



# Providing Culturally Responsive Recovery Supports: Recommendations for Engaging Black Young Adults

## Introduction

Young adulthood is a time of many transitions—in education, work, living arrangements, identity formation, and relationships. While the experience of mental illness and substance use disorder affect the transitions of young adults of all racial and ethnic backgrounds, the prevalence and types of experiences and challenges related to mental illness and substance use differ for Black<sup>1</sup> young adults in ways that have important implications for service delivery. This issue brief examines the experiences of Black young adults with mental illness or substance use disorders and makes recommendations for improving outreach and engagement.<sup>2</sup>

According to the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health (NSDUH), young adults identifying as Black or African American are less likely to have used illicit drugs in their lifetime; engaged in binge drinking in

the past month; or experienced serious mental illness, substance use disorder, or co-occurring substance use disorder and mental illness than young adults identifying as white or the overall population of young adults. At the same time, young adults identifying as Black or African American are more likely to attempt suicide than those who identify as white or than the overall population of young adults. Additionally, young adults identifying as Black or African American are less likely than other young adults to receive treatment for substance use disorders when they need it (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018).

Several studies document that practitioners are more likely to misdiagnose mental conditions experienced by Black people of all ages (Gara et al., 2014; Schwartz & Blakenship, 2014). Black people are less likely to receive appropriate treatment for mental or substance

use disorders (Congressional Black Caucus, 2019; Hatzenbuehler et al., 2008; SAMHSA, 2014). Black young adults, especially those with mental illness or substance use disorder, are also more likely than other young adults to experience juvenile justice or criminal justice involvement (Council of State Governments Justice Center, 2015; National Center on Addiction and Substance Abuse at Columbia University, 2010).

Overall, people of color account for 37 percent of the United States population, but account for more than 60 percent of the national prison population. Black males ages 18 to 24 are 12 times more likely to be imprisoned than are white males of the same age (Bronson & Carson, 2019). This disproportionate overrepresentation within criminal justice systems means that incarceration and its aftermath alter the life chances of far too many young Black people in need of treatment and recovery supports.

- 1 Throughout this document, we use the term *Black* to include both African Americans and others, such as Haitian Americans, Jamaican Americans, and other groups that comprise the more than 37.6 million people who identify as Black in the United States. This usage aligns with recommendations of the National Association of Black Journalists (National Association of Black Journalists, n.d.).
- 2 While mental illness and substance use disorders are by themselves complex topics, we discuss them together throughout this document in recognition of both the prevalence of co-occurring disorders and of the many commonalities related to challenges accessing treatment and formal and informal supports and building a life in recovery from either. Additionally, many recommendations for culturally responsive supports are applicable to organizations seeking to support young adults with mental illness, substance use disorder, or both.

*This document is a technical assistance resource that was supported by contract number HHSS2832012000351/HHSS28342002T from the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of the document are those of the authors and do not necessarily reflect the views, opinions, or policies of SAMHSA or the U.S. Department of Health and Human Services (HHS).*

**BRSS TACS**  
Bringing Recovery Supports to Scale

TECHNICAL ASSISTANCE CENTER STRATEGY

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

The Black young adult population is made up of many different communities with varying strengths, needs, histories, experiences, and perspectives. Much more work is needed to develop a clear picture of their experiences of mental illness and substance use disorders and the multiple systemic, developmental, regional, and socioeconomic factors that influence their recovery trajectories. The 2018 NSDUH data highlight both the resilience of young Black people and the extent to which existing mental illness and substance use disorder treatment and recovery services fail to meet their needs.

As the connections between race-based stress, structural racism, and systemic community-based violence and health (including mental health and substance use disorder) disparities are well described elsewhere, this brief will not delve into the many interconnected factors that contribute to differences in the mental illness and substance use experiences of Black young adults (Assari et al., 2019; Hope et al., 2015; Motley & Banks, 2018; Neblett et al.; Sheats et al., 2018; Zapolski et al., 2019). Instead,

we focus on the experiences and needs of Black young adults with or at risk of mental illness or substance use disorder and offer recommendations for engaging them in treatment and recovery support services.

SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) convened two listening sessions with young adults who identify as being Black or African American and in recovery from mental illness, substance use disorder, or both. The team also held conversations with practitioners serving young adults with mental illness or substance use disorders and reviewed both gray and peer-reviewed literature. This document describes twelve culturally responsive and developmentally appropriate practices identified through this process that organizations may consider including in their efforts to improve treatment and recovery services and supports for young adults who identify as Black.

## BRSS TACS Recommendations

- Provide holistic, integrated services
- Identify and build on strengths
- Go where the young adults are
- Train staff in trauma-informed care and to understand the context of personal and historical trauma
- Cultivate and practice cultural humility
- Provide space to play
- Cultivate a staff team representative of those served
- Honor youth voice and choice
- Prioritize the safety of Black young adults in your program and your community
- Understand the role of faith and spirituality in recovery pathways
- Provide young adult peer support services
- Learn about young adults' families and encourage their involvement



# 12

## RECOMMENDATIONS FOR SERVING BLACK YOUNG ADULTS

### 1

### Provide holistic and integrated services

The experience of a mental illness or substance use disorder may affect every aspect of a young person's life. As one Black young adult in recovery explained during our listening session:

*“Recovery is a daily practice that changes your whole life. The difference between being sober or being in recovery is that your life looks different than it did before. You’re responding to situations in a different way than you did before, so you experience life differently.”*

Challenges related to mental illness or substance use contribute to strained relationships with friends, family, and other potential sources of support. They interrupt or prevent young adults' engagement in educational, professional, and personal

development activities that facilitate successful transition to adulthood. Many young adults needing treatment or recovery supports also need other resources or supports, including education, employment, social connections, and assistance meeting basic survival needs (housing, nutrition, safety, health care, and parenting supports for young adults who have their own children). Navigating multiple systems and organizations to meet these needs is overwhelming. Offering a one-stop shop or assistance coordinating services to address the continuum of needs that young adults and their families experience supports engagement and retention in treatment and recovery programming. For smaller organizations, strong partnerships with others in the community that include well-defined processes for warm handoffs are a low-cost way to way to meet the needs of young people and their families.



# Identify and build on strengths

## 2

A growing body of literature points to the importance of shifting from a deficit-based service delivery model to a model that emphasizes culture, family contributions, and the adaptability and resilience of young people of color (Cokley et al., 2014; Watkins, 2019). Strengths-based approaches consider culture, family, and community as resources for supporting treatment, recovery, and resiliency. Supporting young people’s recovery must begin by asking “What’s working well?” to gain a full and complete picture of their strengths, talents, and sources of innate resiliency.

In addition to recognizing and leveraging each young adult’s individual and family-level assets to support their recovery, culturally responsive practitioners endeavor to learn about the strengths of the communities and cultures of individuals served and

to leverage these as sources of support. For example, Black faith institutions, fraternities and sororities, and self-identified families all play key roles in fostering resilience, educating people about mental illness and substance use disorders, and supporting recovery. Organizations seeking to support the recovery and resilience of Black young adults gain knowledge and important connections by taking time to learn about and develop relationships with other entities in their community that are already engaged with Black young adults and their families in different ways, such as faith communities and Black professional and service organizations.

Culturally specific models such as rites of passage programs (Caldwell et al., 2017) and campus-based peer support models like the University of Virginia’s **Project Rise** program hold promise and may be good options for many young people. All organizations, including those that do not offer culturally specific programming, can take concrete



steps to become more strengths-based. For example, organizations might start by reviewing intake and assessment protocols as well as staff training and written communications to explicitly prioritize exploration, identification, and leveraging of personal, family, community, and cultural strengths throughout all stages of the organization’s involvement with a young adult.



## Go where the young adults are

Many young adults are reluctant to visit clinics or offices providing mental health or substance use disorder services. Their reasons may include concerns such as these:

- not wanting others who might make assumptions to observe them,
- safety concerns related to traveling through different neighborhoods,
- constraints on time,
- lack of transportation resources, and
- lack of health insurance coverage.

*Co-locating outreach and engagement services with other programming, such as those related to recreation, employment, or education, may help mitigate these challenges. Several multi-service organizations that focus*

on young people use this approach, including [Roca](#) in Massachusetts, [Larkin Street Youth Services](#) in California, and [The Door](#) in New York. Moving individualized supports out into the community and preparing peer support workers and other direct support practitioners to engage young adults at the places where they already choose to spend time—such as parks, libraries, shopping centers, schools, community centers, or gyms—facilitates engagement. Co-location also communicates to young people that they are valued and worth traveling to. Technology offers further opportunities for engaging with and supporting young people, wherever they are. [Young People in Recovery](#), [Youth ERA](#), the [Steve Fund](#), and the [YBMen Project](#) have all developed innovative online programming for young adults.

## 3



## Train all staff in trauma-informed care and to understand the context of personal and historical trauma



Adopting a trauma-informed approach is critical for treatment and recovery support practitioners working with any community that may have experienced direct, collective, intragenerational, or historical trauma, including young adults who identify as Black.

A culturally affirming, trauma-informed approach that responds to the unique experiences of Black young adults must also attend to historical and persistent cultural trauma. To truly implement trauma-informed, culturally affirming or informed care, it is essential to design all services (including outreach, treatment, and recovery support) using a trauma-informed lens. Trauma-informed organizations also provide trauma training for all staff—not only clinicians and direct support practitioners, but also receptionists, security personnel, and any others who interact with individuals served.

Research shows that Black young people experience more frightening or threatening experiences than do their peers (CLASP, 2018; Morsy & Rothstein, 2019). More than 60 percent of African American men have directly experienced a traumatic event in their lifetime and in general, Black communities experience trauma disproportionately when compared with other communities (Congressional

Black Caucus, 2019; Motley & Banks, 2018). Organizations seeking to engage and serve Black young adults with mental illness or substance use disorder may increase their effectiveness by adopting universal precautions, understanding the importance of addressing trauma, and presuming that all individuals served have a history of traumatic stress (Biggs et al., 2013; Rich, 2016).

In addition, for many Black people, addiction or mental illness may be just one source of turmoil experienced by their family. Historical and intergenerational trauma leaves many marks on individuals and communities, including effects on health, mental health, and substance use. Research suggests that recovery is best framed within the larger structure of liberation and personal and cultural survival. To be personally and culturally meaningful, the recovery stories of Black young adults may need to be nested within their larger history and contemporary experience as a people (Kalathil et al., 2011; Mohatt et al., 2014; White et al., 2006). Developed by the Association of Black Psychologists and the Community Healing Network, [Emotional Emancipation Circles](#) is a culturally specific approach designed to be delivered by Black people for Black people. This is just one example of how organizations or communities can provide a safe space for discussing racism and historical trauma in ways that promote participants' mental health (Grills et al., 2016; Volpe, n.d.).



## Cultivate and practice cultural humility

Practitioners, outreach workers, and other staff must be mindful of who and what they represent. This means that they must be aware of how they self-identify as well as how others identify them. Many staff may view their role and image differently than how the individual or community views them and require ongoing encouragement and support to recognize and challenge any preconceived notions that they may hold about the community they engage with (Hankerson et al., 2015; L. Albright, personal communication, July 25, 2018). These are elements of *cultural humility*, which Waters and Asbill (2013) define as:

*“The ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person].”*

Unlike *cultural competence*, which strives to build an understanding of different cultures to better and more appropriately provide services, *cultural humility* encourages personal reflection and growth around culture to increase practitioners' awareness (Campinha-Bacote, 2018; Tervalon & Murray-Garcia, 1998; Yeager & Bauer-Wu, 2013). Staff should maintain a culturally open perspective and strive to feel comfortable with “not knowing,” and engaging with communities from a place of “informed not-knowing” (Alegria et al., 2010; Tremblay, 2002).



## Provide space to play

In addition to treatment and recovery services and supports, young adults need space to play, have fun, and relax. As one Black young adult stated:

*“Recovery means changing your whole life experience, including the people you used to hang out with and the places you used to go to hang out.”*

Another young adult asked:

*“How are we having fun? Where are we showing up and enjoying our lives as young people? Where can I play without substances? That’s such a huge thing.”*

It is important to provide recovery-oriented opportunities for creative expression, socializing, exercise, play, and other activities oriented toward young people. Activities and program offerings should be diverse and culturally appropriate to the interests and social expectations of Black young adults. One service provider described creating a basketball mentorship program that coaches young adults in sportsmanship and skills that support

recovery on and off the courts. Other activities might focus on building connections within. During our listening session, one young woman stated that painting and writing poetry were critical for sustaining her recovery. Several programs offer creative writing or storytelling workshops. Another young adult emphasized that it was vital for her to be able to connect with a community of other young people in recovery:

*“It’s important to have those spaces where you can identify with different parts of yourself, not just as an ‘addict’ or ‘alcoholic,’ because there’s so much discrimination. Now I can be a climber or an athlete too.”*

Creating space for young people to play cultivates a community based on common interests, and one that is not based solely on shared experiences of recovery. To sustain recovery, young adults need access to social environments where they can feel safe, connect to others, and be their authentic selves without fear of discrimination or misunderstanding.



## Cultivate a staff team representative of populations served

Many Black young adults report a preference for service practitioners who either share their racial or ethnic background or have a deep understanding of the experience of being a Black young adult (Congressional Black Caucus, 2019; Hayes et al., 2011; Townes et al., 2009). The staffing of many of the organizations offering mental health and substance use services to Black people, however, rarely reflect this ethnic and racial composition (Chung, 2017; McGuire & Miranda, 2008; New, 2016). Organizations seeking to support Black young adults more effectively must prioritize recruitment and retention of Black staff and strive to develop staff that represent the different Black communities that they serve (African American, Caribbean, African, and others). In addition, service providers should develop capacity to implement culturally specific or informed practices and increased understanding of racism and its impact on the people they seek to support.



**Figure 2. Ladder of Youth Voice; Fletcher, 2011**

- 
- 8. Youth/Adult Equity**
  - 7. Completely Youth-Driven**
  - 6. Youth/Adult Equality**
  - 5. Youth Consulted**
  - 4. Youth Informed**
  - 3. Tokenism**
  - 2. Decoration**
  - 1. Manipulation**



## **Honor** youth voice and choice

Meaningful involvement of young Black people with lived experience of recovery and resilience improves service quality and outcomes, and supports vital cultural change and knowledge development within and across systems. Roger Hart's Ladder of Youth Voice (see figure 2) provides an enduring and useful framework for thinking about the stages of engaging young people in decisionmaking about programs, policies, and services that affect them. Authentic engagement means much more than 'decorating' spaces with Black young people or seeking their input on occasion; it requires recognizing young Black adults as the experts on their own experience, supporting their development as leaders, and trusting them to lead decisionmaking at the individual, program, and community levels. Organizations seeking to improve services and support for this population should start by engaging the young Black people whom they already serve, or hope to serve, in their change efforts.

*Adapted by Adam Fletcher (2011) from work by Roger Hart, et al. (1994)*

## Prioritize the safety of Black young adults in your program and in your community



Black young adults face greater risks to their safety than other young adults (CLASP, 2018; Sered, 2015). Organizations seeking to engage and support them must take steps to learn about the very real risks that they face within and outside of their treatment and recovery support settings, and the many ways that prolonged, multifaceted experiences of lacking safety affect young Black adults. The Robert Wood Johnson Foundation's 2016 *Moving Toward Healing: Trauma and Violence and Boys and Young Men of Color* advised organizations to

*“... recognize the grinding weight of everyday violence and toxic stress on boys and young men of color. Many . . . are never free of the effects of trauma. They live in conditions characterized by neighborhood poverty, implicit and explicit racism, lack of resources, and exposure to violence in their family and communities” (Rich, 2016).*

Recognizing and acknowledging the ongoing stress of facing these risks is crucial. Situating services and supports in areas where Black young adults feel safe and *are* safe is even more essential. A recent study in Ohio documented that young Black males feel less safe when they travel to neighborhoods with a larger white population than they usually experience (Grabmeier, 2018). Other young people may encounter barriers to engaging in programs or services such as safety risks related to the neighborhoods that they must pass through to reach the service setting or a lack of safe walking routes. In some areas, young people may face risks from the other people served by an organization. Safety-focused organizations explore these possibilities with the young adults they seek to serve and adapt locations and scheduling to accommodate their safety needs. Ensuring that the physical environment also feels safe—with adequate lighting, functioning bathroom locks, and enough staff—is equally important. While many young adults may minimize worries about their own safety, most appreciate genuine and well-placed concern.



## Understand the role of faith and spirituality in recovery pathways

Black faith institutions and their leaders have historically played a key role in responding to community concerns. People in or seeking recovery often look to their faith community for spiritual leadership and guidance. For example, when asked what recovery looks like for him, one Black young adult in recovery responded that

*“Recovery looks like church.”*

He said that most of his peers began their recovery journey by reaching out to religious or spiritual institutions and leaders for help. Another young person said that

*“Recovery is a space where it is just between me and something-bigger-than-me. When I’m white-knuckling it alone in my apartment, when the phone is too heavy to call my sponsor or friends who understand, I can be*

*held in that space with something-bigger-than-me.”*

For some Black young adults, including some with nonconforming gender and sexual identities, religious institutions may be a source of isolation, shame, and confusion (Fields et al., 2016; Quinn et al., 2016). Several Black young adults mentioned that others have told them to “just pray it away.” Others said that they felt their struggles with mental illness or substance use could not be reconciled with the values they were taught in church or other religious spaces. It is important for service providers to contact faith communities to build bridges; offer resources; provide information about mental health, substance use, and recovery; and raise awareness about services available to young people (Annie E. Casey Foundation, 2005).



## Provide young adult peer support services

Young adult peer support workers who reflect the characteristics, lived experience, and recovery pathways of Black young adults are critical for building rapport, connection, and engagement. Young adults who have “been there” can provide hope, practical assistance, and a model of life in recovery to young adults who are struggling. As one young adult in recovery said,

*“Peer support is so important! Okay, I have a problem, now what? Is there someone who is going to help me live day-to-day without substances? Is there someone who is going to invest in my dreams and help me reach them? Is there anyone to share this journey with? Community, peer support, and access are so important.”*

Emerging evidence on the effectiveness of young adult peer support is promising. Studies suggest that young people who had access to peer support services were more satisfied with services than were those who did not have access to it (Jackson et al., 2015; Radigan et al., 2014).

## Learn about young adults’ families and create opportunities for their involvement

# 12

Families—both of origin and of choice—play critical roles in the lives of young adults. While 18- to 25-year-olds are adults, many of them still rely upon parents or other family for practical, material, and emotional support. More than one-third of Black young adults live with a parent (Fry, 2016; Newman et al., 2018). Despite the important roles of family members, many providers of treatment and recovery supports for young adults do not regularly engage young adults’ families or explore their potential as recovery assets. As Jane Walker and Malisa Pearson (2018) of the Family-Run Executive Director Leadership Association wrote,

*“Many programs that work with young adults with mental health needs have no specific process for involving families in supporting their young adults, and some even consider families an impediment to the young adults’ recovery and independence.”*

Partners, siblings, extended family, close friends, and others most important to young adults may also be tremendous assets for young adults. Encouraging their involvement with young adults’ treatment and recovery supports and offering information or supports for them demonstrates concern and regard for young adults as whole people with full lives outside of the treatment or service setting. It also encourages family members to learn more about the young adult’s treatment and recovery, and to support the efforts that they are making.

Some organizations or practitioners working with young adults hesitate to engage families due to concerns about privacy or beliefs about the families’ functioning and how this affects the young adult. Many young adults have complicated or difficult relationships with family members, including those who may struggle with their own mental illness or substance use disorder. Working with each young adult to think through when and how to engage which members of their families honors their connections and their knowledge about what is best for them. Supporting young adults in thinking through who to include in their treatment and recovery support, and in what ways, helps them learn to navigate difficult decisions and conversations—important skills for developing and protecting the relationships they value and the relationships they need. Young adults are the experts on their own families and asking them who they would like to involve aligns with good practice and person-centered care and adheres to privacy requirements. Given how dynamic family relationships can be, particularly during young adulthood, asking about family involvement repeatedly—even when working with young people who initially elect not to include family members—supports young people in reconsidering options and identifying resources and supports over time.





## Conclusion

Recent data show that while Black young adults may be less likely to receive diagnoses of mental illness, substance use disorder, or co-occurring disorders, they are also much less likely to receive substance use disorder treatment when they need it. Additionally, they are at greater risk for suicide attempts than are other young people. It is critical that programs providing mental and substance use disorder services and supports strive to provide culturally responsive recovery supports to better meet the needs of Black young adults.

*C4 Innovations developed this resource with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). It was built under the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) project, contract number HHSS2832012000351/HHSS28342002T. CAPT Wanda Finch and Amy Smith served as the Contracting Officer Representatives. This resource was prepared by Justine Hanson, Valerie Gold, Maya Beit-Arie, and Nastacia Moore.*

*Please share your thoughts, feedback, and questions about this publication by emailing [BRSSSTACS@c4innovates.com](mailto:BRSSSTACS@c4innovates.com). Your feedback will help SAMHSA develop future products.*

## References

- Alegria, M., Atkins, M., Farmer, E., Slaton, E., & Stelk, W. (2010). One size does not fit all: taking diversity, culture and context seriously. *Administration and policy in mental health*, 37(1-2), 48–60. <https://doi.org/10.1007/s10488-010-0283-2>
- Annie E. Casey Foundation. (2005). *Faith matters: Race/ethnicity, religion and substance use*. <https://www.aecf.org/resources/faith-matters-race-ethnicity-religion-and-substance-use>
- Assari, S., Mistry, R., Lee, D. B., Caldwell, C. H., & Zimmerman, M. A. (2019). Perceived racial discrimination and marijuana use a decade later; Gender differences among Black youth. *Frontiers in Pediatrics*, 7(78). <https://doi.org/10.3389/fped.2019.00078>
- Biggs, T., Sharp, C., Lingeza, L., & Salerno, T. (2013). *Aligning primary care practices with trauma-informed care principles and practices—Informational webinar*. SAMHSA–HRSA Center for Integrated Health Solutions. [https://www.integration.samhsa.gov/tic\\_poster\\_info\\_webinar\\_public.pdf](https://www.integration.samhsa.gov/tic_poster_info_webinar_public.pdf)
- Bronson, J., & Carson, E. A. (2019). *Prisoners in 2017* [Report]. Bureau of Justice Statistics, U.S. Department of Justice. <http://www.bjs.gov/indexcfm?ty=pbdetail&iid=6546>
- Caldwell, L. D., Watson, J., & Lindsey, L. (2017). African American rites of passage interventions: A vehicle for utilizing African American male elders. *Journal of Human Behavior in the Social Environment*, 27(1–2), 100–109. <https://doi.org/10.1080/10911359.2016.1266858>
- Campinha-Bacote, J. (2018). Cultural competemility: A paradigm shift in the cultural competence versus cultural humility debate—part 1. *The Online Journal of Issues in Nursing*, 24(1). <https://doi.org/10.3912/OJIN.Vol24No01PPT20>
- Chung, C. (2017). *Factors associated with mental health service utilization among young adults with mental illness* (Unpublished doctoral dissertation). Case Western University. [https://etd.ohiolink.edu/!etd.send\\_file?accession=case1499248494469518&disposition=inline](https://etd.ohiolink.edu/!etd.send_file?accession=case1499248494469518&disposition=inline)
- CLASP. (2018). *Young women of color and exposure to violence* [Fact sheet]. <https://www.clasp.org/publications/fact-sheet/young-women-color-and-exposure-violence>
- Cokley, K., Cody, B., Smith, L., Beasley, S., Miller, I. S. K., Hurst, A., & Jackson, L. (2014). Bridge over troubled waters: Meeting the mental health needs of black students. *Phi Delta Kappan*, 96(4), 40–45.

- Congressional Black Caucus. (2019). *Ring the alarm: The crisis of Black youth suicide in America*. <https://www.stevfund.org/wp-content/uploads/2019/12/FULL-TASKFORCE-REPORT.pdf>
- The Council of State Governments Justice Center. (2015, November). *Reducing recidivism and improving other outcomes for young adults in the juvenile and adult criminal justice systems*. <https://csgjusticecenter.org/wp-content/uploads/2015/11/Transitional-Age-Brief.pdf>
- Fields, E., Morgan, A., & Sanders, R. A. (2016). The intersection of sociocultural factors and health-related behavior: Experiences among young black gay and bisexual males. *Pediatric Clinics of North America*, 63(6), 1091–1106. <https://doi.org/10.1016/j.pcl.2016.07.009>
- Fletcher, A. (2011). *Ladder of youth voice*. Freechild Institute. <https://freechild.org/ladder-of-youth-participation>
- Fry, R. (2016, May). *For first time in modern era, living with parents edges out other living arrangements for 18- to 34-year-olds* [Report]. Pew Research Center. <https://www.pewsocialtrends.org/2016/05/24/for-first-time-in-modern-era-living-with-parents-edges-out-other-living-arrangements-for-18-to-34-year-olds>
- Gara, M. A., Minsky, S., Silverstein, S. M., Miskimen, T., & Strakowski, S. M. (2019). A naturalistic study of racial disparities in diagnoses at an outpatient behavioral health clinic. *Psychiatric Services*, 70(2), 130–134. <https://doi.org/10.1176/appi.ps.201800223>
- Grabmeier, J. (2018, August). Black male youth more fearful when visiting whiter neighborhoods. *Ohio State News*. <https://news.osu.edu/black-male-youth-more-fearful-when-visiting-whiter-neighborhoods>
- Grills, C. N., Aird, E. G., Rowe, D. (2016). Breathe, baby, breathe: Clearing the way for the emotional emancipation of Black people. *Cultural Studies—Critical Methodologies*, 16(3), 333-343. <https://doi.org/10.1177/1532708616634839>
- Hankerson, S. H., Suite, D., Bailey, R. K. (2015). Treatment disparities among African American men with depression: Implications for clinical practice. *Journal of Health Care for the Poor and Underserved*, 26(1), 21-34. <https://doi.org/10.1353/hpu.2015.0012>
- Hatzenbuehler, M. L., Keyes, K. M., Narrow, W. E., Grant, B. F., & Hasin, D. S. (2008). Racial/ethnic disparities in service utilization for individuals with co-occurring mental health and substance use disorders in the general population: Results from the national epidemiologic survey on alcohol and related conditions. *Journal of Clinical Psychiatry*, 69(7), 1112–1121. <https://doi.org/10.4088/jcp.v69n0711>
- Hayes, J. A., Youn, S. J., Castonguay, L. G., Locke, B. D., McAleavey, A. A., & Nordberg, S. (2011). Rates and predictors of counseling center utilization among college students of color. *Journal of College Counseling*, 14(2), 105–116. <https://doi.org/10.1002/j.2161-1882.2011.tb00266.x>
- Hope, E. C., Hoggard, L. S., & Alvin, T. (2015). Emerging into adulthood in the face of racial discrimination: Physiological, psychological, and sociopolitical consequences for African American youth. *Translational Issues in Psychological Science*, 1(4), 342-351. <https://doi.org/10.1037/tps0000041>
- Jackson, S., Walker, J. S., & Seibel, C. (2015). *Youth & young adult peer support: What research tells us about its effectiveness in mental health services*. Research and Training Center for Pathways to Positive Futures, Portland State University.
- Kalathil, J., Collier, B., Bhakta, R., Daniel, O., Joseph, D., & Trivedi, P. (2011). *Recovery and resilience: African, African-Caribbean and South Asian women's narratives of recovering from mental distress*. Mental Health Foundation. [https://www.mentalhealth.org.uk/sites/default/files/recovery\\_and\\_resilience.pdf](https://www.mentalhealth.org.uk/sites/default/files/recovery_and_resilience.pdf)
- McGuire, T. G., & Miranda, J. (2008). Racial and ethnic disparities in mental health care: Evidence and policy implications. *Health affairs (Project Hope)*, 27(2), 393–403. <https://doi.org/10.1377/hlthaff.27.2.393>

- Morsy, L., & Rothstein, R. (2019). *Toxic stress and children's outcomes: African American children growing up poor are at greater risk of disrupted physiological functioning and depressed academic achievement*. Economy Policy Institute. <https://www.epi.org/publication/toxic-stress-and-childrens-outcomes-african-american-children-growing-up-poor-are-at-greater-risk-of-disrupted-physiological-functioning-and-depressed-academic-achievement>
- Mohatt, N. V., Thompson, A. B., Thai, N. D., & Tebes, J. K. (2014). Historical trauma as public narrative: A conceptual review of how history impacts present-day health. *Social Science & Medicine*, 106, 128-136. <https://doi.org/10.1016/j.socscimed.2014.01.043>
- Motley, R., & Banks, A. (2018). Black males, trauma, and mental health service use: A systematic review. *Perspectives on Social Work: Journal of the Doctoral Students of the University of Houston Graduate School of Social Work*, 14(1), 4–19. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6292675/pdf/nihms-981995.pdf>
- National Association of Black Journalists. (n.d.). *NABJ style guide*. Retrieved December 20, 2019, from <https://www.nabj.org/page/styleguideA>
- National Center on Addiction and Substance Abuse at Columbia University. (2010, February). *Behind bars II: Substance abuse and America's prison population*. <https://www.centeronaddiction.org/addiction-research/reports/substance-abuse-prison-system-2010?page=1>
- Neblett, E. W., Jr., Terzian, M., & Harriott, V. (2010). From racial discrimination to substance use: The buffering effects of racial socialization. *Child Development Perspectives*, 4(2), 131-137. <https://doi.org/10.1111/j.1750-8606.2010.00131.x>
- New, J. (2016, March). A counselor who looks like you. *Inside Higher Ed*. <https://www.insidehighered.com/news/2016/03/03/students-demand-more-minority-advisers-counselors>
- Newman, S., Holupka, S., & Ross, S. L. (2018). There's no place like home: Racial disparities in household formation in the 2000s. *Journal of Housing Economics*, 40, 142-156. <https://doi.org/10.1016/j.jhe.2018.04.002>
- Quinn, K., Dickson-Gomez, J., & Kelly, J. A. (2016). The role of the black church in the lives of young black men who have sex with men. *Culture, Health & Sexuality*, 18(5), 524–537. <https://doi.org/10.1080/13691058.2015.1091509>
- Radigan, M., Wang, R., Chen, Y., & Xiang, J. (2014). Youth and caregiver access to peer advocates and satisfaction with mental health services. *Community Mental Health Journal*, 50(8), 915-921. <https://doi.org/10.1007/s10597-014-9709-8>
- Rich, J. (2016). Moving toward healing: Trauma and violence and boys and young men of color [Issue brief]. Robert Wood Johnson Foundation. [https://media.wix.com/ugd/fb2077\\_b4d750a1479a4072972e774db167db5f.pdf](https://media.wix.com/ugd/fb2077_b4d750a1479a4072972e774db167db5f.pdf)
- Schwartz, R. C., & Blankenship, D. M. (2014). Racial disparities in psychotic disorder diagnosis: A review of empirical literature. *World Journal of Psychiatry*, 4(4), 133–140. <https://doi.org/10.5498/wjp.v4.i4.133>
- Sered, D. (2015). *Young men of color and the other side of harm: Addressing disparities in our response to violence*. Vera Institute of Justice. <https://www.vera.org/publications/young-men-of-color-and-the-other-side-of-harm-addressing-disparities-in-our-responses-to-violence>
- Sheats, K. J., Irving, S. M., Mercy, J. A., Simon, T. R., Crosby, A. E., Ford, D. C., Merrick, M. T., Annor, F. B., & Morgan, R. E. (2018). Violence-related disparities experienced by Black youth and young adults: Opportunities for prevention. *American Journal of Preventative Medicine*, 55(4), 462-469. <https://doi.org/10.1016/j.amepre.2018.05.017>
- Substance Abuse and Mental Health Services Administration. (n.d.). *Trauma interventions*. <https://www.samhsa.gov/nctic/trauma-interventions>
- Substance Abuse and Mental Health Services Administration. (2014). *Improving cultural competence* (TIP Series No. 59 SMA 14–4849). Author.
- Substance Abuse and Mental Health Services Administration. (2018). Reports and detailed tables from the National Survey on Drug Use and Health (NSDUH). <https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2018-NSDUH>

- Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117–125. <https://doi.org/10.1353/hpu.2010.0233>
- Townes, D. L., Chavez-Korell, S., & Cunningham, N. J. (2009). Reexamining the relationships between racial identity, cultural mistrust, help-seeking attitudes, and preference for a black counselor. *Journal of Counseling Psychology*, 56(2), 330–336. <https://doi.org/10.1037/a0015449>
- Tremblay, P. R. (2002). Interviewing and counseling across cultures: Heuristics and biases. *Clinical Law Review*, 9(1), 373–416. <https://lawdigitalcommons.bc.edu/cgi/viewcontent.cgi?article=1878&context=lsfp>
- Volpe, V. V. (n.d.). *What we know about the mental health of students of color during college: A review and call to action* [White paper]. The Steve Fund. [https://www.stevelfund.org/knowledgecenter-bk1/#8220What\\_We\\_Know\\_About\\_the\\_Mental\\_Health\\_of\\_Students\\_of\\_Color\\_during\\_College8221](https://www.stevelfund.org/knowledgecenter-bk1/#8220What_We_Know_About_the_Mental_Health_of_Students_of_Color_during_College8221)
- Walker, J. S., & Pearson, M. (2018). *A screeching halt: Family involvement when a youth with mental health needs turns 18: Commentary on state of the science from a family perspective*. Research and Training Center for Pathways to Positive Futures, Portland State University. <https://www.semanticscholar.org/paper/A-Screeching-Halt%3A-Family-Involvement-When-a-Youth-Walker-Pearson/dabd42f14f75f717d72aa4ecd9167463ac93d7c5>
- Waters, A., & Asbill, L. (2013, August). Reflections on cultural humility. CYF News. <https://www.apa.org/pi/families/resources/newsletter/2013/08/cultural-humility>
- Watkins, D. C. (2019). Improving the living, learning, and thriving of young black men: A conceptual framework for reflection and projection. *International Journal of Environmental Research and Public Health*, 16(8), 1331. <https://doi.org/10.3390/ijerph16081331>
- White, W., Sanders, M., & Sanders, T. (2006). Addiction in the African American community: The recovery legacies of Frederick Douglass and Malcolm X. *Counselor*, 7(5), 53–58. <https://static1.squarespace.com/static/571504362b8dde27387fbcf3/t/581f9d029de4bb43a9bd293a/1478466819032/2006FrederickDouglassMalcolmXRecoverytLegacies.pdf>
- Yeager, K. A., & Bauer-Wu, S. (2013). Cultural humility: Essential foundation for clinical researchers. *Applied Nursing Research*, 26(4), 251–256. <https://doi.org/10.1016/j.apnr.2013.06.008>
- Zapolski, T. C. B., Faidley, M. T., & Beutlich, M. R. (2019). The experience of racism on behavioral health outcomes: The moderating impact of mindfulness. *Mindfulness*, 10, 168–178. <https://doi.org/10.1007/s12671-018-0963-7>