Table S1

Descriptions of outcome measures given to each participant

Title	Citation(s)	Content Measured	Item Number	Scale Format	Reliability	Norm Sample Citation
Demographics	N/A	Assesses participant characteristics via self-report, including age, gender, race/ethnicity, CFC diagnosis, education level, socioeconomic status, and learning disability.	8	Multiple-choice and open-ended questions.	N/A	N/A
Pediatric Quality of Life (PedsQL)	Varni et al., 2001	Assesses core dimensions of health and role functioning across four functional domains: physical, emotional, social, and school.	23	Items rated on a 5-point Likert scale with responses ranging from 0 ("Never") to 4 ("Almost always"). Total scale scores range from 0-100, with higher scores indicating better HRQoL.	Strong reliability (α = .88) and validity among adolescents with acute and chronic health conditions.	Schwimmer (2003) used the PedsQL to examine the HRQoL of healthy children and adolescents, aged 5-18, from pediatrician offices and community health clinics.
The 14-Item Resiliency Scale (RS-14)	Wagnild and Young, 1993; Wagnild, 2009	Assesses one's ability to cope in the face of adversity or stressful events.	14	Items are scored using a 7-point Likert scale with responses ranging from 1 ("Strongly disagree") to 7 ("Strongly agree"). Scores	Good construct and convergent validity among several	Pritzker and Minter (2014) used the RS-14 in a large, ethnically diverse

				range from 14 to 98, with higher scores indicating greater resilience.	study variables, and strong internal consistency (α = .72-.94).	sample of adolescents from various Texas high schools.
Measure of Current Status (MOCS) Part A	Carver, 2006	Assesses self-perceived coping skills (e.g., the ability to relax at will, recognize stress-inducing situations, restructure maladaptive thoughts, and choose appropriate coping responses)	13	Items are rated on a 5-point Likert scale ranging from 0 ("I cannot do this at all") to 4 ("I can do this extremely well"). Items are summed to create a total coping score (range: 0-52); higher scores represent a greater perceived ability to cope effectively with stress.	High internal consistency (α = .73-.81) and has been validated on a range of health populations.	Due to a lack of youth normative data for the MOCS-A, comparative data was derived from an adult sample of medical interpreters (Park et al., 2017).
Perceived Stress Scale (PSS-10)	Cohen et al., 1983; Cohen and Janicki-Deverts, 2012	Measures the degree to which situations in one's life are evaluated or considered stressful.	10	Each item is rated on a 5-point Likert scale with responses ranging from 0 ("Never") to 4 ("Very often"). Positively worded items are reverse coded. Items are summed to create a total score, which ranges from 0-40; higher scores indicate higher perceived stress.	High reliability (α = .78-.91) and validity among various samples across the U.S.	Williams et al. (2017) used the PSS-10 to examine perceived stress among adolescents from two public suburban U.S. high schools.
Medical Outcomes Survey (MOS) Social Support Survey	Sherbourne and Stewart, 1991	Assesses perceived availability of social support across four domains: emotional/informational	19	Items are rated on a 5-point Likert scale from 1 ("None of the time") to 5 ("All of the time") and summed to create a total score. Scores range from	High reliability (α = .91).	Martyn-Nemeth et al. (2009) used the MOS Social Support Survey to assess social

		support, tangible support, affectionate support, and positive social interaction.		19-95, with higher scores representing greater levels of perceived social support.		support among a normative sample of Midwestern high school students.
Rosenberg Self Esteem Scale (RSES)	Rosenberg, 1979	Measures self-esteem by asking participants to reflect on their current feelings	10	Items are rated on a 4-point Likert scale ranging from 1 ("Strongly disagree") to 4 ("Strongly agree"). Negatively worded items are reverse coded. Items are summed to create a total score ranging from 10-40. Higher scores indicate greater self-esteem.	Good validity, excellent internal consistency (α = .92), and test-retest reliability (α = .82-.85).	Schreiber et al. (2012) used the RSES in a sample of healthy-control adolescents.
The Body Image Quality of Life Inventory (BIQLI)	Cash and Fleming, 2002	Assesses one's own perceptions on their physical appearance. Examines the degree to which one's own feelings on body image affects other aspects of their life across various domains (e.g., sense of self, social functioning, emotional well-being, eating, grooming).	19	Items are scored using a 7-point Likert scale with responses ranging from -3 ("Very negative effect") to +3 ("Very positive effect"). One composite score is computed from the mean of all items (range: -3 to +3). Higher scores represent greater acceptance of one's physical appearance.	Good internal consistency (α = .92) and test-retest reliability over a 2- to 3-week period (α = .79).	Cash et al. (2004) used the BIQLI among healthy college students from a public U.S. university.
Child and Adolescent Mindfulness Measure (CAMM)	Greco et al., 2011	Assesses the degree to which an individual experiences the present moment and perceives	10	Items are rated on a 5-point Likert scale from 0 ("Never true") to 4 ("Always true"). Negatively worded items are	Good reliability (α = .81) and validity	Greco et al. (2011) used the CAMM in healthy children

					among school-aged children and adolescents.	and adolescents from public schools in Tennessee.
				reverse coded. Items are summed to create a total mindfulness score, ranging from 0-40. Higher scores indicate greater mindfulness.		
Child PTSD Symptom Scale (CPSS)	Foa et al., 2001	Assesses PTSD diagnostic criteria and symptom severity.	26	Comprised of three sections: event items (2 items), symptom severity (17 items), and functional impairment (7 items). Event items ask participants to write down their most distressing event and the length of time since that event. Symptom severity items are scored using a 4-point Likert scale with responses ranging from 0 ("Not at all or only at one time") to 3 ("5 or more times a week/almost always"). Items are summed to create a total score ranging from 0-51, with higher scores representing more severe symptoms.	The CPSS has been validated and shows strong internal consistency (α = .70-.89).	Stewart et al. (2015) used the CPSS in healthy 6th to 12th grade adolescents from Mississippi.
Adapted Credibility/Expectancy Questionnaire (CEQ)	Devilly and Borkovec, 2000; Jerson et al., 2013	Assesses the degree to which individuals believe the proposed intervention will work and how motivated individuals would be to attend the group.	16	Four items are scored using a 10-point Likert scale ranging from 1 ("None" or "Not at all helpful/confident/successful") to 10 ("A lot" or "Very helpful/confident/successful"). The remaining two items are	N/A	N/A

Additional questions asked participants to describe their ideal intervention to better understand their opinions, concerns, and effectiveness of the planned program scored using a 3-point Likert scale with responses ranging from 0 ("Not likely/motivated") to 2 ("Very likely/motivated"). Scores range from 4 to 44 with higher scores indicating greater interest in the proposed program. Short answer and multiple-choice questions were also included to assess acceptability such that individuals provided comprehensive feedback regarding how best to employ the proposed intervention and topic suggestions to be covered in the curriculum.