

March 2020 Webinar

**The Impact of *Mind Matters*:
Results from the University of Louisville's Pilot Study**

Presenter:

Becky F. Antle, PhD, MSSW, LMFT

With The University of Louisville, Center for Family and
Community Well-Being

Webinar Information

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2. There might be a “raise your hand” question.

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The Dibble Institute

Resources for Teaching Relationship Skills

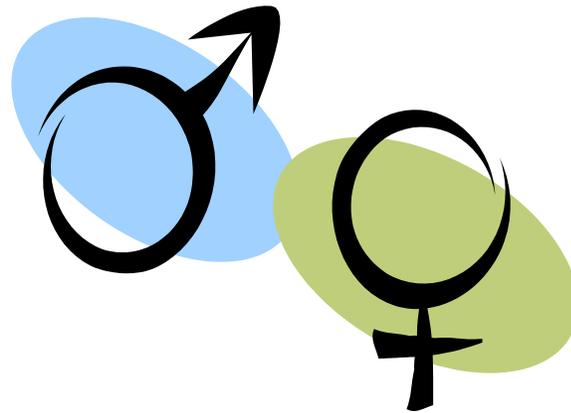
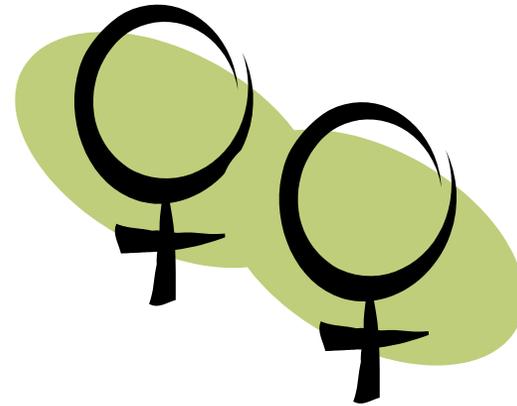
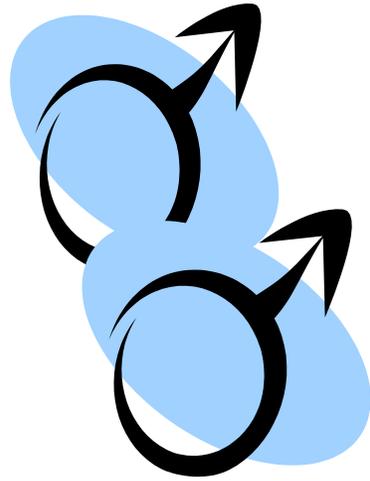
The Dibble Institute believes in research.



The Dibble Institute
believes in stable, healthy families.



The Dibble Institute believes
all people deserve respect.

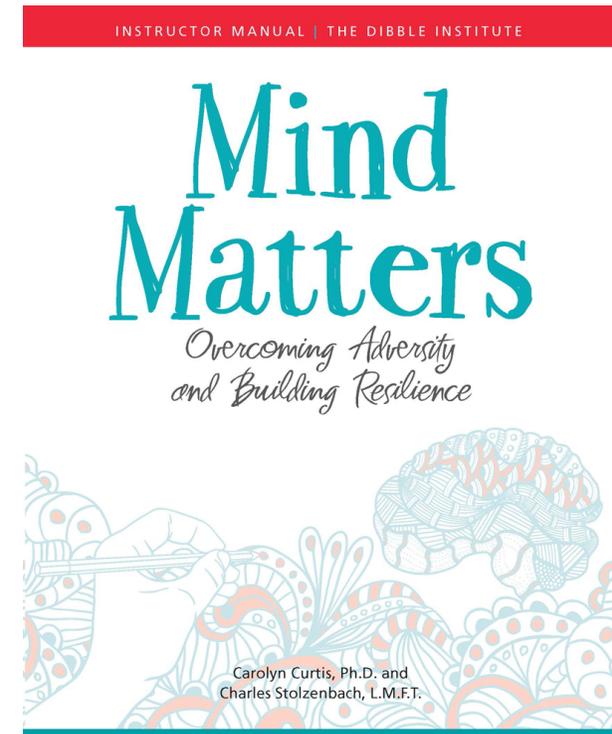


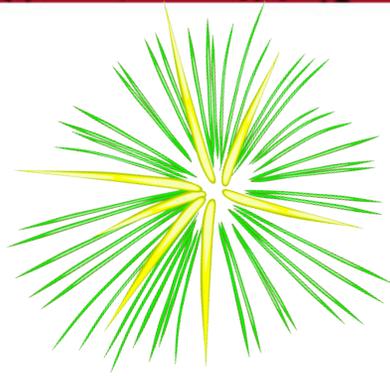
The Dibble Institute believes in research.



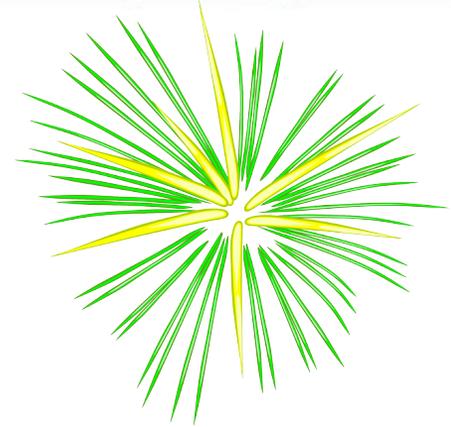
The stages of our Cooperative Agreement search

- Funding announcement – November, 2018
- Letters of Interest submitted to Dibble (7 total) – January, 2019
- Select applicants invited to submit full proposal – April, 2019
- Full application scoring rubric:
 - Study design (50 points)
 - Capacity and partnership (30 points)
 - Key personnel (10 points)
 - Budget narrative (10 points)





And the winner was...



Dr. Becky Antle with the University of Louisville's Center for Family and Community Well-Being



About Us: University of Louisville Center for Family and Community Well-Being

The University of Louisville Center for Family and Community Well-Being is directed by Dr. Becky Antle. Dr. Antle and her team have 17 years of experience and over \$15 million in federal funding for developing and evaluating relationship and mental health curricula for at-risk populations. This team has contributed extensively to the field's understanding of teen pregnancy prevention, dating and intimate partner violence prevention, child abuse prevention, and trauma treatment. As such, they were well positioned to conduct this preliminary evaluation of the Mind Matters trauma resiliency curriculum.

Overview of Mind Matters and UofL Project

Mind Matters: Overcoming Adversity and Building Resilience

Mind Matters is an evidence-informed curriculum for those who have experienced trauma or adversity with two primary goals: 1) understand trauma and its many effects on our lives and 2) build coping skills across multiple domains to promote healing and positive outcomes



Self-Soothing

This initial section of the curriculum teaches self-soothing skills such as breathing techniques, vagus nerve activities such as peripheral vision, mindfulness activities such as 5-4-3-2-1, and others.

Observing Self

In this section of the curriculum, participants learn how to perform a body scan, as well as how to identify and name feelings and thoughts, differentiate between the two and map the interaction of senses, thoughts, feelings, and behaviors.

Relationship Skills

The relationships skills section of the curriculum helps participants complete a support map and identify a key supporter, builds self- and other- empathy through a loving kindness practice, and learn empathic listening skills.

Mind Matters

Overcoming Adversity and Building Resilience



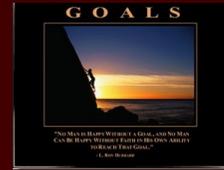
Hijacked Brain

In this module, participants learn about the different types of trauma people experience and the various impacts trauma has on the brain and areas of functioning, record their own trauma histories (ACES) and responses, and the potential for healing of the brain through neuroplasticity and the skills of this program.



Self-Care

In this section of the program, participants continue to build coping and resiliency skills such as music, physical activity, sleep, and tapping.



Intentionality

In the final section of the curriculum, participants develop a road map with goals and core values to guide them into the future and make a plan for continued use of the skills from the program to promote healing.

Overview of Implementation

The UL CFCWB Mind Matters project has partnered with a number of community based organizations who serve at-risk youth to deliver the Mind Matters curriculum. These agencies offer a variety of services for at-risk youth, ranging from residential treatment for youth in foster care to homeless crisis services to afterschool programs and educational/vocational rehabilitation services. Building upon an infrastructure and long-term partnerships with these agencies for the delivery of other relationship education programs for at-risk youth, our team has developed individualized plans for implementation.

Establishing Infrastructure

The UL CFCWB team partnered with Dibble and the author of the curriculum, Carolyn Curtis, to train 28 professionals in partner agencies in Louisville in October 2019. This two day training equipped facilitators to implement Mind Matters in their agencies. Following training, CFCWB staff have met with each agency to develop individual implementation plans for the study. CFCWB staff are responsible for providing all materials and collecting evaluation data, while the agencies provide space, recruitment, and facilitators.

Delivering Mind Matters

Implementation plans have been developed with partner agencies to best meet the needs and schedules of their youth. Youth in the experimental group receive the 12 modules of the Mind Matters curriculum, while those in the control group receive treatment as usual in the partner agency and complete the evaluation surveys. Once those in the control group have completed the entire round of surveys, they are eligible to participate in the Mind Matters program without completion of the evaluation surveys (waiting list control group). Those who participate and/or complete surveys receive incentives such as gift cards and curriculum-related "swag." Gift cards and swag individualized by site.

Conducting Evaluation

Youth in each cohort (e.g. cottage in residential treatment; training class at career center) are randomized the experimental (Mind Matters) or control (treatment as usual) group. Youth in both groups complete surveys at four points in time: baseline, endpoint of intervention, 3 months post intervention, and 6 months post-intervention. Surveys are a compilation of standardized scales on multiple trauma, mental health, and relationship outcomes, as well as direct evaluation of Mind Matters including satisfaction, knowledge, and skills gained. CFCWB staff collect all training and outcome data, while the process evaluation is a self-evaluation of the components of fidelity by facilitators at the agency.

Overview of Evaluation

The Mind Matters project at the CFCWB is a randomized controlled trial to study the impact of Mind Matters on high-risk youth in community-based settings. Approximately 200 youth in partner agencies will be randomized to the experimental (Mind Matters) or comparison (treatment as usual) groups over the 12-month study period. Data on trauma, mental health, and relationship outcomes are being collected at baseline, endpoint of intervention, 3 and 6 months follow up.

Training of Facilitators

There was a comprehensive evaluation of the training of facilitators in fall 2019. This evaluation included an assessment of knowledge and satisfaction with the training. The CFCWB team developed a knowledge test based on the Mind Matters curriculum to measure mastery of core content. The Dibble Institute administered a standardized measure of training satisfaction.

Process Evaluation

The CFCWB team developed a fidelity assessment tool that identifies core concepts and activities from each module. This fidelity assessment tool asks facilitators to rate the degree to which each concept was covered on a Likert scale as well as whether each activity was completed on a dichotomous scale. There is also an opportunity for qualitative feedback on implementation/fidelity. Each facilitator completes the tool during each session of Mind Matters.

Outcomes Evaluation

This RCT will compare key trauma, mental health, and relationship outcomes for at-risk youth in the experimental (Mind Matters) and control groups. There are a range of standardized scales being used to evaluate these outcomes (listed on next slide). Participants complete surveys on paper and are given an incentive for research participation. Follow-up data are being collected through multiple means, including data days, electronic surveys, phone calls and use of collaterals.

Evaluation Measures

Outcome	Scale	Timeframe	Data Collection Method
Program Satisfaction	UL Child Welfare Level 1 Training Satisfaction Scale	Session 6	Paper survey
Learning	UL Level 2 Knowledge Test	Session 1 and 6	Paper survey
Skill Acquisition	UL Level 3 Behavioral Anchor Scale	Session 1 and 6	Paper survey
Emotional Regulation	Difficulties in Emotion Regulation Scale	Session 1 and 6; 3 and 6 months post	Paper survey; multi-method for follow up
Well-Being	Pediatric Symptom Checklist	Session 1 and 6; 3 and 6 months post	Paper survey; multi-method for follow up
Interpersonal Skills	Social Competence Scale for Teenagers	Session 1 and 6; 3 and 6 months post	Paper survey; multi-method for follow up
Trauma Symptoms	ACES at baseline; UCLA Child/Adolescent PTSD Scale	Session 1 and 6; 3 and 6 months post	Paper survey; multi-method for follow up
Resiliency	Connor-Davidson Resilience Scale	Session 1 and 6; 3 and 6 months post	Paper survey; multi-method for follow up

Implementation of Mind Matters

Training of Facilitators

The 28 professionals from partner agencies who participated in the training of facilitators completed training evaluation measures of their mastery of core content and satisfaction with the training/trainers.

Knowledge

A 28 item knowledge test was developed based on the *Mind Matters* curriculum. This knowledge test was administered on the second day of the training of trainers. Scores ranged from 12 to 26 on the knowledge test, with an average 21.63 or 77% correct. The distribution of scores and high and low scoring items are reported on the next slide.

Satisfaction

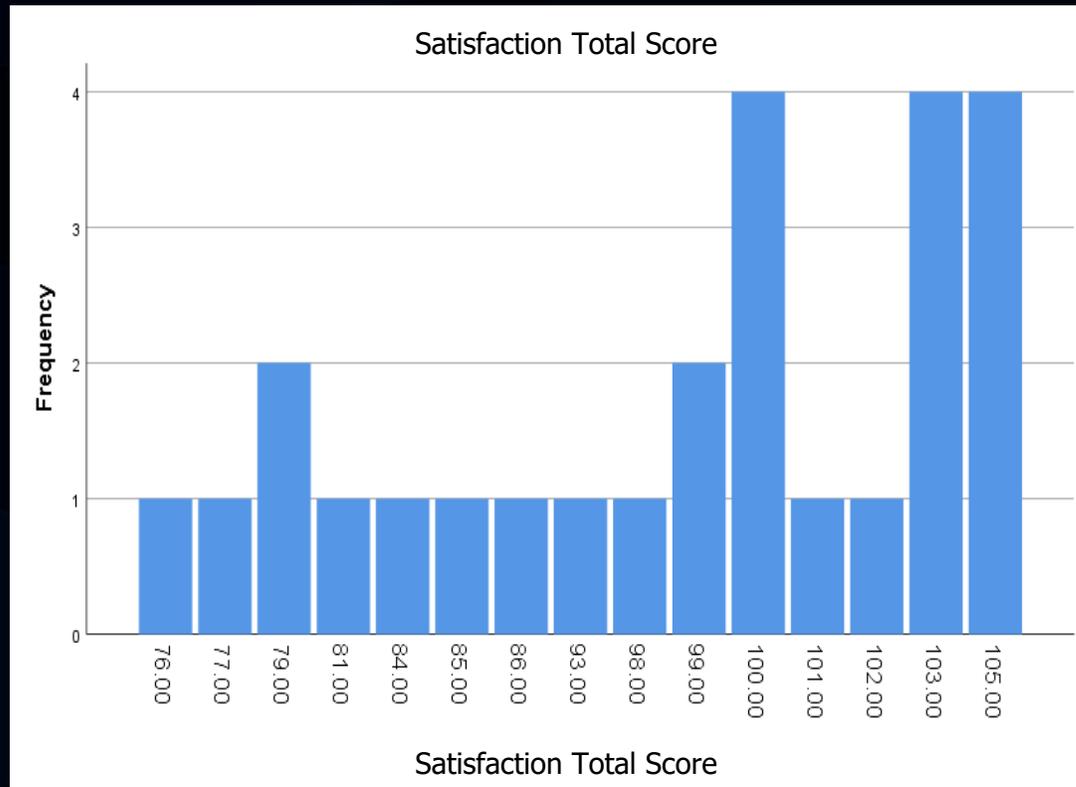
Participants completed a 21 item satisfaction scale that asked them to rate their satisfaction with each trainer and various components of the training on a five point scale. The average satisfaction score was 95.07 and ranged from 76 to 105 out of a total possible score of 105.

Trauma Scores

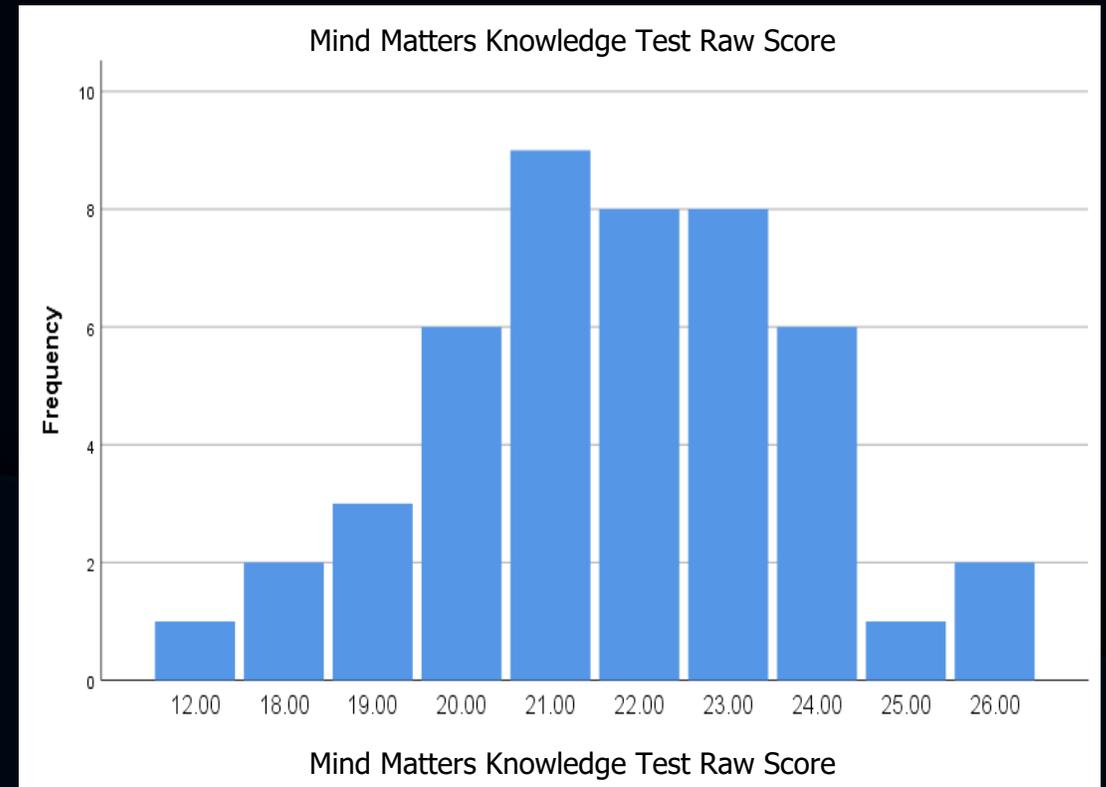
During the training, participants completed the ACES inventory of Adverse Childhood experiences. Scores ranged from 0 to 10, which the most frequently reported ACES score being 4. This finding highlights the importance of attending to the needs of facilitators and potential issues of secondary and vicarious trauma in this work.

Training Evaluation Data

Satisfaction



Knowledge Gain



Areas of Greatest Competence from Training

100%

- Active listening
- Making space
- SMART goals

97.8%

- Peripheral vision technique
- 5-4-3-2-1 mindfulness technique
- Support mapping

93.5%

- ACES
- Tapping
- Importance of sleep and physical exercise
- Loving kindness mantra

Implementation Planning

The CFCWB met with each agency to develop individualized plans for the logistics of Mind Matters implementation. This includes the target audience, recruitment strategies (if applicable), timing of classes, space and other supports, incentive preference, space, facilitators, and any other needed implementation supports. The first two partner agencies to begin implementation are summarized below. Additional implementation meetings have been completed with YMCA Safe Place (homeless shelter for youth) and Family Scholar House (residential setting for young mothers and their children/youth in college).

Maryhurst

Residential Treatment

Maryhurst has four cohorts running simultaneously from January through March. These four cohorts represent different cottages/treatment programs at their agency. Each cohort has an experimental and control group of 9 to 15 youth in each group. These classes have been embedded into normal enrichment programming for the residents.

Kentucky Youth Career Center

Community-Based Agency

KYCC has six cohorts planned from January to June. Each cohort is evenly divided between the experimental and control groups. Classes are offered as part of the educational and vocational training opportunities for all clients of KYCC.

Preliminary Implementation Data

The following summarizes numbers enrolled and served to date.

KYCC
13

There have been 9 participants in the experimental group and 4 participants in the control group.

Maryhurst
73

There have been 35 participants in the experimental group and 38 participants in the control group.

#Total
86

There have been 48 participants in the experimental group and 42 participants in the control group.

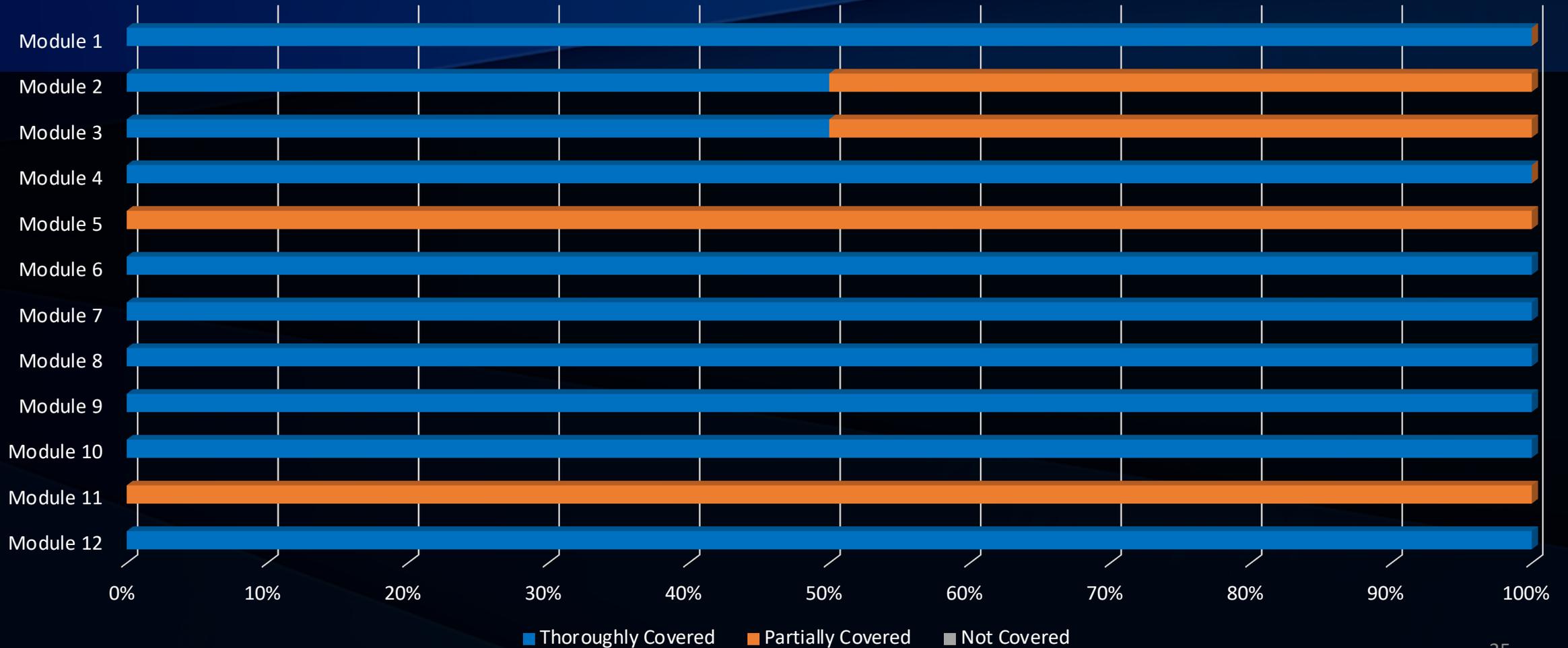
Fidelity Process

Facilitators complete a fidelity self-assessment after each session/module of Mind Matters in which they rate the extent to which core concepts are covered as well as whether or not each activity/exercise if completed.

MIND MATTERS FIDELITY CHECKLIST			
TEAM LEADER: _____		MEETING DATE: _____	
		MEETING # (__ OF 12): _____	
MIND MATTERS LESSON	1- Not Covered 2- Partially Covered 3- Thoroughly Covered	ACTIVITIES COMPLETED	COMMENTS
Lesson 1- Self-Soothing Why waiting is important and the nervous system	1 2 3	Focused Breathing Peripheral Vision 5-4-3-2-1 Coloring /4	
Lesson 2: Discover Emotions Understanding our body, emotions, and emotional intelligence	1 2 3	Body Scan Discover Emotions Inside Out Discussion Questions When Have You Felt These Emotions? When They Work and When They Don't You and Your Emotions Chart /6	
Lesson 3: The Difference Between Emotion and Thought & The Internal Journal Difference between thoughts and emotions	1 2 3	Three-part Breath Identifying Thoughts and Emotions Emotions or Thoughts Chart Internal Journal /4	
Lesson 4: Building Empathy Building empathy and kindness and Speaker/Listener	1 2 3	Loving Kindness Speaker/Listener /2	

Fidelity Data

Percentage of Facilitators Covering Each Module

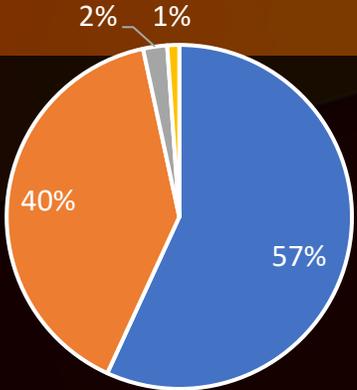


Mind Matters Preliminary Outcomes

PRELIMINARY DATA

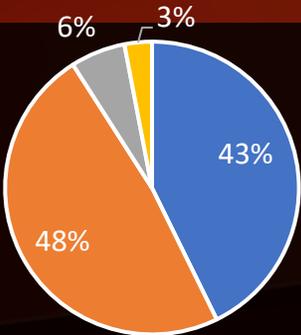
86 participants have completed baseline surveys for Mind Matters. The following summarizes demographic data on participants. The average age of participants was 15.91.

Race



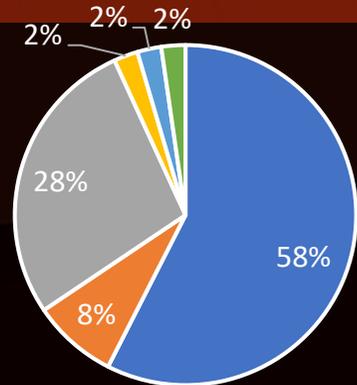
- Caucasian
- African American
- Native American
- Native Hawaiian/Pacific Islander

Gender Identity



- Male
- Female
- Genderfluid
- Gender non-conforming

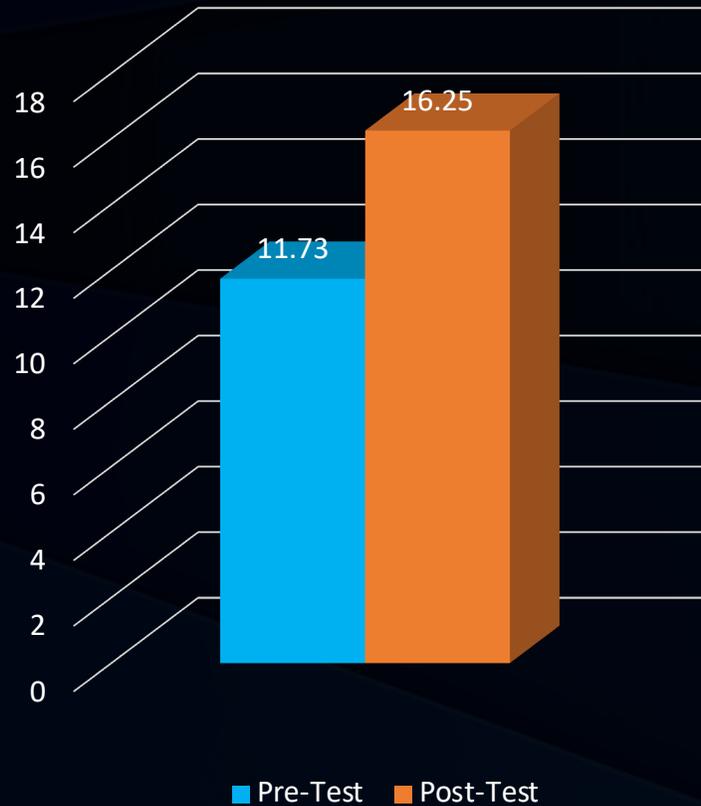
Sexual Orientation



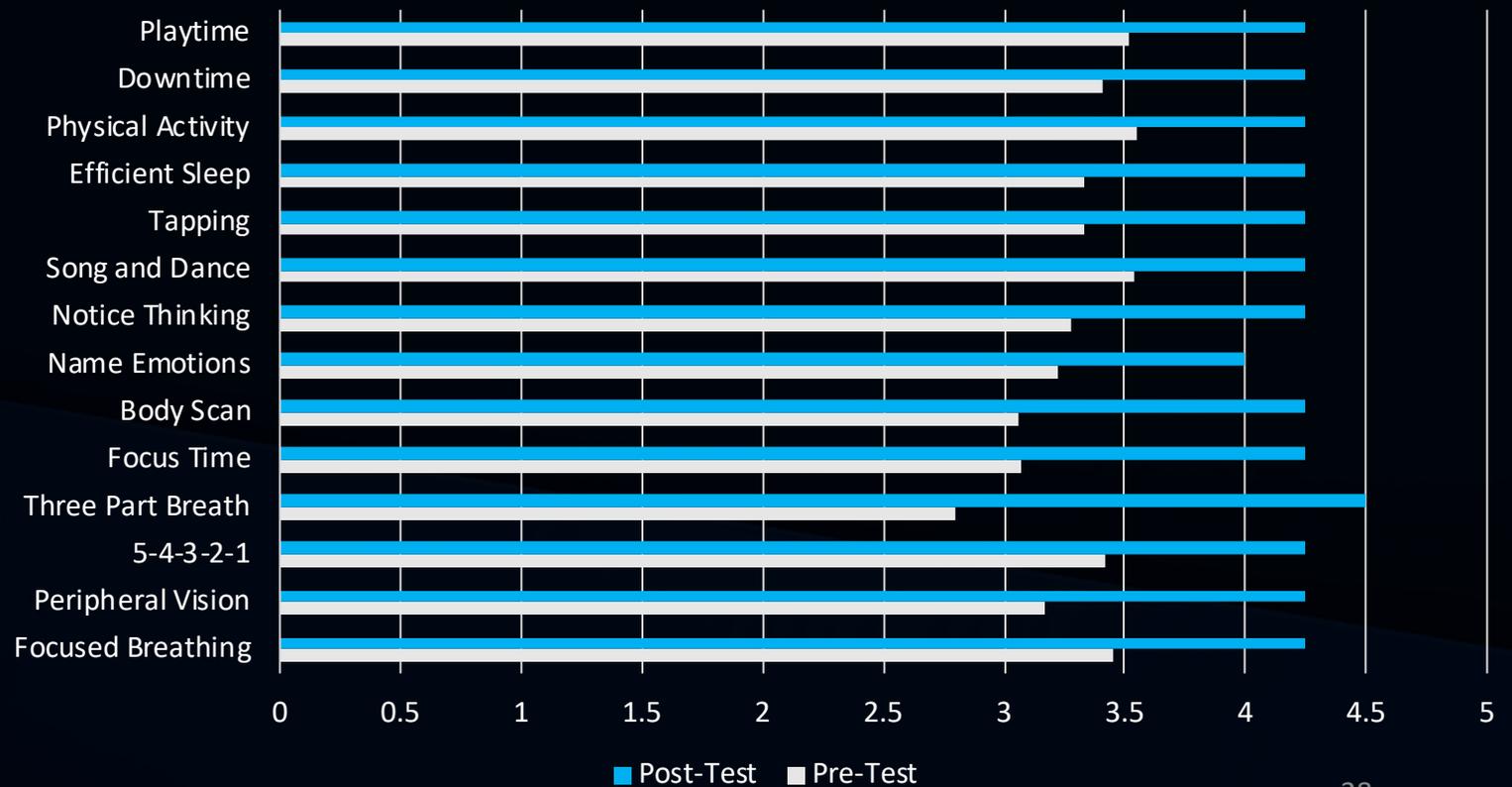
- Heterosexual
- Bisexual
- Asexual
- Gay or Lesbian
- Pansexual
- Other

PRELIMINARY DATA

Knowledge Gain

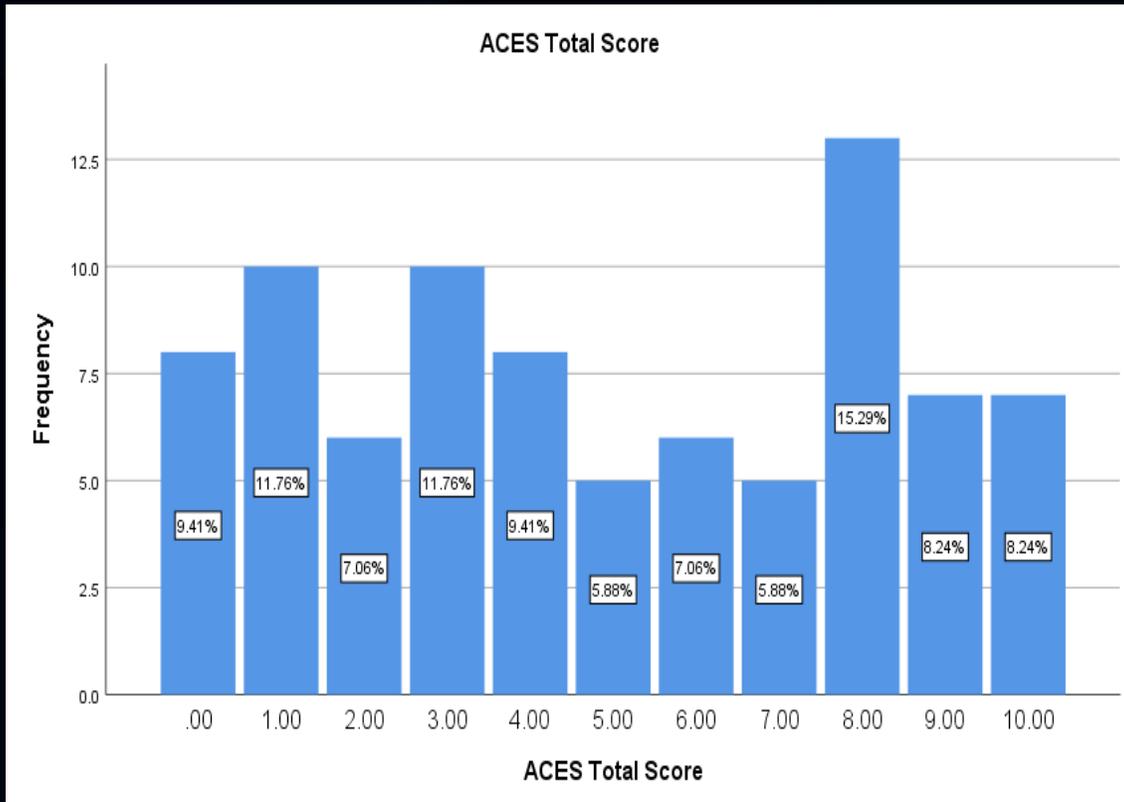


Skill Acquisition



PRELIMINARY DATA

Sample Distribution of ACES Total Scores



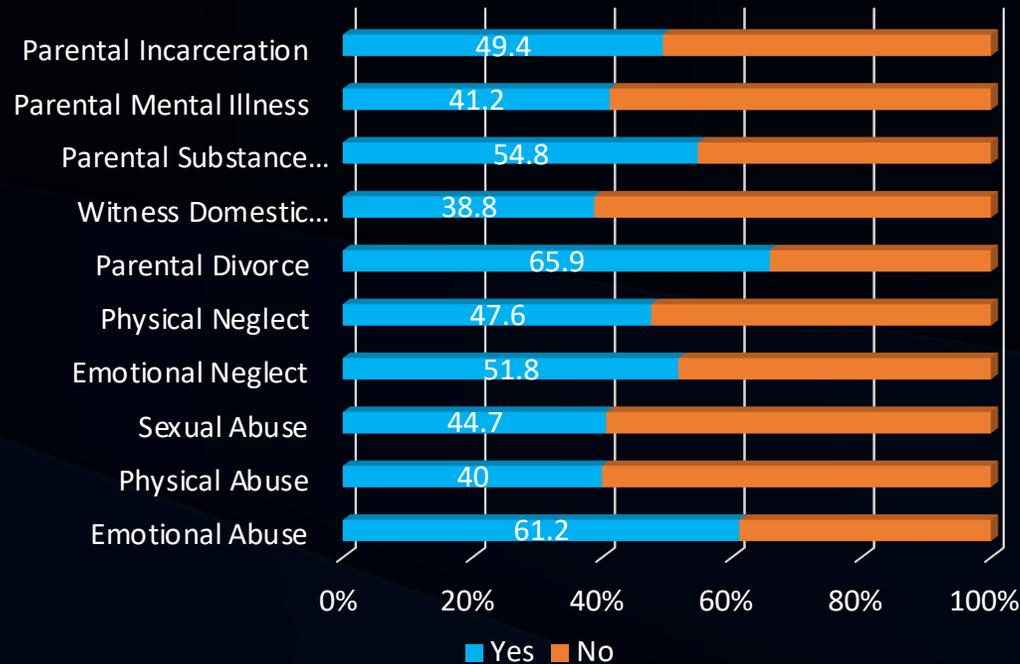
National Distribution of ACES Total Scores

Number of Aversive Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

PRELIMINARY DATA

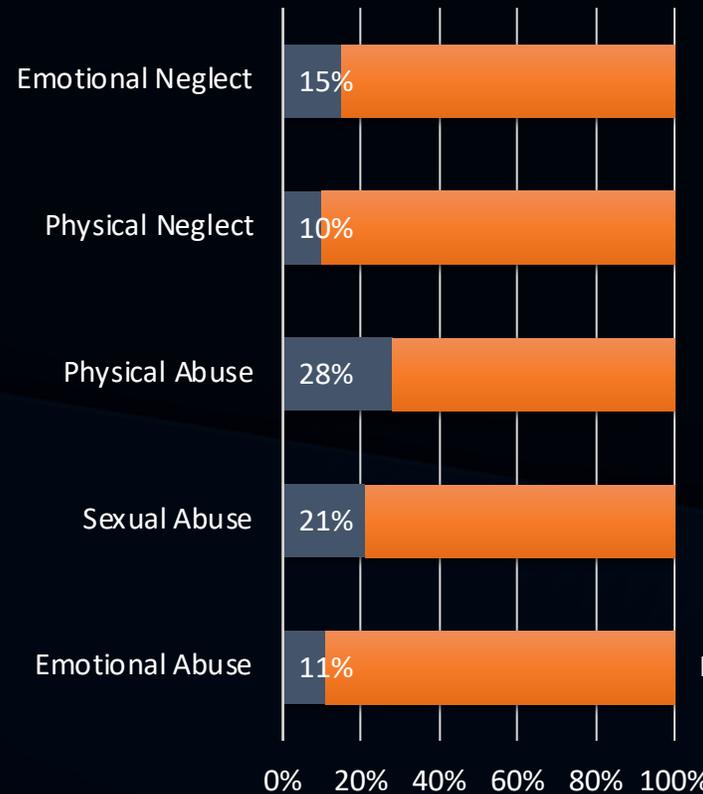
Sample Prevalence of ACEs by Type

Sam



National Prevalence of ACEs by Type

Abuse and Neglect

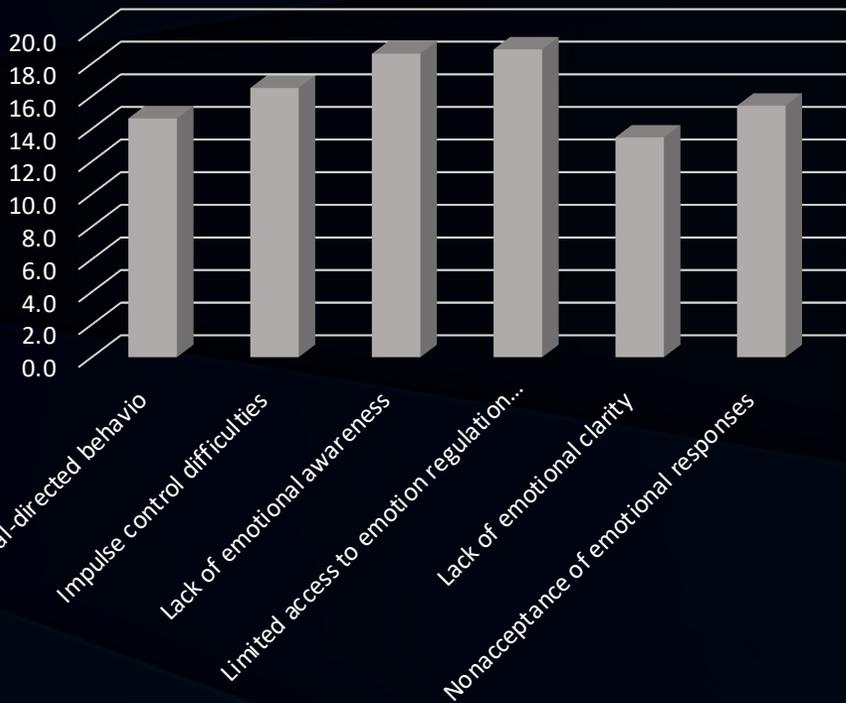


Household Challenges



PRELIMINARY DATA

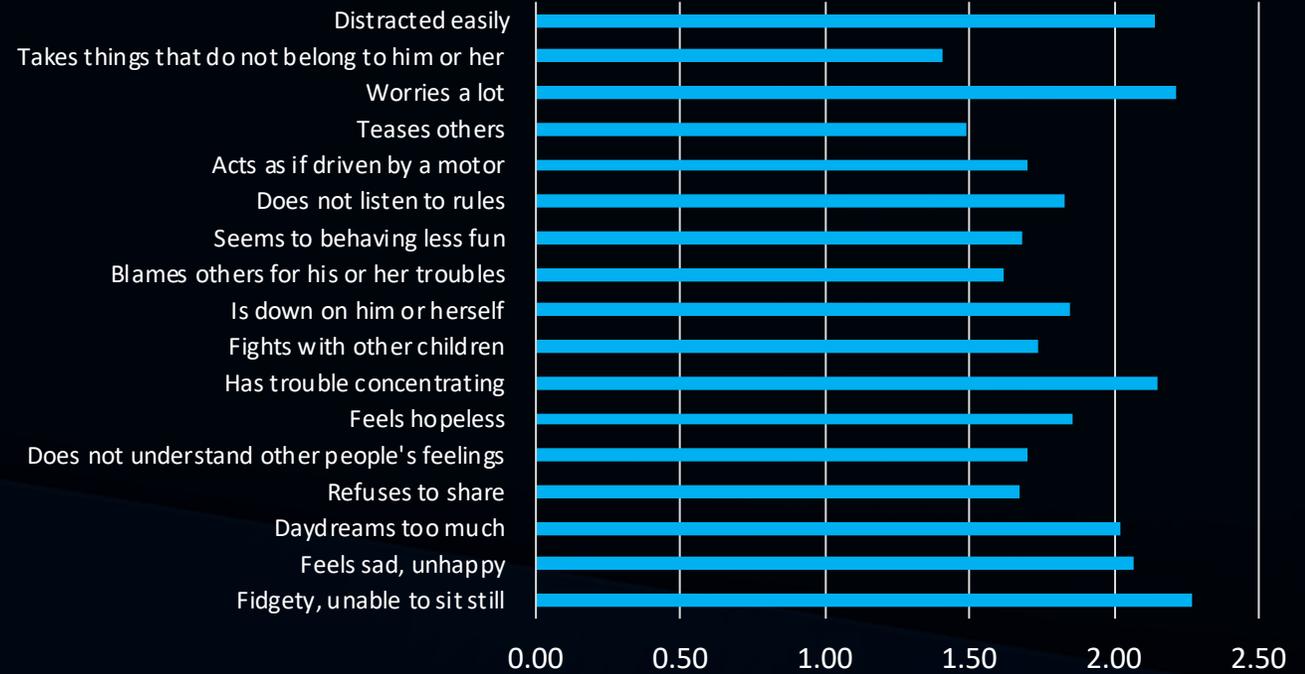
Difficulties in Emotional Regulation



■ Average total score on DERS was 150 out of possible 180. The national average is 89.33.

3/15/20

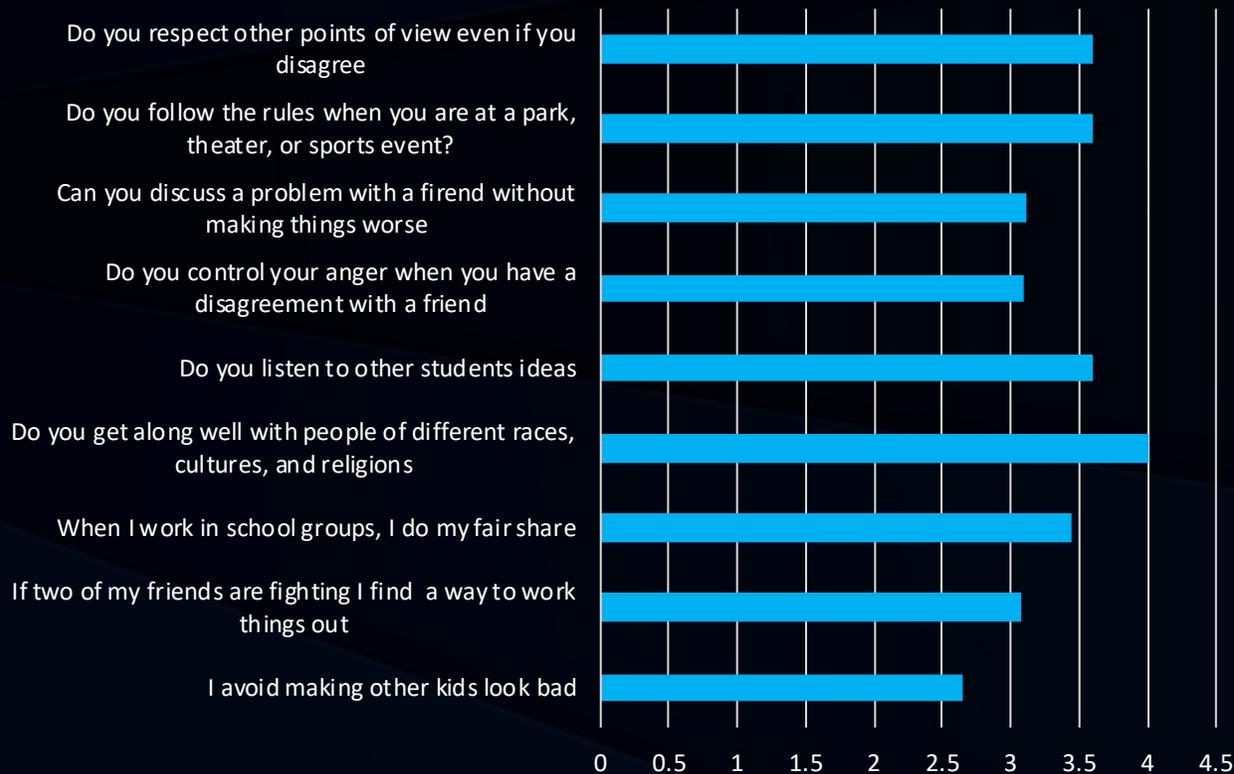
Pediatric Symptom Checklist



■ The mean PSC total score was 31.14 out of possible 51. The clinical cutoff is 28 (impaired). Mean externalizing score was 11.44. Mean internalizing score was 9.49. Mean attention score was 10.21. Any total on a subscale above a 7 is considered high risk.

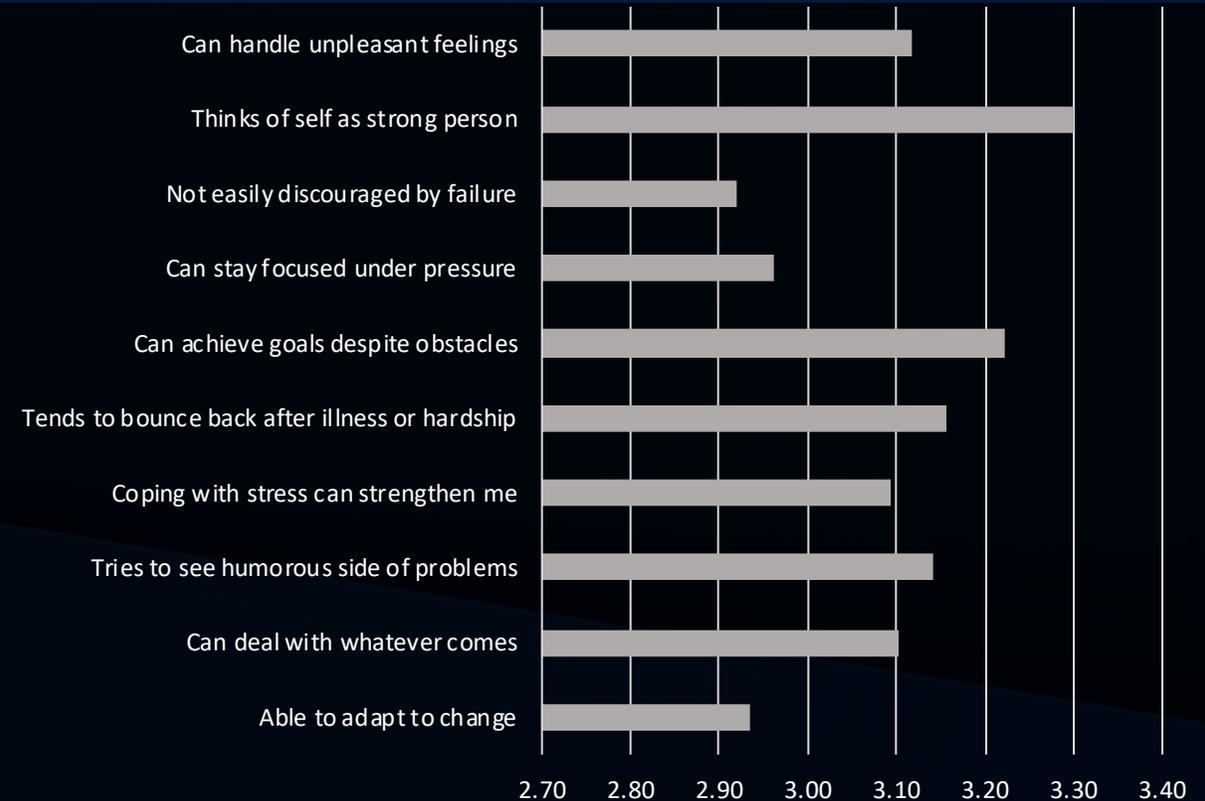
PRELIMINARY DATA

Social Competence



■ The average total score on the Social Competence Scale was 29.92 out of possible 45. The national average is 36.

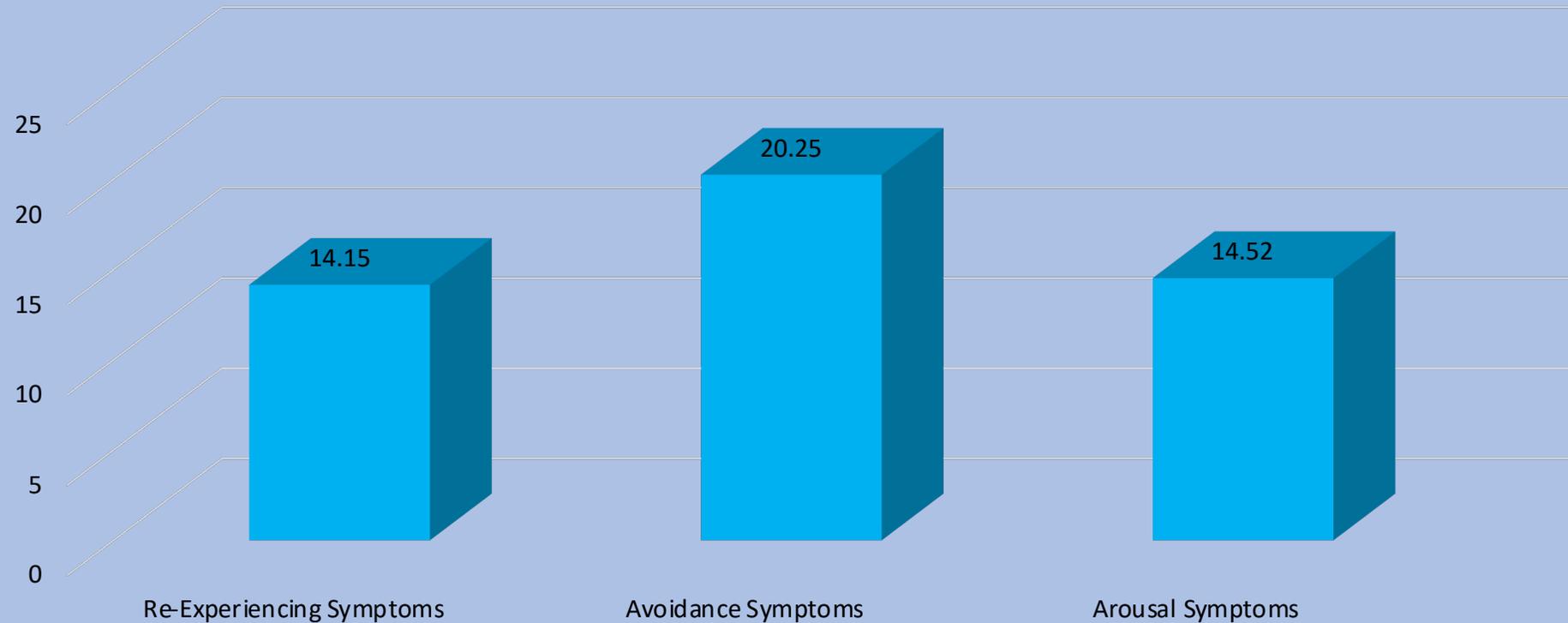
Resilience



■ The average total score on the Connor Davidson Resilience Scale was 33.83. The national average is 80.73 and the average for previous PTSD samples 47.8.

PRELIMINARY DATA

PTSD SYMPTOMS



■ The average PTSD severity score was 48.54 out of possible 85. The national average 26.92.

Voices from the Field

Feedback from Facilitators on the Impact of Mind Matters on their Youth

Maryhurst

Residential Treatment

“For the clients that are engaged in the Mind Matters, they are utilizing the learned coping skills in their individualized treatments and on the milieu floor. I have heard kids shouting their 5, 4, 3, 2, 1 observations from across the hallway and giggling while comparing.”

Conclusions and Future Implications

Summary of Key Findings

The following summarizes key findings across domains of capacity building (training evaluation and fidelity), population description (demographics, trauma, and baseline functioning), and preliminary outcomes (knowledge and skill acquisition).

Building Capacity

Training Evaluation and Fidelity

- The training of facilitators was an effective approach to promote knowledge and facilitation skills for the Mind Matters curriculum, as evidenced by knowledge test scores and fidelity scores for adherence to the curriculum. There is a need to address secondary and vicarious trauma of facilitators as they reported high ACE scores of their own.

Population Description

Demographics, Trauma Experiences, Baseline Functioning

- This sample has significantly higher levels of trauma and impairment than the national average. They reported significantly more impairment in social competence, resilience, emotional regulation, and overall behaviors. The average number of ACEs was 4.9, placing them in the highest category of risk for long-term outcomes. Subsequently, they also reported significantly higher numbers of PTSD symptoms than the national average.

Preliminary Outcomes

Knowledge and Skill Gain

- Preliminary analysis shows statistically significant improvement in knowledge and skills from pre- to post-intervention. Participants developed better knowledge and skills for coping with trauma and adversity. Partners report youth using the skills in daily life in residential treatment.

Future Implications

Trauma Centered Practice

Trauma such as that experienced by the youth in this study has significantly long-term effects on multiple domains of functioning and should be a treatment priority.

Preliminary findings suggest that this curriculum may be an effective strategy to promote knowledge and skills for coping with trauma.

This program may be incorporated into a variety of treatment settings. The program should be embedded into regular programming and supports such as incentives used to promote attendance.

Trauma Focused Research

Given the abundance of research on the impact of ACES on long-term functioning, research is needed on whether participation in programs such as Mind Matters can build resiliency skills and different trajectories for high risk youth.

There is also an opportunity to explore secondary or vicarious trauma of staff and the way in which staff trauma histories help or hinder their trauma practice with youth.

Trauma Informed Organizations

Trauma informed organizations embed skills from programs like Mind Matters into formal programming but also incorporate in the therapeutic milieu.

Staff in organizations that serve high risk youth often have significant trauma histories of their own. Organizations must be mindful of the potential for secondary or vicarious trauma as they work with youth around trauma issues and provide organizational supports to address these needs.

Thank you!

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Other Webinars about *Mind Matters*

[October 2019: One-on-One: A New Approach for Teaching Mind Matters in Individual Settings](#)

[June 2017: Mind Matters: Overcoming Adversity and Building Resilience](#)

Questions?????

The webinar will be available in three business days.

<https://www.dibbleinstitute.org/free-resources/webinars/>

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Second Wednesday Webinar

April 8, 2020

Family Environment Instability:

**How early childhood shapes social maladjustments
over time**

with

Elizabeth Karberg, Ph.D.

Senior Research Scientist, Child Trends