

**Project SisterCircle: Risk, Intersectionality, and  
Intervening in Urban Schools**

Wendi Williams, Thomas Karlin, and Deidre Wallace

Long Island University – Brooklyn

## **Abstract**

Adolescent Black/African descent and Latina girls in urban environments are at heightened risk for the negative consequences of sexual risk. Intervention programming that accounts for the intersection of adolescent girls' racial/ethnic cultural experiences and gender are likely to be most effective in minimizing their vulnerability for sexual risk. Project SisterCircle (PSC) is a psychosocial and spiritual intervention developed to address sexual risk vulnerability (SRV) among Black/African descent and Latina adolescent girls. The components of the PSC intervention are presented. Practical implications for implementing the intervention in schools are discussed.

*Keywords:* adolescence, intersectionality, school-based intervention, African descent, Latina, urban, gender, race/ethnicity

## **Project SisterCircle: Risk, Intersectionality and Intervening in Urban Schools**

As the prevalence of sexually transmitted infections (STIs) continues to grow nationally (Forhan, 2008), public health officials are particularly concerned about sexual risk behavior among African descent and Latina adolescent girls in urban settings (Cohen, 1999; Karpati et al., 2004). For example, (Karpati et al.) discussed the health disparities in New York City and reported higher instances of teen births among African American adolescent girls than their White counterparts. Additionally, Latina adolescent girls were found to be seven times more likely to engage in unsafe sexual practices (e.g., failure to use condoms) and Black/African persons were overrepresented in instances of new HIV diagnoses by six times. The physical and psychological health consequences associated with adolescent sexual risk are particularly relevant to school counselors. Specifically, depression (Collins et al., 2010) and reports of domestic violence and substance use (Walton et al., 2011) has been associated with adolescent sexual activity and thus make negative impact on the quality of their lives. Adolescent sexual risk has also been associated with emotional distress (Ethier et al., 2006) and diminished life satisfaction (Valois, Zullig, Huebner, Kammerman, & Drane, 2002) which may likely motivate the need for support from school counseling personnel. Consequently, development of prevention and intervention programming that addresses the sexual risk among this population and integration of it into the school counseling program is critical.

“Project SisterCircle” is a psychosocial spiritual intervention designed to address sexual risk vulnerability among adolescent Black/African descent and Latina girls in a

middle school setting in the northeastern United States. In the current paper, the concept of sexual risk vulnerability (SRV) is defined and considered in the context of adolescent Black/African and Latina girls' sexual development in urban communities. This paper also reviews intervention programming developed to address sexual risk and vulnerability among adolescent Black/African descent and Latina girls. The program components for Project SisterCircle, a school-based psychosocial and spiritual intervention developed to address SRV among adolescent Black/African descent and Latina girls in urban communities, will then be presented. Additionally, the theoretical framework and supplemental focus group data that have informed the Project SisterCircle curriculum will be presented. Finally this paper will also discuss the practice considerations for implementation of interventions addressing SRV with adolescent Black/African descent and Latina girls in urban settings.

### **Sexual Risk Vulnerability (SRV)**

Sexual risk vulnerability (SRV) refers to the tendency to put oneself at risk for the potential negative consequences of unsafe sexual encounters. Negative consequences of sexual behavior are physical and psychological and may have short and long-term implications. Examples of physical consequences may range from contraction of sexually transmitted infections, such as AIDS/HIV, to coercive sexual experiences, such as date or relationship rape. Psychological consequences often result from a failure to establish respectful and comfortable relationship boundaries from which to negotiate safe and healthy sexual encounters. In the absence of these boundaries, individuals may experience anxious or depressed feelings related to an imbalance of relational needs, power or control before, during and after a sexual encounter. For example, an

individual may feel an unrealistic sense of obligation to a sexual partner and/or unfulfilled emotionally as a consequence of the emotional milieu of the relationship. Consequently, putting oneself at sexual risk may have short or long-term consequences for the individual. For example, failure to negotiate safe sex practices, such as condom use, can result in teen pregnancy and its myriad consequences.

Negative consequences of sexual risk may also have secondary consequences. In the case of a teen pregnancy, for instance, the teenage parent(s) may face potential financial insecurity and/or failure to attain educational and/or career aspirations. Consequently, a sense of personal fulfillment associated with meaningful work may elude them. Furthermore, the possibility of increased stress and strain on the relationship between the teenage parenting couple may negatively affect the development and attachment of the child. Additionally, the parenting couple may struggle with need of family of origin material and emotional resources, while seeking independence as new parents (Corcoran, 2001).

Vulnerability to sexual risk essentially results from one's inability to negotiate sexual encounters for greater safety. Skills such as the ability to communicate with one's partner and/or refuse unwanted sex are strong indicators of an adolescent's ability to negotiate sexual experiences (Corneille & Belgrave, 2007). Several factors have been associated with Black/African descent and Latina adolescent girls' SRV. Early sexual debut (Belgrave, Van Oss Marin, & Chambers, 2000; Grunebaum et al., 2002; Shambley-Ebron, 2009), lack of healthy adult relationships from which to have positive sexual role models and/or inquire about sexual topics (Kerpelman, Pittman, Adler-Baeder, Erygit, & Paulk, 2009; Ruedisueli, 2010), intimate partner violence (Teitelman,

Ratcliffe, Morales-Aleman, & Sullivan, 2008), over identification with media and technology (Moore & Rosenthal, 2006), low self-esteem (Ethier et al., 2006) and the urban environment (Kapungu, Holmbeck, & Paikoff, 2006; Miller, 2008; Smith, 1997; Teitelman et al., 2008) have been identified. Further, for Latinas acculturation status is an additional risk factor as the more acculturated the girls were, the more likely they were to exhibit sexually risky behaviors and outcomes (i.e., earlier sexual debut, sexual activity under the influence of alcohol and/or drugs, failure to use condoms, and pregnancy) (Kaplan, Erickson, & Juarez-Reyes, 2002; Lee & Hahm, 2010).

### **Intersectionality and Sexuality**

The intersectionality of race/ethnicity, gender, and urban context shapes adolescent Black/African descent and Latina girls' experience of their sexuality (Corneille & Belgrave, 2007; Gallegos-Castillo, 2006; Kapungu et al., 2006; Miller, 2008; Morrison-Beedy, Carly, Côte-Arsenault, Seibold-Simpson, & Robinson, 2008; Smith, 1997; Teitelman, Ratcliffe, Morales-Aleman, & Sullivan, 2008). Though urban communities are not inherently problematic for healthy development, under-resourced communities with fragile social and economic infrastructures, compromise the vitality of the community and its ability to support the optimal development of its youth (Lee, 2005; Miller, 2008). Inadequate education and health resources and inconsistent police surveillance, along with cultural norms within urban context that: a) increase social support for violence against women and girls, while, b) adopting a "hands-off" attitude toward intimate partner violence, cultivate unsafe conditions in which girls develop and negotiate sexual identities and decisions (Lee, 2005; Miller, 2008; Teitelman et al., 2008). Further, these vulnerabilities are both racialized and gendered, as their

victimization often includes sexual violation and occurs in ethnically homogenous communities (Miller, 2008). Furthermore, the underreporting of sexual violence toward African descent women and girls, and failure to consistently prosecute the perpetrator underscores the racial lens through which violence toward these women and girls is perceived (Crenshaw, 1992; Collins, 1998, 2005; Miller, 2008).

Miller (2008) highlights the conflicting dynamics in which adolescent girls develop and express their sexuality in urban context. Girls gain status within their communities when they are deemed physically attractive and have associations with young men, while alternatively they are judged and denigrated for behaviors deemed sexually precocious. Miller's work, while focusing specifically on the experiences of Black/African descent girls, mirrors the contradictions observed in the messages to Latinas (Ayala, 2006; Gallegos-Castillo, 2006). Familial messages, typically transmitted by mothers, communicate protection through restriction of the girls' autonomy. Gallegos-Castillo (2006) explains adolescent Latinas are socialized to be subservient to the men and boys in their families because male family members can protect them from the dangers of male sexuality of men outside the home/family. Similarly, they are warned about the danger of men's sexuality because: a) it can be violent and victimizing, and the results (i.e., pregnancy) could, b) limit the girls' opportunities to realize her academic and professional potential (Ayala, 2006; Gallegos-Castillo, 2006).

### **Intervention Programming**

Adolescent Black/African and Latina girls reared within urban communities are required to decipher complicated dynamics and messages in pursuit of developing a healthy sense of their sexual selves. A plethora of prevention and intervention

programming have been developed to assist girls with this developmental task (Belgrave et al., 2004; Bellis, Grimley, & Alexander, 2002; DiClemente et al., 2004; Dolcini et al., 2008; Downs et al., 2004; Hogben et al., 2005; Jemmott, Jemmott, & Fong, 1998; Low et al., 2003; Murry, Berkel, Brody, Gibbons, & Gibbons, 2007; Sieverding et al., 2005; Smith & DiClemente, 2000; VanDevanter et al., 2005; Villaruel, Jemmott & Jemmott, 2005; Wingood & DiClemente, 2006) (see Table 1). Previous programming has generally taken a developmental approach, limiting programming to girls within a specific age range which can be roughly characterized as pre/early adolescence (10-13), adolescence (14-16), and late adolescence (16 and 23). Parental and peer relationships/influences, race and gender-focused program content and safe sex information (including abstinence messages) were manipulated to effect change among the program participants. Regarding this work, there is a relative absence of programming with specific relevance for the cultural experiences of Latinas. While this underscores a systemic lack of Latino/a focused research (Liang, Salcedo, Rivera, & Lopez, 2009), it also highlights the importance of culturally relevant, and gender-focused programming that will provide support to girls attempting to navigate these circumstances.

### **Descriptive Methods**

Project SisterCircle (PSC) is a school-based psychosocial spiritual intervention developed to support the healthy development of adolescent Black/African and Latina girls to minimize SRV. The program identifies the girls' gender, racial and leadership identities as the foundation for a stable and healthy sense of self by which the girl can make healthy decisions for her life and well-being. Leadership is conceptualized as

Table 1

## Overview of Intervention Programs Addressing the Sexual Risk Behaviors of Youth

	Name	Model	Theoretical Framework	Programming/ Curriculum	Population Served	Hypothesis
Pre-/Early Adolescence	SAAF (the Strong African American Families program)	Psychological	Resilience Perspective	Seven weekly two hour sessions: one hour parents and children separately, one hour together. Activities include interactive games, discussions, and role plays.	11 year old African American males and females and their parents	↑ adaptive parenting skills → ↑ self-esteem → ↓ peer orientation and ↓ at-risk sexual behavior
	Spruce Adolescent Health Promotion Project	Psychological	Social cognitive theory; theory of reasoned action; and theory of planned behavior	2 separate HIV interventions: abstinence or safer-sex. 8 one hour modules evenly grouped into two sessions: group discussions, videos, games, brain-storming, experiential exercises, and skill-building activities	African American adolescents; mean age, 11.8 years.	↑ in abstinence messages → ↓ in sexual intercourse; ↑ in safer-sex messages → ↑ in condom use
Adolescence	Not Specified (Downs, et. al., 2004)	Psychological	<i>Mental Models</i> approach Behavioral Decision Research	Stand-alone video comprised of four sections: (1) sexual situations; (2) risk-reduction; (3) reproductive health; and (4) STDs	Females ages 14-18, mostly African American	↑ interactivity and engagement level via multimedia → ↓ risky sexual decision-making
	SiHLE (Sistering, Informing, Healing, Living, and Empowering)	Psychological	Social Cognitive Theory, and Theory of Gender and Power	Four, four hour group sessions: (1) Ethnic and gender pride; (2) HIV risk-reduction strategies; (3) Talk surrounding safe sex; and (4) Healthy relationships	Sexually experienced African American female adolescents ages 14-18	↑ racial/gender specific content and ↑ + peer relationships → ↑ HIV prevention
	Project ÔRÉ	Public Health	AIDS Risk Reduction Model	One five hour session containing seven modules for groups of 3 to 8 friends: (1) Introduction, commitment, and group cohesion; (2) HIV/STIs; (3) Sexual risk behaviors; (4) Commitment to behavior change; (5) Barrier methods and condom use; (6) Safe sex talk; and (7) Reflection and reaffirm commitment	Youth ages 14-23, mostly African American	↑ connections within circle of friends → + changes in social norms → ↓ risk for HIV/STIs
	STAND (Students Together Against Negative Decisions)	Public Health	Diffusion Innovations Theory and the Transtheoretical Model	28 one hour sessions for peer training; one time, one-on-one interpersonal exchanges about abstinence and safer sex for participants	Rural High Schoolers	↑ + opinion leader peer educators → ↑ + norms of educators' peer groups → ↓ at-risk sexual behavior
Late Adolescence/ Young Adulthood	"You Can't Tell By Looking"	Public Health	Not specified	Single sex groups of 5-10 in one one-hour session: an interactive game demonstrating how infections spread and presentation of information on chlamydia and gonorrhea	Youth ages 16+, mostly African American	↑ non-clinical testing with STD and safer-sex messages → ↑ screening and treatment
	Not Specified (Bellis et. al., 2002)	Public Health	Behavior Change Theory	One time, 13 – 17 minute interactive session with a computer	Males and females ages 16-50 (mean age 26; 54% male); 90% African American	↑ utilization of multimedia → ↑ tailoring of communication to participants → ↑ STD prevention and control
Across Group	<i>iCuidate!</i>	Psychological	Social Cognitive Theory, Theory of Reasoned Action, and Theory of Planned Behavior	2 day intervention with six 60 minute modules: (1) Introduction; (2) HIV Knowledge; (3) Vulnerability to HIV Infection; (4) HIV/AIDS and Safer Sex; (5) Condom-Use Skills; and (6) Negotiation and Refusal Skills	Adolescents ages 10-19 (mean age 15); mostly Latino	reproducing successful intervention components, ↑ use of ethnic specific values and traits, and ↑ adolescent and community input → + cultural intervention → ↑ abstinence and condom use
	YUTHE (Youth United Through Health Education)	Public Health	Standardized peer led, outreach approach	Peer health educator outreach: one-on-one one time interview followed by STD prevention and screening messages and condom distribution	Sexually experienced youth between ages of 12 and 22, mostly male and African American	↑ peer education and outreach → ↑ screening and treatment of STDs → ↓ HIV/STDs risk
	COTB (Check Out That Body)	Psychological	Theory of reasoned action; Social Cognitive Theory; Psychological Empowerment Theory*	Three, ninety minute gender specific sessions comprised of interactive skills building workshops: brainstorming, discussion, role-playing, and homework assignments	Adolescents between ages twelve and twenty-one, mostly African American**	↑ + health care seeking beliefs, attitudes, and intentions → comprehensive, routine health care → ↓ delays in treatment and secondary prevention

\* Here there is a discrepancy in the literature. Hogben et al. (2005) list the theories used as integrated cognitive behavioral theory, the Theory of Reasoned Action, and self-efficacy.

\*\* A second discrepancy: Hogben et al. (2005) state the youngest participant as 11.

one's leadership of herself exemplified by self-assertiveness and determination and evidenced by decisions in her best interest and consequent willingness of others to trust her and thus receive her guidance. Additionally, the program is set against a non-religious, spiritual backdrop which emphasizes the girls' connection to others, a focus on their larger life purpose and the value of quietude and presence from which to cultivate centeredness and intentional decision-making.

Preliminary focus groups with sixth, seventh and eighth grade girls, their teachers and a parent interview were conducted to inform the development of the PSC intervention. These stakeholders were asked to respond to four questions/prompts.

1. Please share your thoughts about the issues facing girls at your school.
2. What are some of your primary concerns about the girls at your school?
3. What are some of the strengths you see in the girls at your school?
4. What do you think would be the three most important components of a program for girls at your school?

In response to the first prompt about issues facing girls at their school, all the participants agreed that violence (verbal and physical), sexual concerns (including sexual identity/orientation), and self-esteem were relevant concerns. Teachers also indicated that identity concerns, family and community challenges, and societal influences, such as the media and the over-reliance on and pace of technology were also problematic. The parent added that her daughter had difficulty with understanding and expressing her emotions.

With regard to the second question about the primary concerns of the girls, all focus group participant's responses overlapped concerning girls' sexual activity, sexual

orientation, self-esteem, violence (with boys and girls), and adolescent development (e.g., puberty, hygiene, and intensity of emotions). Additionally, the girls also mentioned their difficulty with teachers they perceived as disrespectful, their need for attention, and suicidality related to regrettable sexual experiences. Teachers believed that substance use/abuse, issues with parenting and the specific concerns of immigrant status on families were also relevant for the girls.

Regarding the third question which inquired about the strengths of girls at their school, girls indicated that they were strong, independent, mature (relative to boys), self-sufficient (expressed a sense of personal agency), had more flexibility with regard to gender expression (primarily through style of dress) and that they make an effort to work out their conflicts with one another. Teachers believed the girls' strengths lied in their confidence (e.g., outspokenness), respect for authority, ability to receive and apply feedback, intelligence, ability to be caring and helpful to others, and resilience. The parent viewed her daughter as strong, self-managing and wise.

Finally, when asked about what components would be important to include in a girls' program, all focus group participants agreed that a program should teach girls to have self-respect, self-esteem and understand their emotions. They also shared that a program that provided a safe space (e.g., "open forum") in which girls could express themselves without fear of judgment was important. A program that helped the girls process their identity and development through puberty was also deemed important.

Along with the above recommendations, the phenomenological variant of ecological systems theory (PVEST) (Spencer, 2006) was used as a framework for the PSC curriculum. Specifically, the program was designed to serve as an extracurricular

support in order to balance the net vulnerability (the balance of challenges and strengths) of the girl, providing her additional adult supports, healthy strategies to cope with stress and an opportunity to adopt healthy notions of her cultural self and girlhood, while cultivating a leadership identity. The engagement in positive stress coping behaviors are intended to provide the girls a new repertoire of behaviors with which, due to repetition of these behaviors, she may ultimately identify (Spencer, 2006).

PSC consists of process and activity-based components. The physical set up of the group and the group facilitators were the process components. The centering exercise, group discussion, project work, journaling and gratitude circle closing were the activity-based components.

### **Process Components**

**Set-up.** Constructing a physical space that is welcoming, calming and engenders a sense of safety is the primary intent of the PSC set-up component. Furthermore, as the program seeks to cultivate a respite qualitatively different from the academic and regulated nature of the school environment, transforming the structure of the room does this in a tangible way.

Tables and/or desks are moved to the periphery of the room and replaced with yoga mats. The yoga mats are placed in a circular formation with the head or top of the mat facing the center of the circle and radiating outward. At the start of the group, the facilitators take a primary role in setting up the room and the yoga mats. However, as the group becomes more cohesive, the girls begin to take ownership of the group experience by assisting the set-up of the room. Girls and group facilitators sit beside one another on the yoga mats. In addition to restructuring the room and yoga mats,

“spiritually-focused” music is played. Songs espousing messages of personal empowerment, faith in better outcomes and peace of mind are played. Calming/relaxing music is played at the start of the session to assist the girls’ transition from school to the group. Upbeat music is played during the “Project Work” portion of the group which will be discussed later.

**Group rules and cultural norms.** Over the first three sessions, the set-up of the group rules and cultural norms occurs. A series of team building activities are implemented to build closeness among the girls, establish appropriate boundaries and define sisterhood. The focus group participants indicated that girls’ conflict typically centered on gossiping related to real or imagined sexual activity. For this reason, the program seeks to establish the importance of keeping members’ confidence in order to counter a youth culture that operates under gossiping norms. For example, one activity includes developing an oath in which the definition of an oath (i.e., a promise) is provided and processed. The girls then develop a group oath which highlights concepts such as trust and commitment to the group, and write it on a large sheet of poster print paper. The group reads the oath aloud and signs their agreement. This oath is posted during each session.

**Group facilitators.** The Project SisterCircle intervention employs the use-of-self therapeutic model to guide the counseling between the group facilitator(s) and girl(s). The use-of-self model requires the counselor to use her experiences of the client to parallel her own growth and knowledge of herself in order to inform intervention with the client (Baldwin, 2000). The group facilitators of Project SisterCircle participated in up to eight hours of initial training and attended weekly supervision during the implementation

of the groups. Training consisted of 1) reading articles and book chapters to orient them to social, psychological and contextual factors that impact on the development of adolescent Black/African descent and Latina girls in urban environments; 2) reflecting on their own development as adolescent girls in light of the readings; 3) participating as participants in aspects of the intervention programming and; 4) reviewing group leadership dynamics and common group processes relevant for work with adolescents and potential gender and racial dynamics.

All group facilitators are women of color, particularly women of Black/African and/or Latin descent and the training dedicated significant time to processing their personal experiences as young girls of color and how they may come to bear on their facilitation. Particular focus was placed on the ways race and gender have intersected in their lives to influence their relationships with women and girls. For example, the facilitators processed their experiences of their skin color (e.g., light or dark complexion), hair texture, facial features and body shape and size and the relationship of these to their self-esteem and relations with other women. Williams (1999) explained that histories of colonization and consequent discrimination have shaped the experiences of people of color and women especially. Further, Boyd-Franklin (1991) acknowledged these influences on family dynamics and consequent socially-sanctioned internalized racial and gender oppression as observed through relationships with oneself and others. Thus prompting the group facilitators to reflect on their own development primed them: 1) to examine “unfinished business”, and 2) explore the impact on their current thinking of their identity. Consequently, they were made aware of potential unresolved areas and thus were less likely to impose these on the girls.

Additionally, through processing their identity and experiences the group facilitators were primed to call on the resilience strategies they developed to appropriately guide the girls. The use-of-self (Baldwin, 2000) in this way is a particular strength as it capitalized on the racial/ethnic and gender match between facilitators and girls.

### **Activity-Based Components**

PSC operates from the belief that predictable, ritualized practice provides a reliable structure in which the girls can actively participate. During each session and in the same order, the centering exercise, group discussion, project work, journaling and closing activities occur.

**Centering exercise.** The centering exercise consists of a series of activities meant to help the girls transition from their school day to the Project SisterCircle (PSC) group. Stretching, affirmations and check-in with each member is conducted at the start of each session. To begin with, the girls go through a series of two or three yoga-type stretches. Schell, Allolin, and Schonecke (1994) found that stretching and movement of the body were effective for mind-body centering and thus were used to help the girls transition to the group experience. Affirmations were selected from Iyanla Vanzant's (1999) "Don't give it away"; a self-help book for adolescent girls. During the initial sessions the facilitators asked a girl to volunteer to read the affirmation. In subsequent sessions the responsibility was shared with other girls in the group. One example of the type of affirmations in the Vanzant book was, "My mind is mine. My feelings are mine. My body is mine." After the affirmation was read, it was repeated three times by all participants. Following the affirmation, each girl checked in by stating her "high"

(accomplishments/good experiences) and “low” (challenges) experiences since the last group meeting.

**Group discussion.** The PSC curriculum consisted of 16 sessions which were divided in two parts: the group discussion and the project work (to be discussed in the next session). A list of the session topics and objectives were provided (see Figure 1).

WEEK	SESSION TOPIC	OVERALL OBJECTIVES/TASK
One	Introductions	Team Building <i>Assessment</i> <i>Send parent assessments home</i>
Two	Assessments	Team Building <i>Complete Assessment</i>
Three	Legacy Project Development	Brainstorm potential project ideas
Four	Building Relationships: Part I	Discuss relationship types
Five	Talk Box	Introduce purpose of talk box. Decorate and engage talk box discussion. <i>Legacy Project Presentation to Project Director</i>
Six	Building Relationships: Part II	Relationship with self
Seven	Living this Life	Problem Solving/Resolving Conflict
Eight	Talk Box	Open discussion.
Nine	Building Relationships: Part III	Relationships with others/leadership.
Ten	Talk Box	Open discussion.
Eleven	The Master Plan: Part I	Life planning and goal setting <i>Career day</i>
Twelve	The Master Plan: Part II	Career/life report back to group. <i>Assessment</i>
Thirteen	Am I worth it? – YES!	Barriers and pathways to healthy self-esteem
Fourteen	Doing what is best for me	Relationship between attitudes about self, health and success.
Fifteen	Talk Box	Open discussion
Sixteen	Gratitude Ceremony/Celebration	Presentation of Legacy Project

Figure 1. Project Sister Circle Schedule of Topics

The SCRR (Self Collective Root Responsibility) dialogue organization framework was used to structure the discussion of each topic in the curriculum (Sankofa Community Empowerment, Inc., 2001). This system was particularly useful because it primed the girl to consider her individual experiences with a topic area (self) and extend the processing to others (collective), possible causes (root) and prompted her to think about how she could be active in addressing the issue (responsibility). For each group discussion topic, the curriculum provided questions the facilitators could use to lead the girls through processing the topic. Ultimately, the goal was to transition the girls from a focus on how particular issues impact her individually toward a better sense of how she could be active in addressing it, thus fostering a sense of leadership through accountability to and for herself and others.

**Project work.** Project work occurred during the second half of each session and provided the girls time to generate and develop a project that they presented to the PSC participants and school community at the program's end. The project idea and focus was driven by the girls' response to being prompted to identify an issue or concern that was relevant to them or girls like them. The project was called the "Legacy Project" and was meant to raise awareness of relevant issues about girls in their community and through awareness engender change. For example, one year the girls developed an anti-gossiping and anti-violence skit highlighting the effect of gossip on girls' friendships and demonstrating ways to resolve conflict. Additionally, the girls served as leaders on various aspects of the project and consequently put some of what they have learned about relationships and leadership into action with one another.

**Journals.** The girls participated in 5-7 minutes of journaling at the end of each session. They were advised to write about any ideas that come to mind for them and were assured that, unless otherwise indicated, their journal entries would not be read. If girls wanted their journal entries read they were asked to fold the page(s) they would like read and write the name of the group facilitator(s) whom they would like to read the entry on the fold. The reader would read and respond to the entry within the journal. As a tool for self-reflection and stress reduction, journaling has been indicated as a very useful activity for adolescent girls (Sheri, 1996; Warner et al., 2006). Since the urban environment makes many socio-emotional demands on girls (Gallegos-Castillo, 2006; IWPR, 2009; Miller, 2008), developing a practice of regularly purging these feelings and experiences without judgment or unwanted surveillance seemed particularly therapeutic. Moreover, journaling was another positive stress coping behavior that the girls acquired through the program that could be sustained as they take their journals home at the end of the program.

**Closing.** Each session ended with girls and group facilitators joining in a circle, holding hands and each sharing what or for whom in the group they were grateful. This activity has been named the "Gratitude Circle". Feelings of gratitude have been linked to strengthening intimacy and relational bonds between persons (Fredrickson, 2004). As a primary goal of the program was to cultivate a sense of sisterhood among the participants, prompting connection through expressions of gratitude supported development of relational depth between the girls and group facilitators. Experiences of gratitude have generally been linked to greater well-being (Fredrickson, 2004) and cyclically related to happiness (Watkins, 2004). Thus cultivating healthy and positive

emotional experiences with girls in the group may counter social and environmental challenges and alleviate their vulnerability.

### **Practical Applications**

Implementing intervention programming in schools, while critical to addressing the broader range of the developmental needs of students, occurs optimally under certain circumstances. In the three years of PSC implementation in urban schools, the following practice considerations have become apparent.

1. *Learn the school system and its approach to sexual education.* While adolescent risk for sexually transmitted infections (Forhan, 2008) and the consequences of unsafe sexual experiences (Karpati et al., 2004) are problematic, the response in schools has largely taken a public health approach (i.e., providing information and messages of abstinence), while the socio-emotional and environmental factors that contribute to this risk are not addressed fully. Understanding and remaining congruent with the school system's approach, while also addressing the relevant questions and concerns of adolescents requires a nuanced balance. School systems remain ambivalent with regard to what and how much information with which to expose adolescents at different levels of sexual engagement and parental perspective in order to support their physical and socio-emotional health. Additionally, determining the roles of schools in the sexual lives of the youth in their care remains an area of debate. Thus implementing programs like PSC in schools requires knowledge of the school system's ideology and guidance related to how to negotiate the particular dynamic. Developing relationships with personnel with institutional knowledge is

critical to securing appropriate guidance and acting in accordance with the institution's values and students' best interest.

2. *Gaining and regaining entry into the school culture.* Each school culture has its own norms, expectations and values which dictate how the program will be received and supported. While developing a relationship with school principals and working with the school counselor (or other related personnel) to implement the program is required, one must be mindful of administrative changes, and teachers and program administrators of community-based organizations which offer programming to schools. The implementation of PSC has witnessed the shift of supportive staff and the leadership that approved initial implementation of the program. In order to continue the program, it has been important to develop relationships with others in the school building to generate a network of support that is critical to the life of the program. Additionally, as teachers and program administrators may have perceived competing interests or a perspective that runs counter to the program, it is important to develop bridging relationships which minimize opposition and/or competition. For example, at one school in which PSC was implemented afterschool programs competed for student involvement and viewed PSC as negatively affecting participation of students in their programming. Working with the program administrator, we realized that PSC, meeting once a week and for two hours, did not meaningfully interfere with the girls participating throughout the week and after session in the other program, as the afterschool program's hours extended into the early evening. Thus the program was able to count the girls' participation after the PSC session ended.

We were also able to process the behavioral concerns of PSC participants with dual participation and the need for socio-emotional programming for those girls. This was a need in which PSC could be responsive and thus both programs could work to support the development of the whole student.

3. *Create low and no cost programming.* The financial restrictions faced in our nation have placed tremendous pressure on schools to provide healthy educative environments with few resources. As already stretched school budgets continue to be cut, it is important that extracurricular school programming not require extensive investment on the part of schools. Schools are likely able to provide educational material supports (e.g., athletic equipment, arts supplies, computers, media technology, physical space, etc.), however may be limited and thus seeking grant funding and donations can supplement the programming material needs.
4. *Girls' involvement in other activities.* Schools can be thriving environments for extracurricular activity. The opportunity to participate in the school play, science club, or other activities is made available to girls and they should be encouraged to develop their interests. Girls' relational tendency sometimes gets the best of them as they grapple with participating in an activity of interests versus maintaining their commitment to PSC. Encouraging girls to develop their interest(s), while reassuring them that their contribution and presence was valued is essential to allow them the freedom to move on without residual angst to pursue their interest. Facilitating healthy relationship terminations and maintaining positive relations is beneficial for the girls and the school community.

5. *Recruitment/Attrition.* At the beginning of each school year student interest in PSC is overwhelming however as time elapses that interest along with student availability wanes. PSC has utilized various forms of recruitment having selected from a “hand-picked” group of girls identified by the school counselor to making the groups available to all girls within the age range. Both approaches yield some amount of attrition and quite likely for different reasons. For example, when girls have been selected by the school counselor rather than of their own volition, they have asked, “Why I am in this group? Why was I chosen?” At the root of their questions is a sense of suspicion that someone thinks something is wrong with them, and thus a stigma is attached to their participation in the group and the group itself. Ultimately, they do not want to be associated with what they perceive as an undesirable membership and leave the group. In order to curb stigma, participation in the group is made available to all girls within the age range in the school. The group is meant to run with 6-8 students however participation is open to all and at the start of each year 20-30 girls typically begin the program. Due to some of the considerations mentioned above (e.g., interest in other programming) or other obligations they do not continue through the end of the program. Running this type of group requires a willingness to tolerate the ballooning and shrinking of participation until a core group of girls emerges. It is important that those who need the group find it and this may mean the girls vacillate until they finalize their decision about the extracurricular programming that is the best fit for them.

6. *Parent involvement.* Parent involvement is typically challenging. Working class parents in urban communities need and want to know what is happening with their children and to feel assured that they are in a safe space, while not always able to actively engage due to work and family obligations (Barton, Drake, & Perez, 2004; Ouellette & Wilkerson, 2008). At the start of the program we send home permission slips and a survey of parental expectations for parents to complete. We also invite parents to come to the sessions and meet with the program director. Additionally, the program director has attended parent teacher association meetings to provide information about PSC and also to provide educational workshops about the developmental concerns of adolescents at schools. Additionally, throughout the programming, PSC facilitators are in constant contact with parents and girls conducting reminder calls and updates regarding the program. They also call when girls have been absent.
7. *Reporting.* Any therapeutic work will engender a climate of trust in which delicate information may be shared. Working with minors further complicates how this information should be handled to protect and promote their safety. A close working relationship with the school counselor or other related personnel is needed in order that PSC be integrated within the school's counseling program to coordinate the girls' support network. Girls are informed of the relationship with the school counselor and how disclosures that call their safety into question will be handled from the start of the program. Their parents are also made aware of this relationship.

8. *Counselor training and development.* Counselor-trainees facilitate the PSC groups and consequently their involvement is a training experience for them. As described earlier in the paper, a training curriculum has been developed to prepare facilitators for the work they do with the girls. Additionally, they attend a weekly supervision session. Intervention programs that utilize the burgeoning skills of counselor-trainees may consider creating viable training experiences, while providing needed socio-emotional services to local schools.

Creating a structure that, for example, permits the facilitators to count the hours preparing for and leading group toward practicum and/or internship hours may provide valuable remuneration for the group facilitators. Additionally, if the program also has a research component, inviting interested students to participate in aspects of the research may broaden their professional skill set and potentially open counselor-trainees to a wider range of professional opportunities.

9. *Evaluation.* Assessing the expected outcomes of the intervention supports justification for continued programming and funding. Furthermore, the ability to demonstrate program effectiveness may support aspects of the school administration's efforts and may be instrumental to the school. As attrition in school-based programs may be an issue, a concurrent cross-sectional and pre-post approach to program evaluation provides formative and summative evaluation which may more fully assess the effects of the program on the experiences of the girls that participate at various points throughout the program's implementation. Additionally, qualitative inquiry and analysis of the

school, the girls' and parental experiences may also provide valuable feedback about program effectiveness.

### **Conclusion**

In this paper the concept of sexual risk vulnerability (SRV) was defined and discussed relative to the development of adolescent Black/African and Latina girls' sexuality in urban communities. The paper focused specifically on intervention programming addressing healthy development amongst this population and introduced Project SisterCircle (PSC), a school-based psychosocial and spiritual intervention. The theoretical framework that informed the development of the PSC program components was described and practical considerations for implementing school-based programming with adolescents in urban schools were provided.

## References

- Ayala, J. (2006). Confianza, consejo, and contradictions: Gender and sexuality lessons between Latina adolescent daughters and mothers. In J. Denner & B. L. Guzman (Eds.), *Latina girls: Voices of adolescent strength in the United States* (pp. 29-43). New York: New York University.
- Baldwin, M. (2000). *The Use of Self in Therapy*. Binghamton, NY: The Haworth Press.
- Barton, A. C., Drake, C., & Perez, J. G. (2004). Ecologies of parental engagement in urban education. *Educational Researcher*, 33, 3-12. doi:10.3102/0013189X033004003
- Belgrave, F. Z., Reed, M. C., Plybon, L. E., Butter, D. S., Allison, K. W., & Davis, T. (2004). An evaluation of Sisters of Nia: A cultural program for African American girls. *Journal of Black Psychology*, 30(3), 329-343. doi:10.1177/0095798404266063
- Belgrave, F. Z., Van Oss Marin, B., & Chambers, D. B. (2000). Cultural, contextual, and intrapersonal predictors of risky sexual attitudes among urban African American girls in early adolescence. *Cultural Diversity and Ethnic Minority Psychology*, 6(3), 309-322. doi:10.1037/1099-9809.6.3.309
- Bellis, J. M., Grimley, D. M., & Alexander, L. R. (2002). Feasibility of a tailored intervention targeting STD-related behaviors. *American Journal of Health Behavior*, 26(5), 378-385. Retrieved from <http://web.ebscohost.com.cwplib.proxy.liu.edu/ehost/pdfviewer/pdfviewer?sid=852ed290-1098-4140-903f-f5fbd22d52b0%40sessionmgr12&vid=9&hid=1>

- Boyd-Franklin, N. (1991). Recurrent themes in the treatment of African-American women in group psychotherapy. *Women & Therapy, 11*(2), 25-40. doi:10.1300/J015V11N02\_04
- Cohen, C. (1999). *Boundaries of Blackness: AIDS and the breakdown of Black politics*. Chicago: University of Chicago Press.
- Collins, M. H., Kelch-Oliver, K., Johnson, K., Wellkom, J. Kottke, M. S., & Oyeshiku, C. (2010). Clinically significant depressive symptoms in African American adolescent females in an urban reproductive health clinic. *Journal of Clinical Psychology in Medical Settings, 17*, 175-182. doi:10.1007/s10880-010-9200-9
- Collins, P. H. (1998). The tie that binds: race, gender and US violence. *Ethnic and Racial Studies, 21*(5), 917-939. doi:10.1080/014198798329720
- Collins, P. H. (2005). *Black sexual politics: African Americans, gender and the new racism*. New York: Routledge.
- Corcoran, J. (2001). Multi-systemic influences on family functioning of teens attending pregnancy prevention programs. *Child & Adolescent Social Work Journal, 18*(1), 37-49. doi:10.1023/A:1026621219106
- Corneille, M. A., & Belgrave, F. Z. (2007). Ethnic identity, neighborhood risk, and adolescent drug and sex attitudes and refusal efficacy: The urban African American girls' experience. *Journal of Drug Education, 37*(2), 177-190. doi:10.2190/UJ17-34J7-U306-2822
- Crenshaw, K. (1992). Whose story is it any way? Feminist and anti-racist appropriating of Anita Hill. In T. Morrison (Ed.), *Race-ing justice, en-gendering power: Essays*

*on Anita Hill, Clarence Thomas, and the construction of social reality* (pp. 402-440). New York: Pantheon.

- DiClemente, R. J., Wingood, G. M., Harrington, K. F., Lang, D. L., Davies, S. L., Hook III, E. W., Oh, K. O., Crosby, R. A., Hertzberg, V. S., Gordon, A. B., Hardin, J. W., Parker, S., & Robillard, A. (2004). Efficacy of an HIV prevention intervention for African American adolescent girls: A randomized controlled trial. *Journal of the American Medical Association*, 292(2), 171-179. doi:10.1001/jama.292.2.171
- Dolcini, M. M., Harper, G. W., Boyer, C. B., Watson, S. E., Anderson, M., Pollack, L. M., & Chang, J. Y. (2008). Preliminary findings on a brief friendship-based HIV/STI intervention for urban African American youth: Project ÔRÉ. *Journal of Adolescent Health*, 42(6), 629-633. doi:10.1016/j.jadohealth.2007.11.003
- Downs, J. S., Murray, P. J., Bruine de Bruin, W., Penrose, J., Palmgren, C., & Fischhoff, B. (2004). Interactive video behavioral intervention to reduce adolescent females' STD risk: A randomized controlled trial. *Social Science & Medicine*, 59(8), 1561-1572. doi:10.1016/j.socscimed.2004.01.032
- Ethier, K. A., Kershaw, T. S., Lewis, J. B., Milan, S., Niccolai, L. M., & Ickovics, J. R. (2006). Self-esteem, emotional distress and sexual behavior among adolescent females: Inter-relationship and temporal effects. *Journal of Adolescent Health*, 38(3), 268-274. doi:10.1016/j.jadohealth.2004.12.010
- Forhan, S. E (2008, March). *Prevalence of Sexually Transmitted Infections and Bacterial Vaginosis among Female Adolescents in the United States: Data from the National Health and Nutritional Examination Survey (NHANES) 2003-2004*. Report presented at the National STD Conference, Chicago, IL.

- Fredrickson, B. L. (2004). Gratitude, like other positive emotions, broadens and builds. In R. A. Emmons & M. E. McCullough (Eds.) *The Psychology of Gratitude* (pp. 145-166). New York: Oxford University Press.
- Gallegos-Castillo, A. (2006). La casa: Negotiating family cultural practices, constructing identities. In J. Denner & B. L. Guzman (Eds.), *Latina girls: Voices of adolescent strength in the United States* (pp. 44-58). New York: New York University.
- Hogben, M., Ledsky, R., Middlestadt, S., VanDevanter, N., Messeri, P., Merzel, C., Bleakley, A., Malotte, C. K., Sionean, C. K., & St. Lawrence, J. S. (2005). Psychological mediating factors in an intervention to promote adolescent health care-seeking. *Psychology, Health & Medicine*, *10*(1), 64-77. doi:10.1080/13548500512331315370
- Institute for Women's Policy Research (IWPR). (2009). *Black girls in New York City: Untold strength and resilience*. Washington, DC: Institute for Women's Policy Research. IWPR Publication No. R344.
- Jemmott, J. B., Jemmott, L. S., & Fong, G. T. (1998). Abstinence and safe sex HIV risk-reduction interventions for African American adolescents. *Journal of the American Medical Association*, *279*(19), 1529-1536. doi:10.1001/jama.279.19.1529
- Kaplan, C. P., Erickson, P. I., & Juarez-Reyes, M. (2002). Acculturation, gender role orientation and reproductive risk-taking behavior among Latina adolescent family planning. *Journal of Adolescent Research*, *17*(2), 103-121. doi:10.1177/0743558402172001

- Kapungu, C. T., Holmbeck, G. N., & Paikoff, R. L. (2006). Longitudinal association between parenting practices and early sexual risk behaviors among urban African American adolescents: The moderating role of gender. *Journal of Youth and Adolescence, 35*(5), 787-798. doi:10.1007/s10964-006-9102-1
- Karpati, A., Kerker, B., Mostashari, F., Singh T., Hajat, A., Thorpe, L., Bassett, M., Henning, K., & Frieden, T. (2004). *Health Disparities in New York City*. New York: New York City Department of Health and Mental Hygiene.
- Lee, C. C. (2005). Urban school counselors: Context, characteristics and competencies. *Professional School Counseling, 8*, 184-188.
- Lee, J., & Hahm, H.C. (2010). Acculturation and sexual risk behaviors among Latina adolescents transitioning to young adulthood. *Journal of Adolescence, 30*(3), 414-427. Retrieved from <http://web.ebscohost.com.cwplib.proxy.liu.edu/ehost/detail?sid=852ed290-1098-4140-903f-f5fbd22d52b0%40sessionmgr12&vid=53&hid=11&bdata=JnNpdGU9ZWVhc3QtbGl2ZQ%3d%3d#db=psych&AN=2005-01574-002>
- Liang, C. T. H., Salcedo, J., Rivera, A. L. Y., & Lopez, M. J. (2009). A content and methodological analysis of 35 years of Latino/a-focused research. *The Counseling Psychologist, 37*(8), 1116-1146. doi:10.1177/0011000009338496
- Low, N., Connell, C., McKeivitt, C., Baggili, T., Tenant-Flowers, M., More, C., Jones, J., Blake, M., & Sterne, J. A. (2003). "You Can't Tell By Looking": Pilot study of a community-based intervention to detect asymptomatic sexually transmitted infections. *International Journal of STD and AIDS, 14*(12), 830-834. doi:10.1258/095646203322556174

- Miller, J. (2008). *Getting played: African American girls, urban inequality, and gendered violence*. New York: New York University Press.
- Moore, S. M. & Rosenthal, D. A. (2006). *Sexuality in adolescence: Current trends*. New York: Routledge.
- Morrison-Beedy, D., Carly, M. P., Côte-Arsenault, D., Seibold-Simpson, S. & Robinson, K. A. (2008). Understanding sexual abstinence in urban girls. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 37(2), 185-195. Retrieved from <http://web.ebscohost.com.cwplib.proxy.liu.edu/ehost/pdfviewer/pdfviewer?sid=852ed290-1098-4140-903f-f5fbd22d52b0%40sessionmgr12&vid=65&hid=11>
- Murry, V. M., Berkel, C., Brody, G. H., Gibbons, M., & Gibbons, F. X. (2007). The Strong African American Families program: Longitudinal pathways to sexual risk reduction. *Journal of Adolescent Health*, 41(4), 333-342. doi:10.1016/j.jadohealth.2007.04.003
- Ouellette, P. M., & Wilkerson, D. (2008). "They Won't Come": Increasing parent involvement in parent management training programs for at-risk youths in school. *School Social Work Journal*, 31, 39-53.
- Ruedisueli, A. (2010). Parental attachment and sexual risk behavior among adolescents. *Dissertation Abstracts International: Section A: Humanities and Social Sciences*, 71(4-A), 1456.
- Sankofa Community Empowerment, Inc. (2001). *The SCRR Model*. Retrieved from <http://www.sankofaempowerment.org/>
- Schell, F. J., Allolin, B., & Schonecke, O. W. (1994). Physiological and psychological effects of Hatha-Yoga exercise in healthy women. *International Journal of*

*Psychosomatics*, 41(1-4), 46-52. Retrieved from [http://www.researchgate.net/publication/15355092\\_Physiological\\_and\\_psychological\\_effects\\_of\\_Hatha-Yoga\\_exercise\\_in\\_healthy\\_women](http://www.researchgate.net/publication/15355092_Physiological_and_psychological_effects_of_Hatha-Yoga_exercise_in_healthy_women)

Shambley-Ebron, D. (2009). My sister, myself: A Cultural and gender-based approach to HIV/AIDS prevention. *Journal of Transcultural Nursing*, 20(1), 28-36.  
doi:10.1177/1043659608325850

Sieverding J., Boyer C., Siller J., Gallaread A., Krone M., & Chang Y. (2005) "Youth united through health education: Building capacity through a community collaborative intervention to prevent HIV/STD in adolescents residing in a high STD prevalent neighborhood." *AIDS Education and Prevention*, 17(4), 375-385.  
doi:10.1521/aeap.2005.17.4.375

Smith, C. (1997). Factors associated with early sexual activity among urban adolescents. *Social Work*, 42(4), 334-346. Retrieved from <http://web.ebscohost.com/cwplib.proxy.liu.edu/ehost/pdfviewer/pdfviewer?sid=852ed290-1098-4140-903f-f5fbd22d52b0%40sessionmgr12&vid=83&hid=11>

Smith, M. U. & DiClemente, R. J. (2000). STAND: A peer-educator training curriculum for sexual risk reduction in the rural south. *Preventive Medicine*, 30(6), 441-449.  
doi:10.1006/pmed.2000.0666

Spencer, M. B. (2006). Phenomenology and ecological systems theory: Development of diverse groups. In W. Damon & R. Lerner (Eds.), *Handbook of child psychology*: Vol. 1. Theoretical Models of Human Development (6th ed., pp. 829-893). New York: Wiley.

- Teitelman, A. M., Ratcliffe, S. J., Morales-Aleman, M. M., & Sullivan, C. (2008). Sexual relationship power, intimate partner violence and condom use among minority urban girls. *Journal of Interpersonal Violence, 23*(12), 1694-1712. doi:10.1177/0886260508314331
- Valois, R. F., Zullig, K. J., Huebner, E. S., Kammerman, S. K., & Drane, J. W. (2002). Association between life satisfaction and sexual risk-taking behaviors among adolescents. *Journal of Child and Family Studies, 11*(4), 427-440. doi:10.1023/A:1020931324426
- VanDevanter, N. L., Messeri, P., Middlestadt, S. E., Bleakley, A., Merzel, C. R., Hogben, M., Ledsky, R., Malotte, K., Cohall, R. M., Gift, T. L., & St. Lawrence, J. S. (2005). A community-based intervention designed to increase preventive health care seeking among adolescents: The gonorrhea community action project. *American Journal of Public Health, 95*(2), 331-337. doi:10.2105/AJPH.2003.028357
- Vanzant, I. (1999). *Don't give it away*. New York: Fireside.
- Villarruel, A. M., Jemmott, L. S., & Jemmott, J. B. (2005). Designing a culturally based intervention to reduce HIV sexual risk for Latino adolescents. *Journal of the Association of Nurses in AIDS Care, 16*(2), 23-31. doi:10.1016/j.jana.2005.01.001
- Walton, M. A., Resko, S., Whitesude, L., Chermack, S. T., Zimmerman, M., & Cunningham, R. M. (2011). Sexual risk behaviors among teens at an urban emergency department: Relationship with violent behaviors and substance use. *Journal of Adolescent Health, 48*, 303-305. doi:10.1016/j.jadohealth.2010.07.005

- Warner, L. J., Lumley, M. A., Casey, R. J., Salazar, R., Enberg, R., Simone, M. R., Zoratti, E. M., & Pierantoni, W. (2006). Health effects of written emotional disclosure in adolescents with asthma: A randomized, controlled trial. *Journal of Pediatric Psychology, 31*(6), 557-568. doi:10.1093/jpepsy/jsj048
- Watkins, P. C. (2004). Gratitude and subjective well-being. In R. A. Emmons & M. E. McCullough (Eds.) *The Psychology of Gratitude* (pp. 167-194). New York: Oxford University Press.
- Williams, C. B. (1999). African American Women and Feminism: Implications for Therapy. *Women and Therapy 22*(4), 1-16. doi:10.1300/J015v22n04\_01
- Wingood, G. M., & DiClemente, R. J. (2006). Enhancing adoption of evidence-based HIV interventions: Promotions of a suite of HIV prevention interventions for African American women. *AIDS Education and Prevention, 18*(SupplA), 161-170. doi:10.1521/aeap.2006.18.suppl.161

### **Biographical Statements**

Wendi S. Williams is at the Department of Counseling and Psychology, Long Island University- Brooklyn. Her research centers on the intersection of race, gender and class on the socio-emotional and leadership development of girls of color and implications for health and educational outcomes. Thomas Karlin is an alumnus of the Long Island University – Brooklyn Mental Health Counseling program and now practices mental health counseling with children, adolescents, and adults in Brooklyn, NY. Deidre Wallace is an alumnus of the School Psychology program at Long Island University – Brooklyn and currently is a school psychologist at Perspectives Charter School in Chicago, Illinois. Thomas Karlin and Deidre Wallace’s contributions to the paper were equal and their names are listed in alphabetical order.

Support for this work was provided by a ProDIGS (Promoting Psychological Research and Training on Health Disparities Issues at Ethnic Minority Serving Institutions Grants) grant provided through the Office of Ethnic Minority Affairs of the American Psychological Association.

Correspondence concerning this article should be addressed to Wendi S. Williams, Department of Counseling and School Psychology, Long Island University – Brooklyn, 227 Pratt Bldg., One University Plaza, Brooklyn, NY 11233. Email: wendi.williams@liu.edu.