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I. Background

The Beautiful Me Program is a free, educational curriculum aimed at the development of self-esteem, self-advocacy, self-confidence, and leadership skills for girls and women at all ages of life. Beautiful Me’s self-esteem program is designed to raise self-confidence, no matter where you are in life, by promoting appreciation for each individual’s genuine qualities and raising self-awareness. A recent study demonstrated the positive impact of social emotional learning curriculums that aim to increase such competencies as self-awareness (e.g., self-confidence and accurate self-perception), social awareness (e.g., appreciating diversity and respect for others), and relationship skills (social engagement and relationship-building), contribute to more positive social behaviors, greater academic success, fewer conduct problems, less emotional distress, and less drug use. Through building self-esteem, self-advocacy, self-confidence, and leadership skills, we believe that females can be more engaged in their communities as better friends, daughters, colleagues, and leaders. The program was started through the Hance Family Foundation, which was founded by Jackie and Warren Hance to honor the memory of their three daughters, Emma, Alyson, and Katie who were tragically killed in a car accident in New York in 2009.

It’s no secret that self-esteem is a hard thing to come by — especially for females. According to a 2004 study, only 2% of women describe themselves as “beautiful”. The Beautiful Me Program is changing that. Through the program’s self-esteem curriculum, nearly 50,000 women and girls have received the tools necessary to cultivate their own self-esteem and build genuine self-confidence. The list of organizations, schools and communities looking to host Beautiful Me Programs continues to grow. Females who have participated in the program have expressed an increased awareness of their beauty and the value of individual uniqueness, the desire to demonstrate support and kindness to others, the need to speak up for themselves, and a sense of bonding and closeness with other participants. Many participants have furthered the mission of Beautiful Me through volunteer and charity efforts, such as a fundraising dance performance, public awareness activities, school encouragement bulletin boards, and senior citizen mentorship programs. School personnel have reported greater sense of class cohesion and recognition of the value of uniqueness of each individual.

Beautiful Me Program Overview

Beautiful Me is offered in a 3-day format, typically taught in one hour sessions for three consecutive weeks. Sessions can be scheduled at any time that is most convenient for the host site. Each Beautiful Me session is structured with at least one highly trained Beautiful Me instructor and no more than 15 participants per group. This highly structured and intimate environment affords every participant the time to be seen and heard. Our instructors are experts in managing group dynamics, reframing answers and facilitating enriched conversations. Every participant leaves with tools they created that extend the lessons beyond the time frame of Beautiful Me. For example, nearly 50,000 participants have heart shaped boxes that are filled with compliments written by the group’s participants and also have handouts that remind them what they learned in Beautiful Me and why.

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After participating in Beautiful Me, each female will be able to:

- Identify at least one body part she can care for, admire, and regard with positive thoughts.
- Learn how to make rules for herself & enforce those rules about her body, health, and safety.
- Practice physical, emotional, and mental self-care.
- Connect to the good in herself by recognizing the good in others! She will practice giving and receiving compliments.
- Identify the pleasant and unpleasant personality traits she identifies with, while learning to “own” those personality traits.
- Identify when she feels the most strong, capable, and beautiful.
- Read and be mindful of non-verbal communication via body language.
- Learn the definition of empathy and practice empathic approaches to others, while tolerating vulnerability.

**Beautiful Me Instructor Training**

Beautiful Me Instructor Training facilitators gather with an unlimited number of eligible candidates (females who possess a teaching license or degree in a mental health field) for approximately 90 minutes. The Beautiful Me Instructor Training program hosts a participatory learning environment. Instructors engage in reflective activities that are designed to develop increased self-awareness for each adult. Each tenet of the curriculum is reviewed in detail, examples of language used with high-need populations are provided, and the history of the Beautiful Me foundation, as well as curriculum development is shared.

**II. Rationale and Objectives of Evaluation**

We are working toward building a world where girls and women can feel truly confident about who they are because we believe that when you feel strong and confident, society as a whole benefits. Though participants and administrators have expressed benefiting from the Beautiful Me program anecdotally, a thorough evaluation of the program and its short- and long-term impact on females has yet to be conducted. Through a rigorous evaluation of the Beautiful Me program, we plan to 1) better understand and identify the specific components of the program that can impact self-esteem, self-advocacy, self-confidence, and leadership, 2) help refine, enhance and better operationalize the program model, and 3) identify effective strategies to disseminate and scale-up the Beautiful Me model so that it can have a wider impact on girls and women across the country. The proposed evaluation will help the founders of Beautiful Me to take the critical next steps in achieving their vision of helping to build the self-image and self-esteem of girls and women no matter their stage in life.

**Evaluation Objectives**

The purpose of the proposed work by Judge Baker Children's Center (hereafter “JBCC”) is to support the Hance Family Foundation’s (hereafter “HFF”) implementation and evaluation of the Beautiful Me program in a partner community organization. The work will focus on four main objectives:

1. Installation of Beautiful Me in a partner community organization;
2. Outcomes evaluation of Beautiful Me's effectiveness; and
3. Process evaluation of Beautiful Me consultant training and participant sessions;
4. Enhancement of the Beautiful Me model and development of strategies for implementation and scale-up.

The outcome evaluation of Beautiful Me will target the effectiveness of the program based on participant outcomes. The process evaluation will focus on identifying strengths and areas of growth of the 1) consultant training model and 2) delivery of the 3-day program. The evaluation will utilize a mixed methods model to provide a broader perspective on the strengths and weaknesses of the Beautiful Me program. Quantitative strategies will be used for statistical analyses and support of generalization of findings. Qualitative methods will offer opportunities to understanding contextual factors related to consultant training, program delivery, and effectiveness. JBCC will analyze results and use them to inform recommendations for model enhancement and scale-up of the Beautiful Me program.

III. Methodology

Participant Selection
The target population consists of approximately 150 girls ages 10- to 12-years who attend the partner community organization. Girls in this organization are primarily from racial and ethnic minority backgrounds and from underprivileged families. Advisory period classrooms will be randomly selected from the partnering community organization. All girls in selected from these classrooms will be invited to participate in the program.

Instructor Selection
Up to ten females employed by the partnering community organization who possess a teaching license or degree in a mental health will be invited to participate in the instructor training.

Groups and Setting
Participants will be divided into groups of approximately eight girls and will participate in the program in separate classrooms during advisory periods at the partnering community organization.

Evaluation Strategies to Assess the Outcomes of Beautiful Me

Primary Outcomes
JBCC will collect both qualitative and quantitative data to examine primary outcome domains including: 1) self-talk, 2) self-esteem, 3) self-perception, 4) self-worth, 5) body image, and 6) social relationships. These domains align with core social and emotional learning competencies of self-awareness, social awareness, and relationship skills set forth by the Collaborative for Academic, Social, and Emotional Learning (CASEL) that have been found to positively impact children across social, academic, and mental health development.

Quantitative outcomes will include participants' self-reports to assess changes in these domains using the Self-Talk Inventory, Rosenberg Self-Esteem Scale, and the Self-Perception Profile for Children. 

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Adolescents. JBCC will develop an additional questionnaire to assess discrete behavioral changes associated with the primary outcome domains (e.g., ability to identify appropriate helpers and frequency of asking them for help when needed). JBCC will administer these measures shortly before participants begin the program, at program completion, and at a three-month follow-up. To gather qualitative information on participants’ perspectives of their growth as a result of the program, JBCC will conduct content analysis on program participants’ written responses regarding lessons learned through the program completed at the final program session.

Caregiver and Teacher Outcomes

Caregivers and teachers will also be used to examine the impact of the program following participation. JBCC will develop and administer a measure to elicit participants’ caregivers’ perspectives on impact of the program on their children. An additional focus group will be conducted with participants’ teachers to understand the effect of the program on the group as a whole.

Universal Screening Outcomes

If available, JBCC will request universal screening data (e.g., Behavior Intervention and Monitoring Assessment System-2) from the partnering organization to compare participants to non-participant counterparts before and after program completion.

Quantitative Data Analysis Plan

Structured statistical analyses will be utilized to examine participants’ quantitative outcomes, specifically pre-program, post-program, and three-month follow-up completion of the Self-Talk Inventory, Rosenberg Self-Esteem Scale, the Self-Perception Profile for Children or Adolescents, and JBCC-developed behavioral measure. These analyses will examine participants’ change over the course of the program and any lasting impact at the follow-up period. Statistical analyses will also be used to compare participants and non-participants on the Behavior Intervention and Monitoring Assessment System measure before and after the intervention.

Evaluation Strategies to Assess the Implementation and Process of Beautiful Me

Evaluation of the implementation and process of Beautiful Me will be completed using qualitative methods, including direct observation, interviewing, and content analysis components (i.e., focus groups). JBCC will directly observe the consultant training and new consultants’ delivery of the program. Observation will facilitate the understanding of the training and program delivery process. Following the training and delivery of the program, JBCC will conduct a focus group to gather qualitative data on consultants’ perspectives on strengths and challenges of the training model, areas for further support, and general feasibility and acceptability of the training model. To evaluate the overall program model, JBCC will solicit feedback from consultants and student participants. Consultant feedback will be gathered through a focus group with questions about their perspectives on the strengths and challenges of the program model, areas for further support, and feasibility and acceptability of the program (e.g., burden on consultants). JBCC will also conduct a focus group with participants three months following completion of the program to elicit their perspectives on strengths and challenges of the program model, and acceptability of and satisfaction with the model.

Qualitative Data Analysis Plan


Qualitative analyses will offer opportunities to understanding contextual factors related to consultant training, program delivery, and effectiveness. Focus group recordings will be transcribed and transcriptions will be coded for themes using inductive coding methodology. Through inductive coding, JBCC faculty will be able to search for themes related to the training model, program delivery model and content, and program effectiveness. Inductive coding will also allow for evaluators to identify emergent themes in the data. JBCC will also conduct content analysis on program participants’ written responses regarding lessons learned through the program completed at the final program session. Once these themes are identified, they will be further collapsed, grouped, and contextualized to better understand the implementation and process of Beautiful Me, including strengths and limitations of the current model.

**Quantitative and Qualitative Synthesis of Outcomes**
Based upon the analyses of quantitative and qualitative data, recommendations will be developed to both enhance the Beautiful Me model, as well as develop effective strategies for scale-up and implementation.

**Evaluation and Data Collection Timelines**
It is anticipated that evaluation activities will take place over the course of one year. Table 1 provides a timeline of action steps of overall evaluation activities. Table 2 denotes data collection timeline.
<table>
<thead>
<tr>
<th><strong>Table 1. Action Steps and Timeline</strong></th>
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<tbody>
<tr>
<td><strong>YEAR 1</strong></td>
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<tr>
<td>1. Identify partnering community organization within which to install Beautiful Me</td>
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<tr>
<td>2. Collaborate with partnering organization to identify potential instructors</td>
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<td>3. Collaborate with partnering organization to identify program participants</td>
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<td>4. Collaborate with HFF and partnering organization to deliver instructor training</td>
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<td>5. Collaborate with HFF and partnering organization to deliver program</td>
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<tr>
<td><strong>Process and Outcomes Evaluation</strong></td>
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<td>6. Confirm primary program constructs</td>
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<td>7. Confirm relevant assessment measures</td>
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<td>8. Develop assessment process</td>
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<td>9. Confirm measurement schedule</td>
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<td>10. Facilitate Institutional Review Board or research approval process</td>
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<td><strong>Process Evaluation</strong></td>
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<td>11. Develop instructor focus group questions for process evaluation</td>
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<td>12. Develop participant focus group questions for process evaluation</td>
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<td>13. Conduct instructor focus group for process evaluation</td>
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<td>14. Conduct participant focus group for process evaluation</td>
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<td>15. Conduct qualitative analysis on instructor focus group process data</td>
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<tr>
<td>16. Conduct qualitative analysis on participant focus group process data</td>
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<td><strong>Outcomes Evaluation</strong></td>
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<td>17. Develop participant behavioral assessment</td>
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<td>18. Develop teacher focus group questions for outcomes evaluation</td>
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<td>19. Develop participant focus group questions for outcomes evaluation</td>
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<td>20. Administer participant outcome measures (pre, post, 3-month follow-up)</td>
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<td>21. Administer caregiver outcome measure</td>
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<td>22. Conduct teacher focus group for outcomes evaluation</td>
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<td>23. Conduct participant focus group for outcomes evaluation</td>
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<td>24. Request universal screening data</td>
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<tr>
<td><strong>Data Analysis</strong></td>
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<td>25. Conduct quantitative analysis on participant outcome data</td>
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<td>26. Conduct quantitative analysis on universal screening data</td>
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<tr>
<td>27. Conduct qualitative analysis on teacher focus group outcomes data</td>
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<td>28. Conduct qualitative analysis on participant focus group outcomes data</td>
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<td><strong>Evaluation Report and Recommendations</strong></td>
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<td>29. Prepare written report of process and outcomes evaluation findings</td>
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<td>30. Provide specific recommendations to inform model engagement</td>
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<td>31. Provide strategies for scale-up of Beautiful Me program</td>
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IV. Team Qualifications and Experience

Founded in 1917, Judge Baker Children’s Center is a Harvard Medical School affiliate and proven leader in the field of behavioral health for children, adolescents, and young adults. For over 100 years, Judge Baker has advanced and improved the quality and delivery of care for youth and families. Judge Baker’s mission is to promote healthy youth development by bridging the gap between science and practice and improving access to the highest quality behavioral health care in community-based settings. Judge Baker has been an important partner in the evaluation of a range of promising programs and statewide initiatives and an established center for implementation research.

Expert Staff

The Hance Family Foundation has positioned itself as an industry leader in the development and enhancement of self-esteem for females since 2009. The Foundation is proudly governed by an outstanding Executive Board, comprised of educators, mental health professionals, attorneys, experts in finance and business leaders. Two of the Hance Family Foundation’s Executive Board members created the Beautiful Me curriculum and remain leaders in the Foundation’s daily work. As a national 501 (c) (3) organization, the Hance Family Foundation has raised the necessary funding to sponsor over 54,000 Beautiful Me participants world-wide in under 10 years. Ever mindful of the need to protect the dissemination of the Foundation’s Beautiful Me curriculum, the Hance Family Foundation hired a core Consultant Team of female educators and mental health professionals. The development of the Consultant Team helps to insure consistency in the delivery of the curriculum, thus supporting model’s fidelity. The Hance Family Foundation hosts comprehensive Teacher Training seminars at schools, hospitals, community organizations, prisons, companies and more. The Foundation creates lasting relationships with each partner site. As a forward-thinking leader in the nonprofit and educational sectors, the Hance Family Foundation’s leaders have created additional programs which enhance the delivery of Beautiful Me and ensure the future footprint for the Hance Family Foundation.

Warren J. Hance, Jr., SRA (Hance Family Foundation President). Warren Hance is first and foremost the father of Emma, Alyson, Katie and Kasey Hance. His young daughters, Emma, Alyson and Katie, were killed in a tragic car accident in 2009 at the ages of 8, 7 and 5. Kasey, his fourth daughter, is a thriving 7-year-old who brings tremendous light and purpose to Warren’s daily life. Warren and his wife, Jackie Hance, created the Hance Family Foundation immediately following the deaths of their children. Warren works tirelessly to lead this foundation’s mission of presenting Beautiful Me to females world-wide. He is committed to a life of service that honors the legacy of his daughters. In addition to leading the foundation, Warren is the Owner/
Director of WJH Appraisals Services, Inc. Warren has been a leading residential real-estate appraiser for over 25 years.

Kathryn Tuffy, MS Ed., BCBA (Hance Family Foundation Director of Education). Kathryn created the Beautiful Me program in 2009, utilizing her twenty-plus years of expertise in education and program development. Kathryn has trained hundreds of educators and mental health professionals in Special Education, Behavior Analysis and in the Beautiful Me curriculum. Kathryn began her career as a Special Education teacher and then continued as a Board-Certified Behavior Analyst, working predominately with children diagnosed with ASD. Kathryn is the Director and CEO of Changing Behavior, Inc. and serves on the adjunct faculty at St. John's University in New York. Kathryn continues to dedicate himself to the dissemination and strategic planning for all Beautiful Me implementation.

The Judge Baker staff has extensive experience and expertise with best practice model development, clinical training, research, evaluation, and effective large-scale implementations of evidence-based practices within complex systems. As an intermediary organization, Judge Baker experts work with community-based providers, researchers, model developers, and academic institutions to further operationalize, describe, or establish best practice models. A key activity of intermediary organizations is bridging the gap between research and practice through best practice model development and program evaluation. Judge Baker team members have been involved with model development and evaluation for a range of promising programs and practices including therapeutic mentoring, extended day treatment programs, emergency mobile psychiatric services, school-based diversion initiatives, early intervention programs, trauma-informed counseling programs, and integrated behavioral health services. Judge Baker works closely with stakeholders to operationalize these models of care at varying stages of program development and helps to develop practice standards and parameters of these programs. After operationalizing models, the Judge Baker team establishes and implements an evaluation plan to understand the impact of programs and inform revision and improvement processes. In addition, Judge Baker staff has trained hundreds of clinicians across dozens of different organizations, improving the lives of tens of thousands of children and families. Several training and implementation initiatives have served frontline providers in community settings. Judge Baker experts experience in training and implementation within community settings provides a critical and unique lens through which they are able to evaluate program training and implementation processes.

Rachel E. Kim, Ph.D. (Principal Investigator). Dr. Kim is an Implementation Associate and a staff clinician at Judge Baker Children's Center. She also holds an appointment as a Clinical Fellow in Psychiatry through Harvard Medical School. Dr. Kim received significant research training under the mentorship of Dr. Bruce Chorpita while completing her Ph.D. in Clinical Psychology at the University of California, Los Angeles. Her research has focused on dissemination and implementation of evidence-based psychotherapy practices for underserved youth in community settings. In her work, Dr. Kim has utilized quantitative methods to conduct research on factors impacting treatment effectiveness, such as engagement in services. She has also integrated qualitative methods into her research, including facilitating focus groups and developing and using observational coding systems. Dr. Kim also has experience working within school systems as both a researcher and mental health provider. As part of her dissertation, she co-developed a pilot initial engagement training protocol for school nurses to utilize with adolescents presenting with mental health concerns in a large, urban school district serving predominantly under-resourced youth. In addition to her research background, Dr. Kim is actively involved in several implementation, technical assistance, and quality improvement initiatives. She is part of a team engaged in training and technical assistance for a multi-year statewide initiative to implement the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and Conduct Problems (MATCH-ADTC) across the State of New Hampshire. In this capacity, Dr. Kim provides clinical training and consultation, as well implementation consultation including the utilization of data to facilitate the implementation process and program sustainability.
Robert P. Franks, Ph.D. (Project Supervisor). Dr. Franks, the President and CEO of Judge Baker, is a national expert on dissemination and implementation of EBPs, including many CBT-based protocols, and has been instrumental in multiple statewide implementations and evaluations of evidence-based treatments for children. In his role at Judge Baker, he leads a multidisciplinary team to improve the quality of behavioral healthcare and promote healthy development for children and adolescents at the policy, systems and practice levels. Prior to his position at Judge Baker, Dr. Franks was the Vice President of the Child Health and Development Institute of Connecticut (CHDI) and the Director of the Connecticut Center for Effective Practice which conducted large scale statewide dissemination of several EBPs including Multisystemic Therapy, Wraparound, Trauma-focused Cognitive Behavioral Therapy, Child-Parent Psychotherapy, Child FIRST, Child and Family Traumatic Stress Intervention, Cognitive Behavioral Intervention for Treatment in Schools, and MATCH. Through these initiatives, Dr. Franks and his team trained several hundred clinicians, supervisors, and organizational administrators to deliver, implement, evaluate and sustain evidence-based treatments in community-based settings. Dr. Franks also established and disseminated best practice models of care for Emergency Mobile Psychiatric Services, Extended Day Treatment, the School-based Diversion Initiative, and Therapeutic Mentoring. Over the past decade, Dr. Franks helped build a statewide evidence-based practice continuum of care that includes behavioral health, juvenile justice, education and child welfare. Throughout his career, Dr. Franks has collaborated with many leaders in children’s mental health care across the nation to promote and sustain high quality care. Dr. Franks is on the faculty of Harvard Medical School and has served key positions on the faculties of Yale University Child Study Center and the Duke University Medical Center.

William Beardslee, M.D. (Consultant). Dr. Beardslee is a Research Scientist at Judge Baker Children’s Center and the Gardner Monks Professor of Child Psychiatry at Harvard Medical School. Dr. Beardslee has a longstanding research interest in the development of children at risk because of severe parental mental illness. He has been especially interested in the protective effects of self-understanding in enabling youngsters and adults to cope with adversity and has studied self-understanding in civil-rights workers, survivors of cancer, and children of parents with affective disorders. He developed a preventive intervention for families facing depression, Family Talk, that received very high rankings in the National Registry of Evidence-based Programs and Practices and has been used widely in this country and abroad. This work has been adapted for use with single parent African American families, Latino families, and for use in Head Start. He directed the Boston site of a four-site study examining a cognitive-behavioral preventive intervention for youth at risk for depression which has demonstrated actual prevention of episodes of major depression at nine month, 33 month and 75 month follow-ups. He served on three National Academy of Medicine committees recently, one dealing with the prevention of mental illness in children, youth and families, a second on parental depression, and a third on interventions for young children. He co-chairs the National Academy of Medicine’s forum on promoting children’s cognitive and affective and behavioral health. Dr. Beardslee has received numerous awards, including the Irving Philips Award for Prevention and the Catcher in the Rye Award for Advocacy for Children from the American Academy of Child and Adolescent Psychiatry, and the Judge Baker Children’s Center World of Children Award in 2011. Dr. Beardslee is the author of over 250 articles and book chapters and of two books.

Program Assistant to be determined. In addition to expert faculty at Judge Baker, a graduate-level program assistant will be hired to assist with administrative tasks, such as organizing implementation and evaluation materials, and evaluation process.

All training sessions, curriculum materials, seminars, deliverables and travel accommodations provided by the Hance Family Foundation.