Program proposal: Helping Children and Caregivers with High ACE's at The Boys and Girls Club

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Abstract

The social problem that this proposal will address is childhood trauma. The services themselves involve helping girls with high Adverse Childhood Experiences (ACE's) scores through the use of Cognitive Behavior Therapy (CBT), mindfulness techniques, and coping skills that attend Boys and Girls Club, and their caregivers if they want to get education or participate in the programs. The beginning pilot of this program is to initially start with girls; and if successful, grow to include all youth and their caregivers that have been through trauma and attend the club. The CDC-Kaiser PACE Study found that ACEs has a lasting impact, and it is important to educate those that are at risk as early as possible (CDC 2019). Most children have more than one ACEs. Boys and Girls Club children are at risk with higher aces than the normal population because it is an after-school program that helps impoverished children, and poverty has been proven to be a factor in higher ACE scores. The program participants include caretakers of all ages, and females ages 10-19 from various demographics, languages, and neighborhoods in rural Chattanooga, TN. The staff and volunteers will be professional social workers, counselors, social work interns, and trained mentors. Recruitment of participants will involve emails and flyers at The Boys and Girls Club along with signup sheets and informed consent. Administration of a questionnaire and the ACE's test to the participants will be next in the recruitment process, and afterwards they will receive a brochure that includes a list of resources and hotline numbers in case of re-traumatization occurs. It is the hope that this program if implemented will produce results that allow participants to have outcomes such as lower behavioral problems with their children, better skills to learn to cope with life stressor rather than turning to unhealthy alternatives, better mental/physical health, better grades, and happy families.

Research has shown that there are definitive consequences of childhood trauma and identified areas that are positively affected by the victims of high ACE's on the macro level as being; high criminal recidivism rates, addiction, breakdown of families, poverty, gangs, school dropout rates, higher mental health diagnosis, and can lead to significant physical health problems. Some of the health issues seen with high aces include but are not limited to heart disease, stroke, and obesity. This a public health concern where action needs to be taken and this program proposal is a possible solution.

Background

The social problem that we will address is helping those with high Adverse Childhood Experiences (ACE's) through the use of Cognitive Behavior Therapy (CBT), mindfulness techniques, and coping skills with female youth ages 10-18 and their caretakers that attend Boys and Girls Club. The Center of Disease Control and Prevention have linked ACE's to risky health behaviors such as chronic physical conditions, lower life expectancy, and early death (Centers for Disease Control, 2019). The CDC-Kaiser PACE Study found that ACEs has a lasting impact, and it is important to educate those that are at risk as early as possible (CDC 2019). Most children have more than one ACE's. The Boys and Girls Club children are at higher risk than the normal population because it is an after school program that helps children whose parents are affected by poverty, and poverty has been proven to be a factor in higher ACE scores (CDC 2019).

The Center for Disease Control and Prevention (CDC), defines Adverse Childhood Experiences (ACE) as all types of abuse, neglect, and other potentially traumatic experiences that affect people under the age of 18. The Behavioral Risk Factor Surveillance System (BRFSS) has been used by several states to collect information about ACE's (CDC, 2019). Results from the BRFSS showed that almost two-thirds of surveyed adults reported at least one ACE, and one in five reported three or more ACE's. The BRFSS also conducted an ACE's survey between January 1, 2011, and December 31, 2014, in 23 states. Results are from the response of 214, 157 participant sample. Findings from the survey showed that significantly higher ACE exposure were reported by participants who identified as black, Hispanic, multiracial, had less than a high school education, with income less than $15,000 per year, those unemployed, unable to work or identified themselves as gay/lesbian or bisexual (Merrick et al., 2018). Emotional abuse was reported to be the most prevalent ACE, followed by parental divorce and household substance abuse (Merrick et al., 2018). ACE's are common among all ethnic backgrounds, but there are some individuals that are more vulnerable to experiencing ACE's due to their social and or economic, or environmental status.

Research by Larkin, Felitti and Anda (2014), supported that increases in ACE's scores could be connected to a greater likelihood of sexual risk behaviors, teenage pregnancy, obesity, substance abuse, depression, smoking, suicide attempts, hallucinations, and varying types of cancer within society. Developing an understanding of the potential impact of early adversity within a lifespan is crucial in breaking the intergenerational cycle of poverty; and ensuring healthy child development, which could positively impact society in achieving their full health, social and economic potential (Metzler et al., 2017).

The focus of our group will be on developing a program at the Boys and Girls club, for children who have high ACE scores, and to educate caretakers about the negative impact that having a high ACE score could potentially have on their child's future. Throughout the program, there would be parental education, mentorship for these children; learning healthy coping skills, and the incorporation of Cognitive Behavior Therapy (CBT). The focus of the program is to have a positive outcome, providing early intervention, addressing the ACE's that these children have experienced, or currently experiencing; to help them potentially have a trauma free future, and to live a normal life. High ACE scores are often associated with future health problems, but the implementation of effective policies could foster healthy outcomes for children, families, and society in general (Larkin, H., Felitti,V., & Anda, A.2014).

The population we are targeting is young females, ages 10-19 years old in rural and urban Chattanooga, Tn. The individuals are members of a group of children and young adults that attend the Boys and Girls club in Chattanooga. This geographic location includes various demographics, languages, and neighborhoods around the area. The children that attend the Boys and Girls Club are mostly from single parent homes, and are at or near the national poverty level which is $25,100 for a family of four (Assistant Secretary for Planning and Evaluation 2018). These children are at higher risk for ACE's according to the CDC.

The Boys and Girls Club of Chattanooga provides educational, recreational, and leadership programs for children ages 6-18 years old (Boys and Girls Club Association, 2019). The two major programs at the Boys and Girls club are Power Hour and STEM. Power hour is held after school to assist children with homework and tutoring. In addition, Power Hour prepares students for the SAT, ACT, and college entrance. STEM is another program that aims to encourage and educate children on academic subjects: Science, Technology, Engineering, and Math. Children explore more of the subjects through activities and projects throughout the year. The Boys and Girls Club also provide leadership and workforce programs to help adolescents with financial education and job-readiness (Boys and Girls Club Association, 2019). Currently there is no other services that focus on the intervention and implementation of services to address the trauma issues on a community level. There is; however, many organizations that are bringing awareness to the problem but not implementing a community intervention.

In the community of Chattanooga in Tennessee, there is an agency called the Children's Advocacy Center (CAC). The Center serves children and families by conducting forensic interviews, check-ups, counseling, and family advocacy (Children's Advocacy Center, 2019). The Center is also partnered with Building Strong Brains initiative of Tennessee which is to bring awareness and training on the Adverse Childhood Experiences Study (ACEs). Building Strong Brains Tennessee is a coalition that provides education throughout the state on Adverse Childhood Experiences within schools, religious institutions, and public centers. In addition, they have a team that advocates on the state's policies to incorporate the study (ACEs, 2019).

Uniqueness of the Program

The Boys and Girls Club helps with all children; however, this program within the context of the club, will be focusing on the female population that have experienced significant trauma, and through mentorship the girls will be building a strong support system while addressing ACEs. On a personal level the participants will be working with counselors. When selecting mentors for the younger girls we want to make sure there are similarities in their stories giving our clients the feeling that they are not alone, and someone else understands. Another unique idea about the program will be that if the family wants to learn the CBT techniques, self-regulation skills, and mindfulness practices, they can also be a participant. This can all be used at home to build stronger caregiver bonds through security, stability and relationships.

We are writing a proposal to possibly implement a program that addresses ACEs for young ladies ages 10-18 years old that attend Boys and Girls Club. If the program is implemented, we will provide different types of cognitive behavior with selected groups at the club and teach mindfulness techniques, self-regulation, coping skills, provide outside resources if needed, and offer education and training tools

for their family members. Within this program, we will thoughtfully and carefully match our 16-18-year-old girls with our younger females to become like big sisters and to help them with peer support. When the young ladies go through the program and get into older adolescents, we are hoping to utilize their experience to give back and find meaning through tragedy and trauma. When they have outgrown the Boys and Girls Club, we want to encourage the 18 and up to come back and help with the program through volunteering. The program will be an opportunity for the next generation which will allow them to be supported, taught how to deal with trauma by turning it into a purpose, and learning how to mentor younger girls that are suffering, while dealing with their ACEs in a meaningful way.

The need that we are focusing on is helping children who have experienced different levels of trauma in their lives learn to better communicate, use healthy coping skills, and emotional regulation, in addition to helping the children, we will be looking into providing services to caregivers who have high ACE scores that their children attend "The Boys and Girls Club." The services to caregiver's awareness and education. Developing programs that focus on Cognitive behavior therapy and the needs listed above can improve the quality of their lives. We will also be working on a plan that includes a "Universal Parenting Place" at the Boys and Girls Club and uses a mentor system to help children that are already experiencing Adverse Childhood Experiences (N.A.2018).

When looking at greater Chattanooga area, The Boys and Girls Club and the YMCA both have great programs that indirectly deal with ACEs because the population of members are included in the risk factors (CDC, 2019). There are other organizations such as Girls Inc. of Chattanooga and Youth Villages that work with youth that struggle with trauma. There are also private programs that deal with at-risk youth, but their approach is very different. The program we are developing for The Boys and Girls Club will be different because what we are proposing is the implementation of services that intervene with the youth on the treatment side that is very specific and unique. What makes it different is that we are not focusing on the problem but instead focusing on solution by coming from a strengths based perspective. Some of the other programs have boys and girls, or deal with situational trauma. Our proposal is working with a certain population of girls which will give us an opportunity to specialize each child's program to fit their needs. The ratio of mentor/client will be kept very low which will also help when working with each client. The big/little sister factor will also be a plus with our goals.

Helping Children and Caregivers with High ACE's at The Boys and Girls Club

Evidence Based Practices

Finding ways and means to help those afflicted with childhood trauma (Adverse childhood experiences) is of utmost importance because when children and youth have these experiences; especially repeatedly, it alters the brain chemistry and has negative outcomes that can last a lifetime (Nakazawa, D. 2015).There is a plethora of information available to educate professionals who work with individuals that have high Ace scores. Before proposing interventions and looking at implementation, we are going to be looking at what treatment modalities has worked with individuals that have been suffering from trauma, and what has not.

Literature Review

What Works

According to research regarding interventions with youth and adolescents that have high Ace scores, neurocounseling is one of the ways professionals can be trained to help individuals that have experienced trauma (Navalta, C., McGee, L., and Underwood, J. 2018). Recently, strong empirical evidence has been proving effective when working with the children and youth who have suffered trauma by using CBT one on one with a counselor, or with parents present, and in groups with others who have been through similar experiences (Navalta, C.et.al. 2018).

Neurobiological counseling and training of professionals that work with children is crucial because they are often the first to recognize behaviors and difficulties children have due to the brain chemistry and chronic toxic stress (Sciaraffa, M., Zeanah, P., & Zeanah, C. 2017). Having an understanding of how brain chemicals can change which makes it difficult for children to control their impulses, learn in school, and to regulate emotions that are essential in building positive relationships with adults and peers is important so early interventions can be extended (Rebicova, M., Veselska, Z, Husarova, D., Geckova, A.,Van Dijk, J., & Reijneveld, S. 2019).

What does not Work

According to a study that was conducted by the "Association of Children's Residential Centers" (acrc), there is no link between lowering the cost of psychotropic meds and youth aggression. Many Doctors have been medicating youth that have been through severe adversity and abuse that are now in facilities. Doctors had thought that cutting down on psychotropic meds would lead to aggressive behaviors (Lee, T., Walker, S., & Bishop, A. 2016). This was shown to not be the case. It was proposed that this study would show otherwise. The data was collected from three different state run youth facilities, and pharmacy protocols and treatment models that were used were all the same. The only difference was the guidelines used in the psychiatric practice regarding medication (Lee, T. G.et. al. 2016). There were many limitations to this study that need further exploration but it is possible that this concludes that medication is not a cure all.

Doctor Nadine Burke Harris stated, "So many children were being referred to her ADHD by parents and schools because of behavioral concerns and impulse control." Many professionals see the symptoms of trauma and believe it to be ADHD, and ADHD medication for issues with Ace's will not cure the problem. According to Doctor Nadine Burke's, "One way to control toxic stress is by mindfulness, and self-regulation between parent and child. This is a two generational problem." This helps to regulate and bring cortisol levels back down to normal (Bornstein, David 2017).

Implications

According to the Tennessee Department of Health, one of the ways to prevent and respond to ACE's in our communities is to educate parents and provide support in times of need (Tennessee Department of Health 2015). Our proposal theorizes that by using evidence-based prevention and intervention programs that support children and families, promote and fund the implementation and evaluation of promising approaches, and support community programs the issues of high ACE's can change (Tennessee Department of Health 2015). Appendix A for more information on statistics.

Collective efforts to conduct early screening for ACE's in clinical, child protection or family services settings, and other milieus that can function as a key point of entry for youth services (e.g., school, primary care, and after school programs), can provide valuable information moving forward towards implementations of programs that will aide in the resilience and healing of our communities (Grasso, D., Dierkhising, C., Branson, C., Ford, J., & Lee, R. 2016).

When assessing for Ace's, professionals should know how to implement trauma informed care (TIC). Trauma informed care is vital when working with victims because traumatization can happen easily (Van den Heuvel, M., Jones, L., & Wong, P. 2019). TIC requires working with community partners to educate on communication skills. It can be as easy as rewording for example, "What happened to you" instead of saying, "What's wrong with you, 'can make the difference when coming from the trauma perspective(Van den Heuvel, M., et.al. 20119). Valuable training tools and CEU's can be obtained from the National Child Traumatic Stress Network (NCTSN). Some of the trauma informed treatment modalities include: Alternatives for Families-A cognitive Behavioral Therapy, Attachment and Biobehavioral Catch-up (ABC), Attachment, Self-Regulation, and Competence: A Comprehensive Framework (ARC), Child Development-Community Policing Program (CDCPP), and many more.

Conclusion

In conclusion, the literature review reveals some very pertinent information for our future proposal. Our research findings can guide us in implementation of programs that will focus on the intervention aspect of ACE's, and raising awareness by educating parents and primary caregivers of the lifelong effects of trauma and the brain. To begin programs at The Boys and Girls Club, we will need to look at all the assessment tools out there and what it will take for training, professional help, volunteers, learning material, funding sources, and conducting a survey to begin the programs. The literature also substantiated our theory of Cognitive behavior therapy as a tool for the foundation of the program. Mindfulness and self-regulation methods are going to be paramount in the program as well so that leveling out the cortisol in the brain can happen over time. This will be a tool that can be taken home and used throughout a lifetime when taught correctly.

Helping Children and Caregivers with High ACE's at The Boys and Girls Club

The Social Problem A Qualitative study

The Center for Disease Control and Prevention (CDC. 2019), defines Adverse Childhood Experiences (ACE's) as all types of abuse, neglect, and other potentially traumatic experiences that occurs with people under the age of 18. ACEs have been linked to unhealthy behavioral patterns, chronic health conditions, low life potential and even early death. To get a better understanding of this issue, and its impact on children, adults, and the greater society; several research papers will be reviewed to obtain a better understanding.

Literature Review

Risk Factors

Brown et al. (2019) stated that childhood maltreatment and exposure to other ACEs, often placed children at an increased risk for negative physical, developmental, and mental health outcomes. Child maltreatment was deemed the second most common type of abuse in the United States, after neglect. There are several ACEs that occur before age 18, such as exposure to abuse, neglect, substance use by caregivers, domestic violence, divorce, separation and incarceration, which result in high ACEs scores (Brown et al. 2019).

According to Chang, Jiang, Mkandawire, and Shen (2019), adverse childhood experiences are potentially traumatic events that can have negative and persistent effects on health later in life. High ACE scores were reported to be associated with premature death, risk behaviors, violence, physical and sexual forms of abuse, mental illness, cancer, and chronic disease in adulthood. Chang et al. (2019) stated that the development of effective interventions could protect children from abuse and violence, preventing them from falling victim to this cycle in adulthood.

Liming and Grude (2018) sought to develop an understanding of the association between early childhood exposure to multiple adverse childhood experiences (ACEs) in relation to a child's physical, emotional, behavioral and social well-being. A relationship was identified between ACE's exposure, to having behavioral issues and poor physical health outcomes (Liming and Grude 2018). Empirical data showed that many of the challenges faced in the adult society, such as crime, heart disease, mental health problems, and many other challenges, were as a result of ACE's (Liming and Grude 2018).

Developing an understanding of the potential impact of early adversity within a lifespan is crucial in breaking the intergenerational cycle of poverty; and ensuring healthy child development, which could positively impact society in achieving their full health, social and economic potential (Metzler et al., 2017). Study conducted showed that individuals who reported

four or more ACE's were more likely to report high school dropout and poverty and ACE's was more prevalent across women and minorities.

Morrow and Villodas (2018) stated that there was a direct association between ACE's and dropout, also indirectly through poor reading and externalizing problems (Morrow & Villodas, 2018). Reports from a study showed that ACE's, which included child abuse and neglect, amongst other household risk factors that occurs during childhood and adolescence, have been costly to society; averaging a lifetime cost of $210, 00 for each new case of abuse and neglect (Morrow & Villodas, 2018). The consequence of high school dropouts was reported to results in reduced quality of life, risk of joblessness, single parenthood, and crime.

It has been reported that at the early stages of a child's brain development they are very vulnerable to toxic stress, as a result of adverse childhood experiences (ACE's); this toxic stress can cause a child's brain to become physically rewired (Sciaraffa, Zeanah and Zeanah, 2018). The possibility of this happening, and affecting individual's health and development in later years, has ignited an interest in protecting against the impact of childhood adversity. According to Sciaraffa et al. (2018), early childhood educators and adults within the early childhood setting are able to assist in procuring a safe and healthy environment for children to play, grow and develop resiliency. Also, early childhood education can bring awareness to parents, and community members, educating them about the dangers of ACE's, and how they can contribute to protecting these children, so they can enjoy their childhood, free from adversity.

According to Zare et al. (2018) adverse childhood experiences (ACE's), such as exposure to poverty, discrimination, parental abuse, and violence, can affect a child's physical, mental and behavioral health for the rest of their lives. Contributing factors included economic hardships, mentally ill caregivers, being exposed to or victim of violence, and unfair treatment due to race/ethnicity (Zare et al., 2018). Pediatricians are reported to be the first contact with these children as professionals, and being knowledgeable of ACE's could refer clients who are identified as having ACE's to mental health programs or other programs that can provide assistance to them and their caregivers.

Pregnancy. Atzl, Narayan, Rivera and Lieberman (2019), conducted a study to identify the correlation between ACE's and prenatal mental health. Findings of the study suggested that the higher the level of ACE's; especially in low-income pregnant women, the higher the risk of PTSD and depressive symptoms in the mother, which could affect a child's prenatal wellbeing (Atzl et al., 2019). To address this issue, Atzul et al. (2019) believes that prenatal screening for ACEs, PTSD symptoms, and a universal screening would aid in curbing the transmission of adversity before a baby is born.

Opioid Crisis. Adverse childhood experiences (ACEs), were identified as a risk factors related to the opioid crisis. Research conducted on ACE showed that there is a relationship

between traumatic childhood events and future drug use (Fraser & Plescia, 2019). Evidence based interventions were identified as a means of preventing ACE, which included parenting support, home visitations, early childhood programs, expanding life-skills training in economically distressed communities, etc. (Fraser & Plescia 2019).

Suicide. One study sought to identify the association between adverse childhood experiences (ACEs), and suicide attempts (Fuller, Baird, Dhrodia, & Brennenstuhl 2016). The prevalence of suicidal ideation was reported to be significantly higher amongst adults who had a history of ACEs. Findings from a Fuller study suggest that individuals who had a history of child abuse, physical abuse, or witnessed parental domestic violence had higher odds of committing suicide. Mental health issues such as depression, anxiety, substance abuse, chronic pain, were found to partially mediate the relationship between ACEs and suicide attempt (Fuller et al., 2016).

Juvenile Justice System. According to Logan-Green, Tennyson, Nurius and Borja (2017), high rates of mental illness have been reported amongst youth in the juvenile justice system, as opposed to their counterparts in the general population. Contributing factors to high rates of mental illness among youths in the court, were reported to be as a result of elevated exposures to childhood adversities, such as unstable household, economic status and child maltreatment (Logan-Green et al., 2017).Court involved youths showed high burdens from childhood adversity.

Racial Disparities. Marguire-Jack, Lanier and Lombardi (2019) conducted a study to understand whether there are racial differences in adverse childhood experiences (ACE's) amongst children. The study was conducted amongst three races; Whites, Blacks, and Latinos. Results of the study showed that more than 34% of Black children experienced 2 or more ACE's, 22% Latinos and 14% Whites. Racial disparities amongst the children were found in poverty, social problems and child maltreatment, and black children were found to more likely experience all ACE's (Maguire-Jack et al., 2019).

Not substantiated problems

 Blodgett and Lanigan (2018), examined the effect of ACE exposure on public elementary school children, in relation to academics, behavioral, and attendance problems. These children were exposed to many types of adversity, with divorce being the most frequent ACE reported. Findings suggested that ACE had no relation with school success in elementary school children. Exposure to adversity is viewed as a risk, but not a guarantee that problems will emerge, and most importantly that educators should not assume that their students educational challenges is inevitably related to ACE exposure (Blodgett and Lanigan 2018).

An individual's behavior can be influenced by their environment or they can influence others by their behavior. When exposed to environmental trauma/adversity during the sensitive period of development, there can be maladaptive behavior such as aggression and juvenile delinquency in youth due to stimulus reaction (Schauss et al., 2019). However, a healthy environment leads to positive development during childhood, resulting in a potentially successful adulthood. Schauss et al. (2019) believes that to have a better understanding of individuals, there should be an understanding of brain waves and its connection with communication pattern between the brain and the body. Counselors being cognizant of the interrelationship of adverse childhood experiences (ACE's), the person, the brain and the environment, can integrate mind-body work in their clinical practice (Schauss et al., 2019).

Conclusion

The literature reviewed were very insightful, as they shed light on the issues surrounding adverse childhood experiences (ACE's), and what can be done to correct or reduce this issue. ACE's can negatively impact individuals, families, communities and society. Early intervention is very important at identifying ACE's, and providing treatment. The early stages of a child's life are a very sensitive period where they are influenced by their environment. A healthy, enriching environment helps a child to thrive, which fosters a positive outlook on life, and leads to a productive adulthood. Individuals, who are in continuous interaction with children at an early age, should be trained to acknowledge symptoms of ACE's. Doing this would result in more children and caregivers getting help at an early age, in reducing the amount of adults currently seeking or receiving help for ACE's. Early intervention reduces the long term possibility of behavioral, mental, and economic problems.

   The literature will provide a basis of information to guide the program. The purpose of the literature will also be to educate others on the importance and impact of trauma related events on the development of a child. The program aims to empower children and families to gain knowledge and coping skills to apply into their lives.

Need for the Program

Problem Statement

We know that children's brains are changed once they experience traumatic events. We also know from the literature that receiving intervention and treatment can assist the child and family with coping through a traumatic event. However, we don't know what specific population will benefit more through participation and engagement in the program. That is the reason why it is important to explore within a public and community location such as the Boys and Girls Club.

Needs Assessment Research Plan

The program will include girls, ages 10–18 who score high on the ACE test that attend Boys and Girls Club of Chattanooga, Tennessee. In order to get the necessary data that is needed, different agencies will be contacted to gain access to their records or public data. Some of the agencies include but are not limited to:

The State Department of Public Health has information that is available for our program that can be Retrieved at:https://www.tn.gov/content/dam/tn/health/documents/Tennessee_ACE_Final_Report _with_Authorization.pdf

This fact sheet discusses ACEs and the well-being of Adolescents and can be retrieved from: https://www.childtrends.org/publications/fact-sheet-adverse-childhood-experiences-and-the-well-being-of-adolescents

This PowerPoint can be used in support group and can be retrieved from: https://www.tn.gov/content/dam/tn/health/documents/pres-CAD-RA-ACE-031114.pdf

Indicators of School Crime and Safety (2016). Retrieved from: https://www.bjs.gov/content/pub/pdf/iscs16.pdf

For the research an ACEs test will be administered, and a questionnaire for parents and counselors. A post- questionnaire/survey will be created for the females and caregivers that participate in our program. This is a longitudinal study that will guide the program in the areas that are successful, point to areas where changes need to be made, and will show if the program is making a difference as projected.. By administering a pre and post survey the findings are measurable and will guide the proposal so that program implementation is a success.

Statement of Purpose

The purpose of this study is to evaluate if mentorship, psycho-education, and coping skills in a program at the Boys and Girls Club will reduce behavioral problems and improve state of mind in girl's ages 10-18 years old. This will help to decrease crime, drug abuse, and juvenile delinquency. In addition, children will become less dependent on prescribed medication. According to recent research studies, interventions can result in positive changes in sleep patterns, relationships, attention, and self-control.

Research Question

Will implementing a program at Boys and Girls Club that provides psychoeducation, coping skills, and mentorship help improve mental and physical health, and reduce behavioral problems for girls ages 10-18 with high ACEs score?

Research Hypothesis. Through the implementation of a program at The Boys and Girls Club that provides psychoeducation, coping skills, and a mentorship program; that mental and physical health will improve for participants, and there will be a reduction in behavioral problems with girl's ages 10-18 years old that score high on the ACE's test.

Null Hypothesis. Implementing a program that provides psychoeducation, coping skills, and mentorship to girls ages 10-18 years of age that score high on Ace test at The Boys and Girls Club will have no improvement with behavioral issues, or better mental health and physical health.

Alternate Hypothesis. By implementing a program that provides psycho-education, coping skills, and mentorship at The Boys and Girls club for girls ages 10-18 years who have high Ace scores will have fewer behavioral problems and better mental and physical health.

Research Variables

The proposal states that by implementing services at The Boys and Girls Club that will provide psychoeducation, coping skills, and a mentorship program that mental and physical health will improve, and there will be a reduction in behavioral problems with girl's ages 10-18 years old that score high on the ACE's test.

Independent variable/s (IV). Psycho-education classes, coping skills, mentors

Dependent Variable/s (DV). Improved mental health, physical health and behavior

Controlled variable/s (CV). Age of children, gender of mentor, race of children, physical location

Extraneous Variable/s (EV). Home environment, socio-economic status, health of girls and guardians, other counseling/mental health services

Methodology. A mixed method qualitative and quantitative design will be used to obtain the research needed for the proposal.

Rationale

A mixed method will be used because we will be implementing the ACE test and survey/questionnaire which is a quantitative. A qualitative method is also being used in the survey/questionnaire which contains open ended questions and fill in the blanks. This will help to assess whether children are receiving any other services elsewhere, and to see if trauma is still happening which can have an impact on study.

Population and Sampling

The target population will include girls who attends the Boys and Girls Club of Chattanooga and their caregivers. In order to be considered for this study, participants must meet the following criteria:

1. They must be between the ages of 10 – 18 and suffer from high ACE scores.
2. They also must regularly attend the Boys and Girls Club of Chattanooga.
3. They should complete a pre-assessment to determine if they have high ACE scores especially if they already have behavior problems and or low self-esteem exists.
4. They must be caregivers of children who have been pre-screened, and determined to have high ACE's through the questionnaire.

Exclusions at this time which might be amended later if proposal goes well are:

1. Caregivers that do not have children with high ACE's
2. Caregivers that do not have children at The Boys and Girls Club
3. Youth that do not have high ACE's that attend the club.
4. Male children that attend the club,

In order to recruit participants, a letter will be handed out to the families that attend The Boys and Girls Club and will include informed consents and details of the study requirements when they arrive to

pick up children and sign them out. The recruitment process will also attempt to contact families that attend Boys and Girls club by email if possible.

Data Collection and Analysis Plan

Data will be collected at the Boys and Girls Club's in Chattanooga, the procedure for collection includes the following:

1. Informed consent forms will be given to parents when they pick up students from club to fill out or sent to them via email to return.
2. Returned consents will be collected to determine the number of students and adults who will be participating in the study.
3. A list will be made of the students and adults who will be participating in the study, they will be assigned numbers instead of names to protect their identity. This information will either be kept in a locked drawer, or encrypted thumb drive on the computer and the computer locked by password.
4. A date and time will be given to club officials to assist in the distribution of questionnaires to students.
5. Students will be placed in a classroom with desks and chairs to sit and complete the questionnaire.
6. Parents will either fill out the questionnaire upon arrival at club, via email or returned upon next day of picking up child.
7. Students will be separated by grade level in each room for safety, and being around own peers.
8. Club staff will be asked to assist in distributing the questionnaires and help students in understanding questions asked if needed.
9. Completed questionnaires will then be collected to analyze the data.

Data analysis mixed methods

For collecting qualitative research, the use of open ended questions and fill in the blanks will be used. For the collection of quantitative research, a variety of different scales will be used. The survey will contain Likert, and interval scales using the same format a, b, c, and d etc. so that the questionnaire is easy to read and understand.

The data that is collected will be entered into a SPSS program and descriptive statistics will be used to get the participants that are needed for the program. The SPSS program will basically describe all the results from the survey questions and put into categories on a spreadsheet so the data can be scored. Frequency and percentage calculations will be used for some of the quantitative questions on the survey. This will help when looking at the demographic information, the number of possible participants, and the ACE scores. The results will also give an idea of age range so that professionals will be able to provide age appropriate material for teaching and training. Another useful measure that will be used for gaining the support of stakeholders and future implementation of more programs is the measure of central tendency. This will provide useful information on exact numbers which is the mode, the median represents the mid-way point, and the median is the average of all the information gathered.

The use of Qualitative data analysis is much harder and takes longer to analyze. The answers to the data questions must be examined over and over, major themes must be identified, and then put into

categories that are similar. These themes and categories are determined through the use of specific words or phrases and the meaning behind the responses has been assigned. These categories are assigned codes and then counted and then the reporting results will be decided.

On the survey/questionnaire, each research question a detail of the actual data and whether qualitative or quantitative is as follows:
1. this question is more interesting to start with so that participants want to continue. It is a likert scale using a two choice and quantitative.
2. multiple choice, interval scale and quantitative.
3. multiple choice, interval scale and quantitative.
4. multiple choice, interval scale and quantitative.
5. It is a likert scale using a two choice and quantitative.
6. It is a likert scale using a two choice and quantitative.
7. multiple choice, interval scale and quantitative.
8. multiple choice, interval scale and quantitative.
9. multiple choice, likert scale, and quantitative.
10. It is a likert scale using a two choice and quantitative.
11. this question is open ended, fill in the blank and qualitative.
12. multiple choice, likert scale, and quantitative.
13. multiple choice, interval scale and quantitative.
14. multiple choice, likert scale, and quantitative.
15. It is a two choice, close ended question and is quantitative.

Ethical Considerations
According to Vollmer and Howard and based on the Belmont Report, the main ethical principles are respect, beneficence, and justice. All three ethical principles will be upheld at all times while conducting research. Investigators will respect choices and decisions of individuals in favor or opposition of participation. Individuals will receive adequate information in regards to the research study. At any time individuals may depart from the study. All members, staff, and parents will be given a list of resources that can help them if re-traumatization occurs or triggers happen; therefore, minimizing risks associated with research. Since part of the program will be for children, permission and consent from parents and guardians of minors will be required and obtained. Beneficence will be highly implemented. While screening for ACE's, if there are cases of re-traumatization, the project investigators will provide best practices, resource guides, and referrals if needed. Confidentiality will be implemented in each phase of the program; from selecting participants, acquiring information, and evaluating data. Once names are initially given on the documents, participants will then be provided with ID numbers as a reference. Data and information collected will be processed by keeping the identifying codes and research materials in a locked file drawer or on a password locked computer that is available only to the investigators and faculty administrator.

Program Goals and Objectives
Our program is to provide ACE's intervention to young ladies' clients that attend Boys and Girls Club that has suffered different levels of trauma. Implementation will be in the form of different types of cognitive behavior groups within the club setting, teach mindfulness techniques, self-regulation and

coping skills, provide outside resources if needed, and offer education and training tools for their family members. The long term goal for our clients is to develop strategies and techniques to enhance their ability to recognize their personal ACE's and incorporate skills and strategies in their lives that will make them successful in their homes and communities. The program focuses on solutions from a strengths based perspective. By having small mentor/client ratios, clients will be able to receive personalized support. Clients will also have opportunities to volunteer in mentoring roles as they complete the program. Over the course of two academic years, clients should be able to identify our program, listed as a Universal Parenting Place, is to provide ACE's intervention to young ladies' clients that attend Boys and Girls Club that has suffered different levels of trauma. Implementation will be in the form of different types of cognitive behavior groups within the club setting, teach mindfulness techniques, self-regulation and coping skills, provide outside resources if needed, and offer education and training tools for their family members. The long term goal for our clients is to develop strategies and techniques to enhance their ability to recognize their personal ACE's and incorporate skills and strategies in their lives that will make them successful in their homes and communities. The program focuses on solutions from a strengths based perspective. By having small mentor/client ratios, clients will be able to receive personalized support. Clients will also have opportunities to volunteer in mentoring roles as they complete the program. Over the course of two academic years, clients should be able to identify the

Potential Stakeholder for Program:
1. Maria Lee: She is the first lady currently of Tennessee. Maria is a 3rd and 4th grade school teacher. She is devoted to children and ministry. Maria also has a passion for service and community engagement.

2. Crissy Haslam: Was the first lady last term and wife of Governor Bill Haslam. She is known for her public service, love of education and involved in policy. Crissy was a part of the ACE's initiative here in Tennessee and raising awareness of childhood trauma and is involved and advocates for better mental health care of children and adults.

3. Junior League: Junior League of Chattanooga is a volunteer organization for women interested in making a positive impact in their community. Founded in 1917, our League is the second oldest in the South and is part of the Association of Junior Leagues International.
Junior League of Chattanooga empowers women through leadership training and development to take action in their communities. Members of the League are accomplished collaborators who build coalitions, identify community needs, and develop effective and responsive programs to meet those needs.

4. Mike Bloomberg: Is a philanthropist that is worth billions of dollars and contributes to different areas such as obesity, women and public health arenas and since ACE's is both, there is a chance of getting someone to look at charitable donations in large amounts to help this program.

5. Community Foundation of Greater Chattanooga has a mission statement that can help with program implementation. The mission of the Community Foundation is to encourage giving and inspire action to improve lives in the Chattanooga area. The Community Foundation of Greater

Chattanooga is a trusted community partner, serving at the intersection between ideas and action, needs and resources, donors and nonprofits. For more information: https://cfgc.org/about/

6. The parents of B&G Club are from all different backgrounds, income levels, cultures and races.

7. The director of B&G Club is dedicated to helping the children be the best that they can be and run a successful club that assists as many youth as possible.

8. The teachers are a very important asset to the program because they see the children we will be working with every day. They will be able to help identify risk factors and success as well as improvements in behavior, grades, and mental health.

9. Andy Berke is the major of Chattanooga and has a lot of influence and pull within the communities

10. Joe Wingate is the school board chairman for Hamilton County and has the power to get things done within the system.

11. Local Church Pastors are service oriented and are about helping others especially families within their communities

12. Juvenile Justice Center: The Hamilton County juvenile court hears cases about neglect, dependency, status offenses, and delinquency. One of its objectives is to reduce the number of youths who recidivate to criminal behaviors. Youths are sometimes court ordered to attend the Boys and Girls club as a means of getting them involved in meaningful activities.

13. YMCA- Chattanooga: This non-profit organization has been around in Chattanooga for the past fifteen years. The YMCA of Chattanooga members comprises of men, women and children of all ages. Its focus is on strengthening the community foundation though nurturing the children, promoting a healthy lifestyle and the fostering of social responsibility..

14. Department of Children's services:- This governmental agency refer clients to the agency. This is done as a means of support for these youths, getting them involved in meaningful activities as opposed to being on the streets. The DCS is crucial to the program's success, because of the strong connection with receiving youth referrals.

Means of Accessing Stakeholders
Stakeholders from local schools can be contacted through conference calls or meetings at the schools or BGC center.
Stakeholders within the community, mayor and school board chairman, would be informed on BGC at town meetings.
Parents and families would be given information through flyers and surveys, and emails.

Different stakeholders can be engaged through email and phone interview to begin with. With the High priority stakeholders, a more personal type of engagement might be more appropriate. If possible a business lunch or going to their office for a meeting could be more inviting because more effort was put forth. Lower priority and personal stakeholders could be engaged through email, phone call, or a letter sent home from school, or the club itself. During the emails, meeting, or lunch, finding the appropriate time to show them a demonstration through a power point presentation or a slide show that the program proposal will help the children while still keeping the values and mission or the club. It would be a strong point to link their services and passions to the services that will be provided at the club by using research and statistical data to support the cause.

Potential Opposition to Project

Potential stakeholders that might have negative views on the project will be parents or guardians. They might not want to have their personal and private information to be disclosed and by not having their children participate, they could be targeted by other children. In this case, informing the parents ahead of time and allowing questions will be addressed in an orderly and respectful manner. Upholding a zero bullying tolerance is strictly implemented. Other possible negative views could be the school officials. They could have fears about the stigma that childhood trauma carries.

Stakeholder Analysis Influence on Project

The stakeholder analysis has been very helpful in identifying, organizing and categorizing stakeholders on an easy to view chart. The use of this chart gave a clear description of each stakeholder and the potential impact/influence they would have towards the program's success. This information was used to analyze each stakeholder, and it was helpful as a means of visualizing and collaborating to identify which stakeholders the group would approach first in presenting the proposed program. The stakeholder analysis proved to be very effective overall in the group's effort to get the support needed to launch the program.

SWOT Analysis

The Boys and Girls club strives to live by their motto, which focuses on helping young people reach their full potential as productive, caring, responsible citizens. The club strives to support youths and teens of every race, ethnicity, gender, sexual orientation, economic status, and religion. The Focus of the SWOT analysis is a tool that can be used to assess the Club's strengths, weaknesses, opportunities, and threats.

Strengths. The Boys and Girls Club strengths includes the following:
1. It is a neighborhood based program, with programs designed solely for youths.
2. Youths 5 to 18 years can become members of the club; wherein at an early age, children in communities can engage in meaningful afterschool activities.
3. The club incorporates community members as volunteers, which helps to build the cohesiveness between youths and their community.
4. The program is beneficial in keeping several youths off the street, and doing something positive, rather than being in the streets with the potential for getting involved with the wrong crowd.
5. On occasions there are influential sports athletes who visit the clubs and are positive role models that some of these youths emulate.

6. Staff includes mentors, professionals and volunteers who are all trained on positive approaches when interacting with youths at the club; there is also diversity in the population.
7. The club promotes healthy alternatives to drugs and gangs.
8. There are several programs being offered to youths such as job and college readiness, building of self-esteem, leadership, tutoring, assistance with homework, and healthy lifestyle with the endorsement of sports and other recreational activities.
9. The club has advancement in technology which captures the youth's attention, and encourages them to explore the world of technology.
10. The Boys and Girls club offers several amenities that will keep the youths occupied with fun activities.
11. The club's main source of finance is from businesses, foundations and individual donations.
12. The club has a strong brand recognition which draws attention to it.

Each strengths could be used to show the benefits, and importance of the program to be implemented, as well as its impact on the youth and community as well. Reviewing of the club's strengths could identify potential gaps that could be addressed.

Weakness. The Boys and Girls Club has the following weaknesses:
1. Board members commitment is inconsistent with contributions.
2. Some volunteers may not be qualified or experienced to provide quality service.
3. Resources to provide additional training to volunteers to monitor young people.
4. Having board members that can help put on adequate fundraisers to support program or be able to find donors.
5. Board members that are connected to resources that can help develop a marketing strategy.
6. Internet resources are not used effectively.
7. Consistent and clear communication efforts between staff and families.
8. Community awareness of programs.

There are several things to do to stop weaknesses. Make communication a priority through training programs. Create and implement community awareness programs. Make sure fundraising is successful to be able to provide resources for additional training to volunteers to monitor young people as well as providing qualified volunteers to provide quality service.

Opportunities. The Boys and Girls club's mission statement is: We put every child that walks through our doors on track to graduate from high school with a plan for the future. We challenge children to push beyond their expectations, demonstrate good character and citizenship, and embrace a healthy lifestyle. We recognize accomplishments and encourage their dreams. And all the while, we make it fun. With this statement the focus is on education, future, learning, social skills, and healthy lifestyle. This opens the door to many opportunities for the implementation of the program proposal. The greater Chattanooga area has three clubs. The demographic population of this area is very diverse and- population ranges from not only different racial backgrounds and cultures, but also different economic statuses. The Boys and Girls Club reach's neighborhoods and families that sometimes cannot afford to get the services they need and opens the door for new growth and change.

1. Economic- Helps children take themselves out of poverty and build a brighter future for themselves through education, learning, character development, college readiness programs, help entering the

workforce, and scholarship opportunities. All of these things help to contribute to increased revenue and tax dollars through individuals who take advantage of the programs that are offered through the club.

2. Sociological factors- the club helps young people realize their full potential, especially the ones who need it most (children living in poverty and in single families homes without much support), and learn to be productive, responsible, and caring citizens. These factors help communities within the area to have better overall outcomes for the youth and generations to come.

3. Political/Legal factors-Some of the political factors that are opportunities for The Boys and Girls Club are that the state of Tennessee is very interested and likes to invest in the youth programs and initiatives that help families and children within our state and the government takes the future of the children very seriously. The last governor Bill Haslam and his wife Chrissy were very involved in helping children and now Governor Bill Lee and his wife are following suit. This opens opportunities for future program implementation, and government assistance where financial help is needed

4. Environmental-opportunities that the club provides to the communities in which it serves is that The Boys and Girls Club works hard to provide a safe and secure environment where kids can come and receive help with homework, play, learn through activities such as art, physical education, technology

5. Cultural-Some of the cultural factors of the club are that there is a diverse population of youth that attend which gives children the exposure to many different races, cultures and backgrounds than theirs. This opportunity helps bring the youth together.

        There are many ways to exploit the opportunities to make sure that programs get implemented at The Boys and Girls Club. One way is to reach out to public figures who advocate for families and children, and then appealing to their pathos and logos would be a start. Then use persuasion to convince them that the benefits out way the risks. Focus on the strengths and the weakness and present solutions to the threats. Another way to exploit the opportunities is to use current statistics on ACE's, and what people are currently doing about it elsewhere.

Threats. There are several potential threats to the program.

1. A threat to the program would be if families are interested in outpatient services and decide not to join our program. Therefore, it would lead to a low turnout rate of participants.

2. A second threat to our program could be if a family needs services and the resources provided have a waiting list.

3. A third threat to consider is also having consistency in the staff of youth to participate in the mentorship program, as they could have other extracurricular activities.

        Defending the program over outpatient services can be alleviated by emphasizing the project is free. Outpatient services can have a cost to receive services. In addition, as part of building community involvement, the mentors which will be youth will be able to receive an incentive of gaining volunteer hours and build their resumes

Evaluation Plan

Program Goals. Our program plan is to provide ACE's intervention to young ladies' clients that attend Boys and Girls Club that has suffered different levels of trauma. Implementation will be in the form of different types of cognitive behavior groups within the club setting, teach mindfulness techniques, self-regulation and coping skills, provide outside resources if needed, and offer education and training tools for their family members. The long term goal for our clients is to develop strategies and techniques to

enhance their ability to recognize their personal ACE's and incorporate skills and strategies in their lives that will make them successful in their homes and communities. The program focuses on solutions from a strengths based perspective. By having small mentor/client ratios, clients will be able to receive personalized support. Clients will also have opportunities to volunteer in mentoring roles as they complete the program. Over the course of two academic years, clients should be able to identify the negative impact of ACE's by 50% in their personal lives and be able to select skills and strategies to at least 75% of the challenges that they may face. These goals will be assessed through pre/posttests, interviews, and cognitive behavior group observations. ACE's have been proven to affect lives negatively and the earlier it is addressed, the cycle can then be broken.

Target Population

There are two clubs in Chattanooga itself plus the administrative offices on Lindsay Street. The two clubs are located in Highland Park area and East Lake. The direct recipients of the program will be youth ages 10-18 years old, caregivers of participants if they wish to participate and that are members of either of The Boys and Girls club. They must be female to be in the pilot program, have High ACE scores, signed the informed consent, and filled out the questionnaire. The clubs in this area have many different cultural backgrounds, and are many different races. Members are usually at or below poverty level.

Scope of the Activity. Interventions to address the needs:
1. If we have the staff members then the meetings, workshops, training sessions, development of program curriculum, and supervision can begin with all the volunteers.
2. Once we have all the volunteers trained, then delivery of services can commence which will be assessments, counseling, and education for participants which will be caregivers, and youth that attend the Boys and Girls club.
3. When we schedule time for all activities such as 2 sessions a week, 3 training workshops, and 1 mentor training a week, then the staff and volunteers can make a difference with clients, caregivers, agencies, stakeholders, and even reach media.
4. If funding is made available, then the services to be provided will have sufficient products, technology, equipment, materials, and supplies to provide everything for the clients. Also, if there is enough funding, then presentations can be done to reach stakeholders, donors, and other community agencies.
5. If there is enough money to provide all the materials needed, such as handouts, worksheets, and brochures; then we will have satisfied clients.
6. If the stakeholders are content and satisfied with the results of the program services, then the community members and public and political officials will take notice.

Outcomes

If the outcomes are successful then after one year the interns will be experienced enough to train the next incoming interns as a way to give back and as the program grows, the staff and volunteers will be able to provide trainings to other community's members that are interested in developing likeminded programs. Between one and 3 years, if the program is a success, then there will be an increased number of participants and the service restrictions could be lifted to include boys and a wider age range of children. As a result of successful implementation, there should be a noticeable decrease in behavioral problems at school and home, better grades, and improved physical and mental health. The long term effects of this

program if successful could include safer communities, less gangs, less addiction, reduction in crime, increase in higher education, poverty levels drop, less reports of child abuse, and higher socioeconomic backgrounds for recipients. Better economy, better environments for people to live in. All of this will depend on funding sources and partners working together on a city, state, and even someday national level; will increase revenue through taxes provided by healthier families seeking higher education and entering the workforce.

Data Collection Source

The main source of data collection to measure the output would be sign-in sheets, activity sheets, pre-test and post- tests. The data would be collected at each visit to the club where participants sign in on arrival, and also when participating in different activities. This is important in maintaining an accurate record of the estimated amount of individuals in attendance at each session. Pre and post tests are important to see what, if any changes have occurred over time with participants, and from that gathered information, evaluate the effectiveness of the program in regards to potential outcomes. If discrepancies are identified, they could also be addressed during the process of evaluating the program.

The indicator/benchmark measures to be used, will be the number of participants enrolled in the program, and their progress/success rate as it relates to meeting or exceeding the short, and medium term goals. At different intervals within the program, the MSW interns will meet to assess the progress of the program in relation to these goals, and whether or not action, changes need to be made. Areas of focus would be attendance rate, and involvement of students in activities. Short intermittent surveys will be given to students, parents, and volunteers to get their views on the programs progress, and if there are areas that need to be reviewed. Intermittent surveys, reviews are important to get different individuals view on the programs progress and if revision of processes is warranted. Focus would also be on reviewing the goals of the program, and whether or not these goals are being met, or need to be reviewed.

This step is important to the overall evaluation plan, because reviewing intermediate outcomes, will indicate the direction of long term outcomes. This step sets the tone for the next; so evaluating the program's progress at this step, aids in identifying areas of improvement, which can be implemented to have a positive effect towards the long term outcomes. This step can be manipulated in favor of a potential positive outcome at the end of program, during outcome evaluation.

Among the 50 girls 10-18 years of age at the Boys and Girls Club that will could be identified with a high ACE score (target population), 40 (sample) will receive permission from parents/guardians to participate in the mentorship program (outputs) and 80% will complete the program successfully (intermediate outcomes). This will lead to improvement in these girls' mental and physical health, reduction in behavioral problems and lowering of ACE's score (long-term outcomes). Among the 40 girls that receive permission from their parents, 20 of their parents will enroll and participate in the program and learning about trauma and its effects. Approximately 80% will complete the program.

Proposed Program Resources

This proposal will begin with an approximated number of volunteers amounting 38. There will be 2 professional social workers 1 LMSW and 1 LCSW, 6 MSW interns, and 30 mentors to get started. It will begin with 3 meetings a week lasting 2 hours a session to design/structure the program and gather information for about 4 weeks. Once this is complete, then 3 training sessions a week, 2 hours a session, for the next 6 weeks; and directly following the training, the program will begin with 2 classes a week lasting for 1 hour per session and 1 group meeting a week with mentors and youth for 40 weeks.

Support for the program are the staff which will include a LCSW and a LMSW, 30 mentors and 6 MSW interns as volunteers. They will be trained on the topic of ACE's, effects of trauma on brain and body, coping skills, and application. The initial trainings will be 3 meetings a week lasting 2 hours a session to design/structure the program. Then 3 training sessions a week 2 hours a session, for the next 6 weeks.

The material resources are handouts, worksheets, and brochures that will be given throughout the weeks as learning tools and information guides. Other materials might include yoga mats, a Bluetooth speaker to listen to relaxation/meditation music, a television to play videos on, and pencils and pens.

Proposed Sustainability

The program will be sustainable as it can be implemented for a very small cost. There will not be any hiring positions to conduct the program. The material resources will be provided from the Boys and Girls Club, interns, volunteers, and the stakeholders that are listed. All the staff are volunteers from the local community, and members from the Boys and Girls Club.

Limitations

Some of the limitations for this proposal might include low participation rate because of fears from parents or judgements from peers, not enough volunteers to run the program, risks associated with trauma, participants not following through with the pilot program to the end so that accurate evaluations can be done, not enough mentors for the youth, and later on maybe some funding issues. All of these limitations can be dealt with if there is planning and an alternate plan of action to handle these issues if and when they arise. The logic model lays out everything in a manner where if problems or limitations occur, implementers can look for the next solutions to avoid the limitations and threats to this proposals.

Conclusion

In concluding this proposal plan, it is apparent that the program could easily be put into place. Programs such as these are very low cost and could very well help solve society's problems on a micro, mezzo, and macro level. High ACEs score stemming from traumatic experiences among the population, has been a major contributing factor to mental, physical and emotional issues within society. If significant trauma was even reduced by 25%, communities would be safer, family's healthier, and rates of crime, addiction, and mental/physical health problems would also drop. States would see less recidivism rates and would have more money at their dispense for other government problems. The implementation of this program would be beneficial as it promotes intervention at an early age to address behavioral issues amongst youths. Doing this would help to break the continuous generational cycle from one to the next.

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Appendices
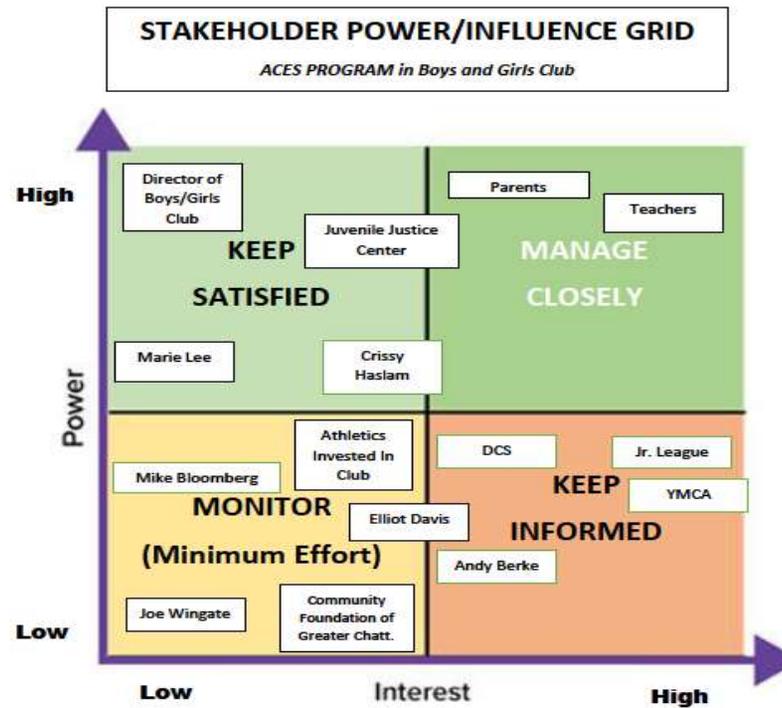
Appendix A. Stakeholders Analysis

Project Title:

Date:

Stakeholder	Characteristics	Main Interest	Fears and expectations	Potential impact	Priority	Recommendations	Responsibility
Identity of individual or group/s.	*What sort of person or group are they?*	*What are their main interests and/or motivations?*	*What is their potential reaction to the project? What do they expect from the project?*	*How important is their impact on the project? (low, med, high, critical)*	*Rank the importance of the stakeholder to the success of the project (critical, high, med, low).*	*Implications for your project planning. (e.g. keep informed, involve in planning, etc.)*	*Who in your cohort will implement the recommendations?*
Maria Lee and Crissy Haslam	First Ladies of Tennessee	3rd and 4th Grade teacher	Positive outcome	High	Medium	Give Overview	Julie H.
Junior League	Organization that helps the youth in the community	Troubled youth	Positive outcome	Low	Low	Give Information	Julie H.
Mike Bloomberg/Elliot Davis/Athlete's Invested in Club	Philanthropist/ Celebrities	Troubled youth	Positive outcome	Medium	Low	Involve in Planning	Julie H.
Parents of B&G Club	Parents of Children	Troubled youth	Successful program for their child/children	Medium	Medium	Involve in Planning	Kristen M.

Director of B&G Club	Director	Youth at Center	Successful program	High	Medium	Involve in Planning	Cornelia C.
Teachers	Children's Teachers of B&G Club	Youth Education	Reduction in negative behavior	Critical	Medium	Involve in Planning	Cornelia C.
Andy Berke	Mayor	Youth in Community	Positive outcome	High	Medium	Keep Informed/ Involve in Planning	Angela A.
Joe Wingate	School Board Chairman of Hamilton County	Youth in Education	Significant reduction in behavioral problems	High	Medium	Keep informed/Involve in Planning	Angela A.
Principals	Hamilton County	Youth in Education	Positive outcome	Critical	High	Keep Informed	Cornelia C.
Local Church Pastors	Community Pastor	Youth in Community	Positive outcome	Critical	Medium	Keep Informed	Angela A.
Juvenile Justice Center	Youth Detention Center	Troubled Youth	Reduction in youths visiting detention center	Low	Low	Involve in Planning	Kristen M
YMCA-Chattanooga	YCAP Mentor Program	Youth in Community	Successful program	Medium	Medium	Involve in Planning	Kristen M.

Department of Children Services	DCS	Trouble d Youth	Reducti on in youths going into foster care and juvenil e detenti on	Critical	Mediu m	Keep in Informed/ Involve in Planning	Angela A.

Appendix B. Power Influence Grid

STAKEHOLDER POWER/INFLUENCE GRID

ACES PROGRAM in Boys and Girls Club

High

Power

Low

Low — Interest — High

Director of Boys/Girls Club

Parents

Teachers

Juvenile Justice Center

KEEP SATISFIED

MANAGE CLOSELY

Marie Lee

Crissy Haslam

Athletics Invested In Club

DCS

Jr. League

Mike Bloomberg

KEEP

YMCA

MONITOR

Elliot Davis

INFORMED

(Minimum Effort)

Andy Berke

Joe Wingate

Community Foundation of Greater Chatt.

Compiled by

Angela Anderson, Cornelia Campbell, Julie Hook, Kristen

SWOT CHART

	Strengths	Weakness
Internal	1. It is a neighbourhood based program, with programs designed solely for youths.	1. Board members commitment is inconsistent with contributions.
	2. Youths 5 to 18 years can become members of the club; wherein at an early age, children in communities can engage in meaningful afterschool activities.	2. Some volunteers may not be qualified or experienced to provide quality service.
	3. The club incorporates community members as volunteers, which helps to build the cohesiveness between youths and their community.	3. Resources to provide additional training to volunteers to monitor young people.
	4. The program is beneficial in keeping several youths off the street, and doing something positive, rather than being in the streets with the potential for getting involved with the wrong crowd.	4. Having board members that can help put on adequate fundraisers to support program or be able to find donors.
	5. On occasions there are influential sports athletes who visit the clubs and are positive role models that some of these youths emulate.	5. Board members that are connected to resources that can help develop a marketing strategy.
	6. Staff includes mentors, professionals and volunteers who are all trained on positive approaches when interacting with youths at the club; there is also diversity in the population.	6. Internet resources are not used effectively.
	7. The club promotes healthy alternatives to drugs and gangs.	7. Consistent and clear communication efforts between staff and families.
	8. There are several programs being offered to youths such as job and college readiness, building of self-esteem,	8. Community awareness of programs.

	leadership, tutoring, assistance with homework, and healthy lifestyle with the endorsement of sports and other recreational activities.	
	9. The club has advancement in technology which captures the youth's attention, and encourages them to explore the world of technology.	
	10. The Boys and Girls club offers several amenities that will keep the youths occupied with fun activities.	
	11. The club's main source of finance is from businesses, foundations and individual donations.	
	12. The club has a strong brand recognition which draws attention to it.	
	Opportunities	Threats
External	1. Economic- Helps children take themselves out of poverty and build a brighter future for themselves through education, learning, character development, college readiness programs, help entering the workforce, and scholarship opportunities. All of these things help to contribute to increased revenue and tax dollars through individuals who take advantage of the programs that are offered through the club.	1. A threat to the program would be if families are interested in outpatient services and decide not to join our program. Therefore, it would lead to a low turn out rate of participants.
	2. Sociological factors- the club helps young people realize their full potential, especially the ones who need it most(children living in poverty and in single families homes without much support), and learn to be productive, responsible, and caring citizens. These factors help communities within the area to	2. Another threat to our program could be if a family needs services and the resources provided have a waiting list.

	have better overall outcomes for the youth and generations to come.	
	3. Political/Legal factors-Some of the political factors that are opportunities for The Boys and Girls Club are that the state of Tennessee is very interested and likes to invest in the youth programs and initiatives that help families and children within our state and the government takes the future of the children very seriously. The last governor Bill Haslam and his wife Chrissy were very involved in helping children and now Governor Bill Lee and his wife are following suit. This opens opportunities for future program implementation, and government assistance where financial help is needed	3. A threat to consider is also having consistency in the staff of youth to participate in the mentorship program, as they could have other extra curricular activities.
	4. Environmental-opportunities that the club provides to the communities in which it serves is that The Boys and Girls Club works hard to provide a safe and secure environment where kids can come and receive help with homework, play, learn through activities such as art, physical education, technology	
	5. Cultural-Some of the cultural factors of the club are that there is a diverse population of youth that attend which gives children the exposure to many different races, cultures and backgrounds than theirs. This opportunity helps bring the youth together.	

SWOT ANALYSIS SUMMARY

Strength: Each strengths could be used to show the benefits, and importance of the program to be implemented, as well as its impact on the youth and community as well. Reviewing of the club's strengths could identify potential gaps that could be addressed.

Weakness: There are several things to do to stop weaknesses. Make communication a priority through training programs. Create and implement community awareness programs. Make sure fundraising is successful to be able to provide resources for additional training to volunteers to monitor young people as well as providing qualified volunteers to provide quality service.

Opportunity: There are many ways to exploit the opportunities to make sure that programs get implemented at The Boys and Girls Club.One way is to reach out to public figures who advocate for families and children, and then appealing to their pathos and logos would be a start. Then use persuasion to convince them that the benefits outway the risks. Focus on the strengths and the weakness and present solutions to the threats. Another way to exploit the opportunities is to use current statistics on ACE's, and what people are currently doing about it elsewhere.

Threat: Defending the program over outpatient services can be alleviated by emphasizing the project is free. Outpatient services can have a cost to receive services. In addition, as part of building community involvement, the mentors which will be youth will be able to receive an incentive of gaining volunteer hours and build their resumes.

Appendix D. Logic Model

Project Planning Form / Logic Model

Program Title: Helping Children and caregivers with high ACE's at Boys and Girls Club

Team Members: Angela Anderson, Julie Hook, Cornelia Campbell, and Kirsten Meneses

Statement of Problem: The CDC has reported that ACE's have been linked to unhealthy behavioral patterns, chronic health conditions, low life potential and even early death. The BRFSS   conducted an ACE's survey between January 1, 2011, and December 31, 2014, in 23 states. Results are from the responses of 214, 157 participant sample. Findings from the survey showed that significantly higher ACE exposure were reported by participants who identified as black, Hispanic, multiracial, had less than a high school education, with income less than $15,000 per year, those unemployed, unable to work or identified themselves as gay/lesbian or bisexual (Merrick et al., 2018). Emotional abuse was reported to be the most prevalent ACE, followed by parental divorce and household substance abuse (Merrick et al., (2018). ACE's are common among all ethnic backgrounds, but there are some individuals that are more vulnerable to experiencing ACE's due to their social and or economic status. The Boys and Girls club serves this exact population and has the ability to have a huge impact if it works.

Inputs	Outputs		Outcomes (Impact)		
	Activities ☐	Participants	Short Term ☐	Medium Term ☐	Long Term
Staff	Facilitate meetings Have workshops training sessions supervise volunteers in development of curriculum	interns mentors	Learning: Trainers would be trained on ACEs knowledge Increased awareness Coping skills Application	MSW interns would become competent enough to educate and teach in the group sessions.	Trainer will be able to do training for new interns coming into the program. Experienced staff can provide training to other community partners who are interested in the program
Volunteers	Deliver services Provide the counseling assess Facilitate	40 Students 30 Volunteers 6 Interns 1 or 2 Professional social workers	Volunteers will be able to implement the program services and	Volunteers will be able to give trainers more freedom to work with the group and	Trainers will be able to work independently without supervision.

	sessions and courses	Staff Parents 2 Boys and Girls Club 10 Educators-teachers	facilitate workshops and meetings	make suggestions that might be needed for program changes.	
Time	Educating Youth Caregivers Staff Mentors Volunteers Iinterns Professionals About: ACE's Different types of services we hope to implement such as: CBT Mindfulness Coping skills 3 hours a week for the sessions Initial trainings for the staff and volunteers Set times for the mentorship program and the youth to get together.	5Clients Caregivers Agencies Decision makers Stakeholders Media	Increased # of youth and young adults who can better navigate emotions and life leading to improved behaviors. Increased awareness of ACE's and how trauma alters the brain chemistry	Increased youth achieving goals in school Better behavior outcomes Know how to begin implementing different coping skills to handle stressors and emotions Caregivers working together with youth for better outcomes and bonding Participants feeling like they have hope, and they are not alone in life	Better mental and physical health Less medication being prescribed Better quality of life for participants Participants wanting to give back through the mentorship program More community based programs implementing program across the United States Healthier families Less child abuse because of the ability to use coping skills Less addiction being used as coping mechanism Increased self-esteem More youth continuing with higher education Better communities Less crime Less gangs Less poverty Higher socioeconomic backgrounds for people

					receiving interventions. Economically Environmental Social
Funding/Money	Conduct trainings Use of technology Materials for the trainings and the classes Develop a curriculum Products Outreach Social media Equipment	What we will do: Work with clients Caretakers Community agencies Decision makers Implement the trainings Do presentations to stakeholders and political figures	Short term results: Having the resources to to begin program Have the participation of enough participants will be able to provide all the estimated education material and classes without having to seek more funding to continue.	Medium results: Program up and going well Having positive feedback through evaluation process Reputation is building More stakeholders are interested Program has enough materials and equipment to complete sessions without needing more funding	Long term: The program will have more than enough help financially to continue to grow Program will have enough personal resources and participants that it can include males and train other agencies to implement the program in their community.
Materials	Program implementation tools (eg copy and printing handouts, worksheets, and brochures)	Satisfaction	Participant # number grows Families change Positive reports	Program spreads to other agencies More funding becomes available Safe communities Happier families Less mental health concerns Better overall health	Nationwide impact on trauma focused approach Stigma is reduced Reduction in addition Less overdoses less gang violence No more shame about the topic
Partners/BCC	Meetings Updates Recognition	Partners and Staff of Boys and Girls Club Youth Educators Community members Caregivers public and political	More funding More services and help More participants	Healthier families Better schools Healthier children Better neighborhoods	Increase of students getting higher education More revenue for cities and states Higher socioeconomic backgrounds

		officials			for participants and their families Less poverty

Appendix E. Survey/Interview Guide

Questionnaire

When filling out survey please do the best you can. If a question does not apply to you please use the space at the bottom to explain. Most of the questions are multiple choice or yes or no questions. Please circle one answer.

1. If we told you that we are doing research to try to implement services that could potentially help you and your family be healthier, happier, and it was free; would you be….
   a. not interested
   b. interested

2. What age group are you?
   a. 10-12
   b. 13-15
   c. 16-18
   d. 19-24
   e. 25- and up

3. Are you_____
   a. Staff
   b. Parent
   c. Child

4. What ethnicity are you?
   a. Caucasian
   b. African American
   c. Hispanic
   d. Asian
   e. Other _____

5. Are you familiar with Adverse Childhood Experiences (ACEs)?
   a. yes
   b. no

6. Have you ever had a traumatic experience (physical, mental, emotion, or social)?

   a. never
   b. 1-3 times
   c. 4-6 times
   d. 7-9 times
   e. 10 or more

7. One a scale of 0-10, how does this trauma affect you on a daily basis? (0 no effect and 10 highest effect) Please circle the number that best represents.
   a. 0, 1
   b. 2, 3
   c. 5, 6
   d. 7, 8
   e. 9, 10

8.What is your current gpa in school?
   a. A
   b. B
   c. C
   d. D
   e. F
   f. N/A

9. Do you experience any behavioral problems at school or did you in the past?
   a. never
   b. sometimes
   c. daily
   d. weekly
   e. monthly

10. Are you currently on any medications?
   a. yes
   b. no

11. Are you currently receiving any mental health or behavioral health services elsewhere? If yes please explain below

   _____

   _____

Adults over 18 yrs please continue below

12. Do you experience any behavioral problems in your personal or professional life such as angry outbursts?
    a. a lot of times
    b. sometimes
    c. seldom
    d. never

13. At what age did you experience your first trauma?
    a. 0-7
    b. 8-14
    c. 15-18
    d. above 19
    e. N/A

14. Do you feel that your traumatic experience can affect your children even though they did not go through it?
    a. strongly agree
    b. agree
    c. disagree
    d. strongly disagree

15. Are you aware that repeated trauma alters the brain's chemistry?
    a. yes   **b**.no

Appendix F. CITI training certificates

This is to certify that:

Cornelia Campbell

Has completed the following CITI Program course:

Responsible Conduct of Research (Curriculum Group)
Responsible Conduct of Research (Course Learner Group)
1 - RCR (Stage)

Under requirements set by:

Southern Adventist University

Completion Date 25-Sep-2019
Expiration Date N/A
Record ID 33223954

Collaborative Institutional Training Initiative

CITI PROGRAM

Completion Date 30-Sep-2019
Expiration Date N/A
Record ID 33255019

This is to certify that:

Angela Anderson

Has completed the following CITI Program course:

Responsible Conduct of Research (Curriculum Group)
Responsible Conduct of Research (Course Learner Group)
1 - RCR (Stage)

Under requirements set by:

Southern Adventist University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w57347f0d-0823-4930-9a00-e37caea3fa8d-33255019

CITI PROGRAM

Completion Date 25-Sep-2019
Expiration Date   N/A
Record ID   33449484

This is to certify that:

Kirsten Meneses

Has completed the following CITI Program course:

Responsible Conduct of Research (Curriculum Group)
Responsible Conduct of Research (Course Learner Group)
1 - RCR (Stage)

Under requirements set by:

Southern Adventist University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wd73d3747-6008-420d-8241-242bbf93ee83-33449484

CITI PROGRAM

Completion Date 18-Sep-2019
Expiration Date N/A
Record ID 33247220

This is to certify that:

Julie Hook

Has completed the following CITI Program course:

Responsible Conduct of Research (Curriculum Group)
Responsible Conduct of Research (Course Learner Group)
1 - RCR (Stage)

Under requirements set by:

Southern Adventist University

Verify at www.citiprogram.org/verify/?w2f686887-5215-41ca-97a0-8d5085b00457-33247220

Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** …
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No   If yes enter 1   _____

2. Did a parent or other adult in the household **often** …
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No   If yes enter 1   _____

3. Did an adult or person at least 5 years older than you **ever**…
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes No   If yes enter 1   _____

4. Did you **often** feel that …
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No   If yes enter 1   _____

5. Did you **often** feel that …
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No   If yes enter 1   _____

6. Were your parents **ever** separated or divorced?
   Yes No   If yes enter 1   _____

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes No   If yes enter 1   _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No   If yes enter 1   _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes No   If yes enter 1   _____

10. Did a household member go to prison?
    Yes No   If yes enter 1   _____

Now add up your "Yes" answers: _____ **This is your ACE Score**

INFORMED CONSENT FORM – Parents and Guardians

INFORMATION ABOUT: Our proposal theorizes that by using evidence-based services that focus on prevention and intervention and through the development of programs that offer support to children and families; our proposal will promote and fund the implementation and evaluation of these promising approaches in our community programs such as The Boys and Girls Club; therefore, reducing high ACE scores and bringing about positive change.

RESPONSIBLE INVESTIGATOR: Angela Anderson, Cornelia Campbell, Julie Hook, and Kirsten Meneses

PURPOSE OF PROJECT: You are being asked to participate in a proposal for program services conducted by Julie Hook, Angela Anderson, Cornelia Campbell, and Kirsten Meneses who are working on a Masters in Social Work from Southern Adventist University.

The purpose of this study is to evaluate if mentorship, psycho-education, and coping skills program at the Boys and Girls Club will reduce behavioral problems and improve state of mind in girls ages 10-18 years old who have had Adverse Childhood Experiences and their primary caregivers. We propose this program will decrease crime, drug abuse, and juvenile delinquency. In addition, children will become less dependent on prescribed medication. According to recent research studies, interventions can result in positive changes in sleep patterns, relationships, attention, and self-control, mental health, physical health, and behavioral problems.

By participating in this project, I agree to participate in a one-on-one visit at the beginning of the project, to screen for ACEs and complete a parental questionnaire. The initial visit will last about 30 minutes and will be conducted in person at The Boys and Girls Club, in Chattanooga, Tennessee or sent via email.
The project investigators will be available to answer any questions participants may have about the ACEs questionnaire following the appointment time, and a community resource guide will be made available.
I will receive an additional follow-up phone call at the end of the survey to notify me when services will be implemented at The Boys and Girls Club, and the duration of the program.

I understand that:
a) There are risks associated with participating in this project. I understand that the responsible investigator will protect my confidentiality by keeping the identifying codes and research materials in a locked file drawer or on a password locked computer that is available only to the investigators and faculty administrator.
b) The possible benefit of this project to me is that my participation may help add to the education that is already available and offer services that can help primary caregivers and children regarding the importance of assessing for adverse childhood experiences and implementing interventions in the community.
The findings will be available to me once the project is completed and will provide new insights into the importance of the use of the ACE Questionnaire and interventions in after school programs.

I understand that I will not be compensated for my participation, although the services will be offered to me and my family at no cost.

c) If you have any questions or concerns about the project, please feel free to contact Doctor .Laura Racovita at racovita@southern.edu.

d) My participation in this clinical scholarly project is voluntary. I may decide to not participate in the project and I can withdraw at any time. I understand that I may refuse to participate or may withdraw from this project at any time without any negative consequences. Also, the Investigator may stop the project at any time.

e) No information that identifies me will be released without my separate consent and that all identifiable information will be protected to the limits allowed by law. If the project design or the use of the data is to be changed, I will be so informed and my consent re-obtained. I understand that if I have any questions, comments, or concerns about the study or the informed consent process I may contact Doctor Laura Racovita at racovita@southern.edu.
I have read the above document and understand it therefore I hereby consent to the procedure(s) set forth.

Signature of Participant

_____

Date_____

Signature of Principal Investigator

_____

Date _____