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FUTURE DIRECTIONS



Future Directions for Community-Engaged Research in Clinical Psychological Science with Youth

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ABSTRACT

Despite advances in clinical science, the burden of mental health problems among youth is not improving. To tackle this burden, clinical science with youth needs methods that include youth and family perspectives on context and public health. In this paper, we illustrate how community-engaged research (CEnR) methods center these perspectives. Although CEnR methods are well-established in other disciplines (e.g. social work, community psychology), they are underutilized in clinical science with youth. This is due in part to misperceptions of CEnR as resource-intensive, overly contextualized, incompatible with experimentally controlled modes of inquiry, or irrelevant to understanding youth mental health. By contrast, CEnR methods can provide real-world impact, contextualized clinical solutions, and sustainable outcomes. A key advantage of CEnR strategies is their flexibility—they fall across a continuum that centers community engagement as a core principle, and thus can be infused in a variety of research efforts, even those that center experimental control (e.g. randomized controlled trials). This paper provides a brief overview of this continuum of strategies and its application to youth-focused clinical science. We then discuss future directions of CEnR in clinical science with youth, as well as structural changes needed to advance this work. The goals of this paper are to help demystify CEnR and encourage clinical scientists to consider adopting methods that better consider context and intentionally engage the communities that our work seeks to serve.

Introduction

Despite advances in clinical psychological science with youth (CPS), the burden of mental health problems among youth is worsening (America, 2021; Ormel et al., 2022). To effectively tackle this burden, CPS needs to adopt more community-engaged research (CEnR) approaches that emphasize practice, context, and public health at the outset (Office of the Surgeon General [OSG], 2021). Youth mental health outcomes are often influenced by a complex array of factors working at multiple levels, from biological to environmental conditions and policy settings (Cicchetti & Lynch, 1993). CEnR provides a path to further embrace this complexity in the real-world while centering communities and their goals at the outset. CEnR in turn can create more actionable, accessible, relevant research that can more immediately benefit youth and their families.

Context—the broader environmental, social, and situational factors influencing mental health—is an essential driver of youth mental health etiology and treatment implementation. The fields of human development and developmental psychopathology in many

ways set the stage for how aspects of context, such as neighborhoods and family systems, influence youth well-being (e.g., socioecological model, ecological transactional model; Bronfenbrenner, 1994; Rutter & Madge, 1976; Sameroff, 1975). Despite applying these frameworks to questions of youth well-being and etiology, translation into practice often lacks the public health impact, reach, and contextualized relevance for youth experiencing mental health challenges (Weisz et al., 2019).

One reason for this might be a historical underemphasis on the role of context outside of theory and lack of community member engagement in the research process in youth CPS. Historically, youth and adult-focused CPS emphasizes the use of empirical research to understand the etiology, diagnosis, and treatment of mental health disorders (Onken et al., 2014). In the field, this emphasis has at times manifested in a historical focus on scientific essentialism—looking for an objective truth through highly controlled or decontextualized science (Rodriguez-Seijas et al., 2023; Tebes, 2000). (We

refer to decontextualized as a lack of non-academic voices within the research process and reliance on highly controlled methods). This work in turn is often driven by academics in a top-down manner; put bluntly, the academic discoverers and eventually the “discovery” is disseminated.

We argue that while methods in CPS often do consider the impact of certain contextual factors, such as early-life stress (Cicchetti & Rizley, 1981), family functioning (Cobham et al., 2016), and school systems (Hoover & Bostic, 2021; Splett et al., 2013) on youth mental health, current core scientific frameworks and practices often neglect youth and family perspectives in contextualizing research and findings. Without inclusion of those experiencing mental health challenges or well-being within the communities where treatments will be delivered, the ultimate impact of research on the burden of youth mental health will be limited (Schleider, 2023). Solely relying on decontextualized, or unengaged, methods can limit the reach, relevance, innovation, and impact of youth mental health research (Weisz et al., 2019).

Related, methods in CPS often focus on seeking commonalities in findings within studies at the expense of understanding the unique experiences of youth examined within these studies. Such an approach may fail to capture the complexity of mental health phenomena in the real-world context in which it unfolds. It might also underestimate the significance of structural and systemic factors, such as racism, in the development and progression of youth mental health. For instance, a recent spatial meta-analysis showed that youth psychotherapies delivered to samples of majority-Black youth were significantly less effective in states with higher anti-Black cultural racism than they were in states with lower anti-Black cultural racism, highlighting the impact of racism on youth mental health and treatment (Price et al., 2022). This study also provides an illustrative example of how broader contexts and structural factors can be missed even when studies consider the role of contextual factors at levels such as the individual, family, and community. In this case, though many of the studies analyzed in the meta-analysis focused on interventions that did consider contextual factors like family environments, the original studies did not detect variation as a function of structural racism. That is, focusing on average effects on all youth can result in missed opportunities for understanding important aspects of the social environment. Direct engagement with youth and their communities is one other avenue for better understanding the experiences of youth and developing solutions that fit their

multifaceted contexts and lived experiences at the outset of intervention design or implementation.

Related, decontextualized science can at times ignore questions of implementation, relevance, and sustainability until too late in the research process, thus contributing to the 17-year gap between discovery and practice (Brownson et al., 2021; Green et al., 2009). Neglecting considerations about how to implement a new intervention at the outset of development might render the treatment inaccessible, inequitable, or irrelevant to a significant portion of youth (McGinty et al., 2024; Shelton & Brownson, 2023).

Further, when academics alone drive the CPS agenda, it can limit the potential impact of the work, both in terms of innovation and public health, while also unintentionally exacerbating existing problems. Science driven largely by researchers only may curtail innovative, relevant, equitable science by centering a limited set of ideas and excluding voices from diverse backgrounds (Buchanan et al., 2020; Roberts et al., 2020). Without engagement of broader communities (such as individuals, groups, or organizations outside of academia), perspectives that are critical to science grounded in real-world impact are excluded. As a key example, failing to consider the perspectives of community members can perpetuate, overlook, and reinforce systemic racism and inequities (Rodriguez-Seijas et al., 2023). Even research on moving youth mental health treatments into community-based settings has often failed to include community members and youth themselves in decision-making processes (Jacquez et al., 2013; Triplett et al., 2022). Inclusion of community member perspectives in understanding problems and their solutions can build valuable opportunities for innovation driven by community members and youth themselves.

Together, decontextualized and “top-down” scientific practice can contribute to disparities in mental health care and undermine the impact of measurement, interventions, and knowledge, thus limiting how youth-focused CPS can understand and alleviate mental health issues faced by youth. To address the suffering of youth with mental health problems, CPS requires real-world innovations that embed context from the start through the inclusion of community voices; in other words those living and experiencing the reality of youth mental health and its care outside of academia (Weisz, 2015; Weisz et al., 2015). In this way, community feedback and engagement are critical to impactful science.

Community-Engaged Research (CEnR)

Community-engaged research (CEnR) approaches center the voices of communities throughout research from question formulation to dissemination (Sanders Thompson et al., 2021). Communities are defined as individuals, groups, organizations outside academic organizations often defined by a commonality (e.g., geography, race/ethnicity, religion; Consortium for Cancer Implementation Science Community Participation Capacity Building Task Group, 2021). Community members refer to anyone with a stake in the delivery or outcomes of scientific evidence, intervention, or policy (e.g., providers/administrators, clinical/non-clinical staff, patients, caregivers, youth). Research engagement has been defined as “an active partnership between stakeholders [community members] and researchers in the production of new healthcare knowledge or evidence” p. 7 (Frank et al., 2020).

CEnR has often been used in collaboration with historically marginalized communities, involving community members directly in the research process. Involvement refers to engaging communities and their members as experts whose time, contributions, and perspectives are valued at the very least on par with expertise researchers bring in their area of study. In CEnR approaches, communities are typically involved across stages of research; this can create research that embeds community experience throughout. Meaningful inclusion of community experiences often brings a focus on context, community impact, relevance, and usefulness to research inquiry (McCloskey et al., 2012). This approach in turn can build more impactful and deployable research with results that are ripe for dissemination given they grew hand in hand with community (Salimi et al., 2012). In these ways, CEnR is seen as important for promoting mental health equity, promoting sustainable and contextualized innovations, and reaching youth with relevant evidence (Payán et al., 2022). It further provides opportunities to examine questions in CPS through an emphasis on community, context, and population well-being brought by the community.

To this end, CPS can humbly learn from other disciplines and fields with histories of using CEnR approaches (Luger et al., 2020; Mikesell et al., 2013; Wallerstein, 2021). These disciplines include community psychology, social work, counseling psychology, school psychology, public health, and epidemiology. Although CEnR approaches are well-established in

other disciplines, they are underused in CPS with youth (Rodriguez Espinosa & Verney, 2021). Underuse may be due in part to misperceptions of CEnR as being resource-intensive, incompatible with experimentally controlled modes of inquiry, or irrelevant to understanding youth mental health. Yet, CEnR approaches can *add to* clinical scientists' unique skillsets and existing research programs to tackle the youth burden of mental health by better considering equitable impact at the outset of research – as many more clinical scientists are beginning to do, or may already be doing without explicit use of CEnR frameworks.

The Continuum of CEnR

CEnR approaches exist along a continuum,¹ rather than being “all or nothing” as it is sometimes perceived (Goodman et al., 2019; Key et al., 2019; Sanders Thompson et al., 2021). Many definitions of the continuum exist in the CEnR literature, with different iterations across disciplines. Here, we focus on core common elements of the continuum relevant to CPS. These elements are strategies, continuum categories or levels, principles of CEnR, and core competencies. We define these elements as follows: *strategies* are the activities involved in CEnR; *levels* or *categories* refer to how strategies are divided across the continuum; *principles* are areas of focus central to CEnR that guide strategies across the continuum; *core competencies* are the set of abilities or practices the research require to engage intentionally in CEnR at any level. We describe these more below. In Figure 1 we also present the continuum of CEnR including the levels of engagement, strategies and definitions of categories, principles of engagement, and core competencies.

Engagement *strategies* fall along a continuum consisting of nonacademic community member activities and interactions with academic researchers (Sanders Thompson et al., 2021). The start of the continuum often represents limited community member engagement while the end represents full engagement characterized by fully shared decision-making at all stages of research. As one moves along the continuum from left to right, interactions, communication, trust, and shared decision making between partners increases.

The continuum is divided into different *categories* or *levels* (i.e., Outreach & Engagement, Consultation, Cooperation, Collaboration, and Partnership) representing the frequency, intensity, and type of engagement

¹A range of definitions and description of this continuum exist in the literature. We primarily draw from work from Vetta L. Sanders Thompson and Melody Goodman as well as Principles of Community Engagement (2nd Ed.), Clinical and Translational Science Awards Consortium Community Engagement Key Function Committee Task Force on the Principles of Community Engagement, and Resources for Stakeholder and Community Engagement, and Implementation Science Community Participation Capacity Building Task Group; (July 2021).

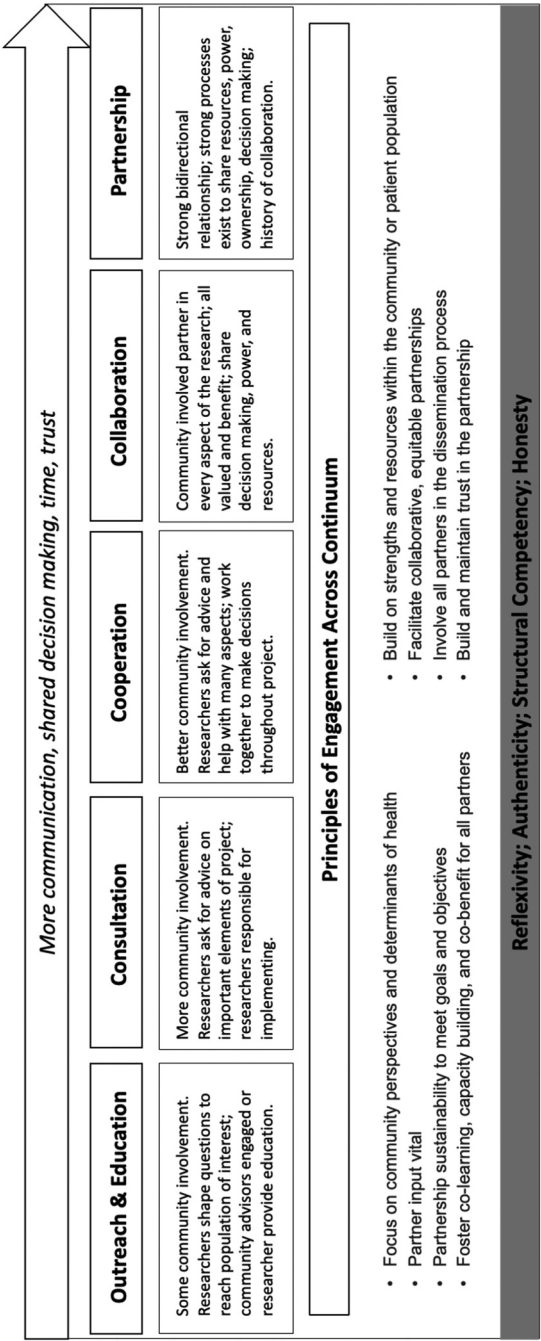


Figure 1. Continuum of community-engaged research and principles. This figure depicts a continuum of community engagement in the context of research—with increasing communication, shared decision making, time and trust from left to right. Principles of engagement are detailed that are important across the entire continuum (Goodman et al., 2019, 2020). The boxes describing Outreach & Education, Consultation, Cooperation, Collaboration, and Partnership refer to levels across the continuum and strategy examples and definitions across the continuum. All aspects of the continuum, as shown on the bottom, are undergirded by core competencies of reflexivity, authenticity, structural competency, and honesty.

strategies. Strategies that fall in the category of Outreach & Engagement, for instance, typically include the academic partner driving research questions and decisions; providing education to communities; or engaging a community advisor. An example of a strategy at this level might include providing education about a study at a community event or engaging a community leader at a high-level to review a set research plan. On the other end of the continuum is Partnership. Partnership is the result of a long-term relationship with a community partner and includes strategies that uphold shared-decision making in every stage of research. Examples of strategies at this level might include maintaining a contractual agreement of understanding between the academic and community partner laying out processes of communication, dissemination plans, partner goals, partner outcomes, and expectations for funding and payment. Specific frameworks, such as community-based participatory research (CBPR) or community partnered participatory research (CPPR), fall in this category as the goals and strategies of these frameworks facilitate shared or fully community-driven processes to generate evidence.

Eight *principles* cut across categories. These principles guide the types of strategies that fall within the umbrella of CEnR (Goodman et al., 2020). We present principles identified by Goodman et al. (2020) following a delphi study with community and academic experts (Goodman et al., 2020). Principles center on the following areas: focus on community perspectives and health determinants; importance of partner input; partner sustainability; developing co-learning, capacity building, and co-benefit; building with community or community member strengths; facilitating collaborative, equitable partnerships; involving partners in dissemination; and building and maintain trust. Strategies are completed in service of these principles at different levels across the continuum. For example, within the principle of building on strengths, an activity or strategy reflective of this principle can include that the study team includes representation from the community or patient population. Another example within the principle of community focus might include initial understanding of community needs and preferred research or intervention approaches from community members experiencing mental health difficulties prior to engaging in a study (e.g., asking, What does the community see as a need? What do they see as solutions?; see Benevides et al., 2020 for one example).

A prerequisite for academic researchers engaging in any level of CEnR are core competencies in self-reflexivity, authenticity, humility, respect, and structural competency (i.e., understanding of social drivers

and systemic factors on mental health (Collins et al., 2018; *Qualities of a Good CBPR Researcher* n.d.; Wallerstein, 2017). These abilities and practices are critical when considering any type of engagement with communities and community members. For instance, the practice of reflexivity consists of a continuous practice of self-reflection, critique, appraisal, and evaluation of how one's own subjectivity, context, or position influences interactions with community members and partners (Olmos-Vega et al., 2022). Reflexivity relates closely with understanding one's positionality, including how one's intersecting identities and experiences that can influence engagement in research (Rodriguez & Navarro-Camacho, 2023). These competencies parallel core practices called for in anti-racist and equity focused science. Though a full review of these constructs is beyond the scope of this paper (See Bentley-Edwards et al., 2022; Buchanan et al., 2020; Fleming et al., 2023; Galán et al., 2021 for more information), researchers' engagement with CEnR requires an understanding of one own's positionality, power dynamics, and awareness of structural determinants like white supremacist systems, that influence science (Fleming et al., 2023). A researcher's personal engagement in practices that decenter the academy and recenter youth and communities helps ensure, at the very least, well-intentioned collaboration.

Related, while CEnR is a powerful approach, it involves inherent risks to communities that are essential to keep in mind and that core competencies can help illuminate at the start of engaging in CEnR approaches. Engaging directly with community members, particularly youth and historically underserved communities, increases the potential for researchers to enter extractive and exploitative relationships with community partners. One-sided, extractive relationships can happen regardless of researcher intent or knowledge. As such, clarity about one's own positionality and self, and the ability to discuss these dynamics, is essential for researchers to help avoid exploitation of communities even at the "lightest touch" levels of CEnR given the power imbalance often inherent in researchers academic affiliations (Muhammad et al., 2015). An understanding of positionality is important for researchers who share identities or experiences with the communities they serve, as well as for those who may not (Kerstetter, 2012). Further, the ethical principles guiding CEnR may be distinct from other research approaches (Mikesell et al., 2013), and highlight the importance of considering community impact and benefit as opposed to individual impact and benefit.

Aims

Using this continuum of CEnR, we aim to help demystify CEnR and outline future directions of CEnR in youth mental health research in CPS. To do so, we first (1) highlight how clinical science—from basic science to implementation science—has applied CEnR across the continuum. We present these examples to directly address misconceptions about which types of research are amenable to CEnR methods and to highlight the applicability of CEnR methods to all CPS researchers. Second, (2) we discuss future directions of CEnR in CPS with youth and structural changes needed to advance this work. We hope to encourage clinical psychological scientists to consider adopting strategies and principles that better consider engagement with the communities that research in CPS seeks to serve.

CEnR Project Examples Across Basic Science to Implementation Science

Table 1 provides examples of studies from basic science to implementation science applying different levels of CEnR strategies to CPS-informed studies (when applicable). For each study, we offer concrete steps and questions one can consider when using a CEnR approach at different levels of the continuum. For instance, in a single-site longitudinal study, researchers engaged at an outreach level to gather feedback for the development and modification of a developmental neuroscience study on mental health outcomes in pre-adolescent Latina youth (La Scala et al., 2023). Strategies included focus groups and feedback sessions with community members about study design and attending and presenting at community events to share information, receive feedback about the study, and build trust for later recruitment. Strategies and goals in this instance can inform important questions that youth-focused CPS researchers can ask themselves when conducting similar work. Questions include “How can we improve participation and recruitment efforts from underrepresented groups in basic science research? In what ways can our study receive feedback from community members about how designs can be more accommodating and equitable, while compensating members for their time?”

Future Directions for Community-Engaged Research with Youth

Across examples and beyond, there are particularly promising areas of opportunity to apply CEnR with youth to improve mental health while advancing clinical science.

Figure 2 outlines *Future Directions for Community-Engaged Research with Youth*. Areas for future direction include methods used, areas of focus, processes for conducting research, who is involved and who holds power, as well as structural changes in the academy. We begin with future directions and questions that a CEnR-informed CPS might be well-equipped to address. We also highlight recommendations for adapting structures in CPS to better value research aligned with community-engaged principles in order to pursue these questions.

Question 1: How Can We Better Consider the Role of Systemic and Structural Factors in Youth Mental Health Through Equitable Partnerships with Community Members?

CEnR approaches may also be more adept at highlighting the impacts of systemic and structural factors, such as racism, poverty, or other results of inequitable policies, that must be considered at every stage of the research process. Youth-focused psychologists have long acknowledged the influence of ecological systems (e.g., Bronfenbrenner, 1994; Cicchetti & Lynch, 1993); however, less engaged research approaches may struggle to appropriately account for these systems, particularly in the words of the individuals’ experiencing these stressors. Additionally, systemic and structural factors intersect in ways that often are not appropriately assessed with quantitative analytical approaches alone (Del Rio-Gonzalez et al., 2021). Future CEnR research in youth mental health should lean into this complexity and elevate the perspectives of those youth and families most impacted by systemic and structural factors. For example, a CEnR-guided inquiry might investigate a question such as, “How do communities describe the impact of systemic and structural factors on youth mental health? How do communities respond to the racist enforcement of specific policies (e.g., welfare policies) that impact family and youth mental health?” Such questions can be asked alongside inquiry seeking to build upon community strengths in the context of these challenges as well to inform prevention or intervention design. For example, one qualitative study with racial justice activists explored the idea of storytelling survival, a storytelling approach to promote liberation from racial trauma, to foster “Black survival and healing” (McNeil-Young et al., 2023). Understanding existing pathways, such as storytelling, by which communities and community members foster mental health can in turn inform more culturally-relevant research questions (e.g., What are the mechanisms by which storytelling might improve well-being in certain contexts?), as well as development of

Table 1. Examples of community-engaged research applied across basic science to implementation science.

Type of Research	Questions to Ask and Relevant Community-Engaged Strategies	Example Study
Basic Science (cross-sectional)	Questions: How can we improve recruitment efforts and participation of people from underrepresented groups in basic science research? In what ways can we receive feedback from community members on how our study designs can be more accommodating and equitable? Community-engaged strategy: Focus groups and community feedback Level of engagement: Consultation Descriptions of strategies: - Engage in initial and ongoing focus groups and feedback sessions with community members about study design - Hold community events to share information and receive feedback about study, and to recruit potential participants from underrepresented groups	Study aim: Identify unique neural patterns correlated with breath-focused meditation practices in a sample of participants; apply an intersectional lens to neuroscience research to improve the recruitment and inclusion of diverse participants. Citation: Weng, H. Y., Ikeda, M. P., Lewis-Peacock, J. A., Chao, M. T., Fullwiley, D., Goldman, V., . . . & Hecht, F. M. (2020). Toward a compassionate intersectional neuroscience: increasing diversity and equity in contemplative neuroscience. <i>Frontiers in Psychology</i>, 3194.
Basic Science (single-site longitudinal)	Questions: Who are the individuals in the communities we are hoping to collaborate with over the course of our study? What are the positionalities of our research team in relation to the positionalities of the community members we hope to collaborate with? How might knowledge of the identities of the individuals we hope to collaborate with inform our longitudinal research design and approach? How might our approaches and questions change over the time-course of our study based on changes in community identities and priorities? Community-engaged strategy: Positionality map and information gathering Level of engagement: Outreach Descriptions of strategies: - Developing a positionality map to reflect on the identities of the researchers and the community members - Positionality maps provide a visual self-reflective tool to examine the ways in which one's research is conducted and an understanding of one's identities as they pertain to power and privilege - Bring in community members to learn about their histories and identities	Study aim: Take a community-engaged approach for gathering feedback for the development and modification of a developmental neuroscience longitudinal study on mental health outcomes in preadolescent Latina youth. Citation: La Scala et al. (2023). Equity, Diversity, and Inclusion in Developmental Neuroscience Research: Practical lessons from a Community-Based Participatory Research Study. <i>Frontiers in Integrative Neuroscience</i>
Basic Science ("Big Data," multi-site longitudinal)	Questions: What research ideas and questions that can potentially be addressed by "Big Data" studies are community members most interested in? How can we best communicate research findings from "Big Data" studies to community members? Community-engaged strategy: Establish partnerships in order to receive information and feedback from stakeholders in the community Level of engagement: Consultation Descriptions of strategies: - Identify community groups and stakeholders who could contribute to and benefit from research questions (e.g., schools, healthcare facilities) - Meet with stakeholders to inform them about the goals of the study and to learn what information they would value - Develop targeted messages and materials for specific audiences (educators, families, youth, scientists) in order to provide general awareness of the study and updated study information	Study aim: Outline how the Adolescent Brain Cognitive Development Study plans to enhance study awareness in the general population, bolster participant recruitment, and engage in ongoing dialogue with community members. Citation: Hoffman, E. A., Howlett, K. D., Breslin, F., & Dowling, G. J. (2018). Outreach and innovation: Communication strategies for the ABCD Study. <i>Developmental Cognitive Neuroscience</i>, 32, 138–142.
Efficacy	Question: How do we rigorously test an intervention designed with community and participant input? Community-engaged strategy: Collaborate with the study population and the community to design treatment and study treatment conditions Level of engagement: Consultation with some Involvement Descriptions of strategies: - Use of relevant theories to inform treatment that addresses social determinants (e.g., theory of gender and power) - Inclusion of culturally-relevant intervention content - Meetings with adolescents to review study conditions	Study aim: Evaluate efficacy of an intervention to reduce sexual risk behavior, STD, pregnancy among African American adolescent girls in a randomized control trial. Citation: RCT efficacy trial: DiClemente, R. J., Wingood, G. M., Harrington, K. F., Lang, D. L., Davies, S. L., Hook III, E. W., . . . & Robillard, A. (2004). Efficacy of an HIV prevention intervention for African American adolescent girls: a randomized controlled trial. <i>JAMA</i>, 292(2), 171–179.
Effectiveness	Questions: How can we engage communities in the evaluation of the effectiveness of interventions delivered at scale or in routine care settings? How might community members describe the effects of clinical interventions? Community-engaged strategy: Engage with community members and clients to understand the effects of interventions. Level of engagement: Consultation with some Involvement Descriptions of strategies: - Conduct mixed-methods evaluations of effects (e.g., integrating quantitative data with focus groups or interviews) - Asking clients to generate their own "top problems" to be addressed in treatment and tracking progress toward those goals - Qualitatively exploring perceptions of an intervention's effectiveness with community members and clients	Study aim: Describe a culturally-adapted approach to measurement-based care that integrates idiographic measures to improve treatment engagement among racially and ethnically minoritized youth and families. Citation: Connors, E. H., Arora, P. G., Resnick, S. G., & McKay, M. (2023). A modified measurement-based care approach to improve mental health treatment engagement among racial and ethnic minoritized youth. <i>Psychological Services</i>, 20(Suppl 1), 170–184. Study aim: Explore participants' motivations for access and their perceptions about factors believed to influence the effectiveness of an online intervention. Citation: Navarro, P., Bambling, M., Sheffield, J., & Edirippulige, S. (2019). Exploring young people's perceptions of the effectiveness of text-based online counseling: Mixed methods pilot study. <i>JMIR Mental Health</i>, 6(7), e13152.

(Continued)

Table 1. (Continued).

Type of Research	Questions to Ask and Relevant Community-Engaged Strategies	Example Study
Implementation	Question: <i>How can we engage communities to develop strategies to support the implementation of evidence-based practices?</i> Community-engaged strategy: <i>Collaborate with community members (including community therapists, organization leaders, and other stakeholders) to generate, refine, and pilot implementation strategies.</i> Level of engagement: <i>Collaboration to Shared Leadership</i> Descriptions of strategies: • <i>"Innovation tournament" to crowd-source ideas from community members on possible strategies to enhance the use of evidence-based practices</i> • <i>Evaluation of potential strategies by an expert panel (including behavioral scientists, system leaders, and payers)</i> • <i>Host a community-facing event to share the strategies</i>	Study aim: <i>Describe and present results from a system-wide innovation tournament to garner ideas from clinicians about how to enhance the use of evidence-based practices within a large public behavioral health system.</i> Citation: Stewart, R. E., Williams, N., Byeon, Y. V., Buttenheim, A., Sridharan, S., Zentgraf, K., ... & Beidas, R. S. (2019). The clinician crowdsourcing challenge: using participatory design to seed implementation strategies. <i>Implementation Science</i>, 14, 1–8.

treatments that work *with* existing community strengths versus being “imported” in from the academy to communities sometimes with low rates of uptake, acceptability, or sustainability (Williams & Beidas, 2019).

The amplification of community voices is important to design effective and sustainable interventions that can mitigate the impact of structural factors while generating data to advocate for larger change (i.e., on a policy level). As one example, Opara et al. (2020) use qualitative focus groups to explore how youth of Color “viewed their community and supportive structures within their neighborhoods using a community trauma framework.” Their youth participants call attention to factors across three community trauma framework dimensions: 1) the social-cultural environment; 2) the physical/built environment; and 3) the economic and educational environment. By understanding the youths’ perspectives across these dimensions, researchers were able to offer implications for research and practice that highlight systemic and structural factors while honoring individual voices. Importantly, and as another key future direction, Opara and colleagues disclose their demographics and note their positionality, stating that “*Although some of the researchers identify with intersectional perspectives of race, ethnicity, and gender and neighborhood upbringing, it is important to note that social proximity does not suggest expertise into the daily issues and lived reality of urban youth that were a part of the study. The goal of this study was primarily to let the voices of the youth be heard.*” This statement exemplifies the importance of reflexivity and humility in research on systemic and structural factors, in which experiences of community members are not only included but centered.

Question 2: How Can Qualitative, Idiographic, Ethnographic, and Mixed-Methods Approaches Help Us More Deeply Understand the Influence of Systemic and Structural Factors on Youth?

In order to amplify the voices of youth and reflect the complexity of their experiences, increased use of qualitative and mixed-methods research is needed. CPS has long relied heavily on quantitative methods alone, including for understanding mental health phenomena, and the use of randomized controlled trials (RCTs) to evaluate intervention effects. While quantitative methods and RCTs are critical to establish causality or isolate the effects of interventions in controlled setting, there are limitations when considering psychological phenomena or how a treatment works in a person’s context (i.e., outside highly controlled environment; Carey & Stiles, 2016). Qualitative and mixed-methods approaches, particularly when done in partnerships with communities, may offer nuanced, richer, and unique, complementary information compared to quantitative approaches alone (Hennink et al., 2020). Qualitative methods can further center and elevate the voices of community members, particularly communities that have been historically excluded from research and may feel as if quantitative measures alone do not accurately capture their experiences (Zuberi & Bonilla-Silva, 2008).

Measures that capture complex phenomena and amplify the voices of participants are highly valued in CEnR. To capture such phenomena, traditional qualitative methods such as interviews and focus groups might be used. These are open-ended and allow full expression of mental health experiences. Idiographic measures that center presenting problems or stressors is another avenue to capture mental-health and well-being in ways that are relevant to communities. For example, though often used in quantitative evaluations of treatments,

Methods	Content	Who is involved	Outputs
<u>Measurement</u> Qualitative Ethnographic Creative measures (e.g., photovoice, interactive measures)	Strength-based mental health models Mental health promotion prevention Community & person-centered needs/ strengths	Youth Individuals with lived experience Community members Policy makers Families/Caregivers	Community presentations Relationships Shared capacity Free tools (e.g., measures, datasets, intervention materials, training) Community valued dissemination Policy Collaborative papers (e.g., manuscripts, briefs, reports)
<u>Methods</u> Mixed Ethnographic User-centered design Iterative design	Community-defined mental health		
Processes: Collaboration across Continuum (e.g., power sharing, reflexivity)			
Structural-level Change in Clinical Psychological Science Training, Incentives, Promotion, and Funding			

Figure 2. Future directions for community-engaged research in clinical science with youth. This figure highlights future directions in community-engaged research in clinical psychological science with youth. Topics are divided into methods, content, who is involved in research, and research outputs. Underlying all future directions are processes that are collaborative and reflect processes that are core to community-engaged research. Other future directions include structural changes in clinical psychological science departments; these include directions in training, incentives, promotion processes, and funding. Structural changes can help drive future directions identified topics.

drawing on idiographic measures like the Top Problems Checklist (Weisz et al., 2011) may align with the spirit of CEnR approaches. Such an approach also increases the potential cultural or contextual relevance of a quantitative measure, as it provides individuals with opportunities to describe their most pressing problems in their own words, which is more reflective of their experience within context.

Particularly promising future directions for qualitative and mixed-methods approaches in CPS include the use of more creative and participatory methods, such as human-centered design or ethnographic methods. For example, Kia-Keating et al. (2017) blended CBPR and human-centered design to engage community members in a process of generating strategies to address violence-related health disparities among Latino/a youth. Other innovative approaches include the use of photovoice, a visual participatory research strategy that instructs participants to photograph items to help them document, reflect upon, or communicate strengths and concerns to researchers (Wang & Burris, 1997). Photovoice has been used to explore community and mental health needs of youth in Baltimore during the COVID-19 pandemic (Poku et al., 2023) as well as experiences of transition-aged youth with mental health services (Jackson et al., 2022). Providing avenues for participants to share and reflect on their experiences within their unique contexts not only improves researches contextual validity; it also empowers participants (Budig et al., 2018).

Importantly, future directions in qualitative and mixed methods approaches in CEnR should go beyond simply applying these approaches. CPS researchers might benefit from engaging in meta-science to evaluate their own use of qualitative and mixed-methods research, thereby generating data that can be used to evaluate these approaches (e.g., in terms of different insights that might be gained from these approaches, potential limitations, and the impacts on the communities in which they are applied). By identifying the opportunities and challenges associated with these methods, we can continue to advance methods and work toward a more engaged and integrated literature base.

Question 3: How Can the Intentional Incorporation of Youth with Lived Experiences Throughout the Research Process Help Improve Understanding of Youth Experiencing Structural Barriers and Stressors, As Well As the Impact of Solutions?

Children and adolescents are rarely involved in the research process outside of serving as research participants. Incorporating youth perspectives into youth mental health research can capture more valid

understanding of what is most relevant to youth mental health (Jacquez et al., 2013; Schleider, 2023). For example, Neblett (2019) held parent/youth engagement meetings in Raleigh, North Carolina, in which participants shared their experiences through photovoice to inform research on how racism impacts mental health. They report that their partnership with youth yielded valuable insights that may not have been garnered without their participation, including the identification of novel methods of inquiry and potential underlying mechanisms of the effects of racism on psychological well-being. In addition, increased youth participation in research has been shown to extend its impact outside just research by providing more opportunities for youth education, prevention, and intervention dissemination to youth and their families (Mance et al., 2020). We encourage researchers to partner with youth throughout the research process, including in research question and content generation, experimental or intervention design, intervention adaptation and implementation planning, data collection, reporting findings, and dissemination to academics, community members, and policymakers. Although the extent of youth involvement may depend on the specific questions, subfield, or study scope, CEnR strategies for youth engagement can range from focus group discussions, user-centered design workshops, online feedback, and youth advisory boards (YABs; Haddad et al., 2022; Ozer et al., 2020).

YABs represent both a scalable and effective method for youth engagement. A YAB is typically a group of young individuals who have lived experience with mental health challenges and are actively involved in providing insights, feedback, and recommendations (Bettis et al., 2023; Moreno et al., 2021). There are several resources available for forming YABs (Brooks et al., 2022; Orellana et al., 2021). Importantly, there is no single way to develop or maintain an advisory board, as the characteristics of a partnership will inform how a YAB is implemented. As with other CEnR approaches, YABs can be incorporated throughout the full spectrum of scientific inquiry, from basic science to implementation science. However, in general, the process of involving a YAB in a research program involves several key steps during the formation (e.g., clarify the purpose, function, and role, determine membership composition and recruitment strategies), operation (e.g., establish procedures, define community values that guide the program, establish leadership, balance power and decision making), and maintenance (e.g., evaluate partnership processes, plan for sustainability) (Miller et al., 2021). We recommend researchers develop and invest in YABs to ensure that youth voices are heard and considered throughout the research process. As in any

work with community members or those with lived experience, YAB time should be compensated. Further, when possible, paying established YABs on a regular basis, such as on retainer, can create more meaningful long-term engagement with individuals with lived experience that might help avoid performative, surface level engagement (Arnos, 2021).

In addition, we recommend that researchers incorporate effective measures of youth engagement in their work as well as evaluate their own use of CEnR methods. Clinical psychologists may be especially well-positioned to push this goal in future research. The use of validated, brief assessments is necessary for empirically examining the influence of engagement on factors such as partnership sustainability and research outcomes. Further, by generating data on our use of CEnR-aligned methods, we can evaluate these approaches (e.g., in terms of different insights that might be gained from these approaches, potential limitations, and the impacts on the communities in which they are applied). For example, the Research Engagement Survey Tool (REST) (Goodman et al., 2020) was developed to examine the quantity and quality of eight engagement principles. Critically, REST was developed through a stakeholder-engaged process from a community-academic partnership and was validated using input from community members. We recommend that YABs and community partners involved through other means are periodically provided with an opportunity to assess their perceptions of engagement with academic partners, as well as encourage researchers to use assessments to quantify the benefits of engagement. We also urge clinical psychologists to capitalize on their unique strengths in measurement design and evaluation to develop—with youth input—novel assessments of engagement, such as measures that are specific for youth-focused research or measures that are tailored for specific subfields (e.g., measures of engagement in basic science research).

Question 4: How Can Working within and Across Disciplines Improve Understanding and Impact of Research with Youth Experiencing Systemic and Structural Challenges?

Transdisciplinary research can further help advance CPS research toward producing more sustainable, usable outcomes. While interdisciplinary research seeks to integrate perspectives, ideas, and methods from different fields, transdisciplinary work extends these approaches to generate new frameworks and methods that “transcend” disciplinary bounds (Scudder et al., 2021). Opportunities for

transdisciplinary collaborations between fields that are well-versed in CEnR, like social work, counseling and community psychology or public health, can deepen meaningful community-engaged work in CPS. In turn, such collaborations can improve understanding of factors that contribute to the development, maintenance, and treatment of mental health conditions in youth.

The PARTNERS Program exemplifies this type of approach (Leff et al., 2010). PARTNERS is a community-based clinical trial implementing a violence prevention and leadership program for youth 10 to 14 years of age at after-school sites in Philadelphia. The academic team includes researchers across a variety of institutions (e.g., The Children’s Hospital of Philadelphia, University of Pennsylvania, Temple University, Drexel University) and disciplines (e.g., psychology, pediatrics, nursing, public health, social work). This team used a CBPR approach, including shared decision making, to establish sustainable partnerships with community leaders, youth intervention facilitators, and outreach workers. Through a series of iterative workshops, meetings, and pilot testing, they developed a 10-session program focused on problem-solving, anger management, leadership promotion, and violence prevention. Through their transdisciplinary community-partnered approach, they were able to apply complementary research methodologies to answer research questions in ways that fit the context. These methods included focus groups with direct feedback to community members; focus groups, participant validation, and measures matching to create community-defined indicators of program success (e.g., “showing kids love” and more parental involvement; Hausman et al., 2013); community intervention adaptation workshops, and iterative piloting and intervention refinement in settings for implementation (e.g., after-school care; Leff et al., 2010).

To increase use of community-engaged transdisciplinary approaches, CPS researchers can consider steps informed by facilitators of transdisciplinary work (Kessel & Rosenfield, 2008). A first step is willingness to commit time to establishing connections and identify unifying themes across departments or disciplines. For example, the joint doctoral program in social work and psychology at the University of Michigan aims to train students in research topics and methodologies relevant to both disciplines (*Social Work and Psychology | U-M LSA Department of Psychology*, n.d.). Other examples include community-clinical programs like those at the University of South Carolina and University of Illinois Urbana-Champaign. Second, researchers should remain open to new disciplinary languages, methods, and frameworks, especially from fields with robust

CEnR. Early in collaborations, agreeing on a common language is key. For example, what constitutes “evidence-based” or definitions for the same constructs can differ by fields (Satterfield et al., 2009). Third, transdisciplinary work requires that no discipline assumes priority; all expertise is valued as perceived hierarchies can inhibit cross-disciplinary work. Collaborations can instead highlight strengths that each field brings (e.g., clinical psychology’s expertise in psychotherapeutic intervention, public health’s expertise in health policies and regulations). Considerations for engaging in transdisciplinary work parallel competencies needed for meaningful CEnR—time, communication, a common language, respect, considering problems from multiple perspectives, and shared process with partners.

Question 5: How Might a Focus on Prevention, Promotion, and Strength-Based Approaches to Understanding and Addressing Youth Mental Health Better Address Structural and Systemic Factors (Versus a Deficit-Focused Model)?

CEnR often amplifies prevention, promotion, and strength-based approaches to youth mental health research and services. These approaches have public health potential and are often preferred by communities (OSG, 2021). Working with communities often leads to an increased focus on prevention, promotion, and strengths first, indicating more potential acceptability and relevance of evidence to community members (Kohrt et al., 2023). First, we focus here on the topic of prevention, followed by strength-based promotion.

To address youth mental health needs at scale, clinical science needs to prioritize prevention of youth mental health problems (Gruber et al., 2021). Prevention is essential for changing health outcomes. It can be especially powerful when embedded in youth contexts, building on existing social strengths (e.g., religious or community organizations, school and after-school programs) (Gibson et al., 2015; Puffer & Ayuku, 2022). Prevention programs can also facilitate better identification of youth intervention needs and connection to care. One example of a successful community-engaged prevention program comes from partners in South Florida. Extensive community partner relationships led to a violence prevention and mental health promotion after-school program in parks for youth ages 12 to 17 years residing in high-crime, low-resource neighborhoods in Miami-Dade Florida (D’Agostino et al., 2019). Through multiple partnerships with policy makers, juvenile services, schools, a local university, and community

organizations, collaborators developed Fit2Lead, which integrates individual supports (e.g., life skills, academic supports) alongside macro-level programming (e.g., opportunities for paid internships). The program is designed for context and accessibility, including free transportation to and from parks offering Fit2Lead. Fit2Lead showed lower adjusted youth arrest rate estimates compared with areas hosting other after-school programs (D’Agostino et al., 2020). Promising results such as these emphasize that prevention approaches can be feasible. Moreover, prevention work led by communities, like in this case, often embed supports to tackle structural barriers, like cost, at the outset. Because community-led prevention efforts inherently align with the goals of communities, and often the goals of policymakers as well, they increase opportunities for sustainability, funding, and scale.

Strengths- and promotion-based perspectives and approaches offer another path to improve mental health through CPS and CEnR. In regard to mental health, strengths-based and promotion-focused approaches are distinct but related approaches. These approaches include focusing on individual or community strengths and building upon those strengths; exploring mental health constructs; and prioritizing adaptive processes and well-being over a deficit-based focus. CPS is well-positioned to move beyond deficits focus and instead start identifying, adaptive processes and strengths of youth and their communities (Ellis et al., 2017). These in turn can provide a core foundation on which to build reifying strength-based evidence and interventions.

Additionally, increased focused on mental health constructs tied to well-being can be critical for improving youth mental health. Dr. Ijeoma Opara’s work provides excellent examples of a focus both on strengths-based approaches as well as on fostering well-being using mixed-methods. For example, she and her partners have explored constructs such as empowerment, ethnic identity, and sociopolitical control among girls of Color (i.e., Black, Hispanic), substance use, and well-being in the US taking an intersectional, strength-based approach (Lardier et al., 2020; Opara et al., 2020, 2022). This approach in turn is providing a foundation for community-based participatory work to design a preventative intervention in Paterson, New Jersey. The goal of the program is to reduce substance use, increase access to mental health services, and improve youth mental health outcomes in partnership with community leaders and youth (See <https://oparalab.org/paterson-prevention-project/>; Opara et al., 2021). Developing and adapting approaches based on community and individual strengths has the potential to better capture contextually-

and culturally-relevant mental health phenomena as well as change processes.

Ultimately, we need renewed emphasis on prevention, promotion, and strength-based approaches to youth mental health. Increased efficacy in addressing youth mental health necessitates moving beyond deficit-focused models that only tell one side of the story and may not resonate with communities. Communities can help guide science's understanding of ways forward in these approaches, which in turn will increase the likelihood of their acceptability, use, and precision.

Question 6: How Can Building Trustful Partner-Building, Reciprocal Capacity-Building, and Mutually Valued Outputs Between Researchers and Communities Better Address Structural and Systemic Barriers to Care and Research with Youth?

Future directions for CEnR with youth should continue to emphasize partner-building and grow processes for mutual capacity-building. Partner-building is the process of developing long-standing relationships between an academic and community partner. Establishing partnerships with communities is critical for contextualized work (i.e., work that considers the ecological system around youth). A key element of partner-building is time—a theme throughout this paper (Sanders Thompson et al., 2021). Partnerships require resources, trust, communication, honesty, self-awareness, and discussions of positionality (Muhammad et al., 2015; Waller et al., 2023). For example, processes for establishing a longstanding partnership with a predominately Black community in Philadelphia and a historically white academic institution identified the explicit discussion of power and positionality as important for partnership sustainability (Winfield et al., 2022). Further, trust is a critical ingredient. This is highlighted by Mance et al. (2020) in establishing partnerships with historically Black colleges and universities, Black youth, and community agencies in the US.

Partnerships can include specific agreements or memorandums of understanding describing discussed roles, values, expectations, procedures, and outputs that are mutually agreed upon (Caldwell et al., 2015; Wallerstein, 2021; Wallerstein & Duran, 2010). The outputs valued by a community organization might differ from those valued by researchers who are often incentivized by findings and publications. For communities, help with funding, creating practical tools (e.g., manual, website), access to university resources, or other outcomes may be more valuable than co-authorship on a paper alone. Such outputs should be discussed and agreed upon in advance. Further, as we

discuss below, academic structures might consider expanding incentives to value community-engaged work. One way to do this can be holding mutually agreed on outcomes to a similar level as traditional bibliometrics. Other examples of mutually valued outcomes might include policy changes, community presentations, accessible technologies, funding support, social media dissemination, or free materials.

Beyond mutually agreed upon outcomes, future efforts can focus on mutual capacity-building. This is a term borrowed from global mental health and refers to an equal exchange of ideas between different countries to promote shared learning toward increasing system capacities (Binagwaho et al., 2013; Jack et al., 2020). Although building capacity is often embedded in community-engaged strategies further down the continuum, more formal frameworks to guide bidirectional capacity-building are needed (Giusto et al., 2022). Bidirectional in this case refers to ways that both partners or sites can learn from each other equally, and not only reach shared outcomes, but build capacity for sustainable work. For instance, this might include specific capacity goals noted in the memorandum of understanding like providing training in mental health to community center staff and community members training researchers in best practices for engagement. This may be done within the context of a research project or even more broadly within academic systems. Inherent in this interaction, as with all interactions, is a need for individuals to discuss power, privilege, and positionality and to avoid extractive, expedient relationships with one-sided gain.

Structural Change Recommendations

In order to make progress toward these goals and questions, structural changes would be needed to incentivize and maintain training, values, and funding for these approaches within the field.

Recommendation 1: Increase Training Opportunities and Mentorship in CEnR

Training and mentorship in CEnR are essential to high-quality, ethical community-engaged research. In CEnR, it is important to not ignore the potential for researchers to extract resources from communities, engage in “bad faith” partnerships, or lose sight of the values guiding engagement. By incorporating training in CEnR in graduate school, CPS can work to mitigate these risks by providing direct instruction into the “how and why” of CEnR while also discussing expectations for working with communities. CEnR practices can align with

training efforts toward a more inclusive, equitable field emphasizing core competencies such as reflexivity and structural competencies (Muhammad et al., 2015; Olmos-Vega et al., 2022). There is also evidence that a majority CPS students want more CEnR training in their doctoral programs in part to support the potential for more inclusive and impactful CPS research (Fitzpatrick et al., *in press*).

Efforts to improve training can parallel the continuum of CEnR. Programs with varying levels of expertise in CEnR can consider what it would look like to train at different levels or areas of focus depending on program strengths. For example, programs with a greater emphasis on neuroimaging may consider experiential training on working with communities to improve participation and recruitment efforts from underrepresented groups while inviting in speakers who conduct research at other levels of the continuum (e.g., an implementation scientist who works with communities). Programs may also consider curating lists of CEnR training programs or offering funding for students to participate in a training or attend a CEnR conference. Please see Fitzpatrick et al. (*in press*) for more recommendations for enhancing CEnR in CPS.

Recommendation 2: Change Academic Structures to Incentivize CEnR, Partnerships, and Slow Science

Fostering and driving meaningful use of CEnR in CPS requires structural changes in the academic departments. Specifically, changes are needed to what is valued in hiring, promotion, and tenure (e.g., what “counts” for evaluations at these critical points). CEnR can be slow; it should be. Relationships take time to foster, nurture, and develop. Not only is a significant timeframe important for building trust with communities, but it is also critical for rigorous science. As Uta Frith (2020) wrote in 2020, “fast science is bad for scientists and bad for science.” A similar idea is reflected in the health equity literature, specifically related to the concept of “health equity tourism” put forth by Elle Lett. Health equity tourism refers to researchers who were previously unengaged in equity-focused work then pivoting to study health equity without expertise (Lett et al., 2022). When discussing how to move from being tourists to community members committed to equity, Lett emphasizes “there are no research emergencies” (Lett et al., 2022, p. 5). Here, Lett notes how rushing into communities can reinforce deficit-based science that can “other” certain communities, reinforce structural oppression, and feed a system of traditional academic productivity (i.e., publications), as opposed to fostering meaningful change. To meaningfully improve youth

mental health through CEnR, slowing down the pace of science is necessary. Thinking more critically about how to ask research questions from broader frameworks or transdisciplinary approaches, building partnerships, collaboration, and iterative design all take time. Slow science and meaningful partnership need to be operationalized and incentivized at multiple levels from graduate admissions to promotion.

Some institutions are taking steps to center the quality of science and community engagement in tenure guidelines. For instance, at the University of Maryland tenure guidelines have been revised to emphasize aspects of community engagement, recognition of multiple research products (e.g., open source tools), and requests to avoid reputation-based metrics in evaluation (*UMD Department of Psychology Procedures for Promotion to Associate Professor with Tenure*, 2022). Other institutions or departments can continue to adopt evaluation guidelines that center impact and community-valued outputs such as meaningful partnerships, dissemination efforts, tools created and shared, letters of recommendation from community members/partners, or populations worked *with* in addition to—or even to the same extent—as publications or scientific presentations. Changes like these should be paralleled in evaluations at other stages of admissions, such as graduate admissions and faculty hiring.

Recommendation 3: Increase Avenues for Funding CEnR in Youth Mental Health

We encourage increased funding for CEnR with youth, slow science, and mutually valued outputs. The Person Centered Outcomes Research Institute (PCORI) is a strong example of funding that centers these principles to drive engaged science (www.pcori.org). Federal funding agencies such as the National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC) are also increasingly funding CEnR. In particular, the National Institute on Minority Health and Health Disparities (NIMHD) launched a mechanism for funding projects that incorporate CBPR in 2005 and has awarded approximately 100 grants to conduct research interventions among populations affected by health disparities using community-based approaches (“Community-Based Participatory Research Program (CBPR)”, 2018).

However, there is a lack of funding avenues for CEnR related specifically to youth mental health, as well as a lack of flexible funding across the continuum. For instance, current funding priorities from the National Institute of Mental Health (NIMH) include areas that would naturally benefit from including CEnR

approaches, such as mental health disparities and global mental health (“NIMH Priority Research Areas”). Given the impacts of CEnR on effective and sustainable outcomes, we recommend that funding bodies invite and prioritize projects in these areas that explicitly incorporate cross-sector collaborations among scientists, community members, patients, and other stakeholders in child mental health, as has been done in other fields (e.g., “California Initiative to Advance Precision Medicine – Office of Planning and Research”). In addition, funding priorities in more basic science research, such as work that incorporates the Research Domain Criteria (RDoC) (Insel, 2014), can also benefit from CEnR approaches. Future RDoC Funding Opportunity Announcements from the NIMH can include calls for CEnR approaches to develop more comprehensive understandings of the relevant psychological and biological constructs under study. Ideally, this funding could be applied flexibly for community outreach, focus groups, workshops, partner-building, and other avenues for engagement in basic science across the CEnR continuum.

Conclusion

The goal of this article is to introduce and outline a continuum of CEnR approaches as they might relate to CPS research on youth mental health. We define several key principles in CEnR and highlight how integrating CEnR approaches with CPS research has the potential to address the burden of youth mental health through a clinical science that centers community considerations. Through these considerations and the inclusion of community partners, youth and family priorities can help drive research questions within the context that youth and families are living. This can bring issues that youth identify as salient to mental health, such as racism, to the forefront of developmental and intervention sciences. Further, when building knowledge and treatment where it will “live” (i.e., in communities), the likelihood of dissemination, uptake, and accessibility increases (Alley et al., 2023). In these ways a more community-engaged CPS has the potential to better address mental health disparities by encouraging more contextualized, community-centered science (Neblett, 2019).

CEnR approaches have a long history of use. We highlight that CEnR is not a “one-size fits all” approach, and that CPS researchers can consider and adopt a variety of approaches to approach research questions. Researchers may wish to consider their own values, knowledge, resources, partnerships, research goals and questions, and time to inform their decisions. This

article encourages the consideration of a CEnR continuum and challenges research teams to maximize community engagement and capacity-building as much as possible in their work. Curiosity of what engagement might look like beyond what one initially thinks is encouraged, especially in partnership with community. Grappling with these questions is in and of itself a critical first step toward better contextualizing youth mental health research.

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Positionality Statement

Community-engaged approaches have a rich, deep, and long-standing history across many disciplines, including fields of psychology. While we each participate in community-engaged work and concepts in varying ways, we consider ourselves to be students of community-engaged research, continuously learning and growing in our use of community-engaged research approaches within clinical science; we do not consider ourselves deep experts in this field (i.e., fully dedicated to the study of these approaches and their history). While we do our best to include a range of scholars and examples, we acknowledge we may miss important concepts, examples, or histories particularly rooted in disciplines outside clinical science, as we come to this work with training in clinical psychology.

Our coauthor team reflects different experiences and opinions that shape the ideas and perspectives put forth here. A. Giusto is a white, cis-gender U.S.-born woman, early-career researcher, psychologist, and caregiver to two young children. She is guided by principles of community-based participatory research,

putting listening and partnership first alongside critical self-reflection. N. Triplett is a white, first-generation college graduate from the rural U.S., and psychology intern. His work is guided by principles of community-engaged research, community psychology, and implementation science. J. Foster is a Black, U.S.-born college graduate who is currently completing a doctorate in clinical psychology. His work is guided by integrative approaches to youth mental health that include principles from both basic developmental science and community-engaged research. D. Gee is a white, cis-gender U.S.-born woman, early-career researcher and psychologist, and caregiver to two young children. Her work is guided by principles of clinical psychology, developmental neuroscience, and community-engaged research.

References

- Alley, Z. M., Chapman, J. E., Schaper, H., & Saldana, L. (2023). The relative value of pre-implementation stages for successful implementation of evidence-informed programs. *Implementation Science*, 18(1), 30. <https://doi.org/10.1186/s13012-023-01285-0>
- America, M. H. (2021). *The state of mental health in America*. Mental Health America Alexandria (VA).
- Arnos, D., Kroll, E., Jromin, E., Daly, H., & Falkenburger, E. (2021, October). *Tools and resources for project-based community advisory board*. The Urban Institute.
- Benevides, T. W., Shore, S. M., Palmer, K., Duncan, P., Plank, A., Andresen, M.-L., Caplan, R., Cook, B., Gassner, D., Hector, B. L., Morgan, L., Nebeker, L., Purkis, Y., Rankowski, B., Wittig, K., & Coughlin, S. S. (2020). Listening to the autistic voice: Mental health priorities to guide research and practice in autism from a stakeholder-driven project. *Autism*, 24(4), 822–833. <https://doi.org/10.1177/1362361320908410>
- Bentley-Edwards, K. L., Jordan Fleming, P., Doherty, I. A., Whicker, D. R., Mervin-Blake, S., & Barrett, N. J. (2022). The 5Ws of racial equity in research: A framework for applying a racial equity lens throughout the research process. *Health Equity*, 6(1), 917–921. <https://doi.org/10.1089/heap.2022.0042>
- Bettis, A. H., Vaughn-Coaxum, R. A., Lawrence, H. R., Hamilton, J. L., Fox, K. R., Augsberger, A., & REACH Youth Advisory Board. (2023). Key challenges and potential strategies for engaging youth with lived experience in clinical science. *Journal of Clinical Child & Adolescent Psychology*, 1–14.
- Binagwaho, A., Nutt, C. T., Mutabazi, V., Karema, C., Nsanzimana, S., Gasana, M., Drobac, P. C., Rich, M. L., Uwaliraye, P., Nyemazi, J. P., Murphy, M. R., Wagner, C. M., Makaka, A., Ruton, H., Mody, G. N., Zurovcik, D. R., Niconchuk, J. A., Mugeni, C. ... Asiimwe, A. (2013). Shared learning in an interconnected world: Innovations to advance global health equity. *Globalization and Health*, 9(1), 1–5. <https://doi.org/10.1186/1744-8603-9-37>
- Bronfenbrenner, U. (1994). Ecological models of human development. *Readings on the Development of Children*, 2, 37–43.
- Brooks, M. J., Phetogo, B. K., Schwennesen, H., Phoi, O., Tshume, O., Matshaba, M., & Lowenthal, E. (2022). Building a community based mental health program for adolescents in Botswana: Stakeholder feedback. *Community Mental Health Journal*, 58(6), 1068–1075. <https://doi.org/10.1007/s10597-021-00915-5>
- Brownson, R. C., Kumanyika, S. K., Kreuter, M. W., & Haire-Joshu, D. (2021). Implementation science should give higher priority to health equity. *Implementation Science*, 16(1), 1–16. <https://doi.org/10.1186/s13012-021-01097-0>
- Buchanan, N. T., Perez, M., Prinstein, M., & Thurston, I. (2020). *Upending racism in psychological science: Strategies to change how our science is conducted, reported, reviewed & disseminated*.
- Budig, K., Diez, J., Conde, P., Sastre, M., Hernán, M., & Franco, M. (2018). Photovoice and empowerment: Evaluating the transformative potential of a participatory action research project. *BMC Public Health*, 18(1), 1–9. <https://doi.org/10.1186/s12889-018-5335-7>
- Caldwell, W. B., Reyes, A. G., Rowe, Z., Weinert, J., & Israel, B. A. (2015). Community partner perspectives on benefits, challenges, facilitating factors, and lessons learned from community-based participatory research partnerships in Detroit. *Progress in Community Health Partnerships: Research, Education, & Action*, 9(2), 299–311. <https://doi.org/10.1353/cpr.2015.0031>
- Carey, T. A., & Stiles, W. B. (2016). Some problems with randomized controlled trials and some viable alternatives. *Clinical Psychology & Psychotherapy*, 23(1), 87–95. <https://doi.org/10.1002/cpp.1942>
- Cicchetti, D., & Lynch, M. (1993). Toward an ecological/transactional model of community violence and child maltreatment: Consequences for children's development. *Psychiatry*, 56(1), 96–118. <https://doi.org/10.1080/0032747.1993.11024624>
- Cicchetti, D., & Rizley, R. (1981). Developmental perspectives on the etiology, intergenerational transmission, and sequelae of child maltreatment. *New Directions for Child and Adolescent Development*, 1981(11), 31–55. <https://doi.org/10.1002/cd.23219811104>
- Cobham, V. E., McDermott, B., Haslam, D., & Sanders, M. R. (2016). The role of parents, parenting and the family environment in children's post-disaster mental health. *Current Psychiatry Reports*, 18(6), 1–9. <https://doi.org/10.1007/s11920-016-0691-4>
- Collins, S. E., Clifasefi, S. L., Stanton, J., The Leap Advisory Board, null, Straits, K. J. E., Gil-Kashiwabara, E., Rodriguez Espinosa, P., Nicasio, A. V., Andrasik, M. P., Hawes, S. M., Miller, K. A., Nelson, L. A., Orfaly, V. E., Duran, B. M., & Wallerstein, N. (2018). Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research. *The American Psychologist*, 73(7), 884–898. <https://doi.org/10.1037/amp000167>
- Consortium for Cancer Implementation Science Community Participation Capacity Building Task Group. (2021). *Resources for stakeholder & community engagement in implementation science*. Consortium for Cancer Implementation Science.
- D'Agostino, E., Frazier, S. L., Hansen, E., Nardi, M. I., & Messiah, S. E. (2020). Association of a park-based violence prevention and mental health promotion after-school program with youth arrest rates. *JAMA Network Open*, 3(1), e1919996–e1919996. <https://doi.org/10.1001/jamanetworkopen.2019.19996>

- D'Agostino, E. M., Frazier, S. L., Hansen, E., Patel, H. H., Ahmed, Z., Okeke, D., Nardi, M. I., & Messiah, S. E. (2019). Two-year changes in neighborhood juvenile arrests after implementation of a park-based afterschool mental health promotion program in Miami-Dade County, Florida, 2015–2017. *American Journal of Public Health*, 109(S3), S214–S220. <https://doi.org/10.2105/AJPH.2019.305050>
- Del Rio-Gonzalez, A. M., Holt, S. L., & Bowleg, L. (2021). Powering and structuring intersectionality: Beyond main and interactive associations. *Research on Child and Adolescent Psychopathology*, 49(1), 33–37. <https://doi.org/10.1007/s10802-020-00720-w>
- Ellis, B. J., Bianchi, J., Giskevicius, V., & Frankenhuis, W. E. (2017). Beyond risk and protective factors: An adaptation-based approach to resilience. *Perspectives on Psychological Science*, 12(4), 561–587. <https://doi.org/10.1177/1745691617693054>
- Fitzpatrick, O. E., Gonzalez, J. C., Moses, J., Drain, A., Giusto, A., Scholars for Elevating Equity (SEED), & Galan, C. (in press). *Clinical psychology student perspectives on graduate training in community engaged research methods*.
- Fleming, P. J., Stone, L. C., Creary, M. S., Greene-Moton, E., Israel, B. A., Key, K. D., Reyes, A. G., Wallerstein, N., & Schulz, A. J. (2023). Antiracism and community-based participatory research: Synergies, challenges, and opportunities. *American Journal of Public Health*, 113(1), 70–78. <https://doi.org/10.2105/AJPH.2022.307114>
- Frank, L., Morton, S. C., Guise, J.-M., Jull, J., Concannon, T. W., Tugwell, P., & Multi Stakeholder Engagement (MuSE) Consortium. (2020). Engaging patients and other non-researchers in health research: Defining research engagement. *Journal of General Internal Medicine*, 35(1), 307–314. <https://doi.org/10.1007/s11606-019-05436-2>
- Frith, U. (2020). Fast lane to slow science. *Trends in Cognitive Sciences*, 24(1), 1–2. <https://doi.org/10.1016/j.tics.2019.10.007>
- Galán, C. A., Bekele, B., Boness, C., Bowdring, M., Call, C., Hails, K., McPhee, J., Mendes, S. H., Moses, J., & Northrup, J. (2021). *A call to action for an antiracist clinical science*. Taylor & Francis.
- Gibson, J. E., Flaspohler, P. D., & Watts, V. (2015). Engaging youth in bullying prevention through community-based participatory research. *Family & Community Health*, 38(1), 120. <https://doi.org/10.1097/FCH.0000000000000048>
- Giusto, A., Jack, H. E., Magidson, J. F., Ayuku, D., Johnson, S. L., Lovero, K. L., Hankerson, S. H., Sweetland, A. C., Myers, B., & Fortunato dos Santos, P. (2022). Global is local: Leveraging global mental-health methods to promote equity and address disparities in the United States. *Clinical Psychological Science*, 12(2), 270–289. <https://doi.org/10.1177/21677026221125715>
- Goodman, M. S., Ackermann, N., Bowen, D. J., & Thompson, V. (2019). Content validation of a quantitative stakeholder engagement measure. *Journal of Community Psychology*, 47(8), 1937–1951. <https://doi.org/10.1002/jcop.22239>
- Goodman, M. S., Ackermann, N., Bowen, D. J., & Thompson, V. S. (2020). Reaching consensus on principles of stakeholder engagement in research. *Progress in Community Health Partnerships: Research, Education, & Action*, 14(1), 117.
- Green, L. W., Ottoson, J. M., Garcia, C., & Hiatt, R. A. (2009). Diffusion theory and knowledge dissemination, utilization, and integration in public health. *Annual Review of Public Health*, 30(1), 151–174. <https://doi.org/10.1146/annurev.publhealth.031308.100049>
- Gruber, J., Prinstein, M. J., Clark, L. A., Rottenberg, J., Abramowitz, J. S., Albano, A. M., Aldao, A., Borelli, J. L., Chung, T., Davila, J., Forbes, E. E., Gee, D. G., Hall, G. C. N., Hallion, L. S., Hinshaw, S. P., Hofmann, S. G., Hollon, S. D., Joormann, J., Kazdin, A. E. . . . Weinstock, L. M. (2021). Mental health and clinical psychological science in the time of COVID-19: Challenges, opportunities, and a call to action. *The American Psychologist*, 76(3), 409–426. <https://doi.org/10.1037/amp0000707>
- Haddad, K., Jacquez, F., & Vaughn, L. (2022). A scoping review of youth advisory structures in the United States: Applications, outcomes, and best practices. *American Journal of Community Psychology*, 70(3–4), 493–508. <https://doi.org/10.1002/ajcp.12597>
- Hausman, A. J., Baker, C. N., Komaroff, E., Thomas, N., Guerra, T., Hohl, B. C., & Leff, S. S. (2013). Developing measures of community-relevant outcomes for violence prevention programs: A community-based participatory research approach to measurement. *American Journal of Community Psychology*, 52(3), 249–262. <https://doi.org/10.1007/s10464-013-9590-6>
- Hennink, M., Hutter, I., & Bailey, A. (2020). *Qualitative research methods*. Sage.
- Hoover, S., & Bostic, J. (2021). Schools as a vital component of the child and adolescent mental health system. *Psychiatric Services*, 72(1), 37–48. <https://doi.org/10.1176/appi.ps.201900575>
- Insel, T. R. (2014). The NIMH research domain criteria (RDoC) project: Precision medicine for psychiatry. *The American Journal of Psychiatry*, 171(4), 395–397.
- Jack, H. E., Myers, B., Regenauer, K. S., & Magidson, J. F. (2020). Mutual capacity building to reduce the behavioral health treatment gap globally. *Administration and Policy in Mental Health and Mental Health Services Research*, 47(4), 497–500. <https://doi.org/10.1007/s10488-019-00999-y>
- Jackson, B., Booth, R., & Jackson, K. T. (2022). The good, the bad, and the vision: Exploring the mental health care experiences of transitional-aged youth using the photo-voice method. *Qualitative Health Research*, 32(12), 1915–1931. <https://doi.org/10.1177/10497323221121209>
- Jacquez, F., Vaughn, L. M., & Wagner, E. (2013). Youth as partners, participants or passive recipients: A review of children and adolescents in community-based participatory research (CBPR). *American Journal of Community Psychology*, 51(1), 176–189. <https://doi.org/10.1007/s10464-012-9533-7>
- Kerstetter, K. (2012). Insider, outsider, or somewhere between: The impact of researchers' identities on the community-based research process. *Journal of Rural Social Sciences*, 27(2), 7.
- Kessel, F., & Rosenfield, P. L. (2008). Toward transdisciplinary research: Historical and contemporary perspectives. *American Journal of Preventive Medicine*, 35(2), S225–S234.

- Key, K. D., Furr-Holden, D., Lewis, E. Y., Cunningham, R., Zimmerman, M. A., Johnson-Lawrence, V., & Selig, S. (2019). The continuum of community engagement in research: A roadmap for understanding and assessing progress. *Progress in Community Health Partnerships: Research, Education, & Action*, 13(4), 427–434. <https://doi.org/10.1353/cpr.2019.0064>
- Kia-Keating, M., Capous, D., Liu, S., & Adams, J. (2017). Using community based participatory research and human centered design to address violence-related health disparities among Latino/a youth. *Family & Community Health*, 40(2), 160. <https://doi.org/10.1097/FCH.0000000000000145>
- Kohrt, B. A., Miller, B. F., & Patel, V. (2023). Community initiated care: A blue-print for the practical realization of contextual behavioral science. *Journal of Contextual Behavioral Science*, 27, 54–60. <https://doi.org/10.1016/j.jcbs.2022.11.008>
- La Scala, S., Mullins, J. L., Firat, R. B., & Michalska, K. J. (2023). Equity, diversity, and inclusion in developmental neuroscience: Practical lessons from community-based participatory research. *Frontiers in integrative neuroscience*, 16, 141.
- Lardier, D. T., Opara, I., Reid, R. J., & Garcia-Reid, P. (2020). The role of empowerment-based protective factors on substance use among youth of color. *Child & Adolescent Social Work Journal*, 37(3), 271–285. <https://doi.org/10.1007/s10560-020-00659-3>
- Leff, S. S., Thomas, D. E., Vaughn, N. A., Thomas, N. A., MacEvoy, J. P., Freedman, M. A., Abdul-Kabir, S., Woodlock, J., Guerra, T., Bradshaw, A. S., Woodburn, E. M., Myers, R. K., & Fein, J. A. (2010). Using community-based participatory research to develop the PARTNERS youth violence prevention program. *Progress in Community Health Partnerships: Research, Education, & Action*, 4(3), 207.
- Lett, E., Adekunle, D., McMurray, P., Asabor, E. N., Irie, W., Simon, M. A., Hardeman, R., & McLemore, M. R. (2022). Health equity tourism: Ravaging the justice landscape. *Journal of Medical Systems*, 46(3), 1–6. <https://doi.org/10.1007/s10916-022-01803-5>
- Luger, T. M., Hamilton, A. B., & True, G. (2020). Measuring community-engaged research contexts, processes, and outcomes: A mapping review. *The Milbank Quarterly*, 98(2), 493–553. <https://doi.org/10.1111/1468-0009.12458>
- Mance, G. A., Rodgers, C. R., Roberts, D., & Terry, A. (2020). Deeply rooted: Maximizing the strengths of a historically black university and community-based participatory research to understand environmental stressors and trauma among black youth. *American Journal of Community Psychology*, 66(3–4), 256–266. <https://doi.org/10.1002/ajcp.12452>
- McCloskey, D. J., Akintobi, T. H., Bonham, A., Cook, J., & Coyne-Beasley, T. (n.d.). *Principles of community engagement* (2nd ed.). Community Engagement.
- McGinty, E. E., Alegria, M., Beidas, R. S., Braithwaite, J., Kola, L., Leslie, D. L., Moise, N., Mueller, B., Pincus, H. A., Shidhaye, R., Simon, K., Singer, S. J., Stuart, E. A., & Eisenberg, M. D. (2024). The lancet psychiatry commission: Transforming mental health implementation research. *The Lancet Psychiatry*, 11(5), 368–396. [https://doi.org/10.1016/S2215-0366\(24\)00040-3](https://doi.org/10.1016/S2215-0366(24)00040-3)
- McNeil-Young, V. A., Mosley, D. V., Bellamy, P., Lewis, A., & Hernandez, C. (2023). Storying survival: An approach to radical healing for the black community. *Journal of Counseling Psychology*, 70(3), 276. <https://doi.org/10.1037/cou0000635>
- Mikesell, L., Bromley, E., & Khodyakov, D. (2013). Ethical community-engaged research: A literature review. *American Journal of Public Health*, 103(12), e7–e14. <https://doi.org/10.2105/AJPH.2013.301605>
- Miller, A. B., Issa, O. M., Hahn, E., Agalab, N. Y., & Abdi, S. M. (2021). Developing advisory boards within community-based participatory approaches to improve mental health among refugee communities. *Progress in Community Health Partnerships: Research, Education, & Action*, 15(1), 107–116.
- Moreno, M. A., Jolliff, A., & Kerr, B. (2021). Youth advisory boards: Perspectives and processes. *Journal of Adolescent Health*, 69(2), 192–194. <https://doi.org/10.1016/j.jadohealth.2021.05.001>
- Muhammad, M., Wallerstein, N., Sussman, A. L., Avila, M., Belone, L., & Duran, B. (2015). Reflections on researcher identity and power: The impact of positionality on community based participatory research (CBPR) processes and outcomes. *Critical Sociology*, 41(7–8), 1045–1063. <https://doi.org/10.1177/0896920513516025>
- Neblett, Jr, E. W. (2019). Racism and health: Challenges and future directions in behavioral and psychological research. *Cultural Diversity & Ethnic Minority Psychology*, 25(1), 12–20. <https://doi.org/10.1037/cdp0000253>
- Office of the Surgeon General (OSG). (2021). *Protecting youth mental health: The U.S. Surgeon general's advisory*. US Department of Health and Human Services. <http://www.ncbi.nlm.nih.gov/books/NBK575984/>
- Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2022). A practical guide to reflexivity in qualitative research: AMEE guide No. 149. *Medical Teacher*, 45(3), 241–251. <https://doi.org/10.1080/0142159X.2022.2057287>
- Onken, L. S., Carroll, K. M., Shoham, V., Cuthbert, B. N., & Riddle, M. (2014). Reenvisioning clinical science: Unifying the discipline to improve the public health. *Clinical Psychological Science*, 2(1), 22–34. <https://doi.org/10.1177/2167702613497932>
- Opara, I., Lardier, D. T., Jr., Garcia-Reid, P., & Reid, R. J. (2022). Measuring intrapersonal psychological empowerment and ethnic identity: Highlighting strengths of urban black girls. *Youth & Society*, 54(4), 573–592. <https://doi.org/10.1177/0044118X20970226>
- Opara, I., Leonard, N. R., Thorpe, D., & Kershaw, T. (2021). Understanding neighborhoods' impact on youth substance use and mental health outcomes in Paterson, New Jersey: Protocol for a community-based participatory research study. *JMIR Research Protocols*, 10(5), e29427. <https://doi.org/10.2196/29427>
- Opara, I., Rivera Rodas, E. I., Lardier, D. T., Garcia-Reid, P., & Reid, R. J. (2020). Validation of the abbreviated socio-political control scale for youth (SPCS-Y) among urban girls of color. *Child & Adolescent Social Work Journal*, 37(1), 83–95. <https://doi.org/10.1007/s10560-019-00624-9>
- Orellana, M., Valdez-Soto, M., Brockman, T. A., Balls-Berry, J. E., Zavala Rocha, M. G., Allyse, M. A., DSouza, K. N., Riggan, K. A., Juhn, Y., & Patten, C. (2021). Creating a pediatric advisory board for engaging youth in pediatric

- health research: A case study. *Journal of Clinical and Translational Science*, 5(1), e113. <https://doi.org/10.1017/cts.2021.399>
- Ormel, J., Hollon, S. D., Kessler, R. C., Cuijpers, P., & Monroe, S. M. (2022). More treatment but no less depression: The treatment-prevalence paradox. *Clinical Psychology Review*, 91, 102111. <https://doi.org/10.1016/j.cpr.2021.102111>
- Ozer, E. J., Abraczinskas, M., Duarte, C., Mathur, R., Ballard, P. J., Gibbs, L., Olivas, E. T., Bewa, M. J., & Afifi, R. (2020). Youth participatory approaches and health equity: Conceptualization and integrative review. *American Journal of Community Psychology*, 66(3–4), 267–278. <https://doi.org/10.1002/ajcp.12451>
- Payán, D. D., Zawadzki, M. J., & Song, A. V. (2022). Advancing community-engaged research to promote health equity: Considerations to improve the field. *Perspectives in Public Health*, 142(3), 139–141. <https://doi.org/10.1177/17579139211054118>
- Poku, O. B., Smith, B. D., Pollock, A. M., Dabney, B., Wallace, S., Brown, S., Eng, E., Mendelson, T., Saleem, H. T., & Linton, S. L. (2023). Virtual implementation of a photovoice project with youth in Baltimore during the COVID-19 pandemic. *Health Promotion Practice*, 15248399231193002. <https://doi.org/10.1177/15248399231193002>
- Price, M. A., Weisz, J. R., McKetta, S., Hollinsaid, N. L., Lattanner, M. R., Reid, A. E., & Hatzenbuehler, M. L. (2022). Meta-analysis: Are psychotherapies less effective for black youth in communities with higher levels of anti-black racism? *Journal of the American Academy of Child & Adolescent Psychiatry*, 61(6), 754–763. <https://doi.org/10.1016/j.jaac.2021.07.808>
- Puffer, E. S., & Ayuku, D. (2022). A community-embedded implementation model for mental-health interventions: Reaching the hardest to reach. *Perspectives on Psychological Science*, 17(5), 1276–1290. <https://doi.org/10.1177/17456916211049362>
- Qualities of a Good CBPR Researcher. (n.d.). Retrieved November 2, 2023, from <https://medicine.yale.edu/intmed/genmed/eric/cbprguidebook/qualities/>
- Roberts, S. O., Bareket-Shavit, C., Dollins, F. A., Goldie, P. D., & Mortenson, E. (2020). Racial inequality in psychological research: Trends of the past and recommendations for the future. *Perspectives on Psychological Science*, 15(6), 1295–1309. <https://doi.org/10.1177/1745691620927709>
- Rodriguez, A. J., & Navarro-Camacho, M. (2023). Claiming your own identity and positionality: The first steps toward establishing equity and social justice in science education. *Education Sciences*, 13(7), 652. <https://doi.org/10.3390/educsci13070652>
- Rodriguez Espinosa, P., & Verney, S. P. (2021). The underutilization of community-based participatory research in psychology: A systematic review. *American Journal of Community Psychology*, 67(3–4), 312–326. <https://doi.org/10.1002/ajcp.12469>
- Rodriguez-Seijas, C., McClendon, J., Wendt, D. C., Novacek, D. M., Ebalu, T., Hallion, L. S., Hassan, N. Y., Huson, K., Spielmans, G. I., Folk, J. B., Khazem, L. R., Neblett, E. W., Cunningham, T. J., Hampton-Anderson, J., Steinman, S. A., Hamilton, J. L., & Mekawi, Y. (2023). The next generation of clinical psychological science: Moving toward antiracism. *Clinical Psychological Science*, 21677026231156545.
- Rutter, M., & Madge, N. (1976). *Cycles of disadvantage: A review of research (1–1)*. Heinemann Educational Books.
- Salimi, Y., Shahandeh, K., Malekafzali, H., Loori, N., Kheiltash, A., Jamshidi, E., Frouzan, A. S., & Majdzadeh, R. (2012). Is community-based participatory research (CBPR) useful? A systematic review on papers in a decade. *International Journal of Preventive Medicine*, 3(6), 386–393. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3389435/>
- Sameroff, A. (1975). Transactional models in early social relations. *Human Development*, 18(1–2), 65–79. <https://doi.org/10.1159/000271476>
- Sanders Thompson, V. L., Ackermann, N., Bauer, K. L., Bowen, D. J., & Goodman, M. S. (2021). Strategies of community engagement in research: Definitions and classifications. *Translational Behavioral Medicine*, 11(2), 441–451. <https://doi.org/10.1093/tbm/ibaa042>
- Satterfield, J. M., Spring, B., Brownson, R. C., Mullen, E. J., Newhouse, R. P., Walker, B. B., & Whitlock, E. P. (2009). Toward a transdisciplinary model of evidence-based practice. *The Milbank Quarterly*, 87(2), 368–390.
- Schleider, J. L. (2023). The fundamental need for lived experience perspectives in developing and evaluating psychotherapies. *Journal of Consulting and Clinical Psychology*, 91(3), 119. <https://doi.org/10.1037/ccp0000798>
- Scudder, A. T., Welk, G. J., Spoth, R., Beecher, C. C., Dorneich, M. C., Meyer, J. D., Phillips, L. A., & Weems, C. F. (2021, February). Transdisciplinary translational science for youth health and wellness: Introduction to a special issue. In *Child & Youth Care Forum* (Vol. 50, pp. 1–12). Springer US.
- Shayna La Scala, M. A., Mullins, J. L., Firat, R. B., Michalska, K. J., & Michalska, K. J. (n.d.). Equity, diversity, and inclusion in developmental neuroscience research: Practical lessons from a community-based participatory research study. *Frontiers in Integrative Neuroscience*, 16. <https://doi.org/10.3389/fnint.2022.1007249>
- Shelton, R. C., & Brownson, R. C. (2023). Enhancing impact: A call to action for equitable implementation science. *Prevention Science*, 1–16. <https://doi.org/10.1007/s11212-023-01589-z>
- Social Work and Psychology | U-M LSA Department of Psychology. (n.d.). Retrieved July 21, 2023, from <https://lsa.umich.edu/psych/program-areas/social-work-and-psychology.html>
- Splett, J. W., Fowler, J., Weist, M. D., McDaniel, H., & Dvorsky, M. (2013). The critical role of school psychology in the school mental health movement. *Psychology in the Schools*, 50(3), 245–258. <https://doi.org/10.1002/pits.21677>
- Tebes, J. K. (2000). External validity and scientific psychology. *American Psychologist*, 55(12), 1508–1509. <https://doi.org/10.1037/0003-066X.55.12.1508>
- Triplett, N. S., Woodard, G. S., Johnson, C., Nguyen, J. K., AlRasheed, R., Song, F., Stoddard, S., Mugisha, J. C., Sievert, K., & Dorsey, S. (2022). Stakeholder engagement to inform evidence-based treatment implementation for children's mental health: A scoping review. *Implementation Science Communications*, 3(1), 82. <https://doi.org/10.1186/s43058-022-00327-w>

- UMD Department of Psychology Procedures for Promotion to Associate Professor with Tenure. (2022). Retrieved July 23, 2023, from https://psyc.umd.edu/sites/psyc.umd.edu/files/Policy_Documents/Psychology_UMD_APT_2022_Associate_Professor.pdf
- Waller, B. Y., Giusto, A., Tepper, M., Legros, N. C., Sweetland, A. C., Taffy, A., & Wainberg, M. L. (2023). Should we trust you? Strategies to improve access to mental healthcare to BIPOC communities during the COVID-19 pandemic. *Community Mental Health Journal*, 60(1), 82–86. <https://doi.org/10.1007/s10597-023-01124-y>
- Wallerstein, N. (Ed.). (2017). *Community-based participatory research for health: Advancing social and health equity* (3rd ed.). Jossey-Bass & Pfeiffer Imprints, Wiley.
- Wallerstein, N. (2021). *Engage for equity: Advancing the fields of community-based participatory research and community-engaged research in community psychology and the social sciences*. Wiley Online Library.
- Wallerstein, N., & Duran, B. (2010). Community-based participatory research contributions to intervention research: The intersection of science and practice to improve health equity. *American Journal of Public Health*, 100(S1), S40–S46. <https://doi.org/10.2105/AJPH.2009.184036>
- Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, 24(3), 369–387. <https://doi.org/10.1177/109019819702400309>
- Weisz, J. R. (2015). Bridging the research-practice divide in youth psychotherapy: The deployment-focused model and transdiagnostic treatment. *Verhaltenstherapie*, 25(2), 129–132. <https://doi.org/10.1159/000430432>
- Weisz, J. R., Chorpita, B. F., Frye, A., Ng, M. Y., Lau, N., Bearman, S. K., Ugueto, A. M., Langer, D. A., Hoagwood, K. E., & The Research Network on Youth Mental Health. (2011). Youth top problems: Using idiographic, consumer-guided assessment to identify treatment needs and to track change during psychotherapy. *Journal of Consulting and Clinical Psychology*, 79(3), 369–380.
- Weisz, J. R., Krumholz, L. S., Santucci, L., Thomassin, K., & Ng, M. Y. (2015). Shrinking the gap between research and practice: Tailoring and testing youth psychotherapies in clinical care contexts. *Annual Review of Clinical Psychology*, 11(1), 139–163. <https://doi.org/10.1146/annurev-clinpsy-032814-112820>
- Weisz, J. R., Kuppens, S., Ng, M. Y., Vaughn-Coaxum, R. A., Ugueto, A. M., Eckshtain, D., & Corteselli, K. A. (2019). Are psychotherapies for young people growing stronger? Tracking trends over time for youth anxiety, depression, attention-deficit/hyperactivity disorder, and conduct problems. *Perspectives on Psychological Science*, 14(2), 216–237. <https://doi.org/10.1177/1745691618805436>
- Williams, N. J., & Beidas, R. S. (2019). Annual research review: The state of implementation science in child psychology and psychiatry: A review and suggestions to advance the field. *Journal of Child Psychology and Psychiatry*, 60(4), 430–450. <https://doi.org/10.1111/jcpp.12960>
- Winfield, J., Fiorot, S., Pressimone Beckowski, C., & Davis, J. E. (2022). Valuing the aspirations of the community: The origins of a community–university partnership. *Faculty/Researcher Works*, 14(2). <https://doi.org/10.54656/jces.v14i2.39>
- Zuberi, T., & Bonilla-Silva, E. (Eds.). (2008). *White logic, white methods: Racism and methodology*. Rowman & Littlefield.