

MindUP for Young Children

Western University

January 24, 2017 March 31, 2022

Financial contribution from the Public Health Agency of Canada Supporting the Health of Survivors of Family Violence Funding for this project has been made possible through a contribution from the Public Health Agency of Canada





Western Centre for School Mental Health

MINDUP FOR YOUNG CHILDREN

Supporting the Health of Survivors of Family Violence

2017-01-24 to 2022-03-31





Dr. Claire Crooks, Centre for School Mental Health, Western University

Acknowledgements:

Dr. Karen Bax Merrymount Family Support and Crisis Centre London District School Board

Introduction

The main goal of the MindUP for Young Children Project was to implement and evaluate a mindfulness-informed, evidence-based social and emotional learning (SEL) intervention for young children within a trauma-informed framework. The Centre for School Mental Health (CSMH), led by Dr. Claire Crooks, partnered with the London District Catholic School Board (LDCSB) and the Mary J. Wright Centre (MJW), a research unit of Western University Faculty of Education, which at the time was situated within the Merrymount Family Support and Crisis Centre (Merrymount)¹. The LDCSB offers Catholic education to students in Elgin, Middlesex, and Oxford counties of Southwestern Ontario. MJW is dedicated to interdisciplinary research for the benefit of children, families, and communities. Merrymount serves vulnerable children of London through support programming and crisis care.

Schools and community agencies play an important role in reaching children who have been exposed to domestic violence. CSMH and partners implemented mindfulness-informed SEL programs and trauma-informed training in these sites with the goals of increasing service providers' knowledge of trauma and violence and understanding of strategies for responding to children struggling with trauma-related mental health problems and behaviours, with the ultimate goals of reducing negative impacts associated with exposure to violence, and increasing resilience, mental health, and well-being for children exposed to violence.

The objectives of this project were to 1) Build capacity and readiness for implementation in high needs schools; 2) Implement trauma awareness training for educators and multidisciplinary teams working in school settings; 3) Pilot an evidence-based SEL intervention in kindergarten classrooms in high needs schools; 4) Implement an evidence-based SEL program in kindergarten classrooms and evaluate using a quasi-experimental design; 5) Implement and evaluate a mindfulness-informed, evidence-based program with children in the community setting.

The Public Health Agency of Canada (PHAC) provided a total of \$1,373,924 beginning January 24, 2017 and ending March 31, 2022, through the Health of Survivors of Family Violence investment. We acknowledge the larger-than-anticipated financial and in-kind contributions from both LDCSB and Merrymount that supported the project activities through high levels of buy-in and time contributions. PHAC funding was leveraged to garner more support for the project from the Local Poverty Reduction Fund, which contributed \$438,100 over 3.5 years to the LDCSB.

Background

Family violence against children includes children's exposure to intimate partner violence and child abuse, both of which are recognized as significant public health problems (Statistics Canada, 2019). Emotional dysregulation has been shown as a key vulnerability for significant mental health problems in children exposed to domestic violence and abuse (Dvir et al., 2014). A key process through which exposure to family violence is linked to emotional and behavioural problems in children is impaired self-regulation (Brunzell, Stokes, & Waters, 2016). Mindfulness-based SEL programming is part of our evidence-based approach for benefiting the health and wellbeing of victims of violence. SEL programs aim to promote the development of social and emotional skills, which are negatively impacted by trauma and adverse events (Chafouleas et al., 2018). Mindfulness-based programs, such as MindUP, are associated with the enhancement children's self-regulation (Schonert-Reichl et al., 2015). Trauma-informed schools integrate understandings of the pervasiveness of trauma and other adverse events with the awareness of biological,

¹ In 2021, the Mary J Wright Centre was amalgamated with the Child and Youth Development Clinic to become the Mary J Wright Child and Youth Development Clinic

psychological, and social impacts of these events (Chafouleas et al., 2016). Trauma-awareness training encourages practices that ameliorate rather than exacerbating the effects of trauma and adverse events on children (McIntyre, Baker, & Overstreet, 2019).

MindUP is a mindfulness-based approach that incorporates SEL into 15 teacher-led lessons (Maloney et al., 2016). MindUP has been evaluated in a randomized controlled trial with grade 4 and 5 students, finding that children who participated in the intervention showed significant improvements of executive function (EF), self-reported well-being, and self- and peer-prosocial behaviours, as compared to the control group (Schonert-Reichl et al., 2015). Integration of a trauma-informed approach with the implementation of MindUP provides a vehicle to operationalize the trauma-informed knowledge of neurobiology of toxic stress and trauma in classrooms and community organization settings.

Key Activities and Outputs

Vulnerable and victimized children were the primary target group; the secondary target group was the adults who work with these children. This project reached the child victims of family violence in two ways: 1) targeting schools considered at higher risk and 2) partnering with Merrymount to target children and families exposed to violence. Family violence is one of the top reasons families use Merrymount services.

School Setting. MindUP and the trauma-informed framework were piloted in 15 classrooms in 8 LDCSB schools in London and Woodstock, which increased to 23 classrooms, and 19 comparison classrooms in London, Woodstock, and St. Thomas in 2017-18. Classroom educators participated in MindUP training by the Hawn Foundation and neuroscience-based trauma awareness training created by Dr. Karen Bax (with a total of 279 LDCSB educators trained throughout the project). We collected child behavioural and self-regulation data from implementation and comparison classrooms and focus group data from implementation educators. Each school year we offered implementation supports including Goldie Hawn Foundation training, MindUP Booster training, a community of practice, mid-year check-ins, and a Principal's Breakfast for their engaged support. We developed videos with educators sharing their experiences and observations (English and French), children participating in a brain break, and a description of the project overall (whiteboard).

In the summer of 2018, the LDCSB leadership team identified implementation champions who were brought together as a writing team to develop program extension activities and parent materials. These materials were distributed in subsequent years and offered in the online community of practice site. A total of 144 knowledge products were created throughout this project. At the end of each school year in project years 2-4, we disseminated annual reports to parents of child participants and school board stakeholders (found here). In summer 2019, 7 educators, social workers, and district leaders were trained as MindUP Master Trainers to promote sustainability within the school board. Educators involved in the implementation study between 2016 and 2019 participated in a survey measuring trauma-related attitudes and burnout levels at the beginning and end of the school year. Survey participants attended trauma awareness and MindUP training and implemented MindUP in their classrooms one year (n=45) or two years (n=26) or were comparison classroom educators (n=41).

During the 2019-2020 school year, a Grade 3 evaluation began with 28 new implementation and 16 comparison educators completing the child measures in the fall of 2019 (n= 420 students), but was discontinued due to the pandemic. In the 2020-21 school year, all interested school board Kindergarten to Grade 3 educators were offered implementation resources and online training in MindUP and trauma, which were adapted from in person to online trainings by the LDCSB MindUP

Master Trainers and research team. A cross-sectional study of MindUP in the pandemic context was conducted with online surveys (n=58) and focus groups (n=20). In 2021-22, the school board and research team focused on a quality improvement study, attempting to reach all 279 previously trained LDCSB staff

to evaluate the sustainability of MindUP and TIC in LDCSB (total 183 trainees accounted for). The program was implemented in both official languages, with many LDCSB French immersion educators teaching the curriculum and creating French resources. We distributed 15 sets of French language supplementary materials/ storybooks for French Immersion implementation. We estimate that 2,918 students reached at LDCSB since project start.

Community Setting. The school-based MindUP curriculum was used as inspiration to create a new group program in partnership with Merrymount staff that better met the needs of Merrymount clients. Making Mindfulness Matter (M3) consists of 8-weeks of concurrent parent and child groups, which join at the end session to practice skills together. The M3 program is now offered as part of Merrymount's regular programming, offered as a support for parents in stressful situations and to help children build skills to manage their emotions and behaviours. Also included in the secondary target audience are the practitioners trained at Merrymount, including social workers, program implementation staff, graduate students and non-facilitating staff members (133 total trained). Merrymount has now completed a total of 17 groups with 140 parent and child participants as part of the funded project.

Project Outcomes

In the pilot year, implementation educators were asked the extent to which they thought children learned about controlling their negative emotions (emotional self-regulation), the connection between their brains and emotions, and using mindful awareness and breathing to focus their attention. For each question, 100% of the pilot year respondents indicated the children learned these important concepts and skills. In spring 2021, as part of the pandemic context study, implementation educators were asked to rate the same questions, along with the extent to which children learned about expressing gratitude and behaving in prosocial and responsible ways (e.g., helping, sharing, cooperating with others), increased skills for understanding others' perspectives, and improved abilities to problem solve. Overall, the average response from 59 educators (trained in person and online), was 4.2 on a scale from 1 (not at all) to 5 (very much).

Educators of the implementation and comparison classrooms assessed child functioning using the Behaviour Assessment System for Children – Teacher Rating Scales (BASC-3 TRS) and the Behaviour Rating Inventory of Executive Function-Preschool and Child Version (BRIEF-P; BRIEF-2). We found that students who received MindUP demonstrated noticeable improvements in all measurable outcome areas: reduction in behavioural problems, reduction in externalizing problems (e.g., aggression and conduct problems), reduction in internalizing problems (e.g., anxiety and somatization), increase in adaptive skills, and reduction in executive function deficits. Both implementation and comparison groups improved in adaptive skills and executive functioning, but the implementation group had worse outcomes at the initial pre-implementation time point and improved much more rapidly than the comparison group.

Through the focus groups, educators identified child benefits including self-awareness, empathy, self-regulation, understanding own behaviours, and problem solving. Educators described the changes in awareness of the participating children: "I find that the kids are more aware of their feelings. They do go and visit the quiet corner... they recognize 'I'm sad' or 'I'm really frustrated right now' and then we can talk about it," and linked changes in awareness to behaviour changes: "You can see it on their faces when they're trying to breathe....and they are trying to calm themselves down...Or they'll turn to us and say, 'may I have a minute in the calming centre?' and we're like 'sure go have your time and then come back.' So, it's working. It's nice to see." Educators who attended the trauma-informed training then implemented MindUP reported lower levels of burnout and higher levels of trauma-informed attitudes than those who did not. Educators of the implementation classrooms had greater improvements in sense of personal accomplishment, self-efficacy, self-care, and greater reductions in emotional exhaustion than educators who did not attend trauma-informed training and teach MindUP. Educators who had two years of

experience with MindUP showed the greatest improvements in sense of personal accomplishment and self-efficacy.

In focus groups, educators often spoke about the importance of the trauma-informed framework and how it fits with the MindUP curriculum. For example, one educator said, "I think hearing the stats about trauma shocked me. Having taught at schools with a large high-risk population, I didn't realize how prevalent trauma-affected children are at all schools. While I saw a need for mindful activities before, they would get pushed out of the way by other curriculum demands. Now, I view MindUP as a 'good for all/ necessary for some' strategy that is vital to student success and teacher longevity."

The trauma-informed framework helped many educators reframe their thinking about difficult behaviours and/or strengthened their previous understanding of important topics: "I think at the beginning of the year, I thought that every child that had a behavioural issue had to be dealt with in one way and I've learned over the year, that's not necessarily the case. That's been my biggest learning this year; it's not always that disciplinary measure, we have to put in place other strategies."

Process learnings for implementing a mindfulness-based SEL program as a university-school board-community organization partnership and within a trauma-informed approach included:

- Spending a substantial amount of time and effort from the outset and even prior to applying t o the PHAC funding stream was beneficial to ensure alignment between the PHAC Family Violence investment outcome goals, the project goals, and the school board/ community organization's vision and priorities.
- 2. Continuous efforts for engagement, feedback, and communication prior to and throughout the project helped promote buy-in at all levels of the school system and community organization.
- Quality SEL and trauma-awareness trainings integrated the best available evidence about impacts of trauma and violence on child development with actionable strategies on how to best support the victims in the school and community settings. Training practitioners beyond the required implementors helped build the broad capacity for trauma-informed practices.
- 4. Sharing lessons learned back to administrators and among educators in a timely format and in various formats contributed to the ongoing engagement with the project within the school board.
- Structuring a support system of technical assistance and coaching for educators and facilitators was a core component of implementation quality. Social workers and SEL staff in LDCSB would recognize implementation challenges and to model and/or support implementation as needed.
- 6. Consistent data collection and review through continuous documentation and process evaluation allowed us to adjust our strategies and plans in response to changes in the larger context.

Results of the pandemic study demonstrated five overarching themes that highlight factors that influenced implementation of the MindUP program during the pandemic. The five themes include contextual factors, program factors, individual factors, the online setting, and belief in the MindUP program. The findings suggest that educators were able to implement MindUP to varying degrees during the COVID-19 pandemic. While many educators were able to maintain implementation of the Brain Breaks consistently throughout the pandemic (i.e., during both inperson and online learning), degree of implementation of specific lessons varied. Challenges to implementing MindUP during the pandemic include time constraints, curriculum expectations, challenging program content (e.g., mindful tasting, mindful smelling), and online challenges (e.g., distractions, technology).

Participants also shared several successes associated with implementation such as support from administration and the school board, flexibility to adapt the program to an online setting, brain breaks, the use of MindUP to help with transitions between online and in-person learning, previous experience implementing MindUP and increased parental involvement and awareness. Educators' beliefs about the

MindUP program and its value, as well as perspectives on the importance of prioritizing SEL during the pandemic were identified as factors that contributed to educators' continued implementation.

Preliminary analysis of the sustained implementation study data indicate that 60 teachers have been continuously implementing MindUP within a trauma-informed framework since they received training and intend to continue. This means that an estimated 1500 students are receiving benefits of mindfulness-SEL and TIC integration every year. As part of the sustainability study, the social work team members were interviewed for their perspectives on factors that promote sustained implementation. One social worker indicated, "[With MindUP] we no longer have made [behaviour] a character flaw and individual teachers could change the perspective on the individual. I think it lowered the tension in the classroom. [MindUP] gave them tools to deal with these behaviours and again I think for everybody, they don't see the kid as the problem." **Next Steps**

Programmatically, both LDCSB and Merrymount are well positioned to continue implementing the programs because of the extent to which they have been embedded in the organizations. Our attention to sustainability from the outset has created conditions for ongoing success.

The CSMH research team will continue to analyze data collected and disseminate the findings. Ongoing areas of inquiry include experiences and adaptations during the pandemic context, sustainability within LDCSB, and longitudinal impacts of the intervention. Further knowledge translation events and products, including the forthcoming paper on our implementation structure and poster presentations at Society for Prevention Research, will be shared with our partners and PHAC.

The broad takeaway from the process findings are that high quality implementation steps and strategies can be applied to evidence-based programs in the context of a complex, dynamic, multi-year project, to embed the program into the school board and organization culture and practices. Terry Spencer, LDCBS Research and Evaluation officer said, "MindUP has been enculturated into the school board. It comes up in different reports and contexts, and always in a positive way." Sandra Savage, LDCSB Mental Health Lead wrote a letter to all LDCSB staff in spring 2021 as a final farewell before her retirement. Sandra said, "MindUP has been one the most rewarding initiatives in all my work at the board as Mental Health Lead. It has been a gift to see the understanding and social emotional skills that your students have learned and used so effectively in the classroom and at home."

Concerted efforts toward the implementation of school and community organization SEL and trauma-informed care can have profound impacts on the health of young children exposed to trauma and violence.

References

- Brunzell, T., Stokes, H., & Waters, L. (2016). Trauma-informed posi- tive education: Using positive psychology to strengthen vulner- able students. *Contemporary School Psychology, 20,* 63–83. https://doi.org/10.1007/s40688-015-0070-x.
- Chafouleas, S.M., Koriakin, T.A., Roundfield, K.D., Overstreet, S. (2018). Addressing Childhood Trauma in School Settings: A Framework for Evidence-Based Practice. School Mental Health (2018), pp 1-14.
- Chafouleas, S. M., Johnson, A. H., Overstreet, S., & Santos, N. M. (2016). Toward a blueprint for traumainformed service deliv- ery in schools. *School Mental Health, 8,* 144–162. https://doi.org/10.1007/s12310-015-9166-8.
- Dvir, Y., Ford, J. D., Hill, M., & Frazier, J. A. (2014). Childhood maltreatment, emotional dysregulation, and psychiatric comorbidities. *Harvard review of psychiatry*, 22(3), 149–161. https://doi.org/10.1097/HRP.00000000000014

- McIntyre, E. M., Baker, C. N., Overstreet, S., & The New Orleans Trauma-Informed Schools Learning Collaborative. (2019). Evaluating foundational professional development training for traumainformed approaches in schools. *Psychological Services*, *16*(1), 95– 102. <u>https://doi.org/10.1037/ser0000312</u>
- Schonert-Reichl, K. A., Oberle, E., Lawlor, M. S., Abbott, D., Thom- son, K., Oberlander, T. F., & Diamond, A. (2015). Enhancing cognitive and social-emotional development through a simple- to-administer mindfulness-based school program for elementary school children: A randomized controlled trial. *Developmental Psychology*, 51, 52–66. https://doi.org/10.1037/a0038454.
- Statistics Canada (2021, March). Family Violence in Canada: A statistical profile, 2019. Conroy, Canadian Centre for Justice and Community Safety Statistics. <u>https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2021001/article/00001eng.pdf?st=DNdUS9Ph</u>