Stress, Coping, and Depression Among Black Urban Adolescents:

Implications for School Counseling

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Abstract

This research explored the interrelationship between stress, cultural coping, and depression among 208 Black-identified high school students at an urban high school. We hypothesized a statistically significant relationship between African-centered worldview, spirituality, collective self-esteem, and creative coping. These variables were also hypothesized to be predictive of symptoms of depression. Simultaneous regression analyses revealed that African-centered worldview, collective self-esteem and spirituality were predictive of cultural coping practices. Adolescents coped with depression in spiritual and creative ways, and those with family and peer support reported fewer symptoms of depression. Implications for school counseling are discussed.

Keywords: stress, cultural coping, depression, African American adolescents, spirituality, school counseling

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With media attention focused on school shootings, the public debate on accessible mental health services for youth has become pronounced (Cummings, Wen, & Druss, 2013; Fazel, Patel, Thomas, & Tol, 2014). An apparent gap in mental health functioning and access to care among youth, highlights a mental health crisis among the population. There is a tremendous need for available and culturally appropriate mental health services for children and adolescents (Algeria, Atkins, Farmer, Slaton, & Stelk, 2010). In fact, data show that one in five children has a mental disorder and one in ten children have a serious emotional disturbance that affects their daily functioning (U.S. Department of Health and Human Services [DHHS], 2001, 2000; Schwartz, 2009). Despite these troubling statistics, four out of five children who need mental health services do not receive the help that they need (DHHS, 2000).

There are a multitude of factors that place some children at greater risk for serious mental health concerns. These risk factors include a family history of mental and addictive disorders, caregiver separation, abuse and/or neglect, and multigenerational poverty (DHHS, 1999). Living in urban poverty is especially associated with stressors that range from child abuse, divorce, violence exposure and daily hassles that place youth at increased risk for adjustment in elementary school and psychological problems, including depression (Farahmand, Grant, Polo, Duffy, & DuBois, 2011; Morales & Guerra, 2006).

Aligned with APA's Task Force on Resilience and Strength in Black Children and Adolescents that calls for reframing research to better understand adaptive and

protective factors in the lives of these youth (APA, 2008), this study examines the stress and coping experiences of Black-identified high school students living in an urban setting. School-age adolescents were chosen participants because there is evidence of an association between mental health functioning (i.e., depression), school outcomes and future life experiences (Fergusson & Woodward, 2002; Roeser & Eccles, 2014) among this population. Schools are a central cultural context for children and adolescents, and are an ideal setting for the potential recognition and treatment of mental health disorders (Fazel, Patel, Thomas, & Tol, 2014; Roeser & Eccles, 2014). Culture and context have a profound impact on the help-seeking behaviors of youth of color (Cauce, Domenech-Rodriguez, Paradise, Cochran, Shea, Srebnik, & Baydar, 2002), and schools can intervene and help mitigate the challenges to treatment. Schools counselors can play an integral role in bridging the gap in the unmet mental health needs by promoting culturally congruent counseling services for its students. Studying stress and coping among Black adolescents may help elucidate their counseling needs and culturally specific factors for providing an arc of support around the students for optimal social, emotional and academic developmental outcomes.

Urban Stress and Depression

Students living and going to school in an urban setting are of particular interest because urban stress exposure is strongly associated with depression (Boardman & Alexander, 2011). Black adolescents with chronic levels of stress reported more anxiety and depression, were found to engage in antisocial behaviors, and reported less active coping; whereas adolescents with low levels of stress over time reported fewer psychological problems, perceived more social support, and were more likely to

graduate from high school than those with higher stress levels over time (Schmeelk-Cone & Zimmerman, 2003). Black adolescents have a significantly higher risk of experiencing a peak in stress between the ages of 15 and 17, compared to white adolescents, which may increase the likelihood for detrimental social and developmental outcomes (Bennett & Miller, 2006). There is a strong relationship between family stress, income status, and depressive symptoms among African American adolescents (Hammack, Robinson, Crawford, & Li, 2004). One study found that contextual stress in middle school, such as community violence, neighborhood disorder, and experiences with racial discrimination, was predictive of substance use for girls, but was associated with aggressive behavior and substance use in high school for boys (Copeland-Linder, Lambert, Chen, & Ialongo, 2011). Mitigating factors for boys included high academic competence and self-worth.

Endorsing Africentric values and neighborhood satisfaction are protective factors predictive of academic self-efficacy beliefs (Shin, 2011). Culturally and contextually relevant theoretical perspectives provide unique views on the complexities of urban stress, such as race- or gender-based discrimination, poverty, health disparities, depression, and coping (Bennett & Miller, 2006; Hammack, 2003; Seaton, Caldwell, Sellers, & Jackson, 2008). Myers' (1989) longstanding model of urban stress elucidates how stressors emerge from the structural society and interact with families, communities, agencies, and institutions. Myer's model illuminates how the interaction between factors, such as race and social class, serve to create a generational pattern of stress, which complicate the strength inherent in cultural coping resources.

Cultural Coping

Black adolescents in low income neighborhoods with a history of adverse life events have an increased risk of developing internalizing and externalizing behaviors, regardless of coping style (Sanchez, Lambert, Cooley-Strickland, 2013). Given the presence of urban stressors experienced by Black adolescents and the potential mental health consequences, it is imperative to explore cultural resources that serve as coping and protective factors in the face of adversity. There is a growing body of literature that has explored coping among Black adolescents and young adults (e.g., Chiang, Hunter, & Yeh, 2004; Sanchez, Lambert, & Cooley-Strickland, 2013). According to Murrell (2002), culturally congruent ways of coping significantly impact the social-emotional (i.e., symptoms of depression) and academic success of Black adolescents. In this study, cultural coping is explored through the lens of African-centered worldview, and is defined as the extent to which adolescents rely on spiritual beliefs or practices, collective group resources (e.g., family, peers), and creative activities (e.g., dancing, listening to music, writing poetry) to deal with a recently identified stressful experience. An African-centered theoretical perspective offers an important framework for understanding the coping styles exhibited by Black urban adolescents.

African-centered worldview contains three levels of existence—physical, mental and spiritual selves (Akbar, 1996; Ani, 1997; Caldwell & White, 2001)—and includes the following nine interrelated cultural dimensions: spirituality, communalism, harmony, movement, verve, affect, expressive individualism, oral tradition, and social time perspective (Gallardo, Yeh, Parham, & Trimble, 2011; Myers, 1993; Parham, White, & Ajamu, 1999). Previous research reveals that African-centered cultural worldview can

promote positive ethnic identity, and beliefs about one's physical appearance self-concept (Belgrave, Chase-Vaughn, Gray, Addison, & Cherry, 2000). It has also been found to serve as a protective factor against drug abuse (Brook & Pahl, 2005).

Cultural coping among Black adolescents, including spirituality, creativity (i.e., use of music, song, dance, humor, etc.; Conner, 2003), community resources, and social and familial support have been documented as protective factors against the effects of stress and potentially helpful in alleviating mental health concerns (Ripple & Luthar, 2000; Molock, Puri, Matlin, & Barksdale, 2006). Research has found that Black youth who place a greater emphasis on spirituality have more positive self-identities and healthier notions of self in relation (Spencer, Fegley, & Harpalani, 2003). Boyd-Franklin (2010) also noted that spiritual beliefs are essential to the psychological health and resilience of many African-Americans and thus should be an essential aspect in the assessment and treatment processes.

In this study, spiritual coping is explored in the context of the adolescent's belief of the supernatural or transcendent power, which may or may not include religious or communal activities. African-centered worldview and values have been previously correlated with collective self-esteem and also found to be predictive of stress and cultural coping styles (Chambers, Kambon, Birdsong, Brown, Dixon, & Robbins-Brinson, 1998; Whaley, 1993). Collective self-esteem (Luhtanen & Crocker, 1992) is conceptualized as a form of communalism in the present study, whereby adolescents' self-esteem is intractably connected to their social, ethnic, and collective group identity. For example, family, community, team related sports involvement, creativity through music, and peer group relationships, may be dimensions of self-esteem that might be

relevant to the study of African American adolescents (e.g., Dixon, Zhang, & Conrad, 2009). The extent to which adolescents abide by cultural norms and values, and identify with their social group (e.g., racial, ethnic) may significantly impact their self-esteem, coping styles, and mental health functioning.

This research study explored the interrelationship between stress, cultural coping, (which includes spiritual, collective and creative coping) and depression. We hypothesized a statistically significant relationship between African-centered worldview, spirituality, collective self-esteem, and cultural coping. These variables were also hypothesized to be predictive of symptoms of depression.

Method

Participants

Two hundred and eight Black urban adolescents (89 males and 119 females) between the ages of 14-18 years old (M = 15.74, SD = 1.12) participated in this study. Representing diverse ethnic groups, the participants self-identified as: 66.8% African American (n = 139), 16.8% Hispanic (n = 35), and 16.4% Multiethnic or mixed (n = 34). In terms of grade level, 24.5% (n = 51) were freshmen, 26.4% (n = 55) were sophomores, 32.2% (n = 67) were juniors, and 16.8% (n = 35) were high school seniors. While 70% of the school's population qualified for free lunch, thereby suggesting a lower-middle class socioeconomic status (SES), a majority of the participants reported a middle class SES: 7.2% (n = 15) as lower class, 88% (n = 183) as middle class, and 4.8% (n = 10) as upper class. The participants, who were recruited from an urban public high school in New York City, voluntarily participated and received written parental consent before participating.

Measures

A total of six measures were used in this study including a demographic questionnaire, the Children's Africentric Values Scale (CAVS; Belgrave, Townsend, Cherry, & Cunningham, 1997), Africultural Coping Systems Inventory (ACSI; Utsey, Adams, & Bolden, 2000), Collective Self Esteem Scale-Revised (CSES-R; Luhtanen & Crocker, 1992), Spirituality Scale (SS; Jagers & Smith, 1996), and Reynolds Adolescent Depression Scale (RADS; Reynolds, 1987).

Demographic questionnaire. A 15-item self-report demographic questionnaire inquired specifically about the age, gender, race, and ethnicity of the participants.

Children's Africentric Values Scale (CAVS)*.* CAVS (Belgrave et al., 1997) is a 14-item measure that corresponds to the principles of Nguzo Saba, as celebrated in the African American Kwanzaa observance. The three subscales are: (a) Collective Work and Responsibility, referring to the belief of communal support; (b) Cooperative Economics, representing the belief that resources should be maintained and shared in the Black community; and (c) Self-determination, corresponding to the belief that Blacks should strive for achievement as a group. Participants responded to these items on a three-point Likert-type scale (1 = *agree,* 2 = *disagree*, and 3 = *not sure*). Cronbach's alpha was reported at .65; however, validity data have not been reported for this scale. Following the deletion of the first item on the CAVS, the alpha increased from .47 to .50 for the present study.

Africultural Coping Systems Inventory (ACSI). The ACSI (Utsey et al., 2000) is a 30-item measure that was developed to gauge the unique coping behaviors employed by Blacks during stressful life experiences. Respondents are asked to think of

a "stressful situation" and answer questions related to that situation. Items are responded to using a 4-point Likert-type scale (0 = *did not apply or did not use* to 3 = *used a great deal*). The following three subscales were used in this study: 1) Spiritual-Centered Coping, 2) Collective-Centered Coping, and 3) Creative-Centered Coping. The ACSI was modified to include 20 Creative-Centered Coping items. Utsey et al. (2000) report the alpha coefficients as .79 for Spiritual-Centered Coping, and .71 for the Collective-Centered Coping subscale. The subscale alphas for the present study are .80, and .69, respectively; and .84. for Creative-Centered Coping. The total alpha for this study is .91. Concurrent validity was established between the ACSI and the Ways of Coping Questionnaire (Folkman & Lazarus, 1985, as cited in Utsey et al., 2000).

Collective Self Esteem Scale-Revised (CSES-R). Luhtanen and Crocker's (1992) CSES-R is a 16-item scale that measures the empathic aspects of collective or social identity by assessing how self-esteem is related to group membership (i.e., cultural group). The items are anchored on a seven-point Likert-type scale (1 = *strongly disagree* to 7 = s*trongly agree*). The CSES-R includes four subscales of collective self-esteem: 1) Membership CSE subscale measures how well an individual functions in their social group; 2) Private CSE is how an individual assesses their group socially; 3) Public CSE is how an individual thinks others perceive their social group; and 4) The Importance to Identity subscale measures the role of group membership in one's self-concept.

The reported subscale alpha coefficients are .80 for Membership, .90 for Private, .77 for Public, .80 for Importance to Identity, and .88 for the total revised scale (Luhtanen & Crocker, 1992). Subscale alphas in the present study are .64, .63, .59 and

.50, respectively. The overall alpha for the CSES-R is .69 in the present study. Concurrent validity was established with moderate correlations between the CSES-R and the Rosenberg (1965) Self-Esteem Scale, which measures personal self-esteem (Luhtanen & Crocker, 1992).

Spirituality Scale (SS). The SS is 25-item scale that measures spirituality among Black urban adolescents from an Africultural perspective (Jagers & Smith, 1996). The items are responded to on a six-point Likert-type scale (1 = *completely false* to 6 = *completely true*). Five filler items are included for balancing but are not included in the sum score. Scores are achieved by summing responses to remaining 20 items. Jagers and Smith (1996) report reliable psychometric properties for the SS scale. The internal consistency yields Cronbach alpha coefficients of .87 and .84; as well as a 3-week test-retest coefficient of .88 for the use of this scale in previous research studies. The total alpha for the SS is .70 in this study. The SS proves to be a valid measure of spiritual attitudes and beliefs (Jagers & Smith, 1996; Miller, 2001).

Reynolds Adolescent Depression Scale (RADS). The RADS is a 30-item measure designed to assess depressive symptomatology in adolescents (Reynolds, 1987). The items are responded to on a four-point Likert-type scale (1 = *almost never* to 4 = *most of the time*). Seven of the items are inconsistent with depression and are reversed scored for consistency. Total scores are achieved by summing the responses to how an individual usually feels. Internal consistency reliabilities range from .92 to .96, with sample sizes ranging from 44 to 1,050 adolescents. The Cronbach alpha coefficient is .86 in this study. Criterion-related validity (e.g., concurrent) was

established by examining the relationship between the RADS and another self-report measure of depression (i.e., Hamilton Depression Rating Scale).

Procedure

Several classes of high school students were introduced to the first author (a faculty member with a strong background in school counseling) and invited to participate in this study. Following a question and answer session, adolescents received an assent form and a parent/guardian consent form, which was completed by their caregiver prior to participation. There was a high response rate of 98%. A few adolescents declined, because they, or their parents, did not want them to participate in the project. The participants completed a survey packet of six measures, which were counterbalanced to avoid order effects. In order to compensate their participation, they were entered into a raffle with the chance of winning tickets to a movie or music store. Survey completion time ranged from 45-50 minutes, and was followed by a debriefing session.

Results

Preliminary Analyses

There was one qualitative element to this study. On the ACSI, students were asked to write a brief description of a "stressful situation" that they had encountered recently. This prompt is primarily used to offer descriptive information about the kinds of stressful situations Black adolescents are encountering. A preliminary content analysis of this data results in seven emergent themes of stress that Black urban youth experience: (a) family and peer relationships, (b) school and career issues, (c) trauma,

loss and sickness, (d) racism and social conflicts, (e) psychological concerns, (f) sexual and medical health, and (g) spirituality and faith.

Next, an independent-sample *t*-test was conducted to determine if gender had significant effects on the adolescent's African-centered cultural coping styles or on levels of depression. Significant results were found across gender in both African-centered coping, $t(206) = 2.973$, $p < .005$, and depression, $t(206) = 4.595$, $p < .001$. These results indicate that the boys and girls in this study differ in their reported use of African-centered coping styles and symptoms of depression. Therefore, given the possibility of gender differences, the analyses for the independent variables predicting African-centered coping and depression were run separately. These gender specific analyses allowed exploration of different associations between African-centered coping and depression. Preliminary analyses indicated that there were no significant differences across age or ethnicity.

Correlation Matrix

A correlation matrix of the relationship between the variables used in this study is provided in Table 1. Internal reliabilities were moderately high for most of the measures, as the alpha coefficients range from .68 to .86, except for CAVS (α = .50). African-centered cultural coping was significantly correlated with most of the variables, with the exception of the CAVS and CSES-R. The correlations ranged from a moderate positive effect size ($r = .50$) to a minimal positive effect size ($r = .20$, p < .01) (Newton & Rudestam, 1999).

A significant correlation emerged between the variables of spiritual faith, spiritual African-centered coping ($r = .46$, $p < .01$), and collective African-centered coping ($r =$

.17, *p* < .05). Moreover, spiritual African-centered coping was moderately correlated with collective and creative African-centered coping (*r* = .44, *p* < .01; *r* = .48, *p* < .01, respectively). Collective and creative African-centered coping were moderately correlated to each other (*r* = .55, p < .01). However, there was a significant inverse relationship between CSES-R and depression (*r* = -.24, *p* < .01). Notably, there were no problems with multicollinearity among the variables in this study.

Table 1

Intercorrelations and Coefficient Alphas of Variables (N = 208)

Variable (# of items)	1	2	3	4	5	6	7
1. CAVS (13)	.50	-.086	-.089	-.020	.060	.013	-.010
2. SS (25)		.70	.124	.461**	.171*	.083	.082
3. CSES-R (15)			.68	-.041	.018	-.109	-.242**
4. SPIRIT (8)				.80	.435**	.480**	.260**
5. COLL (8)					.69	.548**	.087
6. CREAT (20)						.84	.311**
7. RADS (30)							.86

Note. Coefficient alphas are presented diagonally. CAVS = Children's Africentric Values Scale; SS = Spirituality Scale; CSES-R = Collective Self-Esteem Scale-Revised; SPIRIT = Spiritual African-Centered Coping subscale of the Africultural Coping Systems Inventory-Modified (ACSI-M); COLL = Collective African-Centered Coping subscale of the ACSI-M; CREAT = Creative African-Centered Coping subscale of the ACSI-M; RADS = Reynolds Adolescent Depression Scale.

p < .05. **p* < .01.

Simultaneous Regression Analyses

Simultaneous regression analyses were performed to further explore the strength of the association between the variables under study. First, we hypothesized a significant relationship between African-centered worldview, spirituality, collective self-esteem and cultural coping (which includes spiritual, collective and creative coping). This hypothesis was only partially supported by the data. The independent variables,

African-centered values/worldview, collective self-esteem, and spirituality predicting the dependent variable, spiritual African-centered coping, were statistically significant for girls (t_{118} = 5.51, $p <$ .001) and boys, (t_{88} = 5.16, $p <$ .001), indicating that 21.3% and 25.5%, respectively, of the total variance in spiritual African-centered coping was accounted for by the independent variables (see Table 2).

Table 2

Simultaneous Regression for Variables Predicting Spiritual African-Centered Coping by Gender (N =208)

Variable	B	SE B	β	t
Girls (n = 119)				
CAVS	5.340E-04	.139	-.032	-.385
SS	.227	.041	-.465	5.507***
CSES-R	-2.218E-02	.040	-.047	-.556
Boys (n = 89)				
CAVS	9.141E-04	.186	.048	.492
SS	.189	.037	.486	5.162***
CSES-R	-6.649E-02	.039	-.167	-1.727

Note. CAVS = Children's Africentric Values Scale; SS = Spirituality Scale; CSES-R = Collective Self-Esteem Scale-Revised.

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

While the variables predicting collective African-centered coping approached significance for girls, they were not statistically significant for either gender. Finally, the variables under study were not predictive of creative African-centered coping.

Our second hypothesis that African-centered worldview, spirituality, collective self-esteem and overall African-centered coping would predict symptoms of depression was fully supported by the data (see Table 3). Gender, African-centered worldview, spirituality, collective self-esteem, and African-centered coping significantly predicted

depressive symptoms among Black adolescent in this study, (t_{207} = 4.32, p < .001). The

variables collectively accounted for 21.2% of the total variance.

Table 3

Simultaneous Regression for Variables Predicting Depression (N =208)

Variable	B	SE B	β	t
Gender	6.90	1.60	.278	4.32***
CAVS	-.196	.261	-.047	-.749
SS	4.860E-02	.068	.046	.711
CSES-R	-.244	.066	-.233	-3.67***
ACSI-M	.156	.051	.202	3.03***

Note. CAVS = Children's Africentric Values Scale; SS = Spirituality Scale; CSES-R = Collective Self-Esteem Scale-Revised; ACSI-M = Africultural Coping Systems Inventory-Modified.

*p < .05. **p < .01. ***p < .001

Discussion

Cultural Coping

We found that African-centered worldview, collective self-esteem, and spirituality

predicted the use of spiritual coping across gender. Consistent with previous theory and

research (Mattis, & Jagers, 2001), this finding suggests that spirituality and religiosity

are culturally appropriate practices for dealing with stress and risk behaviors among

Black urban adolescent (Moore-Thomas & Day-Vines, 2008; Steinman & Zimmerman,

2004). Similarly, among African American female college students, social support,

spirituality, and an optimistic belief system were utilized to cope with negative situations

(Hill, 2010). Adolescents in this study reported using collective coping styles to cope

with stress, but the use of such strategies only approached significance for girls. This

effect might be accounted for by possible developmental effects, in that youth might

experience discomfort in talking to others about the stress in their life, and choose

alternative, more spiritual or nonverbal ways of coping with urban stress and challenges in daily living (e.g., prayer).

Consistent with African-centered ways of coping, the adolescents also reported using creative ways of coping with urban stress. Adolescents are increasingly being drawn to dance, drama, and humor as means of coping and gaining group affiliations (Harris, 2007). Creativity continues to be a successful component of school and community programs implemented to increase ethnic pride among youth of color, who are coping with urban stress, migration, and discrimination (Murrell, 2007). African American storytelling can be used as a narrative and performance-based strategy of resistance, healing, and coping for the narrator as well as spectators (Edwards, 2010). School counselors should consider ways to promote strengths and cultural coping resources to mitigate possible mental health consequences from urban stress, such as symptoms of anxiety or depression.

Mental Health and Depression

The hypothesis that African-centered coping would predict symptoms of depression was significantly supported by the data in the expected directions. The adolescents who reported greater symptoms of depression used spiritual and creative-centered practices to cope. Similar to findings by Schmeelk-Cone and Zimmerman (2003), students with greater connections to their collective group, peers, and family reported fewer symptoms of depression. It is noteworthy that on symptoms of depression, the adolescents in this study scored one standard deviation above the mean compared to the original normative sample of Black high school students (Reynolds, 1987), which may reflect greater experiences of perceived stress.

Limitations

There are several limitations that should be noted. Given the use of a correlation design, causality cannot be determined and internal validity is threatened. In addition, participants were not randomly selected in this study and are specific to a northeastern urban location. Hence, they are not representative of all adolescents. The participants in this study might cope in fundamentally different ways than other Black adolescents living in other urban, suburban or rural areas due to a variety of factors, such as cultural worldview, identity or resources available to them.

Implications for School Counselors

Our findings reveal that African-centered worldview, collective self-esteem and spirituality are predictive of cultural coping practices. Adolescents in our sample coped with depression in spiritual and creative ways. Notably, adolescents with strong family and peer support reported fewer symptoms of depression. This study has implications for school counseling in an environment that encourages interdisciplinary collaboration and teamwork to build emotional wellness.

School counselors, in collaboration with teachers, administrators, psychologists, and social workers, must be committed to supporting students' culturally specific coping practices. Honoring and developing students' cultural assets and worldview may help mitigate symptoms of depressions by providing coping resources. Academic lesson plans and counseling interventions based on cultural coping strategies that are psychosocial in nature, may assist in promoting healthy adaptive behaviors, enhancing social support with peers, and integrating key family members or social network (e.g., friends) in the treatment.

Counselors have the potential to be leaders and advocates responsible for working together to benefit students, parents, teachers, administrators and the overall community (Pellitteri, Stern, Shelton, & Muller-Ackerman, 2006). Mental health consultation and collaboration with community agencies and institutions such as churches are integral (Queener & Martin, 2001). Ultimately, psychoeducation, prevention, and treatment programs must be culturally sensitive and contextually appropriate to meet the needs of black adolescents in urban settings, and destigmatize mental health treatment. Focusing on helping black-identified adolescents build positive identities is recommended, as group identification has been found to foster one's belief in their ability to cope effectively and predict a positive well-being (Outten, Schmitt, Garcia, & Branscombe, 2009; Williams, Aiyer, Durkee, & Tolan, 2014). Cultivating family connectedness, spiritual faith, and creative healing are all recommended for cultural coping skills development.

Consistent connections between positive styles of religious/spiritual coping and better mental health outcomes, such as shorter remission of depression, less anxiety and increased affect, are highlighted in the theory, research, and practice (Hefti, 2011; Ferraro & Koch, 1994; Koenig, George, & Peterson, 1998; Pargament, 1997, 2002; Pargament, Koenig, & Perez, 2000). Similarly, the use of creative art exercises, music and movement, poem/spoken word writing, collage building, and collateral sessions with a close friend or family present in the session for social support, to be helpful in fostering culturally appropriate treatment among African American students (Querimit & Conner, 2003). Other approaches may integrate meditation, inspired readings, and group support.

Viewing youth through a cultural lens that locates their emotional and behavioral presentation at the intersection of urban stress, social inequalities, health disparities, and oppression provides awareness and a necessary framework for therapeutic progress and positive youth development outcomes (Grills, Cooke, Douglas, Subica, Villanueva, & Hudson, 2016). In sum, school counselors can help establish a healthy foundation for building alliances, empowerment, change and therapeutic intervention in work with Black adolescents. In addition, they can help foster positive identity development, strengths and flexible coping not only on an individual level but in schools and other community contexts as well (Querimit & Conner, 2003; Varas-Díaz & Serrano-García, 2003; Watts & Serrano-García, 2003; Watts, Williams, & Jagers, 2003), which may help to mitigate depression in this population. Educating students on how to cope with and manage the detrimental effects of stress may reduce the need for treatment interventions (Nelson & Tarabochia, 2017).

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