Enhancing Resilience and Social Support Through Faith-based Rational Emotive Behavior Therapy in Ex-Offenders with Post Traumatic Stress Symptoms

Justice-involved individuals experience greater quantity, severity, and chronicity of psychological traumas compared to the general population (Liu et al., 2021). Formerly incarcerated individuals also face fractured social networks, a known catalyst of posttraumatic stress symptoms (PTSS; Pettus-Davis, 2014). Among Black, Indigenous, and People of Color (BIPOC) individuals, mental health outcomes are further complicated by discrimination stress, and by the disruption of community anchors—religion—that provide identity, purpose, and social support (Nguyen et al., 2019). Facilitating community re-entry therefore requires addressing the complex mental health and psychosocial needs of those returning from the justice system. However, existing treatments remain limited: trauma-focused therapies are typically delivered individually and lack cultural adaptation. The present study tests whether a faith-based, group-delivered Rational Emotive Behavior Therapy (REBT) intervention can reduce PTSS, discrimination stress, and enhance perceived social support among formerly incarcerated BIPOC adults. Secondary aims are to (1) analyze specific time points during Reset treatment where efficacy in mitigating PTSS plateaus, and (2) examine attrition patterns and their relationship with PTSS change scores.

Examining the Flexibility of Cognitive Emotion Regulation, Discrimination Stress, and PTSD to Faith-Based REBT among BIPOC Ex-Offenders

Chronic exposure to racial discrimination and intergenerational trauma contributes to elevated rates of posttraumatic stress symptoms (PTSS) among Black Americans and other racially minoritized populations, yet the cognitive mechanisms that mediate resilience versus vulnerability remain poorly characterized. In particular, cognitive emotion regulation strategies—defined as the cognitive processes used to interpret and manage emotionally salient experiences—represent a potentially modifiable determinant of psychological outcomes following trauma (Garnefski et al., 2006). While prior work has identified maladaptive strategies (e.g., rumination, catastrophizing, self-blame) as risk factors for persistent PTSS, and adaptive strategies (e.g., positive reappraisal, refocusing, perspective-taking) as protective factors, few studies have examined how these regulatory profiles vary within BIPOC populations exposed to chronic discrimination stress, nor how they evolve longitudinally in response to culturally adapted, faith-integrated interventions.

This study investigates baseline determinants and longitudinal plasticity of cognitive emotion regulation strategies among formerly incarcerated BIPOC adults participating in Reset Therapy, a culturally adapted group intervention designed to enhance resilience through cognitive restructuring, group support, and religious coping frameworks. Specifically, this study examines whether individual differences in perceived social support, religious engagement, and discrimination-related stress predict variability in pre-treatment emotion regulation profiles. It further evaluates whether baseline cognitive regulation strategies prospectively predict treatment response, operationalized as reductions in PTSS severity following Reset participation.

Critically, this study extends beyond symptom reduction to characterize the longitudinal flexibility of cognitive regulation itself—testing whether Reset produces measurable shifts toward more adaptive cognitive coping strategies. By identifying both baseline predictors and treatment-related changes in cognitive emotion regulation, this work aims to elucidate the psychological mechanisms through which culturally responsive interventions confer resilience. These findings

will inform precision-based approaches to intervention matching and optimization, with the broader goal of improving therapeutic outcomes among justice-involved BIPOC individuals disproportionately affected by trauma and systemic adversity.

Caregiver-Child Communication, Treatment Dose and Modality, and Attrition Predictors in an Adolescent Suicide Management Program

Texas is disproportionately affected by the adolescent depression and suicide epidemic. In 2017, more than one-third of Texas high school students reported feeling sad or hopeless almost daily for two or more weeks in the past year with clinically significant changes in their behavior (Texas Department of State Health Services, 2018). Among the same adolescents surveyed, 17.8% had serious thoughts about suicide, 14.5% had a plan, 12.3% attempted suicide, and 4.5% made a suicide attempt requiring medical attention. Consequently, Texas adolescents have a 66% higher rate of past year attempted suicides than the national average (Texas Department of State Health Services, 2018). Yet, Texas also has the highest percentage of youth who had a major depressive episode in the past year and did not receive treatment (73.1%) (UT Health, 2024).

In response, UTSW and The Children's Hospital developed a Suicide Prevention and Resilience in Children (SPARC) program aimed at stabilizing suicidal teens through a combination of individual, family, and group therapies. Despite incorporating evidence-based therapeutic ingredients (CBT, DBT, mindfulness-based CBT, and relapse-prevention CBT), SPARC has received little research attention as a single program. Preliminary evidence suggests that SPARC reduces depressive symptoms and suicide risk, but these findings have been done on rather small samples, and the mechanisms underlying treatment response and attrition are poorly characterized.

This study evaluates SPARC's effectiveness using longitudinal data collected during routine care for over 500 Metrocare clients. The primary objective is to replicate whether SPARC participation is associated with reductions in depressive symptoms and suicide risk. The study also examines whether SPARC reduces misalignment in caregiver- and child-reported child depressive symptoms, a proxy for communication.

A second objective is to examine dose–response relationships across SPARC's therapeutic modalities. Greater overall treatment exposure is expected to be associated with improved outcomes in adolescent depression and suicidal risk severity. Notwithstanding, the relative contributions of individual, group, and family therapy are expected to be unequal. Finally, the study identifies baseline predictors of treatment attrition. Sleep disturbance and degree of caregiver–child communication misalignment will be examined as predictors of dropout. Identifying these factors may inform targeted strategies to improve retention and treatment effectiveness.

Analysis of Trauma Informed Care Implementation and Professional Quality of Life Among Metrocare Staff

Trauma exposure is nearly universal among individuals receiving public mental health services, contributing to increased psychiatric morbidity, poorer treatment engagement, and elevated healthcare utilization (Mueser et al., 2004; Goodman et al., 1997; SAMHSA, 2014). Trauma-informed care (TIC) has emerged as a systems-level framework designed to mitigate re-

traumatization and improve clinical outcomes by embedding principles of safety, empowerment, and cultural responsiveness into organizational practice (Bassuk et al., 2017; Menschner & Maul, 2016). Anecdotal evidence suggests that strengthening TIC through staff training may improve service delivery and foster stronger therapeutic alliances, ultimately leading to better patient outcomes (Presidge, 2014). Yet, despite theoretical and empirical support, implementation of TIC remains inconsistent, particularly in resource-limited community behavioral health settings where staffing shortages, insufficient training, and organizational constraints impede adoption (Adams et al., 2024; Finch et al., 2020). Moreover, limited research has examined the sustainability of TIC implementation or its impact on staff well-being, a critical determinant of workforce retention (Huo et al., 2023).

This study addresses these gaps by evaluating the extent, predictors, and longitudinal impact of TIC implementation across Metrocare, the largest Certified Community Behavioral Health Clinic (CCBHC) in North Texas. Using the validated TICOMETER, a standardized measure of organizational TIC adoption (Bassuk et al., 2017), the study assesses baseline TIC implementation across diverse clinical and non-clinical staff roles and across Metrocare's expansive network, where many sites function autonomously. It further examines individual-level predictors of TIC adoption, including professional quality of life (ProQOL), testing whether higher compassion satisfaction and lower compassion fatigue are associated with stronger TIC implementation.

A second objective is to evaluate whether structured TIC training leads to measurable improvements in organizational TIC practices and staff professional well-being. TIC implementation and ProQOL outcomes will be assessed longitudinally at pre-training, six-month, and one-year follow-ups to determine both immediate and sustained effects. The study will also examine whether improvements in organizational TIC practices correspond to enhanced staff well-being, including increased compassion satisfaction and reduced burnout-related fatigue. These findings will inform targeted workforce development strategies, strengthen trauma-responsive organizational practices, and support sustainable implementation of TIC in public mental health settings serving highly trauma-exposed populations.