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 Experience, 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.
PRELIMINARY IMPLEMENTATION DATA

Numbers enrolled and served to this date:

- **KYCC - 13 Total Participants**
  - 9 participants in the Experimental Group
  - 4 participants in the Control Group
- **MARYHURST - 73 Total Participants**
  - 35 participants in the Experimental Group
  - 38 participants in the Control Group
- **TOTAL - 86 participants**
  - 44 participants in the Experimental Group
  - 42 participants in the Control Group

FIDELITY DATA

Percentage of Facilitators Covering Each Module

- **Module 1**
- **Module 2**
- **Module 3**
- **Module 4**
- **Module 5**
- **Module 6**
- **Module 7**
- **Module 8**
- **Module 9**
- **Module 10**
- **Module 11**
- **Module 12**

- Thoroughly Covered
- Partially Covered
- Not Covered
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: 57%
- African American: 40%
- Native American: 2%
- Native Hawaiian/Pacific Islander: 1%

SEXUAL ORIENTATION

- Heterosexual: 58%
- Gay or Lesbian: 28%
- Bisexual: 8%
- Pansexual: 2%
- Asexual: 2%
- Other: 2%

GENDER IDENTITY

- Male: 48%
- Female: 43%
- Genderfluid: 3%
- Gender non-conforming: 6%

KNOWLEDGE GAIN

- Pre-Test: 11.73
- Post-Test: 16.25

- Pre-Test: 0
- Post-Test: 8
SKILL ACQUISITION

Playtime
Downtime
Physical Activity
Efficient Sleep
Tapping
Song and Dance
Notice Thinking
Name Emotions
Body Scan
Focus Time
Three Part Breath
5-4-3-2-1
Peripheral Vision
Focused Breathing

Post-Test
Pre-Test
SAMPLE DISTRIBUTION OF ACES

NATIONAL DISTRIBUTION OF ACES

<table>
<thead>
<tr>
<th>Number of Aversive Childhood Experiences (ACE Score)</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>34.5</td>
<td>38.0</td>
<td>36.1</td>
</tr>
<tr>
<td>1</td>
<td>24.5</td>
<td>27.9</td>
<td>26.0</td>
</tr>
<tr>
<td>2</td>
<td>15.5</td>
<td>16.4</td>
<td>15.9</td>
</tr>
<tr>
<td>3</td>
<td>10.3</td>
<td>8.6</td>
<td>9.5</td>
</tr>
<tr>
<td>4 or more</td>
<td>15.2</td>
<td>9.2</td>
<td>12.5</td>
</tr>
</tbody>
</table>
SAMPLE PREVALENCE OF ACES BY TYPE

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Incarceration</td>
<td>49.4</td>
<td>50.6</td>
</tr>
<tr>
<td>Parental Mental Illness</td>
<td>41.2</td>
<td>58.8</td>
</tr>
<tr>
<td>Parental Substance Abuse</td>
<td>54.8</td>
<td>45.2</td>
</tr>
<tr>
<td>Witness Domestic Violence</td>
<td>38.8</td>
<td>61.2</td>
</tr>
<tr>
<td>Parental Divorce</td>
<td>65.9</td>
<td>34.1</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>47.6</td>
<td>52.4</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>51.8</td>
<td>48.2</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>44.7</td>
<td>55.3</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>61.2</td>
<td>38.8</td>
</tr>
</tbody>
</table>

NATIONAL PREVALENCE OF ACES BY TYPE

<table>
<thead>
<tr>
<th>Abuse and Neglect</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Neglect</td>
<td>15%</td>
<td>85%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>21%</td>
<td>79%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>11%</td>
<td>89%</td>
</tr>
</tbody>
</table>
DIFFICULTIES IN EMOTIONAL REGULATION

Average total score on DERS was 150 out of possible 180. The national average is 89.33.
### PEDIATRIC SYMPTOM CHECKLIST

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distracted easily</td>
<td>2.10</td>
</tr>
<tr>
<td>Takes things that do not belong to him or her</td>
<td>1.30</td>
</tr>
<tr>
<td>Worries a lot</td>
<td>2.00</td>
</tr>
<tr>
<td>Teases others</td>
<td>1.50</td>
</tr>
<tr>
<td>Acts as if driven by a motor</td>
<td>1.70</td>
</tr>
<tr>
<td>Does not listen to rules</td>
<td>1.90</td>
</tr>
<tr>
<td>Seems to behaving less fun</td>
<td>1.50</td>
</tr>
<tr>
<td>Blames others for his or her troubles</td>
<td>1.70</td>
</tr>
<tr>
<td>Is down on him or herself</td>
<td>1.60</td>
</tr>
<tr>
<td>Fights with other children</td>
<td>2.00</td>
</tr>
<tr>
<td>Has trouble concentrating</td>
<td>2.20</td>
</tr>
<tr>
<td>Feels hopeless</td>
<td>1.50</td>
</tr>
<tr>
<td>Does not understand other people's feelings</td>
<td>1.70</td>
</tr>
<tr>
<td>Refuses to share</td>
<td>1.50</td>
</tr>
<tr>
<td>Daydreams too much</td>
<td>2.10</td>
</tr>
<tr>
<td>Feels sad, unhappy</td>
<td>1.90</td>
</tr>
<tr>
<td>Fidgety, unable to sit still</td>
<td>2.40</td>
</tr>
</tbody>
</table>

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.
SOCIAL COMPETENCE

Do you respect other points of view even if...
Do you follow the rules when you are at a...
Can you discuss a problem with a friend...
Do you control your anger when you have a...
Do you listen to other students ideas
Do you get along well with people of different...
When I work in school groups, I do my fair share
If two of my friends are fighting I find a way to...
I avoid making other kids look bad

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

RESILIENCE

Can handle unpleasant feelings
Thinks of self as strong person
Not easily discouraged by failure
Can stay focused under pressure
Can achieve goals despite obstacles
Tends to bounce back after illness or...
Coping with stress can strengthen me
Tries to see humorous side of problems
Can deal with whatever comes
Able to adapt to change

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.
PTSD SYMPTOMS

![Bar chart showing average PTSD severity scores for re-experiencing, avoidance, and arousal symptoms.]

- The average PTSD severity score was 48.54 out of possible 85. The...

SUMMER PLANS

- KYCC plans to resume in person when able
- Maryhurst will begin another round of implementation June 2020
- Family Scholar House & Home of the Innocents have been contacted to discuss summer implementation possibilities
- Follow up data from Maryhurst to be analyzed
- Begin collection of 3-month follow up data

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.