

November 2024 Webinar

Innovative Uses of Mind Matters to Promote Youth & Family Well-Being

Presenter(s):

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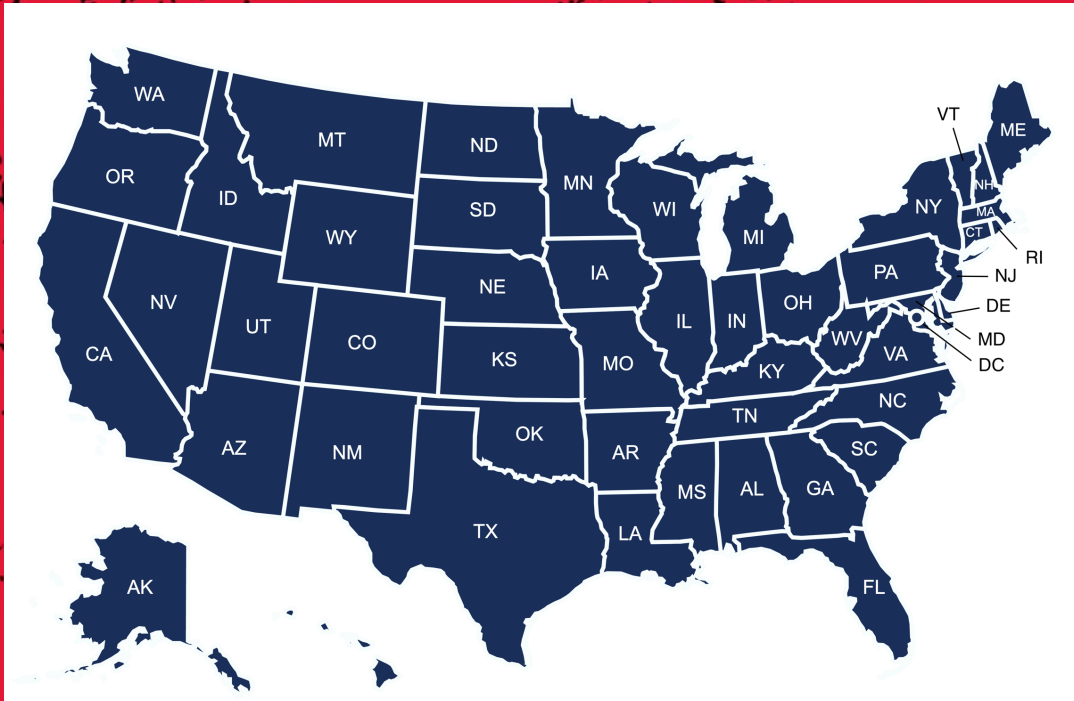
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Charlie and Helen Dibble



2022-2023 Clients
serving over 126,000 youth



The Dibble Institute
is a national,
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profit organization.

Our Mission

Empowering teens and young adults with knowledge and research-based skills to successfully navigate their intimate relationships.



We believe in research.



We believe in stable, safe, and nurturing families.



We believe that relationship education is for everyone.



Innovative Uses of Mind Matters to Promote Youth and Family Well-Being

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Mission of CFCWB

The Center for Family and Community Well-Being (CFCWB)

- Advances the well-being of vulnerable populations through the development and dissemination of evidence-based practices, technology driven innovations, and research
- Addresses complex social problems such as violence and trauma, poverty, injustice, and disparities in health and mental health.

The Center offers a unique hub for the translation of research into practice and partnership.

We seek to embody evidence-based, trauma-informed, anti-racist values and practices.

CFCWB: Three Types of Services

Research and Program Evaluation

- Mixed Methods
- Focus Groups/Interviews
- Surveys
- Observation
- Fidelity
- Chart File Review
- Analyzing Data
 - Quantitative (numbers)
 - Qualitative (storytelling)
- Presenting Data
 - Charts/Graphs
 - Reports

Training/ Professional Development

- Trauma Informed Care
- Anti-Racism
- Mind Matters
- Stress Resiliency
- Motivational Interviewing
- Love Notes (Relationships)
- Supportive Supervision
- Unhoused Parents
- Prevention of Burnout
- Mind Over Mood
- Substance Abuse
- TFCBT

Product Development

- Workshops
 - Lit Reviews
 - PowerPoints
 - Manuals
- Marketing
 - Flyers
- Manualize Practice Models
- Web Development

CFCWB: Four Substantive Areas

Child Welfare

- Family Recovery Court
- Social Determinants of Health: DCBS
- Alternative Response
- Key Assets
- Field Training Specialist Mentoring Program
- Court Based Supervised Visitation Program
- Families in Transition
- Prevent Child Abuse Kentucky: General, OUD
- QIC WD
- Safespace
- Fatherhood
- Truth Telling Councils
- Maryhurst

Social Justice

- Anti Racism Training: : UofL and Community
- LAMBDA: Minority Business Development
- CRAFT: Creating Resilience Among Families through Training (Unhoused Families)
- See Forward Ministries (African R/I)
- JHFE Refugee/Immigrant Youth Needs Assessment
- Summer Bridge Programs
 - Kent and Cancer Health Disparities
- Asia Institute/Crane House: AAPI Systems Navigation
- Legal Aid
- Cedar Lake (DID)

Mental Health/ Trauma

- Trauma Resilient Communities: ARP and ReCAST 2.0 and NC
- **Mind Matters (JHFE/Dibble)**
- PCORI Electronic CBT for Depression
- Suicide Fatality Review
- University Mental Health
 - Campus Suicide Prevention (Cards SPEAK)
 - Athletics
 - USF Student Mental Health
- Organizational Well-Being UofL
 - Trust
 - Supportive Supervision (UofL)
 - BIPOC Turnover
- CSYA Coalition Serving Young Adults MH/Trauma Assessment

Health/Health Disparities

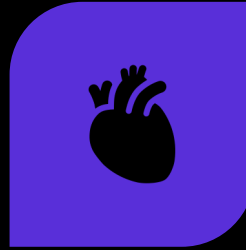
- LCTRC: Louisville Center for Translational Research
- CEOc
 - Workforce
 - Innovation/Technology
 - Leadership
- P30 Center for Integrated Environmental Health Sciences
- P30 Pilot Environmental Health/Disparities for Refugee/Immigrant Populations
- LMPHWD: Organizational Well-Being Assessment and Intervention
- UofL Health: Trauma Informed Leadership

Overview of Mind Matters

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



Mind Matters: Overcoming Adversity and Building Resilience



Self-Soothing Skills: 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 Skills: 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



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



Intentionality Skills: 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.

Mind Matters Funding History

2019–2021

Dibble Foundation Grant: RCT (N=103)

2023–2025

JHFE Grant: Continued Community Implementation and Racial Trauma Expansion (N=300)

2021–2023

Jewish Heritage Fund for Excellence Grant: Community Implementation across 10 partner youth serving organizations (N=300)

Overview of Implementation Strategies/Adaptations

Residential Treatment	Embed in therapeutic milieu By cottage Required vs. optional groups
Community Based Youth Serving Organizations	After school programs Weekend camp
School Systems	FRYSC: after school programs Classrooms: embed in health MHPs: therapeutic groups University programs
Specialized Programs	Racial trauma Substance affected families: adults and children in Family Recovery Court

Evaluation Approach Across Settings

Outcome	Scale	Timeframe	Data Collection Method
Program Satisfaction	UL Child Welfare Level 1 Training Satisfaction Scale	Follow up survey	Paper survey
Learning	UL Level 2 Knowledge Test	Baseline and follow up survey	Paper survey
Skill Acquisition	UL Level 3 Behavioral Anchor Scale	Baseline and follow up survey	Paper survey
Fidelity	UL Mind Matters Fidelity Checklist	Every session of Mind Matters	Trainers to complete self-report checklist
Emotional Regulation	Difficulties in Emotion Regulation Scale	Baseline and follow up survey	Paper survey; multi-method for follow up
Well-Being	Pediatric Symptom Checklist	Baseline and follow up survey	Paper survey; multi-method for follow up
Interpersonal Skills	Social Competence Scale for Teenagers	Baseline and follow up survey	Paper survey; multi-method for follow up
Trauma Symptoms	ACES at baseline; UCLA Child/Adolescent PTSD Scale	Baseline and follow up survey	Paper survey; multi-method for follow up
Resiliency	Connor-Davidson Resilience Scale	Baseline and follow up survey	Paper survey; multi-method for follow up



Residential Treatment (N=110)

Residential Implementation Details

Details

One residential facility offers optional or self-selected groups; this was offered as one of the alternatives

Another residential program embedded in daily activities

One hour a week for 12 weeks or 2-3 modules per week in hourly increments

Careful management of trauma disclosures bc youth are living together

Have plans ready for debriefing, aftercare bc many youth left groups feeling triggered, dysregulated and needed additional support

Connect to individual therapists and house parents so they are aware of what learning, sharing, etc

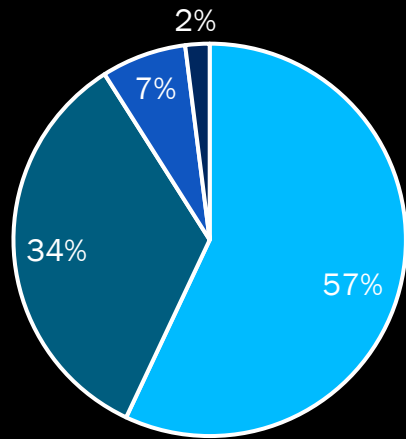
Advantages

Connects to goals/model of many residential programs

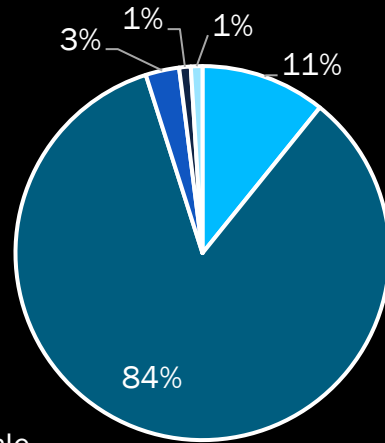
High rate of trauma among residential youth

Opportunity for shared/reinforcement of coping strategies

Residential Sample

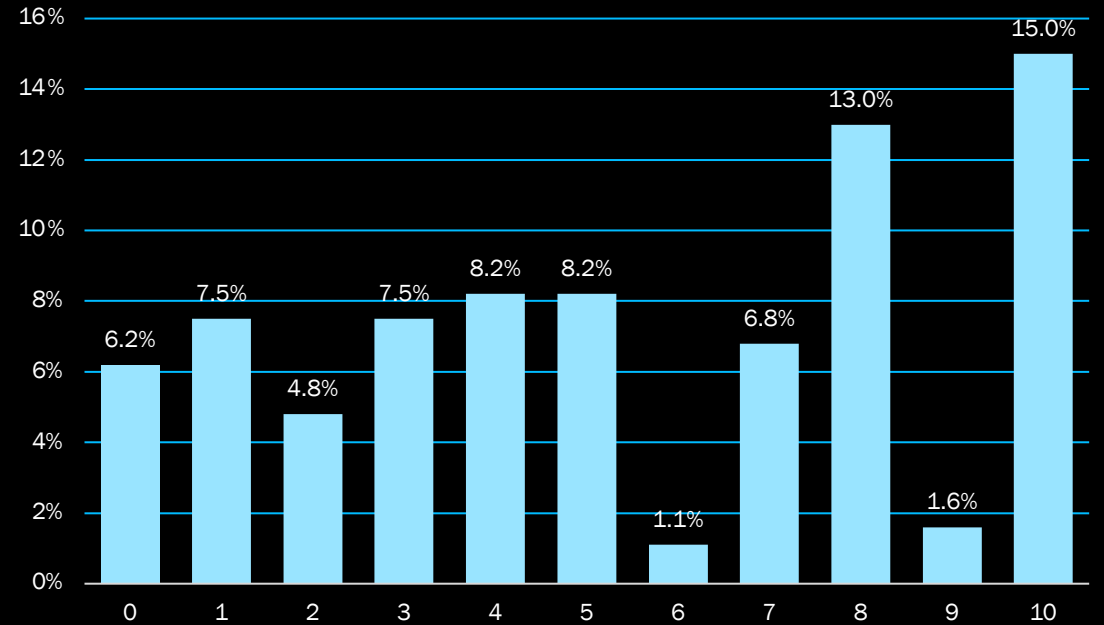


- Caucasian
- African American
- Native American
- Native Hawaiian/Pacific Islander



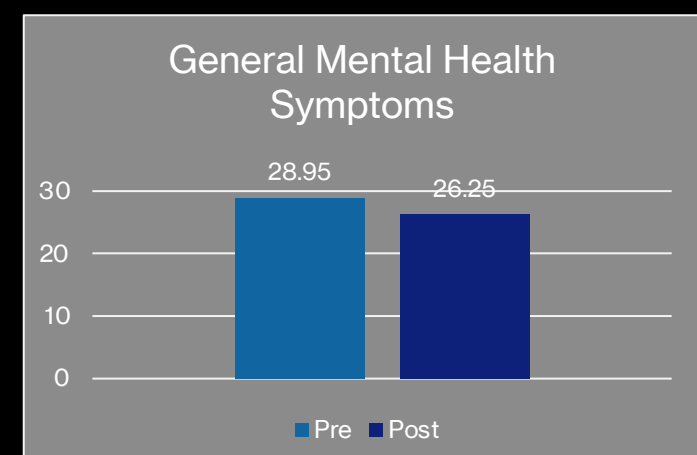
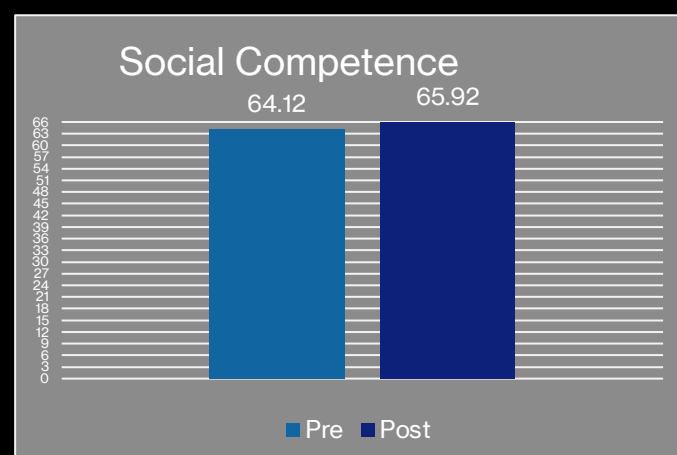
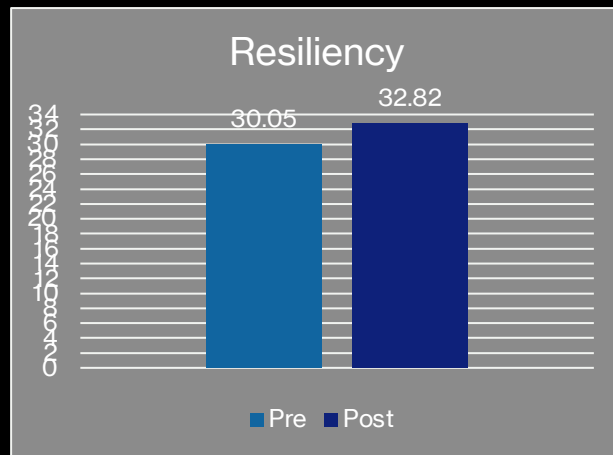
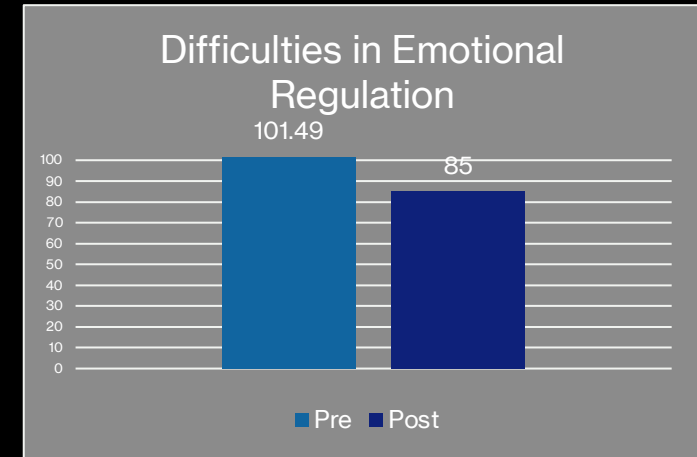
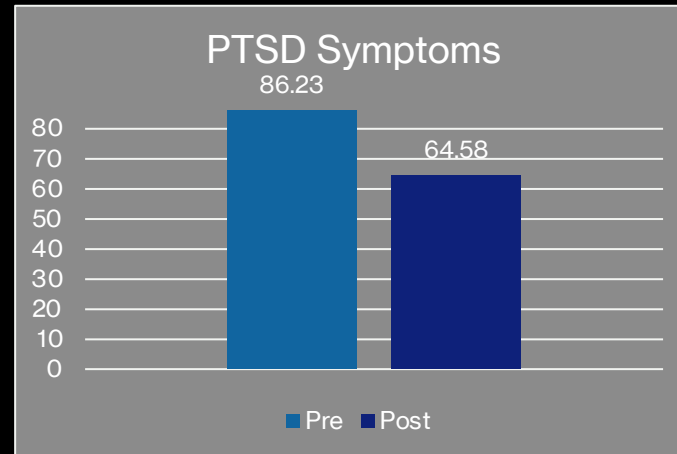
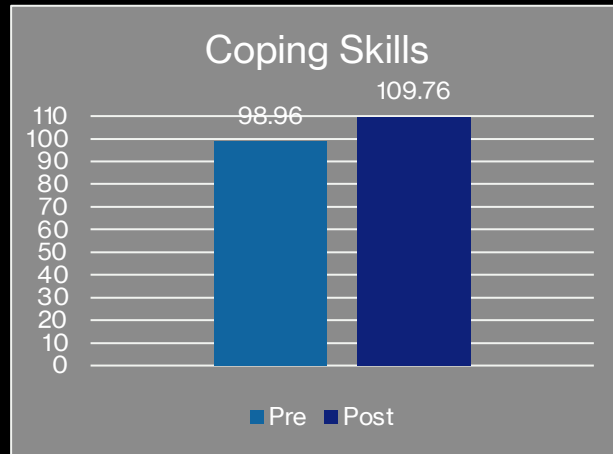
- Male
- Female
- Genderfluid
- Gender non-conforming
- Transgender

ACES Distribution



Average Age: 15.9

Residential Outcomes



Residential Challenges



Boundary issues “trauma dumping”; competitive sharing



Breaking of confidentiality “using trauma disclosures as a weapon”



Emotional contagion



High rate of turnover of staff (85%) necessitating constant training



COVID restrictions for outside trainers/data collectors



Frequent moves in and out of facility/cottages



Community Based Youth Serving Organizations (N=320)

Community Based Organization Implementation Details

Partnered with a wide range of community based organizations including

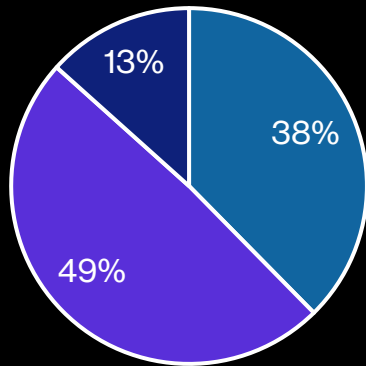
- True Up: agency for foster youth preparing for independent living
- Book Works: afterschool program
- The Spot: alternative/vocational program for youth 16-24 who have exited traditional school
- YMCA Summer Camp
- Youth Build: educational/vocational program for youth
- See Forward Ministries: agency serving African refugee/immigrant youth
- Backside Learning Center: organization for children of track workers
- Inspire 2 Be: counseling center with groups for youth

Adaptations needed

- Translation to Spanish and African languages, use of interpreters, cultural adaptations (explanation of key concepts)
- For refugee/immigrant youth, parents also wanted to attend parallel groups or have access to content
- For educational/vocational programs, Mind Matters offered as one of the life skills classes
- For summer camp, offered as weekend camp option
- For afterschool program and counseling center, offered as weekly activity

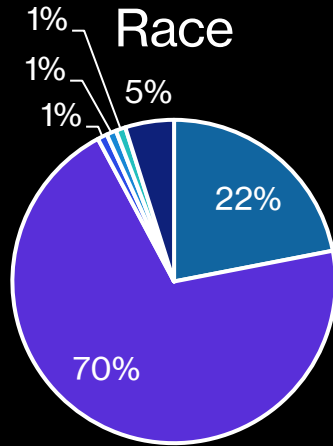
Community Sample

Gender



Male Female Gender Minority

Race



White
Black
American Indian
Asian
Native Hawaiian/Pacific Islander
Multi Racial

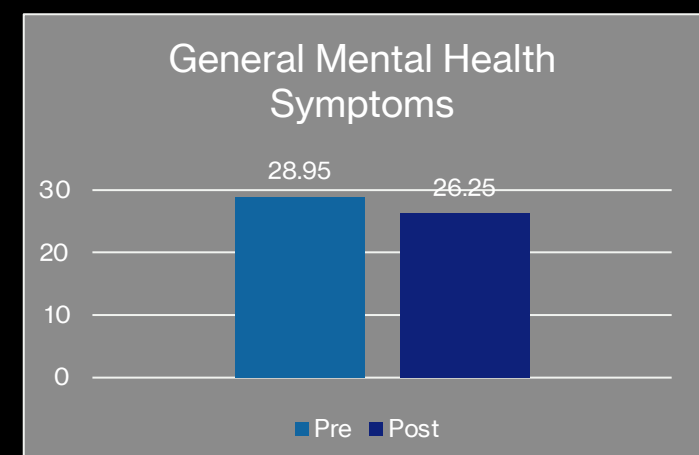
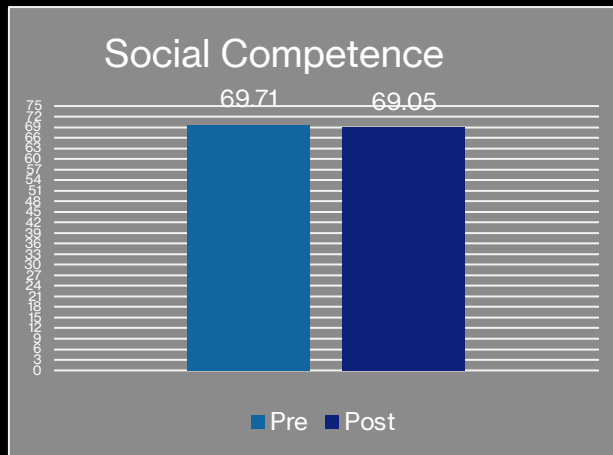
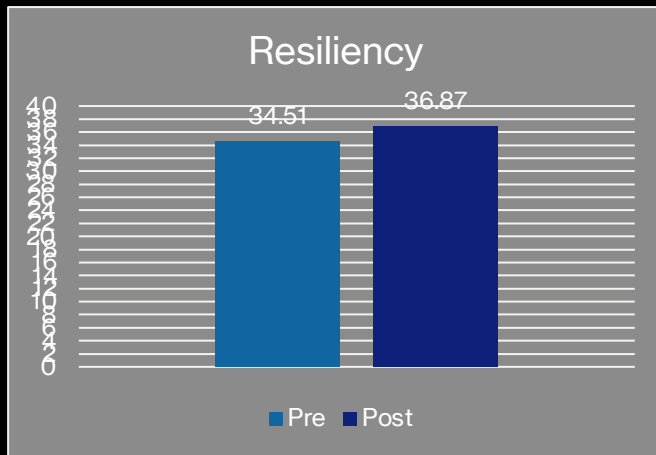
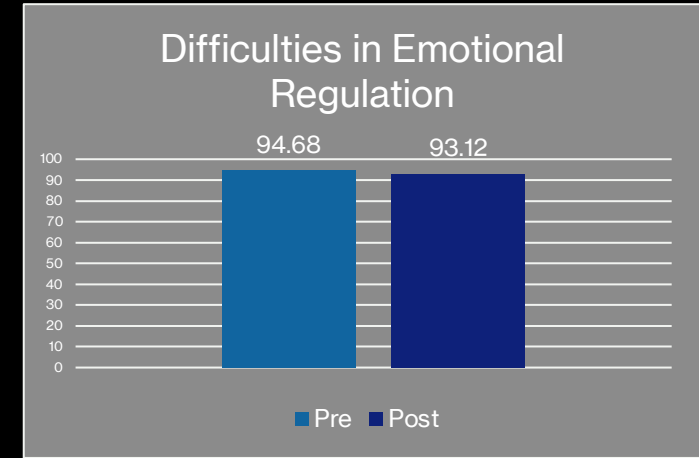
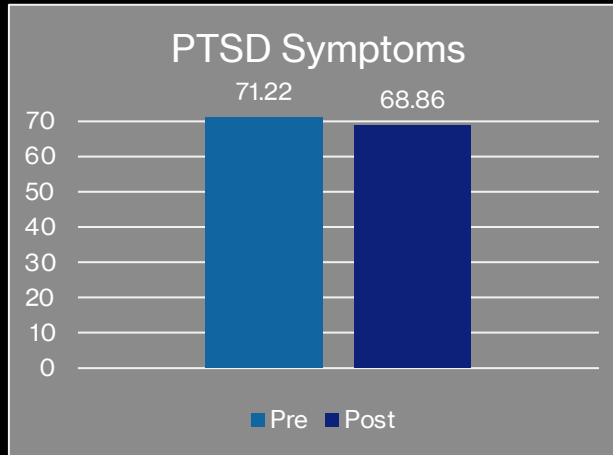
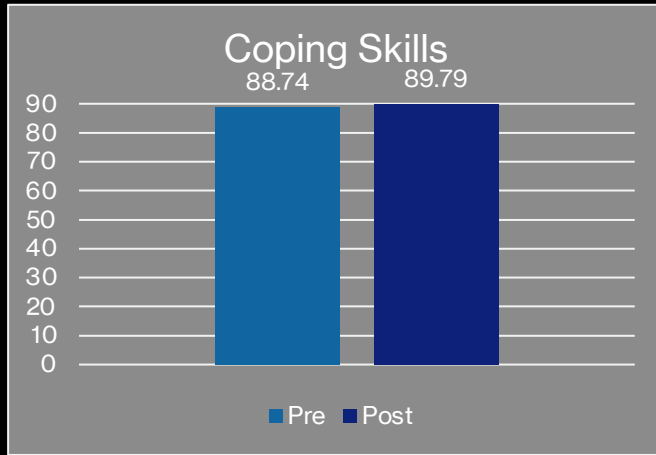
ACES_TotalScore

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	37	19.5	25.3	25.3
	1	29	15.3	19.9	45.2
	2	18	9.5	12.3	57.5
	3	15	7.9	10.3	67.8
	4	13	6.8	8.9	76.7
	5	14	7.4	9.6	86.3
	6	9	4.7	6.2	92.5
	7	3	1.6	2.1	94.5
	8	3	1.6	2.1	96.6
	9	1	.5	.7	97.3
	10	4	2.1	2.7	100.0
	Total	146	76.8	100.0	
Missing	System	44	23.2		
Total		190	100.0		

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		18	9.5	9.5	9.5
	12	2	1.1	1.1	10.5
	13	5	2.6	2.6	13.2
	14	23	12.1	12.1	25.3
	15	26	13.7	13.7	38.9
	16	7	3.7	3.7	42.6
	17	3	1.6	1.6	44.2
	18	16	8.4	8.4	52.6
	19	11	5.8	5.8	58.4
	20	12	6.3	6.3	64.7
	21	18	9.5	9.5	74.2
	22	19	10.0	10.0	84.2
	23	20	10.5	10.5	94.7
	24	9	4.7	4.7	99.5
	25	1	.5	.5	100.0
		Total	190	100.0	100.0

Community Based Outcomes



Community Based Challenges

Language barriers

Variable schedules of agencies

Students “come and go”

Diversity of students served (range of trauma experiences, ages, needs)

Length of program can be a barrier; some have offered a shorter (6 module) version

Maintaining partnerships over time as organizations are tapped for new grants/initiatives

Not all organizations have clinically trained staff so may need extra training/support in handling trauma disclosures

Challenges for data collection with schedules (weekend camps, frequent changes)



School Systems (N=97)

Implementation Details

FRYSC:

- After school programs offered to parents and children
- Mind Matters offered as an intensive option to those who have been referred or a general offering to kids who are in after school care

Classrooms:

- Embed in health, junior high enrichment, homeroom/house system

MHPs:

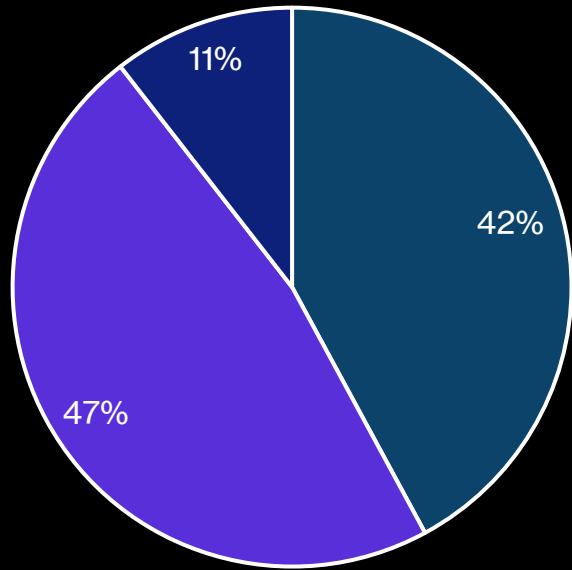
- Most schools in our county have mental health professionals
- These MHPs were trained and have been offering as therapeutic groups by referral or for targeted audiences (e.g. grade levels, genders, self-selection, refugee/immigrant students)

University:

- Summer bridge programs for incoming freshmen, those transitioning to upper division or grad school
- Campus suicide prevention efforts including offering of multiple EBPs including MM

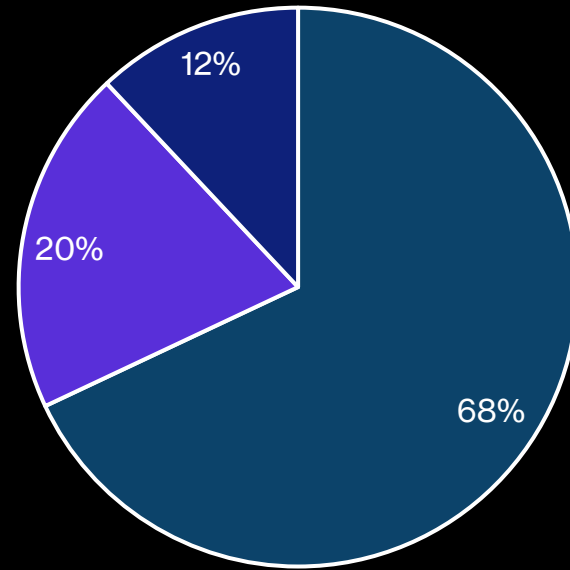
School Sample

Gender



Male Female Gender Minority

Race



White Black Hispanic

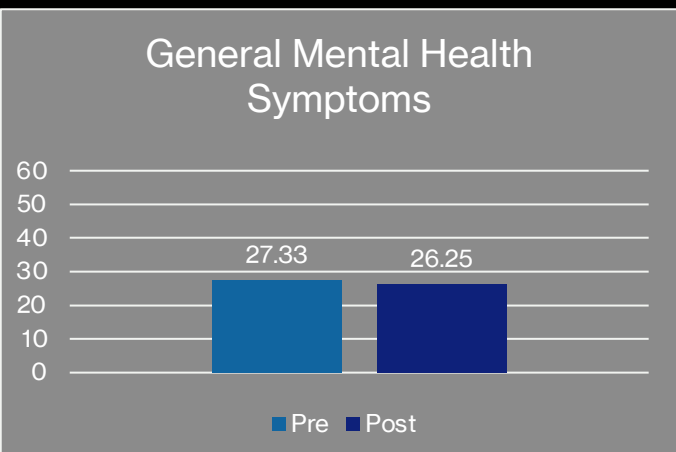
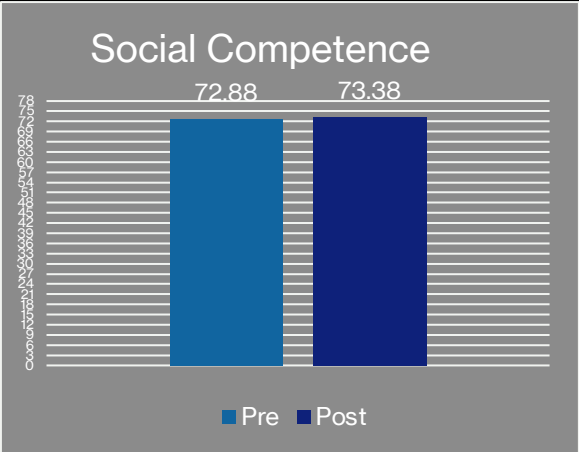
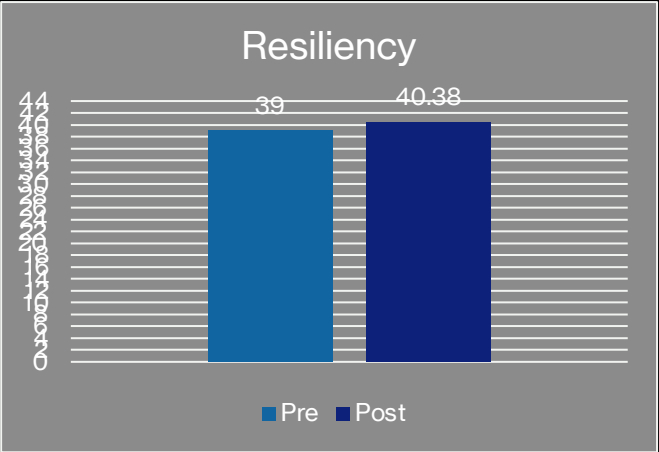
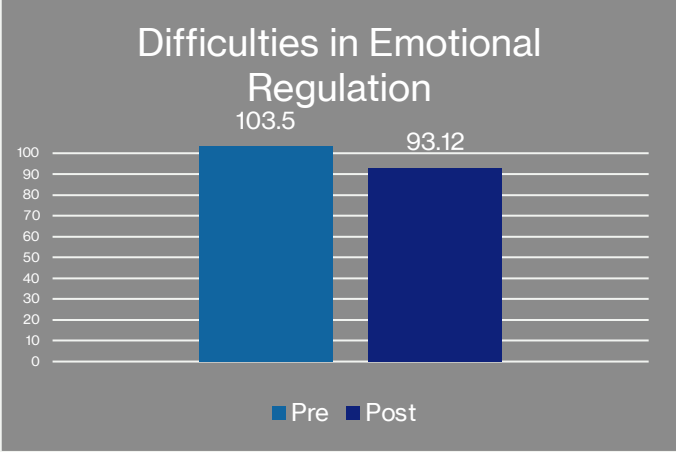
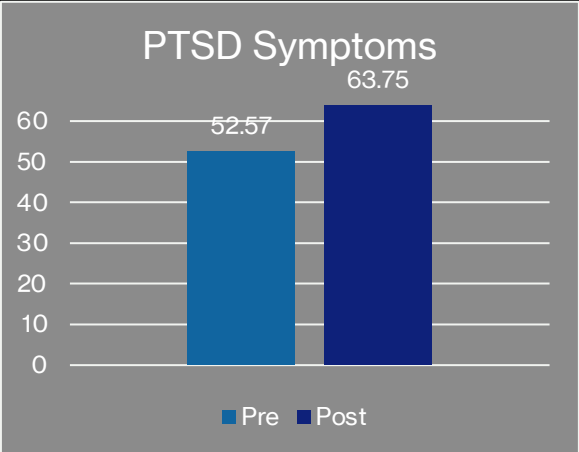
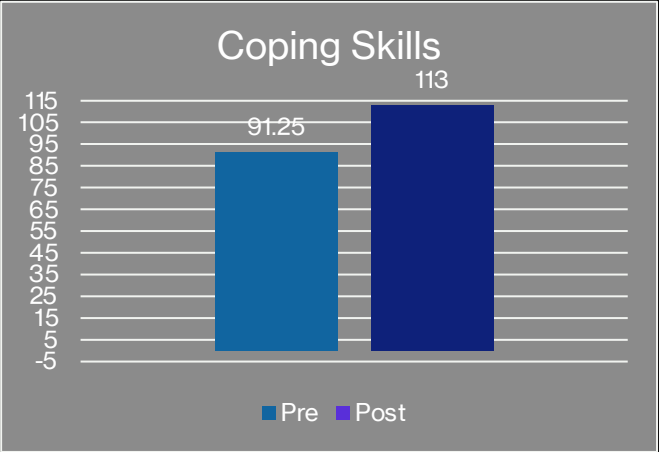
ACES_TotalScore

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Valid	0	11	57.9	57.9	57.9
	2	2	10.5	10.5	68.4
	4	5	26.3	26.3	94.7
	5	1	5.3	5.3	100.0
Total		19	100.0	100.0	

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1	5.3	5.3	5.3
	15	6	31.6	31.6	36.8
	16	2	10.5	10.5	47.4
	17	2	10.5	10.5	57.9
	18	8	42.1	42.1	100.0
Total		19	100.0	100.0	

School Outcomes



School Challenges

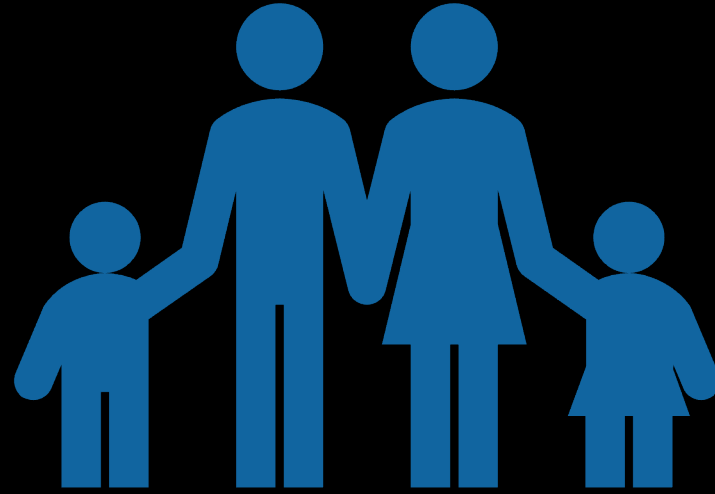
Data collection: our school system prohibits research without intensive oversight from before grant awarded

Developed workarounds in poll everywhere for public schools

Private schools more open to offering program but some parents wary of program and evaluation; also content on trauma not as applicable as they were a privileged population

Content adaptations needed for college students: shorter length, unique needs (racial trauma, athletes, transition to adulthood, need to make specific connections to suicide risk for suicide prevention grant)

Importance of having mental health professionals on site who can manage risk as not all schools have these resources or clinically trained staff like residential



Specialized Programs (TBD)

Implementation Details

- Additional grant opportunities will support program expansion in two key areas:
 - + Racial trauma:
 - Component of second JHFE grant to focus on development of arts based healing modules for racial trauma
 - Team has already engaged a large number of CBOs service youth of color
 - Programs already developed for support mental health for college students of color
 - Connects to anti-racism work developed in 2020
- Substance affected families: adults and children in Family Recovery Court
 - + High rate of trauma among parents of children involved with CPS with co-occurring substance use issues
 - + Trauma predicts drop out from program
 - + Program addresses trauma in later phases (parenting group, family therapy) but intervention needed in early phased to prevent drop out/return to use

Racial Trauma and Arts

Racial Trauma: Impact on BIPOC Health

Mental Health

- Studies have demonstrated significant associations between racial discrimination and mental health, such as:
 - Increased levels of depression/anxiety
 - Fatigue/exhaustion
 - Posttraumatic stress disorder symptoms
 - Impaired psychological well-being
 - Decreased self-esteem
 - Increased perceived stress
 - Increased feelings of anger, scorn/contempt, resentment, shame, self-doubt, frustration, feeling powerless or invisible
- “A 2014 study of 405 young adults of color even found that experiencing microaggressions can lead to suicidal thoughts.” (Yoon, 2020).

Torres-Harding, S., & Turner, T. (2015). Assessing Racial Microaggression Distress in a Diverse Sample. *Evaluation & the Health Professions*, 38(4), 464–490. <https://doi.org/10.1177/0163278714550860>

Physical Health

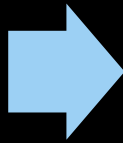
- Studies also have demonstrated a relationship between the stress and hypervigilance linked to microaggressions and physical ailments including:
 - hypertension
 - hypothalamic-pituitary-adrenal (HPA) axis dysfunction
 - higher BMI
 - coronary heart disease
 - heart disease
- Repeated exposure to discrimination has also been linked maladaptive behaviors such as overeating, consumption of fatty foods, and use of drugs, alcohol, and tobacco.

Torres L, Taknint JT. Ethnic microaggressions, traumatic stress symptoms, and Latino depression: A moderated mediational model. *J Couns Psychol*. 2015 Jul;62(3):393-401. doi: 10.1037/cou0000077. Epub 2015 Apr 13. PMID: 25867692.

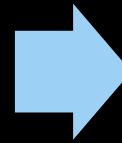
Hicken, M. T., Lee, H., Morenoff, J., House, J. S., & Williams, D. R. (2014). Racial/ethnic disparities in hypertension prevalence: reconsidering the role of chronic stress. *American journal of public health*, 104(1), 117–123. <https://doi.org/10.2105/AJPH.2013.301395>

Racial Trauma Program Development

The new modules on racial trauma will add another two hours of program content for a total of 14 hours. The use of art (including featured activities with local artists as well as expressive therapy activities) will be integrated into the curriculum content.



Childhood trauma has a wide range of impacts on youth well-being, and the addition of racial trauma has been shown to increase trauma symptoms and negative outcomes. Art and expressive therapies have been used to address trauma, improve well-being, and to support anti-racism efforts for African American youth and communities.



This proposal will support the enhancement of the Mind Matters program to address complex and racial trauma among underrepresented minority youth in the Louisville community through two strategies: 1) development of supplemental modules on racial trauma and 2) development of partnerships with community of artists and expressive therapists to incorporate arts approaches into trauma program. Then target population is African American youth in the Louisville area who are engaged in services with NOIR and other community partners on this proposal.

Next Steps



Convene group of youth with lived experience to inform development of module and selection of art activities



Engage local artists to facilitate healing through art section



Pilot with agencies that serve predominantly youth of color

Family Recovery Court



Family Recovery Court Model



Phase 1 – Sobriety

Complete substance abuse treatment
Attend court weekly
Attend community support and obtain a sponsor

Phase 2 - Parenting

Attend and complete PTR group
Attend court bi-weekly
Continue community support and sobriety
Increase parenting time/reunification

Phase 3 - Independent Living

Complete life skills curriculum-Project Life
Obtain/maintain housing and employment
Ensure the child's needs are being met
Family Therapy and Safe Reunification

Processes throughout program

- Weekly FRC court with participants
- Weekly Case staffings are held with Judge
- Weekly case consults are held between CPS/CMHC
- Milestone assignments are completed at each phase
- Sober bucks are earned through recovery activities
- Learning experiences are issued by Judges
- FTMs are held throughout the program and each phase
- Support meetings with parent partners

Trauma and Substance Use

- Numerous studies have documented associations between childhood traumatic experience and drug use in both adolescent and adulthood
- Posttraumatic stress disorder (PTSD) is a significant comorbidity in patients with alcohol and substance use disorders (SUDs) with high prevalence rates ranging from 15 to 41% for current and 26 to 52% for lifetime PTSD in clinical SUD samples
- Childhood trauma is associated with depression and other mental disorder, which can lead to self-medication with drugs to attempt to regulate negative emotions.
- When screening for lifetime histories of interpersonal trauma, as opposed to PTSD, the comorbid prevalence rates rise 30-59% up to 55-99%



Trauma and Substance Use

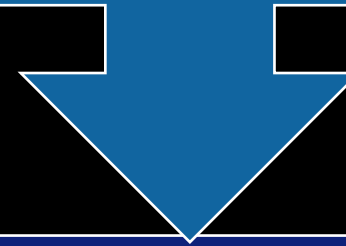
- Experiencing childhood maltreatment has been shown to impact the severity, course, and duration of alcohol dependence (Lotzin et al 2016).
- Treatment-seeking individuals with alcohol dependency who reported exposure to childhood maltreatment, including physical, sexual, and emotional abuse, have been shown to develop alcohol abuse at an earlier age and experience more severe alcohol abuse than patients with no reported exposure to childhood maltreatment (Dom et al 2007).
- Carliner et al. (2016) found that experiencing potentially traumatic events prior to the age of 11 was associated with a higher risk of using marijuana, cocaine, prescription drugs, and engaging in poly-drug use.

Trauma and Substance Use

- Furthermore, exposure to interpersonal violent category events (e.g., physical assault, mugging, sexual assault, and kidnapping), were associated with the highest risk of lifetime-use of all drug types. Experiencing interpersonal traumatic events (e.g., stalking, child-abuse, physical abuse, emotional abuse) has shown to relate to using substances as a coping method.
- However, noninterpersonal traumatic events (e.g., warzones, living in dangerous neighborhoods, witnessing death) did not have the same association (Ullman et al. 2013).
- Similarly, emotional abuse and neglect during childhood has emerged as a key predictor for alcoholism, and have been identified as significant contributors to alcohol dependence directly and indirectly, with impulsivity playing a mediating role in the relationship between the two (Schwandt et al. 2013).
- Emotional abuse has been associated with the severity of drug use in treatment seeking patients with alcohol dependence (Dom et al. 2007), and the experience of emotional abuse in conjunction with sexual abuse or emotional neglect can intensify drug abuse problems (Lotzin et al. 2016).

Trauma and Substance Use Treatment

Arousal stemming from substance withdrawal may exacerbate PTSD symptoms prompting relapse to substance use and thus influence retention in treatment



Retention rates may be improved among patients with a high trauma load by a short trauma-specific psychoeducational intervention

Trauma and Substance Use Treatment

Higher levels of childhood maltreatment have been shown to correspond with poorer treatment outcomes for patients with drug related disorders.

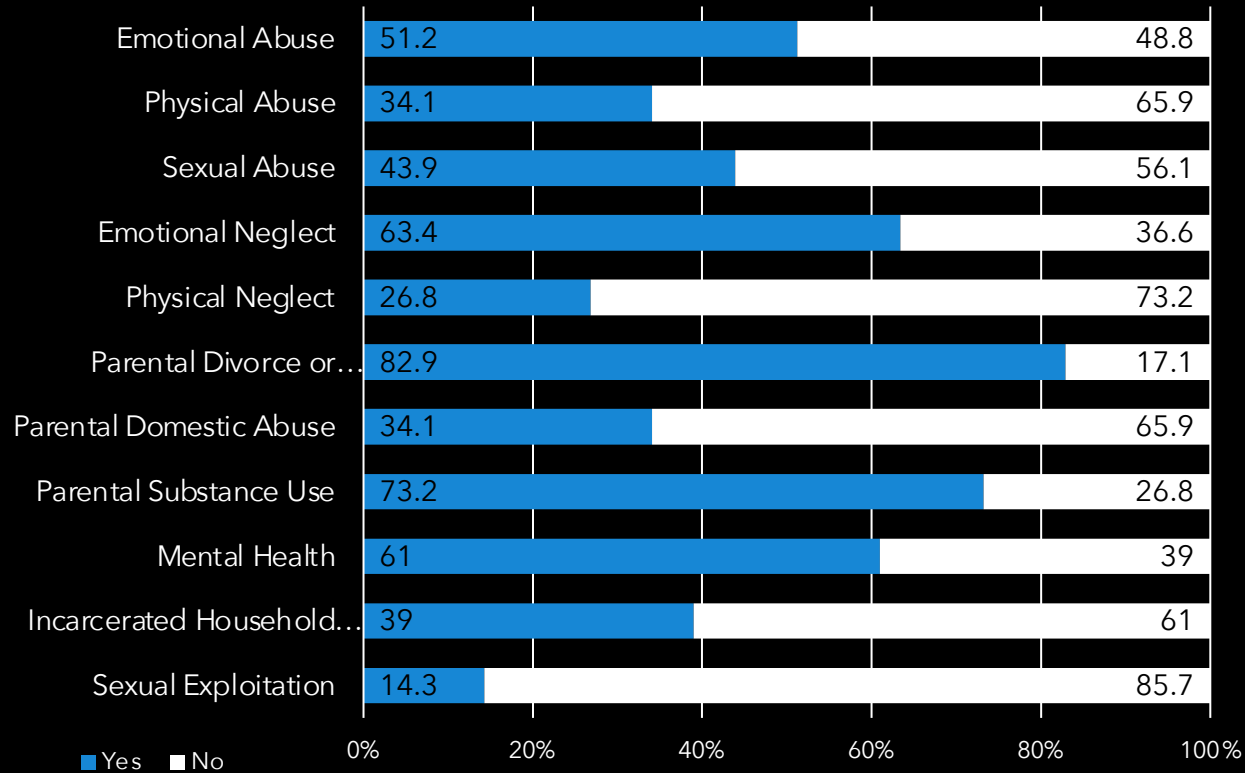
Higher severity and frequency of childhood trauma is related to higher levels of personality disorder symptoms and an earlier onset of substance use for drug abuse patients (Ruggiero et al. 1999).

Increased severity of childhood trauma was found to be related to more severe psychiatric symptoms and more risky behavior (e.g., unprotected sex) in patients with drug related disorders compared to those with lower levels of childhood trauma (Ruggiero et al. 1999).

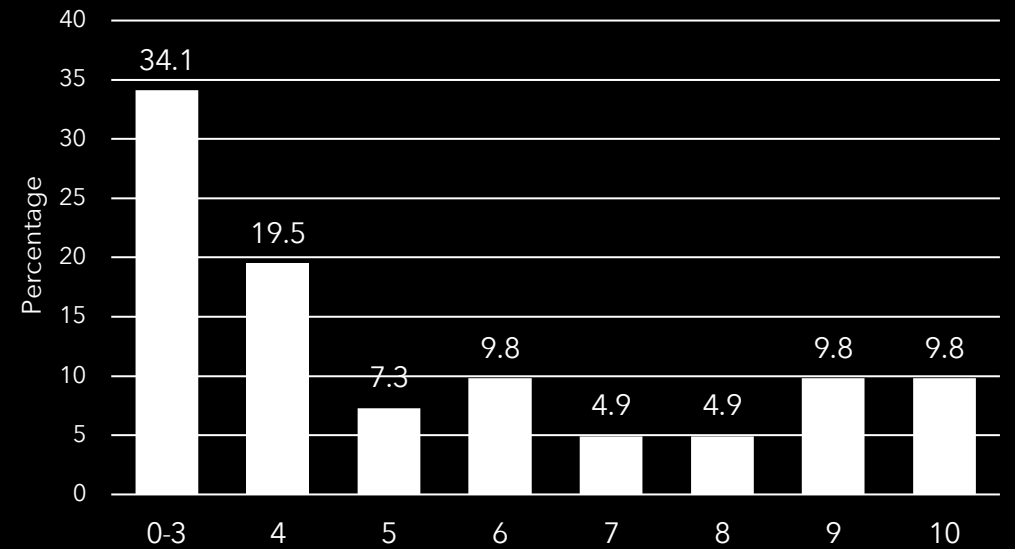
In regard to treatment efficacy, alcohol dependent patients who reported experiencing childhood trauma benefited less from treatment, and were abstinent for shorter periods of time (Evren et al. 2009; Greenfield et al. 2002; Lotzin et al. 2016; Walitzer and Dearing 2006).

Adverse Childhood Experiences Scale

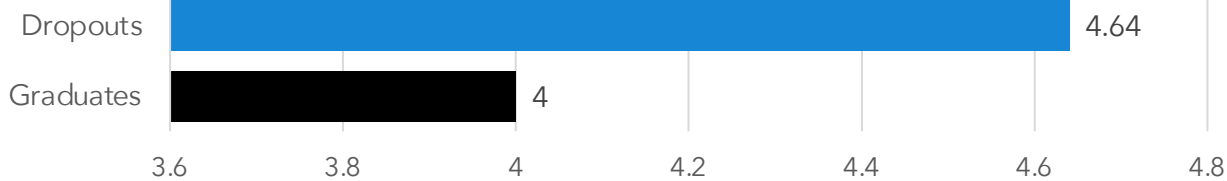
ACEs Frequency Distribution



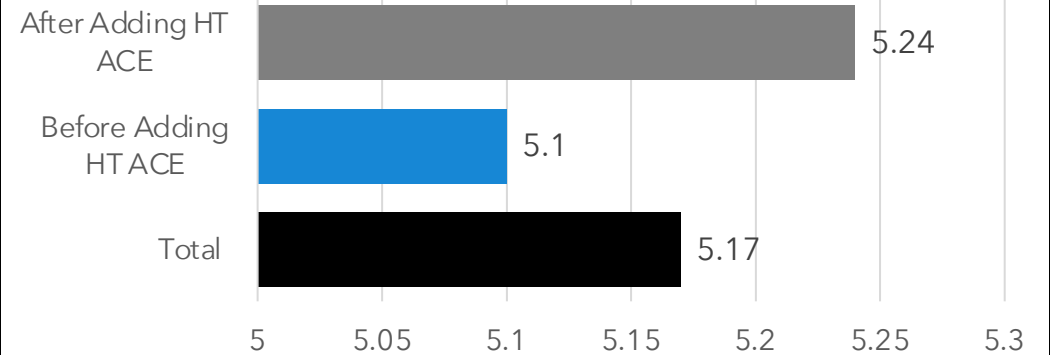
ACEs Distribution



ACES by Client Success



ACES by Client Success

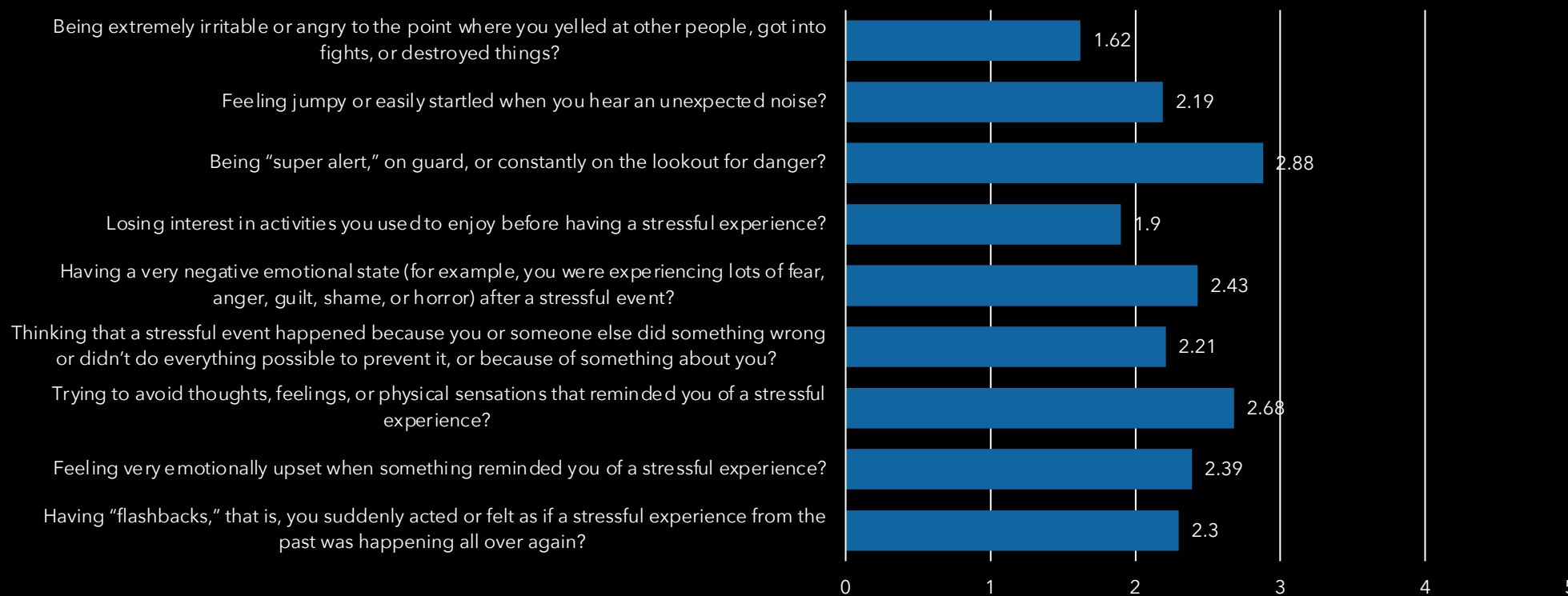


Trauma History Questionnaire

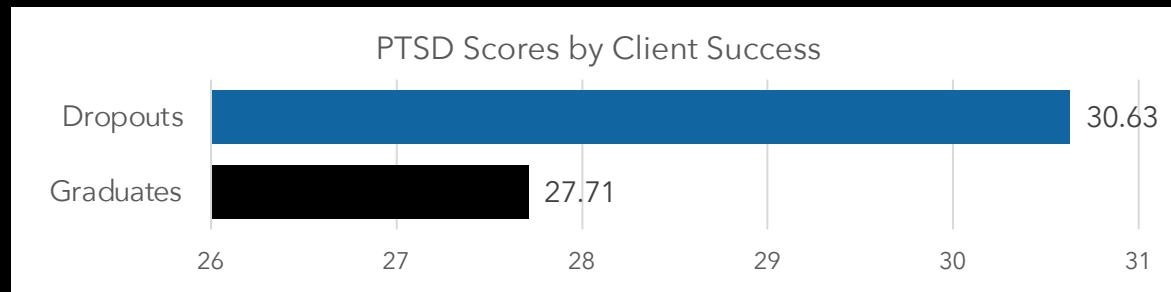
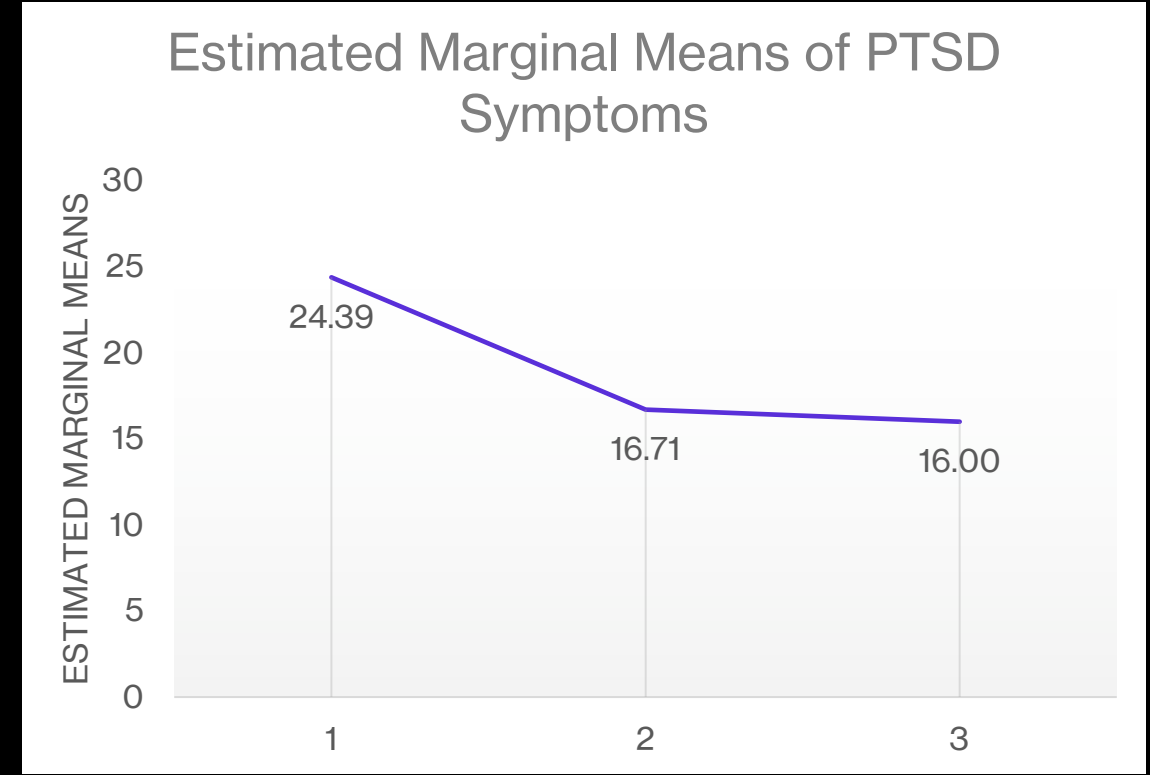
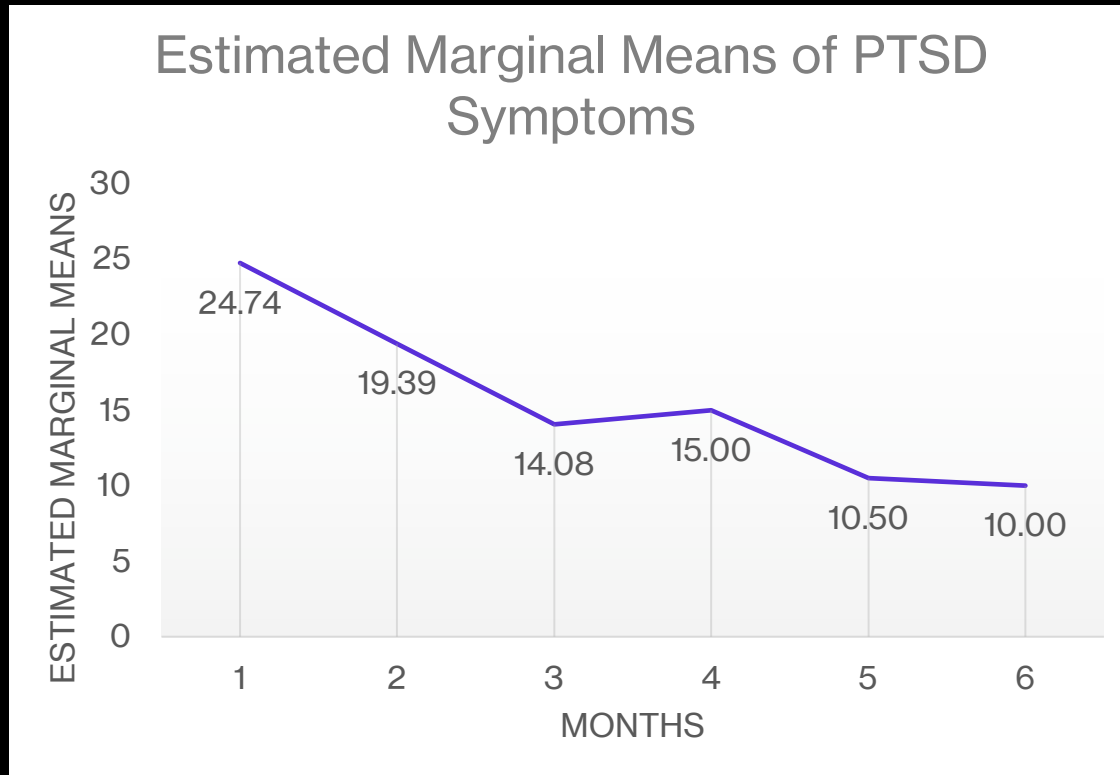


PTSD Symptoms

PTSD Group Mean Scores



PTSD Scale



Next Steps

Trained entire team in Jefferson Service Region

- Plan to pilot in Phase 1 of program to prevent return to use and promote retention in program
- Will need to coordinate with substance use treatment providers as some of these programs also address trauma
- May facilitate independent of FRC team but offer as supplemental service
- Need to avoid Phase 2 bc they are already completing Parenting Through Recovery and TFCBT with strong trauma focus

Opportunity to train and implement with rural service regions in partnership with VOA our community mental health service provider in these 11 sites

- Potential to offer to both parents and youth

Conclusions

- Original RCT funded by Dibble found significant improvement in trauma, social skills, coping skills, and resiliency of high-risk youth
- These addition studies show similar positive outcomes, with some nuances in benefits based on setting and a need to explore further (e.g. why trauma increases in some settings but decreases in most; why emotional dysregulation increases in residential)
- This array of projects show the tremendous potential of Mind Matters application to multiple populations and contexts
 - + Adaptations to length, format, language, supplemental modules may be needed based on these settings/populations
- This team will continue to explore adaptations/applications for racial trauma and families affected by substance use, as well as continued community based and school implementation over the next year
- Mind Matters may be used to target a number of youth outcomes of concern, including teen pregnancy and dating violence, substance use, suicide risk and more

Questions ?

Contact Dr Becky Antle
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For more information about our research center,
visit www.Louisville.edu/cfcwb

Thank you for joining us today!

There is a brief survey after the end of this webinar.
Thank you for providing us feedback by completing this survey.

Webinar will be available in 3 days:

<http://www.dibbleinstitute.org/webinar-archives/>

Questions? RelationshipSkills@Dibbleinstitute.org

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