THE BECK INSTITUTE ON RELIGION AND POVERTY

Life Skills Empowerment Program
A 2012-2013 Demonstration For People in Transition

EVIDENCE FOR A COMMUNITY MODEL
SUPPORTED BY THE FAITH COMMUNITY

In Collaboration with Catholic Charities, The Interfaith-Assembly for Housing and Homelessness, Xavier Mission, The Reformed Church of Bronxville, ComALERT of the Brooklyn DA’s Office, The Riverside Church, Metro-Baptist Church

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Special thanks to George Horton and Marc Greenberg for their steadfast support as new programs have built on their original work that developed the community-based model which has been the basis for adaptations and ongoing developments evident in the range of programs now providing support for people in transition. Their generous support and inspiration has been essential in the successful replication and continued evolution of the program model.

This report provides highlights underscoring the more significant program and participant outcomes. It presents an overview gained from our productive collaboration on behalf of program participants who have sought community and new pathways for belonging and steps toward more fulfilling lives. Specific information is provided in Section 2 that each program will find helpful in understanding their participants. Questions inevitably arise in looking at this data, as participant numbers are small, so it is difficult to state that certain outcomes are statistically significant. However, there are patterns that describe the degree of change achieved from the beginning of the programs, at the conclusion, and six months later. At the same time, it is possible to see the range of coping abilities, participants’ trauma symptoms that create stressors, and how these personal situations are reflected in basic demographic trends and outcomes. Finally, participants comments about what mattered to them are provided, emphasizing a complex dimension describing their program experience.

All programs’ data is included, offering a perspective across programs. In a number of ways population differences emerge, as well as differences in program emphases. At the same time, in reviewing the larger data set, participants across programs were statistically similar (at least from demographic data). This in and of itself is interesting, as it is possible to think about the program model as responding to people in transition, rather than, for example, those who are domestic violence survivors, or those who are post-incarcerated. Again, because there are a small number of participants in each program, it is difficult to draw comparative conclusions. However, as a case study, each program’s data set can be instructive to providers who have intimate knowledge of the experience they all shared. Further examination of the larger data set is possible in the Final Report that was provided to the New York Community Trust, May 2014, available from the Beck Institute. As this demonstration study provided an extensive review of the program and participants, these two reports – this Program Report and the Final Report – provide overviews and highlights that will be developed further in the upcoming months.

Finally, we also want to acknowledge all who have provided resources to support individual programs that have been indispensable to all outcomes.
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2012-2013 Research Outcomes: Development of an Evidence-Based Model for Faith-Community Programs

Introduction

The purpose of this demonstration study was to evaluate the effectiveness of the Life Skills Empowerment Program (LSEP) model that involved the support of the faith community in contributing to participants' improved coping and life management. The role that traumatic life experiences had in influencing participant functioning was also explored. A broad range of factors were explored that contributed to participant progress, including the role of community and social support, the program culture, developing and sharing one's life story and opportunities to meet basic needs through work with mentors, defining goals, and making steps to achieve them. Participants' described ongoing challenges and their efforts to meet a range of goals that included education to support improved opportunities, employment, and secure housing. Program characteristics are reviewed based on participants' perspective, describing what they valued in this intensive three-month experience. This study also focused on the value of the social work contribution that involved program supports, including research and evaluation, training, consultation, and MSW student internships that provided program supports and case management.

The first section of this report reviews results from twelve program cycles to evaluate the effectiveness of the program model in supporting people in transition, who are assumed to share common challenges and needs. Participant outcomes are highlighted, as well as a review of program effectiveness, and discussion of program components that contribute to participant outcomes. The second section presents each program's participant profiles and summaries, as well as themes from the focus group reviews held at the conclusion of each program and at the reunion sessions. This report highlights findings that are drawn from the final report reviewing outcomes from this study, submitted to the New York Community Trust, May 2014 that is available from the Beck Institute. Detailed program descriptions, data, research protocols, and supporting materials, part of the demonstration collaboration with the LSEP, are included in this full report.

Section I

This section provides highlights of participant and program outcomes from all Life Skills Empowerment Programs (LSEP) included in the 2012-2013 New York Community Trust Demonstration Study, conducted by the Beck Institute in collaboration with the following programs:

- **ComALERT Coming Home**, Brooklyn DA’s Office, post-incarceration, one program cycle
- **Education Outreach Program**, Catholic Charities, homeless population, two program cycles
- **Life Skills Training and Empowerment Program**, St. Xavier Mission, homeless population, two program cycles
The programs provided unique Life Skills Empowerment Programs that responded to specific participant needs, including the post-incarcerated, veterans, survivors of domestic violence, and the homeless. This program model was originally developed by Catholic Charities and the Interfaith Assembly for Housing and Homelessness for the general homeless population over 25 years ago, was adapted first by the Xavier Mission, then for the ComALERT program through the Brooklyn DA’s office for the post-incarcerated, and similarly by The Reformed Church for the post-incarcerated and then later for the Living Well program. The Riverside Church was the last in this study to replicate the program, inspired by the Reformed Church’s Coming Home Program for the post-incarcerated. Participants were people in transition who struggled with meeting their basic needs for shelter, employment, education, health and mental health, and loneliness and alienation. These programs, with the support of the faith community, offered participants a multi-faceted community experience over a three-month period, with core program elements that included:

- Development of community relationships – belonging to a social network as well as the broader outside community; the experience of communal meals and shared reflection with participants, staff, and mentors; and group experience with fellow participants
- Mentoring with program volunteers
- Life Skills Empowerment curriculum, including life skills workshops for goal setting, and the development and presenting of one’s life story; other independent living skills; advocacy; and education regarding social justice
- Case management for connection to community resources
- Follow-up programming for participants, i.e., reunion dinners.

Description of the Study

In order to examine participant outcomes, this study evaluated a total of twelve program cycles provided by the eight programs described above. A program cycle included 24 – 29 twice-weekly evening meetings, with a six month follow-up, held either in the fall or spring from September 2012 to December 2013. There was one exception in which 17 sessions were provided over a four-month period. Three data collection points were held for each program cycle at the program’s beginning (baseline); post-program, at the conclusion of three months; and then again, six months after graduation, for a reunion meeting to examine program outcomes and participant change over an extended period of time. At each data collection, a survey was administered that
included demographic questions, consumer satisfaction questions, the Sense of Coherence measure to describe coping skills, and the PTSD Checklist-Civilian in order to measure trauma symptomology. Focus groups and personal interviews with participants were conducted post-program and at reunion to gain further insight and detail regarding participant growth and challenges.

Programs were evaluated for their fidelity in providing the core program. Feedback was provided to programs during this process to solicit staff’s perspective. A range of opportunities were given to respond to the evaluation. Learning Collaborative sessions were held for all program staff, including students, over the demonstration period. These sessions provided important program and participant data.

In addition, this demonstration also focused on the contribution of social work to program development and service provision. Students were evaluated using process recordings, supervisor interviews and debriefings, program evaluations, and demonstration advisory board debriefings.

**Participant Demographics**

For this demonstration evaluation, combined programs began with 113 participants; 48 males and 65 females. The majority (70%) of participants were single. More than half of participants had children, with 30% reporting two or three children. The majority of participants identified as African American (59%). Over three-fourths of the participants (78%) acknowledged a need for housing, with one-third of the participants living in a transitional shelter. Fifty-eight percent of participants had attended high school, and 90% of participants stated that they would like to further their education. Fifty-five percent of the participants said that they needed legal assistance. Sixty-one percent of participants were unemployed at baseline, 21% reported disability, while 15% were employed part or full time, and three were retired. Eighty-four percent of the participants were receiving some kind of government benefit, with the majority receiving SNAP (71%) and cash assistance (32%). Fourteen percent of the respondents were veterans. Over half of the participants (57%) had a history of incarceration, and less than a third was currently on probation or parole. Fifty-one percent of participants reported a physical health problem, while thirty-nine percent reported mental health concerns. Fifty-eight percent of participants acknowledged a history of substance abuse, with fifteen percent indicating that they were currently engaging in substance abuse. Forty-two percent of participants indicated that they were looking to achieve goals in the next several months, and 82% of these individuals felt able to achieve them.

**Highlights of Participant Outcomes**

The purpose/mission of all LSEP was to support people in transition so that they would increase their ability to cope and manage their lives thereby helping them meet personal goals that included housing, employment, education, and improved health and mental health. Secondary and equally important was the goal to support healing and personal growth. The following data
indicates programs did significantly contribute to improved coping and life management that was, for some, integral to their progress in meeting personal goals, as well as healing and personal growth.

Survey data analysis over three collection periods showed important outcomes:

- There was an overall increase in participants’ view of their life management/coping skills as measured by the Sense of Coherence (SOC) scale, as this average score increased from 125.9 at baseline to 135.3 at post-program, which is a statistically significant increase of 9.4 points. On average, this increase was maintained from post-program to reunion.
- There was an overall decrease in participants’ experience of trauma symptoms measured by the PTSD Checklist (PCL) scale, as this average score was reduced from 46 at baseline to 43 at post-program; a PCL score of 44 or higher represents a clinical diagnosis of PTSD. On average, this decrease was maintained, as the average PCL score for all participants was 41 at reunion.
- There was a significant positive correlation between the item, “I feel I belong to a community” and the item, “My spirituality helps me cope with difficulties”, indicating that higher levels of community engagement are associated with use of spirituality as a coping tool.
- Social support was positively correlated with life management/coping, and negatively correlated with trauma levels. Social support was also positively correlated with program satisfaction.
- Program satisfaction was positively correlated with life management/coping, as measured by the SOC scale. Program satisfaction was also positively correlated with feelings of community belonging and use of spirituality as a coping tool. Participants reported very high levels of program satisfaction, indicating the importance of giving and receiving support through the program.

**Housing (6 months after the conclusion of the program)**

Of the 58 participants at the six-month follow-up, 57% still needed housing; the housing crisis in the NY Metropolitan area continues to be of great concern. Challenges remained for many post-incarcerated, as finding housing is more difficult because of their prison history. Often, participants reported living with family, who are a reluctant and inconsistent resource. Mentors and case managers were instrumental in helping participants network around housing issues and to locate temporary shelter. Participants stated that they needed further assistance negotiating complicated housing applications and requirements. Many lacked the financial resources required for a security deposits. For domestic violence survivors who have limited time in shelters, housing was a significant concern. Veterans were the one group that reported new possibilities that resulted in housing success.
**Education (6 months after the conclusion of the program)**

The majority of participants (88%) reported the need for furthering their education such as technical programming to assist them with specific job skills, GED classes, and for some, pursing higher learning. While one program offered structured sessions identifying pathways for education, others did not. Some program mentors provided support for computer literacy, as this is a critical skill necessary for employment. Program case managers and mentors were most effective in assisting participants to connect with educational resources. Participants reported success at the reunion collection in gaining skills in computer network repair, computer program mastery, training for superintendent jobs, repair work, construction, and learning to be a production assistant for films and graphic design. Lack of stable living situations presented a barrier in accessing educational programs and achieving educational goals.

**Employment**

Only 15% of all participants were employed full-time or part-time at baseline. This did change to 24% post-program and 27% at reunion. About one-third of all participants identified as disabled. Participants reported considerable challenges in finding employment, especially those with histories of incarceration. Only 22% were involved in job training programs as participants needed to secure employment to obtain housing, most important to those participants with children. While the life skills curriculum that focused on developing goals, how to present one’s self, preparing resumes, and networking was helpful, participants requested more time to help them with each of these areas. Of participants that completed the program, 35% said finding consistent work was a challenge, while 28% said that they had achieved their goal of finding a job. Of this group 29% indicated that they had achieved their goal of financial stability, with 47.5% stating that they had achieved their goal of increased self-confidence. Little was known about the 23 remaining participants. As employment outcomes are evaluated, it is important to consider broader national employment context and how self-sufficiency is viewed and defined. Despite several barriers, many participants were able to outline next steps needed, and in many cases, had made progress with educational and employment goals.

**Program Outcomes**

Research findings indicate that the program model significantly contributes to participants’ improved ability to cope and manage their lives. Both well-established programs with a history of up to 27 years of service and newer programs, with one that was in its first year, all produced strong participant outcomes. All eight programs situated in different auspices from congregations and faith-based social service agencies to the district attorney’s office program, provided LESP cycles with the same core components. This consistency suggests that it is possible to replicate the model with quality staff and faith-based support with similar outcomes. It was evident that the
core components of the LSEP model synergistically supported participants’ improved coping, health, and heightened motivation. Participants identified essential relational components, described below, that engaged them, strengthened their connections to others, and enhanced feelings of belonging that contributed to their growth and healing. Relationships were essential in participants’ experience that was expressed as important “connections”, which gave the program special meaning as a “new family” – a community that could be “counted on”, and a personal resource for inspiring hope and supporting progress.

**Highlights of Participants’ Program Experience**

Qualitative data gathered from participant focus groups, interviews, discussions with staff, presentations at speaker’s night, and graduation have provided a rich description of the meaning of the program to participants. Of critical importance to all was the quality of relationships that involved reciprocity and dependence on others, which evolved with mentors and staff as participants shared their stories and struggles. These relationships were credited with a change in participant behavior. The development of meaningful relationships was important in supporting successful coping, learning, and transition. Participants reported that being accurately seen and valued by others provided a sense of inclusion that mitigated their fears and experience of isolation and alienation. Inclusion and belonging contributed to participants’ new sense of self-worth and efficacy, as well as confidence and trust in others. The following themes describe how all of these relationships happened:

- **A program family** formed during meals, reflections, and group learning, which resulted in strong bonds and connections that for most was a “positive family” experience in contrast to
present and past difficult and toxic family life. Meaningful relationships with others provided acceptance and understanding of oneself and countered loneliness and loss. Participants described the program as a new family experience that resulted in sharing intimacy, respect, appreciation, and support. Essential components of this program family included being recognized, heard and understood with a deeply shared human experience, and where members care for, watch out for, and pull each other up.

- A program community formed as participants depended on each other to solve problems, trust, belong, network, share, and heal. Having a safe, inviting, stable place to heal with a predictable program structure was experienced as a sanctuary for many in transition. Participants identified qualities in relationships that resulted in bonds with others as safe, respectful, and affirming. Acceptance between members, staff and mentors inspired trust. A new experience of love and support, and an opportunity to ‘be you’ inspired hope and belief that there is another way of living. Many participants experienced community as a spiritual connection that emerged through shared faith through program meals, readings, and prayer with mentors, faith discussions, and life story sharing. Different religious traditions were supported and an openness to explore and understand individual experiences of faith during hardship was encouraged. A major concern for participants is the temporary nature of this highly connective community that has met twice per week for three months, as the group eventually comes to an end. Requests for ongoing programming came from participants across all programs. Efforts were made to stay in touch with their mentors and other participants, and many returned for reunion meetings and the final six-month reunion.

- Mentor bonds were developed and nurtured by consistency, care, and support, which provided an important relational experience. The individual attention mentors gave was a foundation for bridging different world experiences, introducing new ways of thinking, challenging assumptions, and offering alternatives that yielded productive results. Mentors helped participants experience a different kind of acceptance that developed through a new reframing of how participants survived continuous traumatic events. Participants provided new understanding for mentors of survival under dire circumstances, challenging stereotypes and misconceptions. Mentor bonds were valued as personal relationships that were instrumental in providing ways of moving forward, through support, and meeting goals. Essential mentor attitudes that aided the formation of trustworthy bonds included being consistent, caring, genuine, and non-judgmental, as well as the ability to listen and affirm.

- Life story sharing was consistently identified by participants as most helpful in their growth, as the process challenged them while providing healing and connection to others. For the majority of participants, this was the first time they had told their stories. Through opportunities to publicly share their story many participants experienced forgiveness, closure, and acceptance. Noteworthy audience comments indicated that in hearing these stories they developed understanding and compassion. Many participants, volunteers, and staff confirmed the creation of powerful bonds that emerged during the process of discovering the commonality
in human perceptions, emotions, struggles, and triumphs as they shared their life stories in their life skills group, at Speaker's Night, and at Graduation.

**Community Building and Development**

Based on the data discussed above, it is abundantly clear that communities are vital to the success of these Life Skill Empowerment Programs. The importance of the communal experience for participants needs to be understood in context, as it serves as a pathway for successful transition. Each program differs in organizational structure, resources, location, population, and management that ultimately shapes and impacts this communal experience. Availability and access to programs that cultivate health within the restorative context of quality relationships and inclusive community are rare, if non-existent. Therefore, careful consideration needs to be given to the commitment and the ability required from the communities that provide these programs. Individual program success often depends on clarity about mission and desired outcomes. Programs that promote social justice and a caring community that respond to diverse populations depend on a shared vision, with honest discussions about how best to achieve outcomes meaningful to participants in a responsible way.

Collaboration within the service community is also essential to expand participant pathways to employment, housing, education, mental health care, and other essential services. Program providers need to have connections to community services so that pathways are clear and accessible. Advocacy has been essential to open doors within the broader service community. The challenges people in transition experience are such that survival remains a day-to-day way of coping that at any moment can become overwhelming. A stable connection to the program community can make a difference in coping with daily transitional challenges by providing consistent support, hope, and relationship. Providing this quality of community connection can be a real challenge for programs that do not have resources available to support this effort. Fordham University Graduate School of Social Service MSW interns, professional social work facilitators, and student supervisors have supplemented program resources in myriad of ways that have increased community connection through quality case management. The Beck Institute has developed and delivered training seminars and manuals for program leadership and mentors, which have increased program satisfaction and community connections. Increased and ongoing collaboration strengthens the core model components and provides a community anchor, ensuring the delivery of quality services and successful outcomes.

**Trauma-Informed Programming and Education**

As PCL scores illustrate, trauma is a reality affecting many program participants especially the post incarcerated, veterans, and domestic violence survivors. Further program development is needed to assist participants in healing from trauma. The below program component list was
identified with participants in focus groups and interviews that served to facilitate the healing of trauma. These components should be considered as minimal requirements when applying a trauma-informed approach to programs:

- Providing a safe, accepting environment – this involves understanding participants' behavior and challenges in trusting others
- Offering non-judgmental relationships that are consistent and affirming
- Providing structure and dependability
- Assisting participants to develop a social support system to rely on when stressed and unsafe
- Encouraging group cohesion, emphasizing a shared journey, and promoting hope through the examples of survivors
- Celebrating the family culture that develops through the program, defined by acceptance, belonging, and care
- Referring participants to quality mental health services for trauma recovery and care
- Providing information on trauma symptomology, reactions, and effects on relationships with self and others, so that participants understand the need to develop new ways of coping and relating
- Providing a safe space for participants to tell their stories in order to shift the conversation from "what is wrong with them" to "what has happened to them"
- Supporting the creation of a story that moves forward, emphasizing resilience and the capacity to achieve goals
- Assisting participants with loss and grief work that is a byproduct of trauma
- Assisting participants in becoming active citizens, with opportunities to work for social change

It is noteworthy that most programs have gained a fundamental grasp of how trauma has a major impact on physical, social, cognitive, and mental health functioning. Yet, more skills and knowledge are needed for programs to respond responsibly and effectively to a diverse range of participant trauma needs. Use of psycho-education across programs could be a promising way of helping participants understand what has happened to them. An understanding of how to heal from trauma could be useful in the “Speaking My Truth” story telling component as elaborated upon in Bloom’s Sanctuary Model (2013). Bloom’s holistic approach requires that all involved in the program community share a similar understanding of what trauma is, how it affects us all, and what contributes to healing. Moving in this direction would require a solid collaboration between all program persons including participants, professionals, mentors, volunteers, and community connections.

**Continued Participant Support**

Although meeting twice a week for three months does create strong connections that support trauma recovery, participants indicate the need for the program to extend longer. Once active in the programs, participants explore their trauma histories while at the same time adjust to
inclusion in community life. For various reasons often unknown, some participants leave the program. Other individuals successfully complete the program, but do not return for the post-program or reunion events. As programs serve extremely vulnerable persons, efforts to contact and support all participants that have left the program or reunion gatherings would be helpful in providing more information about how to meet their needs. Individuals that do return for the reunion follow-up repeatedly state they would like the program to continue, as the group community and support was invaluable to them. Data outcomes show a critical need to offer participants continued community contact and support after reunion completion. Opportunities remain to extend the community experience through the use of participants as volunteers and mentors, supporting participants that leave the program early or do not return after completion, extending session time beyond three months, and creatively implementing a range of follow-up activities.

**Social Work Contribution**

During the initial process evaluation phase, data indicated programs required additional supports to help manage the participant needs. Fordham University’s Graduate School of Social Service MSW students served as interns providing supportive casework to participants, including case management services and referrals, as well as advocacy in the community. Fordham University doctoral candidates served as research assistants. They were vital to quality data collection as they gained skills in conducting translatable social research, and assisted in applying findings to practical situations that met community needs.

**Capacity Building Needs**

To support the programs’ success, a number of capacity building efforts need to be addressed, which is important to good outcomes and to support program sustainability. Areas identified in the research by participants, mentors, and staff – necessary to increase program capacity include:

- There is unanimity of the importance of the shared meal in building connection; yet, developing resources for food service continues to be a challenge for some.
- Mentors request more training and support that includes education on model components and community resources, before the program start and mid-cycle.
- Both participants and mentors request the need for more time together.
- Specialized curriculum needs to be identified and implemented to meet specific population needs and challenges.
- Reliable and competent presenters are needed in order to successfully engage participants.
- Participants request more time to work with curriculum input, problem solve, process, and integrate material.
• An increase in trauma-informed programming needs to be identified and implemented especially during story telling.
• Staff and mentors need support and training regarding trauma and trauma-informed programming.
• Qualified MSW supervisors need to be provided for effective case management.
• To support participant gains and community connections, an effective follow-up program needs to be developed and implemented.
• Specialized knowledge and programming needs to be implemented to responsibly meet the needs of the post-incarcerated, veterans, and domestic violence survivors.
• A competent working team needs to be developed to facilitate the complex integration of all core program components.
• Training is needed to support and develop peer-facilitators and volunteers.
• Facilities need to be adequate for group meetings, meals, private conferencing for case management, childcare, and storage space.
Section II

This section provides comparative as well as individual program information. Because each program had small numbers of participants, treat the following information as a case study for each individual program. A case study means that you will gain a perspective of the participants for each program. However, it is not possible because of the size to claim significant outcomes. It is possible to have more specific information that describes participant functioning in individual programs.

Individual Program Summary and Detail

Most individual programs reflected the overall summary pattern of increased life skills management and coping (SOC) at post-program that was sustained at the six-month reunion data collection. Panim, Xavier Mission L-Step, and Catholic Charities EOP experienced increased SOC scores at post-program, but decreased SOC scores at reunion. These three programs experienced an important number of participants that did not return for the six-month follow-up that consequently may explain individual program outcomes.

Panim, Living Well, Riverside Church, Catholic Charities EOP, and Bronxville Reformed Church, reflected the overall summary pattern of decreased trauma scores at post-program that sustained at the six-month reunion data collection. Xavier Mission L-Step experienced decreased trauma scores at post-program, but increased trauma scores at six-month review. Xavier Mission did experience a number of participants that did not return for the reunion event that may explain the variance in results. Veterans Home Coming program showed trauma scores increasing 3.6 points at post-program, and decreasing 8.7 points at reunion. This reverse pattern may reflect a higher than average baseline trauma score for the individual who did not return at reunion. ComALERT data showed an increase in trauma scores at both post-program and reunion data collection. Serving post-incarcerated individuals, ComALERT had high baseline trauma scores compared to other programs that may possibly explain post-program scores. A data collection error at reunion was encountered at ComALERT, resulting in only two out of the eight participants providing program data. This data collection error may explain ComALERT reunion program results.

It is important to keep in mind that program mean scores represent the average participant performance. Thus, any single program participant could have scored higher or lower, effecting individual program point totals. Programs that showed different patterns from the overall SOC and trauma score summary patterns may be reflecting scores of person(s) who did not return for the six month evaluation. These persons may have had lower than average SOC scores or higher than average trauma PCL scores.

Participants who did not come back for the reunion event not only impact program results, but also raise important questions for examination. For example, in most programs participants
that did not return appear to have lower SOC scores than the mean for other participants. At the same time, it appears that these individuals also had somewhat higher trauma scores than the mean for other participants. There are a number of questions that could be posed. For instance, what services and supports provided to participants at different points within the program could meet the needs of the individuals that end up not returning? And what happens to a person with high trauma scores that do not return for the reunion follow-up? Participants with higher than average trauma scores may benefit from early case management and referrals to mental health programs.

Individual program score pattern differences may be explained by high or low outlier scores deviating from the mean of non-returning participants at the six-month mark. In addition, the standard deviation statistic should be examined to understand individual program population strengths, needs, and outcomes. Other explanations may be the group configuration after losing participants, group facilitator style, and program environment and services offered. As individual program results are derived from small program sample numbers, formulated patterns offer a somewhat limited picture.

**Measurement: Sense of Coherence Scale (SOC)**

The Sense of Coherence scale measures the extent to which one has a pervasive, enduring though dynamic, feeling of confidence that one's environment is predictable, and that things will work out as well as can reasonably be expected. The SOC has three components that include comprehensibility, manageability, and meaningfulness. Comprehensibility is the extent to which events are perceived as making logical sense, that they are ordered, consistent, and structured. Manageability is the extent to which a person feels they can cope. Meaningfulness is how much one feels that life makes sense and challenges are worthy of commitment. A person with a strong SOC is more likely to feel less stress and tension, and to believe that he or she can meet demands. A major determinant in the development of a strong or weak SOC is a person's natural coping style, upbringing, financial assets, and social support.

**Measurement: PTSD Checklist, Civilian (PCL)**

The PTSD Checklist, Civilian (PCL) is a 17-item scale based on the DSM-IV criteria. It is a self-administered questionnaire that assesses the full domain of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), PTSD symptoms that are experienced by civilians. It inquires about the three symptom clusters of PTSD: five re-experiencing symptoms, seven numbing/avoidance symptoms, and five hyper-arousal symptoms. It has been used successfully to measure PTSD symptoms in mixed gender populations of civilian trauma patients in many different settings. A trauma score of 44 or higher is recommended for use in the clinical diagnosis of PTSD in populations similar to this study.
**Statistic: Standard Deviation (SD)**

The standard deviation value is provided for each individual program for both the SOC scores and the PCL scores. The standard deviation statistic indicates the degree of similarity or difference in SOC scores and PLC scores for participants within a program at a particular time of data collection. Roughly 95.5% of normally (minimal difference in participants) distributed data is within two standard deviations of the mean. A low (small) standard deviation value for SOC and PCL scores implies that the participants in a particular program function at a similar level. For example, program “Z” has a PCL baseline value of 46 and a standard deviation value of 2. The PCL value of 46 would indicate that the group is operating at a high trauma level at baseline; and, the standard deviation value of 2 would indicate that most participants in that group experience similar high trauma levels. However, a high standard deviation value implies the individual program scores are widely spread signifying great differences among participants within a specific group. Using the same above example, program “Z” has a PCL baseline value of 46 but now has a standard deviation value of 15. The PCL value of 46 would indicate that the group is operating at a high trauma level at baseline; and, the standard deviation value of 15 would indicate that some participants are above a PCL score of 46 and some are below a PCL score of 46. Unfortunately, it is not possible to decipher which participants are high and which are low from just the standard deviation value, as data collection ensures confidentiality.

**Panim el Panim Homeless Interfaith Assembly on Homelessness and Housing**

Panim baseline demographics consisted of two females (50%) and two males (50%) that participated in this program cycle. At least 60% of participants identified as African American. About 75% of participants needed housing, wanted to further their education, and needed legal assistance. This group had a high percentage of participants that experienced long-term homelessness, yet a lower percentage of post-incarceration. About half of the group was unemployed, and 25% were disabled. Half of the group also received some sort of government assistance. Many had health concerns, with 75% having physical health concerns, 25% having mental health concerns, and 25% having past substance abuse issues. Almost all of the participants felt they were able to achieve their goals.

Panim outcomes at the six-month reunion data collection engaged three returning participants. Interestingly, over 75% of participants kept in touch with their mentors. About 25% of participants expressed a challenge in engaging in community, as well as addressing physical and mental health concerns. Of the four returning participants, 50% stated they had achieved their goal of obtaining a place to live, finding steady work, finding educational opportunities, and increased self-care and self-confidence. All returning participants stated that they still struggled financially.
Summary of Individual Program Sense of Coherence Scores – Panim el Panim

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>SOC Base</th>
<th>SOC Post</th>
<th>Change</th>
<th>SOC Post**</th>
<th>SOC 6 Mon.</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Panim el Panim</td>
<td>4</td>
<td>115.5</td>
<td>125.8</td>
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<td>3</td>
<td>129.0</td>
<td>114.7</td>
</tr>
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<td>All Programs, Total</td>
<td>78</td>
<td>125.9</td>
<td>135.3</td>
<td>+9.4</td>
<td>53</td>
<td>139.1</td>
<td>138.9</td>
</tr>
</tbody>
</table>

*One program cycle  **Adjusted matched score for those who returned at the 6-month follow-up

Summary of Individual Program Trauma PCL Scores Panim el Panim (PTSD clinical = 44+)

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>PCL Base</th>
<th>PCL Post</th>
<th>Change</th>
<th>PCL Post**</th>
<th>PCL 6 Mon.</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
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<td>All Programs, Total</td>
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<td>46.2</td>
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<td>-2.7</td>
<td>53</td>
<td>41.4</td>
<td>39.3</td>
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</tbody>
</table>

*One program cycle  **Adjusted matched score for those who returned at the 6-month follow-up

Panim program scores reflect data collected from one program cycle. Pre-program to post-program (N=4) SOC scores reflect an increase of 10.3 points, from 115.5 to 125.8 points. These SOC scores were quite low compared to other programs, indicative of a great challenge in participant coping. Barely above baseline, a SOC score of 114.7 points at the six-month mark (N=3) reflect a decrease of 14.3 points.

Pre-program to post-program (N=4) trauma PCL scores reflect a decrease of 3 points, from 45.5 to 42.5 points, reducing trauma below the clinical PTSD level. A trauma score of 42.3 points at the six-month mark (N=3) reflects a decrease of 2.7 points, keeping trauma scores below a clinical PTSD level.
Standard Deviation (SD) Scores, Sense of Coherence (SOC) and PTSD Checklist, Civilian (PCL)

Panim el Panim

<table>
<thead>
<tr>
<th>Measure, Time Collected</th>
<th>Mean</th>
<th>Number</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOC, Baseline</td>
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<tr>
<td>SOC, Post Program</td>
<td>125.7</td>
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<td>22.25</td>
</tr>
<tr>
<td>SOC, Reunion</td>
<td>114.7</td>
<td>3</td>
<td>14.01</td>
</tr>
<tr>
<td>PCL, Baseline</td>
<td>45.5</td>
<td>4</td>
<td>15.02</td>
</tr>
<tr>
<td>PCL, Post Program</td>
<td>42.5</td>
<td>4</td>
<td>10.85</td>
</tr>
<tr>
<td>PCL, Reunion</td>
<td>42.3</td>
<td>3</td>
<td>6.96</td>
</tr>
</tbody>
</table>

Although the mean SOC score improved from 115.5 at baseline to 125.7 at post-program, the variation in individual growth also widened for this sample. The standard deviation value was high at baseline, but continued to increase at post-program and at reunion. This indicates that at post program, some participants had SOC scores much higher or lower than the average 125.7 score. At reunion, SOC scores declined to 114.7, a score below baseline. However, one participant did not return which may account for the decline. The SD of 14.01 indicates the returning three still had a wide variation from the average SOC score.

PCL baseline scores indicated the highest amount of variation, indicating some participants scored much higher or lower than the 45.5 mean score. At post-program, the mean PLC score dipped below clinical level, and the SD value was also lower than the baseline mark. This indicates that participant scores reflected a closer value to the 42.5 average. At reunion, one participant was lost which may have accounted for a slight decrease in PCL. The decrease in SD indicates the remaining three participants are somewhat closer to the average 42.3 PCL score at reunion. It is important to apply caution when interpreting the SD value, as this group size is quite small (4 or 3 participants).

SD values allow for reflection on how to serve participants that have such a wide range SOC and PCL functioning based on the demographics of Panim’s population. This sample had a high percentage of participants that experienced long-term homelessness, struggled financially, and had a great deal of health concerns. As these challenges are demographically specific for Panim, exploring questions regarding specific programming to address these concerns within a wide range of individual experiences would be necessary. The need to follow up on any participants that either drop out or do not attend the reunion event is also crucial to understand program components as well as further explain outcome scores.
Participants in all programs reported a high level of program satisfaction. As discussed in post-program and reunion focus groups, Panim participants felt the below summary points were particularly helpful to their context:

- Panim participants had an extended need for case management as many still struggled with the process of obtaining housing and employment, as well as needed help with legal issues and filling out government program paperwork.
- Participants stated that meeting new people and being accepted into the group helped them move forward with life.
- Community for participants was people coming together for a common cause. Participants stated the group helped them because each person supported one another, and they all believed in each other.
- Participants stated that the groups were very helpful in identifying and solving problems, which kept them out of trouble.
- Panim participants felt some mentors were great, while others were not, and a better screening process would be helpful.
- Participants felt the groups should go longer, as after they are finished they have no one to help them in the way they got help at the program.
- Networking, getting direction and advice, discussing problems and asking for help, and support helped participants set and achieve goals.
- Participants felt this group was like family. The group provided support, unity, and was accountable to each other. Participants did not have relationships with their family of origin.
- God was very real and important to many of the group members. Participants stated the group helped their relationship with God, and others said it was a spiritual experience.
- Participants stated the program helped them deal with their trauma because the group participants and staff believed in participants, had confidence and faith in them – which in turn increased their confidence in themselves, as well as faith in others and God.
- Participants stated the program helped them identify things that happened to them in their past, and move forward from these things, as they do not define them anymore.
- Sharing stories was an important healing process. The group helped push participants to another level of healing where they could not have done this by themselves.
- Participants shared community in the group was very healing, as everyone had something to contribute and there was always someone who wanted to help.

**Home Coming Veterans Metro Baptist Church**

Home Coming Veterans demographics for this cycle consisted of all males, with 10 participants starting at baseline, 7 remaining at post-program, and 6 participating in the reunion event. Most participants completed high school or a GED, or had some college. Most participants were currently single, and 60% had children yet no children were living with them. Participants
had a wide range of ethnic and racial diversity. Most participants experienced being homeless either periodically or long-term, with 50% of the group still needing housing. Almost all participants wanted to further their education, needed legal assistance, and received some type of government benefits. About 50% of participants were formerly incarcerated, 40% had physical health concerns, and 30% had mental health concerns and past substance abuse issues. Most participants felt they were able to achieve identified goals.

Outcomes for Home Coming Veterans program at reunion engaged 6 participants from the original 10 at baseline. Interestingly, the four participants that did not return all identified at baseline as having some college. About 30% still needed housing, and 50% were also unemployed. Participants receiving government benefits remained the same, as did participant mental and physical health concerns. Most participants were in some sort of job training or advanced education program. About 70% also remained in contact with their mentor. Structure and continued work was a challenge for about 50% of participants, with motivation and a place to live presenting a challenge for 33% of participants. Half of participants reached their goal of increased care for their family, education, and job training. One-third of participants reached their goal of employment, housing, financial stability, and increased caring for themselves.

### Summary of Individual Program Sense of Coherence Scores, Metro Baptist

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>SOC Base</th>
<th>SOC Post</th>
<th>Change</th>
<th>SOC Post**</th>
<th>SOC 6 Mon.</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Home Coming Veterans</td>
<td>7</td>
<td>133.3</td>
<td>145.0</td>
<td>+11.7</td>
<td>147.2</td>
<td>146.7</td>
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<tr>
<td>All Programs, Total</td>
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<td>125.9</td>
<td>135.3</td>
<td>+9.4</td>
<td>139.1</td>
<td>138.9</td>
<td>-0.2</td>
</tr>
</tbody>
</table>

*One program cycle  **Adjusted matched score for those who returned at the 6-month follow-up

### Summary of Individual Program Trauma PCL Scores, Metro Baptist (PTSD clinical = 44+)

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>PCL Base</th>
<th>PCL Post</th>
<th>Change</th>
<th>PCL Post**</th>
<th>PCL 6 Mon.</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Home Coming Veterans</td>
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<td>39.4</td>
<td>43.0</td>
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<tr>
<td>All Programs, Total</td>
<td>78</td>
<td>46.2</td>
<td>43.5</td>
<td>-2.7</td>
<td>41.4</td>
<td>39.3</td>
<td>-2.1</td>
</tr>
</tbody>
</table>

*One program cycle  **Adjusted matched score for those who returned at the 6-month follow-up
Veterans Home Coming LSEP program scores reflect data collected from one program cycle. Pre-program to post-program (N=7) SOC scores reflect an increase of 11.7, from 133.3 to 145 points. A SOC score of 146.7 points at the six-month mark (N=6) reflect a slight decrease of .5 points.

Pre-program to post-program (N=7) trauma PCL scores reflect an increase of 3.6, from 39.4 to 43.0 points. Although trauma scores were not clinically significant, a trauma score of 35.8 points at the six-month mark (N=6) reflect a large decrease of 8.7 points.

**Standard Deviation (SD) Scores, Sense of Coherence (SOC) and PTSD Checklist, Civilian (PCL)**

**Metro Baptist**

<table>
<thead>
<tr>
<th>Measure, Time Collected</th>
<th>Mean</th>
<th>Number</th>
<th>Standard Deviation</th>
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</thead>
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<td>SOC, Post Program</td>
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<tr>
<td>SOC, Reunion</td>
<td>146.7</td>
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<td>14.4</td>
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<tr>
<td>PCL, Baseline</td>
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<tr>
<td>PCL, Post Program</td>
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<td>19.7</td>
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<tr>
<td>PCL, Reunion</td>
<td>35.8</td>
<td>6</td>
<td>9.5</td>
</tr>
</tbody>
</table>

Overall, Coming Home Veterans program showed success as the mean SOC scores increased and mean PCL scores decreased from baseline to reunion. However, post-program results seemed to create an interesting flux in the mean PCL trauma score as well as the standard deviation (SD) value. The standard deviation value was high at baseline, but increased significantly at post-program. This jump in value indicates some participants had SOC scores much higher or lower than the 145.0 group average, with a greater participant variation occurring at post program than at baseline. At reunion, the mean SOC score continued to increase while the SD value decreased, indicating less variation between SOC individual scores. It may be possible that the one person that did not participate in the reunion event had a large variation from the mean SOC score. It may also be that the increase in trauma scores at post program impacted SOC standard deviation values.

The mean PCL scores indicate a large increase from baseline to post-program, and then a large decrease from post-program to reunion. Focus group results explained the large flux in PCL scores as well as the impact of the group sessions. Many participants revealed that, at baseline they did not know about trauma, trauma symptoms, and outcomes of PTSD. Once anchored in the group, these Veterans discussed alarming events most had never revealed before. This resulted in a PCL
score increase at post-program and a decrease at reunion as trauma symptoms temporarily increased. Based on the SD post program increase, it could be that a few individuals were greatly impacted, causing a large variation within the group in regards to working with traumatic events and symptomology. The increase in trauma exposure may have also affected SOC scores. Even though the SOC scores increased at each data point, an increase in trauma scores may have also caused more variation in SOC scores during the post program measure.

Taken as a whole, the SOC, PCL, and SD scores reveal the need to examine how best to approach and meet the needs of trauma in the Home Coming Veterans program. Also a concern would be identifying the participants that have a high trauma impact as well as how best to manage this group appropriately that may have a wide range of variation in participant trauma.

Although about half of this sample needed housing, employment, and struggled financially, outcomes were quite positive. Specific to this group is the greater availability of government services supporting housing, education, and healthcare to participants. Also, a strong bond quickly developed between all group members that many attribute to their Veteran status and training. As these challenges and strengths are demographically specific for Coming Home, exploring questions regarding specific programming to address trauma concerns within a wide range of individual experiences would be necessary. The need to follow up on any participants that either drop out or do not attend the reunion event is also crucial to understand program components as well as further explain outcome scores.

Participants in all programs reported a high level of program satisfaction. As discussed in post-program and reunion focus groups, Home Coming participants felt the below summary points were particularly helpful to their context:

- Veterans faced specific challenges but also shared specific strengths. The VA benefits assisted participants in obtaining housing, employment, and educational training. Veterans also had physical and mental health concerns and VA benefits varied and were difficult to navigate.
- The program aided participants to listen, learn, respect, and understand other group participants – even ones that were very different from them.
- Reciprocity was helpful to participants, as they got help from receiving information and felt good about themselves from giving information. This process built trust and bonds between participants.
- Participants also identified group members as family.
- Participants felt the groups challenge you to grow, so a member needs to want to get help to participate in the program and to grow.
- Participants felt the program community was helpful to their growth, as they learned to care about each other, put in what they got out, respect differences, and be supportive to others. This process helped participants reconnect with their family of origin in a healthy, loving way.
- Participants stated that being included as a group taught them “it is not all about me.”
• Participants felt that meeting each other outside of the group, which they did often for BBQs and to do activities, helped members to bond, trust, and meet personal goals.

• Participants felt that, as the groups were consistent and followed a schedule, they learned to respect and follow rules, learned time management and incorporated that into their lives, and built up personal tolerance and patience. The group format taught them structure.

• Participants felt participating in the groups strengthened their communication skills, as they can now clearly and calmly communicate their feelings. They learned social skills, which also increased the success with relationships outside the program.

• Participants felt that taking the life journey with others as opposed to alone gave them courage to try to do things they always wanted to but never did. Homelessness, as one participant stated, is not only not having a home, it is walking through life by yourself. Doing things together with support makes difficult situations fun, manageable, and achievable.

• Participants felt networking and sharing information was very helpful in moving forward.

• Participants felt program components such as the food, mentors, readings, and speakers were extremely helpful in achieving goals and healing emotionally.

• Participants felt being open and honest with each other and accountable to each other was an important part of the program success.

• Participants felt the groups could be improved if there were both men and women included.

• Participants wanted the groups to continue, as they felt they needed more time to internalize the information and then learn how to apply new skills such as conflict resolution, communication, and advocacy skills. Participants also didn’t want groups to end as it was experienced as a great loss.

• Some group participants felt the program helped with personal trauma, as they learned that abuse in the past was not their fault, and there is life after trauma. Other participants felt their trauma was still a major factor.

• For one participant who did come back to assist with the next cycle of programming, he felt his experience was invaluable. It helped him “practice” for a job – which ultimately he got. It also helped his recovery to grow, and anchored him in a space that was welcoming, supportive, and reciprocal.

Living Well Domestic Violence Program, Kennedy Center

Demographics for the Living Well Domestic Violence program illustrated some categorical differences and similarities. All participants were female, about 75% were single, and about 90% had children. About 75% of participants had one or more children living in the home that were under 18 years of age. Interestingly, there was a wide range of participant educational attainment from less than a high school degree to graduate or professional college. Half the group identified as African-American, while the other half was either Latino or Asian-Pacific Islander. All women needed housing, but homelessness experience varied from first time to chronic. Most participants were currently housed in a temporary shelter. All women wanted to further their education, while about half needed legal assistance. Most women also received government benefits, with WIC, food
stamps, and cash assistance being most relevant. Employment attainment was a struggle, as over 80% of participants reported being unemployed. Few women experienced incarceration or reported being disabled. Half the group had mental health concerns, about 40% had physical health concerns, and about 30% had past substance use issues. Two-thirds of the group felt they could successfully achieve identified goals.

Living Well Domestic Violence program outcomes combined two program cycles. About half of participants stayed in touch with their mentor at reunion. Employment attainment increased as only 50% of participants identified as being unemployed. A few participants engaged in job training or educational advancement. Childcare and a place to live remained a challenge for about half of participants. Notable goal achievement for this sample indicates almost all participants reported increasing their self-confidence, taking better care of themselves, and taking better care of their family. Some participants reported meeting their goal of financial stability and job training.

Summary of Individual Program Sense of Coherence Scores, Living Well Kennedy Center

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>SOC Base</th>
<th>SOC Post</th>
<th>Change</th>
<th>SOC Post*</th>
<th>SOC 6 Mon.</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
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**Two program cycles  *Adjusted matched score for those who returned at the 6-month follow-up

Summary of Individual Program Trauma PCL Scores, Living Well (PTSD clinical = 44+)

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>PCL Base</th>
<th>PCL Post</th>
<th>Change</th>
<th>PCL Post*</th>
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<tr>
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<td>53.2</td>
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<td>41.4</td>
<td>39.3</td>
<td>-2.1</td>
</tr>
</tbody>
</table>

**Two program cycles  *Adjusted matched score for those who returned at the 6-month follow-up

Pre-program to post-program (N=11) SOC scores reflect an increase of 9.5, from 116.4 to 125.9 points. These SOC scores were quite low compared to other programs, indicative of a great challenge in participant coping. A SOC score of 146.4 points at the six-month mark (N=5) reflect a
large increase of 15.2 points. However, this large gain may reflect the loss of six participants unable to return for the six-month data collection. The loss of six participants in data collection resulted in an adjusted matched SOC post-program score of 131.2 points. This SOC score is higher than the original baseline and post-program scores, possibly indicating that the absent six participants had lower than average coping scores for this cycle.

**Standard Deviation (SD) Scores, Sense of Coherence (SOC) and PTSD Checklist, Civilian (PCL)**

*Living Well Domestic Violence Program, Kennedy Center*

<table>
<thead>
<tr>
<th>Measure, Time Collected</th>
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<td>35.4</td>
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<td>SOC, Post Program</td>
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<td>PCL, Baseline</td>
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<tr>
<td>PCL, Reunion</td>
<td>40.2</td>
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<td>9.6</td>
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</table>

Pre-program to post-program (N=11) trauma PCL scores reflect a decrease of 3.1, from 55.8 to 52.7 points. Although trauma is still at the clinical PTSD level, this is a significant accomplishment as initial trauma scores were extremely high. A trauma score of 40.2 points at the six-month mark (N=5) reflect a large decrease of 13 points, reducing trauma scores below a clinical PTSD level. It is important to remember that this reduction may reflect the loss of six participants unable to return for the six-month data collection. The loss of six participants in data collection resulted in an adjusted matched trauma post-program score of 53.2 points. This trauma score is lower than the original baseline and slightly higher than the original post-program score, possibly indicating that the absent six participants had higher than average trauma scores for this cycle.

The Living Well Domestic Violence program results reflect 11 participant responses at baseline and post-program, yet only 5 participant responses at reunion. The mean SOC score was quite low at baseline with a very large standard deviation value. At post-program, the mean SOC score did increase with the same sample size, with a decrease in the SD value. This pattern reflects a large variation in individual SOC levels at baseline that are either much higher or lower than the reported mean SOC score. Yet, less variation in SOC individual scores compared to the reported mean SOC score at post-program confirming improved participant results. At reunion, five participant responses reflect the large increase in the mean SOC score from post program to
baseline along with a high SOC score. Again, this indicates great variation in SOC functioning among the five participants.

The mean PCL trauma score was quite high at baseline with a high SD value. The eleven participants at baseline experienced a wide range of trauma symptoms that could be even higher than the reported mean of 55.8, or lower. Interestingly, at post-program the mean PCL trauma score decreased, yet the SD increased. As the number of participant responses remained the same, the SD value would indicate that the range of PCL variation between individuals expanded. Thus, some participants did in fact reduce their trauma symptomology while other participants remained at the same score or higher. At reunion, although only five participants responded, the mean PCL score continued to decrease, as did the SD value. Thus, these five participants may have had scores similar to the reported 40.2 group mean.

Outcome data reflect some important concerns for the Living Well Domestic Violence program. There is a need to examine specific challenges within the group, as well as how best to approach a group with such large and varied trauma scores is essential. Identifying the participants that have initial high trauma scores and that also remain high despite PCL scores declining would also be an important programming issue. There is also a need to follow up on participants that either drop out or do not attend the reunion event is also crucial to understand program components as well as further identify participant needs.

A large percentage of this sample indicated they were single, responsible for children under 18, needed steady employment, housing, and financial stability. Given the seriousness of the situation, trauma symptomology and SOC capacity needs to be evaluated in the realm of domestic violence. Regardless of the initial low SOC and high PCL scores, 100% of this sample reported an increase in self-confidence demonstrating the capacity for resilience after violence. Programming questions arise regarding how to responsibly and effectively approach trauma for this site, while building on participant and group strength.

Participants in all programs reported a high level of program satisfaction. As discussed in post-program and reunion focus groups, Living Well participants felt the below summary points were particularly helpful to their context:

- Mentors were extremely helpful and important for encouragement and support.
- Many participants were in need of legal services, but past experience has also shown legal services to be more traumatizing than helpful. A need for navigating the system and understanding a woman’s rights – especially when children are involved – are important.
- Housing is a huge issue for the DV participants.
- Many participants struggled with moving out of the trauma/victim role, understanding the nature of DV, and what help is actually available to DV persons. Many feel hopeless.
- Shelters are major barriers for the participants in this group in terms of safety, time, and rules.
- Participants felt the group helped them gain confidence in themselves, which helped them achieve goals.
- Participants felt the group was healing as it offered a community to them that was non-judgmental, open, safe, they could be seen, and they felt at home.
- Participants stated that being treated in a loving, respectful way helped them to see who was not giving that to them in their lives, as well as who they were disrespecting as well.
- Participants stated that the group’s sense of community was healing as the community they came from does not acknowledge or accept DV. Some communities, like shelters, are disempowering. But the program community helped others stay positive, slowed them down, provided safety, and quieted fear.
- Mentors and intern case managers are extremely important to healing and should be chosen wisely, preferably with knowledge about DV and the community, and who have time to give. Some participants felt case managers needed more training on DV and DV needs as women in this sample had serious barriers to obtaining housing and other tangible needs.
- Participants felt being seen in the group helped them validate their DV experience, which they did not get at their home communities. Integration into these communities can be difficult.
- The readings were particularly powerful for these participants. As one woman stated, “The readings reminded me that I was a women who has spirit, virtue, and principles”. The readings and poetry helped participants move forward and not return back.
- Participants felt the program helped them understand it is okay to have needs, helped them identify those needs, and most importantly, taught them to ask for help.
- Karen played a big part in participants joining the program, bonding, and benefiting.
- The DV bond among women helped lessen their shame as well as give them an understanding of the trauma they went through.
- The bond the women formed was a community for them where they could find encouragement, be seen, feel safe, helped them open to new possibilities and reminded them they could still love and be loved.
- The program wasn’t about giving the women a home, but more about giving them strength and courage not to go back.
- Storytelling inspired confidence, healed shame and guilt, and built courage and strength.

**Coming Home Riverside Church Post Incarcerated Program**

Coming Home Riverside data also reflects two program cycles. All participants in this program have been incarcerated, with about 50% for six years or longer. Parole or probation was a reality for 75% of participants. The Coming Home sample reflected more women than men at baseline, with almost all participants single, divorced or separated. Educational attainment ranged greatly from less than high school to graduate or professional degrees. About 60% of the group had children, yet most had children that were older than 18 and not living at home. Almost 80% of the sample identified as African American. Almost all participants needed housing, yet this sample reported a variety of homeless experiences first time to chronic. About half of participants needed
legal help, and almost all wanted to further their education. About 70% of participants reported being unemployed. Close to 90% of participants received government benefits – mostly food stamps and cash assistance. A little over 40% of participants expressed physical health concerns, mental health concerns, and/or current substance use. Despite these challenges, 85% of participants felt they could achieve identified goals.

Outcomes for Coming Home illuminated some specific challenges for the post-incarcerated. While there were some improvements, most participants needed permanent housing, steady employment, and were still receiving government benefits. Physical health concerns remained mostly unchanged, current substance use decreased, and mental health concerns increased among participants. About a third of participants were involved in job training programs, while half were still in touch with their mentors. About a third also entered substance abuse programs. A place to live and consistent work were goals most participants found challenging. About a third of participants also struggled with meeting their health needs and/or addressing depression and anxiety. Amidst great challenges for the post-incarcerated, close to 60% of participants reported achieving their goal of increased self-confidence. Half of participants reported achieving their goal of gaining job preparation. About 40% of participants reported reaching their educational goal, as well as taking better care of themselves.

Summary of Individual Program Sense of Coherence Scores, Coming Home

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>SOC Base</th>
<th>SOC Post</th>
<th>Change</th>
<th>SOC Size</th>
<th>SOC Post</th>
<th>6 Mon.</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>**Riverside Coming Home</td>
<td>13</td>
<td>133.5</td>
<td>136.5</td>
<td>+3.0</td>
<td>12</td>
<td>136.6</td>
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<tr>
<td>All Programs, Total</td>
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<td>125.9</td>
<td>135.3</td>
<td>+9.4</td>
<td>53</td>
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</tbody>
</table>

**Two program cycle  *Adjusted matched score for those who returned at the 6-month follow-up

Summary of Individual Program Trauma PCL Scores, Coming Home (PTSD clinical = 44+)

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>PCL Base</th>
<th>PCL Post</th>
<th>Change</th>
<th>PCL Size</th>
<th>PCL Post</th>
<th>PCL 6 Mon.</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>**Riverside Coming Home</td>
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<td>12</td>
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<tr>
<td>All Programs, Total</td>
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<td>43.5</td>
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<td>53</td>
<td>41.4</td>
<td>39.3</td>
<td>-2.1</td>
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</table>

**Two program cycle  *Adjusted matched score for those who returned at the 6-month follow-up
The Riverside Church Coming Home post-incarceration program scores reflect data collected from two program cycles. Pre-program to post-program (N=13) SOC scores reflect an increase of 3, from 133.5 to 136.5 points. A SOC score of 140.1 points at the six-month mark (N=12) reflect an increase of 3.5 points.

Pre-program to post-program (N=13) trauma PCL scores reflect a large decrease of 6.7, from 42.7 to 36 points. Although trauma is not at the clinical PTSD level, this is a significant accomplishment. A trauma score of 38 points at the six-month mark (N=12) reflects a slight increase of 0.6 points, indicating the reduction of trauma scores at post-program held.

<table>
<thead>
<tr>
<th>Measure, Time Collected</th>
<th>Mean</th>
<th>Number</th>
<th>Standard Deviation</th>
</tr>
</thead>
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<tr>
<td>SOC, Baseline</td>
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<td>SOC, Post Program</td>
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<td>SOC, Reunion</td>
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<td>27.7</td>
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<td>PCL, Baseline</td>
<td>42.7</td>
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<td>19.7</td>
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<tr>
<td>PCL, Post Program</td>
<td>36.0</td>
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<td>14.1</td>
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<tr>
<td>PCL, Reunion</td>
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Although the mean baseline SOC score is relatively appropriate, the large standard deviation (SD) value reflects a wide range of SOC scores among individual group members. An increase in the mean SOC score and decrease in SD value at post program indicates a less variation among individual coping. Although the mean SOC score continues to increase at reunion, so does the SD value. The increased SD value reveals that while the average for the group SOC is 140.1, some participants experienced an even greater SOC increase while some may have stayed the same or even decreased at reunion.

The same pattern is identified in the mean PCL scores. While the group average at baseline is below the clinical level, the large SD indicates that some participants may be well above the 42.7 group average and others falling below. A decrease in the mean PCL score as well as the SD value at post-program shows an improvement in trauma scores for a greater number of participants. A lower SD value represents less of a gap between individual PCL variance and the average group PCL. At reunion, the mean PCL trauma score actually increased, as did the SD value indicating greater individual fluctuation within the group from the average PCL score.
Some questions arise while examining SOC and PCL scores using the standard deviation as a reference point. Only one person out of twelve did not attend the reunion event, which probably is not enough to account for the difference in reunion scores. As all participants in this group have been incarcerated, many for long periods of time, examining outcome challenges is essential. For this sample, substance abuse was a significant concern. About 40% of participants had a current substance abuse issue at baseline, and about 30% had entered substance abuse treatment by reunion. Research shows that, while mastering the art of getting clean increases coping skills, trauma symptoms usually also increase. Often substances are used to self-medicate and manage trauma symptoms. Upon discontinued use, individuals can experience a wide range of emotional and physical challenges.

Also specific to this group was the large representation of African Americans. The short and long term effects of racial discrimination as well as intergenerational trauma should be examined in combination with incarceration, health concerns, and education, housing, and employment needs.

The need to evaluate specific challenges within the Coming Home group, as well as how best to approach a group with such large and varied trauma scores, is essential. Identifying the participants that have higher than average trauma scores and lower than average SOC scores is an important programming issue. Understanding why some continue to improve while others continue to struggle would allow for more specific programming to meet the needs of the group as a whole.

Participants in all programs reported a high level of program satisfaction. As discussed in post-program and reunion focus groups, Riverside participants felt the below summary points were particularly helpful to their context:

- Classification of past crimes, parole, and length in prison significantly affected job obtainment.
- Homelessness was an issue for many, and those that did get a job did not earn enough to live and get their own place.
- Coming out of prison, participants overestimated just how hard it would be to live and adjust.
- Trust barriers needed to be broken down before persons could share honestly.
- Writing down goals and breaking them into steps helped achieve participant outcomes.
- Participants considered each other a family. Participants stated they have never been at a place before where they could tell personal things, feel so comfortable, safe, and accepted.
- Participant storytelling helped them to heal, but also the group to bond as members learned something about each member.
- Sharing information in the group was very helpful, as was developing networks.
- Participants wanted the group to continue, as well as a way to help in new groups.
- There was a spiritual vibe in the program and throughout the group.
- Case management helped participants through difficult things like housing and medical issues.
• Goals such as housing, employment, education, and others take time to achieve, and participants felt the programs should go longer so that they had support and connections to obtain their goals.

• Being back in society is a challenge for many participants – for some, a total shock as huge chunks of time have been spent in prison.

• Mentors were very helpful in providing support, motivation, and avenues for help. Matching the right mentors for participants was extremely helpful.

• Participants felt the group helped increase fellowship, love, hope, faith, and self-confidence, which is essential for making better decisions in life.

• Due to incarceration, many felt isolated but the groups gave them a sense of inclusion, belonging, and connectedness.

• Being incarcerated, many participants felt disconnected from their family as people forget about them when they are locked up for so long. They in turn also forget what it is like to have a family. As the group grew to consider members as family, this was incredibly healing. The program became their new home for participants – a “home away from home”.

• Participants felt that a great deal of success and bonding within the group was due to Hope following-up. Not only would she call if you were not at group, she was available to take calls after graduation and reunion.

• Coming Home helped participants reconcile their past so that they are not afraid of it, and can speak freely about it. This was accomplished in large part by the sense of community and reciprocity that group members experienced.

• Participants who experienced change and spoke about it transformed others in the group who were not ready to change.

• Ending the group was very difficult for most participants. One thing that did help is that Hope gave them all a set of pictures to remind participants of their experiences.

• The program reinforces that participants are worthy, people care about them, they will be okay, and they can get through this trauma. These things are taken away when doing time.

• Participants felt the group was spiritual in that bonding, listening and sharing stories, supporting change, witnessing transformation, and caring for others increased faith and hope.

• Participants suggested that Coming Home should do more to help persons coming out of prison, as so many are cut off from family, have no relationships, and have nowhere to go.

• A mixed male and female group was helpful, as different genders learned each goes through their own things, and was very healing to learn to trust the opposite sex.

Life Skills Training and Empowerment Program (L-STEP) St. Xavier Mission

The Life Skills Training and Empowerment Program (L-STEP) also reflected two program cycles. The L-STEP sample was 60% female, 72% single, and 60% with children. Most of participants’ children were older than 18 and did not live in the home. Educational attainment varied, with 40% having a high school or GED certificate. Racial and ethnic identity was widely diversified. Close to 90% of the group needed housing, yet personal experiences of homelessness
ranged from first time to chronic. Among this sample, 80% wanted to further their education and 65% needed legal assistance. Employment needs also varied, as 32% of participants identified as disabled and 48% as unemployed. Government assistance was also a concern, as 83% of this sample received some type of benefit. As a large percentage identified as disabled, 32% received SSI and 4% received SSD. Food stamps and cash assistance were other benefits in use by a third or more of the participants. About 40% of participants had experienced incarceration for varying lengths of time. However, no participants were engaged with parole or probation. Health issues were also a challenge as about half of participants had past substance abuse and current mental health concerns, as well as 65% having physical health concerns. Close to 90% of participants indicated they felt they were able to achieve identified goals.

Although there was a loss of participants from baseline to reunion, outcome data reflects that some participants obtained housing. However, unemployment and disability needs still presented a challenge, as did participant health concerns. Close to half of all participants remained in contact with their mentors at reunion. Locating educational or job training still remains to be a struggle for most participants. Motivation, structure, physical health concerns, anxiety and depression were challenges for close to 40% of participants at reunion. Despite these challenges, about half of participants achieved their goal of increased self-confidence and taking better care of themselves. More than 65% of participants achieved their housing goal. A little less than one third of participants achieved their goal of finding a job, educational needs, and financial stability.

**Summary of Individual Program Sense of Coherence Scores**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>SOC Base</th>
<th>SOC Post</th>
<th>Change</th>
<th>Size</th>
<th>SOC Post*</th>
<th>SOC 6 Mon.</th>
<th>Change</th>
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<tbody>
<tr>
<td><strong>Xavier Mission L-STEP</strong></td>
<td>19</td>
<td>123.0</td>
<td>136.8</td>
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<td>139.3</td>
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<tr>
<td>All Programs, Total</td>
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<td>125.9</td>
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<td>+9.4</td>
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**Two program cycles   *Adjusted matched score for those who returned at the 6-month follow-up**

**Summary of Individual Program Trauma PCL Scores (PTSD clinical level = 44 and above)**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>PCL Base</th>
<th>PCL Post</th>
<th>Change</th>
<th>Size</th>
<th>PCL Post*</th>
<th>PCL 6 Mon.</th>
<th>Change</th>
</tr>
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<tbody>
<tr>
<td><strong>Xavier Mission L-STEP</strong></td>
<td>19</td>
<td>46.5</td>
<td>41.0</td>
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<td>12</td>
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<td>+2.2</td>
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<tr>
<td>All Programs, Total</td>
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<td>43.5</td>
<td>-2.7</td>
<td>53</td>
<td>41.4</td>
<td>39.3</td>
<td>-2.1</td>
</tr>
</tbody>
</table>

**Two program cycles   *Adjusted matched score for those who returned at the 6-month follow-up**

The Xavier Mission L-STEP program scores reflect data collected from two program cycles.
Pre-program to post-program (N=19) SOC scores reflect an increase of 13.8, from 123 to 136.8 points. A SOC score of 135.5 points at the six-month mark (N=12) reflects a decrease of 3.8 points. The L-STEP program faced some challenges including originally low SOC scores, as well as a loss of seven participants who could not return for the six-month data collection. The loss of seven participants in data collection resulted in an adjusted matched SOC post-program score of 139.3 points. This SOC score is higher than the original baseline and post-program scores, possibly indicating that the absent seven participants had lower than average coping scores for these cycles.

Pre-program to post-program (N=19) trauma PCL scores reflect a decrease of 5.5, from 46.5 to 41 points, reducing trauma scores below the clinical PTSD level. A trauma score of 42 points at the six-month mark (N=12) reflects an increase of 2.2 points, but still keeps trauma scores below a clinical PTSD level. It is important to remember that this increase may reflect the loss of seven participants unable to return for the six-month data collection. The loss of seven participants in data collection resulted in an adjusted matched trauma post-program score of 39.8 points. Interestingly, this trauma score is actually lower than the original baseline and post-program scores, indicating the remaining participants actually had higher than average trauma scores for these cycles. Although this explains the increase in reunion trauma scores, it does not detail additional program information that may have impacted a positive score change.

### Standard Deviation (SD) Scores, Sense of Coherence (SOC) and PTSD Checklist, Civilian (PCL)

<table>
<thead>
<tr>
<th>Measure, Measure,</th>
<th>Mean</th>
<th>Number</th>
<th>Standard Deviation</th>
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</thead>
<tbody>
<tr>
<td>Time Collected</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SOC, Baseline</td>
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<td>SOC, Post Program</td>
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<tr>
<td>SOC, Reunion</td>
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<tr>
<td>PCL, Reunion</td>
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<td>12.9</td>
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</table>

Although the mean SOC average score started off a bit low at baseline for the L-STEP program, the standard deviation value was quite high. Some individuals in this group would have scored much higher than the average 123.0 mean score, while some would have scored much lower. The mean SOC score at post-program did improve, but based on the SD value, there was still a significant amount of deviation higher and lower from the average. The mean SOC reunion score may have dropped due to some participants not attending the reunion event. In addition, SD value at reunion was considerably high indicating some participants improved past the 135.5 mean, while others may have stayed the same or declined.
The average PCL trauma score steadily decreased from baseline to reunion indicating an overall group improvement in trauma symptomology. However, the SD value is also quite high at baseline indicating the highest trauma range among the group. The SD value for the mean PCL score decreased a bit at post program, and rose again slightly at reunion. Overall, L-STEP participants varied from the PCL trauma mean at all three data points, but not as much as the SOC score.

In reviewing outcome data for L-STEP, participant responses vary a great deal. Outcome data indicates that L-STEP has taken on the challenge of serving a wide range of participants with various experiences, strengths, and challenges. Perhaps for L-STEP, the question to be examined becomes how to best serve program participants that come to the table with such significant diversification. Unlike other programs that focus on a specific population such as veterans, domestic violence, or post incarcerated, L-STEP has the challenge of accommodating an array of participants. In addition, at baseline this widespread group presented with low SOC scores and high PCL scores. Challenges for L-STEP may include how to increase positive outcomes while support continued growth of a wide range of needs and experiences.

Participants in all programs reported a high level of program satisfaction. As discussed in post-program and reunion focus groups, L-STEP participants felt the below summary points were particularly helpful to their context:

- L-STEP participants felt the program concentrated on goal achievement, which many participants successfully accomplished.
- L-STEP participants appreciated the high quality of networking and case management at the program which assisted in goal achievement.
- Mentors were extremely instrumental in supporting participants as well as boosting confidence and encouragement. Participants felt the non-judgmental attitude of mentors was most healing. Some participants started off at odds with their mentors, but worked through differences for a very rewarding experience. Mentors can only be a healing experience, however, if the participant opens up to it.
- Spirituality was quite evident in the L-STEP program. Many participants felt that the spiritual aspect of the program “warmed their heart”. Spirituality was described as being accepted and included in a group of people that are very different from you. Reciprocity was another aspect of spirituality in participants being helped but also able to help. Learning and appreciating different religious aspects was also noted as healing.
- Community was also described by participants as a vital healing part of L-STEP. The groups discussed how everyone was real, honest, supportive, friendly, and caring. Being part of a community allowed participants to let go of their hurt and pain, and grow into themselves.
- Some participants wanted more time with presenters to ask questions, as well as learn about their specific mentor at the first or second group meeting. Most of participants wanted more housing information and assistance.
• Participants felt that learning to be proactive was very empowering. Empowerment was taught by allowing participants to read, lead groups, and express their identity without judgment. Others get to really know persons, and persons get to really know others.
• L-STEP was very helpful in assisting persons to identify who they want to be in relationship with and who is not healthy to be in relationship with.
• Participants felt the L-STEP group was like a family even though they were not related because participants were there for each other in a very supportive way. This family, unlike others participants have experienced, encouraged growth and individuation. This new experience of family assisted participants in reconnecting with their family of origin.
• Accountability was highly valued by participants provided by L-STEP groups. Participants felt that learning when to stop and take a look at what is going on, get guidance and support during this time to make responsible, healthy decisions, and then have someone acknowledge your growth was key to creating structured and stable lives. They would like more training and practice in this area.
• Meal sharing, readings, and poetry were healing and bonding.
• Some participants identified the need for further PTSD help, as they were having consistent reactions, nightmares, flashbacks, and other symptoms.
• Being around others that are intelligent, motivated, honest, and positive helped move participants out of their learned, unhelpful habits.

Education Outreach Program Catholic Charities

Educational Outreach Program data outcomes represent two program cycles. This sample of participants had a varied range of educational attainment divided among a slightly more male group. Almost 90% of participants identified as single, and about 80% had children. About 80% of participants did not have children living in the home, and almost 50% of participants had one or more children under the age of 18. Close to 70% of participants identified as African American. There was a wide range of homeless experiences and current living situations in this group, with about 70% of participants currently in need of housing. About 85% of participants indicated they would like assistance with education, and 55% needed legal assistance. Specific to this group, 50% of participants indicated they were unemployed and the other 50% identified as disabled. All participants received government benefits; most received food stamps and some SSI and cash assistance. About 20% identified as veterans. About 50% of this sample was previously incarcerated, with 20% having less than six months of confinement and about 20% having more than 6 years of confinement. A bit more than 10% were on parole or probation. About 50% of persons had both mental and physical health concerns. Substance abuse was a struggle for this group, as 32% were currently using and 90% had a past substance abuse issue. About 95% of participants indicated they felt confident they could achieve desired goals.

In spite of some participants not returning to post-program or reunion events, some interesting outcomes at reunion can be noted for this sample. Little movement was experienced in
obtaining education, job training, housing, or employment. Most participants remained on
government assistance, and several still had physical and mental health concerns. Interestingly,
four participants that indicated they had a current substance abuse problem entered addictions
treatment, while the other two dropped out of the program. Close to half of the sample remained
in contact with their mentor. About half of participants felt challenged by physical concerns, while
33% had challenges with mental health and structure. Despite these barriers, 90% of participants
felt they achieved their goal of taking better care of themselves; and almost 50% of participants felt
they achieved their goal of increased self-confidence, taking better care of their family, financial
stability, and housing.

**Summary of Individual Program Sense of Coherence Scores**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>SOC Base</th>
<th>SOC Post</th>
<th>Change</th>
<th>Size</th>
<th>SOC Post*</th>
<th>6 Mon.</th>
<th>Change</th>
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<td>All Programs, Total</td>
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<td>125.9</td>
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**Two program cycles  *Adjusted matched score for those who returned at the 6-month follow-up**

**Summary of Individual Program Trauma PCL Scores (PTSD clinical level = 44 and above)**

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<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>PCL Base</th>
<th>PCL Post</th>
<th>Change</th>
<th>Size</th>
<th>PCL Post*</th>
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<td>-1.9</td>
<td>9</td>
<td>38.1</td>
<td>35.4</td>
<td>-2.7</td>
</tr>
<tr>
<td>All Programs, Total</td>
<td>78</td>
<td>46.2</td>
<td>43.5</td>
<td>-2.7</td>
<td>53</td>
<td>41.4</td>
<td>39.3</td>
<td>-2.1</td>
</tr>
</tbody>
</table>

**Two program cycles  *Adjusted matched score for those who returned at the 6-month follow-up**

The Catholic Charities EOP program scores reflect data collected from two program cycles.
Pre-program to post-program (N=11) SOC scores reflect an increase of 10.6, from 134.9 to 145.5
points. A SOC score of 139.1 points at the six-month mark (N=9) reflects a decrease of 7.7 points.
Catholic Charities EOP lost two participants that struggled with the program after starting,
indicating they were not yet ready to participate. The loss of two participants in data collection
resulted in an adjusted matched SOC post-program score of 146.8 points. This SOC score is higher
than the original baseline and post-program scores, possibly indicating that the absent two
participants had lower than average coping scores for these cycles. However, this does not explain
the SOC decrease this program experienced for these two cycles.
Pre-program to post-program (N=11) trauma PCL scores reflect a decrease of 1.9, from 42.8 to 40.9, keeping trauma scores below the clinical PTSD level. A trauma score of 35.4 points at the six-month mark (N=9) reflects a decrease of 2.7 points. Interestingly, the loss of two participants in data collection resulted in an adjusted matched trauma post-program score of 38.1 points that is lower than the original baseline and post-program scores. As this may indicate the two absent participants had lower than average trauma scores, it does not detail additional program information that may have impacted a drop in six-month reunion trauma scores for these cycles.

Standard Deviation (SD) Scores, Sense of Coherence (SOC) and PTSD Checklist, Civilian (PCL)

<table>
<thead>
<tr>
<th>Measure, Time Collected</th>
<th>Mean</th>
<th>Number</th>
<th>Standard Deviation</th>
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</thead>
<tbody>
<tr>
<td>SOC, Baseline</td>
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<tr>
<td>SOC, Post Program</td>
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<td>SOC, Reunion</td>
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<td>14.9</td>
</tr>
<tr>
<td>PCL, Baseline</td>
<td>42.8</td>
<td>11</td>
<td>18.5</td>
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<tr>
<td>PCL, Post Program</td>
<td>40.9</td>
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<td>16.8</td>
</tr>
<tr>
<td>PCL, Reunion</td>
<td>35.4</td>
<td>9</td>
<td>12.6</td>
</tr>
</tbody>
</table>

The average SOC baseline score for EOP was higher than the overall program average, yet the SD value was also high. Some individuals in this group would have scored much higher than the average 134.9 mean score, while some would have scored much lower. The mean SOC score at post-program did increase to 145.5, but based on the SD value there was still a significant amount of deviation higher and lower from the average. The mean SOC reunion score may have dropped due to some participants not attending the reunion event. In addition, the SD value at reunion was lower, indicating participants at reunion were a bit less diversified from the 139.1 mean score.

The average PCL trauma score steadily decreased from baseline to reunion indicating an overall group improvement in trauma symptomology. At baseline, the SD value is quite high indicating the largest trauma range among the group. The SD value for the mean PCL score decreased a bit at post program, and again at reunion. Although the range of deviation from the average trauma score seems to diminish, two participants were also missing from the reunion data collection.

Despite this group’s variation in demographics, as well as the great amount of physical, mental, and substance abuse concerns, housing needs, and disability requirements, this sample
does improve from baseline to reunion in both PCL and SOC scores. As both persons who did not return at reunion identified at baseline as current substance users, loss of these persons may have affected the scores as well as the range of diversity within the scores. Possible questions to be examined for EOP may focus on how best to support and incorporate trauma and substance abuse issues in the program. Questions may also include how to increase positive outcomes and support continued growth, as EOP supports a diverse population with a wide range of needs and experiences.

Participants in all programs reported a high level of program satisfaction. As discussed in post-program and reunion focus groups, EOP participants felt the below summary points were particularly helpful to their context:

- Mentors were instrumental in assisting participants in navigating housing, employment, and education issues. Mentor success was due in part because they were well selected and well matched.
- Participants wanted more feedback from staff, as well as more help with things like resume building, job placement, etc.
- Even though participants may not have reached their goals fully, they certainly felt more confident and esteemed about their ability to do so.
- Prayer, spirituality, and God were evident in many of the participant comments, as well as greatly appreciated as an added value to the program as well as the group bonding.
- Spirituality was an important part of the growth process in EOP groups. Participants talked about praying more, and enjoying sharing the space with different persons from different religious beliefs. Some participants rediscovered God and their faith again in the groups.
- Participants felt strongly that EOP was a community – an extended family. This family was considered safe, encouraging, a place to give and receive support, and comforting.
- Participants liked that there were other opportunities like a women’s group, or leadership group, as it was wonderful to have a place to go that is safe where you can learn.
- Participants considered the EOP group a safe haven that on many accounts prevented persons from making poor choices if their environment got too chaotic.
- Participants felt like EOP opened doors and taught them how to take care of themselves.
- “George is like Santa Claus or a good family member….he is one of the best in this program and encourages you to do a lot. He is very uplifting.”
- “Miss Kay was always available to talk and both she and George didn’t let us give up.”
- Storytelling was difficult for many people but also very healing in terms of diminishing shame, building confidence, building hope, becoming grateful, and feeling connected to others.
- EOP participants also noted they reconnected with family, and it reduced anger.
- Participants continually mentioned how George, Ms. Kay, and EOP groups lifted and enforced participants taking a stand for themselves, empowering them, and instilling confidence.
- Participants did struggle with meeting concrete, larger goals such as housing, education, and employment.
• Networking and connections were very important to the personal and goal-oriented achievements of EOP participants. Many mentioned that even though the program ended, George and Ms. Kay’s doors were always open. Participants also felt they made lasting connections with each other in the group.

• Getting and giving love, learning who others are in the group, having people be honest and supportive was very important to growth, and confirmed the idea of the group being a family.

• Staff, storytelling, prayer and readings, and workshops were elements of EOP that participants found very helpful.

• Having clear group rules, regulations, and a steady routine helped persons feel safe.

• Reciprocity – being able to do for others as they have done for them – really assisted participants with moving forward emotionally as well as risk bonding with others.

• A powerful statement from one EOP participant in regards to the benefits of EOP: “trauma happens in isolation – but healing happens in connection.” Many participants noted their early childhood and continued trauma, but that finding their voice, telling their stories, and having people “that care about you, understand you” was a freeing experience. In both EOP groups – the story was a powerful experience creating healing and confidence for participants.

• EOP groups helped participants make good decisions where they might have made not-so-good ones otherwise. Having a safe, caring, honest group to discuss things with and get feedback was essential to learning how to make correct choices.

Coming Home Reformed Church of Bronxville Post Incarcerated Program

Outcome data represents one program cycle for Bronxville. This program consisted of all women that were formerly incarcerated. About 60% of women served six or more years in prison, while 40% served between one and five years. In addition, 60% of women have the added responsibility of engaging with parole or probation. About 60% identified as single, while 40% identified as married. Regarding children, 40% stated they did not have children, yet 60% had two or more children. In addition, 40% of women had children under 18 that lived in the home. Educational attainment varied among the group of women, with a range of level completed. About 80% of women identified as African American. All women in the group needed housing, yet 80% stated they did not have a history of homelessness. Close to 70% of women were currently doubled up in terms of current housing. All women wanted to further their education and all also needed legal assistance. Employment was a challenge as 60% of women identified as unemployed, 20% disabled, and 20% worked part-time. All women received some type of government benefits, most in food stamps (80%) and some in cash assistance (20%). As some women identified as disabled, 40% received SSI. Health problems were somewhat of a concern as 60% of women had physical health concerns, 20% mental health concerns, and 60% past substance use struggles. Despite these barriers, 80% of women felt they could achieve identified goals in the near future.

Outcomes for this cycle of programing for Bronxville represented four participants, as one did not return for the reunion. Although not much information is known regarding this participant,
it is clear from the demographic data that she had past substance use struggles, had a high school or GED certificate, and did have physical health concerns but not mental health concerns. Of the remaining four participants, one person obtained housing and several obtained employment. Physical health concerns remained a struggle. Few persons engaged in job or educational training. Of the four women, three remained in contact with their mentor at reunion. Challenges of most concern to half of the women included motivation and structure. Successes for these women in meeting their goals included employment (75%), increased self-confidence (75%), and taking better care of themselves (50%).

**Summary of Individual Program Sense of Coherence Scores**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>SOC Base</th>
<th>SOC Post</th>
<th>Change</th>
<th>SOC Post</th>
<th>SOC 6 Mon.</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Bronxville Reformed Ch.</td>
<td>5</td>
<td>126.6</td>
<td>137.8</td>
<td>+11.2</td>
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<td>142.3</td>
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<tr>
<td>All Programs, Total</td>
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<td>135.3</td>
<td>+9.4</td>
<td>139.1</td>
<td>138.9</td>
<td>-0.2</td>
</tr>
</tbody>
</table>

*One program cycle  **Adjusted matched score for those who returned at the 6-month follow-up

**Summary of Individual Program Trauma PCL Scores (PTSD clinical level = 44 and above)**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>PCL Base</th>
<th>PCL Post</th>
<th>Change</th>
<th>PCL Post</th>
<th>PCL 6 Mon.</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
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<td>44.4</td>
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<tr>
<td>All Programs, Total</td>
<td>78</td>
<td>46.2</td>
<td>43.5</td>
<td>-2.7</td>
<td>41.4</td>
<td>39.3</td>
<td>-2.1</td>
</tr>
</tbody>
</table>

*One program cycle  *Adjusted matched score for those who returned at the 6-month follow-up

The Bronxville Reformed Church program scores reflect data collected from one program cycle. Pre-program to post-program (N=5) SOC scores reflect a large increase of 11.2, from 126.6 to 137.8 points. A SOC score of 142.3 points at the six-month mark (N=4) reflects an increase of 2 points. A loss of one participant, unable to return for the six-month data collection, resulted in an adjusted matched SOC post-program score of 140.3 points. This SOC score is higher than the original baseline and post-program scores, possibly indicating that the absent participant had lower than average coping scores for this cycle.

Pre-program to post-program (N=5) trauma PCL scores reflect a decrease of 2, from 46.4 to 44.4 points. Although the post-program trauma score sits right at the clinical PTSD level, this
reduction is significant. A trauma score of 40.8 points at the six-month mark (N=4) reflects a decrease of 2 points, bringing scores below a clinical PTSD level. A loss of one participant unable to return for the six-month data collection resulted in an adjusted matched trauma post-program score of 42.8 points. This trauma score is lower than the original baseline and post-program scores, possibly indicating that the absent participant had higher than average trauma scores for this cycle.

### Standard Deviation (SD) Scores, Sense of Coherence (SOC) and PTSD Checklist, Civilian (PCL)

<table>
<thead>
<tr>
<th>Measure, Time Collected</th>
<th>Mean</th>
<th>Number</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOC, Baseline</td>
<td>126.6</td>
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<td>31.1</td>
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<tr>
<td>SOC, Post Program</td>
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<td>SOC, Reunion</td>
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<td>39.4</td>
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<tr>
<td>PCL, Baseline</td>
<td>46.4</td>
<td>5</td>
<td>9.2</td>
</tr>
<tr>
<td>PCL, Post Program</td>
<td>44.4</td>
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<td>10.7</td>
</tr>
<tr>
<td>PCL, Reunion</td>
<td>40.8</td>
<td>4</td>
<td>13.4</td>
</tr>
</tbody>
</table>

The Bronxville Coming Home average SOC scores from baseline to reunion were about the same as the overall program average. The SD value was lowest at baseline, indicating the least variation in trauma among group participants. Interestingly, the SD score increased at post-program and again at reunion. This indicates that as the program progressed, so did the variation in participants that achieved lower trauma score outcomes. Although one person did not show at reunion, this data point had the highest SD score indicating some participants achieved much lower trauma scores, while others may not have moved at all or actually increased in trauma scores.

As all of these participants were previously incarcerated, some had six plus years of confinement, while others had between one and five years. This difference may explain the difference in trauma score movement and diversity as the program progressed.

Despite this group’s variation and needs, this sample does improve from baseline to reunion in both PCL and SOC scores. As the person who did not return at reunion identified at baseline as having past substance abuse struggles, possible questions to be examined for Bronxville may focus on how to best address and support trauma and substance abuse in the program. Questions may also include how to increase positive outcomes through trauma-informed programming that is specific to post-incarcerated women that also support children, need housing and employment, and struggle with mental and physical health concerns.
Participants in all programs reported a high level of program satisfaction. As discussed in post-program and reunion focus groups, Bronxville participants felt the below summary points were particularly helpful to their context:

- Most important to this group was the fact that the group was all female. Participants stated they dropped out of groups or withheld information because males were present. In addition, women coming out of prison have gender-specific issues that need to be addressed.
- Mentors were helpful when they were supportive, non-judgmental, and motivating. Mentors were not helpful when they were too busy or too self-absorbed in their own problems.
- Women enjoyed coming to a warm and cozy place that was like family to them.
- A change in scenery from Yonkers to Bronxville was extremely helpful as it broadened participants’ scope of the world as to what is really possible in life. Being accepted and included by different others was very healing.
- Participants felt this program was extremely useful because it does other things that no other programs do such as assist with mental and physical health issues, housing, employment, and etcetera. “If they can’t help with – say housing – they will come and redecorate. If they cannot help directly, the program sends us out to those who can. This is amazing!”
- The safe place and group bonding made it possible for women to share things they have never shared before – but were stuck inside weighing them down.
- Participants felt the readings were great, and it was also healing to talk about and accept others from different religious backgrounds. It is important that not one religion is emphasized in the program, but that they all are.
- Participants stated that the groups were communal, where all members supported each other, and felt love and appreciation. This allowed for feelings and processing of deep emotional wounds.
- Although participants struggled with employment and education goals at reunion, they did pursue and complete different goals stemming from increased self-confidence such as breaking up with a boyfriend or getting back into sports and athletics.
- Participants indicated that success at reunion was in a large part due to them being able to contact Dawn and receive her help. At reunion, participants still had trouble locating services and being anchored in their community.
- Some participants would not have attended the group if they felt it was “religious” but all discussed an increase in “spirituality” through relationship.
- Mentors were very supportive, but some did not have enough time to give.
- Spirituality of participants was rejuvenated through relationship, support, and a family bond among participants.
- This program was important from moving participants away from the “victim” role and not letting the past dictate the present or future.

ComALERT Coming Home Brooklyn DA’s Office Post-Incarcerated Program
ComALERT Coming Home Brooklyn District Attorney's Office data analysis examined one program cycle. All participants in this sample were formerly incarcerated, with 60% confined for six or more years, and 40% confined for 1 to 5 years. In addition, 60% of participants were currently on parole or probation. Most program participants in this sample were male, and about half had either a high school diploma or GED certificate. Most in this sample identified as single, divorced or separated, with only 20% married. About 60% indicated they had one or more children, but 90% of these children did not live at home. Half of participant children were over 18 years of age. All of the participants identified as African American. More than half of this sample needed housing. All of the sample participants wanted and needed help with furthering their education. About 65% needed legal assistance, and 90% identified as unemployed. Government assistance was utilized by 65% of the sample; food stamps and cash assistance were frequently used benefits. Health issues were a concern, as 60% of participants had a physical health issue, 20% had a mental health issue, and 60% had past substance use struggles. Of this sample, 80% stated they felt they could achieve identified goals.

**Summary of Individual Program Sense of Coherence Scores**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>SOC Base</th>
<th>SOC Post</th>
<th>Change</th>
<th>SOC Post**</th>
<th>SOC 6 Mon.</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>*ComALERT</td>
<td>8</td>
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<td>139.1</td>
<td>138.9</td>
<td>-0.2</td>
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</table>

*One program cycle  **Adjusted matched score for those who returned at the 6-month follow-up

**Summary of Individual Program Trauma PCL Scores (PTSD clinical level = 44 and above)**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Size</th>
<th>PCL Base</th>
<th>PCL Post</th>
<th>Change</th>
<th>PCL Post**</th>
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<td>41.4</td>
<td>39.3</td>
<td>-2.1</td>
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</tbody>
</table>

*One program cycle  **Adjusted matched score for those who returned at the 6-month follow-up

The ComAlert Brooklyn District Attorney's office program scores reflect data collected from one program cycle. Pre-program to post-program (N=8) SOC scores reflect a 3.7 increase, from 119.6 to 123.3 points. A SOC score of 139.0 points at the six-month mark (N=2) reflects a significant increase of 12 points. Due to a data collection error, only two of the eight program
participants were included in the reunion data calculations. Thus, as the reunion data reflects such a small number of participants, it is difficult to ascertain with confidence that an increase of 12 SOC points is representative of the program for this cycle.

Pre-program to post-program (N=8) trauma PCL scores reflect an increase of 4, from 49 to 53 points. ComALERT serves post-incarcerated participants, some with little transition time from prison to community. Trauma scores may have increased with this post-incarceration group as a result of participants overwhelmed with requirements and emotions outside of confinement. A trauma score of 49.0 points at the six-month mark (N=2) reflects an increase of 6 points. Due to a data collection error, only two of the eight program participants were included in the reunion data calculations. It is important to note, however, that all participants in this sample did return to the reunion event. Due to the collection error, as the reunion data reflects such a small number of participants it is difficult to ascertain with confidence that an increase of 6 trauma PCL points is representative of the program for this cycle.

Standard Deviation (SD) Scores, Sense of Coherence (SOC) and PTSD Checklist, Civilian (PCL)

<table>
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<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOC, Baseline</td>
<td>119.6</td>
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<td>27.0</td>
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<tr>
<td>SOC, Post Program</td>
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<tr>
<td>PCL, Reunion</td>
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<td>4.2</td>
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ComALERT SOC scores did improve from baseline to reunion, however the number of participants sampled at reunion was small. The standard deviation for baseline was quite large indicating a wide range of high or low SOC scores compared to the average group score. The SD was slightly less at post-program, indicating that the group remained relatively varied among SOC change.

The PCL mean was high at baseline, and actually increased by post-program. Interestingly, the SD value for PCL scores was smaller than for SOC scores. Trauma symptoms among individual participants of the group still varied from the mean score, but not as much as SOC scores. This is alarming due to the already high PCL mean scores at baseline and post-program.
Questions for the ComALERT program may focus around serving the post-incarcerated within the context of high trauma scores, and diverse SOC capacity. As all participants in this group have been incarcerated, many for long periods of time, examining outcome challenges is essential.

Also specific to this group was the total representation of African Americans. The short and long-term effects of racial discrimination, as well as intergenerational trauma, should be examined in combination with incarceration, health concerns, education, housing, and employment needs.

The need to evaluate specific challenges post-incarcerated persons face, as well as how to best to approach a group with such large trauma scores is essential. Many of these participants may be returning to environments that do not allow for safety and exploration of trauma, as survival is still a concern. In addition, as this group consists of mostly men, questions concerning how men cope with incarceration, violence, and trauma may offer some answers as to why trauma scores remain high. Identifying the participants that have higher than average trauma scores and lower than average SOC scores is also an important programming issue.

Participants in all programs reported a high level of program satisfaction. As discussed in post-program and reunion focus groups, ComALERT participants felt the below summary points were particularly helpful to their context:

- Mentors provided support and were dependable. Mentors motivated participants by reinforcing that they could successfully complete goals and encouraged them not to quit.
- Groups with just incarcerated persons were important, as bonds formed out of living the same experience.
- The group considered themselves family, not peers. For some it was a new family, for others it was an extension of their family.
- Group participants meeting outside of the Tuesday/Thursday program was very helpful in many ways including support and relationship that prevented returning to prison.
- In the group, participants were seen by others, felt embraced, and not judged. “The group notices when you are missing from a group, and provides support at the next meeting.”
- Emotionally, there is a lot that participants need to get out, and the group provides a safe and supportive environment to do this work.
- Healing occurred not only through group participants sharing emotionally difficult stories, but also experiencing the mentors who do not come from where they come from emotionally moved. Male and female group members were also helpful.
- The group offers an opportunity to “purge” stuff inside, and “start the forgiveness process of yourself and others”.
- Employment, education and/or job training, and readjusting to life after being in prison for so long were important barriers that were faced by most participants.
- Participants were upset that the group ended and posed the question, “What will we do now?” Participants wanted the groups to extend and keep going. Many participants exchanged phone numbers in hopes to keep relationships going.
• You have to want to get help in order to do this program.
• This program treats participants as human beings, with dignity and respect that helps them to keep going and move forward.
• Participants wanted a way to get involved in the next cycle as a means to give back.