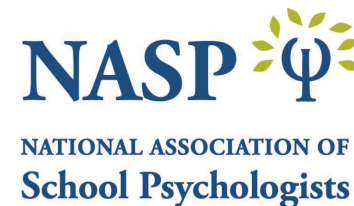


2014 ANNUAL CONVENTION

August 7-10 2014 ★ Washington, DC

Born Brave Bus Tour A Mobile Youth Empowerment Movement

Chair: Susan Swearer, University of Nebraska-Lincoln
Symposium presented at APA, August 9, 2014



Presenters

Born This Way Foundation and the Born Brave Bus Tour

Cynthia Germanotta, Born This Way Foundation

Analysis of the Born Brave Bus Tour: A Mixed Methods Design

Michelle Howell Smith, University of Nebraska-Lincoln

Born Brave: Mental Health Help-Seeking Preferences Among Youth

Eric Rossen, National Association of School Psychologists

Impact of the Born Brave Bus: Fostering Kindness and Bravery

Susan M. Swearer, University of Nebraska – Lincoln

Michelle Howell Smith, University of Nebraska-Lincoln

Discussant

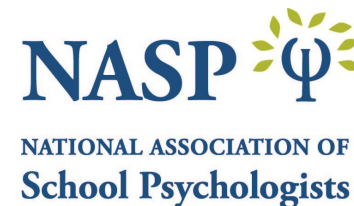
Marc Brackett, Yale University

2014 ANNUAL CONVENTION

August 7-10 2014 ★ Washington, DC

Born This Way Foundation Born Brave Bus Tour

Cynthia Germonotta, President, Born This Way Foundation
Symposium presented at APA, August 9, 2014



Born This Way Foundation Mission

- **Empower** youth
- **Inspire** bravery
- **Foster** a more accepting society
- **Encourage** differences to be embraced
- **Celebrate** individuality

The Born This Way Foundation was launched in 2012 with the mission to create safe communities that help connect individuals with the skills and opportunities they need to build a **kinder, braver world.**

THE THREE PILLARS OF THE BORN THIS WAY FOUNDATION

SAFETY

CREATING A SAFE, USEFUL PLACE
TO CELEBRATE INDIVIDUALITY

When provided with a safe environment, young people are able to explore themselves. So we'll provide you support through an online community that engages users in ways that celebrate their individuality.

SKILLS

TEACHING ADVOCACY,
PROMOTING CIVIC ENGAGEMENT,
AND ENCOURAGING SELF-EXPRESSION

It's not enough to simply tell you about the importance of making a change. We're going to provide you with the skills, tools, and resources you need to feel empowered and lead.

OPPORTUNITY

IDENTIFYING WAYS TO
IMPLEMENT SOLUTIONS AND
IMPACT LOCAL COMMUNITIES

Our organization is only as strong as supporters like you. That's why we'll be identifying opportunities for you to bring the work we are doing to your local communities. You will be able to lead the charge in impacting your surroundings.

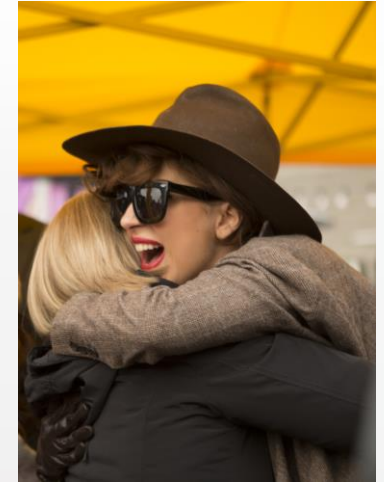
BY HAVING HANDS ON THESE THREE PILLARS,
YOU WILL HELP BORN THIS WAY FOUNDATION CREATE:

A KINDER, BRAVER WORLD

Born Brave Bus Tour

A place for...

- **Unconditional** positive regard and support
- **Acceptance** for who you are
- **Community** of others like you
- **Resources** and volunteer opportunities
- **Kindness** and **bravery** to truly exist



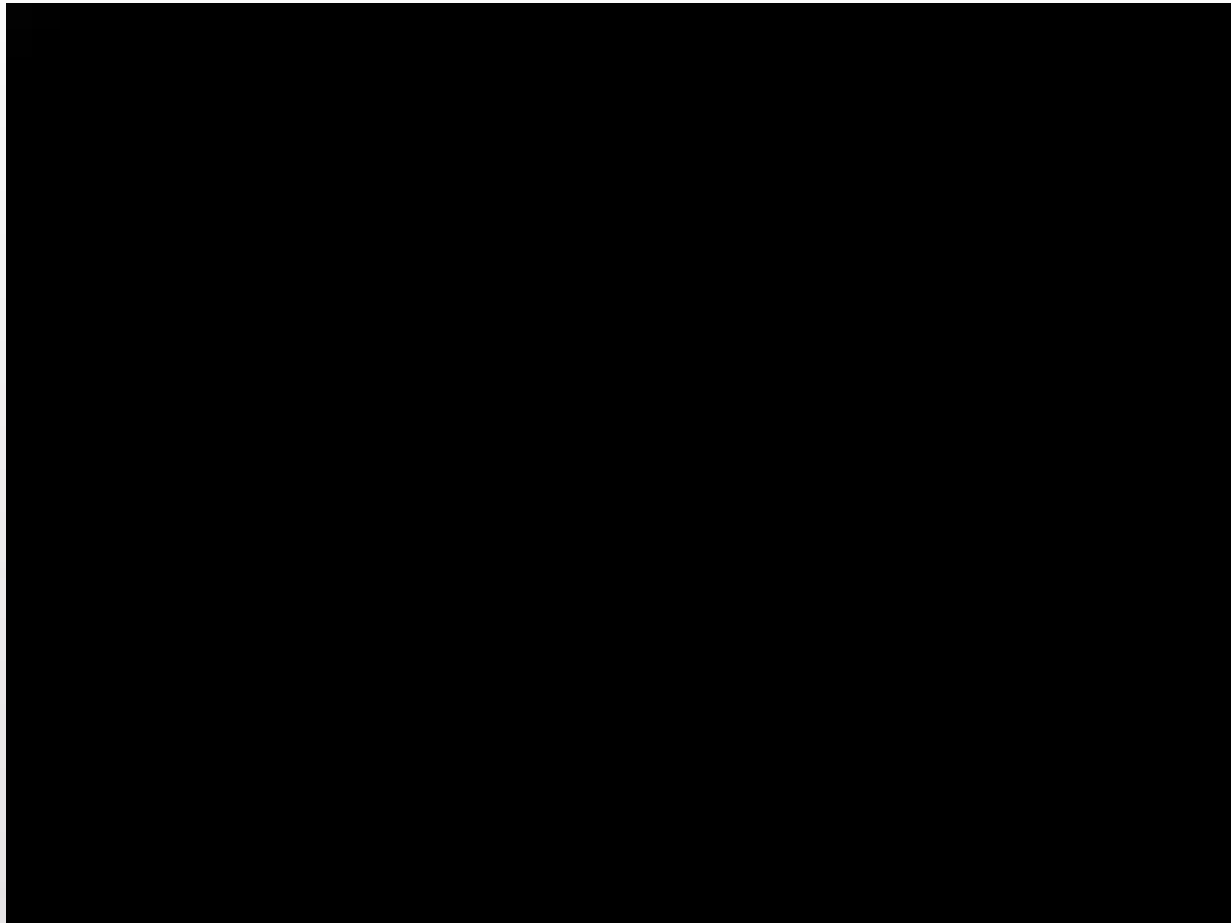
Goals of the BBBT

1. **Connect youth** with partners and volunteer opportunities in each city
2. **Increase awareness** about the Born This Way Foundation
3. **Empower youth** to take the values of kindness and bravery back to their homes, schools, and communities

Open Tent Partnership Approach

- GLSEN
- The Trevor Project
- Mentoring USA
- MENTOR
- Youth Service America (YSA)
- National Association of School Psychologists (NASP)
- National Council for Community Behavioral Health
- YMCA
- YOUMedia/Hive Network
- Born This Way Foundation

Born Brave Bus Tour Slide Show



The first BBB tour

- January 14, 2013 to March 27, 2013
- 18 events over 14 cities from California to New York
- Held in conjunction with the **Born This Way Ball**
- Included 10 community partners
- Nearly 9,000 participants

The second BBB tour

- August 24, 2013 to September 9, 2013
- 3 events over 3 cities including New York, Philadelphia, and at Six Flags in New Jersey
- Held in conjunction with community events
- Included 20 community partners
- Over 10,000 participants

The third BBB tour

- May 4, 2014 to August 9, 2014
- 30 events over 28 cities across the United States
- Held in conjunction with **artRAVE: The ARTPOP Ball**
- Participants:
 - 112,850 participants at Born Brave Bus
 - 49,025 direct consumer interactions
 - 6,981 email registrations
 - 8,903 photo booth participants

2014 ANNUAL CONVENTION

August 7-10 2014 ★ Washington, DC

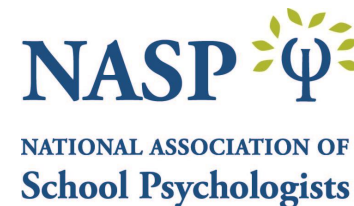
Analysis of the Born Brave Bus Tour A Mixed Methods Design

Michelle Howell Smith, University of Nebraska – Lincoln

Theresa RF McKinney, University of Nebraska – Lincoln

Jenna Strawhun, University of Nebraska – Lincoln

Paper presented at APA, August 9, 2014



Translational Research: Putting research results into action



Theoretical frames for fostering kindness and bravery

- **Social Cognitive Theory** (Bandura, 1963, 1986)
 - Behavioral Capability
 - Observational Learning
 - Reinforcements
 - Expectations
 - Self-efficacy
- **Transtheoretical Model of Change** (Prochaska & DiClemente, 1983)
 - Stages and processes of change are fluid and dynamic
 - Decisional Balance
 - Incorporates Bandura's concept of self-efficacy
- <https://www.youtube.com/watch?v=L5ya8J-jyK4>



APA Annual Convention

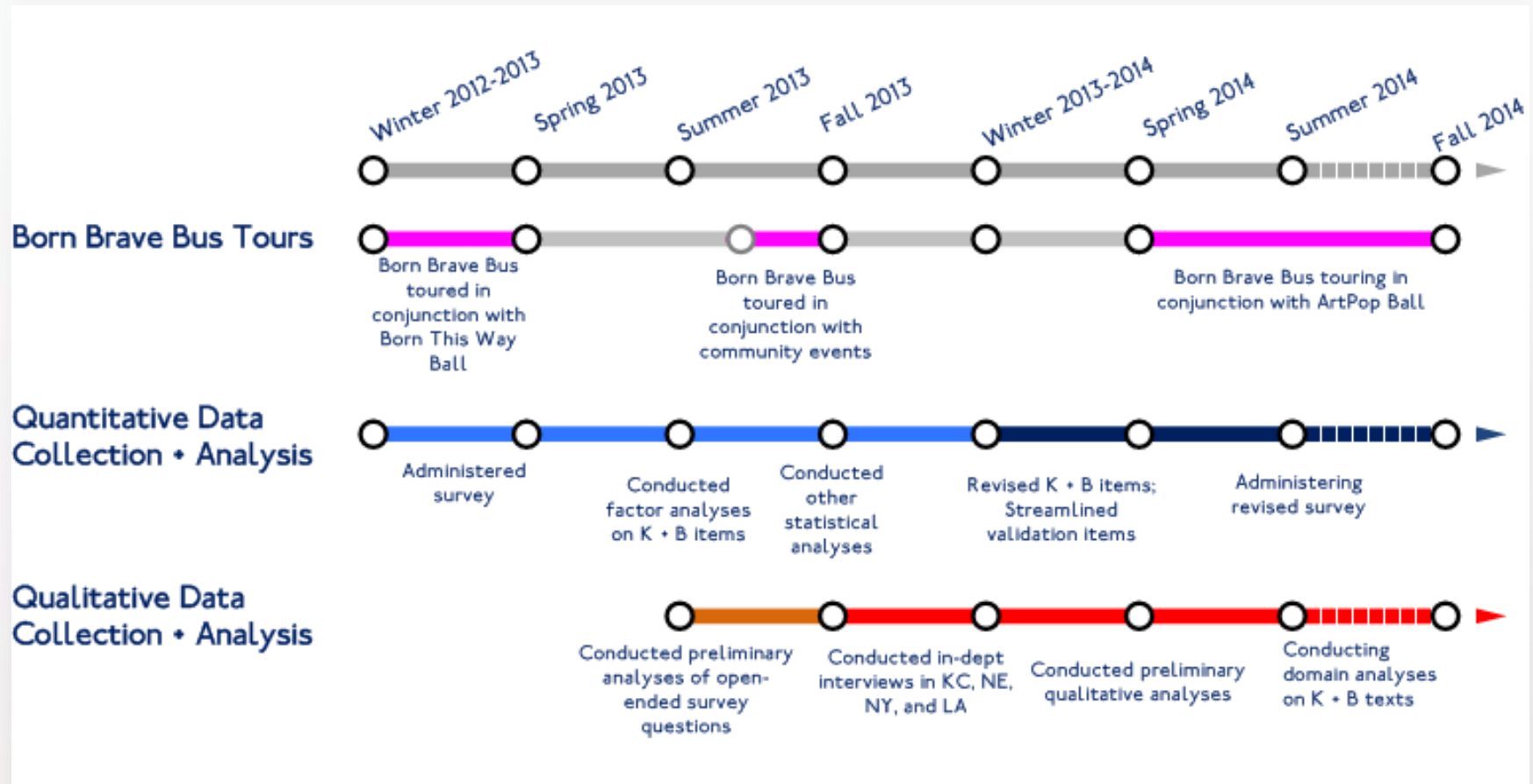
August 7-10 2014 ★ Washington, DC

Born Brave Experiences

Mixed Methods Research Study

- Assess participants' experiences with the Born Brave Bus
- Develop a measure of kindness and bravery
- Create model of youth empowerment and engagement
 - What are the factors that contribute to youth empowerment and youth engagement?
 - What are the conditions needed to empower youth to create a kinder and braver world?

Study Timeline



QUAN 1: Survey

Planned missing data design (Little & Rhemtulla, 2013)

Participants

Online survey (Qualtrics) linked to BTWF website
Recruited from BBB, Little Monsters, Twitter & Facebook
2,645 completed surveys

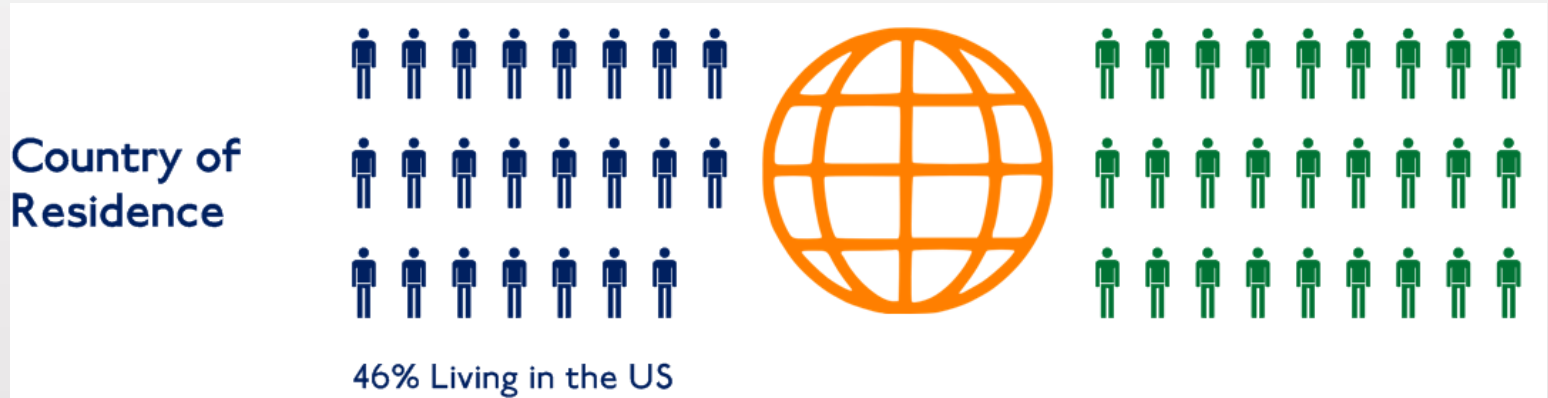
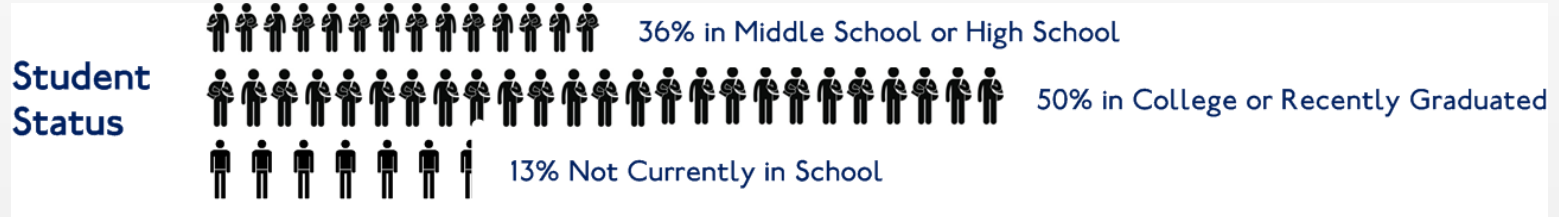
Data Collection

Kindness & Bravery (focal construct)
Bullying/Victimization; School Climate/Engagement
Depression/Anxiety; Aggression/Hope
How I Think; Self Description Questionnaire

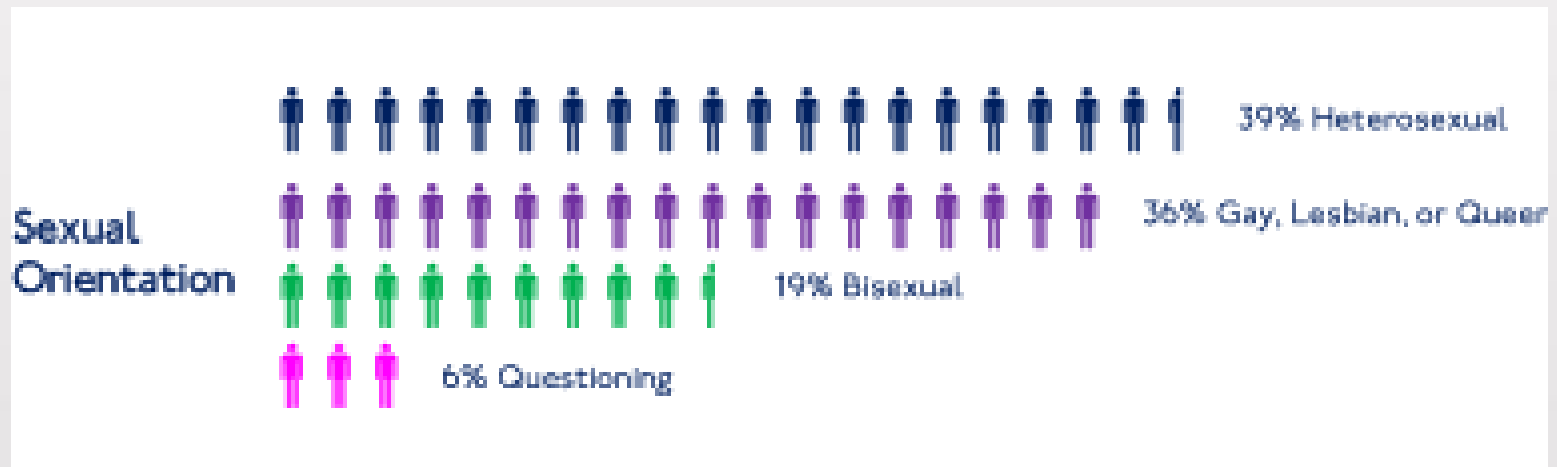
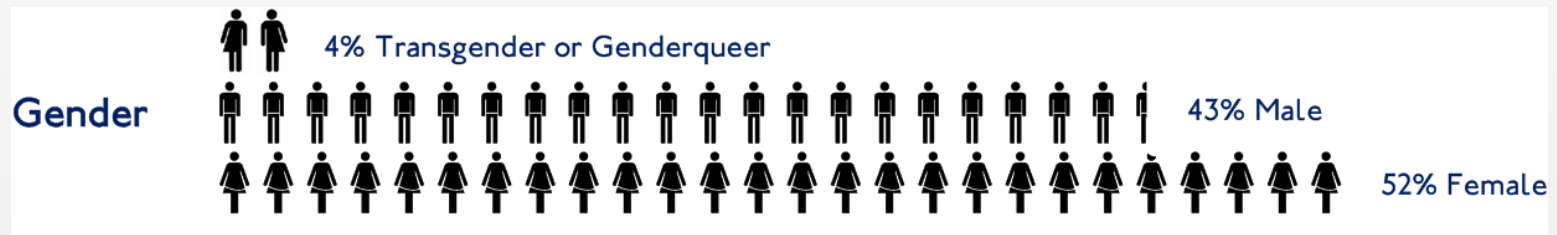
Data Analysis

Kindness & Bravery: Reliability, EFA, CFA
Other Scales: Reliability, CFA, regression analyses

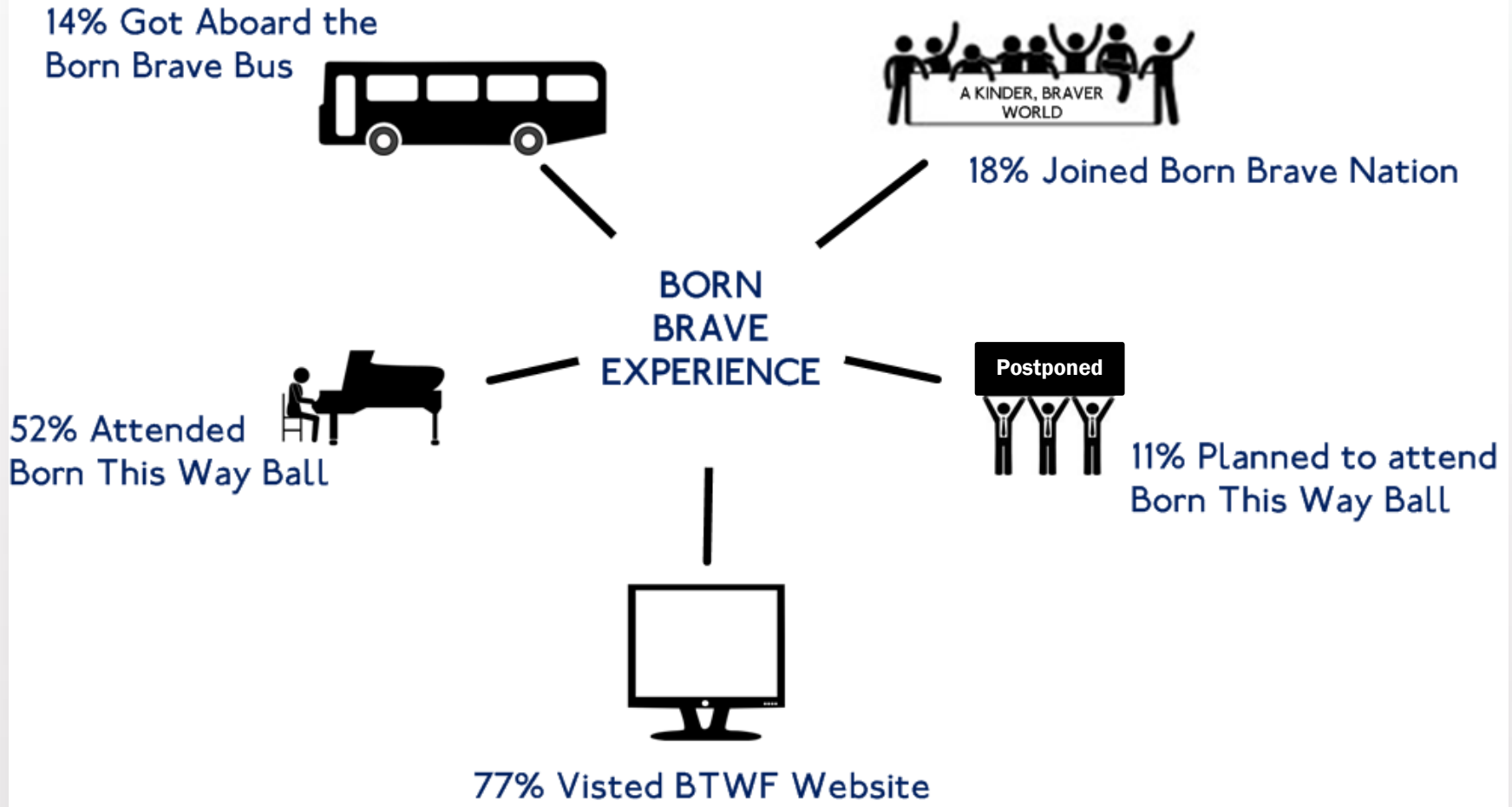
Survey Demographics (n=2,645)



Survey Demographics (n=2,645)



Born Brave Experiences



QUAL 1: Open-ended survey data

Responses

1,862 How will you be **kinder** in your home, school, and community?

1,810 How will you be **braver** in your home, school, and community?

Data informed interview protocol and item writing for new kindness and bravery scale

Data Analysis

We coded and analyzed the verbatim responses from an online questionnaire using descriptive (Miles & Huberman, 1994) and values (Saldaña, 2009) coding.

QUAL 2: Semi-structured interviews

Participants

30 semi-structured interviews

4 locations (New York, Los Angeles, Kansas City, Lincoln)

27 in person, 3 via phone

Data informed item writing for new kindness and bravery scale

Data Analysis

Domain Analysis Approach (Spradley, 1979)

How do participants make meaning of kindness and bravery?

Qualitative Data Sources



KC



NE



NY



LA



Online

Participants



Data



5 interview transcripts



4 interview transcripts



10 interview transcripts



11 interview transcripts



1862 kindness verbatims



5 drawings



3 drawings



8 drawings



12 drawings



1817 bravery verbatims



2645 completed surveys

QUAN 2: Revised Survey

Planned missing data design (Little & Rhemtulla, 2013)

Participants

Online survey (Qualtrics) linked to BTWF website

Recruited from BBB, Little Monsters, Twitter & Facebook

4,556 completed surveys (and still open)

Data Collection

Kindness & Bravery (focal construct)

Validation: Hope, Altruism, Coping, SDQ Honesty, SDQ Values,
Bullying/Victimization

Depression/Anxiety

SDQ Body Image (SDQ)

Data Analysis

Kindness & Bravery: Reliability, EFA, CFA

Other Scales: Reliability, CFA, regression analyses

Lessons Learned

- Planning is essential...so is flexibility
- Diverse methodological, content, and personal experiences among research team are necessary
- In immersing ourselves in the quantitative and qualitative data, we have become kinder and braver researchers and people

2014 ANNUAL CONVENTION

August 7-10 2014 ★ Washington, DC

Born Brave: Mental health help-seeking preferences among youth and young adults

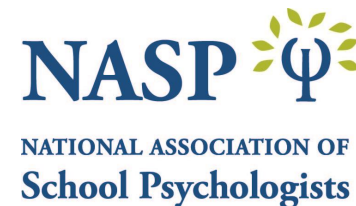
Eric Rossen, National Association of School Psychologists

Zach Myers, University of Nebraska - Lincoln

Chaorong Wu, University of Nebraska – Lincoln

Betsy Schwartz, National Council for Behavioral Health

Paper presented at APA, August 9, 2014



Mental Health Gap

- **1 in 5** youth have experienced significant mental illness (NIH; http://www.nimh.nih.gov/statistics/1ANYDIS_CHILD.shtml)
- Few *seek* help or *know how* to seek help for their symptoms
- Unmet mental health needs
 - Estimates differ for school-age youth, ranging from 33% to over 90% not receiving needed services
 - Of those who dropped out of college due to their mental health concerns, only half sought help (National Alliance on Mental Illness, 2012)

Barriers to Mental Health

- Multiple barriers to seeking mental health services have been identified:
 - **Stigma** (Martin, 2012; Ballon, Kirst, & Smith, 2004; Yap, Wright, & Jorm, 2010)
 - **Cost** (Martin, 2012)
 - **Location/Transportation/Scheduling** (Martin, 2012)
 - **Need for a Diagnosis**
 - **Lack of Knowledge** (Calloway, Kelly, & Ward-Smith, 2012; Gould, Greenberg, Munfakh, Kleinman, & Lubell, 2006)
 - **Self-Reliance** (Gould et al., 2006; Raviv, Raviv, Vago-Gefen, & Fink, 2009)
- Therefore, we need to better understand how to increase the number of youth seeking help for mental health concerns and how to best serve youth.

Face-to-Face Help-Seeking

Formal help

Psychologists, school psychologists, physicians, school counselors, school social workers, etc. (Martin, 2012)

Informal help

Friends, family, peers, mentors, etc. (Martin, 2012)

Most common type of help-seeking

Informal help (i.e., family and friends) often preferred over formal sources

(Goodwin, Mocariski, Marusic, Beautrais, 2013; Lee, Friesen, Walker, Colman, & Donlan, 2014)

Electronic Help-Seeking

Types of electronic help:

Texting, phone/video calls, hotlines, resource websites, instant messaging/chatting, etc.

(Bischoff, 2004; Evans, Davidson, & Sicaful, 2013; Forducey, Glueckauf, Bergquist, Maheu, & Yutsis, 2012; Gould et al., 2006)

Telehealth services can effectively treat mental health concerns through **distance-based technology**

Video-conferencing, Skype, etc.

Electronic help has also lead to increased use or seeking of **face-to-face services**

(Gould, Munfakh, Lubell, Jleinman, & Parker, 2002)

Differences in Preferred Types of Help

Age

- Children preferred their parents as a help source while adolescents preferred their friends (Del Mauro & Williams, 2013)

Gender

- Women are more likely than men to seek help (Curtis, 2010; Slone, Meir, & Tarrasch, 2013)
- However, some data suggest no gender difference regarding seeking help through electronic sources (Gould et al., 2002)

Sexual Orientation

- LGBTQ youth preferred support from other LGBTQ peers (Doty, Willoughby, Lindahl, & Malik, 2010)
- LGBTQ youth report using online methods for building friendships with other LGBTQ youth (DeHaan, Kuper, Magee, Bigelow, & Mustanski, 2013)

Current Study

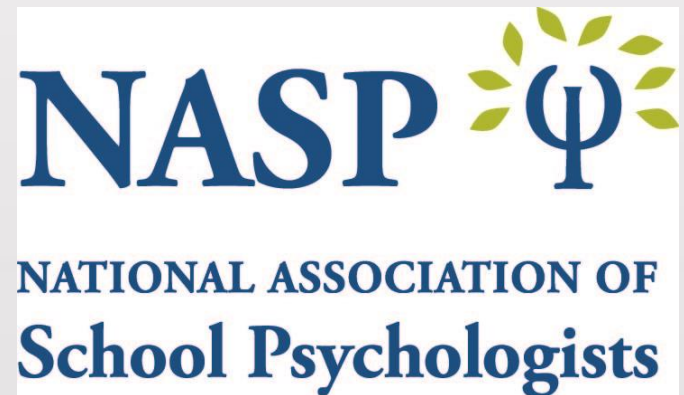
- Paucity of research examining youth and young adults' preference for the delivery format of mental health support.
- This study examined the preferred methods for help-seeking in a diverse sample of youth and young adults.
- This study examined the benefits of an “open tent partnership” approach to providing mental health supports in communities across the United States.

Tent Partnership Model

- Born Brave Bus Tour
- Mental Health Partners
 - ❖ National Association of School Psychologists (NASP)
 - ❖ National Council for Community Behavioral Health

About NASP

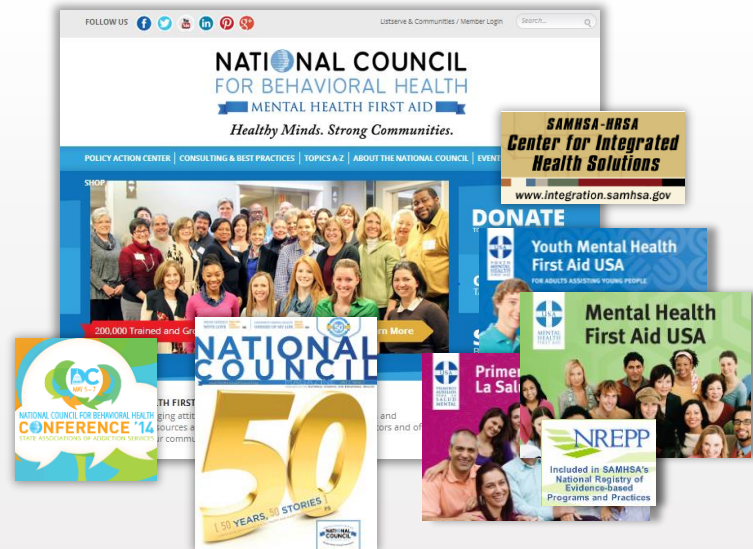
- School psychologists help create safe, supportive schools, promote students' academic success, and support their mental and behavioral health.
- NASP empowers school psychologists by advancing effective practices to improve students' learning, behavior, and mental health.
- NASP supports professional:
 - competence
 - identity
 - community
 - connections
 - advocacy



NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

Healthy Minds. Strong Communities.



2,200 behavioral health organizations

750,000 staff serving
8 million adults, children, and families with mental illnesses and substance use disorders

- Public Policy and Advocacy
- Leadership and Workforce Development
- Primary and Behavioral Healthcare Integration
- Practice Improvement Initiatives
- Consulting & Technical Assistance

Tent Partnership Model

- Objectives:
 - Raise awareness of resources
 - Asked participants to think about sources of support and character strengths
 - Answer questions
 - Confront stigma
- Message “Be brave and take the step. It’s okay to ask for help.”
- www.braverytips.org

Born Brave Bus Tour (BBBT)

Behavioral Health Team (BHT)

Key Messages:

- **Be Brave: Know Your Own Strengths**
 - ✓ Understanding the mental health includes wellness, resilience, and external resources
- **Act Brave: Share Your Strengths**
 - ✓ Knowing how to make a difference for others
- **Stay Brave: Build Your Strengths**
 - ✓ Knowing when, where, and how to get help

The image displays three overlapping Bravery Tips sheets from www.braverytips.org. The top sheet is titled 'Helping Others in Distress' and lists five tips: 1. TALK TO THEM, 2. SHOW THAT YOU CARE, 3. STAY CALM, 4. LISTEN, and 5. SHOW EMPATHY. The middle sheet is titled 'Managing Stress' and lists ten tips: 1. RECOGNIZE YOUR STRESS, 2. TALK ABOUT IT, 3. THINK ABOUT WHAT IS HAPPENING, 4. KEEP YOUR COOL, 5. DO WHAT YOU LOVE, 6. REMEMBER THAT STRESS IS NORMAL, 7. GET MOVING, 8. HELP OTHERS, 9. TAKE CARE OF YOURSELF, and 10. DO NOT USE ALCOHOL. The bottom sheet is titled 'Know When to Get Help' and lists ten warning signs: 1. TALKING OR WRITING ABOUT DEATH, DYING, OR SUICIDE, 2. THINKING ABOUT OR THREATENING SELF-HARM OR SUICIDE, 3. SEEKING ACCESS TO MEANS OF SUICIDE, 4. GIVING AWAY PRIZED POSSESSIONS, 5. HAVING RAGE, ANGER, SEEKING REVENGE, OR BEING AGITATED ALL THE TIME, 6. WITHDRAWING FROM FAMILY, FRIENDS, OR REGULAR ACTIVITIES, 7. INCREASING USE OF DRUGS OR ALCOHOL, 8. ACTING RECKLESSLY OR ENGAGING IN RISKY ACTIVITIES, 9. FEELING HOPELESS, HELPLESS, WORTHLESS, OR TRAPPED, and 10. HAVING A DRAMATIC CHANGE IN MOOD. All sheets include contact information for the National Council for Behavioral Health and the National Suicide Prevention Lifeline (1-800-273-TALK).

Downloadable Bravery Tip Sheets
featured on BraveryTips.org

Be Brave Act Brave Stay Brave

Home

Bravery Tips

Mental Health Resources

Get Involved

Braverytips.org is a website developed by the **National Association of School Psychologists (NASP)** and the **National Council for Behavioral Health (National Council)** for youth and those who work with youth, providing **tips for bravery**, **local mental health resources**, and **information about volunteering**.

Be Brave
know your strengths

Act Brave
share your strengths

Stay Brave
build your strengths

Download posters for
Be Brave | Act Brave | Stay Brave

Share



About us

contact us



share your strengths

www.braverytips.org

Bravery Tip Sheets

[Building Healthy and Positive Relationships](#)

[Managing Stress](#)

[Know When to Get Help](#)

Know When to Get Help

You can take care of your emotional health just like you can take care of any other health problem. You can take action to help yourself or a friend by knowing when to get help and where to get it. You should get help when you or someone else is:

1. **SPENDING MORE TIME ALONE.** Changing friends or spending more time away from family is ok, but avoiding others altogether can be cause for concern.
2. **AVOIDING CERTAIN SITUATIONS.** Staying away from activities with food, lots of people, or specific places may be a sign that something is wrong.
3. **INCREASING ALCOHOL OR DRUG USE.** Using drugs or drinking is harmful to your health, and can make a mental health challenge worse. Planning activities around using drugs or drinking, needing to use or drink before a party or other activity, or spending more time with others who drink or do drugs are all reasons to get help.
4. **SLEEPING ALL THE TIME OR UNABLE TO SLEEP.**
5. **ANXIOUS OR AGITATED ALL THE TIME.** Having sudden outbursts of anger or overreacting to normal events may be a signal that help is needed.
6. **STRUGGLING IN SCHOOL.** This may include a drop in grades, not being able to finish homework or other assignments, no longer participating in activities once enjoyed, or skipping class regularly.
7. **ACTING RECKLESSLY.** Engaging in risky activities such as drinking or using drugs, driving recklessly, and having unprotected sex is harmful and dangerous.
8. **FEELING HOPELESS, HELPLESS, OR TRAPPED.**
9. **NOT TAKING CARE OF YOURSELF.** Ignoring your nutrition, sleep, exercise, and/or hygiene can be signs of a bigger underlying concern.
10. **THINKING OR TALKING ABOUT SUICIDE, DEATH OR DYING.** All thoughts of suicide must be taken seriously. Call the National Suicide

Share



About us

contact us

Parent ~~~~~ (44) ||
 Friend ~~~~~ (57) ||
 Sibling ~~~~~ (29) ||
 Therapist/Mental Health Counselor ~~~~~ (19)
 Teacher ~~~~~ (17) ||
 School Psychologist ~~~~~ ||
 Principal ~~~~~ ||
 School Counselor ~~~~~ (9)
 School Nurse ~~~~~ ||
 School Social Worker ~~~~~ (7)
 Coach ~~~~~ ||
 Religious Leader ~~~~~ ||
 Significant Other ~~~~~ (10) || ||

CHARACTER STRENGTHS
 COMPASSION
 BRAVERY
 LOYALTY
 KINDNESS
 PERSISTENCE
 HOPE
 GRATITUDE
 CREATIVITY
 MOTIVATION
 EMPATHY
 CURIOSITY
 LEADERSHIP

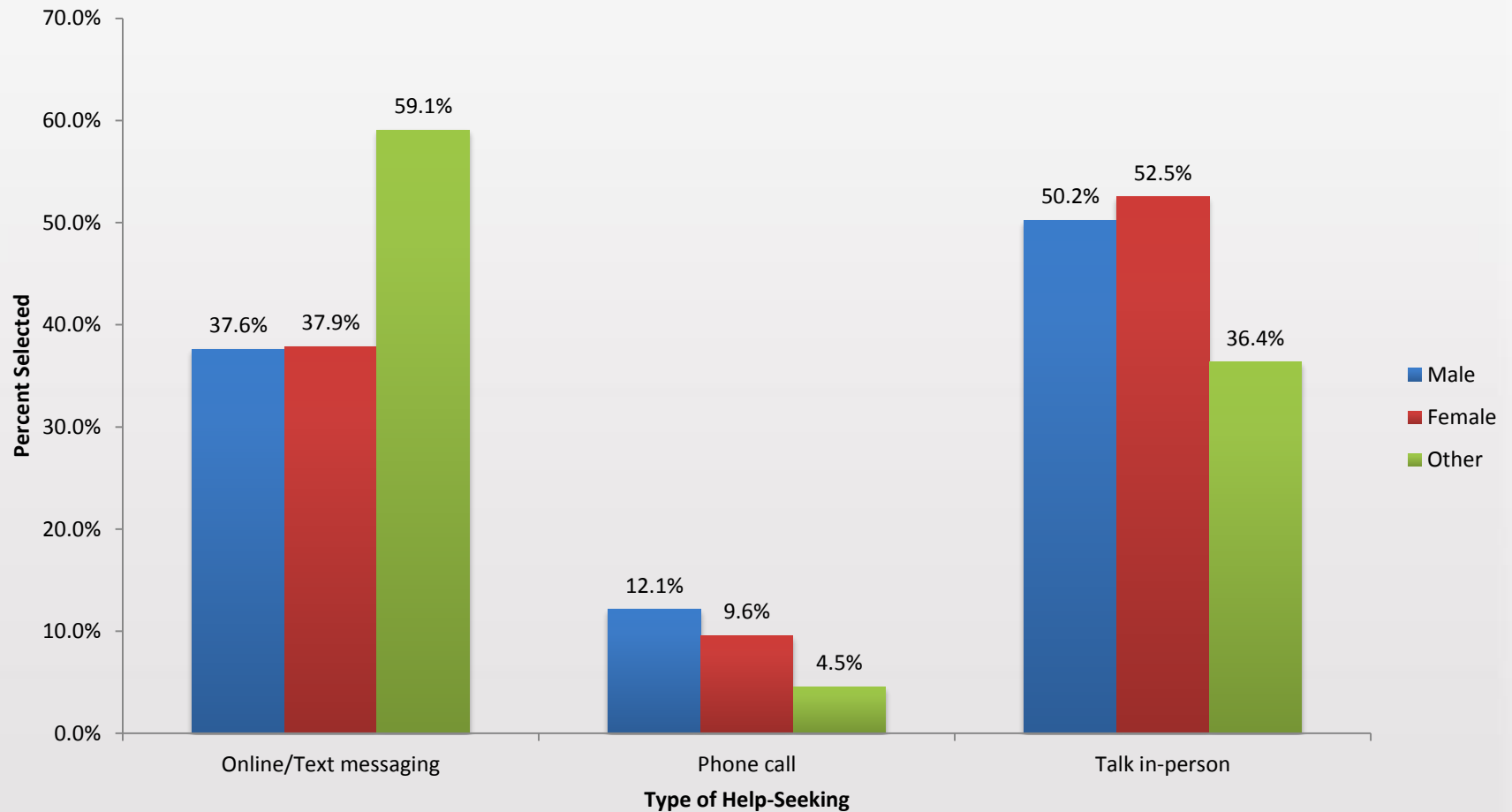
Survey Demographics for Help-Seeking Behaviors

- Data analysis for this construct focused on participants living in the United States (n=1,206)
- Demographic characteristics closely matched those of the full data set (n=2,645)



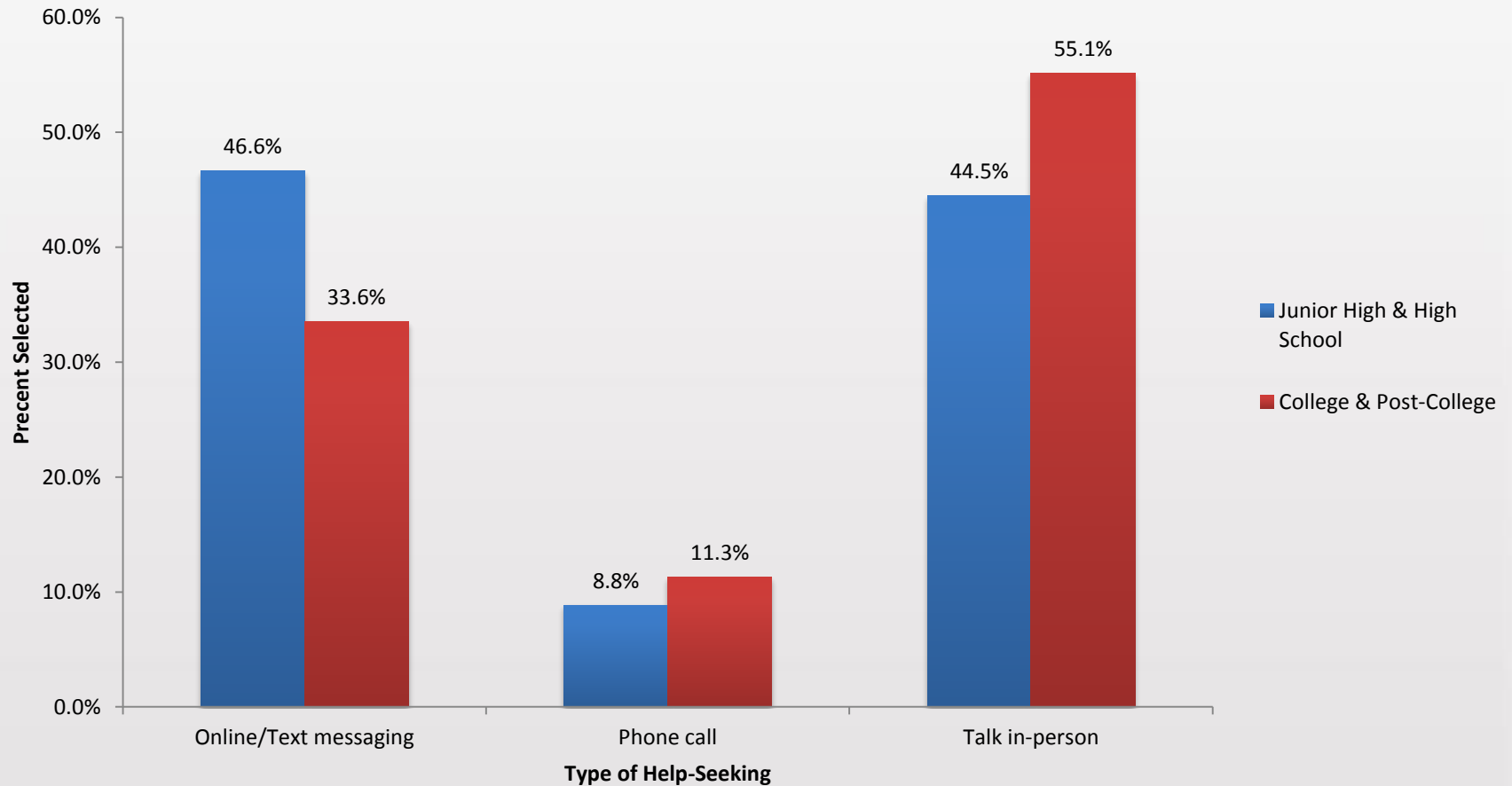
Results

Help-Seeking Preference by Gender*



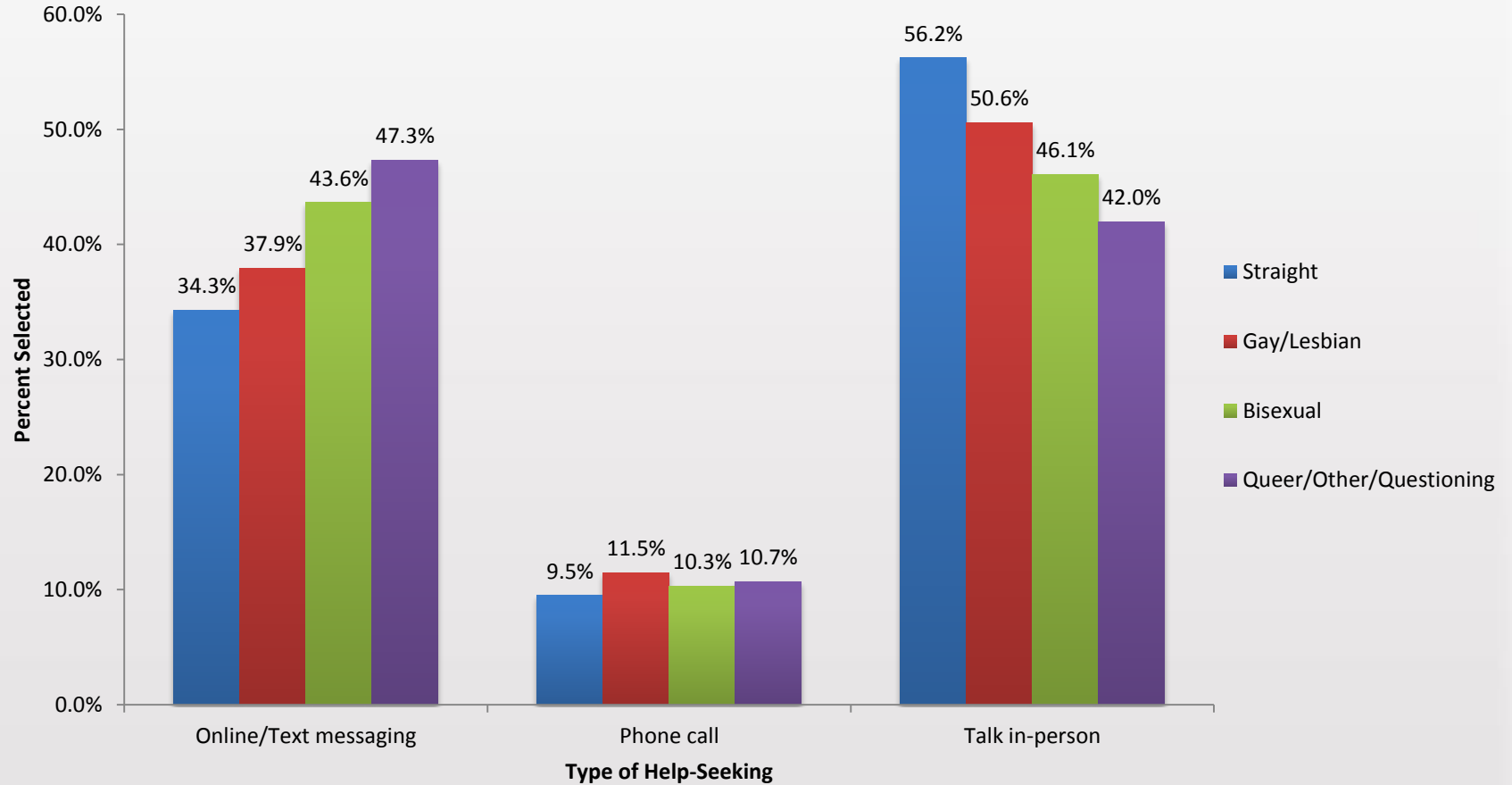
Results

Help-Seeking Preference by Grade*



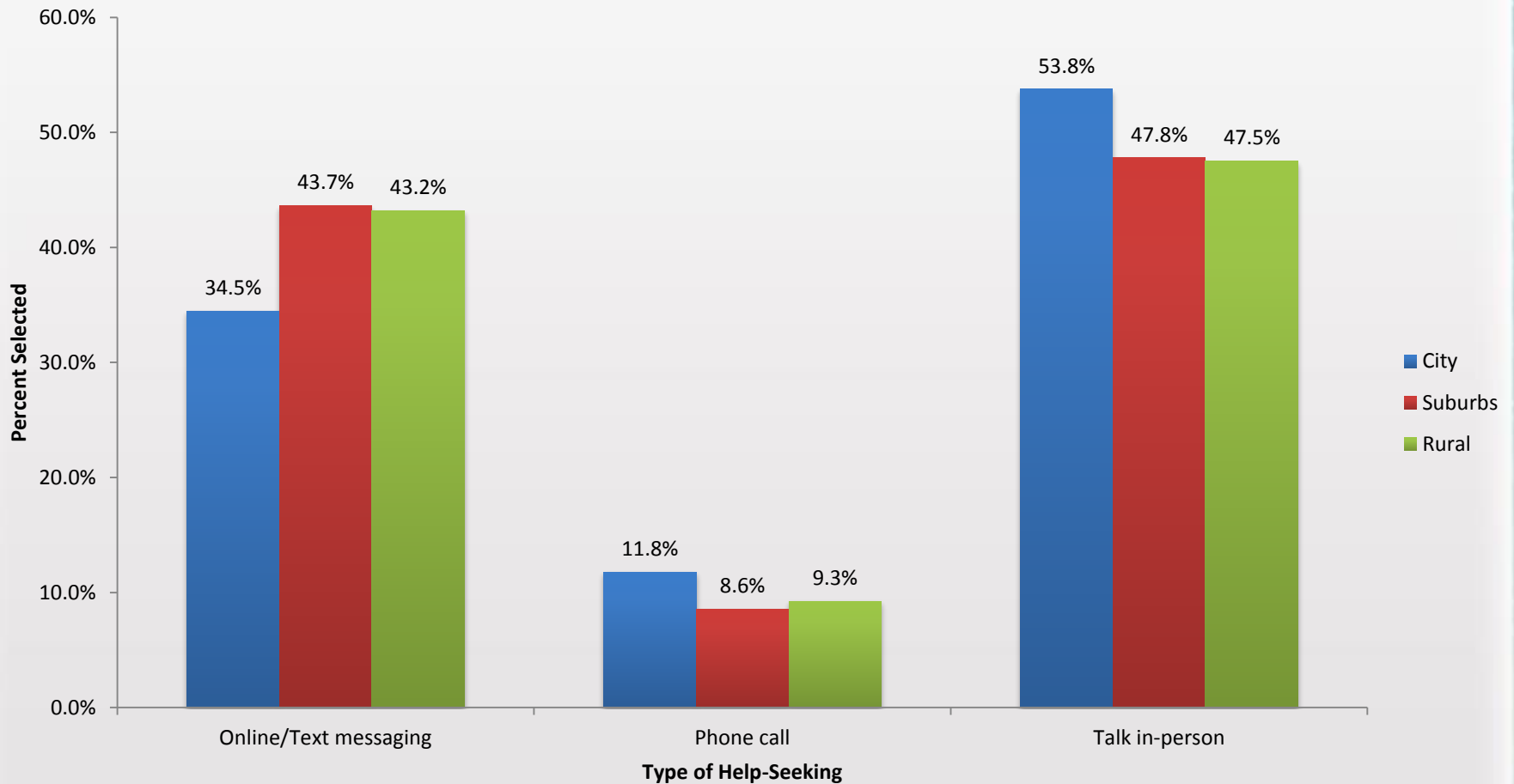
Results

Help-Seeking Preference by Sexual Orientation



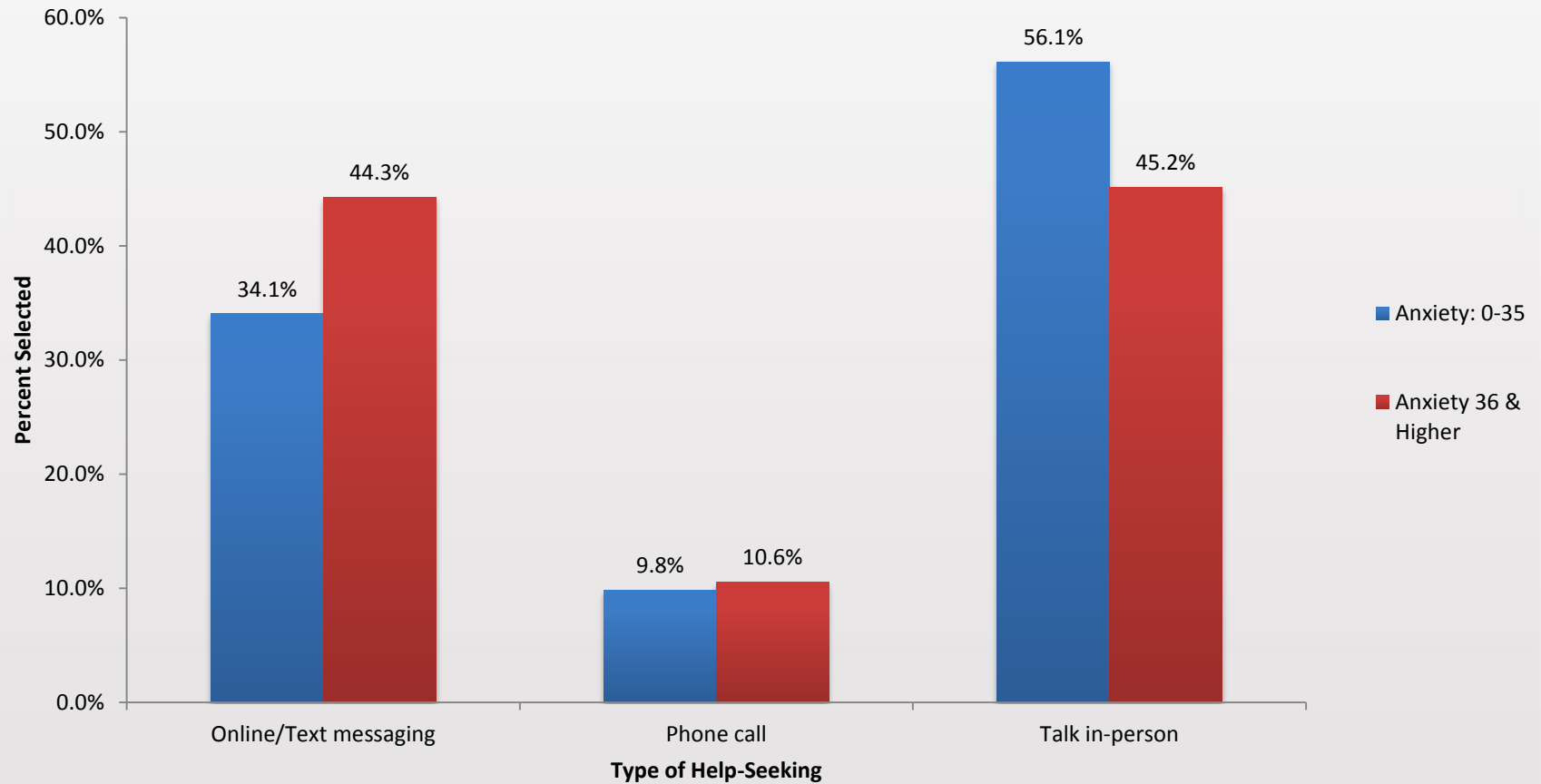
Results

Help-Seeking by School Location*



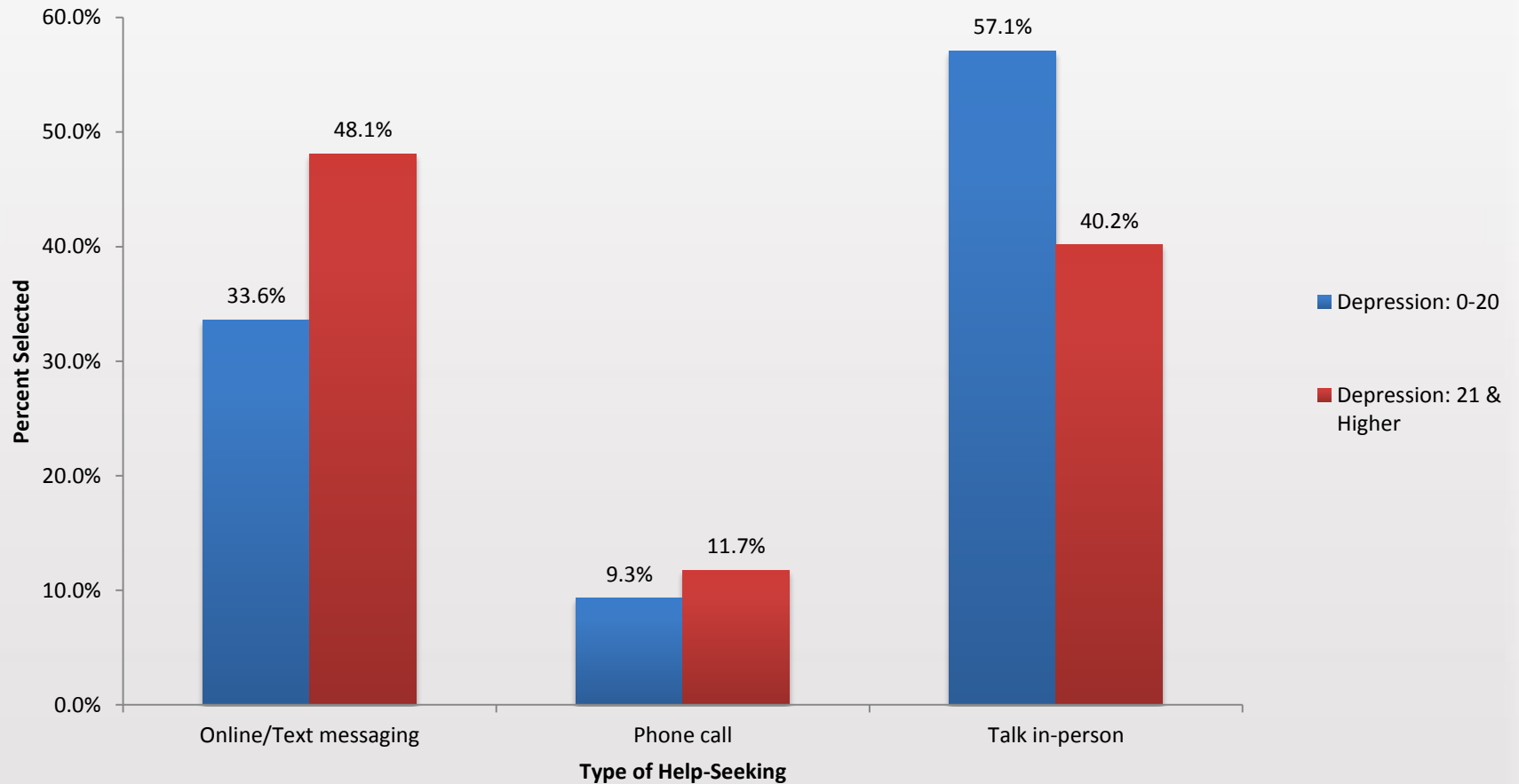
Results

Help-Seeking Preference by Anxiety Score*



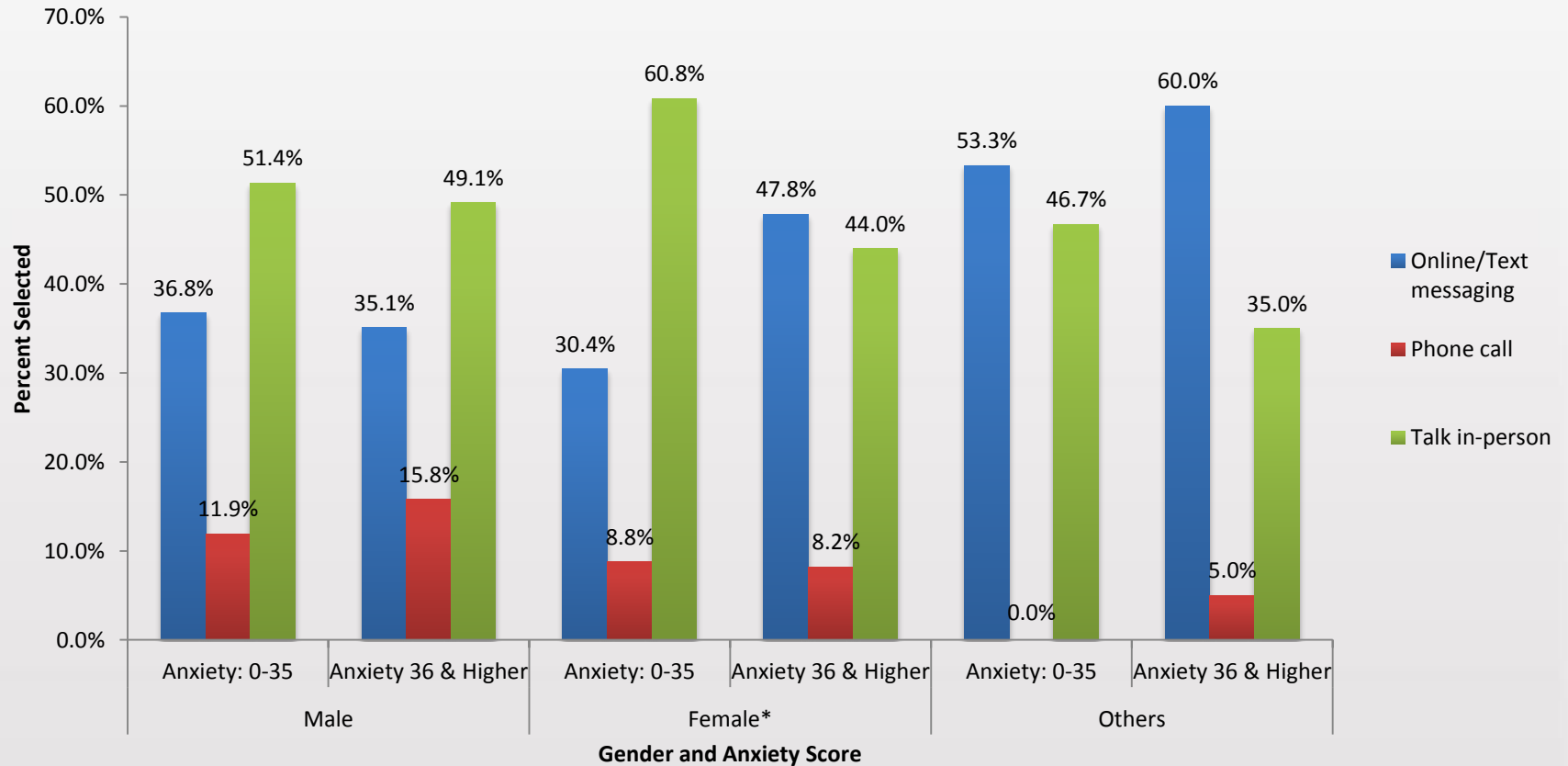
Results

Help-Seeking Preference by Depression Score*



Results

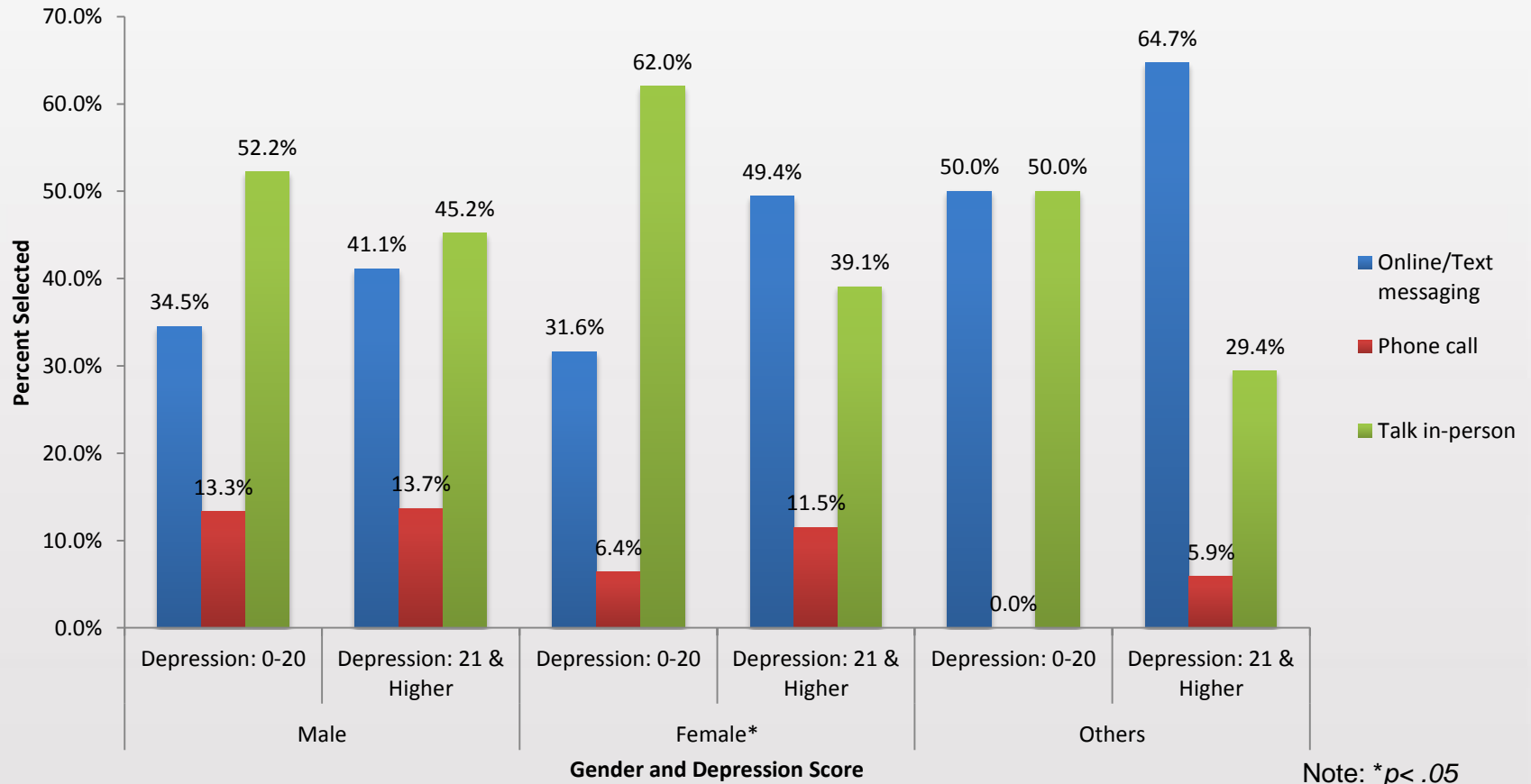
Help-Seeking Preference by Gender and Anxiety Score



Note: * $p < .05$

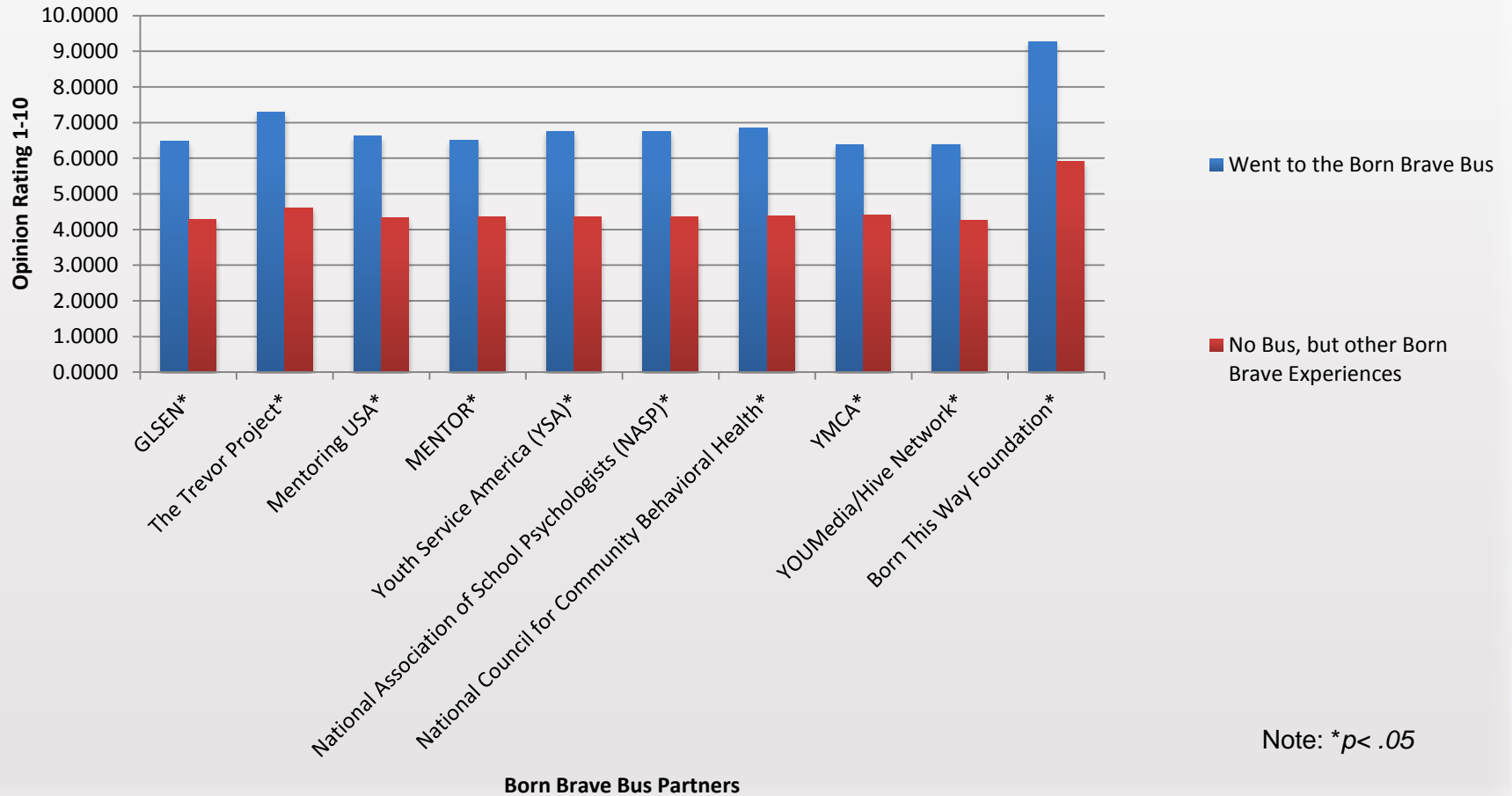
Results

Help-Seeking Preference by Gender and Depression Score



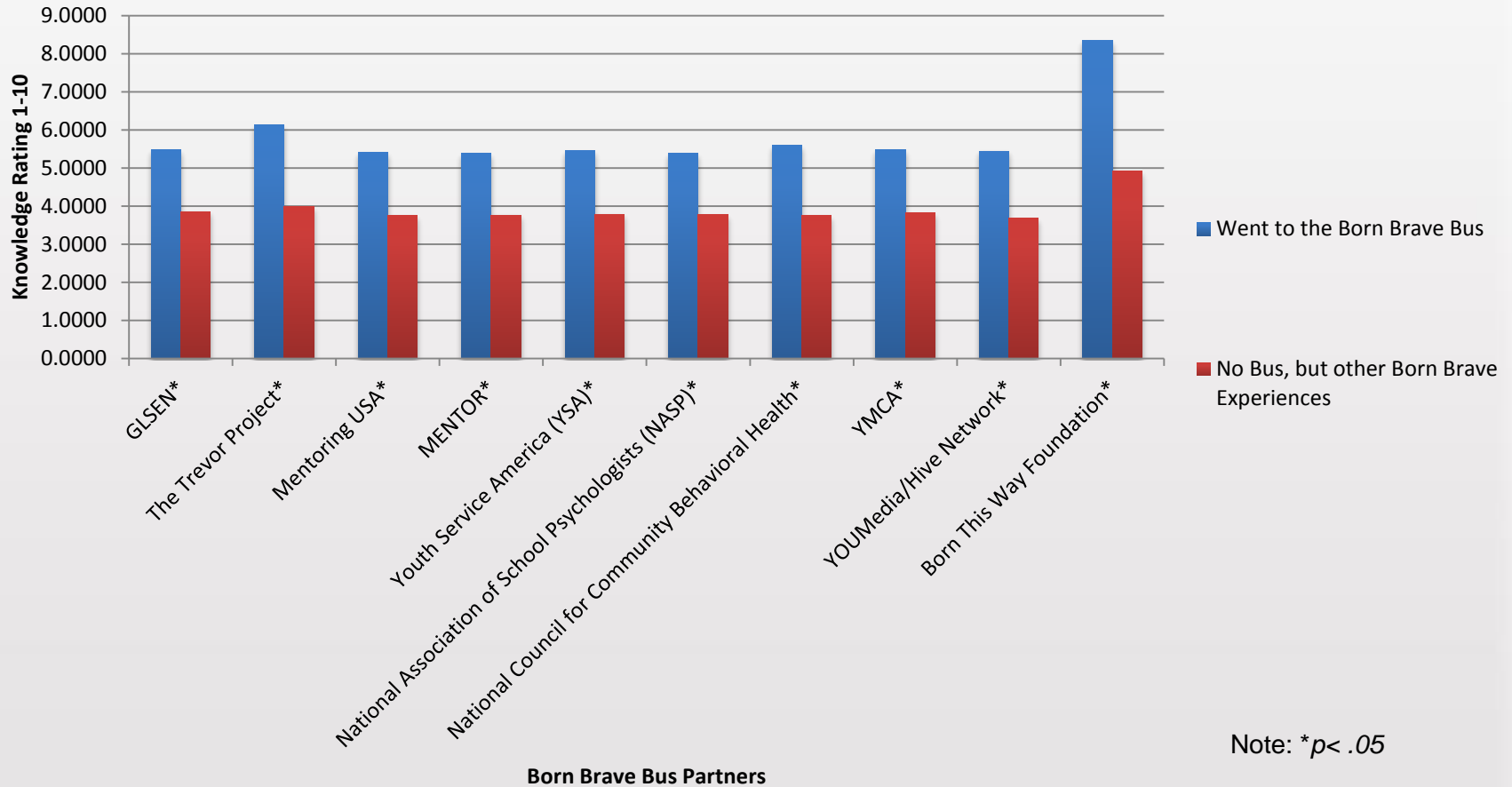
Results

Opinion of Born Brave Bus Partners for Bus Vs. No Bus



Results

Knowledge of Born Brave Bus Partners for Bus vs No Bus



Discussion

- Talking on the phone is the least-preferred form of help-seeking regardless of gender, grade, sexual orientation, anxiety or depression scores
- Junior high and high school students prefer electronic communication compared to college or post-college individuals, who prefer to talk face-to-face
- Individuals who identify as a gender other than male/female prefer online or text messaging over phone or talking in person

Discussion

- These data suggest that agencies that provide mental health treatment need to include both online, text messaging, and face-to-face services if they are to appeal to a large clientele
- Results from this survey call into question the usefulness of telephone hotlines, which may not meet the needs of a diverse demographic

Discussion

The Born Brave Bus Tour was an effective tool to connect youth with a wide network of mental health resources, to de-stigmatize mental health treatment, and to increase knowledge and awareness of partners in each community who provide these services.

A colorful advertisement for the Born Brave Bus. At the top, a bus is shown with vibrant, graffiti-style artwork and the words "BORN BRAVE" on its side. Below the bus, the text "COME VISIT THE BORN BRAVE BUS!" is written in large, bold, black letters with a white outline. Underneath, a paragraph describes the bus as a fun, interactive tailgate brought by Lady Gaga's Born This Way Foundation. It encourages meeting local organizations and professionals. The event dates are "Feb 13 & 14, 2013" at the "United Center, Chicago, IL" from "4:00 - 7:30 pm". The bottom section states it's free and provides the website "bornthiswayfoundation.org/bus". The background is a gradient of green and yellow with small heart icons.

COME VISIT THE BORN BRAVE BUS!

The Born Brave Bus is a fun, interactive tailgate, brought to you by Lady Gaga's Born This Way Foundation.

Meet local organizations, talk to trained professionals and get involved!

Feb 13 & 14, 2013
United Center, Chicago, IL
4:00 - 7:30 pm

It's free - so bring your friends!
Learn more at: bornthiswayfoundation.org/bus

2014 ANNUAL CONVENTION

August 7-10 2014 ★ Washington, DC

Impact of the Born Brave Bus Fostering Kindness and Bravery

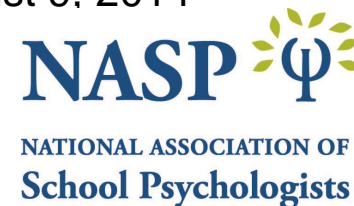
Susan M. Swearer, University of Nebraska – Lincoln

Heather Schwartz, University of Nebraska – Lincoln

Sara Gonzalez, University of Nebraska - Lincoln

Chaorong Wu, University of Nebraska - Lincoln

Paper presented at APA, August 9, 2014





WE MAKE A LIFE

BY WHAT WE GIVE

motifake.com

APA Annual Convention

August 7-10 2014 ★ Washington, DC

**We thought we knew about
kindness and bravery...**

Definitions

- **Kindness** (*n*): The state of quality of being kind; a behavior marked by ethical characteristics, a pleasant disposition, and concern for others.
- **Bravery** (*n*): The quality that allows someone to do things that are dangerous or frightening.

(Merriam-Webster, 2014)

Kindness in the Psychological Literature

The Big Five personality traits

1. *Openness*
2. *Conscientiousness*
3. *Extraversion*
4. *Agreeableness*
5. *Neuroticism*

(Fiske, 1949; Goldberg, 1981; McCrae & Costa, 1987)

Agreeableness relates to prosocial behaviors such as **kindness** (Caprara, Alessandri, Giunta, Panerai, Eisenberg, 2010)

Bravery

in the Psychological Literature

Moral courage refers to the ability to use inner principles (i.e., **bravery**, kindness, self-efficacy) to respond to others in need, regardless of how threatening of a situation it could be.

(Linley, Harrington, & Garcea, 2010; Sekerka & Bagozzi, 2007)

Initial Kindness & Bravery Scale

- I try to be nice to everyone.
- It is important that people see me as a kind person.
- I speak up when I see something happening to someone that is not right.
- I spend time each week doing some kind of volunteer work.
- One goal in my life is to make the world a better place.
- I want to be someone who helps others.
- I am concerned that there is so much hunger and poverty in the world.
- I am concerned that there is so much discrimination and unfair treatment of people in the world.
- I stand up for people who need help.

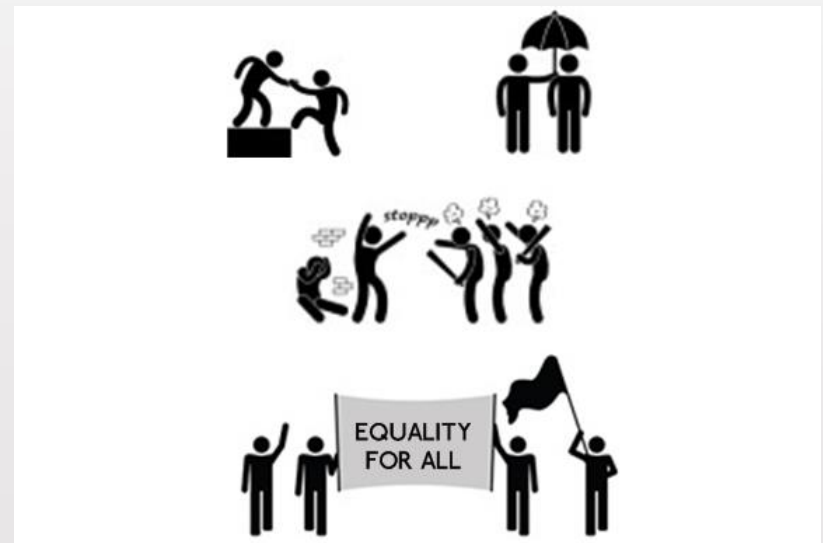
**We realized there is a lot we
don't know about kindness
and bravery...**

What are kindness and bravery?

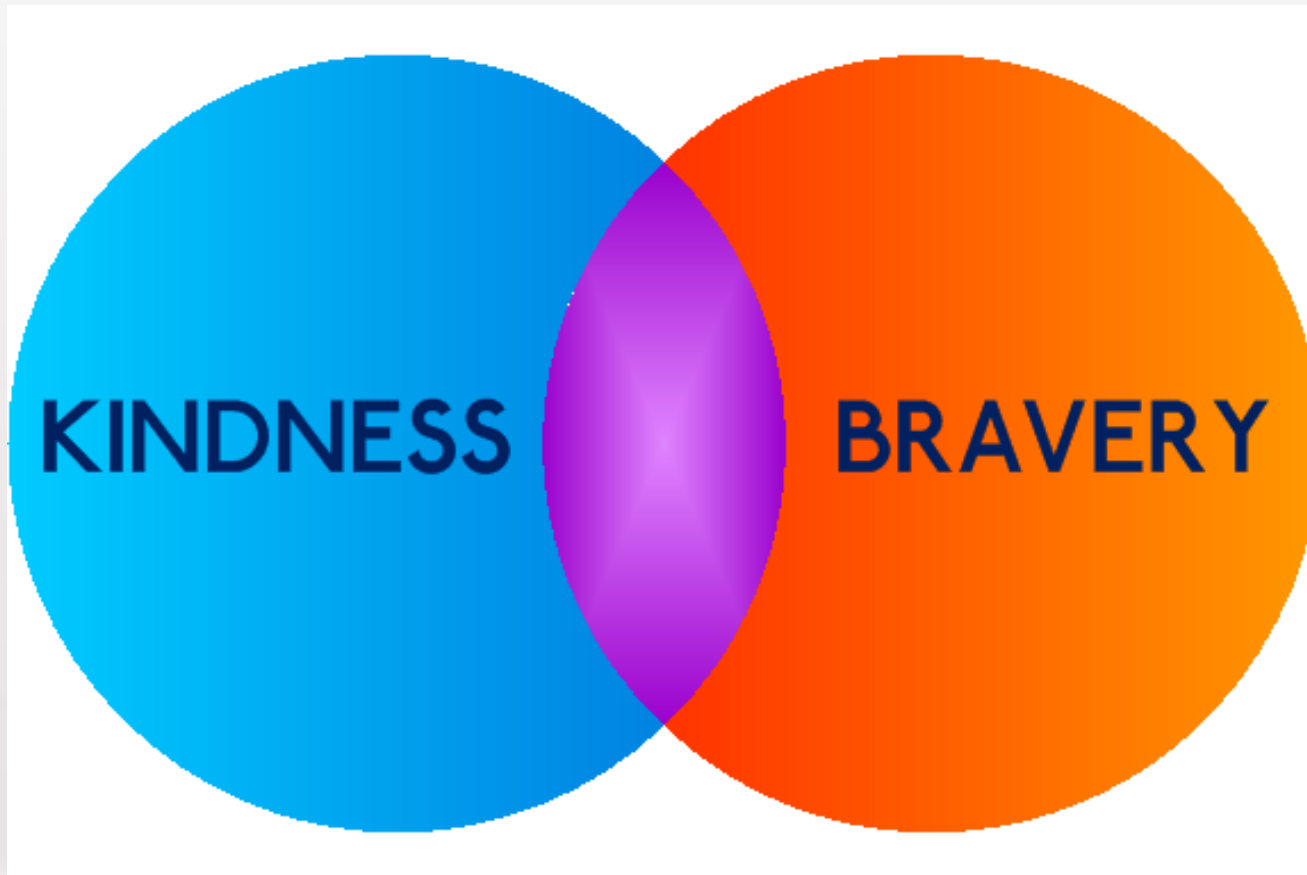
Internal States



External Behaviors



Are kindness and bravery overlapping constructs?



Is bravery a subset of kindness?



Are kindness and bravery on a continuum?



**We needed to learn more
about kindness and bravery**

Kindness themes from open-ended survey data

- Felt inspired to be a "better person" / "kinder person"
- Prompted self-reflection and awareness of the effects of one's actions on others
- Felt a sense of community; "I am not alone"
- Encouraged greater acceptance of self (including one's sexuality)
- Stirred feelings of greater empathy / compassion toward others
- Self-regulated behaviors; made efforts to:
 - Refrain from gossip
 - "Stop being mean to others"
 - Control temper, "bitchiness", and other difficult emotional responses
- Helped others at home, in school, and in the community
- Organized / joined others to "spread the message" to others

KINDNESS

Ideation ←



→ Action

Bravery themes from open-ended survey data

Ideation ←————→ Action

BRAVERY

- Felt greater self-confidence and self-acceptance (including one's appearance and sexual orientation)
- Felt empowered to "face one's fears"
- Expressed willingness "to be more open" to other people and new experiences
- Developed greater awareness of bullying
- Cultivated empathy for both the bully and the bullied
- Stood up / spoke up for one's self or one's beliefs
- Stood up / spoke up when "something was wrong"
- As an individual, stood up / spoke up on behalf of another
- Joined a group that advocates for equality
- Came out to family, friends, and/or community

Elements of kindness

- Personal convenience of being kind
- Expecting reciprocity
- Relative position/authority of the person needing kindness
- Ability to be kind to myself
- Ability to be kind to others
- Importance of volunteering
- Putting others' needs ahead of my own
- Potential for kindness to be acknowledged

Elements of bravery

- Ability to accept myself
- Willing to face my fears
- Sense of responsibility to take action
- Not caring what others' think
- Willing to stand up to authority
- Eager to help others
- Possible consequences for being brave
- Leading the way for others to be brave

Refined Kindness Item

Original: I want to be someone who helps others →

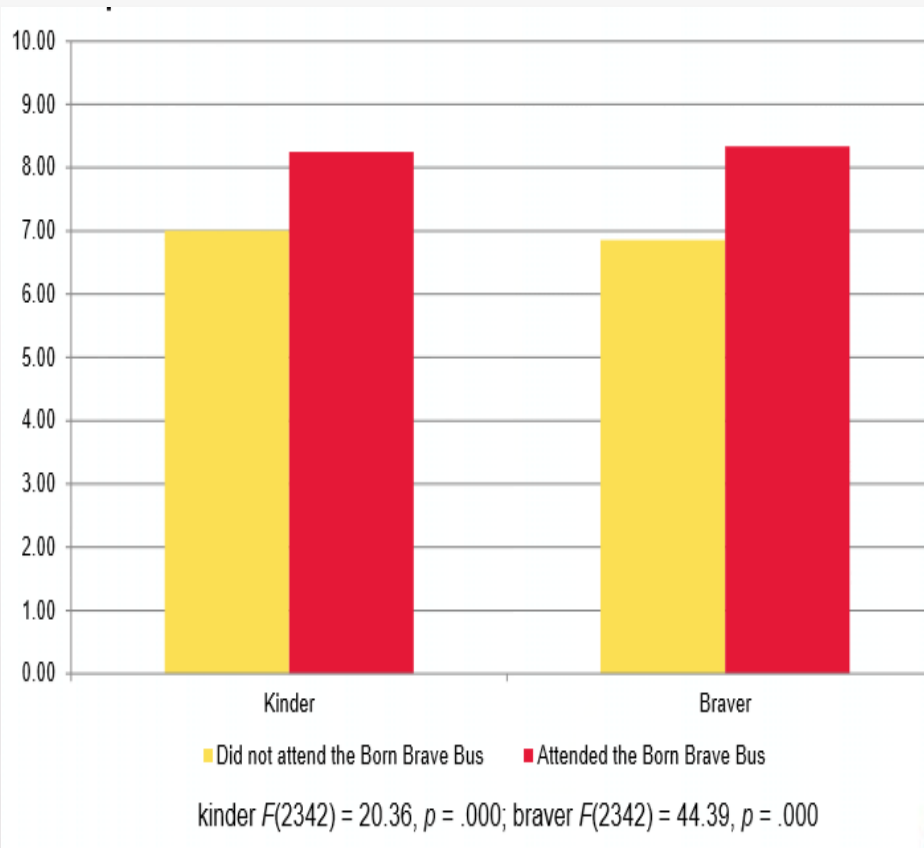
- I do not want to help others
- I want to help others, but only if I get something in return
- I want to help others, and think it would be nice to get something in return
- I want to help others, and it does not matter if I get something in return

Refined Bravery Item

Original: I stand up for people who are in need →

- I stand up for others, but only when I feel certain there will be no consequences.
- I stand up for others, but only when I feel the consequences will be minimal.
- I stand up for others, but only when I feel the consequences will be moderate.
- I stand up for others, even though there might be consequences for doing so.

Impact of the Born Brave Bus



Participants who attended the BBBT were significantly more likely to be **kinder and braver** in their home, school, and communities than people who did not attend the BBBT.



Questions?



2014 ANNUAL CONVENTION

August 7-10 2014 ★ Washington, DC

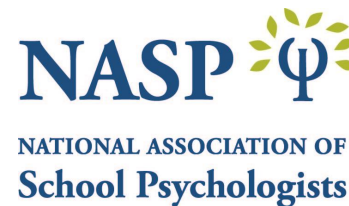
For more information please contact:

Born This Way Foundation: bornthiswayfoundation.org

National Association of School Psychologists: nasponline.org

National Council: thenationalcouncil.org

Empowerment Initiative @ UNL: empowerment.unl.edu



References

- Ballon, B., Kirst, M., & Smith, P. (2004). Youth help-seeking expectancies and their relation to help-seeking behaviours for substance use problems. *Addiction Research & Theory, 12*, 241-260. doi:10.1080/16066350942000193202
- Bandura, A. (1963). The role of imitation in personality development. *Journal of Nursery Education, 18*, 207-215.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bischoff, R. J. (2004). Considerations in the use of telecommunications as a primary treatment medium: The application of behavioral telehealth to marriage and family therapy. *American Journal Of Family Therapy, 32*, 173-187. doi:10.1080/01926180490437376
- Calloway, S. J., Kelly, P., & Ward-Smith, P. (2012). Stressors and barriers to help seeking for psychological distress among students attending a rural university. *Journal Of Rural Mental Health, 36*(1), 3-10. doi:10.1037/h0094774
- Curtis, C. (2010). Youth perceptions of suicide and help-seeking: 'They'd think I was weak or "mental."'. *Journal Of Youth Studies, 13*, 699-715. doi:10.1080/13676261003801747
- DeHaan, S., Kuper, L. E., Magee, J. C., Bigelow, L., & Mustanski, B. S. (2013). The interplay between online and offline explorations of identity, relationships, and sex: A mixed-methods study with LGBT youth. *Journal Of Sex Research, 50*, 421-434. doi:10.1080/00224499.2012.661489
- Del Mauro, J. M., & Jackson Williams, D. (2013). Children and adolescents' attitudes toward seeking help from professional mental health providers. *International Journal For The Advancement Of Counselling, 35*, 120-138. doi:10.1007/s10447-012-9172-6
- Doty, N., Willoughby, B. B., Lindahl, K. M., & Malik, N. M. (2010). Sexuality related social support among lesbian, gay, and bisexual youth. *Journal Of Youth And Adolescence, 39*, 1134-1147. doi:10.1007/s10964-010-9566-x
- Evans, W. P., Davidson, L., & Scafuse, L. (2013). Someone to listen: Increasing youth help-seeking behavior through a text-based crisis line for youth. *Journal Of Community Psychology, 41*, 471-487. doi:10.1002/jcop.21551
- Fiske, D.W. (1949). Consistency of the factorial structures of personality ratings from different sources. *Journal of Abnormal Social Psychology, 44*, 329-344.
- Forducey, P. G., Glueckauf, R. L., Bergquist, T. F., Maheu, M. M., & Yutsis, M. (2012). Telehealth for persons with severe functional disabilities and their caregivers: Facilitating self-care management in the home setting. *Psychological Services, 9*, 144-162. doi:10.1037/a0028112
- Goldberg, L. R. (1981) Language and individual differences: The search for universals in personality lexicons. In L. Wheeler (Ed.), *Review of Personality and Social Psychology, Vol. 2*. Beverly Hills, CA: Sage.
- Goodwin, R. D., Mocariski, M., Marusic, A., & Beautrais, A. (2013). Thoughts of self-harm and help-seeking behavior among youth in the community. *Suicide And Life-Threatening Behavior, 43*, 305-312. doi:10.1111/sltb.12017
- Gould, M. S., Greenberg, T., Munfakh, J., Kleinman, M., & Lubell, K. (2006). Teenagers' attitudes about seeking help from telephone crisis services (hotlines). *Suicide And Life-Threatening Behavior, 36*, 601-613. doi:10.1521/suli.2006.36.6.601

References

- Gould, M. S., Munfakh, J., Lubell, K., Kleinman, M., & Parker, S. (2002). Seeking help from the Internet during adolescence. *Journal Of The American Academy Of Child & Adolescent Psychiatry*, 41, 1182-1189. doi:10.1097/00004583-200210000-00007
- Lee, J., Friesen, B. J., Walker, J. S., Colman, D., & Donlan, W. E. (2014). Youth's help-seeking intentions for ADHD and depression: Findings from a national survey. *Journal Of Child And Family Studies*, 23, 144-156. doi:10.1007/s10826-012-9700-3
- Linley, P. A., Harrington, S., & Garcea, N. (2010). *Oxford handbook of positive psychology and work*. New York, NY: Oxford University Press, Inc.
- Little, T. & Rhemtulla, M. (2013). Planned missing data designs for developmental researchers. *Child Development Perspectives*, 7, 199-204. doi: 10.1111/cdep.12043
- Martin, G. (2012). Editorial: On help-seeking. *Advances In Mental Health*, 11(1), 2-6. Retrieved from <http://amh.e-contentmanagement.com>
- McCrae, R.R., & Costa, P.T. (1987) Validation of the five-factor model of personality across instruments and observers. *Journal of Personality and Social Psychology*, 52, 81-90.
- Merriam-Webster, 2014. <http://www.merriam-webster.com/>
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: SAGE.
- National Alliance on Mental Health. (2012). *College students speak: A survey report on mental health*. Retrieved from http://www.nami.org/Content/NavigationMenu/Find_Support/NAMI_on_Campus1/NAMI_Survey_on_College_Students/collegereport.pdf
- Prochaska, J. & DiClemente, C. (1983). Stages and process of self-change of smoking: Toward an integrated model of change. *Journal of Consulting and Clinical Psychology*, 51, 390-395.
- Raviv, A., Raviv, A., Vago-Gefen, I., & Fink, A. (2009). The personal service gap: Factors affecting adolescents' willingness to seek help. *Journal Of Adolescence*, 32, 483-499. doi:10.1016/j.adolescence.2008.07.004
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. Los Angeles, CA: SAGE.
- Sekerka, L.E., & Bagozzi, R.P. (2007). Moral courage in the workplace: Moving to and from the desire and decision to act. *Business Ethics: A European Review*, 16, 132-149.
- Slone, M., Meir, Y., & Tarrasch, R. (2013). Individual differences in referral for help for severe emotional difficulties in adolescence. *Children And Youth Services Review*, 35, 1854-1861. doi:10.1016/j.childyouth.2013.08.011
- Spradley, J.P. (1979). *The ethnographic interview*. New York, NY: Harcourt Brace Jovanovich College Publishers.
- U.S. Department of Health and Human Services, National Institute of Mental Health. (n.d.). *Any disorder among children*. Retrieved from http://www.nimh.nih.gov/statistics/1ANYDIS_CHILD.shtml
- Yap, M. H., Wright, A., & Jorm, A. F. (2011). The influence of stigma on young people's help-seeking intentions and beliefs about the helpfulness of various sources of help. *Social Psychiatry And Psychiatric Epidemiology*, 46, 1257-1265. doi:10.1007/s00127-010-0300-5