consequences. Positive future orientation – optimistic expectations for graduation, gainful employment, and healthy relationships – among vulnerable adolescents has been identified as a unique protective factor associated with positive mental health trajectories. Out-of-school-time (OST) programs in neighborhood settings can promote positive future orientation and maximize benefits for adolescents, but we know little about cultural and contextual influences on youth enrollment and engagement. The current study examined the roles of culture and context in fostering positive future orientation among vulnerable adolescents through the examination of the protective role of ethnic-racial identity; and exploration of cultural and contextual factors in family engagement and positive future orientation in an urban OST program. First, utilizing structural equation modeling, we elucidated the

protective role of ethnic-racial identity, between the association of lifetime adverse childhood experiences at age 12 and future educational orientation at age 14, among Black, but not White, adolescents at-risk for child maltreatment (n = 558 adolescents; 73% Black, 27% White). Findings underscored the importance of cultivating strong ethnic-racial identity among vulnerable Black adolescents as a positive coping strategy to increase their educational and occupational expectations. Second, using a sequential mixed-methods design, we invited adolescent girls (n = 24) and caregivers (n = 24) in a partnering program to answer survey and focus group questions about program-level culture/context (e.g., cultural respect), family engagement, and family-level culture/context (e.g., ethnic identity). Mediation analyses revealed the importance of cultural content and cultural respect in adolescent engagement and caregiver satisfaction in urban OST programs, and fostering positive future orientation. Qualitative analyses further elucidated themes on culture, context, gender, and mental health/resilience promotion associated with family engagement and satisfaction. Findings provide support for tailoring OST programs to the unique needs of families in urban and high poverty communities. Implications for findings may inform program development and improve the quality and reach of programs for vulnerable adolescent girls and families of color.

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III. INTRODUCTION TO THE RESEARCH

I am building a program of research that focuses on strengths-based, contextually relevant, and culturally accessible models of mental health care and educational supports for adolescents and their families of color living in urban poverty. Specifically, my research aims to (a) leverage community stakeholder research partnerships to promote mental health care in non-specialty youth settings (e.g., OST programs, juvenile correctional facilities, schools); (b) understand racial/ethnic minority health and educational disparities; and (c) identify contextual and cultural protective factors among adolescents experiencing adversities.

Rationale for Research

More than one in five U.S. children are in families living below the federal poverty line. As a result of systematic barriers and race-related factors, families in poverty are disproportionately of racial/ethnic minority background (National Center for Children in Poverty [NCCP], 2017). Adolescents of color living in poverty are at elevated risk for mental health problems with limited access to quality care, and 21% of youth in poverty are diagnosed with mental health disorders that left untreated lead to significant long-term consequences including poor quality of life, diminished educational attainment, and reduced lifetime earnings (Chow, Chaffee, & Snowden, 2003).

Positive future orientation is defined as optimistic expectations for graduation, gainful employment, and healthy relationships (Johnson, Blum, & Cheng 2014). Positive future orientation has been a focus of adolescent mental health promotion (Johnson, Blum, & Cheng 2014; Patton et al., 2011). Long-standing research shows its strength as a protective factor, mitigating risk and promoting resilience – improving short and long-term trajectories for education, employment, and earnings – among teens in low-income

communities (Johnson, Blum, & Cheng 2014, So, Voisin, Burnside, & Gaylord-Harden, 2014; Cedeno, Elias, Kelly & Chu, 2010). For instance, one survey revealed that youth (638 low-income African American adolescents, mean age =16) who reported higher future orientation were 75% less likely to report poor mental health on the Brief Symptom Inventory, 79% less likely to engage in risky sexual behaviors, 69% less likely to engage in delinquent behaviors, and 3.2 times more likely to report positive school bonding (So, Voisin, Burnside, & Gaylord-Harden, 2014). In another study (n=132 low-income African American pre-adolescents), positive future orientation attenuated risk between self-reported exposure to school violence and teacher-reported externalizing behaviors, and was related to positive self-concept (Cedeno, Elias, Kelly, & Chu, 2010). Given the numerous potential benefits, positive future orientation may be a particularly meaningful outcome that warrants further study in this vulnerable population. Thus, we aim to examine culturally and contextually relevant protective factors, facilitators, and barriers to positive future orientation, with aims that it may be targeted and leveraged in youth programming to attenuate risk for mental health problems and foster positive mental health trajectories among adolescents of color living in urban poverty.

Presentation of Research Findings

This dissertation examines potential models towards understanding and fostering positive future orientation among vulnerable adolescents of color. Two separate manuscripts describe the work. Chapter II presents a longitudinal design to examine the protective role of ethnic identity in the association between adverse childhood experiences (e.g., child maltreatment, incarcerated parent, parental substance use) and positive future orientation among a cohort of Black and White adolescents at-risk for child maltreatment. Chapter III presents a sequential mixed-methods design to extend this

literature by examining culturally specific risk and protective factors as they inform adolescent out-of-school-time programming. We invited adolescent girls and caregivers in a partnering program to answer survey and focus group questions about program-level culture/context (e.g., cultural respect), family engagement and satisfaction, and family-level culture/context (e.g., ethnic identity). We conducted quantitative and qualitative analyses, integrating strands to elucidate deeper meaning in findings. First, we hypothesized that adolescent and caregiver perceptions of cultural and contextual factors would be associated with family engagement and future orientation, such that positive perceptions would be associated with higher youth engagement, higher caregiver satisfaction, and more positive future orientation; while negative perceptions would be associated with lower youth engagement, lower parent satisfaction, and more negative future orientation. Second, we hypothesized associations would be moderated by family-level cultural/contextual factors, such that higher ethnic identity, lower perceived discrimination, and lower perceived financial strain will strengthen the association between greater perceived representation of cultural/contextual factors and higher youth engagement and higher parent satisfaction, linked to more positive future orientation; while lower ratings on ethnic identity, higher ratings of financial strain, and lower reported discrimination will weaken the association between positive cultural/contextual factors and engagement, linked to more negative future orientation among adolescents and caregivers. Findings point to the importance of culture, context, gender, and mental health/resilience promotion in adolescent engagement, caregiver satisfaction in OST programs, and fostering positive future orientation. Implications for future research are discussed in Chapter IV.

II. BLACK AND PROUD: THE ROLE OF ETHNIC-RACIAL IDENTITY IN THE
DEVELOPMENT OF FUTURE EXPECTATIONS AMONG AT-RISK
ADOLESCENTS

*This manuscript has been published in Cultural Diversity and Ethnic Minority
Psychology, Volume 26, Issue 1, pages 112 to 123.*

Moses, J. O., Villodas, M. T., & Villodas, F. (2020). Black and proud: The role of ethnic-racial identity in the development of future expectations among at-risk adolescents. *Cultural Diversity and Ethnic Minority Psychology, 26*(1), 112–123. <https://doi.org/10.1037/cdp0000273>

Abstract

Research examining factors that foster future expectations has been limited, especially among at-risk ethnic minority adolescents. The present study prospectively examined the protective role of ethnic-racial identity (ERI) in the association between adverse childhood experiences (ACEs) and future family, educational, and occupational expectations among at-risk Black and White adolescents. Data were collected from 558 adolescents (73% Black, 27% White) who were at-risk for family violence and participated in the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN). Information about ACEs was collected prospectively (CPS records and caregiver reports) between birth and age 12. Adolescents reported their ERI, feelings of affirmation and belonging, to their ethnic-racial groups at age 12 and their future expectations at age 14. Structural equation models revealed that in general, ACEs were associated with more negative educational expectations, $b = -.04$, $p < .001$, and stronger ERI was associated with decreased expectations for occupational difficulties, $b = -.36$, $p < .001$. Tests of moderation revealed that for Black, but not White adolescents, stronger ERI was significantly associated with more positive educational expectations, $b = .36$, $p < .001$, and that the negative association between ACEs and educational and occupational expectations was mitigated by stronger ERI, $b = .15$, $p < .001$. Findings underscore the importance of cultivating strong ERI among at-risk Black adolescents as a positive coping strategy to increase their educational and occupational expectations.

Keywords: Black youth, future expectations, ethnic-racial identity, adverse childhood experiences, adolescence

Black and proud: The role of ethnic-racial identity in the development of future expectations among at-risk adolescents

Introduction

Sixty four percent of youth experience at least one adverse childhood experience (ACE, e.g., neglect, parental substance use) before adulthood (Centers for Disease Control and Prevention & Kaiser Permanente, 2016). ACEs are associated with a host of negative outcomes across the lifespan, including an increased risk for academic impairments, adolescent pregnancy, and poor occupational functioning (Bellis et al., 2014; Hillis et al., 2004; Giovanelli, Reynolds, Mondy, & Ou, 2016). Researchers have also identified that an accumulation of ACEs could negatively impact adolescents' expectations about their futures (Thompson et al., 2012). Black youth experience disproportionately higher rates of ACEs compared to other racial/ethnic groups (e.g., U.S. Department of Health & Human Services [USDHHS], 2017), which could contribute to feelings of hopelessness about their futures (Bolland, Lian, & Formichella, 2005; Gibbs & Bankhead, 2000; Nyborg & Curry, 2003). Ethnic-racial identity (ERI) has been widely cited as a protective factor among Black adolescents (Rivas-Drake et al., 2014) and could play a key role in mitigating the effects of ACEs on future expectations, particularly among Black at-risk adolescents. Using longitudinal data, the present study examined the potential protective role of ERI in the association between ACEs and future expectations among Black and White adolescents who were at-risk for adversity.

ACEs and Future Expectations

Future expectations, conceptualized as an individual's thoughts and feelings about their future in the areas of education, family, and employment, are an important factor contributing to long-term positive adjustment (Nurmi, 1991). A small literature has

linked ACEs to low future expectations in adolescence. For example, cross-sectional and short-term longitudinal studies found that emotional abuse and harsh parenting were associated with elevated feelings of hopelessness among a cohort of adolescent primary care patients (Courtney, Johnson, & Alloy, 2008; Courtney, Kushwaha, & Johnson, 2008). Another longitudinal study examined the association between various individual adversities and future expectations about adulthood family, educational, and occupational functioning (Thompson et al., 2012). This study found that child maltreatment (i.e., physical, emotional and/or sexual abuse, neglect) predicted lower future expectations about educational and occupational functioning, while caregiver instability predicted lower future expectations about family. While a link between individual adversities and future expectations has been established, no prospective studies have examined the effects of cumulative ACEs on future expectations among at-risk adolescents.

Though future expectations among at-risk youth have been examined and barriers to developing a positive future orientation have been identified, ethnic/racial differences may further elucidate associations between adversity and weakening or fostering future expectations. Black youth are at disproportionate risk for experiencing ACEs compared to White and Hispanic youth (Slopen et al., 2016). In 2015, Black youth had the highest rate of child maltreatment of any racial/ethnic group in the United States, accounting for 21% of children who were maltreated (USDHHS, 2017). Furthermore, 10 percent of Black children had an incarcerated parent, compared with 3.6 percent of Hispanic children, and 1.7 percent of White children (Sykes & Pettit, 2015). Given the negative effects of ACEs on future expectations, it is perhaps not surprising that previous studies have found that Black adolescents report lower future educational and occupational expectations than White adolescents (Kao & Tienda, 1998).

Previous empirical literature suggests that Black adolescents, particularly those in at-risk environments, who experience multiple barriers and a lack of resources to reach their goals, may experience greater feelings of hopelessness about their futures and have lower future educational and occupational expectations (DuRant, Getts, Cadenhead, Emans, & Woods, 1995; Gibbs & Bankhead, 2000; Nyborg & Curry, 2003). Although few studies have investigated racial differences in future expectations between White and Black adolescents who have similar experiences of adversities, it is plausible that these barriers could cultivate feelings of hopelessness and diminish expectations for success among White youth, similar to Black youth. The current study aimed to extend the extant literature by examining whether the effects of ACEs on future expectations are comparable among Black and White adolescents who were at comparable levels of risk for ACEs.

Ethnic-Racial Identity

Despite living within high risk socio-ecological systems, many at-risk adolescents are able to leverage available protective resources to positively adapt (Grych, Hamby & Banyard, 2015). A well-documented literature indicates that culturally-specific protective factors, such as ERI, are associated with resilience, or positive adaptation (e.g., higher academic achievement, school engagement, and self-esteem) among Black adolescents who have experienced adversity (Rivas-Drake et al., 2014). Broadly, ERI measures the importance that members of an ethnic group place on their cultural heritage (Thompson, Anderson, & Bakeman, 2000).

Numerous studies have found that stronger ERI is associated with increased mental and physical health, and academic success among Black youth (Rivas-Drake, et al., 2014; Altschul, Oyerman, & Bybee, 2006). Maintaining strong ERI may be an

important culturally-specific factor in increasing self-efficacy and motivation towards success in multiple life domains, such as education, occupational functioning, and family, despite perceived barriers among Black youth (Rivas-Drake, et al., 2014; Belgrave, Van Oss Marin, & Chambers, 2000; Rollins & Valdez, 2006). For example, previous studies have identified the positive direct effects of ERI and its moderating role against the effects of racial discrimination on school adjustment outcomes (Wong, Eccles, & Sameroff, 2003).

In contrast, many studies (e.g., Zaff, Blount, Phillips, & Cohen, 2002) have not found this protective effect among White adolescent comparison groups. However, it is unclear that ERI has been examined as a protective factor in previous studies among White youth who were exposed to adversity and/or were at risk for poor future outcomes. On the other hand, it is possible that among Black and White youth who have experienced similar adversities, which could undermine their development of positive future expectations, ERI serves a protective role. A core domain of ERI is fostering a sense of belonging to one's ethnic group and feeling affirmation by that group. Thus, it is important to examine ERI among similarly vulnerable ethnic/racial groups who experience a comparable amount of adversity, including family dysfunction and a sense of instability, to assess whether a sense of belonging to one's group may be protective for these adolescents or perhaps is a cultural-specific protective factor. The present study examined the moderating role of ERI between ACEs and future expectations among at-risk Black and White adolescents.

In the face of adversity, positive messages about the significance and meaning of being a member of one's racial group and feelings about one's racial group increase youth's competence across multiple domains (e.g., social, educational, and occupational;

Neblett, Rivas-Drake, & Umaña-Taylor, 2012; Rivas-Drake, et al., 2014). Neblett and colleagues (2012) proposed an integrative model to describe the protective role of ERI on positive youth development among minority adolescents in three ways. First, ERI may promote positive future self-concept, increasing youth's optimistic perceptions of their competence and adequacy in areas such as graduation, employment, and healthy familial relationships. Second, ERI may contribute to cognitive appraisal processes, informing how youth attend to, understand, and make sense of the world. Through a lens of belonging and pride in one's culture, Black youth may interpret instances of adversity, such as discrimination and ACEs, with meaning and constructively evaluate the situation. Lastly, ERI may contribute to the development of adaptive coping skills among Black youth, aiding youth in negotiating with instances of adversity. It is thus plausible that ERI may foster positive future expectations in the domains of family, education, and career through these dynamic processes in minority youth development.

Although less is known about the protective role of ERI among White youth who have been exposed to adversity, it is plausible that a sense of belonging and affirmation from a larger group could function similarly, engendering a sense of positive self-concept, facilitating interpretations of adverse experiences with a sense of meaning, and cultivating adaptive coping skills. McDermott and Samson (2005) reviewed literature about the complexities of White ERI and the limitations of conceptualizing it as synonymous with affluence and privilege. They concluded that the concept of ERI might be more salient among disadvantaged and at-risk White populations who may be more aware of their race given the increased likelihood of interactions with members of other racial and ethnic groups.

The Present Study

The present study extended previous literature by examining whether race and ERI moderated the association between an accumulation of ACEs by early adolescence, and future educational, occupational, and family expectations two years later in an at-risk sample of Black and White adolescents. Many studies on adversity have relied solely on retrospective adult self-reports of childhood adversities, which may result in recall bias and social-desirability (Widom, Raphael, & DuMont, 2004). Using a longitudinal sample of at-risk adolescents, we prospectively gathered information about the accumulation of ACEs between birth and early adolescence from multiple informants, filling an important gap in previous literature. Consistent with the previous literature, we expected that Black adolescents and adolescents with a greater accumulation of ACEs would have more negative future expectations. We also hypothesized that ERI would mitigate the negative association between ACEs and future expectations, particularly among Black adolescents.

Method

Sample and Procedures

The present study included data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN). LONGSCAN consists of five sites in the Southwestern, Northwestern, Eastern, Southern, and Midwestern U.S. that study the antecedents and consequences of child maltreatment. All sites used uniform measurement, data collection, data entry, and data handling protocols and were coordinated through a central coordinating center. Youth and their caregivers were recruited to participate when youth were either 4 or 6 years old and were interviewed biannually between ages 4 and 14 using developmentally appropriate measures of youth, their caregivers, families, neighborhoods, and schools. Interviews were conducted face-to-face with caregivers and

youth using laptop computers within a year of the youth's birthday.

The total sample recruited for LONGSCAN included 1354 youth across all sites who were identified as being at varying levels of risk for child maltreatment. Specifically, the Northwestern and Southwestern sites recruited children that had been reported for maltreatment, the Eastern site recruited children attending pediatric clinics deemed high-risk for maltreatment based on demographic risk factors and the Southern and Midwestern sites recruited both children that had been reported for maltreatment as well as children who were considered high-risk for maltreatment (Runyan et al., 1998, describe the overall study design and site-specific recruitment procedures in more detail). The total sample was 48.5% male and ethnically/racially diverse (26% White, 53% Black, 7% Latina/o, and 14% from mixed or other races). At baseline, 59% of families earned less than \$15,000 per year and 37% were receiving government assistance. Inclusion criterion in the present study ($n=558$) was a completed age 12 interview, identification as either Black or White on the Multi-Group Ethnic Identity Measure (MEIM; Phinney, 1990), and a completed age 14 interview (see Table 1 for demographic information for the present sample).

Maltreatment Coding. Each of the LONGSCAN sites systematically reviewed CPS records to identify reports of alleged maltreatment and coded the narratives using a modification of the Maltreatment Classification System for reports of physical abuse, sexual abuse, emotional maltreatment, and any indication of associated risk factors, such as domestic violence and substance use among caregivers (MMCS; Barnett, Manly, & Cicchetti, 1993; English & the LONGSCAN Investigators, 1997). Coders at each site were trained to use the MMCS by experienced coders until they reached 90% agreement with the gold standard. To further ensure reliable coding, coders at all five sites coded a

subsample (n = 109) of the CPS narratives that represented cases from each site. Kappas for MMCS codes by LONGSCAN coders were high (ranging from .73 for emotional maltreatment to .87 for physical abuse; English & the LONGSCAN Investigators, 1997).

Measures

Demographics. A project-developed questionnaire was used to obtain demographic information from caregivers, including income, number of dependents, employment status, and education level at age 12 interviews. Given the variability in the timing of the age 12 interview (i.e., within one year of their birthday), chronological age was controlled all analysis to adjust for developmental differences among youth. An indicator of whether or not families' reported incomes were below the federal poverty level for the year during which they completed the interview, given their number of dependents, was calculated.

Adverse childhood experiences. Consistent with the ACEs survey developed by the Adverse Childhood Experiences Studies (CDC, 2010; Dube, Felitti, Dong, Giles, & Anda, 2003), a continuous sum score of the number of ACEs adolescents experienced between birth and the age 12 interview was created (8 indicators: caregiver mental health problem, family member substance use or incarceration, witnessed family violence, child neglect, and physical, sexual, and emotional abuse). The following measures were used to construct dichotomous indicators of whether or not youth ever experienced each adversity based on all available data, resulting in a summed composite score ranging from zero to eight.

Child neglect, physical, sexual, and emotional maltreatment. The present study used four dichotomous indicators (i.e., 0 = not alleged, 1 = alleged) of whether or not adolescents had allegations of physical abuse, sexual abuse, neglect, and emotional

maltreatment, at any time between birth and age 12 based on the MMCS. The decision to use allegations of maltreatment was based on previous findings that adolescents with alleged and substantiated maltreatment are at a similarly increased risk for maltreatment recidivism and mental health and behavioral consequences (Drake, Jonson-Reid, Way, & Chung, 2003; Hussey et al., 2005). Caregivers also reported their own aggressive behavior toward their adolescent in the past year on the severe physical assault scale (3 items; e.g., hit child with fist or kicked hard, threw or knocked child down) at age 8 and 12 interviews, and the extreme physical assault scale (4 items; e.g., grabbed and choked child around the neck, beat child up, burned or scalded child on purpose) at the age 12 interview of the Conflict Tactics Scales-Parent-Child version (CTSPC; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). Although these scales have demonstrated good validity, they tend to show weak evidence of internal consistency because of the relatively low frequency of each behavior (Straus et al., 1998). The severe and extreme physical assault scales were combined with the CPS indicator of allegations of physical abuse to form the physical abuse indicator between birth and age 12.

Witnessed family violence. The *Life Events Scale* is a parent-report measure that was adapted by LONGSCAN (Knight et al., 2008) from Coddington's (1972) *Life Event Records* to assess whether or not in the past year the child experienced any of 30 stressful life events that are common to low-income, child welfare-involved children. Five items assessed whether or not adolescents had witnessed family violence, which included witnessing a family member being threatened with a weapon, hit, kicked, or slapped, shot or stabbed, raped or sexually assaulted, or killed or murdered. This measure was administered to caregivers at all interviews between ages 6 and 12. Official records of whether domestic violence was indicated on any maltreatment reports was also included

based on the MMCS. These indicators and the five items from the *Life Events Scale*, described above, were combined into a single witnessed family violence variable and dichotomized.

Caregiver substance use. The *CAGE* (Mayfield, McLeod, & Hall, 1974) is a four-item questionnaire that asks non-threatening questions about whether the caregiver felt they should reduce their drinking, were annoyed or criticized for their drinking, felt guilty about their drinking, or drank first thing in the morning. The measure was administered at age four interviews and showed good reliability in the LONGSCAN sample ($\alpha = .78$). At age eight interviews, caregivers were administered the self-reported *Caregiver Substance Use* scale, which was based on the Computerized Health Assessment using Multimedia Processing Systems (CHAMPS; Black, Laliberte, & Santelli, 1999). The scale includes 11 stem items asking about the caregiver's current use of a number of illicit drugs, such as marijuana, cocaine, heroin, and stimulants with follow up questions about age at first and last use, current frequency, and most frequent use ever. Official records of whether substance use was indicated on any maltreatment reports was also included based on the MMCS. All of these indicators were combined into a single caregiver substance use variable and dichotomized, with presence of any caregiver substance use between birth and age 12 coded as an affirmative response.

Caregiver mental health. The *Center for Epidemiologic Studies Depression Scale* (*CES-D*) is a 20-item self-report measure of depressive symptoms experienced by caregivers in the past week (Radloff, 1977). Each item is scored on a 4-point scale ranging from 0 (rarely or none of the time) to 3 (most or all of the time) with a cutoff score of 16 indicating "high depressive symptoms" as recommended by the author. The measure was administered at age 4, 6, and 12 interviews and demonstrated excellent

reliability in the LONGSCAN sample (α s ranging from .90 to .91). The *Brief Symptom Inventory* (Derogatis, 1993) is a 53-item measure that includes nine symptom scales based on the results of factor analyses (α s in the LONGSCAN sample ranging from .68 to .91): Somatization (seven items), Obsession-Compulsion (six items), Interpersonal Sensitivity (four items), Depression (six items), Anxiety (six items), Hostility (five items), Phobic Anxiety (five items), Paranoid Ideation (five items), and Psychoticism (five items). Items assess caregiver's experiences of psychological distress (e.g., "your feelings being easily hurt") over the previous 7 days on a 5-point scale ranging from 0 (not at all) to 4 (extremely) and scale scores are converted to T-scores using the adult non-patient normative data published in the user's manual. This measure was administered to caregivers at the age eight interview. The indicators of high depressive symptoms from the CES-D were combined with dichotomous indicators of whether or not each symptom scale T-score from the *Brief Symptom Inventory* was greater than 63 (i.e., the standard case rule; (Derogatis, 1993) in order to create a single dichotomous indicator of whether adolescents ever had a caregiver with a serious mental health problem.

Household member jailed. One item was included from the *Life Events Scale* at each interview between ages 6 and 12 that assessed whether or not anyone from the adolescent's household had been incarcerated in the past year.

Ethnic-racial Identity (ERI). The *Multi-group Ethnic Identity Measure (MEIM)* is a 14-item adolescent-report measure administered at age 12 interviews that assessed adolescents' perceptions of their ERI based on the Affirmation and Belonging subscale (Phinney, 1992). The first item asks youth to indicate the racial/ethnic group to which they feel they most belong. The Affirmation and Belonging subscale included five items

(e.g., “I have a strong sense of belonging to my own ethnic group”). All items were rated on a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly disagree). The MEIM demonstrates good validity for Black and White adolescents (Yasui, Dorham, & Dishion, 2004). The Affirmation and Belonging subscale demonstrated good reliability in the LONGSCAN sample, $\alpha = .77$.

Future Expectations. The 12-item *Future Events Questionnaire (FEQ)*, developed for the LONGSCAN study (Knight, Smith, Martin, Lewis, & the LONGSCAN Investigators, 2008), was administered at age 14 to assess adolescents’ future expectations about their educational achievement (e.g., “How likely is it that you will go to college?”), occupation difficulties (e.g., “How likely is it that you will lose your job?”), and families (e.g., “How likely is it that you will get divorced?”). A principal components analysis (PCA) conducted during the scale’s development supported this three-factor structure. For each item, a five-point Likert scale ranging from 1 (very unlikely) to 5 (very likely) was used to assess adolescents’ perceptions of the likelihood that each event would take place in the future. Higher scores on future educational expectations indicated more positive expectations, while higher scores on future expectations for family and occupational difficulties indicated less positive expectations for these categories.

Data Analysis

Missing data analyses were conducted in IBM SPSS version 23 (IBM Corp., 2015) and all subsequent analyses were conducted using Structural Equation Modeling in *Mplus* version 7.2 (Muthén & Muthén, 2012). In addition to the χ^2 test of model fit, which is often criticized for being overly sensitive to model misspecification in large samples (Bentler & Bonett, 1980), *Mplus* provides indices of model fit, including the

Comparative Fit Index (CFI; Bentler, 1990) and the Root Mean Square Error of Approximation (Steiger, 1990). Based on current recommendations (Hu & Bentler, 1999), values greater than .95 and .90 indicated excellent and acceptable model fit, respectively for the CFI, and values less than .05 and .08 indicated excellent and acceptable model fit, respectively for RMSEA. Model modification indices (e.g., the Lagrange Multiplier test) were examined for each model to identify the sources of model misfit.

Multiple group confirmatory factor analyses (CFAs) with invariance tests were conducted to confirm equivalent of the three-factor structure of the FEQ among Black and White adolescents. Invariance testing proceeded in three steps: (1) configural-invariance of the measurement model; (2) metric-invariance model, in which all factor loadings were constrained to equivalence across groups; and (3) scalar-invariance model, in which item intercepts were constrained to equivalence across groups. Comparative model fit was established by examining significance of the $\Delta\chi^2$ value for each incrementally more restrictive model. See Appendix A and Tables 4 and 5, for full description and results of measurement invariance analyses.

Next, structural models were constructed to test the moderational role of ERI in the association between ACEs and adolescents' future expectations, while controlling for effects of adolescent sex, age, poverty, caregiver employment, and caregiver education. Two separate structural models were tested: 1) a main-effects-only model and 2) a moderation model, which included all main effects and two-way interactions, and the three-way interaction between ACEs, race, and ERI. Significant two-way interactions were probed at high and low values of the moderators (i.e., +/- one standard deviation of the mean). Significant three-way interactions were probed by splitting the sample by race

and probing the two-way interactions between ACEs and ERI within Black and White subgroups.

Results

Missing Data

Youth who completed both the age 12 and age 14 interviews did not significantly differ from youth who completed only the age 12 interview on **any study variables**. Of the 558 Black or White adolescents interviewed at ages 12 and 14, 97% had complete data for all variables. Little's test of missing data patterns (Little, 1988) was not statistically significant, $\chi^2(166)=192.27, p=.08$, so missing data were treated as Missing Completely at Random (MCAR). *Mplus* uses Full Information Maximum Likelihood estimation when data are missing, which is appropriate when data are considered to be MCAR (Enders, 2010).

Structural Equation Models

Main Effects Model. A structural model was tested in which the main effects of ACEs, race, and ERI on the three future expectations factors were tested, while controlling for sex, age, poverty, caregiver employment, and caregiver education. Although the χ^2 was significant, all other fit indices indicated that the model fit the data adequately, $\chi^2(111) = 195.16, p<.001$, CFI=.95, RMSEA=.04. Educational expectations were moderately and negatively correlated with expectations for occupational difficulties ($r=-.46, p<.001$) and family ($r=-.36, p<.001$). Expectations for occupational difficulties were strongly and positive correlated with family expectations ($r=.67, p<.001$). Path coefficients for the main effects are presented in Table 2. None of the predictors were significantly associated with the family expectations factor. Educational expectations were significantly higher for girls than boys, for Black than White adolescents, and for

younger than older youth. More ACEs were significantly and modestly associated with lower educational expectations. Finally, ERI was significantly and modestly-to-moderately associated with lower expectations for occupational difficulties.

Moderation Model. Although the χ^2 was significant, all other fit indices indicated that the model fit the data adequately, $\chi^2(159) = 267.86, p < .001, CFI = .94, RMSEA = .04$. Path coefficients for the interaction effects are presented in Table 2. No two- or three-way interactions were significant for the family or occupational difficulties factors. For the educational expectations factor, there was a significant two-way interaction between race and ERI, and a significant three-way interaction between race, ERI, and ACEs.

Both significant interactions involved race, so the sample was split into Black and White subgroups and the model with the main effects and two-way interaction between ACEs and ERI was tested in each group to probe the significant three-way interaction (see Table 3 for path coefficients in each group). Analyses revealed that stronger ERI was significantly and modestly associated with higher educational expectations among Black adolescents, but there was no significant association among White adolescents. In addition, a significant two-way interaction between ACEs and ERI was found among Black adolescents, but this interaction was not significant among White adolescents. To probe this interaction, simple regression lines of the association between ACEs and educational expectations were tested at low (-1 standard deviation) and high (+1 standard deviation) values of ERI among Black adolescents (see Figure 2). These tests revealed that, when ERI was weak among Black adolescents, more ACEs were significantly associated with lower educational expectations, $b = -.09, p < .001$. However, when ERI was

strong among Black adolescents, more ACEs were not significantly associated with educational expectations, $b=-.02$, $p=.46$.

Discussion

There is a crucial need to identify protective factors that could mitigate the pernicious effects of ACEs on positive future expectations among at-risk adolescents. Ethnic/racial minorities experience a disproportionately high number of ACEs and may be at heightened risk for attenuated future expectations (Slopen et al., 2016); however, there is a dearth of extant literature on the future expectations of White youth who have been exposed to substantial adversity. The present study was the first to investigate the association between an accumulation of ACEs on Black and White adolescents' future expectations in a prospective sample, and also explored the role of ERI, in mitigating these effects. Consistent with our hypothesis, more ACEs were associated with less positive future educational expectations for all youth. ERI was associated with less negative occupational expectations among all adolescents, and more positive educational expectations among Black, but not White adolescents. Additionally, stronger ERI mitigated the negative effects of ACEs on educational expectations for Black, but not White adolescents. These findings highlight racial differences in the factors that influence future educational expectations and extend previous literature on the protective effects of ERI among at-risk Black adolescents.

ACEs and Negative Future Expectations

ACEs were associated with less positive future educational expectations in the current sample of at-risk adolescents. This finding is consistent with recent literature supporting the negative association between ACEs and educational outcomes in adolescence, including lower school engagement and higher rates of high school dropout

(Moses & Villodas, 2017; Boden, Horwood, & Fergusson, 2007). It is noteworthy, however that ACEs were not associated with negative family or occupational expectations. School is a salient context in adolescence. Given the adversities they have experienced, at-risk adolescents, potentially struggling in school, may feel less hopeful about their academic futures. Although race and ACEs were independently associated with future educational expectations, we found that these associations were considerably more complex. Further research is needed to longitudinally examine the differences between ACEs and future expectations among at-risk ethnic/minority youth.

Race, Ethnic-Racial Identity, and Future Expectations

Contrary to previous literature on hopelessness among Black youth and previous findings on racial differences in future expectations (Landis et al., 2007; Kao & Tienda, 1998), at-risk Black adolescents reported more positive educational expectations than White adolescents. However, no previous studies have included samples of White and Black adolescents who have experienced comparable levels of adversities. Given the number of ACEs reported in the present study, it seems that at-risk White adolescents may have generally low future expectations that are comparable to or lower than their Black peers. Future studies should examine additional mediating factors that contribute to racial differences in educational expectations among Black and White adolescents.

The negative association between ACEs and future educational expectations was mitigated by feelings of affirmation and belonging to their racial group among Black adolescents. The same was not true for White adolescents, which is consistent with findings reported by previous researchers (Zaff, Blount, Phillips, & Cohen, 2002). While previous studies have examined the effects of ERI on the promotion of various psychosocial outcomes and as a buffer against racial discrimination among Black youth

(Rivas-Drake et al., 2014), this is the first study to identify its protective role in mitigating the negative effects of ACEs on future expectations. Consistent with Neblett and colleagues' integrative model (2012), strong feelings of affirmation and belonging to one's ethnic/racial group may contribute to positive future self-concept, positive cognitive appraisal processes, and adaptive coping skills, which may in turn motivate Black youth to view higher education as attainable and ameliorate feelings of hopelessness, despite experiencing persistent and cumulative adversities (Miller & MacIntosh, 1999). Indeed, our findings provide further support for resilience frameworks (e.g., The Resilience Portfolio; Grych, Hamby, & Banyard, 2015; Lerner, 2009) and positive youth development perspectives, indicating that at-risk Black adolescents may draw from intrapersonal strengths, such as ERI, to cultivate and maintain expectations for a better future, despite experiencing adversity.

Though the current study has focused on ACEs and ERI as salient factors influencing future expectations among Black and White youth, there are many other individual and socio-ecological factors that may be linked to ethnic/racial differences in risk or resilience for cultivating future expectations among adolescents. Future studies should examine individual factors, such as gender differences in future expectations among Black and White adolescents (e.g., Wood, Kaplan, & McLloyd, 2007), as well as other familial or socio-ecological factors, including parental expectations and adolescents' social networks (i.e., peers, teachers) on future expectation among high-risk samples (e.g., Kerpelman, Eryigit, & Stephens, 2008; Smith-Maddox, 1999). Additional protective factors that could be specific to at-risk White adolescents should also be identified.

Limitations

Findings of the present study should be considered in the context of several limitations. First, although the unique at-risk sample recruited for this study is generally a strength, results of the present study might not generalize to samples of low-risk adolescents. Second, although this is the first study to examine ERI in the context of an accumulation of multiple forms of adversity, we were not able to capture information on timing, chronicity, and severity of ACEs. Third, while a strength of the current study is the inclusion of various ACEs across multiple socio-ecological domains that are consistent with previous research by the CDC (CDC, 2010), there are many other important adversities (e.g., community violence) and culturally-relevant stressors (e.g., racial discrimination) that youth often experience, which should be considered in future research (e.g., Finkelhor, Shattuck, Turner, & Hamby, 2013). Fourth, the current study examined adolescents' future expectations during early adolescence. Although previous research has suggested that early adolescence is an important developmental period during which adolescents begin to consider future educational, occupational, and familial aspirations (Greene, 1986; Rutter, 1987), other studies suggest future expectations in later adolescence (i.e., age 16) may have a greater impact on decision-making and be more strongly linked to long-term outcomes in adulthood (Steinberg et al., 2009). Fifth, the current study was unable to account for future expectations at age 12, thus limiting prospective or causal findings between ACEs and future expectations at age 14. Future studies may examine these parallel processes longitudinally at various time points to establish temporal precedence. Finally, although the current study contributes to existing literature by examining the moderating role of ERI in the association between prospective ACEs and future expectations, future studies may expand on these findings by investigating the impact of these factors on functional outcomes in adulthood.

Implications

Despite these limitations, the findings of the present study indicate that culturally relevant and contextually sensitive protective assets, such as ERI, could potentially be leveraged to produce positive outcomes among Black adolescents in high-risk environments. Affirmation and belonging to one's own ethnic/racial group, found to be protective against ACEs, as well as promote positive future educational expectations, should be targeted in prevention and intervention efforts for at-risk Black adolescents. Although there is a growing literature on positive and protective benefits of ERI, few evidence-based interventions facilitate its development among at-risk Black adolescent populations. In one emerging program, Umaña-Taylor and colleagues (2018) implemented a brief intervention targeting the development of ERI among minority adolescents, which aims to promote positive adjustment. Another example, Foster Healthy Futures for Teens (Taussig, 2015), is a culturally and contextually relevant, multicomponent intervention for adolescents in foster care, which incorporates ERI to promote positive youth development. Future studies may examine the effects of these interventions on future expectations, as well as educational outcomes.

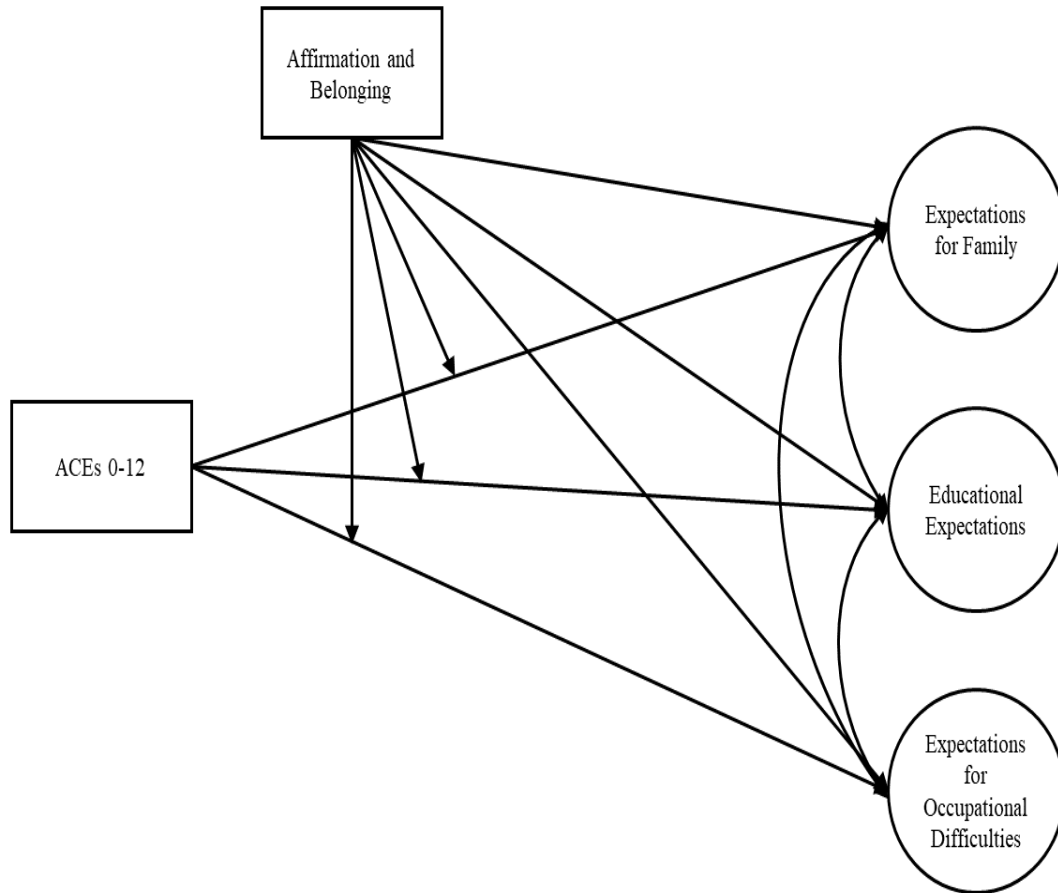
Conclusions

The present study is the first to examine racial differences in future expectations among at-risk Black and White adolescents who were at similar risk for ACEs. Contrary to previous literature, we found that Black youth had higher future educational expectations compared to White youth. Findings also highlight the negative effects of ACEs on future educational expectations among at-risk adolescents and suggest that affirmation and belonging to one's ethnic/racial group is a culturally relevant protective factor against the negative effects of an accumulation of ACEs on future educational

expectations among at-risk Black, but not White adolescents. Findings highlight racial differences in positive adaptation among youth exposed to ACEs and the importance of leveraging culturally relevant protective assets in high-risk environments, which could result in the development of culturally specific prevention and intervention programs for at-risk youth. Considering the disproportionate number of Black adolescents who experience ACEs, promoting strong ERI may be a key factor in delineating pathways to positive adaptation.

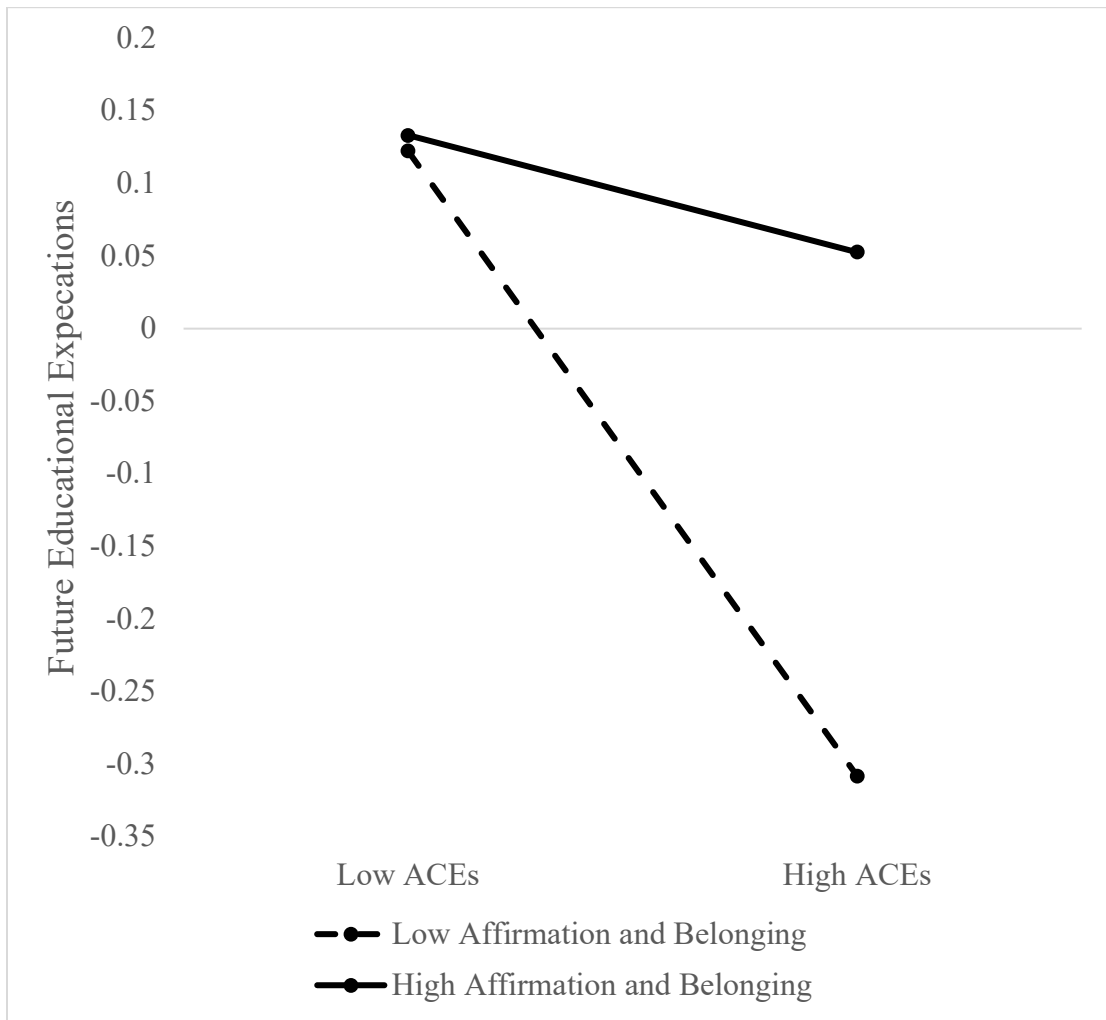
Tables and Figures

Figure 1. Theoretical Moderation Model of the Association Between Adverse Childhood Experiences and Future Expectations by Affirmation and Belonging



Note. ACEs = Adverse Childhood Experiences.

Figure 2. Moderation of the Association Between Adverse Childhood Experiences and Future Educational Expectations by Affirmation and Belonging Among Black Adolescents



Note. High and low affirmation and belonging and ACEs were each set at +/- 1 standard deviation of the mean.

Table 1. Sample Descriptive Statistics

	Full Sample (n = 558)
Male [n (%)]	276 (49.5%)
<u>Race/Ethnicity</u>	
White [n(%)]	151 (27.1%)
Black[n(%)]	407 (72.9%)
Age 12 family income below the federal poverty limit [n(%)]	412 (45.3%)
Total adverse childhood experiences [<i>M</i> (SD)]	3.17 (2.36)
Physical abuse [n(%)]	153 (27.4%)
Sexual abuse [n(%)]	68 (12.2%)
Neglect [n(%)]	299 (53.6%)
Emotional maltreatment [n(%)]	166 (29.7%)
Witnessed family violence [n(%)]	196 (35.1%)
Household substance use [n(%)]	300 (53.8%)
Caregiver mental illness [n(%)]	208 (37.3%)
Household member arrested/incarcerated [n(%)]	221 (39.6%)
Affirmation and Belonging	
White [<i>M</i> (SD)]	3.07 (.45)
Black[<i>M</i> (SD)]	3.24 (.53)

Note. M = mean; SD = standard deviation; n = sample proportion.

Table 2. Standardized and Unstandardized Path Coefficients for Structural Models of Future Expectations.

	Family		Educational Expectations		Occupational Difficulties	
	<i>B</i> (95% CI)	β	<i>B</i> (95% CI)	β	<i>B</i> (95% CI)	β
<u>Main Effects Model</u>						
Sex (male reference group)	.01 (-.13,.13)		.15* (.02,.28)		-.02 (-.17,.13)	
Adolescent age	-.06 (-.19,.10)	-.04	-.18* (-.33,-.03)	-.11*	.16 (-.01 ,.35)	.1
Race (White reference group)	.15 (<-.01,.31)		.19*(.04,.34)		-.04 (-.22,.13)	
Family poverty	.11 (-.06,.29)		-.07 (-.24,.1)		.06 (-.15,.25)	
Caregiver unemployment	.02 (-.15,.18)		-.09 (-.25,.07)		.12 (-.07,.3)	
Caregiver education						
High school diploma/technical certificate	-.09 (-.30,.11)		<.01 (-.20,.17)		.1 (-.13,.3)	
College/graduate degree	-.11 (-.43,.21)		-.21 (-.52,.1)		.19 (-.17,.55)	
ACEs (Ages 0 – 12)	.01 (-.02,.03)	.02	-.04* (-.07, -.01)	-.14*	.03 (<-.01,.06)	.11
Affirmation and belonging	.02 (-.11,.14)	.01	.12 (-.01,.25)	.08	-.36* (-.51, -.2)	-.25*
<u>Moderation Model</u>						
ACEs x race	<.01 (-.06,.07)		-.03 (-.09,.03)		.01 (-.07,.08)	
ACEs x affirmation and belonging	.04 (-.08,.16)		-.11 (-.23,.01)		.08 (-.06,.22)	
Race x affirmation and belonging	-.19 (-.53,.15)		.36* (.03,.69)		-.15 (-.55,.24)	
ACEs x race x affirmation and belonging	.01 (-.13,.15)		.15* (.02,.28)		-.09 (-.25,.08)	

Note. ACEs = Adverse Childhood Experiences; * = $p < .05$.

Table 3. Standardized and Unstandardized Path Coefficients for Structural Models of Future Expectations by Race

<u>Family</u> <u>Expectations</u>	<u>Race</u>		
	<u>Black</u> <i>B</i> (95% CI)	<u>White</u> <i>B</i> (95% CI)	
	β	β	
Sex (male reference group)	-.07 (-.23,.09)	.15 (-.03,.32)	
Adolescent age	-.02 (-.19,.16)	-.04 (-.24,.16)	-.04
Family poverty	.17 (-.06,.39)	.13 (-.08,.33)	
Caregiver unemployment	.08(-.12,.29)	-.14 (-.35,.08)	
Caregiver education			
High school diploma/technical certificate	.06 (-.18,.31)	-.41 (-.71, -.11)	
College/graduate degree	.25 (-.15,.64)	-.62 (-1.11, -.14)	
ACEs (Ages 0 – 12)	.01 (-.03,.04)	<.01 (-.04,.03)	-.02
Affirmation and belonging	-.05 (-.2,.1)	.16 (-.06,.39)	.15
ACEs x affirmation and belonging	.03 (-.05,.10)	-.01 (-.09,.07)	
<u>Educational</u> <u>Expectations</u>			
Sex (male reference group)	.1 (-.05,.24)	.31 (.06,.57)	
Adolescent age	-.24* (-.41, -.08)	-.15*	.04 (-.26,.34)
Family poverty	-.09 (-.29,.12)		-.09 (-.4,.22)
Caregiver unemployment	-.07 (-.26,.12)		-.1 (-.41,.21)
Caregiver education			
High school diploma/technical certificate	-.08 (-.31,.14)		.02(-.38,.42)
College/graduate degree	-.28 (-.64,.08)		-.16 (-.74,.42)
ACEs (Age 0 – 12)	-.05* (-.09, -.02)	-.18*	-.02 (-.07,.04)
Affirmation and belonging	.18* (.04,.32)	.14*	-.12 (-.43,.19)
ACEs x affirmation and belonging	.07* (.01,.14)		-.1 (-.22,.02)
<u>Occupational</u> <u>Difficulties</u>			
Sex (male reference group)	.01 (-.18,.2)		.02 (-.24,.27)
Adolescent age	.31* (.09,.53)	.17*	-.09 (-.38,.21)

Family poverty	.09 (-.16,.34)		.04 (-.26,.34)	
Caregiver unemployment	.15 (-.09,.38)		.05 (-.25,.35)	
Caregiver education				
High school diploma/technical certificate	.36* (.08,.64)		-.4 (-.8,-.01)	
College/graduate degree	.61* (.16,1.06)		-.59 (-1.17,-.01)	
ACEs (Age 0 – 12)	.04 (0,.08)	.12*	.02 (-.04,.07)	.07
Affirmation and belonging	-.42* (-.6, -.24)	-.28*	-.16 (-.47,.15)	-.13
ACEs x affirmation and belonging	-.04 (-.12,.05)		.06 (-.06,.18)	

Note. ACEs = Adverse Childhood Experiences; * = $p < .05$

Table 4. Fit Indices for Nested Sequence of Models for Black and White Adolescents on the Future Expectations Questionnaire

Model	χ^2	<i>df</i>	CFI	TLI	RMSEA	Reference Model #	$\Delta\chi^2$	Δdf
1 Configural	126.48*	78	.97	.96	.05	--	--	--
White	52.37	39	.97	.96	.05	--	--	--
Black	74.11*	39	.97	.96	.05	--	--	--
2 Metric	134.04*	86	.97	.96	.05	1	7.56	8
3 ^a Scalar	144.93*	93	.97	.96	.05	2	10.71	7

Note. CFI = comparative fit index; TLI = Tucker-Lewis index; RMSEA = root mean square error of approximation. ^aPartial scalar invariance was tested because one item intercept significantly differed across language groups.

Table 5. Standardized Factor Loadings for Black and White Adolescents

	<u>Family</u>	<u>Educational</u>	<u>Occupational Difficulties</u>
	Black/White	Black/White	Black/White
1. Have a child without being married	.49/.48		
2. Get married within two years after high school	.47/.51		
3. Get divorced	.64/.88		
5. Go to college		.73/.63	
6. Be able to get the money necessary to go to college		.8/.8	
7. Have a successful career		.77/.77	
8. Get a scholarship for college		.78/.74	
9. Lose your job			.79/.61
10. Get the job you want		.62/.49	
11. Be unemployed at some point during your adult life			.5/.55
12. Have difficulty finding a good job when you become an adult			.45/.5

III. CONSIDERING CULTURE AND CONTEXT: A MIXED-METHODS APPROACH
TO EXAMINING ADOLESCENT ENGAGEMENT AND PARENT SATISFACTION
IN URBAN OUT-OF-SCHOOL-TIME PROGRAMS

Authors' note: This research was supported in part by a National Institute of Mental Health R36 Mental Health Research Dissertation Grant (R36 MH121008) to Enhance Workforce Diversity, an APA Society for the Psychological Study of Social Issues Applied Social Issues Internship Award, and a Psychology Graduate Seed Fund Award at Florida International University, all awarded to Jacqueline Moses.

Abstract

African American and Hispanic adolescent girls living in high poverty communities are at elevated risk for mental health problems. Positive future orientation (optimism about education, employment, relationships) can help to facilitate positive mental health trajectories for adolescents of color in high poverty communities. Afterschool programs in neighborhood settings can promote positive future orientation in girls, but we know little about cultural and contextual influences on youth enrollment and engagement. Using a sequential mixed-methods design, we invited adolescent girls ($n = 24$) and caregivers ($n = 24$) in a partnering program to answer survey and focus group questions about program-level culture/context (e.g., cultural respect), family engagement and satisfaction, and family-level culture/context (e.g., ethnic identity). Mediation analyses revealed that adolescents' perceptions of program-level cultural content, $\beta = .67$, $p < .001$, 95% CI [.356, .970], was significantly and positively associated with adolescents' future orientation, and cultural respect was significantly and positively associated with adolescent engagement, $\beta = .57$, $p < .05$, 95% CI [.155, .818]. Moreover, caregiver satisfaction was significantly and positively associated with caregivers' future orientation for their adolescent. Qualitative analyses further elucidated themes on culture, context, gender, and mental health/resilience promotion associated with family engagement and satisfaction. Findings provide support for tailoring OST programs to the unique needs of families in urban and high poverty communities. Findings may inform program development for vulnerable adolescent girls and families of color.

Keywords: Afterschool programs; Culture; Context; Adolescence; Caregivers; Future Orientation

Considering Culture and Context: A Mixed-Methods Approach to Examining Adolescent Engagement and Parent Satisfaction in Urban Out-Of-School-Time Programs

Introduction

More than one in five U.S. children are in families living below the federal poverty line (National Center for Children in Poverty [NCCP], 2017). Due to systematic barriers and race-related factors, families in poverty are disproportionately of racial/ethnic minority background. Adolescents of color living in poverty are at elevated risk for mental health problems with limited access to quality care, and 21% of youth in poverty are diagnosed with mental health disorders that left untreated lead to significant long-term consequences including poor quality of life, lower educational attainment, and lower lifetime earnings (Chow, Chaffee, & Snowden, 2003). Specifically, adolescent girls of color are at elevated risk for mental health problems, including depression and anxiety disorders, compared to their Non-Hispanic White peers (Anderson & Mayes, 2010; Winkler, Bennett, & Brandon, 2004). Positive future orientation is defined as optimistic expectations for graduation, gainful employment, and healthy relationships (Johnson, Blum, & Cheng 2014). Positive future orientation among vulnerable adolescents has been identified as a unique protective factor associated with positive physical, mental health, and educational trajectories (Johnson, Blum, & Cheng, 2014; So, Voisin, Burnside, & Gaylord-Harden, 2016). Out-of-school-time (OST) programs can promote positive future orientation among adolescents; however, we know relatively little about factors that influence youth enrollment and engagement, in particular in communities of high poverty and among ethnically/racially diverse families, who may stand to benefit the most from positive developmental experiences in neighborhood

programs (Ettetal, Callina, Lerner, 2015). Limited research has examined the roles of cultural (e.g., ethnic identity) and contextual (e.g., safety from community violence) factors that may influence adolescent engagement, positive future orientation and caregiver satisfaction with OST programs. The present study aimed to extend the current literature by leveraging an ongoing academic-community partnership to examine cultural and contextual facilitators and barriers towards adolescent and caregiver engagement and future orientation in an urban multi-site OST program for girls.

Low-Income and Minority Adolescent Girls Are at High Risk for Mental Health Problems

African American and Hispanic adolescent girls living in urban poverty are at elevated risk for mental health problems including depression and anxiety (Anderson & Mayes, 2010), post-traumatic stress (Javdani, Abdul-Adil, Suarez, Nichols, & Farmer, 2014), and juvenile delinquency (Lopez & Nuño, 2016). Bronfenbrenner's ecological systems theory (1977) posits that ecological contexts including peers, family, school, culture, and community, are of critical importance in youth development.

Bronfenbrenner's theory suggests contexts from the micro or individual level (e.g., gender, family) interact with macro level structures (e.g., culture, community, socioeconomic status) to influence youth development. Consistent with Bronfenbrenner's theory, intersectionality is a construct that suggests multiple social identities – including race, ethnicity, gender and socioeconomic status – intersect at the micro level to reflect multiple systems at macro socio-structural levels of access and privilege – including racism, discrimination, and sexism – factors that are highly salient specifically among marginalized populations (Bowleg, 2014). Moreover, a widely cited

literature on ethnic/racial minority populations considers cultural and contextual risk factors in the development of ethnic minority adolescents. Previous literature links cultural risk factors, including experiences of discrimination and racism, to negative mental health trajectories (Paradies et al., 2015).

Moreover, girls and families of color disproportionately live in under-resourced communities. Community and contextual adversities – including financial strain, community violence, food insecurity, housing instability, resource poverty, and unemployment – confer increased risk upon youth. Intersectionality posits that racial, gender, and socioeconomic oppression among girls of color may interact to increase vulnerability to mental health problems. For example, Hispanic and African American girls experience adolescent pregnancy at higher rates (Kost & Maddow-Zimet, 2016), African American girls and women experience more intimate partner violence than any other racial group (Breiding, Chen, & Black, 2014), and Hispanic girls have the highest rate in diagnosis of eating disorders (Beccia et al., 2019). These cultural, contextual, and gender-specific risk factors intersect to exacerbate negative psychological outcomes among minority adolescent girls (Sellers, Copeland-Linder, Martin, & Lewis, 2006; Neblett, Bernard, & Banks, 2016).

In addition to elevated risk, African American and Hispanic adolescent girls and families experience both structural and contextual barriers, including transportation and costs, to access quality mental health services (Marrast, Himmelstein, & Woolhandler, 2016). Further, these barriers are exacerbated by the many cultural barriers to care, including lack of minority therapists, cultural mistrust, stigma, and lack of referrals for minority families resulting in less frequent service utilization (Ewart & Suchday, 2002,

Chow, Jafee, & Snowden, 2003). For example, a national cohort study of youth and young adults (50% female) examining racial/ethnic disparities in mental health services utilization across six years reported mental health problems among minority youth were disproportionately more likely to result in school punishment or incarceration, but rarely mental health care (e.g., counseling, outpatient services; Marrast, Himmelstein, & Woolhandler, 2016). Additionally, girls of color, specifically, had the lowest number of mental health care visits as compared to other groups, further underscoring the need for care that meets the individual and intersecting needs for this particularly vulnerable and marginalized group.

Positive Future Orientation Can Mitigate Risk for Mental Health Problems

Positive future orientation is defined as optimistic expectations for graduation, gainful employment, and healthy relationships (Johnson, Blum, & Cheng 2014). Positive future orientation has been a focus of adolescent mental health promotion (Johnson, Blum, & Cheng 2014; Patton et al., 2011). Long-standing research shows its strength as a protective factor, mitigating risk and promoting resilience—improving short and long-term trajectories for education, employment, and earnings—among teens in low-income communities (Johnson, Blum, & Cheng 2014; So, Voisin, Burnside, & Gaylord-Harden, 2014; Cedeno, Elias, Kelly & Chu, 2010). For instance, one survey collected at one time point revealed that youth (638 low-income African American adolescents, mean age = 16; 53.8 % girls) who reported higher future orientation were 75% less likely to report poor mental health on the Brief Symptom Inventory, 79% less likely to engage in risky sexual behaviors, 69% less likely to engage in delinquent behaviors, and 3.2 times more likely to report positive school bonding (So, Voisin, Burnside, & Gaylord-Harden, 2014).

A small but growing literature suggests mixed findings on gender differences in future orientation among adolescents. Many of these mixed findings can be attributed to methods utilized to measure the construct. For example, measures of future orientation that assess dimensions of career and job satisfaction typically yield higher ratings among boys, while measures that assess family and relationships report stronger positive future orientation among girls. Related literatures have often otherwise described dimensions of positive future orientation as optimism, motivation, positive future expectations, hope, future planning (Johnson, Blum, & Cheng, 2014). Early studies related to future orientation also have examined time perspective – defined as a focus on past, present, or future – such that focus on past or present leads to adverse outcomes including depression and risk-taking and future focus leads to planning and conscientiousness among adolescents (Zimbardo & Boyd, 1999). Findings from more recent studies utilizing broad measures of future time perspective (Steinberg et al., 2009), motivation (Romer, Duckworth, Sznitman, & Park, 2010), and hope (Kerpelman, Eryigit, & Stephens, 2007) suggest that girls overall have stronger positive future orientation compared to boys.

Research examining gender differences in future orientation specifically among adolescents of color living in under-resourced communities is particularly sparse, however, a small literature points to positive future orientation as a relevant protective factor for girls. In one study (n=132 low-income African American pre-adolescents; 51% girls), hope attenuated risk between self-reported exposure to school violence and teacher-reported externalizing behaviors, and was related to positive self-concept, described as positive feelings about oneself, at one time point (Cedeno, Elias, Kelly, & Chu, 2010). Further, hope served a protective-enhancing role in increased self-concept

for girls, but not boys, who reported greater exposure to witnessing violence. Of particular relevance, a recent longitudinal study examined associations between lifetime adverse childhood experiences, ethnic/racial identity, and future expectations at one time point among adolescents at-risk for child maltreatment (n=558; 73% African American, 27% White; 51% girls). Findings revealed that girls, Black adolescents, and older adolescents reported higher future educational expectations compared to boys, White adolescents, and younger adolescents, suggesting intersectionality of identities may play a role (Moses, Villodas, & Villodas, 2019). It is thus plausible that positive future orientation may be a uniquely important protective factor for positive mental health trajectories among girls of color.

Out-of-School-Time (OST) Programs Facilitate Positive Future Orientation

Community-based OST programs are accessible and contextually sensitive settings, often located within neighborhoods and staffed by community members, offering academic support, sports, recreation, enrichment, and arts beneficial to mental health (Hirsch, Mekinda, & Stawicki, 2010; Shernoff, 2010; Durlak & Weissberg, 2007). African American (24%) and Hispanic youth (21%) enroll and spend more time in OST (afterschool, summer) programs compared to White youth (Afterschool Alliance, 2009). Several community-based programs, such as the YWCA, Girls on the Run, and Girls, Inc., focus on adolescent girls. In addition to the many benefits of general OST programs, adolescent girl-focused programming often aims to provide supportive environments to counter harmful gender stereotypes, promote female empowerment, and foster relational skills and self-esteem to facilitate positive trajectories for girls into adulthood (Galeotti, 2015).

High quality OST programs have been characterized by evidence of supportive staff-youth, staff-caregiver, and peer-to-peer relationships; rich and varied academic support; recreation, art, and enrichment activities; provisions for autonomy and safety; sound organizational infrastructure; diverse and invested staff members; low chaotic or disruptive environment; high youth engagement; program sustainability; and a system for evaluation (Kahn, Bronte-Tinkew, and Theokas, 2008; Vandell, 2013). Long-standing evidence in previous literature suggests high quality OST programs promote positive social (Durlak, Weissberg, & Pachan, 2010), academic (Shernoff, 2010), and behavioral (Mahoney, Durlak, & Weissberg, 2018) developmental trajectories, for children and adolescents, and in particular for youth of color (Vandell, Reisner, & Pierce, 2007; Vandell et al., 2005). Recent evidence suggests that high quality OST programs can promote healthy development through future orientation. For instance, one study (Kuperminc, Thomason, DiMeo, & Broomfield-Massey, 2011) used a quasi-experimental, non-equivalent comparison group to examine associations between participation in Cool Girls, Inc. – a community-based positive youth development girls-only program – and future orientation among participating girls and non-participating girls (n = 86 program participants, n = 89 comparisons; 88.6% African American girls, grades 4-8). Using pre- and posttest self-report questionnaires, girls self-reported on dichotomous indicators of program participation – enrollment, attendance for more than one year, and matched with a mentor – and future orientation, measured by items indicating perceptions of goal setting, decision making, and optimism/pessimism for the future (e.g., employment, drug use). Program participants reported higher gains in future orientation, specifically girls who participated in Cool Girls and received program-led

mentorship were more than four times as likely to have expectations of avoiding drug use in the future. Findings support that community-based girls-only programs may foster positive future orientation among girls of color.

OST Program Benefits Depend on Youth Engagement

Much of the extant OST literature has defined attendance as the primary indicator for maximizing benefits among participating adolescents (Jeos-Urbel, 2015; Fiester, Simpkins, & Bouffard, 2004, Lauver & Little, 2005), however, a strong and growing literature has examined the importance of psychological engagement, conceptualized as experiences of positive phenomenological states including heightened engagement, enjoyment, intrinsic motivation, personal satisfaction, flow, and initiative, in linking positive youth development and OST programming (Shernoff, 2010; Hansen et al., 2003, Vandell et al., 2005). Indeed, several studies have reported that youth psychological engagement in OST programs – not just attendance – influences positive developmental outcomes (Hirsch, Mekinda, & Stawicki, 2010). For example, one study examined whether engagement in afterschool programming mediated the associations among attendance, social competence and academic achievement for middle school adolescents enrolled and non-enrolled in afterschool programs (n=196 of 4,970 by the experience sampling method; 38% White, 29% African American, 19% Hispanic; 30% low income; 53% girls). Attendance was determined by whether adolescents were enrolled in a program or not, and self-reports of days attended divided by the total number of reports provided. Engagement was measured using a composite of self-report items assessing engaging conditions (i.e., skills learned, importance, challenge), concentration, enjoyment, interest, and emotional state. Results revealed that attendance was positively

associated with social competence and academic achievement for youth, and this effect was mediated by engagement in program activities (Shernoff, 2010). Additionally, relative perceptions of engagement during organized afterschool programs compared to elsewhere after school predicted higher English and math grades. Gender differences were controlled for as adolescent girls typically outperform boys academically. Findings from this study suggest that engagement in after school programs may be a more important factor than attendance in predicting positive academic outcomes.

Indicators of engagement and positive youth outcomes in OST programs have largely relied upon conventional program quality assessment measured through observation and expert review (Vandell, Reisner, & Pierce, 2007), yet very few studies ask the consumers – participating adolescents and families of color – what factors engage them most in OST programs. Many studies on youth engagement leverage surveys that assess the same indicators (e.g., staff-youth relationship, diversity in activities) that experts have pointed to as important in high quality programming. For example, one study examined youth engagement among a sample of primarily low-income middle and high school adolescents (n = 435; 40% African American, 24% Hispanic; 26% from immigrant families; 51% girls) attending 30 OST programs at one time point. Results from multilevel models suggested that program content and staff quality were strongly associated with youth engagement. Adolescents who reported learning new skills, learning about college, and learning about jobs through activities in the program were more engaged, as were youth who experienced the staff as caring and competent (Greene, Lee, Constance, & Hynes, 2013). Few studies, however, have explored adolescent and caregiver of color perspectives on OST programming in depth to identify factors that are

most important for increasing engagement and satisfaction; and no studies to our knowledge have explored these questions in an all-girls program.

Cultural and Contextual Factors May Influence Engagement in OST Programs

A rich and long-standing literature suggests that cultural factors can create risk or promote resilience (Rivas-Drake et al., 2014; Gapen et al., 2011; Neblett, Rivas-Drake, & Umaña-Taylor, 2012). Cultural factors related to mental health risk include discrimination and stigma associated with seeking mental health care (Chow, Jaffee, & Snowden, 2003; Araújo & Borell, 2006); on the other hand, ethnic identity (Rivas-Drake et al., 2014), ethnic matching (Halliday-Boykins, Schoenwald, Letourneau, 2005; Cabral & Smith, 2011) and cultural respect (Liu, Simpkins, & Lin, 2018) have widely been recognized as protective, contributing to positive mental health, academic achievement, and involvement in extracurricular activities among youth of color living in poverty, mitigating risk factors such as discrimination.

Contextual factors described as adolescents' social contexts including their household financial resources, school, neighborhood, and community (Bronfenbrenner, 1977), may also play a role in engaging adolescents in OST programs. Among youth and families of color living in poverty, contextual risk factors such as financial strain, community violence and neighborhood disadvantage (Perlow, Danoff-Burg, Swenson, & Pugliano, 2004) have been directly linked to violent behaviors and delinquent acts (Chen, Voisin, & Jacobson, 2016), and posttraumatic stress (Javdani, Abdul-Adil, Suarez, Nichols, & Farmer, 2014); while community cohesion (Gapen et al., 2011) has been linked to more positive mental health.

Despite the importance of cultural and contextual factors in the development of vulnerable youth of color, and the documented contribution of OST programs to youth development, there remains a dearth of research examining to what extent cultural and contextual facilitators and barriers influence youth enrollment and engagement in programs, in particular in low-income communities. A small, yet recently growing, literature has examined cultural considerations in youth activities among participating Hispanic adolescents and their caregivers (Liu, Simpkins, & Lin, 2018; Ma, Simpkins, & Puente, 2020; Ettekal, Simpkins, Menjívar, & Delgado, 2020). One study, examining cultural features in engagement in extracurricular organized activities (e.g., sports, orchestra, drama club) among Hispanic adolescents ($n=154$; $M_{age} = 12.36$, $SD = .53$; 59% girls) and their caregivers at one time point, reported that youth perceptions of ethnic cultural respect were associated with more positive activity experiences, whereas their perceptions of ethnic cultural content were associated with more negative feelings. Their parents' perceptions of ethnic cultural content predicted higher involvement (Liu, Simpkins, & Lin, 2018). Moreover, a recent two-part mixed-methods study examined Hispanic adolescent and caregivers' perceptions of cultural features in adolescent extracurricular activities (Ettekal, Simpkins, Menjívar, & Delgado, 2020). Quantitative findings were mixed, suggesting some features (e.g., teaching ethnic culture) predicted positive (e.g., increased autonomy) and negative (e.g., emotional) experiences among adolescents. Qualitative analysis (34 Hispanic caregiver-adolescent dyads) revealed some caregivers and adolescents wanted activities that represented mainstream American culture; others preferred an emphasis on Hispanic ethnic culture, but they were dissatisfied with several ways in which it was misrepresented or represented narrowly in

activities. No studies, to the authors' knowledge, have examined adolescent and caregiver perspectives on considerations of contextual factors in family engagement in urban OST programs. Further, no studies have examined these influences in programs focusing exclusively on adolescent girls of color.

What We Know and Don't Know

To summarize, positive future orientation among vulnerable adolescents has been identified as a unique protective factor associated with positive mental health trajectories. Out-of-school-time (OST) programs can promote positive future orientation among adolescents; however, we know relatively little about factors that influence youth enrollment and engagement, in particular in communities of high poverty and among ethnically/racially diverse families, who may stand to benefit the most from positive developmental experiences in neighborhood programs. Moreover, little research has examined the roles of cultural (e.g., ethnic identity) and contextual (e.g., safety from community violence) factors that may influence adolescent engagement, positive future orientation and caregiver satisfaction with OST programs. The present study leveraged family perspectives, to examine associations among cultural and contextual factors, youth engagement and caregiver satisfaction, and positive future orientation among ethnic/racial minority adolescents participating in OST programs in high poverty communities.

Present Study

The present study examined cultural (e.g., cultural respect) and contextual (e.g., safety from community violence) facilitators and barriers towards adolescent and caregiver engagement and positive future orientation (optimism about education,

employment, relationships), in an urban multi-site OST (summer, afterschool) program for girls. The present study reflects a long-standing academic-community partnership with an OST program for adolescent girls and families living in under-resourced communities. We invited participating adolescents and their caregivers at one time point to answer survey and focus group questions about culture and context. We utilized a sequential mixed methods design to 1) examine associations among program-level cultural/contextual influences (e.g., cultural respect, ethnic matching of staff and youth), engagement (i.e., youth engagement and caregiver satisfaction), and future orientation; 2) explore family-level cultural /contextual influences (ethnic identity, discrimination, financial strain) as potential moderators; and 3) identify cultural and contextual barriers and facilitators generated from focus group feedback to enrich the context of our quantitative findings. See Figure 1 for our conceptual model. First, we hypothesized that adolescent and caregiver perceptions of cultural and contextual factors would be associated with family engagement and future orientation, such that positive perceptions would be associated with higher youth engagement, higher caregiver satisfaction, and more positive future orientation; while negative perceptions would be associated with lower youth engagement, lower parent satisfaction, and more negative future orientation. Second, we hypothesized associations would be moderated by family-level cultural/contextual factors, such that higher ethnic identity, lower perceived discrimination, and lower perceived financial strain will strengthen the association between greater perceived representation of cultural/contextual factors and higher youth engagement and higher parent satisfaction, linked to more positive future orientation; while lower ratings on ethnic identity, higher ratings of financial strain, and lower

reported discrimination will weaken the association between positive cultural/contextual factors and engagement, linked to more negative future orientation among adolescents and caregivers.

Method

Study methods were conducted in accordance with APA Ethical Guidelines and approved by the university's Institutional Review Board and the partnering urban southeastern school district's Research Review Board wherein the study was conducted.

Setting

We partnered with a nonprofit youth development OST program for adolescent girls of color (ages 11 to 17 years old) in communities of high poverty and violence in a large urban center in the southeastern United States. The primary goals of the OST program are to 1) increase academic success, and 2) decrease juvenile justice involvement and school dropout; via academic support, sports, cultural activities, counseling, and mentoring. The program is offered daily during summer from 8 am to 12 pm and Monday to Wednesday afterschool from 4 to 6 pm during the academic year. At the time of study, total enrollment across four sites was approximately 64 adolescents (100% girls; 80% non-Hispanic African American, 20% Hispanic). Leadership and staff are located at the program's headquarters and central office, which also serves as one of the four program sites. The OST program has seven centrally located full-time staff members (86% Black, 14% Hispanic, 86% female) at its program headquarters and one part-time frontline staff member per OST program site (n = 4; 100% female; 75% African American, 25% Hispanic), recruited largely from the communities they serve. Staff facilitate enrichment activities (e.g., museum trips) and regular events on topics such as

female empowerment and succeeding in school. The current study extended an ongoing academic-community partnership with contributing authors, and program leadership expressed high enthusiasm throughout the collaborative process.

OST Program Site #1

Program Site #1 is located in an urban predominately African American (63%, 33% Hispanic) neighborhood characterized by high rates of poverty and crime. The neighborhood, located in the northwest region of the city, hosts one of the largest affordable housing projects in the city, built in 2009. The median household income was \$22,198 and percent of families living below the federal poverty line was 32% (U.S. Census Bureau, 2018). In comparison with other sites, the location of the site has the highest poverty rate. The neighborhood is often in the local news for violent crimes and criminal activity. The middle school in which the program site is located frequently experiences “code yellow” and “code red” warnings for suspicious criminal activity in or near the school requiring students and staff to secure the campus and shelter in place. At the time of data collection, the site was experiencing frequent staff turnover, having changed their primary frontline staff member three times over the course of six months.

OST Program Site #2

Program site #2 is located in a previously predominately African American neighborhood that has more recently become a melting pot of diverse residents, specifically of Dominican, Central American, Nicaraguan, Honduran, and Haitian descent. The average crime rate in this neighborhood is 43% higher than the national average. The median household income was \$22,260 (U.S. Census Bureau, 2018). The program site had the largest number of Hispanic participants with a small minority of

African American participants as compared to the three other sites which were predominately African American. The program is held in a middle school in the neighborhood. It was the only site with a Hispanic woman as the frontline staff member, all other sites were led by African American women.

OST Program Site #3

Program Site #3 is located in a neighborhood within the southern region of the city. The median per household income is \$50,713, distinguishing this middle-income neighborhood as the most affluent among the four sites. Program site #3 is also distinct by its location in a neighborhood with fewer reports of crime and lower rates of unemployment and food insecurity. Residents in the area are predominately Hispanic (54%) with a minority of African American (17%) residents (U.S. Census Bureau, 2018). Although African American families comprise fewer than one-fifth of community residents, families enrolled in the program site were still largely African American. The program site is held in a middle school directly adjacent to a large charter high school. The frontline staff member was newly assigned to the school at the beginning of the academic year and was active in local family engagement, often receiving the large turnouts at monthly parent meetings of the middle school sites.

OST Program Site #4

Program Site #4 is located near downtown. The neighborhood has recently ranked as the city's #1 most dangerous neighborhood according to police statistics. This historic neighborhood was largely recognized in the 1940s and 50s as the center for nightly entertainment and Black owned businesses in the city (Dunn, 1997). The area experienced economic decline and significant gentrification as a result of urban renewal

and the construction of multiple highways which fragmented the neighborhood's population and economy. Today, the neighborhood is characterized by high gun violence, poverty, unemployment, and food insecurity. The median household income is \$30,231 (U.S. Census Bureau, 2018). The neighborhood is predominately African American (48%) and Hispanic (48%). Program Site #4 is located in a community-based center that also hosts the OST program's headquarters and central office. The site offers services year-round with summer and afterschool programming, and a specific focus on girls who have been arrested for non-violent offenses and are under the jurisdiction of the Department of Juvenile Justice. Being the headquarters, Program Site #4 has housed the most staff and leadership including the program's founder/CEO, director of operations, director of programs, frontline staff member, and secretary (4 African American, 1 Hispanic, 100% women). Monthly parent meetings inviting program frontline staff and participating families from all sites are held at this site.

Participants

All adolescents (n = 64) enrolled in the OST program's summer or afterschool program and their caregivers were eligible to participate. Of these, 31 adolescent-caregiver dyads consented and 24 dyads (n = 48) completed surveys, interviews, or focus groups, representing 37.5% of the program's enrolled families. Despite their initial interests, 7 families were unable to participate due to caregiver job conflict, family obligations, or inability to be contacted (e.g., phone disconnected). One adolescent survey was incomplete and excluded from quantitative analysis, thus a total of 23 adolescent surveys were included. For more information on demographics of participating families, see Table 1.

Procedures

Recruitment involved several strategies with collaboration from OST program leadership and staff. At regular program parent meetings, researchers presented brief information about the study, and invited interested caregivers to provide their contact information to schedule participation. During program hours, researchers presented brief information to adolescents and collected contact information for caregivers from interested youth. The research team visited each site three times for recruitment, to explain the study to the program leader, gather contact information, and distribute flyers to adolescents and/or caregivers. Flyers described focus group topics, compensation, duration, location of the study, and the lead investigator's contact information (phone number and e-mail). We contacted caregivers by phone twice, initially to confirm interest and schedule a focus group or interview, and once more as a reminder of the scheduled meeting. Families were encouraged to ask any questions they had about the study at any time and through any form of contact.

During days and times pre-arranged with OST program site directors and families, we conducted focus groups with adolescents and caregivers simultaneously at OST program sites. Upon arriving, a member of the research team consented caregivers and adolescents. Consents, and descriptions of the purpose and procedures of the study were assessed for readability at a sixth grade reading level. Caregivers and adolescents were then separated into adolescent-only and caregiver-only groups in separate rooms at program sites. OST staff and leadership agreed to be absent during data collection to protect confidentiality. Adolescents and caregivers were assigned individual ID numbers, linked within families, to protect confidentiality, and they completed surveys on

individual tablets or using paper and pencil methods (10% surveys were completed electronically). Total items across measures were approximately 80 for adolescents and 100 for caregivers (approximately 30 minutes to complete).

Refreshments were served during a short break while the research team quickly reviewed and synthesized survey responses to identify trends, surprises, or items with high variability. These in turn informed sequencing and prioritizing of questions when focus groups convened. Facilitated by trained graduate and undergraduate students, focus groups ranged from 21 minutes to 51 minutes ($M = 33$ minutes, $SD = 8.22$). The total duration of data collection per focus group or interview was approximately 2 hours, with approximately 3 to 4 visits per site. Focus groups were audio-recorded, with consent from all participants, and professionally transcribed. At the conclusion, participants were asked their preferences for receiving information about findings from the aggregated data (e.g., in-person presentation, newsletter). Adolescents received \$15 gift cards; caregivers received \$20 gift cards.

We designed the study around focus groups as they promote dialogue that can lead to richer information; however, a number of interested caregivers had work and family obligations that precluded their attendance at groups. Rather than exclude interested caregivers from the study (and to minimize missing data and maximize sample size), we instead arranged individual times for them to complete surveys (e.g., at home, during a lunch break at work, or at a neighborhood public park or library) and answer focus group questions in more of a semi-structured interview format. For detailed information about the individual interview, see Appendix B.

We facilitated five caregiver-only and five (concurrent) adolescent-only focus groups. Groups ranged in size from 2 to 7 participants ($M = 4$, $SD = 2.35$). We conducted four caregiver-only and four adolescent-only individual interviews. Together they yielded 18 qualitative transcriptions, representing data from adolescents and caregivers from all consented 24 families.

Measures

Survey Measures

Demographics. Adolescents reported on demographics including home address, age, grade/education, gender, race, ethnicity, immigration status, and years enrolled in the OST program. Caregivers reported on the same demographics with the addition of items on public assistance, housing instability, and adolescent's behavioral impairment. For detailed information about the demographic surveys for adolescents and caregivers see Appendix B.

Mental Health Need. The *Strengths and Difficulties Questionnaire (SDQ) Impairment Scale* includes 3-items to assess caregivers' perceptions of their adolescent's mental health problems and to what extent they impaired adaptability and functioning (e.g., "Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?"). All items were rated on a 4-point Likert scale ranging from 1 = not at all to 4 = a great deal. The measure demonstrates high reliability and internal consistency (Goodman & Goodman, 2009; Bourdon, Goodman, Rae, Simpson, & Koretz, 2005; Goodman, 2001). The measure demonstrated excellent reliability among caregivers in the current sample ($\alpha = .90$). During consent and throughout survey participation we

reiterated that families may skip items given the sensitive nature and perceived risk of some (e.g., immigration status). The following measures correspond to the conceptual model. They are brief, psychometrically sound, and based on theoretical and empirical work relevant to ethnically and racially diverse samples. Many have separate adolescent and caregiver versions; others were modified to enable administration to both respondent groups. Program-level factors were assessed with items selected from several brief surveys utilized in a previous study on cultural/contextual considerations in OST programming (Liu, Simpkins, & Lin, 2018). Family-level factors were selected from empirically supported and widely used measures with diverse populations (Molero, Recio, García-Ael, Fuster, & Sanjuan, 2013; Hamby, Grych, & Banyard, 2018). Items were averaged to create indicators of program-level cultural factors (i.e., cultural content, cultural respect, program discrimination, program ethnic composition), family-level factors (i.e., ethnic identity, financial strain, discrimination), and engagement (adolescent engagement, adolescent attendance, caregiver satisfaction).

Perceptions of Cultural Content Measure. The *Perceptions of Cultural Content Measure* is a 3-item measure. Respondents reported on adolescents' exposure to aspects of culture in the OST program (e.g., "Program leaders teach me/my teenager about my/his/her ethnic or cultural background"). All items were rated on a 5-point Likert scale ranging from 0 = strongly disagree to 4 = strongly agree. The measure demonstrated fair to good reliability among adolescents and caregivers in the current sample ($\alpha = .52, .77$).

Perceptions of Cultural Respect Measure. Respondents reported to what degree the adolescent's ethnic culture was positively accepted in the OST program (n = 4 items;

0 = strongly disagree to 4 = strongly agree; α s = .64 for adolescents, .64 for caregivers; e.g., “The program is a place where people respect my ethnic or cultural background”).

Perceptions of Activity Discrimination Scale. The *Perceptions of Activity Discrimination Scale* is 11-item measure. Respondents reported on 5 items assessing perceived discrimination from leaders and staff (e.g., “The program is a place where people respect my ethnic or cultural background”) and 6 items assessing perceived discrimination from peers in the OST program (e.g., “The kids/leaders at the organized activity would call you names because of your ethnicity”). All items were rated on a 5-point Likert scale ranging from 0 = strongly disagree to 4 = strongly agree. The measure demonstrated excellent reliability among adolescents and caregivers in the current sample (α s = .92, .94).

Activity Features Measure. The *Activity Features Measure* assessed respondents’ perceptions of program ethnic composition. The measure consisted of 2 items that asked respondents the number of staff leaders (e.g., How many of the leaders at the program are of your same cultural background?) and adolescents (e.g., “How many teenagers at the OST program are of your same ethnic background?”) in the OST program that identify with the adolescent’s own ethnic background. Both items were rated on a 5-point Likert scale ranging from 0 = none to 4 = all of them. The measure demonstrated fair reliability among adolescents and caregivers in the current sample (α s = .63, .65).

Multi-Group Ethnic Identity Measure (MEIM) – Affirmation and Belonging subscale. The 6-item *MEIM – Affirmation and Belonging subscale* assessed respondents’ perceptions of their feelings of identity and belonging to their ethnic/cultural group (e.g.,

“I have a strong sense of belonging to my own ethnic group” (Phinney, 1992). All items were rated on a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly disagree). The MEIM has been widely used with diverse samples and has demonstrated high overall reliability ($\alpha = .75$) and internal consistency ($\alpha = .91$; Phinney, 1992; Yasui & Dishion, 2004). The measure demonstrated good reliability among adolescents and caregivers in the current sample ($\alpha s = .88, .85$).

Schedule of Racist Events (SRE). The 18-item *Schedule of Racist Events (SRE)* assessed respondents’ experiences with discrimination (Landrine & Klonoff, 1996). Respondents reported on the frequency and extent to which perceived racism was experienced as stressful in the past year and throughout the lifetime (e.g., How many times have you been really angry about something racist that was done to you?). Each item is answered on scales that range from 1 (the event never happened to me) to 6 (the event happens almost all of the time). Items were completed once for the frequency of the racist events in the past year, a second time for the frequency of the events in one’s entire lifetime, and once again for the appraisal of the stressfulness of each event (i.e., How stressful was this for you?). These are treated as the subscales Recent Racist Events, Lifetime Racist Events, and Appraised Racist Events. Adolescents and caregivers completed 14 items and 16 items respectively, to increase developmental relevancy. Following widely cited norms for use among diverse populations (see Priest, et al., 2013), we used the Recent Racist Events subscale for the purposes of the present study. The SRE has been widely used with diverse samples and has demonstrated high overall reliability ($\alpha = .95-.96$), 1-month, test-retest ($r = .95-.96$) reliability and internal consistency ($\alpha s = .94-.96$; Klonoff & Landrine, 1999). The measure demonstrated

excellent reliability among adolescents and caregivers in the current sample ($\alpha = .91, .97$).

Financial Strain Index. The *Financial Strain Index* is a 3-item measure that assessed respondents' perceived financial pressures (e.g., "How difficult is it for you to live on your household income?", "In the next two months, how much do you anticipate that you or your family will experience actual hardships such as inadequate housing, food, or medical attention?", and "In the next two months, how much do you anticipate having to reduce your standard of living to the bare necessities of life?"). All items were rated on a 3-point Likert scale ranging from 1 (very true) to 3 (not at all true) and the measure has demonstrated good internal consistency ($\alpha = .88$; Hamby, Turner, & Finkelhor). The measure demonstrated fair to good reliability among adolescents and caregivers in the current sample ($\alpha = .66, .79$).

Psychological Engagement Scale. The *Psychological Engagement Scale* is a 6-item measure that assessed the extent to which adolescents enjoyed and were motivated by challenges while working towards goals or on activities in their OST programs (Moore & Hansen, 2010). For instance, "I feel challenged in a good way in this activity". All items were rated on a 5-point Likert scale ranging from 0 = strongly disagree to 4 = strongly agree. The Adolescent Psychological Engagement Measure has demonstrated high reliability ($\alpha = .85$). The measure demonstrated fair reliability among adolescents in the current sample ($\alpha = .69$).

Attendance Indicators. Adolescents' program attendance was assessed using two items administered to adolescents and caregivers. The first item assessed duration ("How long have you been attending [program]?"), rated on a 3 point scale ranging from

1 = “This is my first year at the program”, 2 = This is my 2nd year, and 3 = “I have been attending for several years”; and the second item assessed frequency (“How many days per week do you typically attend [Program]?”) rated from 1 to 5 days. Responses from these items were collected to create a dichotomized variable of low = 0 or high = 1 program attendance. The measure demonstrated fair to good reliability among adolescents and caregivers in the current sample ($\alpha = .63, .79$).

Parent Perceptions of School Age Child Care (SACC) Measure. The *Parent Perceptions of SACC Measure* is a 10-item measure administered to caregivers that assessed the extent to which they are satisfied with OST program activities (e.g., “Are there enough different activities offered that your child can choose?”), environment (e.g., “Has the program been a good environment for your child to build friendships?”) and relationships between staff and school-aged children (e.g., “Are the relations between staff and your child fairly positive?”). All items were rated on a 3-point Likert scale ranging from 1 = rarely to 3 = always. Items were minimally adapted for adolescent caregivers (e.g., replacing “child” with “teen”). The *Parent Perceptions of SACC Measure* has demonstrated high internal consistency ($\alpha = .83$; Rosenthal & Vandell, 1996). The measure demonstrated good reliability among caregivers in the current sample ($\alpha = .74$).

Self-Efficacy Measure. The *Self-Efficacy Measure* is a 7-item measure that assessed adolescents’ and caregivers’ perceptions of optimistic expectations for adolescents’ future in education (e.g., “I will finish college”; “My teen will finish college”), career (e.g., “I will get a job I really want”; “My teen will get the job she really wants”), safety (e.g., “I am confident in my ability to stay out of fights”; I am confident

in my teen's ability to stay out of fights), and relationships (e.g., "I will have healthy relationships [with family, friends, partner]"; "My teen will have healthy relationships [with family, friends, partner]"). Two items were added "I will earn enough for healthy food and safe housing" and "I will have healthy relationships [with family, friends, partner]" for a total of nine items. All items were rated on a 4-point Likert scale ranging from 1 = strongly disagree to 4 = strongly agree. The *Self-Efficacy Measure* has demonstrated moderate internal consistency ($\alpha = .70$; Prothrow-Stith, 1987; DeJong et al., 1992). The measure demonstrated good reliability among adolescents and caregivers in the current sample ($\alpha_s = .75, .86$).

Qualitative Measures

Focus group guide and individual interviews. A study-developed focus group guide (and corresponding semi-structured individual interview) was designed to encourage respondents to extend or expand on their responses from the surveys with greater detail and specific examples. Focus groups and individual interviews began with an open-ended lead question, "What led you to enroll (your teenager) in (program name)?" This initial question was followed by probes focused on themes on cultural and contextual facilitators and barriers informed by survey results. For example, "(Many of you gave high/low ratings on cultural respect. For example, '(Program name) has leaders who understand my ethnic or cultural background.' What role do you believe exposure to aspects of your (teenager's) culture has in your (teenager's) experiences at (program name)?" Probes related to context included examples such as, "Tell me about your community" and "What role do you believe [Program] plays in addressing your concerns about (using the strengths of) your community? How has this influenced your

(teenager's) experiences at [Program]?"'. See Appendix C for complete focus group (and individual interview) guide.

Data Analysis

Quantitative Analysis

Data were analyzed in Mplus. Adolescent and caregiver analyses and variables were run separately to eliminate shared variance. Given the sample, boot-strapped mediation analyses were conducted to examine numeric trends between study variables (Preacher, Rucker, & Hayes, 2007). Potential mediation paths were identified by examining the joint significance of path a, between the predictors (program-level cultural content and respect) and mediators (engagement factors: adolescent engagement, adolescent attendance, parent/caregiver satisfaction), and path b, between mediators and outcomes (adolescent and caregiver future orientation). The significance of indirect effects ($a*b$) were determined using bias-corrected boot-strapped 95% confidence intervals based on 10,000 bootstrapped samples. Dependent on whether effects of path $a*b$ were found significant, moderators (familial-level cultural and contextual factors: ethnic identity, discrimination, financial strain) of path analyses were tested individually as part of an exploratory analysis.

Qualitative Analysis

Qualitative data were analyzed using Nvivo 12. The first author, who engaged with the OST program staff and families for one year prior to conducting this study, developed a reflexivity statement attending systematically to the context of knowledge construction, especially to the effect of the researcher, at every step of the research process (Cohen & Crabtree, 2006; see Appendix D). Qualitative analysis was conducted

according to the grounded theory approach, an iterative process that includes reviewing data collected and leveraging relevant empirical literature to generate themes (Glaser & Strauss, 1967). Numeric trends informed probes for the focus group guide to clarify and extend conclusions drawn from quantitative data.

Following recommended norms, qualitative data were coded to ensure the four components of trustworthiness: credibility, confirmability, dependability, and transferability were achieved (Korstjens & Moser, 2018). Credibility was achieved through prolonged engagement in the field, as the first author and second author established a long-term collaboration with the OST program staff and leadership, developing and facilitating parenting groups, over the past year prior to the current study, both to provide a service and learn more about the relevant needs of parents and youth participating in the program. Purposive sampling was utilized to focus on facilitators and barriers to OST programs for families of color in urban, high poverty communities, who may benefit most from the benefits of these programs. To further credibility, we conducted peer debriefings with co-investigators (research mentors, trained graduate and undergraduate students) who had expertise in culture, context, OST programs, and/or youth development with focus on ethnic/racial minority populations, throughout the analysis process. Moreover, to achieve triangulation we used interviews, focus groups, notes, and information from quantitative surveys, to enrich analysis and elucidate themes, contributing to credibility. Confirmability and dependability were established by using an audit trail, including each peer discussion and iteration of codes, and the final codebook was documented and is available upon request. Dependability was strengthened using a stepwise replication strategy, during which two coders (JOM and EIB) independently

coded the data and compared results. Transferability was achieved using thick description, describing in depth the communities within which each afterschool program site was located, to add context to findings.

Thematic analysis, a method for identifying, analyzing, and reporting data, was used to develop themes (Clarke & Braun, 2006). The first author generated codes and developed a codebook within domains based on the focus group guide as well as observation drawn from all transcriptions. Through an iterative process, codes, definitions, and categories were refined and agreed upon by a group of peer coders (authors JOM, EIB, DJJ) during discussion of transcriptions. Focus groups and individual interviews may differ in regard to social desirability bias, group dynamics, and richness of responses among participants, thus each transcription was coded separately and analyzed for patterns, convergence between and within groups and methods (Rabiee, 2004; Kitzinger, 2004). We also recognized there may be added value, in particular for underrepresented vulnerable populations, of including both methods, such as potential for convergence in identified themes across methods, increased sample size, and potential for greater depth in response (Lambert & Loiselle, 2008). Thus, per convention, we coded separately for participants who contributed to focus groups and semi-structured interviews and then compared codes to explore differences and similarities (Lambert & Loiselle, 2008). Consensus coding involved several steps. Initially, the first and fifth author independently coded all 18 transcriptions – representing 5 caregiver and adolescent only focus groups and 4 caregiver and adolescent only interviews for a total of 24 families – then discussed discrepancies, relying on all transcriptions and codes to reach consensus. For thoroughness, a third coder (DJJ), who also contributed to

collecting data and generating codes and definitions, participated in peer discussions. Peer debriefing with the research team enabled meaning and overarching themes to be generated from the data. Care has been taken to ensure that the quotes represented in the results were selected from all of the sites, however we did not specify participants site affiliation to protect confidentiality.

Integrating Data Strands

Quantitative and qualitative data strands were integrated to generate richer meaning and strengthen conclusions and implications. Furthermore, given the small sample size, qualitative data were used to inform quantitative data analysis. In particular, we recognized themes focused on cultural content and respect arose more often in discussion among adolescents and caregivers, respectively, so we selected only these two variables as predictors in mediation analyses.

Results

Missing Data

Little's test of missing data patterns (Little, 1988) was not statistically significant, $\chi^2(6096) = 19.31, p = 1.00$, so missing data was treated as Missing Completely at Random (MCAR).

Mediation Analyses

Hypothesis 1: Adolescent and caregiver perceptions of cultural and contextual factors would be associated with family engagement and future orientation, such that positive perceptions would be associated with higher youth engagement, higher caregiver satisfaction, and more positive future orientation; while negative perceptions would be

associated with lower youth engagement, lower parent satisfaction, and more negative future orientation.

Adolescent-Reported Program Perceptions, Engagement, and Future Orientation

Examination of the total effect (Figures 2 and 3) revealed that adolescents' perceptions of program-level cultural content, $\beta = .67, p < .001, 95\% \text{ CI } [.356, .970]$, but not cultural respect, $\beta = -.21, p = .39, 95\% \text{ CI } [-.593, .205]$, was significantly and positively associated with adolescents' future orientation, such that adolescents who perceived the program as high in in culturally related activities (e.g., cultural plays, field trips to historically Black colleges), also reported higher positive future orientation, prior to accounting for the mediating effects of engagement in the OST program. On the other hand, cultural respect, $\beta = .57, p < .05, 95\% \text{ CI } [.155, .818]$, but not cultural content, $\beta = -.32, p = .09, 95\% \text{ CI } [-.626, -.010]$, was significantly and positively associated with engagement, suggesting that adolescents who perceived the program high in acceptance and understanding of their culture also reported higher engagement, prior to accounting for future orientation. Engagement was not significantly associated with future orientation, $\beta = .33, p = .17, 95\% \text{ CI } [-.145, .642]$.

Examination of the total indirect effect between adolescents' perceptions of program-level cultural content and future orientation was not significant, $\beta = -.11, p = .30, 95\% \text{ CI } [-.306, .007]$, when accounting for the mediating effects of engagement. Similarly, the indirect effect between adolescents' perceptions of program-level cultural respect and future orientation was not significant, $\beta = .19, p = .26, 95\% \text{ CI } [-.024, .331]$ when accounting for the mediating effects of engagement.

Adolescent-Reported Program Perceptions, Adolescent-Reported Attendance, and Future Orientation

Examination of the total effect (Figure 4) revealed that adolescents' perceptions of program-level cultural content, $\beta = .57, p < .05, 95\% \text{ CI } [.105, .876]$, was significantly and positively associated with adolescents' future orientation, such that adolescents who perceived the program as high in in culturally related activities (e.g., cultural plays, field trips to historically Black colleges), also reported higher future orientation, prior to accounting for the mediating effects of adolescent-reported attendance in the OST program. Program-level cultural respect, $\beta = .00, p = .92, 95\% \text{ CI } [-.433, .520]$, was not significantly associated with future orientation, prior to accounting for the mediating effects of attendance (Figure 5). Moreover, attendance was not significantly associated with future orientation, $\beta = -.11, p = .75, 95\% \text{ CI } [-.642, .372]$. Cultural content was not significantly associated with attendance among adolescents $\beta = .016, p = .97, 95\% \text{ CI } [-.528, .716]$, prior to accounting for future orientation. Cultural respect was not significantly associated with attendance, $\beta = .19, p = .63, 95\% \text{ CI } [-.470, .822]$, prior to accounting for future orientation.

Examination of the total indirect effect between adolescents' perceptions of program-level cultural content and future orientation was not significant, $\beta = -.002, p = .992, 95\% \text{ CI } [-.208, .104]$, when accounting for the mediating effects of attendance. Similarly, the indirect effect between adolescents' perceptions of program-level cultural respect and future orientation was not significant, $\beta = -.021, p = .92, 95\% \text{ CI } [-.428, .054]$, when accounting for the mediating ***Caregiver-Reported Program Perceptions, Satisfaction, and Future Orientation***

Examination of the total effect (Figures 6 and 7) revealed that caregiver satisfaction with the OST program was significantly and positively associated with caregivers' future orientation for their adolescent, $\beta = .68, p < .001, 95\% \text{ CI } [.313, .879]$, such that caregivers that reported higher satisfaction (e.g., high in staff-adolescent relationships, variety in program activities) with the program, also reported higher positive future orientation for their adolescent. Caregiver perceptions of program-level cultural content, $\beta = -.01, p = .97, 95\% \text{ CI } [-.288, .278]$, was not significantly associated with future orientation, prior to accounting for caregiver satisfaction (Figure 6). The association between program-level cultural respect and future orientation, $\beta = .00, p = .99, 95\% \text{ CI } [-.292, .235]$, was not significant, prior to accounting for the mediating effects of caregiver satisfaction. Cultural content was not significantly associated with caregiver satisfaction, $\beta = .19, p = .39, 95\% \text{ CI } [-.193, .546]$, prior to accounting for future orientation. Cultural respect (Figure 7) was not significantly associated with caregiver satisfaction, prior to accounting for future orientation $\beta = .18, p = .44, 95\% \text{ CI } [-.233, .526]$.

Examination of the total indirect effect between caregiver perception of program-level cultural content and future orientation was not significant, when accounting for the mediating effects of caregiver satisfaction, $\beta = .13, p = .35, 95\% \text{ CI } [-.086, .365]$. Similarly, the indirect effect between adolescents' perceptions of program-level cultural respect and future orientation was not significant, when accounting for the mediating effects of caregiver satisfaction, $\beta = .12, p = .46, 95\% \text{ CI } [-.109, .423]$.

Caregiver-Reported Program Perceptions, Caregiver-Reported Attendance, and Future Orientation

Examination of the total effect (Figures 8 and 9) suggested that caregiver-reported youth program attendance was not significantly associated with caregivers' future orientation for their adolescent, $\beta = -.20, p = .57, 95\% \text{ CI } [-.692, .357]$. Caregiver perceptions of program-level cultural content (Figure 8) was not significantly associated with future orientation, prior to accounting for attendance, $\beta = .13, p = .61, 95\% \text{ CI } [-.315, .500]$. The association between program-level cultural respect (Figure 9) and future orientation, was not significant prior to accounting for the mediating effects of attendance, $\beta = .09, p = .73, 95\% \text{ CI } [-.312, .522]$. Cultural content was not significantly associated with attendance, prior to accounting for future orientation, $\beta = .06, p = .84, 95\% \text{ CI } [-.407, .546]$. Cultural respect was not significantly associated with caregiver attendance, prior to accounting for future orientation, $\beta = -.17, p = .59, 95\% \text{ CI } [-.629, .382]$.

Examination of the total indirect effect between caregiver perception of program-level cultural content and future orientation was not significant, when accounting for the mediating effects of caregiver satisfaction, $\beta = -.01, p = .94, 95\% \text{ CI } [-.193, .056]$. Similarly, the indirect effect between adolescents' perceptions of program-level cultural respect and future orientation was not significant, when accounting for the mediating effects of caregiver satisfaction $\beta = .03, p = .83, 95\% \text{ CI } [-.068, .585]$. Contrary to our hypothesis, no mediation analyses were found significant.

Moderation Analyses

Hypothesis 2: We hypothesized associations would be moderated by family-level cultural/contextual factors, such that higher ethnic identity, lower perceived discrimination, and lower perceived financial strain will strengthen the association

between greater perceived representation of cultural/contextual factors and higher youth engagement and higher parent satisfaction, linked to more positive future orientation; while lower ratings on ethnic identity, higher ratings of financial strain, and lower reported discrimination will weaken the association between positive cultural/contextual factors and engagement, linked to more negative future orientation among adolescents and caregivers. However, no mediation indirect pathways were significant; thus, moderation analyses were not conducted.

Qualitative Themes

Focus groups and interviews with adolescents and caregivers were examined according to two a priori themes focused on cultural and contextual barriers and facilitators to engagement in OST programs. In addition, focus groups and interviews yielded two emergent themes related to gender-specific programming and positive youth development. Though not explicitly part of the original research questions or focus group / interview guides (Massey, 2011), they were identified consistently and sufficiently by adolescents and caregivers as important facilitators of engagement. For examples of themes, codes, and quotes derived from the qualitative data see Table 2.

Cultural Facilitators and Barriers

Adolescents and caregivers were asked to comment on the extent to which, and examples of how, cultural factors (e.g., cultural content, cultural respect, staff and peer discrimination, program ethnic composition, and ethnic identity) contributed to their enrollment and/or engagement in the OST program. Most adolescents and caregivers expressed indifference to cultural features, indicating that it was not an explicit consideration in enrollment or engagement; however, additional probing revealed several

culturally-related subthemes. Among the cultural factors discussed were cultural equality, cultural role models, cultural identity development, and coping with discrimination.

Cultural Equality. Both adolescents and caregivers said that program staff and families respected and understood their culture, as many identified with their own racial or ethnic group. Program staff were generally described as “treating us all as equal” and there were nearly no reported experiences of discrimination. In fact, only one adolescent of Hispanic background provided a negative perception of their program’s cultural sensitivity. She attended a site that was predominately Hispanic, and she expressed that staff enforced rules that she perceived as devaluing her culture (e.g., she was not permitted to speak Spanish during some group activities because not everyone was bilingual).

Cultural Role Models. Some caregivers liked that the majority of staff were women of the same cultural background as their family, expressing that they viewed the staff as positive role models for their adolescents, inspiring them to achieve higher education and obtain employment in the future.

“Yeah, and for her to see women—to me, it’s a plus. Mostly, it’s women here, and, mostly, it’s women of color...Um, she sees—okay, you have a secretary. You have a person in charge. You have an assistant ...She can see all the different positions in here and people who look like her in all of those positions...So, it lets her know that her future—she can be in any position she wants, but she can see— Even the person who cleans is—looks like her, and the person who’s in charge looks like her. You can have either one. It’s your choice. Um, it’s represented here.” – Caregiver #1

Cultural Identity Development. Similarly, though not an explicit consideration, many caregivers expressed that features of the program contributed to their adolescents' cultural identity development. One Hispanic caregiver at site #3, expressed that, despite not speaking Spanish at home, her adolescent was becoming more interested in learning the language and about her cultural background because the program introduced her to and allowed her to socialize with many girls of similar Hispanic background. Similarly, a few African American caregivers expressed satisfaction with staff and peers helping teach their daughters about ways to care for their natural hair, different hair textures, and valuing each other's differences in ways the caregiver could not.

“You’ll be around the girls. They’ll give you more advice on how to take care of your hair. Maybe they might tell you, ‘Hey, you need to comb your hair.’ So—like bein’ around other girls, they’ll tell ’em different things they can do...to help them...That’s what I like.” – Caregiver #2

Many adolescents said the program curriculum provided them with opportunities to learn about and develop their own understanding of their cultural identity through various activities. Several adolescents mentioned celebrating culturally relevant holidays such as Martin Luther King, Jr. Day by learning about the history behind the holiday and playing trivia games related to historical events. Adolescents described attending cultural events including plays and ballets that centered on African American history with all African American troupes. An adolescent also described an event during which the program invited a woman to teach the girls how to tie an African hair wrap. She expressed that these activities were important to her because she liked learning about her cultural history and background.

“Uh, when Black History Month comes, she always have African colors on. She taught me how to put—I forgot what it is. It was some—it was the African scarf...And she told me how to put it on... It’s important to me...I never knew Africans had scarves. So, her friend taught me—teach me how to put one on, it was very important.” – Adolescent #24

Coping with Discrimination. Several adolescents liked that the program provided a space to cope with experiences of discrimination that occurred outside of the program. For example, two adolescents described being called by a racial slur. They both expressed that the program leaders provided a safe space to talk about the incident through focused group discussion and provided ways to cope and respond to racial discrimination. Both adolescents said staff leaders and their peers at the OST program provided them with support and encouragement during the situation. Adolescents also expressed that because the majority of their peers and staff at the OST program are of the same race, they felt deeply understood, others could relate to their experiences.

“It can help us, like it’s, uh, they like—they can talk to us. Like if we talk to them and say like people are being racist to us, like they’re judging off—judging us off our skin color. They’ll help us, like—hmm, how can I say? They’ll help us about the racism, like don’t be racist back ‘cause some people can be racist.” – Adolescent #1

“It’s been a positive experience come—when it comes down to that. Um, ‘cause like we said, they [program staff] relate to, um, our girls, our daughters, you know, because they’re the same ethnicity. So, they know the struggle. They know, you know, what these girls have to—what they go through and what they endure

in their neighborhood and the things that they can come across in their neighborhood, so.” – Caregiver #15

Contextual Facilitators and Barriers

Adolescents and caregivers were asked about the extent to which and in what specific ways contextual factors contributed to their enrollment and/or engagement in the OST program. Among the contextual factors discussed were safety from community violence, community setting and peers, experiences beyond the community, and financial strain.

Safety from Community Violence. Adolescents described their communities as having “a lot of problems”, “loud”, and often “hearing gun shots”. Several caregivers shared that because of these safety concerns, they typically did not allow their adolescents or other children to play outside in their neighborhood. On the other hand, caregivers and adolescents valued the OST program as a safe and supervised setting, providing protection after school from community violence. One adolescent said that when her friend was shot and killed, the OST program helped her to cope with the loss by providing social support and a safe space for her to talk about it. Several adolescents also said the program provided one-on-one counseling for them to cope with traumatic experiences related to community violence. Adolescents also liked program-led opportunities to engage in and advocate for their community. For example, many adolescents described cleaning and re-painting a local school.

Community Setting and Peers. Many adolescents expressed that the OST program provided an alternative to being home after school where they and their caregivers felt was safe from community violence while parents were at work. Most

adolescents said they first learned of the program from a peer who was already enrolled or from staff members promoting the program during school events or classroom visits. Some liked that the program was located at their school which made it easy to transition from school day to afterschool program, with the added benefit that they could socialize with peers for an extended time. Relatedly, both parents and adolescents liked that the program provided a space for new friendships with other girls who were demographically similar, disregarding race but related to multiple other contexts including single parent household, multiple siblings, financial strain, and age.

“She is mixed, but we still treat her like she’s one of us because it do—’cause she had a—not a tough life, but like she have a lot of siblings, and she can go through—she g—she go through a lot ’cause her brother’s...aggravating...So—so she, like, she’s one of us. She’s our sister. That’s – that’s how we supposed to treat her.” – Adolescent #6

“...I think [Program] was a way for her to express herself and gain feedback from other girls that were experiencing the same things or, you know, possibly experiencing the same things that she could or could have experienced or, uh, have gone through...Um, like having a single mom, you know, single parent home... one income homes. Um, siblings from, you know, different parents. You know, um, I said financial burdens. You know, just- just those community things that we all face. I mean, we’re all in a low-income community. We don’t have six figure incomes where we live at. Our schools are not always better equipped with supplies or even the teachers.” – Caregiver #24

Experiences Beyond Community. Adolescents and caregivers liked that the program content included experiences beyond their immediate neighborhood and community contexts, such as organized field trips around the city (e.g., museums) that they may not otherwise have had. Several caregivers also liked that multiple aspects of the program were free including enrollment, transportation home, and local field trips.

“I also like that they take them on field trips. Cause if we don’t have the time, let’s say—um, I work. And by the time I’m home, I’m tired. So, they get to be exposed to other things in the community, like field trips, that, maybe, I can’t take her to. Um, we go out. We do things, but, you know, it’s just another way of them getting out into the community. I like that they can go places. They can say, ‘I’ve been there. I’ve experienced that. I like it. I don’t like it.’ Or they can say, ‘Maybe, one day, I’ll take my child there for that experience.’ Or, you know, they can—they can say that, and they’ve experienced it through [Program], and then it’s free.” – Caregiver #17

Financial Strain. Despite the many free features of the program, a few caregivers were displeased with some extraneous costs and fees, such as college tours to out-of-state universities, that burdened their already strained financial resources.

“I literally have to pay out of pocket. So, when it comes to that, I have to literally stipulate the things that I am going to do, and I am not going to do with my daughter. For real. Because she wanna go on every field trip, every program. No, my money don’t pay like that. I still got rent and bills, baby.” – Caregiver #8

Gender-Specific Focus

Both adolescents and caregivers valued the program's gender-specific focus that was represented by enrollment only for adolescent girls, an all-female staff, gender-specific activities (e.g., learning to make lip gloss, female health education), and emphasis on female empowerment (e.g., values in female independence).

Close Female Relationships. Many adolescents expressed feeling a closeness or “sisterhood” with their program peers, who could relate to their problems (e.g., dating) and offer support, and who they trusted to keep conversations private and confidential. Similarly, caregivers liked that their adolescents could form strong female friendships without the presence of boys, who may present a distraction for their girls.

“We’re like a family, so if you make one person feel, [bad]...then we all gonna feel it...you just—like, one of my sisters now.” – Adolescent #24

“Yeah, they need 78coming78’—for themselves, uh, without the boys. You know, they can make them feel good about their self when they don’t have to ma—have a boy to make them feel good. They can feel like, ‘I’m too good for him,’ you know? Sometime, girls have to have that.” – Caregiver #1

Gender-based Content. Caregivers also liked that the program provided education about female development as their adolescents transitioned into adulthood, in particular regarding topics related to female hygiene, such as menstruation and prevention of body odor, that fathers in particular did not feel well equipped to explain to their daughters. They also liked that the program taught adolescents female etiquette. One mother expressed that she felt her values aligned with the program in teaching her adolescent how to be “a little lady”. One adolescent, however, expressed a dissenting

viewpoint. She said the program values overemphasized gender roles and female etiquette, stifling individuality and promoting sexist views on behaviors.

Resilience and Mental Health Promotion

Several emergent subthemes focused on aspects of the program that leveraged adolescents' strengths and prioritized resilience and mental health promotion. Among the contextual resilience factors discussed were individuality, self-expression, and motivation; resilience, mental health promotion, and risk prevention; and educational support and vocational training.

Individuality, Self-Expression, and Motivation. Most adolescents and caregivers expressed the OST program was a place where adolescents could “be themselves”. They especially highlighted that the program fostered their self-esteem and that staff attuned to their individual differences and needs. Many adolescents expressed feeling comfortable with one or more people at the program and enjoyed socializing with their friends, who were often also friends from school. Some adolescents noted particular aspects of the program that motivated them to succeed or “better themselves”. For example, one adolescent spoke about how mentoring a younger girl at the program motivated her to be a good role model through positive behavior and academic achievement. Another adolescent described how “shout-outs” during group discussions helped her stay motivated with her goals.

“We do a circle and then our teacher or our instructor she tells us what we do for the day or what happens and then she let us express ourselves. Then, at the end of the day she let us give everybody else shout outs of what they accomplish in [Program]... We say a place or name and we tell ‘em, ‘Oh we glad that they got

through the day,’ or we glad that they got to finish their project, or they got to finish their homework.” – Adolescent #4

Resilience, Mental Health Promotion, and Risk Prevention. Caregivers, on the other hand, described that factors related to resilience and mental health promotion facilitated their enrollment and satisfaction with the program. They valued the program’s focus on promoting social skills and positive behaviors – including communication, emotional awareness, and problem solving – and preventing risky behaviors – including conduct problems, school suspension, drug use, teen pregnancy, intimate partner violence, and juvenile justice recidivism. Specifically, the program established and reinforced clear rules, including being respectful of others, accountability, and taking responsibility for their actions, that helped minimize negative behaviors and promote positive behaviors, which, many caregivers said aligned with their own values in raising their adolescents.

“So, I want them—I want her interested in other things. And by comin’ here, I like what I see—and I like that they get to use their brain, the thinking, and they- they have other choices other than 80ecoming’ teen moms.” – Caregiver #1

Educational Support and Vocational Training. Most caregivers also appreciated that educational support was available through program curriculum that included time to complete homework and receive tutoring, and opportunities to attend college tours. One caregiver mentioned that she was glad the program was housed in her daughter’s school, because it enabled their staff to improve communication between the caregiver, adolescent, and teacher, fostering improvements in her daughter’s academic achievement. Many caregivers and one adolescent shared explicitly that the program

promoted positive future orientation, inspiring adolescents to seek and obtain higher education, healthy relationships, and careers, despite multiple adversities. For instance, one adolescent shared that the program introduced her to computer programming and inspired her to work towards a career in that field.

“My favorite part of [Program] is when we say our own words ...At the end of [Program] ...You say, girls could be who they wanna be and stuff. That’s my favorite part ‘cause that’s telling me that I could be who I wanna be without somebody judging me... I wanna be a girl who code or who own or makes videogames.” – Adolescent #5

Although many caregivers expressed satisfaction with the program’s educational curriculum, a few caregivers wanted more options for their adolescent to receive vocational training. They said they would like for their adolescents to gain experience and skills in trades including cosmetology, hair styling (e.g., learning to braid African American styles), and “home economics” (e.g., cooking).

Integrated Strands

Quantitative and qualitative analyses elucidate the importance of learning about one’s culture and engaging in cultural activities, understanding of one’s cultural values in the engagement and satisfaction, and future orientation among adolescents and caregivers of color in OST programs. Qualitative analyses further revealed the complexities of cultural and contextual considerations in programming, including values steeped in promoting both cultural and racial equality and pride in one’s culture, opportunities for experiences for adolescents outside of their immediate environments, safety from and coping with community violence, and accessibility to program (e.g., free registration,

transportation, school setting). Analyses also generated two emergent themes, suggesting the importance of a gender-specific program and resilience and mental health promotion among families. Together, findings point to the importance of programming attuned to the individual, unique needs and intersectional identities (i.e., race, socioeconomic status, gender, development) of adolescent girls and families of color in engagement, satisfaction, and fostering positive future orientation.

Discussion

The present study examined cultural and contextual facilitators and barriers towards adolescent and caregiver engagement and positive future orientation, in an urban multi-site OST program for girls. We planned a sequential mixed methods design, during which quantitative survey data patterns informed qualitative inquiry during data collection, and qualitative themes informed quantitative decisions during data analysis. Mediation analyses revealed that adolescents who perceived the program as high in culturally related activities (like attending cultural plays and field trips to historically Black colleges) also reported more optimism or expectation for success related to their education, careers, and relationships. Adolescents who perceived the program as high in respect and understanding of their culture reported higher engagement. Moreover, caregivers who were high in satisfaction with the program (e.g., staff, activity choices, autonomy) also reported more optimism or expectation for success related to their adolescents' education, careers, and relationships. Qualitative analyses further elucidated themes on culture, context, gender, and mental health/resilience promotion that helped to explain patterns of family engagement and satisfaction. Findings provide support for tailoring OST programs to the unique needs of families in urban and high poverty

communities. Implications for findings may inform program development and improve the quality and reach of programs for vulnerable adolescent girls and families of color.

Cultural and Contextual Factors in OST Programs May be Beneficial for Adolescents

Findings from the present study highlight the importance of cultural barriers and facilitators related to enrolling girls and engaging their families in organized out-of-school-time programs. Findings suggest that embracing cultural values and embedding activities through which youth learn about their culture may help to inspire goal-setting and hopefulness among adolescent girls of color. Adolescence is a peak developmental stage for ethnic identity development (Phinney, 1993). Further, a longstanding literature has consistently found ethnic identity serves a culturally specific protective factor for adolescents of color living in adverse environments (Jones & Neblett, 2016; Moses, Villodas, & Villodas, 2019, Rivas-Drake et al., 2014). Thus, consistent with previous literature, it seems that a program's incorporation of cultural content and values rooted in cultural respect may be enthusiastically received and may positively benefit ethnic identity development among participating adolescents of color. Further, many caregivers favored that staff and peers identified with similar backgrounds to their families, which may also help to cultivate ethnic identity development and feelings of mutual respect and understanding among youth and caregivers.

Although most adolescents and caregivers embraced culturally focused content or activities, it is worth noting that a few were disapproving or indifferent. By way of example, one adolescent felt culturally disrespected by a programmatic rule that precluded her from speaking Spanish during group activities. Importantly, this was an

older adolescent with significant life experience; thus, she may have felt empowered to express divergent and negative perceptions during this peak period for identity development (Kroger, 2006). While some caregivers were satisfied with the ethnic representation among staff and youth at the programs, others expressed indifference to this and other culturally specific features of the program. This may reflect, at least in part, the highly segregated nature of the communities that are home to families and programs. As previously described, sites with African American staff are nested within predominately African American schools and neighborhoods, where youth exposure to African American role models (e.g., teachers, coaches) is high; therefore, given the high saturation of African American residents representing the majority in their community, African American families may not have perceived there to be unique value in having an African American staff member lead the program.

Several contextual facilitators and barriers related to program accessibility, safety from community violence, and community engagement emerged. Many caregivers expressed that the program provided a safe and supervised space from community violence, supporting a rich literature pointing to afterschool programs as an ideal space for adolescents during peak hours for juvenile violent crime (OJJDP, 2018). Most adolescents and caregivers liked that their program site was located within their neighborhood schools and that they received free transportation home. Similarly, families, particularly caregivers, expressed appreciation that most programming was free, although a few caregivers were disapproving that some of the program's opportunities (e.g., college tour) were accompanied by a fee. Some adolescents even expressed that they could talk openly and be vulnerable at the program related to coping with trauma

experienced from community violence. Indeed, a few prior studies specifically have identified OST programs in marginalized communities of high poverty as a critical setting for youth who experience chronic adversity and trauma within their home and community environments (Fashola, 2003; Woodland, 2008), and yet research examining contextual facilitators and barriers towards engagement in OST programs remains sparse. The present study is the first, to our knowledge, that has examined the perspectives of program consumers – adolescents and their caregivers – on contextual facilitators of engagement, contributing novel findings to the OST literature.

Gender and Mental Health/Resilience Promotion

Although not an initial or explicit research question, gender-specific programming emerged from interviews and focus groups as a theme among adolescents and caregivers. Consistent with previous studies suggesting unique benefits of gender-specific programming for adolescent girls (Kuperminc, Thomason, DiMeo, & Broomfield-Massey, 2011; Strunin, Douyon, Chavez, Bunte, & Horsburgh, 2010; Thomason & Kuperminc, 2014), caregivers and adolescents placed value on gender-specific features, including female friendships, female role models, absence of boys, female empowerment, gender-based activities, and education about female development (e.g., hygiene, menstruation) as considerations in engagement and program satisfaction. Hence, OST programs may maximize benefits by incorporating gender-specific considerations into program curriculum.

The present findings also suggest that many caregivers living in poverty enroll and engage their adolescent girls in afterschool programs to foster resilience and positive mental health trajectories. Caregivers spoke about the program's strong focus on

promoting emotional awareness, communication, problem-solving, social skills, and self-expression and corresponding emphasis on reducing or preventing risky behaviors including fighting, drug use, teen pregnancy, and juvenile justice recidivism. Although most caregivers were satisfied with the educational supports provided (e.g., homework time, tutoring), some wanted their adolescents to receive more vocational and life skills training, such as opportunities to learn cosmetology (e.g., African American hair braiding). Altogether, findings suggested that higher caregiver satisfaction related to higher expectations for positive education, career, and relationships outcomes for their adolescents; thus, assessing and addressing the needs of caregivers may be particularly important for increasing engagement and maximizing program benefits for enrolled youth. Indeed, a rich and growing literature suggests that OST programs can promote positive mental health and build resilience for youth living in urban poverty (Frazier, Capella, & Atkins, 2007; Frazier, Mehta, Atkins, Hur, & Rusch, 2013).

Limitations, Lessons Learned, and Future Directions

Findings should be considered in the context of several limitations. First, the small sample size and single time point design preclude any causal interpretations or strong conclusions from quantitative analyses. Future studies with longitudinal designs and larger samples will be necessary to examine associations and themes, and to gain greater understanding of temporal precedence. Second, the psychometrics of some measures within the current sample revealed poor reliability, thus quantitative results should further be interpreted with caution. Additionally, all measures relied on adolescent and caregiver self-report, and future studies may incorporate other objective measures (e.g., documented program attendance from program records). Third, although

results will be shared with participants, staff, and leadership, per convention of qualitative studies, we were unable to reconvene (due to COVID-19) with partners and participants to discuss results prior to consolidating our conclusions via a member check. Fourth, focus groups and individual interviews may differ in regard to social desirability bias, group dynamics, and richness of responses among participants. While it is unusual to combine data from both methods because of these notable differences, we allowed for both to ensure interested families with unpredictable, complex or competing work schedules could still participate. To ensure quality of analysis and interpretation each transcription was coded separately and analyzed for patterns, convergence between and within groups and methods. Fifth, in part to keep burden low in context of an already lengthy survey we did not ask information about bilingualism, language, and immigration status and so therefore we have limited information about the heterogeneity within our sample (e.g., first generation immigrants, languages spoken in the home) and how any of those constructs might relate to interpretations or experiences of context and culture. Sixth, though we were able to recruit over one-third of participating families in the program, we did not collect programmatic data on the extent to which participating families differed from non-participating families, thus we are limited in our interpretations and potential effects of selection bias. Seventh, though we collected data from all participating adolescent-focused program sites, the sample size was too small to consider nesting / clustering of families within sites. Despite this limitation, probing of the data and observing trends on key variables (e.g., parental education level, cultural content, engagement, future orientation) suggests little difference between sites, thus we are not concerned about meaningful impact on findings or conclusions.

Despite these limitations, the present findings support several programmatic recommendations and implications that may be leveraged to increase relevancy and maximize benefits of OST programs for adolescent girls and families of color living in under-resourced communities. Given emergent support for cultural and contextual facilitators of engagement and satisfaction in urban OST programs, recommendations for culturally and contextually sensitive programming are needed. To the authors' knowledge, there are no studies examining contextual or cultural sensitivity in community-based OST programs with methodological rigor. Culturally sensitive content such as opportunities to attend cultural events, and cultural sensitivity training among OST program staff to foster cultural respect within the program may increase engagement for adolescent girls and families of color. Furthermore, attention to gender-specific programming may be key in increasing benefits for adolescent girls. Given the findings, we also recommend contextual considerations addressing program accessibility (e.g., cost, transportation, neighborhood setting) may be leveraged to engage families and increase benefits for youth.

On local, state, and federal levels, OST programs have received inconsistent funding for programming (Vandell, 2007; Afterschool Alliance, 2014), however, given the present study findings, policy makers and funders may consider these recommendations to support programs to extend reach to families living in high poverty communities, who stand to benefit the most from OST programs. Further, given many adolescents expressed experiences with community violence, OST programs may aim to explicitly focus on addressing and coping with traumatic stress associated with these experiences (Lane et al., 2007). Indeed, professional OST organizations are increasing

efforts to attend to this unmet need using trauma-informed approaches, such as building staff capacity for socio-emotional learning (Afterschool Alliance, 2019; National Recreation and Parks Association, 2019). Caregivers also expressed wanting more programming focused on vocational training. One study leveraged an academic-university partnership to explore the promise of a community-based after school enrichment program addressing life skills (e.g., job skills, educational attainment), and mental health promotion and violence exposure among adolescents of color ($n = 38$; $M = 16.26$ years old; 42.1% female; 95.2% African American, 4.8% Hispanic) living in high poverty pre and post the 8 month program (Cromer, D'Agostino, Hansen, Alfonso, & Frazier, 2019). Findings from this study suggested that adolescents who experienced greater adversities, including family and community violence exposure, had greater reductions in anxiety from Time 1 to Time 2. Programs such as these suggest promise for community-based OST programs to implement considerations in curriculum and programming that meet the unique needs expressed by caregivers and adolescents in the present study.

The present study contributes to a small literature focused cultural and contextual considerations in community-based OST programs for adolescents; future studies may continue to expand and strengthen this foundational work in several ways. We did not collect information from adolescents and caregivers from similar contexts (e.g., same neighborhood, school, community) who chose not to participate in OST programs, participated in a different OST program, or to our knowledge dropped out from the partnered OST program, for comparisons between and within groups. Future studies may leverage this study design to elucidate cultural/contextual barriers and facilitators among

families who do and do not engage in a variety of OST programming. Although, we chose to examine one particularly relevant protective factor, positive future orientation, we acknowledge that OST programs may facilitate many other positive mental health indicators and outcomes. Future studies may examine whether family considerations in cultural, contextual, gender-specific, and resilience and mental health factors in OST programs promote other indicators of mental health wellness, mitigate risk or reduce psychopathology, perhaps also identifying mechanisms and pathways that may be leveraged to increase relevancy and maximize benefits for adolescents. Future studies may also utilize community-engaged, participatory action research, and community-based participatory research (CBPR) approaches to strengthen collaborations with families, staff, and leadership, to incorporate feedback into practical and sustainable culturally and contextually relevant recommendations.

Tables and Figures

Table 1. Demographics table

	Adolescent (n = 24)	Caregiver (n=24)
Age M(SD)	12.7 (1.01)	34.5 (.80)
<u>Gender</u>		
Female	92%	87%
Male	0%	13%
Non-binary	4%	0%
Declined to Answer	4%	0%
<u>Race/Ethnicity</u>		
Black/African American	83%	75%
Black/Caribbean American	0%	4%
Hispanic/Latino	13%	8%
Multiracial/Multiethnic	8%	4%
Not reported	0%	4%
<u>Caregiver relationship</u>		
Biological Mother		71%
Biological Father		13%
Grandmother		13%
Adoptive mother		4%
<u>Caregiver Education Level</u>		
Less than High School Diploma		13%
High School Diploma		58%
University Certificate or Degree		17%
Below Bachelor's Level		
Bachelor's Degree		4%
Government Assistance*		38%
Public Assistance**		79%

Note. * Families received income from government sources (e.g., unemployment, social security, disability). **Families participated in public assistance programs (e.g., WIC, public housing, food assistance).

Table 2. Qualitative themes, codes, definitions, and examples

Theme Code: definition	Caregiver Example	Youth Example
<p><u>Culture</u></p> <p>Ethnic match - staff: Peers and staff are same ethnicity or culture as participant in program</p>	<p>“Um, I feel that, when the girls come here—um, they respect the people who are here. And if they don’t show them respect, they have consequences. And to me, um, black women need to be held in a position of respect. And that way, when the girls go out and they’re in the schools, they’ll demand it from the boys—because some may not have role models at home who show their mothers respect. But if the girls see respect shown here—they’ll demand it from others.”</p>	<p>“Yeah, ‘cause they [staff leaders] understand you more ‘cause they’re from your culture.”</p>
<p><u>Culture</u></p> <p>Cultural Content: activities related to or teaching youth about youth's culture (e.g., visiting a Black college, Black history-themed play)</p>	<p>“They go to field trips. They go to...Black colleges.”</p>	<p>“But, I—like last year, we went to African play, so I was like it’s dealing with our culture...It’s important to me.”</p>
<p><u>Context</u></p> <p>Coping with Community Violence: Program teaches skills or strategies</p>		<p>“Those girls would be like, ‘Well, let’s try something new. Let’s talk about something else.’ And they’ll [staff] be like, ‘Oh, what do you want to talk about?’ And we’ll just bring up, well, let’s see. Talk about gun</p>

to manage feelings about community violence

Context

Equal Opportunities:
Same access to resources, information, benefits and opportunities in the program, despite socioeconomic status

“But I do like the fact that, um, Girl Power does give them that same opportunities that I think about. It is more out here, and you don’t have to just close your eyes to what you see every day. There is hope. There is something better, you know?”

Gender

Female empowerment:
encouraging, supporting, teaching teens strengths of girlhood

“It’s good. It’s educational... Makin’ em to be an individual, a strong female, independent female, you know, pretty much.”

Gender

Female relationships:
program provides place for female friendships and social supports, and role models

“Give her... that support to where she knows that, okay, let me talk to my girls, ‘cause I know my girls can understand where I’m coming from.”

violence. Why people always using guns. Or police brutality. Why people—why police already bothering us Black folks for no reason.”

“<Program> is actually growing up to be an independent woman....”

“We have our Girl’s Talk...And it-it-it’s like, it’s like you could talk to people that been through a lot of stuff, and a lot of girls that’s in there, they’ve been through stuff that I can relate.”

Resilience/Mental Health
Promotion

Self-expression: Program allows teens to be themselves (e.g., felt comfortable)

“She can express her own feelings and things like that, and I think, um, [Program] does help her to explore that.”

“We do a circle and then our teacher or our instructor she tells us what we do for the day or what happens and then she let us express ourselves.”

Resilience/Mental Health
Promotion

Emotion awareness: teens learn to identify and regulate their emotions

“And, um, what I wanted was, um, her to be able to communicate better her feelings.”

Be, like - like, just calm down, take a breath, and be like, “Okay, what should I do?”

Figure 1. Conceptual model for engagement in OST programs

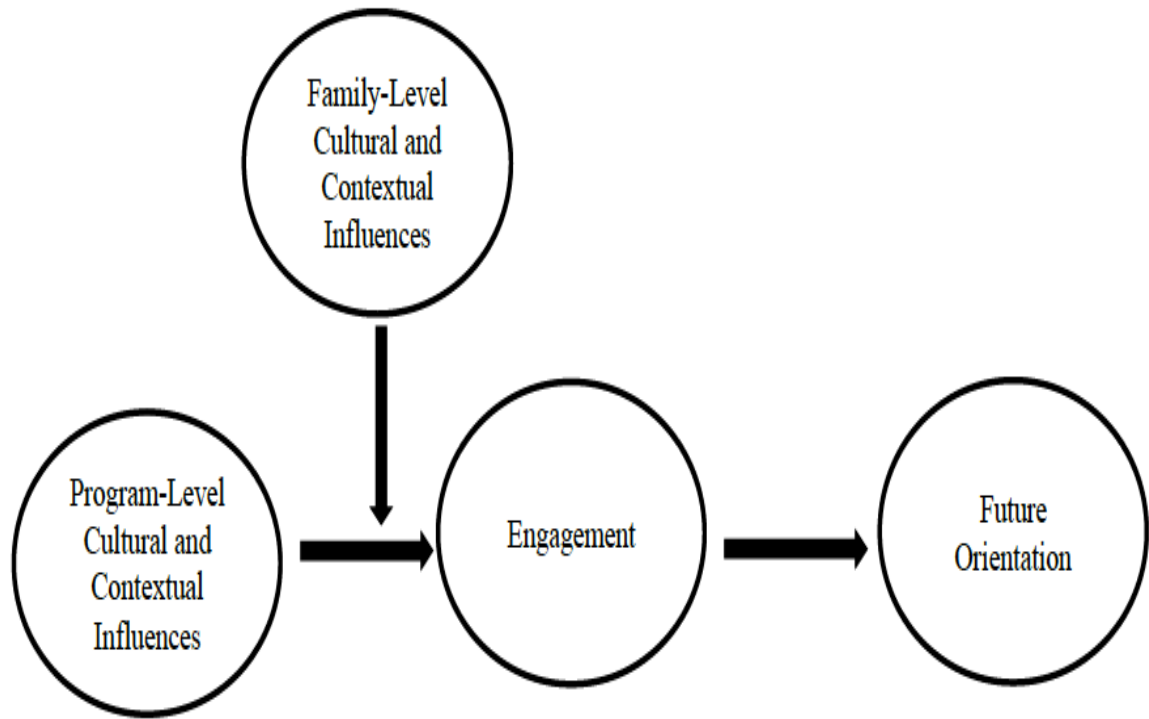
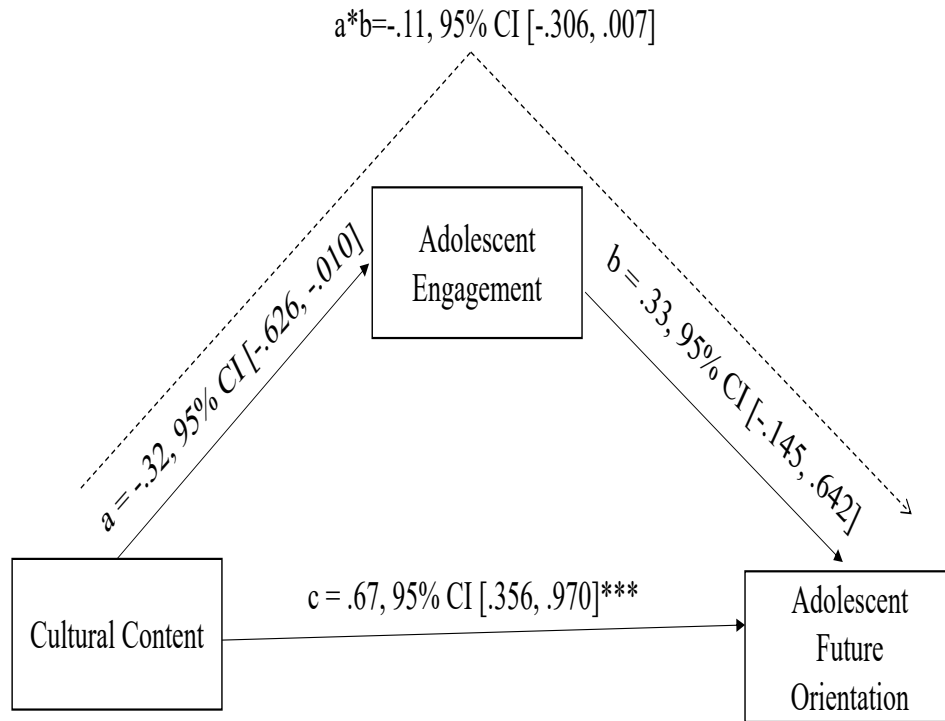


Figure 2. The role of engagement in the association between cultural content and adolescent future orientation among adolescents.



Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 3. The role of engagement in the association between cultural respect and adolescent future orientation among adolescents

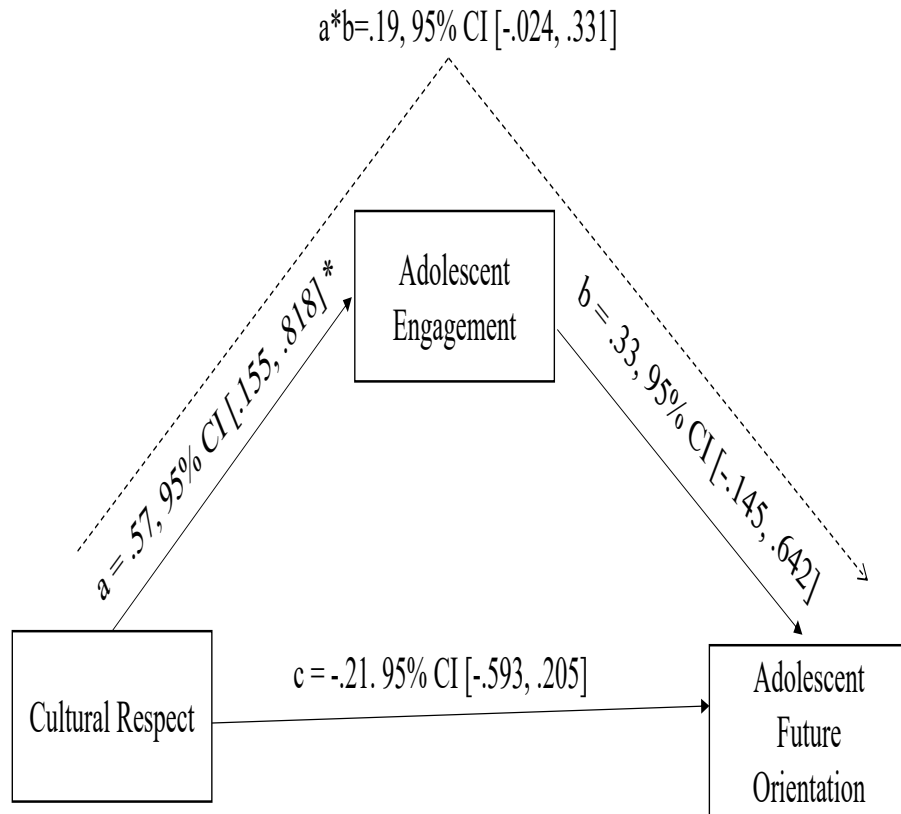
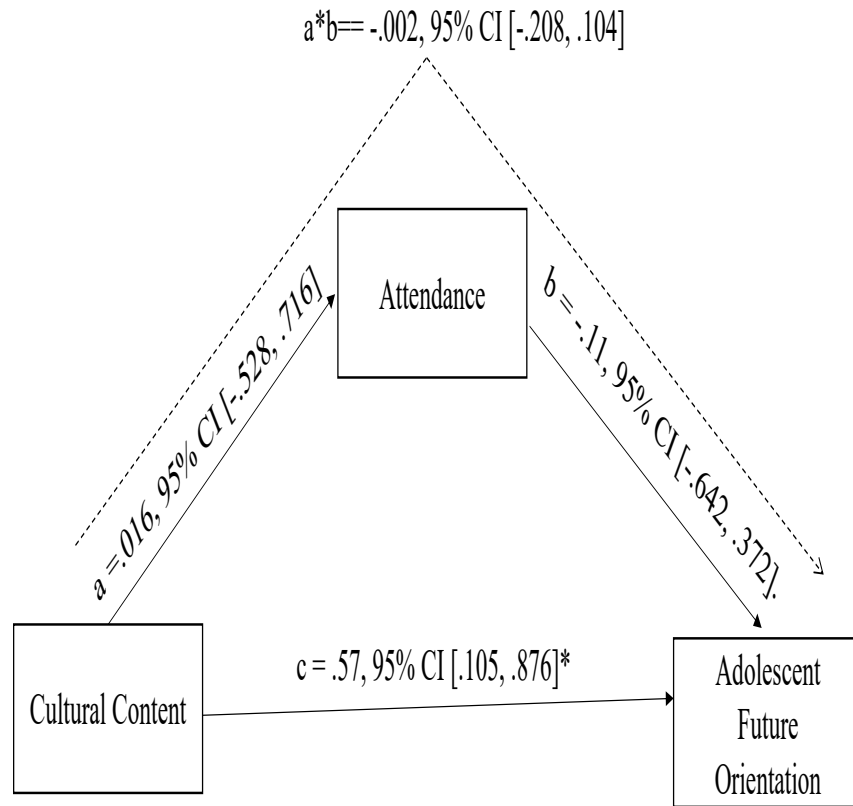
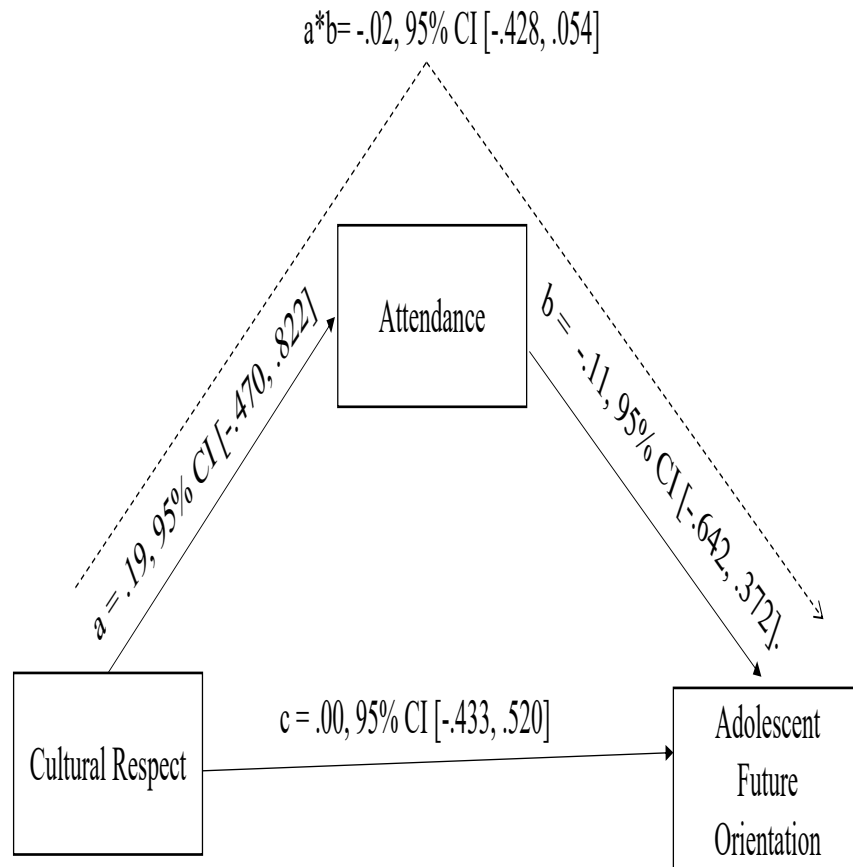


Figure 4. The role of attendance in the association between cultural content and adolescent future orientation among adolescents



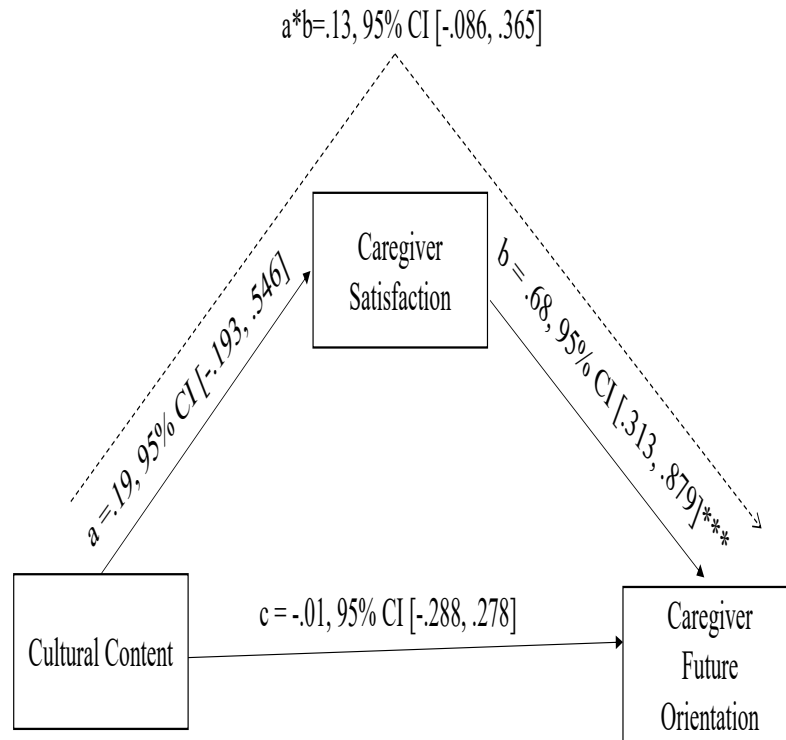
Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 5. The role of attendance in the association between cultural respect and adolescent future orientation among adolescents



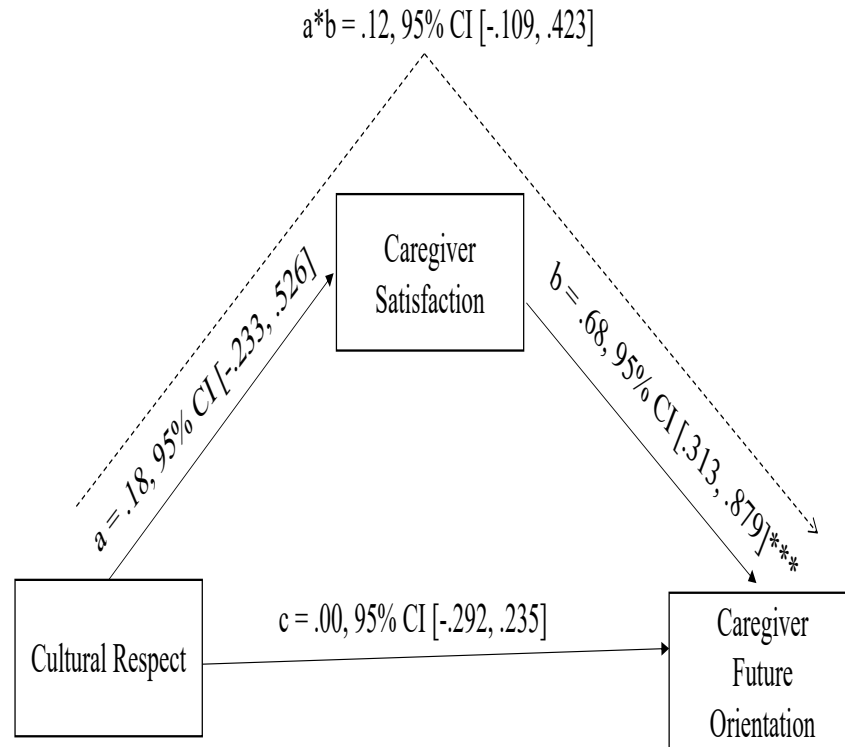
Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 6. The role of caregiver satisfaction in the association between cultural content and caregiver perception of adolescent future orientation among caregivers



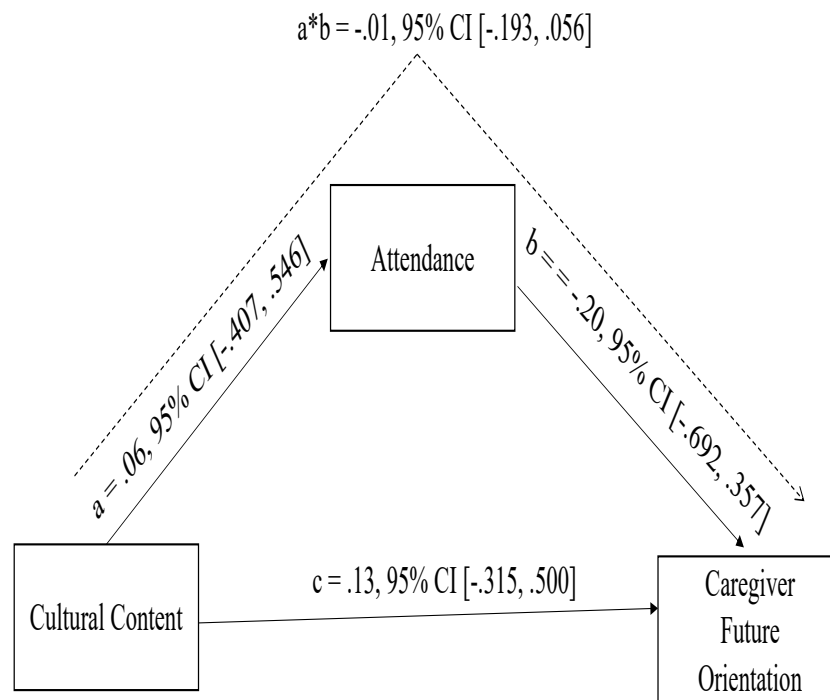
Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 7. The role of caregiver satisfaction in the association between cultural respect and caregiver perception of adolescent future orientation among caregivers



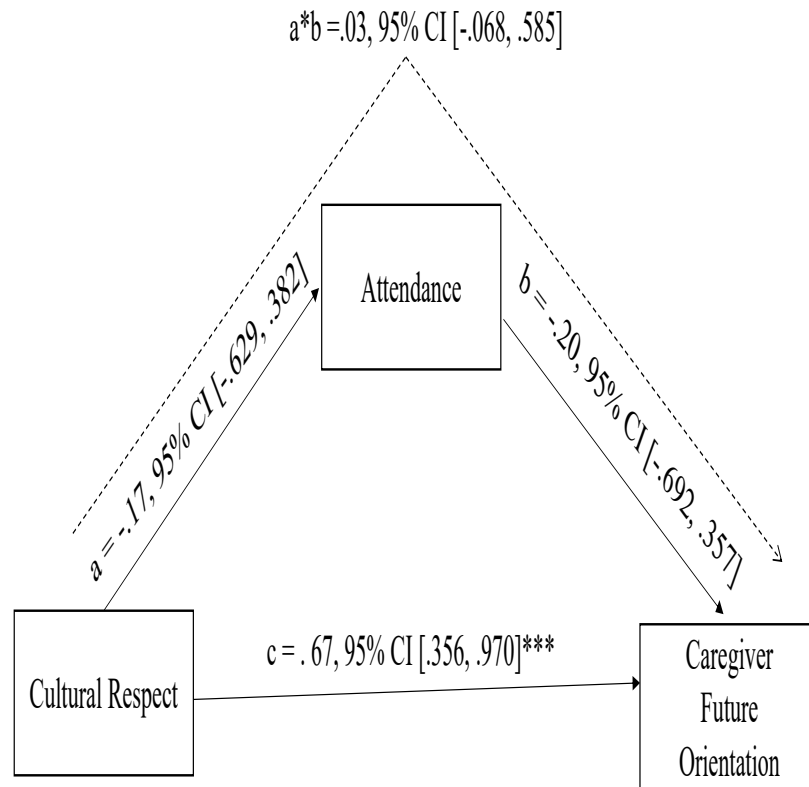
Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 8. The role of caregiver-reported attendance in the association between cultural content and caregiver perception of adolescent future orientation among caregivers



Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 9. The role of caregiver-reported attendance in the association between cultural respect and caregiver perceptions of adolescent future orientation among caregivers



Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

IV. FIELD STATEMENT

Due to systematic barriers and race-related factors, youth and families of color living in communities of high poverty experience disproportionate risk for mental health problems and academic failure, contributing to long-term consequences in adulthood (Chow, Chaffee, & Snowden, 2003). Despite elevated risk, families of color living in urban poverty experience many unique challenges to equitable mental health care including concrete barriers such as cost, and transportation; cultural-specific barriers such as racism, discrimination, language differences, and clinical mistrust; and intervention barriers including inattention to strengths and adaptations. Indeed, well-documented cultural and contextual strengths – ethnic identity, community engagement, racial socialization – unique to youth, families, and communities of color in urban poverty have gone underutilized to improve access, increase relevance, and maximize benefits for vulnerable populations. The studies presented here represent a larger body of work that highlight the importance of infusing literatures on culture, context, and out-of-school-time programs; and partnering with families, communities, and programs to identify factors that facilitate or hinder engagement and potential benefit to youth of color. My program of research aims to leverage culturally sensitive and contextually relevant community-engaged research to strengthen and support non-specialty youth-serving settings – spaces, programs, social support networks, and workforces – in fostering resilience and mental health promotion, and academic success among vulnerable youth of color living in poverty.

Mental health services have often been inadequate towards addressing the unmet needs of youth of color, thus, to facilitate accessible, relevant, and sustainable mental

health care for vulnerable youth, warrants prioritizing other settings. Non-specialty youth-serving settings including out-of-school time programs (afterschool, summer, mentoring programs), juvenile justice services, and schools are settings that do not explicitly offer mental health services but may offer many benefits to youth and families. As supported by the current work, these settings often accessible in neighborhoods or communities, offer enrichment, educational, and developmentally appropriate services, and are often staffed by people of color. Moreover, youth and families of color living in urban poverty are disproportionately represented in and frequently utilize these settings. Given these considerations, non-specialty youth-serving settings are ideal fits for universal mental health promotion toward health and education equity among this vulnerable population.

How can mental health service researchers effectively contribute? The current work suggests community-engaged research may be central. Community-engaged research centers on partnering with families, communities, and program staff and leadership toward shared goals, mutual trust, responsible and credible collaboration (Mikesell, Bromley, & Dmitry Khodyakov, 2013). Leveraging university-community partnerships can ensure that the mental health needs of the community are met by giving youth, families, staff, leadership, and communities an equal voice in the decision-making and goals of partnered research. Community-engaged research increases relevancy of outcomes, limits burden, increases feasibility and sustainability, and serves as a commitment that research contributes not only to the scientific literature, but also benefits traditionally marginalized and underserved youth, families, and communities of color.

Lastly, the current work highlights the importance of explicit focus on cultural and contextual considerations, specifically strengths; largely absent from “evidence-based” curriculum and programming developed with White middle-class communities in mind. Indeed, several programs (e.g., Farrell, Meyer, & White, 2001; McMahon & Washburn, 2000) uniquely designed for ethnic/racial minority youth center on a deficit perspective or resolving problems (e.g., conflict resolution, problem solving) rather than strengths (e.g., focus on ethnic identity, cultural values, pride). Thus, a strengths-based, culturally sensitive and contextually relevant approach towards resilience and mental health promotion is needed to maximize benefits for youth of color. Considering the disproportionate risk and barriers youth and families of color face in receiving equitable mental health care, psychological science should not just seek to understand resilience within youth of color but strengthen the spaces around youth to promote resilience and facilitate positive educational and mental health trajectories.

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Appendix A. Measurement Invariance

A multiple-group CFA was conducted to confirm that the three-factor measurement model had been correctly specified across White and Black adolescents (Table 4 displays model fit and model comparison statistics for final models at each step). The configural-invariance of the model was tested by fitting the previously identified three-factor model in each group separately. Although the χ^2 was significant for Black adolescents, the model fit the data well according to all other fit indices, $\chi^2(51)=89.6, p<.001, CFI=.97, RMSEA=.04$. For White adolescents, however, the model did not fit the data very well according to most fit indices, $\chi^2(51)=92.26, p<.001, CFI=.92, RMSEA=.08$ (see Table 5 for items and standardized factor loadings). After consulting model modification indices for both groups, a cross-loading was identified for one item (“How likely is it that you will have to go on welfare at some point during your adult life”) on the family and job difficulties factors and this item was removed from the model. Two sets of item error terms (item pair 1: 7 and 10; item pair 2: 11 and 12) were also found to be correlated, which is common among items with overlapping content (Brown, 2014). After allowing these item error terms to correlate, the revised measurement model fit the data well among Black and White adolescents (see Table 4 for fit indices for each group). All standardized factor loadings (λ s) were large and statistically significant (see Table 5).

Although the χ^2 was significant, all other fit indices indicated that the metric-invariance model also fit the data well and the chi-squared difference test indicated that it did not fit the data significantly worse than the less restrictive configural-invariance model (see Table 4 for model fit and model comparison statistics). Finally, the scalar-

invariance model fit the data well according to all fit indices, except for χ^2 , $\chi^2(94)=160.18, p<.001$, CFI=.96, RMSEA=.05, but it fit significantly worse than the less restrictive metric-invariance model, $\Delta\chi^2(8)=26.14, p=.001$. Examination of the model modification indices revealed that the model misfit was primarily caused by a significantly higher intercept for Black ($M=4$) than White ($M=3.7$) adolescents on item 8. The intercept of this item was allowed to freely vary between groups and the fit of the partial scalar-invariance model was tested. Although the χ^2 was significant, all other fit indices indicated that the partial scalar-invariance model also fit the data well and the chi-squared difference test indicated that it did not fit the data significantly worse than the less restrictive metric-invariance model.

Appendix B. Survey Measures

Youth Demographics

The following items ask about your background. Please complete the items below as they refer to yourself. Please answer honestly – all responses will remain private. Remember, there are no right or wrong answers. Given the sensitive nature of some items, you may skip any item you are uncomfortable answering.

ID:

Please provide your mailing address:

Street Address, City, and Zip Code

Please specify your ethnicity:

Hispanic or Latino

Non-Hispanic/Non-Latino

Please specify your race (check all that apply):

Alaska Native

American Indian/Native American

Black/African American

Black/Caribbean American

East Asian/Asian American

South Asian/Indian American

Middle Eastern/ Arab American

Native Hawaiian/Pacific Islander

White/European American

Prefer to self-describe:

Prefer to not answer

If someone were to ask you what your family's background was, what country would you say?

If someone were to ask you another country your family is from, what would you say?

How many years have you lived in the United States?

1

2

3

4

5

- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19

Gender:

Male

Female

Non-binary

Other

Program:

[Program]

Attendance:

How long have you been attending [Program]?

This is my first year

This is my 2nd year

I have been attending for several years

How many days per week do you typically attend the [Program]?

1

2

3

4

5

How many days per week do you stay for the full programming?

1

2

3

4

5

What do you do on the days you don't attend?

- I have a job
- I stay at school
- I play a sport
- I receive tutoring
- I take care of younger siblings
- My parent wants me home
- Other

Think about the last week and please mark your attendance at [Program].

	Monday	Tuesday	Wednesday	Thursday	Friday
Attended the whole time					
Arrived late					
Left early					
Didn't attend					

What is your age?

- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years
- 19 years

What grade are you in?

- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade

Cultural Factors in OST Program Measures

Adolescent Perceptions of Ethnic Cultural Content in OST Program

To what extent do you agree or disagree with the following statements about [Program].

1. The program leaders teach me about my ethnic or cultural background.

- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly agree (4)

2. At the program, I hang out with other teens who share the same ethnic background as me.

- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly agree (4)

3. At the program, we do things that are related to my ethnic group or cultural background.

- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly agree (4)

4. At the program, the program room or space is decorated with things that reflect my ethnic or cultural background.

- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly agree (4)

Adolescent Perceptions of Ethnic Cultural Respect in OST Program

To what extent do you agree or disagree with the following statements about [Program].

1. The program leaders are flexible when I have family obligations or events related to my ethnic or cultural background.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

2. The program has leaders who understand my ethnic or cultural background.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

3. The program is a place where people respect my ethnic or cultural background.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

Perceived discrimination in OST Program (Staff)

To what extent do you agree or disagree (0 = strongly disagree; 1 = disagree; 2 = in the middle; 3 = agree; 4=strongly agree) with the following statements about [Program].

1. The leader or staff at the program have negative beliefs about your ethnicity that affect the way they treat you.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

2. The leaders or staff at the program would not interact with you as much as others because of your ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

3. The leaders or staff at the program would call you names because of your ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

4. The leaders or staff at the program would assume you aren't as smart or good at an activity because of your ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

5. The leaders or staff at the program would treat you badly because of your ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

Perceived discrimination in OST Program (Peers)

To what extent do you agree or disagree (0 = strongly; disagree; 1 = disagree; 2 = in the middle; 3 = agree; 4= strongly agree) with the following statements about [Program].

1. The kids at the program have negative beliefs about your ethnicity that affect the way they treat you.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

2. The kids at the program would exclude you from things they do outside the program (like not invite you to go out with them, not invite you to their houses or not let you join their games) because of your ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

3. The kids at the program would call you names because of your ethnicity.

- Strongly Disagree (0)

- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

4. The kids at the program would assume you aren't as smart or good at an activity because of your ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

5. The kids at the program would not hangout with you at the program because of your ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

6. The kids at the program would treat you badly because of your ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

Activity participant ethnic composition

How many of the teens at the program are of your same cultural background?

(0 = none, 1= less than half, 2= about half, 3= more than half, 4 = all of them)?

- none (0)
- less than half (1)
- about half (2)
- more than half (3)
- all of them (4)

Activity leader ethnic composition

How many of the leaders at the program are of your same cultural background?

- none (0)
- less than half (1)
- about half (2)
- more than half (3)
- all of them (4)

Psychological engagement in OST Program

Tell me how much you agree (0 = strongly disagree, 1 = disagree, 2= in the middle, 3= agree, 4= strongly agree) with each of the following statement about when you are doing [Program].

1. There are always things I'm trying to work on and achieve at this program.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

2. I feel challenged in a good way at this program.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

3. What we do at this program is boring.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

4. I'm not working toward anything at this program.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

5. What we do at this program is both difficult and enjoyable.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

6. The goals people are working on at this program are not important to me.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

Adolescent Future Orientation Measure

The items measure one’s confidence in attaining educational and career goals and in avoiding fights. Please indicate the extent to which you agree or disagree with the following statement (1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree)

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I will graduate from high school.	1	2	3	4
2. I will finish college.	1	2	3	4
3. I will get a job I really want.	1	2	3	4
4. I am confident in my ability to stay out of fights.	1	2	3	4
5. If someone called me a bad name, I would ignore them or walk away.	1	2	3	4
6. I don’t need to fight because there are other ways to deal with anger.	1	2	3	4
7. I can get along well with most people.	1	2	3	4
8. I will have healthy relationships (with friends, family, and partners).	1	2	3	4
9. I will earn enough for healthy food and safe housing.	1	2	3	4

Parent/Caregiver Demographics

The following items ask about your background. Please complete the items below as they refer to yourself. Please answer honestly – all responses will remain private. Remember, there are no right or wrong answers. Given the sensitive nature of some items, you may skip any item you are uncomfortable answering.

ID:

Please provide your mailing address:

Street Address, City, and Zip Code

Please identify your relationship to the adolescent participating in [Program]?

- biological mother
- step-mother
- adoptive mother
- grandmother
- foster mother
- biological father
- step-father
- adoptive father
- grandfather
- foster father
- other: _____

If child is in foster care or kinship care, how long has he/she been in the foster system?
_____ Years _____ Months

Please specify your ethnicity:

Hispanic or Latino

Non-Hispanic/Non-Latino

Please specify your race (check all that apply):

- Alaska Native
- American Indian/Native American
- Black/African American
- Black/Caribbean American
- East Asian/Asian American
- South Asian/Indian American

- Middle Eastern/ Arab American
- Native Hawaiian/Pacific Islander
- White/European American
- Prefer to self-describe:
- Prefer to not answer

If someone were to ask you what your family's background was what country would you say?

If someone were to ask you another country your family is from, what would you say?

How many years have you lived in the United States?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19

Gender:

Male

Female

Non-binary

Other

Program:

Attendance:

How long has your teen been attending [Program]?

This is her first year

This is her 2nd year

She has been attending for several years

How many days per week does your teen typically attend the [Program]?

- 1
- 2
- 3
- 4
- 5

How many days per week does your teen stay for the full programming?

- 1
- 2
- 3
- 4
- 5

What does your teen do on the days he/she doesn't attend the program?

- She has a job
- She stays at school
- She plays a sport
- She receives tutoring
- She takes care of younger siblings
- I want her home
- Other

Think about the last week and please mark your attendance at [Program].

	Monday	Tuesday	Wednesday	Thursday	Friday
Attended the whole time					
Arrived late					
Left early					
Didn't attend					

What is your age?

- 20 years old or younger
- 21-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old
- 70 years old or older

What is the highest certificate, diploma, or degree you have completed?

- Less than high school diploma

High school diploma
University certificate or degree below the bachelor's level
Bachelor's degree
University certificate, diploma, or degree above the bachelor's level

Do you receive income from any sources (e.g., unemployment, disability, social security)? Yes No

Do you participate in public assistance programs (e.g., WIC, public housing, food assistance)? Yes No

^Was this statement true for you in the last 12 months? "We worried whether our food would run out before we got money to buy more." Often Sometimes Never

Was this statement true for you in the last 12 months? "We couldn't afford to eat balanced meals." Often Sometimes Never

In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food? Yes No

In the last 12 months, did you ever not eat for a whole day because there wasn't enough money for food?
 Yes No

In the last 12 months, did any of the children ever not eat for a whole day because there wasn't enough money for food? Yes No

How many times have you moved in the last year?

During the past year, have you had more than 2 people per bedroom? Yes No

In the past year, have you temporarily lived with other people because of economic difficulties? Yes No

Please tell us how hard it is to pay your monthly bills?
 Not hard at all A little hard Somewhat hard Very hard

Strengths and difficulties Questionnaire

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

[] No

- Yes – minor difficulties
- Yes – definite difficulties
- Yes – severe difficulties

If you have answered "Yes", please answer the following questions about these difficulties:

Do the difficulties upset or distress your child?

- Not at all
- Only a little
- Quite a lot
- A great deal

Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Caregiver Perceptions of Ethnic Cultural Content in OST Programs

To what extent do you agree or disagree (0 = strongly disagree; 1 = disagree; 2 = in the middle; 3 = agree; 4= strongly agree) with the following statements about [Program].

1. The program leaders teach my teen about his/her ethnic or cultural background.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

2. The program has other teens who share the same ethnic background as my teen.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)

- Agree (3)
- Strongly Agree (4)

3. The program is a place where they do things that are related to my teen's ethnic group or cultural background.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

4. At the program, the program room or space is decorated with things that reflect my teen's ethnic or cultural background.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

Parent/Caregiver Perceptions of Ethnic Cultural Respect in OST Programs

To what extent do you agree or disagree (0 = strongly disagree; 1 = disagree; 2 = in the middle; 3 = agree; 4= strongly agree) with the following statements about [Program].

1. The program leaders respect when my teen has family obligations or events related to his/her ethnic or cultural background.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

2. The program has leaders who understand my teen's ethnic or cultural background.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

3. The program is a place where people respect my teen's ethnic or cultural background.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

Perceived discrimination in OST Program (Staff and Peer)

To what extent do you agree or disagree (0 = strongly disagree; 1 = disagree; 2 = in the middle; 3 = agree; 4=strongly agree) with the following statements about [Program].

Staff

1. The leader or staff at the program have negative beliefs about her ethnicity that affect the way they treat your teen.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

2. The leaders or staff at the program would not interact with your teen as much as others because of her ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

3. The leaders or staff at the program would call your teen names because of her ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

4. The leaders or staff at the program would assume your teen isn't as smart or good at an activity because of her ethnicity.

- Strongly Disagree (0)

- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

5. The leaders or staff at the program would treat your teen badly because of her ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

Peer

To what extent do you agree or disagree (0 = strongly; disagree; 1 = disagree; 2 = in the middle; 3 = agree; 4= strongly agree) with the following statements about [Program].

1. The kids at the program have negative beliefs about your teen's ethnicity that affect the way they treat your teenager.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

2. The kids at the program would exclude your teen from things they do outside the program (like not invite her to go out with them, not invite her to their houses or not let her join their games) because of her ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

3. The kids at the program would call your teen names because of her ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

4. The kids at the program would assume your teen isn't as smart or good at an activity because of her ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

5. The kids at the program would not hangout with your teen at the program because of her ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

6. The kids at the program would treat your teen badly because of her ethnicity.

- Strongly Disagree (0)
- Disagree (1)
- In the middle (2)
- Agree (3)
- Strongly Agree (4)

Activity participant ethnic composition

How many of the teens at the program are of your teen's same cultural background?
(0 = none, 1= less than half, 2= about half, 3= more than half, 4 = all of them)?

- none (0)
- less than half (1)
- about half (2)
- more than half (3)
- all of them (4)

Activity leader ethnic composition

How many of the leaders at the program are of your teen's same cultural background?

- none (0)
- less than half (1)
- about half (2)
- more than half (3)
- all of them (4)

Parent Perceptions of SACC

1. Does the program meet your teen's individual needs?

- Rarely
- Sometimes
- Always

2. Does your teen complain about not getting enough time to himself (herself)?

- Rarely
- Sometimes
- Always

3. Is your teen given enough say in choosing activities?

- Rarely
- Sometimes
- Always

4. Are there enough different activities offered that your teen can choose to do?

- Rarely
- Sometimes
- Always

5. Are you satisfied with the quality of activities your teen has been involved in this year?

- Rarely
- Sometimes
- Always

6. Does your teen usually like going to the program?

- Rarely
- Sometimes
- Always

7. Are the staff fair in disciplining your teen and in enforcing rules?

- Rarely
- Sometimes
- Always

8. Are the relations between the staff and your teen generally positive?

- Rarely
- Sometimes
- Always

9. Has the program been a good environment for your teen to build friendships?

- Rarely
- Sometimes
- Always

10. How would you rate your satisfaction with the program?

- Not Satisfied
- Somewhat Satisfied
- Satisfied

Parent Future Orientation Measure

The items measure one’s confidence in attaining educational and career goals and in avoiding fights. Please indicate the extent to which you agree or disagree with the following statement. (1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree)

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. My teen will graduate from high school.	1	2	3	4
2. My teen will finish college.	1	2	3	4
3. My teen will get a job they really want.	1	2	3	4
4. I am confident in my teen’s ability to stay out of fights.	1	2	3	4
5. If someone called my teen a bad name, he/she would ignore them or walk away.	1	2	3	4
6. My teen doesn’t need to fight because he/she has other ways to deal with anger.	1	2	3	4
7. My teen can get along well with most people.	1	2	3	4
8. My teen will have healthy relationships (with friends, family, and partners).	1	2	3	4
9. My teen will earn enough for healthy food and safe housing.	1	2	3	4

Individual Cultural/Contextual Factors Measures

Financial Strain Index

Please indicate whether the following are very true, a little true, or not true about your current financial situation.

Adolescent Version

1. Your parents/caregiver don't/doesn't have enough money to buy the clothes or household items that you or your family need.

Very true 3

A little true 2

Not true 1

2. Your parents/caregiver are behind one month or more on the rent or mortgage payment.

Very true 3

A little true 2

Not true 1

3. Your parents/caregiver don't/doesn't have enough money to pay the regular bills.

Very true 3

A little true 2

Not true 1

4. Your parents/caregiver don't/doesn't have enough money to go out to dinner or pay for entertainment or recreational activities.

Very true 3

A little true 2

Not true 1

5. It would be hard for your parents/caregiver to find the money to cover an unexpected expense, such as a medical bill or repair that was \$500 or more.

Very true 3

A little true 2

Not true 1

Parent/Caregiver Version

1. You don't have enough money to buy the clothes or household items that you or your family need.

Very true 3

A little true 2

Not true 1

2. You are behind one month or more on your rent or mortgage payment.

Very true 3

A little true 2

- Not true 1
3. You don't have enough money to pay your regular bills.
 Very true 3
 A little true 2
 Not true 1
4. You don't have enough money to go out to dinner, or pay for entertainment or recreational activities.
 Very true 3
 A little true 2
 Not true 1
5. It would be hard for you to find the money to cover an unexpected expense, such as a medical bill or repair that was \$500 or more.
 Very true 3
 A little true 2
 Not true 1

Multi-Group Ethnic Identity (MEIM)

To what extent do you agree or disagree (1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree) with the following statements.

1. I have a clear sense of my ethnic background and what it means for me.
 - Strongly Disagree (1)
 - Disagree (2)
 - Agree (3)
 - Strongly Agree (4)

2. I am happy that I am a member of the group I belong to.
 - Strongly Disagree (1)
 - Disagree (2)
 - Agree (3)
 - Strongly Agree (4)

3. I have a strong sense of belonging to my own ethnic group.
 - Strongly Disagree (1)
 - Disagree (2)
 - Agree (3)
 - Strongly Agree (4)

4. I understand pretty well what my ethnic group membership means to me.
 - Strongly Disagree (1)
 - Disagree (2)
 - Agree (3)
 - Strongly Agree (4)

5. I have a lot of pride in my ethnic group.
 - Strongly Disagree (1)

- Disagree (2)
- Agree (3)
- Strongly Agree (4)

6. I have a strong attachment toward my own ethnic group.

- Strongly Disagree (1)
- Disagree (2)
- Agree (3)
- Strongly Agree (4)

7. I feel good about my cultural or ethnic background.

- Strongly Disagree (1)
- Disagree (2)
- Agree (3)
- Strongly Agree (4)

The Schedule of Racist Event

Please answer the questions below, please think about your entire life, from when you were a child to the present. For each question, please choose the number that best captures the things that you have experienced. Please answer the question twice, once for what has happened to you in the past year and once for what your entire life has been life (1 = it has never happened to me; 2 = it has happened once in a while (<10% of the time); 3 = it has happened sometimes (10%-25% of the time); 4 = it has happened a lot (26%-40% of the time); 5 = it has happened most of the time (50%-70% of the time); 6 = it has happened most of the time (>70% of the time)).

1. How many times have you been treated unfairly by teachers and professors because your cultural/ethnic group?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
How stressful was this for you?	1	2	3	4	5	6

Not at All Extremely

2. How many times have you been treated unfairly by your employers, bosses and supervisors because of your cultural/ethnic group?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
How stressful was this for you?	1	2	3	4	5	6

Not at
All

Extremely

3. How many times have you been treated unfairly by your coworkers, fellow students, and colleagues because of your cultural/ethnic group?

How many times in the past year? 1 2 3 4 5 6

How many times in your entire life? 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

Not at
All

Extremely

4. How many times have you been treated unfairly by people in services jobs (store clerks, waiters, bartenders, bank tellers, and others) because of your cultural/ethnic group?

How many times in the past year? 1 2 3 4 5 6

How many times in your entire life? 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

Not at
All

Extremely

5. How many times have you been treated unfairly by strangers because of your cultural/ethnic?

How many times in the past year? 1 2 3 4 5 6

How many times in your entire life? 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

Not at
All

Extremely

6. How many times have you been treated unfairly by people in helping jobs (doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, social workers, and others) because of your cultural/ethnic group?

How many times in the past year? 1 2 3 4 5 6

How many times in your entire life? 1 2 3 4 5 6

How stressful was this for you?	1	2	3	4	5	6
	Not at All			Extremely		

7. How many times have you been treated unfairly by neighbors because of your cultural/ethnic group?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
How stressful was this for you?	1	2	3	4	5	6
	Not at All			Extremely		

8. How many times have you been treated unfairly by institutions (schools, universities, law firms, the police, the courts, the Department of Social Services, the Unemployment Office and others) because of your cultural/ethnic group?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
How stressful was this for you?	1	2	3	4	5	6
	Not at All			Extremely		

9. How many times have you been treated unfairly by people that you thought were your friends because of your cultural/ethnic group?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
How stressful was this for you?	1	2	3	4	5	6
	Not at All			Extremely		

10. How many times have you been accused of suspected of doing something wrong (such as stealing, cheating, not doing your share of the work, or breaking the law) because of your cultural/ethnic group?

How many times in the past year?	1	2	3	4	5	6
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How many times in your entire life?	1	2	3	4	5	6
How stressful was this for you?	1	2	3	4	5	6
	Not at All			Extremely		

11. How many times have people misunderstood your intentions and motives because of your cultural/ethnic group?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
How stressful was this for you?	1	2	3	4	5	6
	Not at All			Extremely		

12. How many times did you want to tell someone off for being racist but didn't say anything?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
How stressful was this for you?	1	2	3	4	5	6
	Not at All			Extremely		

13. How many times have you been really angry about something racist that was done to you?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
How stressful was this for you?	1	2	3	4	5	6
	Not at All			Extremely		

14. How many times were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions) to deal with some racist thing that was done to you?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
How stressful was this for you?	1	2	3	4	5	6
	Not at All					Extremely

15. How many times have you been called a racist name like n___, coon, jungle bunny or other names?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
How stressful was this for you?	1	2	3	4	5	6
	Not at All					Extremely

16. How many times have you gotten into an argument or a fight about something racist that was done to your or done to somebody else?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
How stressful was this for you?	1	2	3	4	5	6
	Not at All					Extremely

17. How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because of your cultural/ethnic group?

How many times in the past year?	1	2	3	4	5	6
How many times in your entire life?	1	2	3	4	5	6
How stressful was this for you?	1	2	3	4	5	6
	Not at All					Extremely

18. How different would your life be now if you had not been treated in a racist and unfair way

In the past year?

Same as now	A little difference	Different in a few ways	Different in a lot of ways	Different in most ways	Totally different
1	2	3	4	5	6

In your entire life?

Same as now	A little difference	Different in a few ways	Different in a lot of ways	Different in most ways	Totally different
1	2	3	4	5	6

Culture and Context Focus Group – Adolescents and Parents/Caregivers

Date:

Start time:

End Time:

Welcome: *Good morning, and welcome! My name is [Moderator], and I am [Moderator role at FIU]. Our team partners with community-based organizations to gather feedback from participating families to learn ways to maximize benefits for youth. Assisting me today is [Co-facilitator], also from our team at FIU.*

Topic Overview: *Today we're interested in your thoughts on culture (for example cultural identity and discrimination) and your community as they relate to after school programming and to what extent these considerations are important to you. We're interested in your perspectives, your values, and your preferences as they relate to program routines, activities, and content. We're also hoping to learn more about your own cultural beliefs and perspective about your community.*

Part 1.

As stated in the consent form that you signed, this focus group will last about 1 ½ hours to 2 hours. The focus group will be divided into three parts. First, you will fill out some surveys. Then we will take a quick break with refreshments. Lastly, we will come back together as a group to discuss areas of agreement from the surveys, and areas where there may be different perspectives. Please feel free to ask me if you have any questions on any item. There are no right or wrong answers!

Part 2.

We will now begin the discussion part of the focus group during which I will ask questions to better understand your feedback from the surveys.

We are recording the session so that we don't miss any of your comments. Later, this recording will be transcribed and maintained on a secure computer, to be destroyed after 7 years. No names will be included in any of those transcriptions, and codes will be used to protect your identity, and the identity of anyone else you mention.

Please don't feel like you need to respond to me all the time. If you want to follow up on something that someone else has said, or if you want to agree or disagree, or give an example, feel free to do that. I'm here to ask questions, listen, and make sure everyone has a chance to share, but my hope is to help guide and support a conversation among everyone here. We are interested in hearing from each of you, so if you're contributing a lot, I may ask you to give others a chance. If you aren't saying much, I may ask you to share.

Again, there are no right or wrong answers! We expect that you all will have different points of view and opinions about what they feel is important at [program name]. Please feel free to share your point of view, even if it is different from what others have said.

If you have a cell phone, it would help if you could put it on silent or vibrate, and if you need to answer the phone please step out to do so.

What questions do you have before we get started?

[Facilitator instructions: Open-ended lead questions will focus on two themes: cultural facilitators and barriers to engagement and contextual barriers and facilitators to engagement in OST programs among participating adolescents and parents. Follow-up probes will be used to encourage respondents to expand on their responses with greater detail and specific examples. Focus group questions will begin with “*Many of you gave high/low ratings on _____*. For example, “[Program] has leaders who understand my ethnic or cultural background.” *Tell me more about _____*. (These are provided as examples. Try to use probes from each item, but do not feel you need to ask every question below). Focus groups questions are outlined below.]

Cultural Facilitators and Barriers.

Let’s start by talking about [Program]. What led you to enroll (your teenager) in [Program]?

1) *Many of you gave high/low ratings on cultural content in (program)*. For example, “At [Program] we do things that are related to my ethnic group or cultural background?”

- Was this a consideration in enrolling (your teenager) in [Program]?
- Was this a consideration in (keeping your teenager) continuing in [Program]? If yes, why? If no, why not?
- Why was this important (not important) to you?

2) *Many of you gave high/low ratings on cultural respect*. For example, “The program has leaders who understand my ethnic or cultural background”. What role do you believe cultural acceptance and respect has in your (teenager’s) culture has in your (teenager’s) experiences at [Program]?

- Was this a consideration in enrolling (your teenager) in [Program]?
- Was this a consideration in (keeping your teenager) continuing in [Program]? If yes, why? If no, why not?
- Why was this important (not important) to you?

3) *Many of you gave high/low ratings on discrimination*. For example, “The leader or staff at the program have negative beliefs about your ethnicity that affect the way they treat you.” What role do you believe discrimination from staff has on your (teenager’s) experiences at [Program]? And peers?

- Was this a consideration in enrolling (your teenager) in [Program]?
- Was this a consideration in (keeping your teenager) continuing in [Program]? If yes, why? If no, why not?
- Why was this important (not important) to you?

4) *Many of you gave high/low ratings on having staff and teens of the same ethnic background as your teenager attend your program.* What role do you believe having teenagers of the same ethnic background as you (your teenager) attend your program has on your (teenager's) experiences at [Program]? And peers?

- Was this a consideration in enrolling (your teenager) in [Program]?
- Was this a consideration in (keeping your teenager) continuing in [Program]? If yes, why? If no, why not?
- Why was this important (not important) to you?

5) *Many of you gave high/low ratings on peer discrimination.* For example, “The kids at the program would exclude you from things they do outside the program (like not invite you to go out with them, not invite you to their houses or not let you join their games) because of your ethnicity.” What role do you believe discrimination from peers has on your (teenager's) experiences at [Program]?

- Was this a consideration in enrolling (your teenager) in [Program]?
- Was this a consideration in (keeping your teenager) continuing in [Program]? If yes, why? If no, why not?
- Why was this important (not important) to you?

Contextual Facilitators and Barriers.

6) Tell me about your community.

What are some challenges to living in your community?

What are some of the strengths of your community?

Have any of these influenced your participation in [Program]?

Was there anything about your surrounding community that influenced your decision to enroll (your teenager) in [Program]?

7) What role do you believe your surrounding community has on your (teenager's) experiences at [Program]?

8) What role do you believe [Program] plays in addressing your concerns about (using the strengths of) your community? How has this influenced your (teenager's) experiences at [Program]?

D3. Individual Factors.

9) *Many of you gave high/low ratings on ethnic/racial identity.* What role do you believe your (and your teenager's) ethnic/racial identity has on your (teenager's) experiences at [Program]?

10) What role does the program play in regard to influencing your (teen's) ethnic/racial identity?

11) *Many of you gave high/low ratings on discrimination. What role do you believe your experiences of racism or discrimination has on your (teenager's) experiences at (with) [Program]?*

12) *What role do you see the program having on influencing your (teen's) thinking / experience of racism and discrimination?*

13) *Many of you gave high/low ratings on financial strain. What role do you believe your financial situation has on your (teenager's) experiences at (with) [Program]?*

14) *What else did we miss that you might like to discuss?*

Thank you for your time today. We really appreciate hearing about your thoughts and beliefs about [Program].

Individual Interview

Culture and Context Individual Interview – Adolescents and Parents/Caregivers

Date:

Start time:

End Time:

Welcome: *Good morning/afternoon! My name is [Moderator], and I am [Moderator role at FIU]. Our team partners with community-based organizations to gather feedback from participating families to learn ways to maximize benefits for youth. Assisting me today is [Co-facilitator], also from our team at FIU.*

Topic Overview: *Today we're interested in your thoughts on culture (for example cultural identity and discrimination) and your community as they relate to after school programming and to what extent these considerations are important to you. We're interested in your perspective, your values, and your preferences as they relate to program routines, activities, and content. We're also hoping to learn more about your own cultural beliefs and perspective about your community.*

Part 1.

As stated in the consent form that you signed, this focus group will last about 1 ½ hours to 2 hours. The focus group will be divided into three parts. First, you will fill out some surveys. Then we will take a quick break with refreshments. Lastly, we will come back together as a group to discuss areas of agreement from the surveys, and areas where there may be different perspectives. Please feel free to ask me if you have any questions on any item. There are no right or wrong answers!

Part 2.

We will now begin the discussion part of the interview during which I will ask questions to better understand your feedback from the surveys.

***We are recording the session** so that we don't miss any of your comments. Later, this recording will be written in text and maintained on a secure computer, to be destroyed after 7 years. No names will be included in any of those texts, and codes will be used to protect your identity, and the identity of anyone else you mention.*

Please feel free to share your perspective, whatever it may be, but don't feel like you need to answer any questions you do not want to. I'm here to ask questions, listen, and learn your perspective. Again, there are no right or wrong answers!

If you have a cell phone, it would help if you could put it on silent or vibrate, and if you need to answer the phone please step out to do so.

What questions do you have before we get started?

[Facilitator instructions: Open-ended lead questions will focus on two themes: cultural facilitators and barriers to engagement and contextual barriers and facilitators to engagement in OST programs among participating adolescents and parents. Follow-up probes will be used to encourage respondents to expand on their responses with greater detail and specific examples. Focus group questions will begin with “*Many of you gave high/low ratings on _____*.” For example, “[Program] has leaders who understand my ethnic or cultural background.” *Tell me more about _____*. (These are provided as examples. Try to use probes from each item, but do not feel you need to ask every question below). Focus groups questions are outlined below.]

Cultural Facilitators and Barriers.

Let's start by talking about [Program]. What led you to enroll (your teenager) in [Program]?

1) *You gave high/low ratings on cultural content in (program)*. For example, “[Program] has leaders who understand my ethnic or cultural background.” What role do you believe exposure to aspects of your (teenager's) culture has in your (teenager's) experiences at [Program]?

- Was this a consideration in enrolling (your teenager) in [Program]?
- Was this a consideration in (keeping your teenager) continuing in [Program]? If yes, why? If no, why not?
- Why was this important (not important) to you?

2) *You gave high/low ratings on cultural respect*. For example, “The program has leaders who understand my ethnic or cultural background”. What role do you believe cultural acceptance and respect has in your (teenager's) culture has in your (teenager's) experiences at [Program]?

- Was this a consideration in enrolling (your teenager) in [Program]?
- Was this a consideration in (keeping your teenager) continuing in [Program]? If yes, why? If no, why not?
- Why was this important (not important) to you?

3) *You gave high/low ratings on discrimination.* For example, “The leader or staff at the program have negative beliefs about your ethnicity that affect the way they treat you.” What role do you believe discrimination from staff has on your (teenager’s) experiences at [Program]? And peers?

- Was this a consideration in enrolling (your teenager) in [Program]?
- Was this a consideration in (keeping your teenager) continuing in [Program]? If yes, why? If no, why not?
- Why was this important (not important) to you?

4) *You gave high/low ratings on having staff and teens of the same ethnic background as your teenager attend your program.* What role do you believe having teenagers of the same ethnic background as you (your teenager) attend your program has on your (teenager’s) experiences at [Program]? And peers?

- Was this a consideration in enrolling (your teenager) in [Program]?
- Was this a consideration in (keeping your teenager) continuing in [Program]? If yes, why? If no, why not?
- Why was this important (not important) to you?

5) *You gave high/low ratings on peer discrimination.* For example, “The kids at the program would exclude you from things they do outside the program (like not invite you to go out with them, not invite you to their houses or not let you join their games) because of your ethnicity.” What role do you believe discrimination from peers has on your (teenager’s) experiences at [Program]?

- Was this a consideration in enrolling (your teenager) in [Program]?
- Was this a consideration in (keeping your teenager) continuing in [Program]? If yes, why? If no, why not?
- Why was this important (not important) to you?

Contextual Facilitators and Barriers.

6) Tell me about your community.

What are some challenges to living in your community?

What are some of the strengths of your community?

Have any of these influenced your participation in [Program]?

Was there anything about your surrounding community that influenced your decision to enroll (your teenager) in [Program]?

7) What role do you believe your surrounding community has on your (teenager’s) experiences at [Program]?

8) What role do you believe [Program] plays in addressing your concerns about (using the strengths of) your community? How has this influenced your (teenager’s) experiences at [Program]?

Individual Factors.

9) *You gave high/low ratings on ethnic/racial identity.* What role do you believe your (and your teenager's) ethnic/racial identity has on your (teenager's) experiences at [Program]?

10) What role does the program play in regard to influencing your (teen's) ethnic/racial identity?

11) *You gave high/low ratings on discrimination.* What role do you believe your experiences of racism or discrimination has on your (teenager's) experiences at (with) [Program]?

12) What role do you see the program having on influencing your (teen's) thinking / experience of racism and discrimination?

13) *You gave high/low ratings on financial strain.* What role do you believe your financial situation has on your (teenager's) experiences at (with) [Program]?

14) *What else did we miss that you might like to discuss?*

Thank you for your time today. We really appreciate hearing about your thoughts and beliefs about [Program].

Appendix E. Reflexivity Statement

Being from an African immigrant family, my cultural identity has greatly shaped my perspective towards clinical psychology and mental health. As an adolescent, I visited Nigeria and witnessed first-hand the inequities between the U.S. and our home country. There, hot water and electricity were luxuries. I distinctly recall bringing books to my younger cousins in Nigeria for whom education was not guaranteed. Moreover, proper health care, let alone mental health care, was virtually inconceivable. Nevertheless, my family was happy, having found strength in support of relatives and within their community. These memories informed my perspective on education, health, culture, and their dynamic intersections. They are reminders to continue my education with the same gratitude as my cousins; of the prevalence in racial disparities, globally and nationally; and of the importance of familial and cultural strengths in overcoming adversity.

My identity as a Black woman and daughter of immigrants has shaped my thinking about diversity and influenced my research throughout my doctoral program in several ways, informing a culturally-humble and strengths-based approach to building alliance and produce research that reflects the perspective of those with and for whom I conduct research. As a community-engaged mental health services scientist and doctoral candidate in clinical psychology, my research seeks to improve racial and socioeconomic equities in mental health, education, and well-being. Specifically, I partner with community organizations and leverage (without over-extending) community resources, local knowledge, and family perspectives to enhance mental health care and reduce disparities confronting racial/ethnic minority youth and families living in urban poverty.

I am particularly interested in adolescents of color living in poverty, who are at elevated risk for mental health problems with limited access to quality care. Positive future orientation (optimism about education, employment, relationships) among vulnerable adolescents has been identified as a unique protective factor associated with positive mental health trajectories. Out-of-school-time (OST) programs can promote positive future orientation among adolescents; however, we know relatively little about factors that influence youth enrollment and engagement, in particular in communities of high poverty and among ethnically/racially diverse families, who may stand to benefit the most from positive developmental experiences in neighborhood programs. In particular, little research has examined the roles of cultural (e.g., ethnic identity) and contextual (e.g., safety from community violence) factors that may influence adolescent engagement, positive future orientation and caregiver satisfaction with OST programs. Lastly, OST literature has focused primarily on expert review or staff perspectives. Few have considered adolescent and parent perspectives on their community ecologies to inform program design or delivery, in particular in urban and disenfranchised communities. The current study aims to address these gaps, advancing OST and mental health literatures focused on youth of color in underserved communities.

My goal is to leverage my position and privilege as a doctoral student attending a high-resource American university, to conduct community-partnered mixed-methods research that influences policy recommendations, development, evaluation and funding of OST programs for vulnerable youth and families of color to maximize engagement and facilitate positive mental health trajectories. I will share and interpret findings with involved families, programs, and communities to increase translational impact for these

marginalized groups. The current study reflects my commitment to reducing racial disparities and increasing equitable care for minority families. Throughout my research career, I look forward to using my clinical and research tools, experience, and knowledge in ways that will amplify the voices of the most vulnerable and marginalized populations for positive change.

VITA

JACQUELINE OLUWAKEMI MOSES

- 2020-2021 Clinical Psychology Predoctoral Internship
UCSF Child and Adolescent Services
Multicultural Clinical Training Program
San Francisco, California
- 2019-2020 R36 Mental Health Research Dissertation Grant to Enhance
Workforce Diversity
National Institute of Mental Health
- 2015-2020 McKnight Fellowship
- 2015-Present Doctoral Student in Clinical Psychology
Florida International University
Miami, Florida
- 2014-2015 Clinical and Developmental Psychology Fellow
Hot Metal Bridge Post-Baccalaureate Program
University of Pittsburgh
Pittsburgh, Pennsylvania
- 2014 Assessment Coordinator, Child Forensic Services
UCLA Semel Institute
Los Angeles, California
- 2013-2014 Laboratory Assistant, Stress Processes and Pregnancy Lab
University of California, Los Angeles
Los Angeles, California
- 2009-2013 B.A. in Psychology (with honors)
University of California, Los Angeles
Los Angeles, California

SELECTED PUBLICATIONS AND PRESENTATIONS

Moses, J.O., Bravo, E.I., Jean-Jacques, D., Jean-Baptiste, A., Jadue, V., Mariano, Y.M., Stephens, D.P., & Frazier, S.L. (2020, June). Culture, Context, and Family Engagement in All-Girls Urban Afterschool Programs. Poster presentation at the Society for the Psychological Study of Social Issues Summer Conference. Conference Cancelled due to COVID-19.

Ouellette, R.R., Goodman, A.C., Pedraza-Martínez, F., Moses, J.O., Cromer, K.D., Zhao, X., Pierre, J.J., & Frazier, S.L. (2020, Apr.). A systematic review of organizational and workforce interventions to improve the culture and climate of youth-service settings. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-15.

Moses, J.O., Chou, T., Jones, H.A., Okamura, K.H., Orengo-Aguayo, R., Turner, E.A., Villodas, M.T. (2019, Nov.). *Cultural insiders: Ethics, research, training, and practice for investigators of color working in diverse communities*. Panel discussion at the 53rd Annual Convention of the Association for Behavior and Cognitive Therapies, Atlanta, GA.

Ouellette, R.R., Moses, J.O., Barnett, M.L., Frazier, S.L., Gudiño, O.G., Langer, D.A., LoPresti, J. (2019, Nov.). *Ensuring cultural humility across clinical research designs*. Panel discussion at the 53rd Annual Convention of the Association for Behavior and Cognitive Therapies, Atlanta, GA.

Villodas, M.T., Pfiffner, L.J., Moses, J.O., Hartung, C., & McBurnett, K. (In Press). The roles of student gender, race, and psychopathology in teachers' identification of students for services. *Children and Youth Services Review*.
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Moses, J.O., Villodas, M.T., & Villodas, F. (2019). Black and proud: The role of ethnic-racial identity in the development of future expectations among at-risk adolescents. *Cultural Diversity and Ethnic Minority Psychology*. Advanced online publication.
<http://dx.doi.org/10.1037/cdp0000273>

Moses, J.O., Magariño, L.S., Mariano, Y.M., & Stephens, D.P. (2019, Jan.). Girl power parenting program (GP3): A community-engaged approach to program development serving an under-resourced community. Poster presented at the National Multicultural Conference and Summit, Denver, CO.

Boyd, B., Moses, J.O., Saunders, J.F., & Stephens, D.P. (2019, Jan.). Body image concerns in highly educated Black women. Poster presented at the National Multicultural Conference and Summit, Denver, CO.

Moses, J.O., & Villodas, M.T. (2017). The potential protective role of peer relationships on school engagement in at-risk adolescents. *Journal of youth and adolescence*, 46(11), 2255-2272. doi: 10.1007/s10964-017-0644-1

Villodas, M.T., Cromer, K.D., Moses, J.O., Litrownik, A.J., Newton, R.R., & Davis, I.P. (2016). Unstable child welfare permanent placements and early adolescent physical and mental health: the roles of adverse childhood experiences and post-traumatic stress. *Child Abuse & Neglect*, 62, 76-88. doi: 10.1016/j.chiabu.2016.10.014