INDIGENOUS YOUTH-DEVELOPED SELF-ASSESSMENT: THE PERSONAL BALANCE TOOL

Rachelle Barraza, Jami Bartgis, PhD, and Fresno Native Youth Council

Abstract: The Fresno American Indian Health Project (FAIHP) Youth Council developed and pilot tested a strength-based, holistic, and youth-friendly self-assessment tool grounded in the Medicine Wheel, a framework and theoretical orientation for teaching wellness in many tribal communities. This paper summarizes the development of the Youth Personal Balance Tool and the methods used for tool revisions through two separate pilot studies and ongoing process evaluations across 3 years. Using a community-based participatory evaluation model, FAIHP leveraged community resources to implement an annual youth Gathering of Native Americans to support youth in healing from historical and intergenerational trauma and restoring communities to balance by making them a part of the solution. This tool is one of many outcomes of their work. The Youth Council is offering the tool as a gift (in line with the cultural value of generosity) to other Indigenous communities that are searching for culturally competent self-assessment tools for youth. The authors believe this tool has the potential to progress the field in strength-based, holistic, youth-friendly assessment as a culturally competent method for Indigenous evaluation and research.

INTRODUCTION

In 2011, the Fresno American Indian Health Project (FAIHP) was awarded a 3-year planning grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), entitled Circles of Care, to support the Fresno Native community in developing a comprehensive plan for implementing a system of care that would meet the needs of local Native youth and families in Fresno, California. To support these efforts, FAIHP used a community-based participatory research (CBPR) model. CBPR is a model for research and evaluation that engages the community as an active and equal partner, builds upon local strengths and resources, integrates community knowledge and wisdom, values the voice of consumer experts, and returns

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data to the community where the results can have the greatest effects for improving the health and well-being of local families (LaVeaux & Christopher, 2009; Minkler & Wallerstein, 2008). Through this process, FAIHP mobilized a Youth Council to provide youth a voice and involvement in the project. The Youth Council was an integral part of, and made a number of contributions to, the Circles of Care project, including the development and interpretation of a youth survey; the development and implementation of a youth Photovoice project; strategic planning to support the development of a system of care model through an annual community event, Gathering of Native Americans (GONA); and the development of the self-assessment tool that will be presented in this article.

Purpose of Paper

The primary purpose of this paper is to describe the process used by the Youth Council to adapt and develop a self-assessment tool, Personal Balance, and to provide the tool as a gift to other communities from the Fresno youth. However, this paper also serves two additional purposes: 1) to highlight the community-driven evidence base of GONA that has been the guiding framework and change agent for the project, and 2) to act as a forum to begin raising awareness of the importance of strength-based, holistic, and youth-friendly self-assessment as a culturally competent method for Native communities implementing a system of care to address youth with mental health needs or for prevention.

While facing challenges, including discouragement and skepticism from some professionals within national and academic settings regarding the use of strength-based measurement approaches, FAIHP is committed to implementing such approaches in service and assessment to be congruent with the cultural beliefs and worldview of the community served. It is our hope that the work of the Youth Council will highlight the importance of strength-based interventions and assessments, as well as the ability of youth to make substantial contributions to the implementation of a system of care. It is also our hope that this tool will be useful to other communities wanting to support these approaches for youth self-assessment. It is important to note that this article is based on the local knowledge and experience of the Fresno Native community, and the work was driven by local youth.

GONA

GONA is a community intervention model that is tied to a major annual event; it is used by FAIHP to support Fresno urban Native and area Rancherias/tribal youth and their families to begin healing from historical and intergenerational trauma, and for strategic planning and sustainability for a system of care. GONA is a 20-year-old manualized curriculum developed by intertribal mental health providers, leaders, and community healers with funds from the Center on Substance Abuse Prevention at SAMHSA. Few published studies have examined process or outcomes of GONA (Aguilera & Plasencia, 2005; Chino & DeBruyn, 2006; Nelson & Tom, 2011).

While the intervention was developed for substance abuse prevention, at its core, GONA addresses historical and intergenerational trauma to bring youth and families back to balance using local tribal teachings. In this respect, GONA is a strength-based prevention program. It is implemented through a 4-day event that teaches youth ages 12-18 years four basic themes of living that have a strong basis in Indigenous worldview: Belonging, Mastery, Interdependence, and Generosity. GONA works to reduce risks, such as substance abuse and suicide, and increase protective factors by building assets based on these four themes. At the event, youth learn about how they belong within their history and cultures (Belonging); the gifts they have been given upon birth to learn to use for community service, and the importance of healing from historical and intergenerational trauma to effectively master those gifts (Mastery); the roles all community members have to support and contribute to one another (Interdependence); and the importance of giving back by sharing individual gifts and talents within the community to help maintain positive health and well-being (Generosity).

Further, the curriculum addresses real-world issues that youth are facing as a result of historical and intergenerational trauma, including substance abuse, depression, suicide, gang violence, abuse, and other issues that youth identify as concerns in the local community. The program focuses on building up cultural knowledge, identity, and connection to family and community with a focus on healing to move forward as a healthy community together. GONA allows a community to define the four themes and discuss healing and prevention for future generations in the form of community-based strategic planning for youth and family services.

While all communities utilizing the GONA curriculum follow the same four themes and process, the content and discussion around the themes change based on the local culture and context. For example, one community may be struggling with prescription drug abuse while another is dealing with youth gangs. Communities also have unique cultural teachings, protocols

and ceremonies that would be utilized at the event. Each of these communities would go through the same process for determining how to address their local concerns, but the "problems," "solutions," and culture to address them will differ. Each year, the words of the youth that are expressed through GONA activities are presented to the FAIHP Board of Directors to guide policy and planning for the system of care.

Youth Council Involvement in Evaluation Activities and Program Planning

As the Circles of Care project began, FAIHP staff members mobilized quickly to develop a community advisory group, made up of adult community members. However, the Youth Council took over a year to formalize. At the beginning of the project, staff members worked with youth who attended the Youth Clubhouse at FAIHP and with an evaluator to support the Circles of Care evaluation activities. The Youth Clubhouse is a FAIHP-sponsored, community-based youth prevention/health promotion center that supports school-age youth after school and for special events on weekends and during summers. Youth attendees provided early assistance in the development of a number of evaluation activities, including a youth survey to support a community needs assessment. While these youth were extremely helpful, there was still no coordinated effort to formalize a Youth Council reflecting a consistent youth voice on the project.

In 2012, FAIHP supported an 18-year-old high school senior (first author on this paper), a naturally emerging youth leader, to organize and formalize the Youth Council. To begin this process, she worked with FAIHP staff members to recruit Native youth ages 12-18 years to participate in a range of evaluation activities, including a Photovoice project and key informant interviews with elders. Involving youth in these evaluation activities increased their ability to identify community needs and strengths and to consider how they could be a part of community change and growth for the future. These activities also built the capacity of the Youth Council for its future work in adapting and pilot testing the Youth Personal Balance Tool.

METHODOLOGY

The development, pilot testing, and adaptations of the tool took the Youth Council 2 years to complete (see Table 1 for chronological timeline of events). The methods, described in detail below, included an interactive process for adapting the Adult Personal Balance Tool into a

form that would be applicable to youth, a pilot of the tool at the 2013 GONA, revisions to the tool based on youth feedback, a pilot of the tool at the 2014 GONA, and a final revision presented in this publication.

Table 1
Chronological Timeline of Events: Youth Personal Balance Tool

2013	
January	Youth Leader began recruitment to increase participants on the Youth Council
February	Family-driven youth-guided training with Alan Rabideau and Shannon CrossBear
March	Youth leader supported Youth Council in adaptation of Adult Personal Balance Tool to Youth Personal Balance Tool
July	Planned and implemented first youth-driven pilot of the tool at GONA
August	Revisions were made from the tool based on youth feedback from pilot
September	Began disseminating the tool for consideration and use by other Native communities
2014	
June	Tool approved by County of San Diego Behavioral Health Services for use by the San Diego American Indian Health Center as a youth-driven self-assessment tool as part of their Mental Health Services Act-funded PEI program
July	Planned and implemented second youth-driven pilot of the tool at GONA
August-October	Revised the tool to address measurement issues and to provide improvements based on youth feedback from the pilot
October	Finalized Personal Balance Tool and began writing manuscript.

Assent Process

It is important to note that parental consent was not obtained for the development and pilot testing of the Youth Personal Balance Tool for a number of reasons. First, the process was a youth-developed initiative, inspired by their desire to have a better way of assessing their own health. Second, Personal Balance was as a teaching tool within GONA curriculum. During both pilots, youth completed and kept Personal Balance self-assessments, as the tool was a teaching activity and was not being used for evaluation purposes. Therefore, no personal data were collected from youth. Third, the questions asked during the pilots were related to development of the tool; again, no personal data were collected beyond basic demographics. Finally, this manuscript underwent formal review and approval by both the Youth Council and the adult community advisory group, which included parents and extended family of many of the participating youth.

While parental consent was not obtained, youth did support an assent process with one another. All youth who participated in pilot activities were adequately informed about the study and the voluntary nature of their participation, and were given the opportunity to ask questions at any time. This information included an overview of the purpose of the pilot; the types of questions that would be asked about how to improve the tool; the importance of keeping their completed tools confidential, as the tool represented their private information; the expected outcome of the pilot (i.e., to publish the tool as a gift for other communities); the fact that information provided to the youth facilitator about the revisions would remain confidential; and a reminder that participation was completely voluntary and there would be no negative consequences for anyone who chose not to participate.

Youth who assented were asked to provide oral confirmation that they understood the pilot study and were volunteering to participate. All youth recruited for the pilots chose to participate; none dissented. Incentives were privileges, like going to lunch first at the event, or gaining GONA tokens incorporated into the event to exchange for t-shirts and other small prizes.

Adult Personal Balance Tool

The Youth Personal Balance Tool was substantially adapted from a similar tool for adults. In the summer of 2013, FAIHP hosted a training with Alan Rabideau and Shannon CrossBear focused on youth and family engagement in developing a system of care. Mr. Rabideau and Ms. CrossBear provide important support to tribes and urban Indian organizations nationally in developing systems of care that are driven by youth and family voices. During this training, the presenters used an unpublished Personal Balance Tool they had developed for adults as a self-assessment of mental, physical, emotional, and spiritual health (A. Rabideau & S. CrossBear, personal communication, May 27, 2015). Respondents complete 20 items regarding their health by rating each on a 5-point scale. Each of the four health elements (mental, physical, emotional, and spiritual) constitutes 5 items. Then they must chart their responses on an actual Medicine Wheel so they can visualize the elements of health in which they are excelling and those that need improvement. The tool is also linked to traditional teachings about the Medicine Wheel so that participants can consider these elements in a cultural framework.

The participating youth identified with the self-assessment tool as strength based and holistic, but had concerns that it was not applicable to youth experiences. With encouragement from the presenters, the youth leader took the tool to a Youth Council meeting for review, and

the Council agreed to adapt it to be more relevant and friendly for Native youth. The youth believed that the revised tool would help them to assess their own holistic health (mind, heart, body, relational, and spirit) using a cultural framework for thinking about growth and change over the lifespan.

Process for Adapting the Tool

The adaptation of the Tool took place over a series of Youth Council meetings. To facilitate the adaptation, the youth leader read each question aloud to the other youth, and the entire Council had open discussion about how each item could be applied to youth. On some items, youth used visual aids to support the adaptation. For example, when revising the item about "responsibility," youth listed all the types of responsibilities they had. Once youth began making language suggestions, the youth leader would type them out and return them to the Council for additional discussion at subsequent meetings. Youth contemplated each item to ensure that 1) they all understood each item in the same way, 2) the item had relevance and meaning for youth, and 3) the adaptation still fit within the relevant quadrant of health (i.e., mental, physical, emotional, and spiritual). To ensure relevance, youth referred to the health quadrant definitions in the adult tool before and after item content revision. On one occasion, youth moved a content item into a different quadrant because they believed, through consensus, that the item was a better fit based on the GONA themes (Belonging, Mastery, Interdependence, Generosity). The FAIHP social marketing coordinator worked with the youth to make these changes in electronic form.

The Council kept much of the original design of the adult tool. The revised youth tool also contains 20 self-assessment items, 5 for each element of health. However, the youth made other significant adaptations, including completely changing much of the items' content, changing the colors and instruction layout, and changing the traditional teachings description so that it better matched the GONA curriculum that was being implemented in the local Fresno Native community. Nineteen of the 20 items on the tool underwent some change from the adult version focused on making them more relevant and understandable for youth. As noted earlier, when youth made substantial changes, they paid special attention to ensure that the adapted item still matched the health element that it was intended to measure.

Learning Example for Youth Readers:

Adult Tool Item: *There is something in my life right now that is strictly about providing "service" to others.*

Youth Tool Item Revision: *I do things in my life just to help others (such as being there for someone in a tough time, volunteering, or helping elders;* North, Mental, Elder, Generosity)

Medicine Wheel as the Personal Balance Tool Framework

As with the original tool developed for adults, the Youth Personal Balance Tool is based on the Medicine Wheel. The youth had numerous discussions about the tribal diversity and beliefs related to the Medicine Wheel. For example, some tribes use different colors to represent each of the four directions, many tribes believe there are seven directions, and still others do not use the Medicine Wheel at all. The youth identified the need to humbly apologize if the tool offends anyone, as this was not their intent. The Medicine Wheel represents a more Indigenous worldview for considering their own health and well-being, as compared to a linear, deficit-based approach (Cross, 2003).

In the tool, the four directions—east, south, west, north—represent the lifespan (i.e., infancy, childhood, adulthood, elderhood); the area of health (i.e., mental, physical, emotional, spiritual); and the GONA themes (i.e., belonging, mastery, interdependence, generosity). See Table 2. The colors were retained from the adult version, except that youth changed the color white to blue so they could "see it" with a crayon when they colored in their Medicine Wheels.

Table 2
Description of the Four Directions

EAST **Spiritual** **Yellow**	Sense of Belonging: Personal pride, respect, connectedness, faith, prayer, purpose, vision, love (INFANCY)
SOUTH **Emotional** **Red**	Mastery of Skills/Gifts: self-esteem, accomplishments, happiness and enjoyment, impulse/emotional control, sensitivity, forgiveness, attitude (CHILDHOOD)
WEST **Physical** **Black**	Interdependence: Humility and accepting responsibility, practice and reaching your potential, power/control, physical health, having vision/reaching goals (ADULTHOOD)
NORTH **Mental** **Blue**	Generosity: Problem solving; wisdom; freedom from fear, hate, jealousy, etc.; commitment to lifelong learning and service; doing things in moderation; truth (ELDER)

While tribal stories related to the concept of a Medicine Wheel vary greatly, the four directions support individuals, families, and the broader community to maintain health and balance. An individual is born to the east and is closely connected to the spiritual while learning how he/she belongs in the world. The south represents the child that is closely connected to the emotional where he/she learns how to master the environment. The west represents adulthood and the increased responsibilities of supporting both youth and elder parents. This is the time when an individual is closely connected to the physical and is learning how to live in interdependence with others. Finally, to the north is elderhood, closely connected to the mental and a time when the individual is very generous, giving back wisdom to the community.

Original Adaptation

The development of the Youth Personal Balance Tool took several months during the first (original) adaptation process. The tool was also modified following the 2013 and 2014 pilot testing sessions to incorporate ideas for improvement from youth who participated in the focus groups. These modifications were minimal when compared to the original adaptation (see Appendix A for item-by-item comparison of the adaptations).

2013 Pilot

Once the tool had been adapted from the adult version, the youth worked with the project evaluator to pilot test it at the 2013 GONA. The youth leader, who previously had attended GONA facilitator training, first facilitated the GONA mini-teaching on wellness using the Medicine Wheel as a part of the Day 3 GONA curriculum (for a copy of the curriculum, contact the SAMHSA Tribal Training and Technical Assistance Center at www.samhsa.gov/tribal-ttac) and then facilitated administration of the tool to a group of approximately 50 Native youth ages 12-18 years.

As part of the GONA curriculum, youth are divided into "Clans" (families) to mirror the structure of many tribal communities. Through these Clans, youth work together to develop a sense of belonging, mastery, interdependence, and generosity to contribute to the whole. At this GONA, youth were organized into seven Clans, each with seven youth members and a Clan Elder, who was a selected local adult. The project evaluator supported the pilot test by passing out copies of the tool, making sure youth had supplies, and answering questions from the youth leader about data collection activities. The youth leader reviewed instructions for completing the tool with all youth, and the Clan Elders provided support in a small-group setting. The youth

leader and the project evaluator circulated to provide one-on-one support (e.g., reading items aloud for youth who needed literacy support, answering questions). Youth then participated in a discussion of the tool questions related to strengths, areas needed for growth, and setting personal goals for improving one's balance. At the close of the session, a number of youth raised their hands and asked if they could "bring back [our] Medicine Wheel tool" next year so they could see what progress they had made.

Demographic data were collected on Day 1 as a part of a separate and ongoing cross-site evaluation of GONA, which is being conducted in partnership with the San Francisco Bay Area GONA and is evaluating youth outcomes at pre-, post-, and 6-month follow-up assessment points. While not all participating youth provided their demographic information, 38 of the participants in the cross-site evaluation pre-assessment group administration did report it, as shown in Table 3. In 2013, all youth identified as being AI, and some also identified an additional ethnic background, as they could select all ethnic groups that applied.

Table 3
Fresno GONA Demographics: 2013

Age (years)	Range	12-18
	Mean	13.9
	Median	14
	Mode	12
Gender	Female	18 (47.4%)
	Male	20 (52.6%)
	Transgender/Other	0
	Missing	0
Sexual Orientation	Heterosexual	32 (84.2%)
	Homosexual	1 (2.6%)
	Bisexual	1 (2.6%)
	I don't know	0
	Would rather not say	4 (10.5%)
	Other	0
	Missing	0
Ethnicity	American Indian	38 (100%)[a]
	Other	0
	Missing	0

[a] Some youth identified an additional ethnic background: Hispanic (10), Caucasian (3), African American (2), Pacific Islander (1)

Youth participating in the pilot were diverse in a number of ways. While the vast majority were members of a wide range of California tribes, there were several out-of-state tribes represented. The youth were also at varying levels on the continuum of care for behavioral health-related service (i.e., prevention, treatment, recovery support), and some were involved with child welfare and justice systems.

Immediately following the group administration of the tool, the youth leader asked for eight volunteers to provide input on how the tool could be improved. She selected diverse youth from those who raised their hands to participate. Four males and four females from various tribal and geographical backgrounds, both urban and rural, provided feedback in a targeted focus group. The youth leader led this focus group in a separate and private space with support from the project evaluator, who took notes on necessary changes and the impact of the tool for the participating youth. The questions asked during the focus group included: 1) What did you like most about the Youth Personal Balance Tool?; 2) In what ways could the tool be improved?; and 3) What did you learn from the tool, if anything?

Based on feedback from the 2013 pilot test, the Youth Council made a second adaptation and then disseminated it to national sources so that other communities could benefit immediately from its use. This process of dissemination resulted in increased interest among both tribal and urban Indian communities, and led to a second pilot and revision in 2014.

2014 Pilot

By early summer 2014, the tool had reached the San Diego American Indian Health Center (SDAIHC), a neighboring urban Indian health organization that was searching for strength-based and youth-friendly assessment tools to measure the impact of their Youth Center, which is contracted with the County of San Diego, Behavioral Health Services Division, to provide prevention and early intervention programming for local Native youth in San Diego, funded by the California Mental Health Services Act (MHSA). SDAIHC presented the Youth Personal Balance Tool to their MHSA partners at the San Diego County Department of Mental Health, who approved the tool for youth self-assessment, as required by the MHSA-funded project.

However, after the youth conducted the second revision following the 2013 pilot, the San Diego County partners identified a few items that still needed improvement. Specifically, three items lists of options separated by "and," impacting the validity of the questions, as some youth may not experience all the options listed in the item.

Learning Example for Youth Readers:

*"I do things in my life just to help others (such as being there for someone in a tough time, volunteering, **and** helping elders)."* In this example, a young person might do one or two of these things, but not all three. How would the youth answer this question and still be accurate or valid?

Once the Youth Council received the news that the tool had been approved for use by Native youth in San Diego County, they became excited about working out these measurement challenges and re-piloting the tool. The Youth Council once again made changes (third adaptation) during a Council meeting a month later to improve the targeted items. The Council then began planning a second pilot test at the 2014 GONA that was scheduled for late summer.

In preparation for the 2014 pilot, the Youth Council met onsite at the GONA event with the youth leader and project evaluator to develop the methods and recruiting process for the pilot study. The Council determined they would replicate what they did in the 2013 pilot, with two improvements that would build more knowledge and skills for members. First, in the 2013 pilot, the youth leader recruited youth for the focus group by asking for volunteers, as she knew enough details about the youth to select a diverse sample from the volunteer pool. However, in 2014, the Youth Council members chose to recruit the focus group participants so they could learn and apply new evaluation skills.

The Youth Council members received training and consultation from the project evaluator on the history and purpose of an Institutional Review Board for the protection of the community, and on how to recruit in a way that honored youths' voices and choices. The training included a history of research with American Indian/Alaska Native (AI/AN) people and the importance of protecting and respecting the community. Youth learned about privacy and confidentiality and about the importance of voluntary and informed consent. The project evaluator provided practice scenarios, allowing the youth to problem solve collectively and ensuring they understood how to recruit youth as fully informed volunteers without coercion. The Youth Council members all made verbal agreements to one another that they would uphold the standards of voluntary and informed consent to protect themselves and other youth and to promote self-determination for young people.

On Day 3 of GONA, the youth leader implemented the wellness mini-teaching and facilitated a group administration of the tool with approximately 70 youth. Given the larger number of youth, there were 10 Clans with 10 Clan Elders. The methods were consistent with the

2013 pilot. Again, while not all youth present provided demographic information, data were available for 65. Many of these youth had attended the first GONA, and demographics were similar to those in 2013 (see Table 4).

Table 4
Fresno GONA Demographics: 2014

Age (years)	Range	12-17
	Mean	13.8
	Median	13
	Mode	13
Gender	Female	30 (46.2%)
	Male	26 (40.0%)
	Transgender/Other	0
	Missing	9 (13.8%)
Sexual Orientation	Heterosexual	47 (72.3%)
	Homosexual	2 (3.1%)
	Bisexual	2 (3.1%)
	I don't know	2 (3.1%)
	Would rather not say	2 (3.1%)
	Other	1 (1.5%)
	Missing	9 (13.8%)
Ethnicity	American Indian	52 (80.0%)[a]
	Other	4 (6.2%)
	Missing	9 (13.8%)

[a] Some youth identified an additional ethnic background: Hispanic (16), Pacific Islander (3), Caucasian (2), African American (2), Asian (2)

Immediately following the group administration of the tool, six new youth were recruited by the Council members present to participate in the focus group for product improvement. The youth included three males and three females; five were from local California tribes that lived in the Fresno urban area and the surrounding tribal Rancherias, and one was from an out-of-state tribe. For the 2014 pilot, the Youth Council members chose to stay during the focus group to support the youth they recruited and to learn about the focus group process. This procedure differed from the 2013 pilot, when only the youth leader and project evaluator were present. It is possible that the presence of the Youth Council members impacted the feedback provided, but it is unknown if it increased or decreased feedback. On one hand, having known "peers" present could make the youth feel more comfortable to express their thoughts and ideas. On the other hand, it could have limited feedback from youth who may not have wanted to disagree with or risk disappointing others.

Before beginning the focus group, the youth leader reiterated that participation was completely voluntary and youth could leave at any time if they chose not to continue, without any penalty or negative impact. They were also informed that they were being asked to provide some input and feedback on what they thought about the Youth Personal Balance Tool they had just completed, and that the Youth Council hoped to publish the tool as a gift to other Native youth programs that want to support strength-based, holistic, youth-friendly self-assessment. This new information was provided only to the youth in 2014, as the decision to publish only came after San Diego County approved the tool. Youth were also informed that the publication format would be an online paper, so everyone could access the tool once it was accepted for publication. One youth asked how long it would take to be published, and the project evaluator advised that it would be at least a year. Youth were informed that they would not be asked to talk about how they answered items on the tool, as it was their own private tool for setting personal goals. They were also informed that their names would not be associated with the information they provided, but that some factors, including gender, their locations of residence (urban/rural), and a general description of the tribes they represented (California, non-California), would be identified. Each participant then was asked to give some verbal response if they agreed or disagreed. All youth confirmed their voluntary participation, and some expressed their excitement about a youth-developed and published tool.

Final Tool Revision

Following the 2014 pilot, the Youth Council made a final (fourth) adaptation based on the feedback provided. As with previous adaptations, the FAIHP social marketing coordinator replicated changes in electronic form. The final version is presented in Appendix A of this paper.

RESULTS

The results section highlights findings from the pilot focus groups and the lessons learned by FAIHP in engaging youth in evaluation activities. Each of these findings will be discussed.

2013 Pilot

The youth participating in the focus group commented that the tool was easy to understand. They also noted the relevance of the items to young people, the positivity of the items, and the fact that the tool included all elements of their being (i.e., mental, physical, emotional, spiritual). The youth requested a number of specific changes to improve the tool's

usefulness and clarity. For example, they wanted to use crayons instead of pencils so they could better see where they needed to improve. They also wanted to see the tool in color. Youth also indicated that the tool "really helped me learn areas in my life that I need to improve," that "it helped me set my own goals for all parts of me," and that, before using the tool, "I only ever thought about health in the physical." The initial reception of the tool by the youth participating at the 2013 Fresno GONA was encouraging.

2014 Pilot

As in the first pilot study, youth made tangible suggestions, such as reorganizing the page order so instructions come sooner and changing the color white in the Medicine Wheel tool to turquoise, as some tribes use this color in their Medicine Wheel. This change was suggested to support usability and improve visual impact of areas of strength and needs for growth ("we can't see the color white"). Youth also struggled with three of the items and suggested changes to improve language clarity.

Youth from the focus group reported that the tool helped them learn more about their "inner-self" and "learn how to balance," that it gave them a better idea about health in all areas (i.e., mental, physical, emotional, spiritual), and that it supported them in considering where they wanted to grow and improve their own "whole" balance. One youth simply stated, "It helped me see that I need to work on [issue] and [issue]." Another youth reported, "I know what color [health area] I need to work on." Youth also discussed how different this tool was from what they normally experienced in health and prevention programs. They liked the tool much more than typical assessment instruments and noted that it was positive and more fun to complete. Observations made by the youth facilitator and the project evaluator during the facilitation indicated that some youth struggled to find the scale to reference because it was located after the items. Further, the smaller group instruction by Clan was critical to support the large number of youth in the pilot.

Lessons Learned for Engaging Youth in Evaluation and Planning

The youth leader who successfully supported the coordination of the Council reflected on a number of lessons she learned in engaging other youth and supporting partnership with staff members. First, engaging youth is often more challenging than engaging adults for developmental and historical reasons. Developmentally, adults and youth have different levels of

language skill, and adults may use words or jargon that are unknown to youth, resulting in ongoing communication challenges and frustration. Historically, youth services and programs are built by adults with little input from or value placed on youth voice, leading youth to believe that their voice will not really matter. Due to such issues, a substantial amount of time and trust building is required to develop a common language and collective vision in youth-adult partnerships.

Second, FAIHP staff members recognized that having too many adults in the room limited youth responses at council meetings, so the staff-to-youth ratio during meetings has been decreased to 1-2 supporting adults for every 10 youth.

Third, youth wanted to have more informal meetings (i.e., oral discussions in a comfortable setting as opposed to paper-driven meetings in a board- or schoolroom setting), as they reported receiving enough structured activities at school. While a staff member documents the meeting minutes and youth feedback, the meetings are focused on topical discussions and/or project planning in a comfortable setting. As of the writing of this manuscript, the Youth Council continues to meet and provide direction and support to the local project.

To further support trust building, belonging, and bonding, the team integrated 'relational' reinforcements into the informal meetings. For example, the Council might go bowling and then have a discussion about agenda topics while eating a meal together. Fun, youth-developed activities directly linked to monthly Council meeting have led to increased participation.

The youth leader also reflected on the importance of having "patience" and being "persistent." She made phone calls to youth every week (sometimes multiple times a week) and worked with FAIHP to ensure youth had transportation to all events. These activities were necessary to support youth participation.

Finally, the youth reflected on the importance of staff members *doing what they say they will do*, and of learning to trust adults to follow through with their commitments. This finding also links to historical experiences of youth feeling they are being used as "tokens" in community grant programs (e.g., when they provide input but nothing observable changes within the system). FAIHP has learned the importance of informing youth about how the organization is using their input to take action for them, which has resulted in increased youth commitment to the evaluation and willingness to share their time and insight with adults.

Creating ongoing feedback loops to the Youth Council and Youth Clubhouse has been another effective strategy for increasing youth involvement with the evaluation and youth knowledge about how their voice is resulting in local changes. For example, at the annual GONA, the FAIHP Executive Director provides the attending youth with information about changes that were made to GONA because of youth input into the previous year's evaluation. Since 2012, the cross-site evaluation project being conducted in partnership with the San Francisco Bay Area GONA has collected longitudinal data for youth participating in the annual GONA. Each year youth are provided information about the study so they can give voluntary informed consent, and the vast majority of youth participate. In the 2015 Fresno GONA, 93% of the attending GONA youth participated in evaluation activities.

Today, the Youth Council continues to support FAIHP in the system of care implementation through a formal System of Care initiative funded by SAMHSA; this support includes ongoing review and assistance in the development of this article.

DISCUSSION

This youth-developed project provides a number of contributions to the literature for exploring strength-based models for assessment that are culturally competent. Over a 4-year process evaluation of the Circles of Care, and now through the System of Care initiative, the community has experienced a significant impact and positive outcomes using the GONA model, including the development of the Youth Personal Balance Tool that the youth modeled after the GONA themes. Although the lessons learned and best practices cannot be fully described in this manuscript, the impact has been documented through rigorous program evaluation on multiple levels. On the community level, GONA is supporting youth and families in building a stronger sense of identity, confidence, hope, and vision for the future, and in the belief that they are a part of the solution, as documented by mixed methods data (Bartgis, 2013, 2014, 2015). Over the course of the project, more than 20 youth and other community members have either entered academic institutions/continuing education programs or have gained employment in social or human services with county agencies, tribes, schools, and area AI/AN-serving organizations.

The program has also led to stronger connections with the community, as well as access to spiritual and cultural activities. For example, local elders have made personal commitments to supporting GONA, bringing in more cultural teachings and ceremonies each year, as requested by the youth. Volunteers are contributing on a daily basis to the local services at FAIHP, and

volunteerism for GONA is substantial, exceeding over $50,000 of in-kind support just over the 4-day event. Many families take a week of vacation, and some even take time off without pay, to attend. Others take time off to be trained as GONA facilitators. GONA has also supported an entire network of community partners, with multiple agencies sending some of their most vulnerable youth to participate and staff members of those agencies contributing in-kind service.

While GONA has made a significant impact, it is also important to acknowledge the complimentary and contributing model of CBPR and the role of the Circles of Care and System of Care. The CBPR process supports youth and families as equal partners in evaluation, and empowers them to use the data the community collects to create solutions. The data also have been used for local quality improvement and documenting best practices. Second, the funding and technical support provided through the Circles of Care and System of Care were critical resources for this effort. These resources, GONA as an adaptable cultural framework to guide the process, and CBPR as an evaluation capacity-building model were identified as the key ingredients for the Fresno area community's success. Today, the community is on the road to implementing a culturally competent, holistic system of care model, with human resources and partnerships that have the potential to be sustainable for generations to come.

The authors believe that the Youth Personal Balance Tool developed through this initiative serves as a youth-friendly and culturally competent self-assessment. There are few, if any, self-assessment tools that have been adequately tested and normed on AI/AN populations, and standardized tools currently used in the field may not adequately capture AI/ANs' cultural experiences, making them less effective for Indigenous populations (Beals et al., 2005; Demarchi, Bohanna, Baune, & Clough, 2012; Jimenez, Garroutte, Kundu, Morales, & Buchwald, 2011). The authors believe this to be the first youth-developed self-assessment tool that has ever been published by Native youth in the U.S. academic literature. While our team recognizes that this tool may never be adequately standardized due to the small size of the AI/AN population, we do believe that the tool can be useful in youth self-assessment and in setting personal goals for holistic health.

The authors also propose that the tool has the potential to make important contributions to the field as a model that better matches the worldview of Native communities. We suggest that the strength-based items, youth-friendly terms, and cultural grounding of the tool actually increase youth motivation to use it. One of the biggest challenges in the field of youth assessment is increasing participants' interest and motivation to complete tools accurately. This challenge can be even more pronounced in Native communities because of tribal/cultural beliefs

about the power of positive and negative words (Goodkind, Gorman, Hess, Parker & Hough, 2014), and the fact that many health care systems rely on disease- or deficit-based methods and tools for measuring outcomes (Benjamin, 2011). Many tribal cultures believe that energy that can come from one's words and thoughts. Assessment items or measures that use negative terms, such as illness, disease, or problems, may result in negative thinking and behaving. On the other hand, measures listed in positive terms could have a related positive effect.

While more research is needed on the Personal Balance Tool and other related approaches, we hypothesize that strength-based and holistic approaches are more culturally competent and could be as reliable for tracking health status than are the current disease- and deficit-based tools most commonly used. Further, we would hypothesize that deficit-based assessment actually may decrease motivation for youth to change/grow and could negatively impact their outlook on life and willingness to participate in services.

Finally, we propose that the process of adapting and developing this tool demonstrates that youth can make important contributions to evaluation and highlights the usefulness of the CBPR process for engaging Indigenous youth. This tool is one of many products that the Youth Council supported through FAIHP Circles of Care initiative. We know it will not be the last.

Suggested Uses of the Youth Personal Balance Tool and Future Research

We suggest use of the Youth Personal Balance Tool as a process for supporting youth in self-assessment and setting personal holistic goals. This study did not use the tool to measure changes in holistic health for young people; rather, it allowed youth to keep their own tool as a resource for themselves.

When administering the tool it is important to have all of the right supplies ready, especially during group administration. It is important that the tool be printed in color with four colored crayons, corresponding to the colors on the Medicine Wheel, available to each participant.

For group administration during prevention programming, is it also very important to ensure there is plenty of space for youth to spread out. Given the tool uses color, it is easy see and some youth feel embarrassment if their tool does not have much color and others nearby can see it. Creating private space is very important so the youth can be open and honest with themselves without fear of others seeing. The authors believe that this tool also could be very useful in one-on-one settings to support youth in setting goals for a holistic health treatment plan.

Future research should consider calculating a composite score for the 4 quadrants and a total score to examine the potential of the tool to capture health outcomes and to evaluate the influence of youth intervention programs. Future research also should examine the relationship between the tool and other measures used for assessing health outcomes for Native youth receiving services.

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AUTHOR INFORMATION

Ms. Barraza is with the Fresno American Indian Health Project.

Dr. Bartgis is with One Fire Associates, LLC and the University of Oklahoma Health Sciences Center. She is the corresponding author and can be reached at jami-bartgis@ouhsc.edu.

Appendix A
Adult Personal Balance Tool and Adapted Youth Personal Balance Tool Items

Adult Tool	Adapted Youth Tool
1. I am the first to admit my mistakes and I take constructive criticism well.	I take responsibility for my mistakes and actions.
2. I consider my options before making a decision and I ask for help when I need it.	I talk with elders about my options before making a decision.
3. In addition to my family, I belong to at least two other groups, organizations, or clubs that I take an active role in.	I belong and actively participate in clubs and afterschool activities (church, sports, Native gatherings/ceremonies, etc.).
4. I recognize when my children/others do well and I make an effort to tell them.	When my family and friends do well I try to tell them.
5. I believe that "Practice makes perfect" and I recognize and I make strides towards improving the areas I need to.	I try to practice things I need to or can improve on, to reach my goals.
6. I am "pro-active" rather than reactive and I try to consider what abilities and knowledge I must have prior to pursuing something.	I feel connected to my family.
7. Each day I do something fun that I enjoy and I am usually more happy than sad.	Each day I do something positive that I enjoy. I'm usually happy.
8. I complete all projects that I start and I try to find solutions or help before I give up on anything.	I do things in my life just to help others (such as being there for someone in a tough time, volunteering, or helping elders).
9. People do things that I ask because they respect me and not by threat and I can accept things I cannot change.	Most people like me but if they don't I'm okay with it.
10. In my life right now, I believe that I am free of fear, hate, jealousy, and selfishness.	I'm not afraid to step up to be a leader, role model, or mentor in my community.
11. I can identify something in my life that I have a noble passion for. This passion is part of what I strive for everyday.	There is something that I have in my life right now that I have a passion for and am excited to do it everyday.
12. I can control my impulses and emotions so that I do not do or say something that I will later regret.	I can usually control my reactions and emotions so that I don't do anything I will later regret.
13. There is something in my life right now that is strictly about providing "services to others."	I feel safe (such as in the community, in my family or at school).
14. I am committed to a goal of life-long learning such that I attend trainings, classes and other educational activities and I make a daily effort to learn something new.	I make an effort to learn something new everyday.
15. I take care of my physical body by exercising, watching my diet and being careful as to what I take into my body.	I take care of my body (such as exercising, watching my diet, and/or choosing to be drug free)

Appendix A, continued
Adult Personal Balance Tool and Adapted Youth Personal Balance Tool Items

Adult Tool	Adapted Youth Tool
16. I have opportunities in my life to be a leader, role model or mentor and I earned this responsibility.	I have dreams or visions that help guide me.
17. I am quick to forgive others that have hurt me and I try to place myself "in other's shoes" before making a judgment of them.	I am quick to forgive others that have hurt me and I try to place myself "in other's shoes" before making a judgment of them.
18. When I find something that I really enjoy, I try to do it or experience it in moderation so that I do not become satiated by it.	When I find something I really enjoy, I do it in moderation. I try to balance it in my life so it doesn't take over everything I do.
19. When I go to sleep my dreams help guide me and I have at least one "vision" for myself or another person close to me.	I am aware that my actions affect not only me but those around me.
20. I believe that not everything has to be explained or have a rational reason. I can believe in things that are "unseen."	I believe that even though we can't see Creator or spiritual world, we know it exists.