

**THE BECK INSTITUTE ON RELIGION
AND POVERTY**

*Capacity Building with the Life Skills
Empowerment Programs
for People in Transition
2014-2015*

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**FINAL REPORT
TO PROGRAM
SITES**

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SECTION ONE: RESULTS OVERVIEW

The following report details accomplishments that were achieved as a direct result from the Anonymous Donor funding that supported LSEP programs at seven sites and includes all program cycles from June 2014 through December 2015 with the follow-up Spring 2015.

The stated objectives include:

- 1. Develop management and support for increased capacity and sustainability for faith-based, multi-dimensional community programs.**
- 2. Program evaluation efforts to support program model replication and evidenced based practices.**
- 3. Promote personal and communal restorative justice through implementation of the LSEP program model.**

The Life Skills Empowerment Program model includes evening programs that provide intensive twice-weekly life skills community experience over a three-month period and including a nine-month follow-up. Some programs have adapted the model to fit their congregation's availability with once a week programs over 17 plus sessions. Some programs are specific to a population with emphasis on homelessness, domestic violence, post-incarcerated and veterans. The program involves life-skills teaching/activities, community building, use of volunteer mentors from the faith and larger community, community meals and fellowship from hosting congregations, social justice initiatives, and development of networks for employment, education, and housing. Program sessions are trauma-informed, offering a unique opportunity for belonging, affirmation, and renewal of purpose in a community of people who connect with and believe in each other. In earlier program evaluations, the meaning of community has been found to be crucial to participants' progress. Similarly, it addresses longer-term needs, utilizing social work case management and group and community building.

This model includes an intensive community experience to meet the needs of the post-incarcerated, survivors of domestic violence, veterans and the homeless. All participants were experiencing challenges in life transitions: homelessness; health and mental health concerns; legal challenges isolation and alienation; need for education to support employment options; financial strain; disconnection from family and community; chaotic and impoverished communities; and complex trauma that made it difficult to move forward with their lives.

Program Partners

These are where the programs were hosted with most of them hosting two cycles per year in the fall and spring. For the majority of programs, many other congregations and congregations provided a range of supports from funding, meals, mentors, and offered teachings.

Catholic Charities, Archdiocese of New York hosts Education Opportunity for homeless persons

Empire College, Staten Island*

First Congregational United Church of Christ, Poughkeepsie hosts Living Well for domestic violence survivors**

Interfaith Assembly for Homelessness and Housing, NYC*

Rauschenbusch Metro Ministries/Metro Baptist, Manhattan hosts Living Well for domestic violence survivors and HomeComing for Veterans

St. John's Lutheran Church, Manhattan hosts Living Proud for youth in transition (findings reported elsewhere)

The Reformed Church of Bronxville hosts Coming Home for post-incarcerated **

The Riverside Church, Manhattan hosts Coming Home for post-incarcerated

West End Presbyterian Church, Manhattan, Panim el Panim hosts the homeless

Xavier Mission, Manhattan hosts L-Step for the homeless

*These organizations have provided important contributions in support of the above programs.

** These programs provided once weekly programming over fall into spring.

Program Evaluation Methodology:

- A quasi-experimental study was utilized based on piloted measurement tools, and qualitative data collection for a pre and post program study of participant and program outcomes. Six-month follow-up was completed with evidence for program effectiveness in contributing lasting change specifically evident in increased coping and reduced trauma symptoms. Measurement tools included the Sense of Coherence Scale and the Civilian Post Traumatic Stress Checklist.

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 (mental health diagnostic manual criteria) It is a self-administered questionnaire that assesses the full domain of 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 30 or higher is recommended for use in the clinical diagnosis of PTSD in populations similar to this study.

Standard Deviation (SD) Understanding participants' wide range of experiences and improvements

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 PCL 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 the beginning of the program; 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" participants at the beginning of their program have a PCL 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.

PROGRAM EVALUATION

Overview of Results for Participants in all Programs

The following report reviews participant outcomes that were documented over three program cycles from 2014-2015. Selected findings presented here highlight the achievement of all programs in assisting people in transition. All of the programs work with people in transition, even though their life histories are seemingly different. However, these men and women share complex backgrounds: poverty, periods of homelessness and instability, and lack resources to support them in developing new pathways to self-sufficiency. Participants in the varied life skills programs have a common program curriculum that is shaped to some degree according to their specific needs such as “Coming Home” for the post incarcerated, “Living Well” for the survivors of domestic violence, “Homecoming” for Veterans. The program evaluation shows that participants across all sites share many common needs, with most who have similar histories and present realities – such as having achieved a basic education and an expressed need and desire for education that will lead to productive employment. They all also experience exceptional stressors: from needs for permanent housing to decent life sustaining jobs and healthy relationships. Most struggle with Post Traumatic Stress symptoms that increases challenges to manage the emotional and health problems that are a result of repeated traumatic experiences.

Specific attention in this report has been given to understanding how coping skills improve in relationship to their trauma symptoms. The program evaluation is based on a quasi-experimental study that includes piloted and tested measures to describe progress over time. Qualitative data gained from interviews and focus groups is presented so that participants’ voices are heard, describing their experience during and following their participation in the programs. This evaluation has Fordham Institutional Review Board approval and oversight, protecting participants’ right to confidentiality.

Data was collected at three time points—at the beginning of the program, at the conclusion of the program, and 6-months following program completion, documenting how they continue gains noted post program. Here we are reporting on the 91 participants that we were able to follow through to 6-month follow up, during the first round of our funded capacity building initiative.

This brief review of participants’ outcomes show the history of their participation after 9 months from the time they began their programs and how improvements are sustained at the six month follow-up. It is reasonable to conclude from the consistent report of gains in coping and reduction in trauma symptoms, detailed below, that these outcomes can be attributed to their consistent involvement in the healing community and life skills support programs.

Demographic profiles of participants across all programs reveals that more than half are those who are in transition because of post-incarceration, with approximately 1/3 who have survived domestic violence and approximately 10% identified as veterans. Participants who have survived domestic violence, returned from military service, or who are recently post-incarcerated may have sustained additional traumas. Thus, successfully **re-integrating into the community, for all of these individuals in transition, becomes a multi-stage process**. Participants must first understand what has happened to them (their life story) and understand the impact of any traumas they may have experienced. In order to measure participant progress in this multi-stage process, we utilized the Sense of Coherence Measurement Tool, validated all over the world to measure one's ability to manage life circumstances as well as the Post-Traumatic Stress Checklist, also widely validated to measure Post-Traumatic Stress Disorder (PTSD) clinically, as well as trauma symptoms. Information about key demographics such as housing need, employment, and education were also captured and reported here.

In spite of ongoing challenges and struggles, with most participants still in need of permanent housing and jobs, strengths were discovered, and statistically significant gains were made as highlighted in Box 1.

Box 1. Overview of Participant Outcomes: Key Findings

--The overwhelming majority of participants report high levels of satisfaction on the consumer satisfaction measure. This is also reflected in high degree of engagement and significant number of graduating participants (83-91% graduation rate).

--The majority showed significant improvement on the Sense of Coherence (SOC) measurement that shows progress in developing new means for coping [the SOC score at the beginning of the program increased to 136 points, an increase of 6 points at post-program and six months later]. There was an average of 5 or more points gained improving coping scores from baseline to post program and then to reunion, 6 months later, which is a significant change for this time period. Those who began the program with higher levels of coping on the SOC did not increase scores to the same extent as other participants, while a significant number of participants made even more impressive gains for 6 to 12 points

--Participants gained new ways of viewing their lives. They discovered what had happened to them through telling their stories, and as others showed understanding gained a profound sense that they were not alone.

--Some described overcoming life adversity as pure grace- a rediscovery of their humanness and other's humanity.

-- There were significant reductions in trauma levels for most participants, to below levels of clinical PTSD diagnosis [they was an average of a 5-point reduction]

--The majority report better self-confidence and improved ability for self-care which is significant considering more than half had physical and mental health concerns.

--There was no known recidivism re back to prison for those who completed surveys. There were only 2 participants who reported an overnight stay in jail. Programs reported on participants who did not return for surveys, reporting no prison returns.

--At 6-month reunion, the majority of participants requested assistance: to further their education, to tackle legal issues, find housing and employment. Participants also began sorting through legal issues, which can prevent people from moving forward with life's challenges, as almost half (48%) needed legal assistance pre-program, vs. 33% at 6-month follow up.

-----Six-month follow up findings show that there continue to be unmet needs regarding connections to physical and mental health services

These considerable achievements are most likely possible because of the sustained improvement in coping evident in the SOC report and the reduction in trauma symptoms.

**Sustained progress gained through the intensive programs:
At the six month reunion following graduation from the intensive three month program (or 5 month extended program) progress was reported**

Table 1: 6-month post-program reunion—91 participants

⇒ 30% attained a job	⇒ 31% reached a financial goal
⇒ 16.5% obtained an internship	⇒ 24% reached a housing goal
⇒31% reached an educational goal	⇒ 98% remained substance free ⁷⁵
⇒75% needed housing at the beginning of the program; 9 months later- 56% still needed housing*	⇒48% needed legal assistance at the beginning of the program; 9 months later- 33% still needed assistance*
⇒9% were employed at the beginning of the program; 9 months later- 25% were employed*	

*This data reflects those participants who returned six-months post-program. Program staff were aware that many individuals who did not return were unable to do so because of employment. Many individuals were also housed.

“To heal you must learn something - To stay healed you must pass it on.”

As participants begin to understand trauma, learn about its impact on them and others, and start to heal, they are becoming empowered advocates, joining together to use their voices to challenge the conditions that injured them in the first place.

In each program cycle participants express the desire to give back. Many volunteer in food programs and shelters, others take up causes born of their own experiences. It is admirable to witness their determined efforts to make a difference. It is transformative to be a part of the solution through the act of advocacy, which is one of the program goals to join in the efforts for social justice. Spring 2015 participants’ efforts are highlighted below.

- ⇒ **Walk-A-Thon for Postpartum Depression.** The formerly-incarcerated women at the Reformed Church of Bronxville walked to raise awareness of post-partum depression, a condition suffered by a peer that had resulted in her being jailed.
- ⇒ **Advocacy honored.** When their peer facilitator/MSW intern, Alexandra Pierre, was honored by Hudson Link for her criminal justice and anti-poverty reform advocacy, participants attended the ceremony at the Grand Hyatt along with staff, mentors and members of the congregation. Reformed Church of Bronxville generously purchased the tickets for all of the participants and team leaders.
- ⇒ **Women call for justice against domestic violence.** Living Well women from Metro-Baptist describe the impact of interpersonal violence on women and children to future pastors and congregational leaders in the course of their collaboration with Union Theological Seminary.
- ⇒ **NYC AIDS Walk.** Participants in the L-STEP program at Xavier Mission joined with congregation and staff to walk in support of some of their members, wearing T-shirts designed by an MSW intern/peer facilitator, Prescott Loveland. These participants also educated the congregants at Xavier Mission by sharing their experiences before and after joining the program.
- ⇒ **Mentor and a graduate speak in front of 500.** In May, a Riverside Church Sunday Service was introduced to the stories of the spring graduating Coming Home class.
- ⇒ **Graduating class received blessing at Xavier's Mission Mass.** An L-STEP graduate shared her story demonstrating how the program changed her life.

A focus on specific population outcome and needs

The following three groups represent participants that were part of both the specialized programs as well as programs for the homeless. They are reported here because of distinguished characteristics that highlight particular needs and achievements.

Disabled Individuals

It is important to understand that one-third of the participants reported some form of disability, leaving them unable to work. However, these individuals still had goals they wished to reach, including tackling previous legal issues (half) and improving their education (82%). Scores on the SOC for this group of disabled individuals went up significantly from 124 to 135 post program (an increase of 11 points – exceptional progress) but went down 6 points 6-months following program completion to 129 (5-point progress over all). Trauma levels, however, were greatly reduced to below clinical PTSD levels, and remained constant at 6-month follow up. *This indicates that while significant gains were made, these participants may be in need of additional supports following program completion.* Goals, processes, and needs are different for this group, as returning to a job may not be possible. It is also very important to understand that the general report on employment listed above includes disabled individuals so that the 16 point increase in employment needs to be viewed from this perspective.

Domestic Violence Survivors

Domestic violence survivors were participants in two Living Well Programs as well as represented in all other programs. The Living Well Program particularly focused on women's experience of interpersonal violence, while other programs focused more broadly on developing coping-based on traumatic life experiences. It is important to report that the women surviving domestic violence, not only made significant gains in life management, with SOC scores jumping from 124 to 140 at post program and remaining constant at 6-month follow-up, but saw a 10-point drop in trauma scores from baseline to post-program, as well.

However, trauma scores did bounce up again some by approximately 4 points for this group at 6-month follow up. This is another reminder that this particular vulnerable group may need additional supports following program completion to manage trauma symptoms. The majority of these women have children (78%), many of whom (40%) are still in the home, under the age of 18. Support for these women, to include parenting and family related concerns is essential. The Living Well Program is unique in relation to other life skills programs in that they provide parallel support and programs for these mother's children.

Individual outcomes for those who are post-incarceration

Post-incarcerated people were in Coming Home programs as well as general life skills and for the domestic violence survivors. Half of the men and women (45) who returned to the 6-month

reunion reported histories of incarceration. There were few significant demographic differences between this group and the larger group of 91 Life skill program participants. However, 60% of this group did report physical health issues, which was about 10% higher than the larger group. Individuals who reported histories of incarceration completed higher levels of education than the majority, with almost 80% having at least a GED and 30% some college or technical training.

Notable is that 90% of the post-incarcerated participants reported a desire to improve their education. This may be indicative of higher levels of functioning and lower levels of trauma experience, as this group of individuals did not initially present with particularly high trauma levels, compared to other life skills participants. They scored an average of 38 on the PCL measure, dropping to approximately 36 at 6-month reunion. SOC scores, however, did improve significantly from 133 to 138 at 6-month follow up.

THE IMPORTANCE OF UNDERSTANDING PARTICIPANTS INCREASES IN COPING AND THE CORRELATION WITH REDUCED TRAUMA SYMPTOMS

One of the program goals is to increase a participants' ability to cope which is reflected in improvements in the Sense of Coherence score (SOC). A national research study reported by the National Institute of Mental Health (Midanik & Zabkiewicz, 2009; Smith, 2002) has shown that there is a correlation between coping as assessed by the SOC, depression and substance use. Those individuals with lower coping scores have increased challenges with depression and substance abuse. International studies have shown that this same SOC coping measure is also associated with general well-being and health and mental health (Almedom, 2005; Langeland, Wahl, Kristoffersen, Hanestad, 2007; and Becker, Whetstone, Glascoff & Moore, 2008). Therefore, it is salient to consider that 15.4% of participants begin their program experience with very low coping scores, and at the same time very high trauma symptom scores based on the assessment of the PCL. Please note that this is for the 80 participants that began and returned 9 months later. Some participants did not complete data at different points even though 91 participated in the reunion. There are various reasons for this including illness, employment demands, lack of transportation among others. We are also aware that many participants who graduated from the program and did not return were those with very low coping scores who were variously involved in rehabilitation and other forms of medical and mental health care.

The table below introduces participants based on their coping scores from the Sense of Coherence Measure (SOC). *Our analysis of all participants in transition from all programs showed a significant degree of change from baseline to the 6-month follow-up post program for both the measure that examined increases in coping and the measure that showed reduction in trauma.*

Participants vary widely in their coping upon entering the program

Participants fell into 3 groups, largely defined by their coping scores. There were few demographic differences among the three groups, except for employment. The majority of participants in the high scoring SOC group (strength in the ability to cope) were employed at baseline, either full time or part time, whereas the majority of participants falling in the low SOC group were either unemployed or disabled. Further review of these three groups

The majority of individuals (N=64) fell within one standard deviation from the mean SOC score (130) and had SOC score changes from pre-program to post program and at 6-month follow-up that were consistent with the overall group mean (6 points).

Those who fell beneath one standard deviation (lower baseline coping scores) made larger gains, but because they began at a lower level, their ending scores were not quite as high as the mean. All participants are largely in need of permanent housing and help in meeting basic life sustaining opportunities that will enable them to meet the challenges of finding rewarding lives in community. In general participants are motivated to work on goals and have shown exceptional commitment by completing the intensive life skills programs (23-27 sessions). However, a large standard deviation for all participants on the coping measure, the Sense of Coherence (SOC) indicated that the coping abilities of participants at the outset of the program are very different. Data analysis revealed that the majority of programs had three groups of participants, the comparative Table 2 shows the progress of each group, with the most improvement in the group with the initial lowest SOC scores.

Based on their SOC coping profile three different groups of participants were identified: those who had limited coping strengths, a larger group with more coping strength and a small percentage with the seemingly strongest coping abilities. First we introduce and discuss the coping profile of the three groups, then discuss how this relates to post traumatic symptoms, followed by a basic profile of their shared characteristics based on the three different sets of coping scores set out in Table 4. As evident from data in this table, there is a strong relationship between coping, trauma symptoms and specific participant characteristics that have probable correlations to the strength of coping and the severity of trauma symptoms.

The low group had 15.3% participants with scores below one standard deviation from the mean, the middle group 60% are the participants who fall within one standard deviation of the mean and the high group of participants 12% represents those above one standard deviation. The relevance of this description of participants is detailed below first with the PCL - Civilian – Post Traumatic Stress Disorder and then the complex measure for coping, the Sense of Coherency Measure (SOC).

Participants (N of 14) with the low mean coping scores at baseline of 95 point out of a 200-point score made major improvements in coping (an increase of 27 points to mean coping score of 122). This is a significantly dramatic increase in coping that held over the 6-month period after the program ended. The Table 4 below shows that 67% are women with over 70% of these participants

with health and mental health concerns. They also state that they are disabled (47%), have safety concerns (47%), need housing (64%) and legal assistance (43%). At the same time they are motivated and believe they can achieve their goals (77%) and desire to improve their education (80%) Program participants report a desire to find employment as they are motivated to become self-sustaining, even though a high percentage across all three groups are unemployed.

The largest group of participants (N of 59), scored considerably higher than the low scoring group with a mean score of 134 points out of 200. (note that this group begins the program with a significantly higher mean coping score that is 39 points higher than those with the lower mean score of 95). Nonetheless, this group still has real challenges as indicated by their need for housing (71%) and legal assistance (56%) with expressed physical (53%) and mental health (47%) needs (add disability and jobs here). This group of participants indicates confidence in achieving goals (86%), with 81% desirous of improving their education. Notably 90% of this group feels safe. The strengths that this coping base provides is further strengthened with a mean increase of 6 points to a mean of 140 which indicates general strengths in use of resources, understanding life's challenges and an ability to make meaning which contributes to a general ability to manage life and the unremitting demands of coping when you are poor.

A third group (N of 12) with initially higher coping scores with a mean of 159 out of 200 points appears for undetermined reasons to be more similar to the middle group at the six-month post program data collection with a mean of 137. This group is predominantly male, has somewhat less education or desire to improve education (70%). This group expresses confidence in their ability to achieve goals (83%). Most notably they report physical health issues (42%) with no mental health issues. They report feeling safe (100%), and report no use of drug or alcohol in the past 30 days. More than half of this group was incarcerated for more than 6 years (67%).

TABLE #2

Means Sense of Coherence Scores for Participants from all programs set out in three groups: Low, Middle and High Mean Coping Scores Reported Over Time 2014-2015

SOC	Low group (n= 14)	Middle group (n= 55)	High group (n= 11)
Baseline	95 SD (9.7)	134 SD (12.2)**	159 SD (4.8)
Times 2 (3 months after baseline)	117 SD (16.5)*	143 SD (19.8)***	151 SD (19.3)
Reunion Dinner (6 months later)	122 SD (23)	140 SD (20.1)***	137 SD (28.4)****
	Increase of 27 points	Increase of 6 points	Decrease of 22 points

*significant change .012; ** significant change .009; ***significant change .000; **** significant -.085

The significance of participants' traumatic experience and reduction in trauma symptoms from baseline to the 6-month follow-up:

Most important is the amount of repeated trauma that has resulted in present symptoms of Post-Traumatic Stress (PTSD) that influences everyday functioning. Note in Table 3, that 86% of all participants met the criteria for a PTSD diagnosis with scores above 30 at the beginning of their programs. As all programs strive to provide trauma informed support in different facets of the program, it is noteworthy that at post program data collection there is a reduction in symptoms in 86% of participants and at the 6-month post program reunion there is a reduction in symptoms in 100% of participants. The exceptional achievement is recorded for the participants with the lowest SOC scores for coping when they started the program. These individuals had the most significant reduction in trauma symptoms (the PCL measure showed a reduction of 11 points, as noted below in Table 3.

One of the goals of the program was to reduce trauma symptoms, reflected in a reduced PCL score. There is a definite correlation between coping and trauma symptoms, for those who had low coping scores also had the highest trauma symptoms with PCL scores as high as 56. Recall that 30 points indicates symptoms of PTSD – so that a score as high as 56 points indicates considerable distress. The middle group of participants still had significant trauma scores at baseline, dropping 6 points post program and finally with a difference of 4 points 6 months later. Most curious are participants in the high coping group who had the lowest trauma symptom scores – just below the cutoff indicating trauma symptoms. However, post program this group recorded a significant increase in trauma symptoms of 9 points, and then had a decrease of 2 points below the original score at baseline, recorded 6-months post program. Their spike in trauma symptoms of 38 points post program raises questions as to possible reasons for the dramatic increase and then significant decrease, particularly when there is a significant decrease at the 6-month follow-up.

TABLE 3

Means Trauma Symptom Scores for Participants from all defined by in the three groups: Low, Middle and High SOC Mean Coping Scores Reported Over Time 2014-2015

PCL	Low group (n= 14)	Middle group (n= 55)	High group (n= 11)
Baseline	56.2 SD (19.2)	42 SD (13.2)**	29 SD (9.6)
Times 2 (3 months after baseline)	52 SD (12.1)	36 SD (11.7)**	38 SD (21)
Reunion Dinner (6 months later)	45 SD (15.8)*	38 SD (12.9)**	27 SD (11)***
	Decrease of 11 points	Decrease of 4 points	Decrease of 2 points

*significance .032; significance .000; significance ***.085

Note that for all the mean scores from the Sense of Coherence and PCL trauma measures, there are large standard deviations reported indicating the wide spread of participant's functioning.

REFLECTIONS

- Some observations from the report of overall achievement and specific understanding of participant profiles from an analysis of coping and trauma scores suggest
 - A small percentage of participants with clear struggles with coping and high trauma scores have nevertheless completed the program and returned for the sixth month follow up. It will be important to understand how these participants' needs were met in the program and what is most helpful to continue to help them meet their needs.
 - The direct correlation between increase in coping and reduction in trauma suggests that the programs need to continue to provide trauma-informed curriculum and programming as well as supporting help with basic life skills.
 - Participants have definitely made gains on critical life objectives, however, there are challenges with health and mental health, meeting legal obstacles, and the ongoing work of achievement of educational, employment and housing goals. While definite progress has been made for some, future programming needs to consider how to more effectively increase options that support these goals.

TABLE 4**Participant Profile at Baseline Based on SOC Score and Trauma Level at Baseline**

*** Please note that the high group refers to high SOC levels of coping/life management and lower trauma levels, while the low group refers to lower SOC levels of coping/management, but higher levels of trauma***

Percentage of participants within each group, by variable			
For example, within the lower functioning group, 67% of the participants are female, whereas in the higher functioning group, the majority is male.			
Baseline Variable	Low Group	Middle Group	High Group
Gender – female N=86	67% N=15	50% N=59	33% N=12
Ethnicity – identifies as ethnic minority N=85	87% N=15	86% N=58	92% N=12
Education – HS or above N=86	80% N=15	81% N=59	75% N=12
Desire to Improve Education N=84	80% N=15	85% N=59	70% N=10
Marital Status – single N=86	60% N=15	56% N=59	67% N=12
Children Under 18 N=86	27% N=15	30% N=59	25% N=12
Children in Home N=85	27% N=15	17% N=58	8% N=12
Needs Housing N=84	64% N=14	78% N=59	73% N=11
Hx of Consistent Homelessness N=85	43% N=14	50% N=59	33% N=12
Employed FT or PT N=86	7% N=15	9% N=59	17% N=12
Disabled N=86	47% N=15	27% N=59	17% N=12
Receives Government Benefits N=85	93% N=15	85% N=58	67% N=12
Veteran N=84	7% N=14	16% N=58	0% N=12
Post-Incarceration N=86	40% N=15	56% N=59	50% N=12

Length of Incarceration – 6 or more years N=44	33% N=6	38% N=32	67% N=6
Needs Legal Assistance N=82	43% N=14	49% N=57	46% N=11
Alcohol Use Last 30 days N=86	7% N=15	10% N=59	0% N=12
Drug Use Last 30 days N=86	0% N=15	5% N=59	0% N=12
History of Domestic Violence N=85	27% N=15	40% N=58	0% N=12
Feels safe N=85	53% N=15	90% N=58	100% N=12
Feels able to achieve goals N=84	77% N=13	86% N=59	83% N=12
Reports Phys. Health issues N=85	71% N=14	53% N=59	42% N=12
Reports Mental Health issues N=83	70% N=13	47% N=58	0% N=12

Toward a Replicable Model

Reduction of trauma related symptoms and improving abilities to manage life circumstances is a time-laden process, yet critical to re-integration into community and well-being. Overall, program participants made **significant improvements in coping and life management** and maintained this increase at 6-month follow up. Additionally, a majority of participants demonstrated a **decrease in trauma symptoms to below clinical levels of PTSD**. A major finding of the Beck Research team showed that trauma levels, increased coping, social support, feeling connected to community, and use of spirituality to cope accounted for more than half of the improvements in life management/coping (SOC) scores. Specific program components (community, mentors, focus on one's life story, the future with goal setting, meaning making through reflection and connection, and mutual aid between participants) are all ways that participants' experiences result in the reported findings. This suggests that this program model does contribute to important/valued outcomes. Furthermore, it is noteworthy that such outcomes are recorded with each replication, as well consistently hold with multiple program cycles.

SECTION II: INDIVIDUAL PROGRAM RESULTS

This section includes outcome data from each of the seven sites from three program cycles: Spring and Fall 2014 and Spring 2015. Each site details four main areas: Demographics, SOC scores, PCL scores and participant quotes. Please note that there are three distinct reports of the number of participants engaged initially at the beginning of the program, reported in basic demographics, then there are subsequent reports of participant numbers who completed the evaluation post program (this N may not represent all people who graduated as we are aware that numbers for various reasons were not available for that data collection. The N reported post-program represents those who came back at six months who had completed the program.) It will be important to digest the meaning of the declining numbers. Please note the needs represented at the beginning of the program. Consider carefully the achievement of those who did return at 6 months. We have not included observations based on this data as it will be important for each program staff to review and discuss because of their specialized knowledge of participants in their various programs. It will be of interest to review and consider the themes evident in the report from the focus groups that capture the experience of participants.

DEMOGRAPHICS: Each site will have a table that discusses an overview of key demographic areas collected at the start of each program. The percentages listed are “valid”, meaning the percentages represent the total number of participants less the missing cases for three cycles for previously established programs, and one cycle for new programs.

SOC SCORES: Each site will have a table that discusses the SOC score range from three different time periods. The first time period lists the mean SOC score collected at the beginning and end of the program cycle. The second time period lists the mean SOC score collected at the end of the program cycle and at the six-month reunion. The third score represents the mean SOC score at baseline compared to at reunion. The difference between the first and second SOC score in each timeframe is listed in the “mean +/-” column. “N” lists the number of matched pairs for each participant. For each time period, only “matched” questionnaires are analyzed. For example, Participant A takes the questionnaire at baseline and post program, but misses the reunion. Participant A will be counted in the first timeframe (baseline to post program) but not the second (post to reunion) or the third (baseline to reunion). Standard deviation is discussed below as well as SOC meaning. Keep in mind an increase in SOC score mean indicates an overall improvement for the matched pairs contained in the analysis.

PCL SCORES: Each site will have a table that discusses the PCL score range from three different time periods. The first time period lists the mean PCL score collected at the beginning and end of the program cycle. The second time period lists the mean PCL score collected at the end of the program cycle and at the six-month reunion. The third score represents the mean PCL score at baseline compared to at reunion. The difference between the first and second PCL score in each timeframe is listed in the “mean +/-” column. “N” lists the number of matched pairs for each participant. For each time period, only “matched” questionnaires are analyzed. For

example, Participant A takes the questionnaire at baseline and post program, but misses the reunion. Participant A will be counted in the first timeframe (baseline to post program) but not the second (post to reunion) or the third (baseline to reunion). Standard deviation is discussed below as well as PCL meaning. Keep in mind a decrease in PCL score mean indicates an overall improvement for the matched pairs contained in the analysis.

SITE SUMMARY: This section describes the uniqueness of each program's participants, along with participant quotes.

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.

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.

Data Outcomes – Individual Program Cycles

Coming Home Post Incarcerated Program, Riverside Church

Baseline Demographics Summary: 35 Participants (3 cycles)

Category	Summary Highlights
Gender	56% male; 44% female
Identity	74% African American; 12% Latino; 3% Caucasian
Education	26% less than HS; 31% HS or GED; 34% some college/technical school
Education Help	82% want help furthering their education
Housing	76% need housing; 19% in transitional; 35% in supportive housing; 27% shelter
Homelessness	30% experienced long term homelessness; 21% experienced frequent homelessness; 15% experienced brief homelessness
Employment	43% unemployed; 23% disabled; 6% employed FT; 3% employed PT
Benefits	91% currently receive public benefits
Physical Health	59% have identified physical health needs
Mental Health	41% have identified mental health needs
Incarcerated	100% have been incarcerated; 50% have been incarcerated for 6 years or more
Legal Help	52% need legal assistance

Intro

In our efforts to better understand this population of individuals in transition, we analyzed the data from different perspectives. Here, we share data on those participants who identified as disabled and data on participants who have survived domestic violence. Additionally, we examine participants grouped based on coping ability.

SOC Score Summary (a positive mean score signifies improvement):

The following data represents participants who participated post program and at the 6-month reunion

Matched Pair Response Timeframe	N	Mean Range	Mean +/-	SD	Error
Baseline to Post Program	26	129.3 - 136.0	+6.6	19.0	3.7
Post Program to Reunion	15	140.2 – 138.7	-1.5	16.7	4.3
Baseline to Reunion	14	131.0 – 139.5	+8.4	17.4	4.6

**none of the matched pair response timeframes were statistically significant.*

PCL Score Summary (a negative mean score signifies improvement):

The following data represents participants who participated post program and at the 6 month reunion

Matched Pair Response Timeframe	N	Mean Range	Mean +/-	SD	Error
Baseline to Post Program	26	42.9 – 41.6	-1.3	14.3	2.8
Post Program to Reunion	15	39.4 – 37.4	-1.9	14.0	3.6
Baseline to Reunion	14	38.2 - 38.5	+0.2	16.4	4.3

**none of the matched pair response timeframes were statistically significant.*

SITE SUMMARY

For Riverside Coming Home, the environment that the mentors, staff and the community created within the group was very important to healing. Many participants kept in contact with their mentors after the program ended. Mentors and staff helped with a variety of things including dress clothes for interviews, resume building, goal setting, and a number of social service needs. Participants noted the positive nature of the groups, and how the experience provided them with hope and inspiration. One participant states,

“People took the time to help you here. They didn’t let go and stop until it was done. I was never pushed away or denied. There was never not today, I’m too tired. They made it happen; they did the research and made it happen.”

Many participants felt the program needed to be longer. Participants discussed how they trusted the group, opened up for the first time in a long time and discussed things they never spoke about before. But the group ended without enough time for closure. This left people feeling sad and alone. Many people expressed a sense of loss of community after the group ended. Others came back to help in any way possible because they did not want to leave. Participants did, however, state that story telling provided some closure and was very helpful in relieving emotional burdens that hindered them for years.

Participants enjoyed learning about goal setting, and many stated they were still working on their goals. Substance abuse, mental health and reconnecting with family were common struggles when achieving goals.

Accountability was also a major factor in the Riverside program. One participant talked about how he learned that if he admitted he needed help, was open to receiving help, anything was possible. Another participant talked about how the program helped him admit he had a problem, face his shortcomings and make a plan to change things in his life.

Being an accepted and valuable part of something was very valuable for many participants. One participant discussed how it was good to be around people. Another participant talked about how he came to feel good about himself because he was accepted and understood by peers who

did time but also by mentors and staff that were not “in the lifestyle”. A third participant described how he was able to trust through being accepted and valued in a group:

“I have a special bond with these people. At home, they say I love you. But there are things that I don’t share with them. This group is my family now. I can say anything here.”

Choice and democracy were discussed by participants as having a freeing effect on them. Being able to choose to come to this program, rather than mandated to come, gave them the freedom to take control of their lives and feel like they were part of the group. Sharing leadership in the group as well as not being judged also helped build confidence, self-respect and group cohesion.

“The thing is, in this program people come because they choose to come. You are receptive because it is your choice. In other programs you are mandated and that makes you mad. Here, we wanted to come for food and money. But by the end it became more than that for each and every one of us. For me, it never ended because I went on to volunteer for the next group.”

Participants noted the caring, love, and genuine concern staff and mentors showed that was another difference from other programs. Participants spoke about how many people came early and left late because they enjoyed their company. Participants also spoke about how in other programs, staff is there for the money – it’s just a job. At Riverside, staff, mentors and volunteers wanted to be there – enjoyed being there. One participant stated, “They didn’t just say they cared, they showed they cared. You knew they had your best interest in mind.” Another participant stated, “Nobody showed off, put themselves higher than you or judged you. Nobody was phony.” Participants felt like an equal and valuable part of the group. They were able to trust and risk vulnerability because of this consistent care and concern. Perhaps the third participant states it best:

“I think this program is very professional and innovative. The staff and mentors are very special here. They have a special way of pulling you in. You didn’t get a ghetto feeling. You didn’t get a classroom feeling. You didn’t feel like a specimen. You felt like a human being.”

Education Outreach Program, Catholic Charities

Baseline Demographics Summary: 29 Participants 3 cycles

Category	Summary Highlights
Gender	65% female; 35% male
Identity	48% African-American; 7% Latino; 21% Caucasian; 10% Bi-racial
Education	17% less than HS; 24% HS or GED; 41% some college/technical school
Education Help	92% need help to further their education
Housing	89% need housing; 35% in transitional; 17% supportive housing; 17% shelter
Homelessness	28% long term homelessness; 31% frequent homelessness; 10% brief homelessness; 21% first time homelessness
Employment	77% are unemployed; 18% disabled; 5% employed FT
Benefits	86% currently receive public benefits
Physical Health	61% have identified physical health needs
Mental Health	50% have identified mental health needs
Incarcerated	52% have been incarcerated; 27% 1-5 years; 27% 3 – 12 months; 40% less than 3 months
Legal Help	63% need legal assistance

The following data represents participants who participated post program and at the 6 month reunion

SOC Score Summary (a positive mean score signifies improvement):

Matched Pair Response Timeframe	N	Mean Range	Mean +/-	SD	Error
Baseline to Post Program	22	126.5 – 129.4	+2.9	18.7	3.9
Post Program to Reunion	9	131.8 – 132.6	+0.7	14.1	4.7
Baseline to Reunion	11	122.5 – 131.7	+9.1	20.6	6.2

**none of the matched pair response timeframes were statistically significant.*

The following data represents participants who participated post program and at the 6-month reunion

PCL Score Summary (a negative mean score signifies improvement):

Matched Pair Response Timeframe	N	Mean Range	Mean +/-	SD	Error
Baseline to Post Program	22	43.0 – 39.1	-3.9	12.2	2.6
Post Program to Reunion	9	35.2 – 34.8	-0.3	11.3	3.7
Baseline to Reunion	11	41.6 – 35.7	-5.9	16.4	4.9

**none of the matched pair response timeframes were statistically significant.*

SITE SUMMARY

EOP definitely stood out in terms of participant benefits and growth. Participants described a blend of love and accountability with a splash of spirituality as the key ingredients to their growth.

In terms of love, participants talked about being able to be relaxed, be themselves, cared for and safe. Group members came with a tremendous amount of trauma where they felt contained enough to reveal these stories early on in group. Participants repeatedly talked about how they did not feel judged, felt equal, felt valued. The group was honest, genuine and compassionate.

“I got a lot of unconditional love; I gained new friends in the community and got a lot of positive feedback that gave me courage and hope. It was an unusual group. It made you feel like – you know – there were no big I’s and little us. Everybody was on the same level. I never had to worry about someone making me feel less than.”

Another participant talks about being cared for in a special way:

“Ms. Kay and George, they treat you – you know like when you’re a parent and you have more than one child and you want to make all your children feel special and you want to take care of them all. They each need different things. Somehow they pulled that off. They know how to do it with each one of us. We all had so many different needs.”

Participants stated they were held accountable, but in loving and consistent ways. For example, one participant talked about how she was reminded she signed a contract, or how her decisions in the past turned out for her. But staff followed up with her constantly even outside of the program days. One participant said being “called out” was a healing experience. It said to her “I see you and I care enough to be honest with you.” In terms of accountability, one participant describes it thoroughly:

“I went to Ms. Kay and asked for help. We talked a long time. She said if I can’t help you I’ll die trying. I told her I was going to put her to the test. But I didn’t know what her test was. When I came back next week, she held me accountable. She

kept it real – called me on it. Ms. Kay said – don't make me come over there. I'll reach out and touch you! That is unconditional love. She talked with me, checked up on me, cared for me – but never let me blame or make excuses, quit or give up. It built character. I got courageous and let go!"

Another participant states,

"Ms. Kay pushed you without being pushy. She would build you up – nurture you. At first, she was really hands on but then pulled back as she saw I got going. She allowed me to grow up. She never told us what to do, she suggested. She corrected you on the spot but then encouraged you. I didn't trust myself or my own family. She got me to trust not only myself but what I was getting out of the group."

Many participants talked about God in the group, and how spiritual the program was. Spirituality was described as "love shared between group members" or the group being a place of "sanctuary". Participants talked about feeling a special bond talking about the "love of God" in the group. This particular group frequently prayed or read spiritual passages. One participant states,

"God placed each and every one of us to walk through this door cause he knew each and every one of us would affect each other in a positive way. God puts you where you need to be. It's on His time."

Story telling was an important part of the program for this group. The participants talked about the surprise they felt when they heard someone else tell their story and they had similar things happen to them. Sharing experiences made participants feel like they were not alone. Sharing and listening to stories for this group seemed to change their feeling of what is wrong with me to reframing their experiences as what happened to me. Many participants expressed a sense of freedom, an unburdening of anger and resentment, guilt and shame after telling their stories. One person states,

"It was like the shackles fell off of me when I told my story. If I had my way I never would have addressed it. We cried so many tears in our group. Every story was deep. We cried all out when pulling all that stuff out of us. It was shackles coming

off, you know? I got confidence in myself. I got a voice. I broke that cycle of fear. Because of that I have been stepping out in ways I wasn't stepping out before."

As with other programs, mentors were supportive and helpful. Goal setting provided structure and learning. Eating together was an important part of group bonding and trust. Some people got jobs or housing. Others needed help with mental illness or substance use. Many participants improved their self-esteem, confidence and self-reliance. Many thought the group should have been longer and were sad to see it come to an end.

HomeComing Veterans Program, Metro Baptist Church

Baseline Demographics Summary: 19 Participants 2 cycles

Category	Summary Highlights
Gender	83% male; 17% female
Identity	50% African-American; 17% Latino; 11% Caucasian; 11% Bi-racial
Education	5% less than HS; 33% HS or GED; 56% some college/tech school
Education Help	87% need help to further their education
Housing	55% need housing; 35% in transitional; 12% supportive housing; 12% shelter
Homelessness	33% long term homelessness; 22% frequent homelessness; 11% brief homelessness; 17% first time homeless
Employment	33% unemployed; 67% disabled
Benefits	89% currently receive public benefits
Physical Health	72% have an identified physical health need
Mental Health	61% have an identified mental health need
Incarcerated	56% have been incarcerated; 40% less than 3 months; 20% 3-6 months; 10% 6-12 months; 20% 1-5 years; 10% 6 or more years
Legal Help	55% need legal assistance

The following data represents participants who participated post program and at the 6 month reunion

SOC Score Summary (a positive mean score signifies improvement):

Matched Pair Response Timeframe	N	Mean Range	Mean +/-	SD	Error
Baseline to Post Program	11	132.6 – 128.4	-4.1	20.7	6.2
Post Program to Reunion	4	127.5 – 131.0	+3.5	4.0	2.0
Baseline to Reunion	5	127.6 - 128.2	+0.6	21.1	9.4

**none of the matched pair response timeframes were statistically significant.*

PCL Score Summary (a negative mean score signifies improvement):

Matched Pair Response Timeframe	N	Mean Range	Mean +/-	SD	Error
Baseline to Post Program	11	45.1 – 44.5	-0.7	9.7	6.2
Post Program to Reunion	4	42.5 – 36.7	+5.7	4.3	2.0
Baseline to Reunion	5	49.0 – 40.8	-8.2	16.4	9.4

**none of the matched pair response timeframes were statistically significant.*

SITE SUMMARY

Isolation was a topic often discussed among participants. Participants talked about feeling safe and cared for in the group. This helped them open up and trust others enough to form bonds. Group participants also discussed how they felt needed, accepted and not judged. One participant discussed how he felt like he was receiving and giving help. These experiences seemed to mitigate the need to isolate. Another participant talked about spirituality mitigating isolation:

“Basically, it was spirituality I got from people here. This helped me be closer to people I am around. I am always isolating from other people. When I got here the word empowerment comes to mind. That’s what helped me.”

Several participants talked about their past and current struggles with drug addiction and mental health. This was a serious concern of many in the group. One participant describes,

“The group helped me to come to accept my mental illness. I never really wanted to accept that. The group broke it down for me. They helped me see I was beating myself up, isolating from my wife. I didn’t know how much I hurt her. I learned that here.”

Childhood abuse was also a common group struggle. Participants talked about how the group helped them talk about growing up in an abusive home and how this abuse carried into their adult life in different ways. Story telling was a healing experience for participants in this area. It helped get them to open up, trust others and move them out of their comfort zone. One participant states,

“I grew up in an abusive household. I thought it was normal. When you are raised in an abusive situation, reaching out is the last thing to be taught. I found my voice in this group, I reconnected it.”

Participants had mixed feelings about their mentors. Some participants made great connections while others had little contact with their mentors. All participants felt the group leader was the person that facilitated the group safety, bonding and healing. Many participants felt the group bonded quickly and remained “tight” because they were all veterans. However,

some members talked about the difficulty of relating to vets that had combat experience and ones that didn't.

Having a female in the group for the first time was well received by all and encouraged in future groups!

L-STEP Program, St. Xavier Mission

Baseline Demographics Summary: 28 Participants, 3 cycles

Category	Summary Highlights
Gender	46% male; 54% female
Identity	61% African American; 11% Latino; 11% Caucasian; 11% other
Education	29% less than HS; 43% HS or GED; 21% some college/technical school
Education Help	73% need help furthering their education
Housing	82% need housing; 19% in a transitional housing; 35% in supportive housing; 27% shelter
Homelessness	25% long term homelessness; 18% frequent homelessness; 21% brief homelessness; 21% first time homelessness
Employment	47% are unemployed; 47% are disabled; 5% employed FT
Benefits	100% receive public benefits
Physical Health	68% have identified physical health needs
Mental Health	64% have identified mental health needs
Incarcerated	42% were incarcerated; 17% six or more years; 33% 1-5 years; 17% 3 – 12 months; 25% 3-6 months
Legal Help	37% need legal assistance

The following data represents participants who participated post program and at the 6 month reunion

SOC Score Summary (an increase in score signifies improvement):

Matched Pair Response Timeframe	N	Mean Range	Mean +/-	SD	Error
Baseline to Post Program	20	127.2 – 142.5	+15.3	19.1	4.2
Post Program to Reunion	15	144.8 – 140.6	-4.2	21.7	5.6
Baseline to Reunion	15	130.6 – 140.6	+9.9	28.1	7.2

**none of the matched pair response timeframes were statistically significant.*

The following data represents participants who participated post program and at the 6-month reunion

PCL Score Summary (a decrease in score signifies improvement):

Matched Pair Response Timeframe	N	Mean Range	Mean +/-	SD	Error
Baseline to Post Program	20	47.2 – 40.4	-6.8	19.1	4.2
Post Program to Reunion	15	41.9 – 36.9	-5.0	16.6	4.3
Baseline to Reunion	15	47.5 – 36.9	-10.6	15.2	3.9

**none of the matched pair response timeframes were statistically significant.*

SITE SUMMARY

The LSTEP program participants achieved! Many participants talked about how the structure of the program helped them get disciplined in their daily lives. Participants talked about how well the program executed the goal setting process, and the wide range of accomplishments the group experienced. Participants stated the program taught them accountability and responsibility. As far as goals achieved, many participants found housing, stayed clean, went on interviews, found a job, and addressed their mental and physical issues. Participants discussed how the mentors and staff kept them on task and assisted with advocating for them if they needed help. One participant commented on how her mentor taught her how to reach the goal instead of completing the goal her.

Having the best interest of the participant often created a healing family experience for participants. Many participants talked about the deep trust that quickly developed in the group, and how important it was in their lives to have a place to receive support and unleash their feelings. Participant discussed the importance of family:

“It’s so good to have support here; you don’t get that out there. I actually talk to everyone here. I know they have my life in their best interest. I can go to anyone here and tell them how I feel and I know they will help me out. We are like family.”

“I wanted to be able to feel like I had some sort of family. This group that we had, it was family. It felt so good to be able to rely on people. Many of us were depressed when the group ended.”

Several participants talked about the loss and pain incurred when letting go of unhealthy relationships with family and friends. However, the group filled this void as several participants talked about how the group became a family – a “healthy family”. One participant describes, “I like being part of a group of people that make up for the ones I had to leave behind. After a couple of weeks we were all like family here.”

Story telling was also a healing source. Many participants talked about how hearing people’s stories helped them bond, increased empathy and compassion, and connected the group. One participant states,

“Once you hear everyone’s stories it opens up to who that person really is. The person that you see when you first started is not the same person you see now – the struggles they went through to just get here now. They see you and you see them.”

Story telling seemed to provide participants with hope and encouragement to move on in their lives and face the obstacles ahead of them. The support and commitment of staff, mentors, interns and volunteers played an important role in this process as participants felt safe, loved and cared for.

Many participants stated they wished the group was longer. A few talked about how they needed more time for reflection during group sessions. A few talked about cutting down on some speakers to add more reflection time. Many participants talked about barriers that included struggles with mental illness or substance abuse, little education and training and basic life needs such as safe housing and healthy relationships.

Like other programs, LSTEP participants talked about how in other programs you are treated as a number. Participants talked about feeling judged, treated rudely, unsafe and an unknown face. In the LSTEP program, participants felt they were valued, loved, included and respected. One participant states,

“You can feel the love in here when they talk to you. Here it’s like a family, like they care more. They’re not worried about their paycheck. You are important.”

Social skills learned from the group included self-awareness, self-reflection and ownership of behavior. Accountability, patience, motivation, discipline, self-esteem and seeing situations in a new, positive light were also mentioned as positives. Participants talked about being happy when someone in the group achieved a goal, or supportive if someone was struggling. One participant states,

“Here it’s all of us in this together. We all help each other. We all started off here homeless and now we are all ending up in homes.”

“God” was mentioned by participants several times in the LSTEP group. Not in terms of the program itself, but in how they viewed God. Participants spoke about being blessed by God

and grateful to God. Participants also discussed how God places one in certain positions to learn or brings you out of places you shouldn't be.

Living Well Domestic Violence Program, Metro Baptist Church

Baseline Demographics Summary: 15 Participants 2 cycles

Category	Summary Highlights
Gender	100% female
Identity	25% African American; 42% Latina; 8% Caucasian
Education	33% less than HS; 25% HS; 33% some college/technical school
Education Help	83% needs help furthering education
Housing	92% need housing; 50% transitional housing; 17% supportive housing; 8% shelter
Homelessness	42% long term homelessness; 8% brief homelessness; 33% first time homeless
Employment	67% unemployed; 8% disabled; 8% employed PT; 17% employed FT
Benefits	92% currently receive public benefits
Physical Health	34% have identified physical needs
Mental Health	55% have identified mental health needs
Incarcerated	33% have been incarcerated; 50% 1-5 years; 25% 3-6 months; 25% less than 3 months
Legal Help	33% needs legal assistance

The following data represents participants who participated post program and at the 6 month reunion

SOC Score Summary (a positive mean score signifies improvement):

Matched Pair Response Timeframe	N	Mean Range	Mean +/-	SD	Error
Baseline to Post Program	9	128.8 – 143.3	+14.5	27.5	9.1
Post Program to Reunion	2	174.0 – 163.0	-11.0	5.6	4.0
Baseline to Reunion	2	124.5 – 163.0	+38.5	27.5	19.5

**none of the matched pair response timeframes were statistically significant.*

The following data represents participants who participated post program and at the 6 month reunion

PCL Score Summary (a negative mean score signifies improvement):

Matched Pair Response Timeframe	N	Mean Range	Mean +/-	SD	Error
Baseline to Post Program	9	46.2 – 30.2	-16.0	19.1	6.3
Post Program to Reunion	2	25.5 – 23.0	-2.5	9.1	6.5
Baseline to Reunion	2	47.5 – 23.0	-24.5	6.3	4.5

**none of the matched pair response timeframes were statistically significant.*

SITE SUMMARY

Metro Baptist Living Well participants both experienced strong mentor relationships that continued after the program was complete. During the six-month interview, many of the participants in both groups indicated how they formed “sisterhood” bonds with their mentors and often still talk and meet for coffee on a regular basis. Mentors served not only as a resource for obtaining necessary help, but also provided a much needed ear to listen or shoulder to lean on. Many of the participants also talked about their relationships with Michelle (program director) and Nadia (case manager). Many of the participants commented about how these staff had an open door policy, were non-judgmental and deeply cared. The staff at Metro created an atmosphere of safety and unconditional love.

Trust was a major issue of concern for the participants. As victims of domestic violence (DV) for years, trust is not something these ladies easily establish. Many commented how Michelle and Nadia made them feel welcomed from day one, which made trust much less of an issue.

Many participants talked about how this program is different from other social service programs they experienced. One woman talked about the level of care and concern:

“In government programs, they always ask if I wanted this to happen. These agencies hold women accountable but not the men – the abusers. They are not equipped to know how to deal with issues that pertain to DV. There is no compassion – they just don’t understand. It’s not like you just read a textbook, graduate from college and say I’m going to deal with these sorts of people according to how we were taught in school.”

Many participants had similar experiences that the woman quoted above, and agreed that they felt comfortable, safe, prioritized and cared for at Metro Baptist. That was the healing ingredient, not some technique or procedure. One participant talked about how the program “celebrated us as women” and how that was refreshing, positive and freeing. Other participants discussed how it was healing to sit with another person who may have not gone through DV, but still listened with empathy, caring, respect and concern. Not being judged was a main avenue for establishing and teaching trust. One participant put it quite simply “*this is a very forgiving*

program.” Safety was also a major concern as many women told stories about other groups where they shared at and then “*your business was all over the streets*”. At Metro Baptist, many women commented on how this was never the case. The group was their “*sanctuary*”, a place where they rivaled things they never talked about before.

Goal setting and financial management were also vital to the participants’ success. Many participants talked about having to stay over finances and not being able to see a way out because not knowing how to set goals in a way that are attainable. Quality childcare was also essential to participants joining the group. Many participants commented on the quality of childcare, that having childcare is not enough. She felt that she could relax and really pay attention to group because her children were well cared for. Sharing a home cooked meal every week was also a vital part of the group’s bonding and success. Employment and housing were frequent barriers that were sometimes overcome as a result of the group.

One of the highlights and, unique to this group, was the segments with Bridget and April. Many participants found “playing” with their inner child liberating and healing. It was an unforgettable experience that returned a part of them that was lost. One participant stated, “*We waited for the backlash and it didn’t come – they allowed us to be ourselves.*”

Many of the participants stated the group needed to be longer. Several participants commented on how the group was just starting to share serious things and it was ending. Many expressed a need for closure that would require a group that continued for a much longer time period. The loss of support during the opening of a wound was difficult. Many suggested for the program to continue where they could stop by from time to time to talk.

Family was a major theme that was repeated often. One participant stated, “I miss coming here. I felt like I missed my family not being here.” The phrase “we are family” was often repeated. Another participant stated, “Here it is a healthy environment where you can just talk and not be judged. That’s how it should be in all families. Another participant stated similarly, “*I talk to these ladies right here more than I talk to my own family.*”

Participants shared their experience of healing in powerful ways. One participant described the program as “turning our poison into medicine.” Another woman knew how much she changed by how others noticed her change and thus treated her differently. Yet another participant commented on a helpful and common group mantra “*never failure always a lesson.*” Perhaps the most memorable quotes in terms of the program’s importance were on that of self-reliance. Some relevant quotes from participants include:

“Now you get to see yourself and have self-reliance. You are self-reliant. There is nothing out there that can take better care about you than yourself. We are now confident beings and here to take care of ourselves. This is what the program taught us.”

“I was used to blaming everybody. Now I realize God is in control. I can’t keep going through life blaming everybody.”

“Now you are liberating yourself in here. You can’t blame anybody. You are now taking control over what someone has done to you. Now you are the teacher who has to go out and teach others how you want to be treated.”

“There were many times when I would have to hear from the group the truth about reality.”

Setting goals, learning about DV and not feeling alone seemed to promote self-reliance. Many women talked about how, after years of DV, they cannot form relationships with anyone. They are always suspicious about why someone is asking this or wanting that. They constantly ask the question “Am I going to be controlled? Abused?” Through storytelling and active listening, women felt supported, empowered and confident. They learned how to love themselves.

A few women talked about struggling with addictions and depression.

Living Well Domestic Violence Program, Poughkeepsie First Congregational Church

Baseline Demographics Summary: 6 Participants 1 cycle

Category	Summary Highlights
Gender	100% female
Identity	20% African American; 20% Latina; 40% Caucasian; 20% Bi-racial
Education	20% HS; 40% some college/technical; 20% 4 year degree; 20% graduate degree
Education Help	60% want help with furthering their education
Housing	20% need housing; 83% permanent housing
Homelessness	20% experienced long term homelessness; 20% brief homelessness
Employment	67% are unemployed; 33% are employed FT
Benefits	60% currently receive public benefits
Physical Health	40% have identified physical needs
Mental Health	20% have identified mental health needs
Incarcerated	20% have been incarcerated; 100% 6 – 12 months
Legal Help	80% need legal assistance

The following data represents participants who participated post program and at the 6 month reunion

SOC Score Summary (an increase in score signifies improvement):

Matched Pair Response Timeframe	N	Mean Range	Mean +/-	SD	Error
Baseline to Post Program	5	132.2 – 148.6	+16.4	23.6	10.5
Post Program to Reunion	5	143.8 – 145.2	+1.4	23.1	10.3
Baseline to Reunion	4	124.0 – 148.2	+24.2	1.2	0.6

**none of the matched pair response timeframes were statistically significant.*

The following data represents participants who participated post program and at the 6 month reunion

PCL Score Summary (a decrease in score signifies improvement):

Matched Pair Response Timeframe	N	Mean Range	Mean +/-	SD	Error
Baseline to Post Program	5	46.4 – 34.0	-12.4	17.0	7.6
Post Program to Reunion	5	34.0 – 42.4	+8.4	12.6	5.6
Baseline to Reunion	4	50.0 – 41.5	-8.5	3.6	1.8

**none of the matched pair response timeframes were statistically significant.*

SITE SUMMARY

Many women in the Poughkeepsie Living Well program shared similar concerns, experiences and benefits. Women cited finances, employment and housing being major barriers to recovery. Goal setting, financial management and DV education were important learning elements. Childcare was a must and what attracted women to the program. Substance abuse and depression were also concerns of a few participants. Staff and participants were sincere and non-judgmental, which helped participants bond and trust. “*Sisterhood*” was also used here to describe the group.

Many participants discussed feeling alone, shameful and being isolated as a result of violence. Listening to stories and having others hear yours helped the women trust, gain courage to move on and feel empowered. One participant states,

“I come from a closed family. You don’t ask for help – you figure it how to manage problems on your own. Coming here helped me break out of that. We always check in. I’m not used to checking in. Now I know it’s safe to let someone in and to know what is going on with me.”

Participants in Poughkeepsie also found the “playing” exercise very freeing and healing. Goal setting was very beneficial in getting participants back on their feet. And, many participants expressed the need for more closure and for the group to continue.

Learning how to set and communicate boundaries was an essential skill gained from the program. As one women stated,

“I really had to find a space where I am standing on my ground but not be disrespectful by exploding or being violent to someone. There is a lot of built up rage when you go through domestic violence. They say incomplete trauma in life comes from incomplete communication. So you will find another person to complete that communication. I learned how to talk but not explode.”

Another women stated,

“I have a real problem letting people in when I need them to help me. Instead, I help others to keep people away. I was being powerless by constantly enabling my

family, doing everything for them. I would say – why am I doing everything myself! I learned that for people to treat me a certain way I would have to teach them on how I wanted to be treated. I delegate now.”

Many women discussed the healing that came from knowing the space they were in was safe where they can trust and be vulnerable. From this trust in the space, women were able to trust themselves. Participants talked about how DV trains a person to doubt what they see, and what you feel is not real. An abuser isolates you, changes your whole way of thinking and robs you of self-esteem. Learning about DV, how to spot the signs, resulting trauma symptoms and other important information helped them find clarity, peace and forgiveness. It also helped them protect themselves in the future. One woman talked about being in violent relationships all her life, going to several programs and this was the first time she ever learned about DV. Now she knows what to look for, how to trust herself and how to ask for help. One participant states,

“The whole process of the abuser is to make you feel guilty, shameful. I felt a lot guilt and blame besides being scared. I felt guilty for not leaving. It was freeing to put it back on him.”

Participants talked about the meaning and helpfulness of the support group that developed in the program. Some participants had connections with their mentors and some did not. However, many participants talked about the connection they had with Sue and others who helped in the program. Several participants talked about sharing things they never had before with their peers and others. Story telling helped facilitate this, as did the bond and caring from within the group. Support of the group helped participants become self-reliant. One participant states,

“As a DV survivor, I knew how to get this from this person and this from there. When you do this, you get stuck in the predicament of always asking, always depending. I stopped this. I am able to rely on myself because my support system is strong and more concrete now.”

Participants were very clear on what made this group experience different from other programs they attended. Women talked about being a number, being treated like cattle, staff only caring about a paycheck. In contrast, women in this group felt deeply cared for, recognized

and treated as an individual important to the group, and that both the participant as well as the group kept growing until the very end. One participant states, *“In other programs, after they make their numbers – their revenue – staff stops caring, people stop advancing. Up until the last moment I continued to learn and grow in this program, and am still growing as a result of it.”*

Space was also important in Poughkeepsie. Participants noted the program was very *“spiritual.”* One woman described the program being spiritual as a result of having the groups held in a church and eating together. Another participant states, *“One you’ve eating with somebody you feel a lot more personable with them. Like you can share more with them. This is community.”* The intimate setting and feel held in the space of the program was incredibly moving to many participants.

Participants in the Poughkeepsie group talked about finding their power and identity. Many women talked about having to put on a happy face, hide what was going on, keep secrets, play pretend and *“be a good girl.”* The story telling, bonds, trust and honesty in the group helped women claim their story as real, identify the person they really are, take ownership of their situation and use their power to change it. Participants also talked about the importance of the group in breaking the cycle. Empowered and supported, participants were able to teach their children these skills and, as one woman stated, *“let them know this type of treatment – of violence – is not acceptable”*.

Panim el Panim, Interfaith Assembly on Homelessness and Housing

Baseline Demographics Summary: 28 Participants, 3 cycles

Category	Summary Highlights
Gender	60% male; 40% female
Identity	42% African American; 25% Latino; 21% Caucasian
Education	12% less than HS; 44% HS; 32% some college/technical school
Education Help	81% need help furthering their education
Housing	75% need housing; 23% transitional housing; 27% shelter
Homelessness	32% long term homelessness; 32% frequent homelessness; 28% first time homeless
Employment	55% are unemployed; 30% disabled; 10% employed PT; 5% employed FT
Benefits	80% currently receive public benefits
Physical Health	44% have identified physical health needs
Mental Health	36% have identified mental health needs
Incarcerated	48% have been incarcerated; 30% more than 6 years; 30% 1-5 years; 20% 3 – 12 months; 20% less than 3 months
Legal Help	50% need legal assistance

The following data represents participants who participated post program and at the 6 month reunion

SOC Score Summary (an increase in score signifies improvement):

Matched Pair Response Timeframe	N	Mean Range	Mean +/-	SD	Error
Baseline to Post Program	18	135.2 – 142.7	+7.5	14.9	3.5
Post Program to Reunion	8	145.2 – 134.1	-11.1	12.4	4.3
Baseline to Reunion	7	135.5 – 136.7	+1.1	12.1	4.6

**none of the matched pair response timeframes were statistically significant.*

The following data represents participants who participated post program and at the 6 month reunion

PCL Score Summary (a decrease in score signifies improvement):

Matched Pair Response Timeframe	N	Mean Range	Mean +/-	SD	Error
Baseline to Post Program	18	39.3 – 35.2	-4.1	14.6	3.4
Post Program to Reunion	8	34.0 – 36.5	+2.5	5.2	1.8
Baseline to Reunion	7	37.5 – 38.4	+0.8	7.3	2.7

**none of the matched pair response timeframes were statistically significant.*

SITE SUMMARY

Panim El Panim participants discussed many of the practical benefits from the program. Many participants discussed getting help with legal problems and child support, finding out information about housing, getting help with employment and information on local programs that they could also use. The group had many mixed needs. Some participants were homeless for the first time, others had been homeless before and some, in addition to being homeless were also post-incarcerated. Despite the difference in needs, the social work interns and Dennis met these diverse needs successfully. Participants enjoyed the different speakers as well as the large amount of information that was made available to them. Participants talked about the freedom that came with learning how to “*take responsibility for their madness*” by not blaming others but being accountable for their actions, their choices and the path they choose in the future.

Goal setting was an important part of the program for many participants. Goals for participants consisted of financial goals, health goals, housing goals and employment goals. More important than the focus of the goal was the process of the goal setting. Many participants stated learning how to set small, attainable goals and work towards achieving those goals taught them how to stay on track to meet those goals. Participants felt that not being able to set and reach goals was a huge barrier to moving forward in their lives.

Like the other programs, the Panim participants spoke strongly about the difference between other programs and this one. Participants talked about feeling like a number or feeling used in other programs. Participants talked about other programs being cold and institutional, “*like prison*”; but, this program people genuinely care. Participants in this program felt genuinely cared for, compassion, support and acceptance. This program was very positive. One participant states,

“Here I get moral support. I get compassion here. I can unburden myself here. I can come in here angry and all tensed up. When I leave, I don’t feel the same way. I unwind here and I know there are other people who are concerned about me.”

Another participant states,

“In the beginning of the program I was really depressed. I didn’t have any energy. Coming here gave me hope, gave me lots of incentive. The program gave me the push I needed to help myself.”

Participants talked about how no one was getting paid but invested a lot of time and energy to helping. Participants stated the staff, mentors and volunteers were so happy when they were doing well. This made them happy.

Participants utilized mentors, staff and peers for help and support. Some participants really clicked with their mentors where others did not. Participants that did click with their mentors talked about the importance of mentors listening and not judging. Many participants felt this program, unlike others, really advocates for them. A few participants felt the group was community for them, and helped them to build healthy relationships and social skills. Some participants talked about how the group became a family for them. Story telling helped relieve anger and gain clarity for many participants.

Several participants discussed their ongoing struggle with substance abuse and/or mental illness. These participants discussed needing support with creating structure and being disciplined. The program helped them establish a schedule and stay on course.

Some participants in Panim voiced their dissatisfaction with the program and had some negative experiences. For example, one participant talked about how some people needed to put on a better “game face” rather than showing their disdain toward another in certain situations. They state,

“I was highly offended about the Nordstrom comments. What do you think, that I am not entitled to go to Nordstrom? It’s the little things like that, pertaining to money and appearance... I didn’t come to this program to be critiqued, to always be apologizing.”

Another participant felt pushed in different ways. This participant states,

“I’m glad it’s over. People have to learn not to push. I’m not the type of person you could always push...don’t get in my space. You cannot offend people and then expect to be in their face.”

One other participant felt her voice was silenced. She states,

“I told my story and the group facilitator took my story and rewrote it... in her words. I refused to tell the story because that’s not my story that is her story. I was very upset that she didn’t let me tell my story. She wanted me to tell the story she wanted to tell. I’m not telling it because I would have felt like a sellout.”