



CAHMI

The Child & Adolescent Health
Measurement Initiative

Promoting early and lifelong health using family-centered data and tools



JOHNS HOPKINS

BLOOMBERG SCHOOL
of PUBLIC HEALTH

Building the collective ecosystem to create a sustainable culture of mattering, connection and healing

“The success of the intervention
depends upon the interior condition
of the intervenor(s)”

*Christina Bethell, PhD, MBA, MPH
Professor, Bloomberg School of Public Health,
Johns Hopkins University*



HAPPY WORLD KINDNESS DAY!

NOVEMBER 13, 2020



School Work Fundrais

World Kindness Day 2020

World Kindness Day is a global day that promotes the importance of being kind to each other, to yourself, and to the world. This day, celebrated on November 13 of each year, has the purpose is to help everyone understand that compassion for others is what binds us all together. This understanding has the power to bridge the gap between nations.

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7 WAYS TO START MAKING KINDNESS THE NORM IN YOUR DAILY LIFE:

- 1 Send an uplifting text to a friend or family member.
- 2 Let that guy merge into traffic with a wave and a smile.
- 3 Include intentional moments of kindness, laughter and delight in your daily routine.
- 4 Go *slightly* outside of our comfort zone at least once a day to make someone smile.
- 5 Share a compliment with a co-worker or friend.
- 6 Reach out to a family member you haven't spoken to in awhile.
- 7 Treat someone to a cup of coffee (a friend, stranger, or even yourself).

make
kindness.
the norm.

#WorldKindnessDay
#MakeKindnessTheNorm
www.randomactsofkindness.org

I have no financial relationships to disclose or conflicts of interest to resolve.



How we connect

PUBLIC HEALTH HAS NO BOUNDARIES

The air we breathe.

The food we eat.

Public health impacts us all.

We protect health. We save lives. **So can you.**

www.jhsph.edu/noboundaries



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Objectives: Day 2

Objective 1:
Inspire and
identify conditions
for creating a
culture of
mattering

Objective 2:
Explore
fundamental
goals and
requirements
to foster
mattering

Objective 3:
Identify strategies
and needs to take
mattering to scale

2 self reflection polls

1-22 short group experiential exercises

2-3 breakout sessions and follow up group dialogue

The goal for the breakouts are to deepen self-learning, identify ideas to help address what is important to you and specific “small experiments” and actions to make progress. We want to end up with clarity on where people are, what they hope for and want and what help and support they need.

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Mattering consists
of two
complementary
psychological
experiences:
feeling valued
and adding value

<https://www.wordsonimages.com/pics/43922-o.jpg>



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Four Developmental Stages of Mattering

(Bethell, C. Mattering, Health, Joy and Social Change, 2020)



Mattering, **identity & sense of self, world view** (healthy attachment and safe & nurturing relationships)

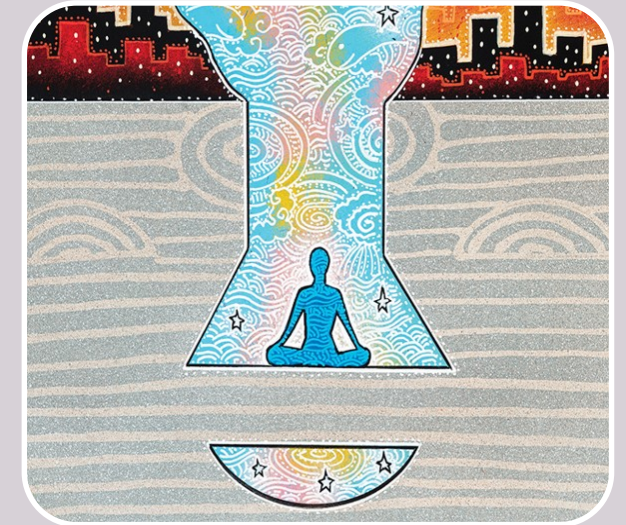


Mattering, **vulnerability, courage and emotional agility** (ability to track, manage and share thoughts & emotions)



Mattering, **hope, trust and safety** (seeking and receiving care and support to heal)

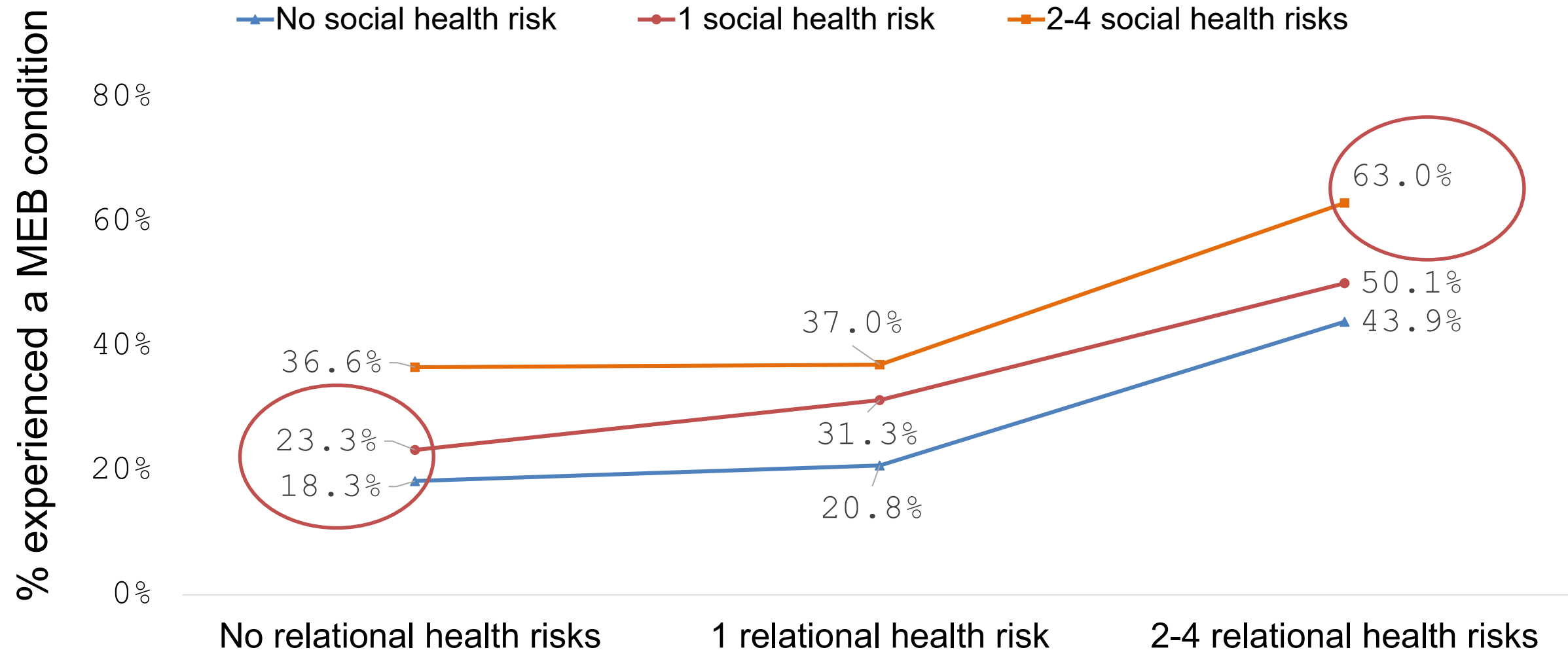
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Mattering, **growth & response-ability mindset** (compassionate ongoing improvement, accountable to self and others)

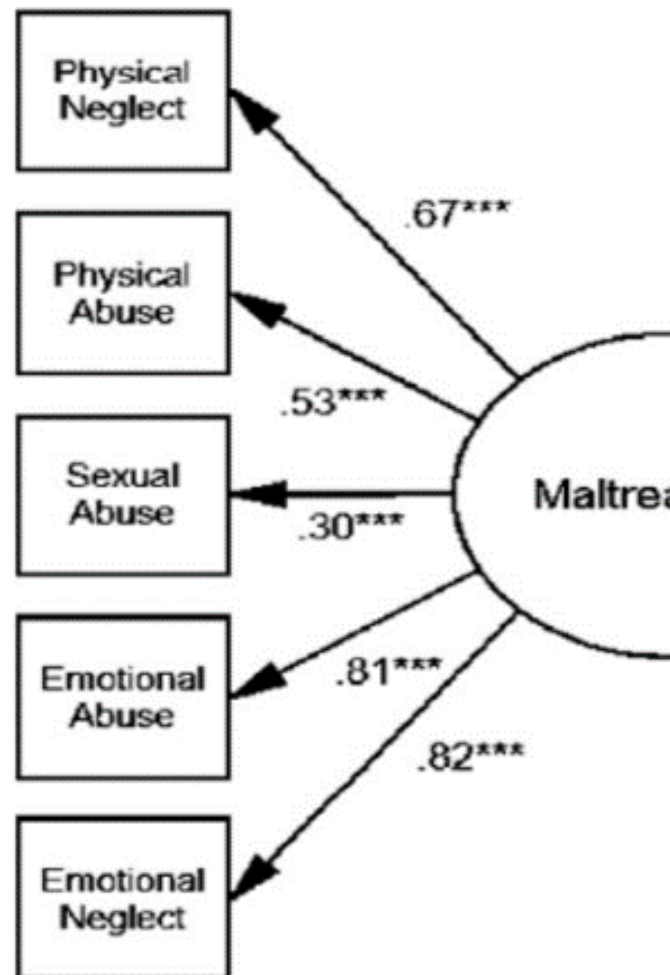
Whole Child Complexity Index

National Prevalence of Adolescents with Mental, Emotional, Behavioral (MEB) Problems By the **social and relational health risks** they experience



Antecedents, correlates, and consequences of feeling like you don't matter with maltreatment, loneliness, anxiety, and the five-factor model of personality

Gordon L. Flett^a, Abby L. Goldstein^b, Ingrid G. Pechenko^c



- Tested if childhood maltreatment contributes to a sense of not mattering.

- Investigated the links between mattering and psychosocial adjustment.

- Mattering was linked with higher emotional maltreatment and neglect.

- Mattering was further linked with greater loneliness and social anxiety.

- Mattering mediated the associations between maltreatment and maladjustment.

Phobia

Mattering, stigma and reaching youth

International Journal of Mental Health and Addiction (2020) 18:1294–1303
<https://doi.org/10.1007/s11469-019-00138-6>

ORIGINAL ARTICLE

Feelings of Not Mattering, Perceived Stigmatization for Seeking Help, and Help-Seeking Attitudes among University Students

Amy Shannon¹ • Gordon L. Flett¹ • Joel O. Goldberg¹

Published online: 23 October 2019

© Springer Science+Business Media, LLC, part of Springer Nature 2019

“...feelings of not mattering are associated with perceived stigmatization by others for seeking help.

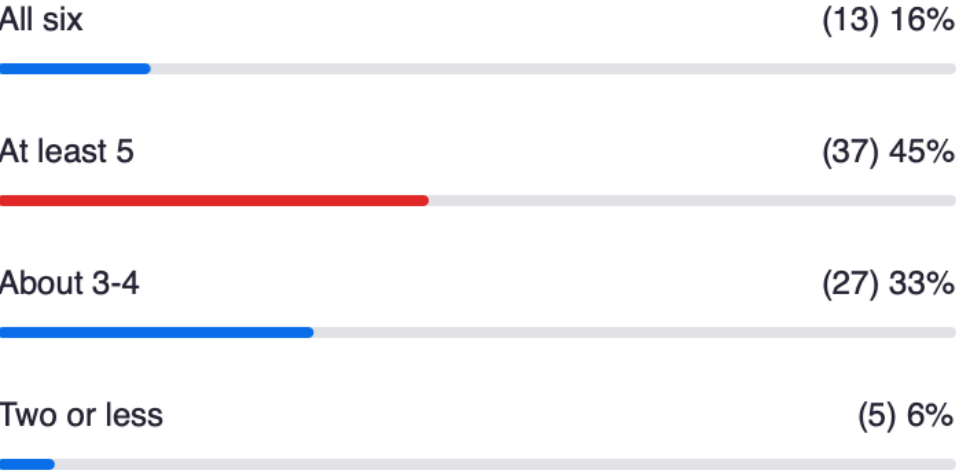
However, levels of mattering were not linked with help-seeking attitudes or self-stigma for seeking help.

...results suggest that individuals who feel as though they do not matter may be especially vulnerable to perceptions of being stigmatized

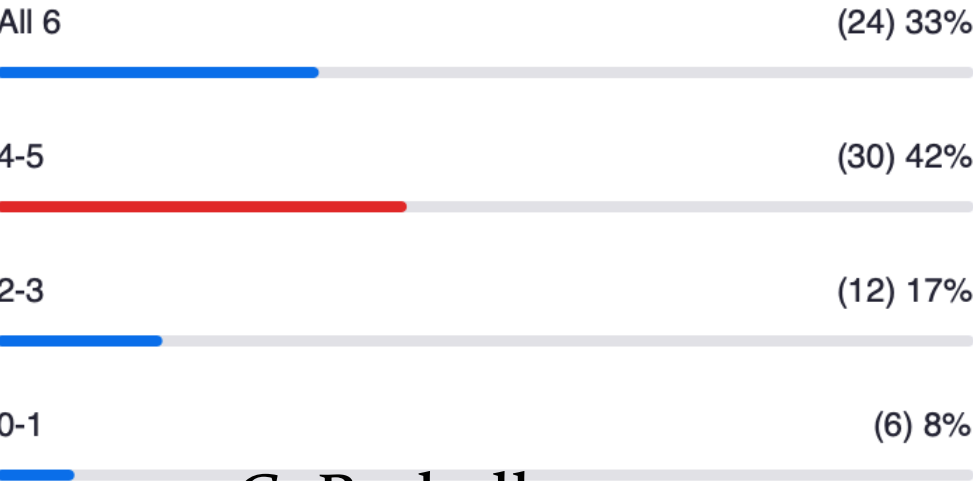
...this may promote a tendency for people to avoid seeking help and perhaps isolate themselves from others. “

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1. Setting aside that you may also have negative experiences, how many aspects of flourishing do you experience today?



1. How many of the six "mattering statements" do you relate to in your life?



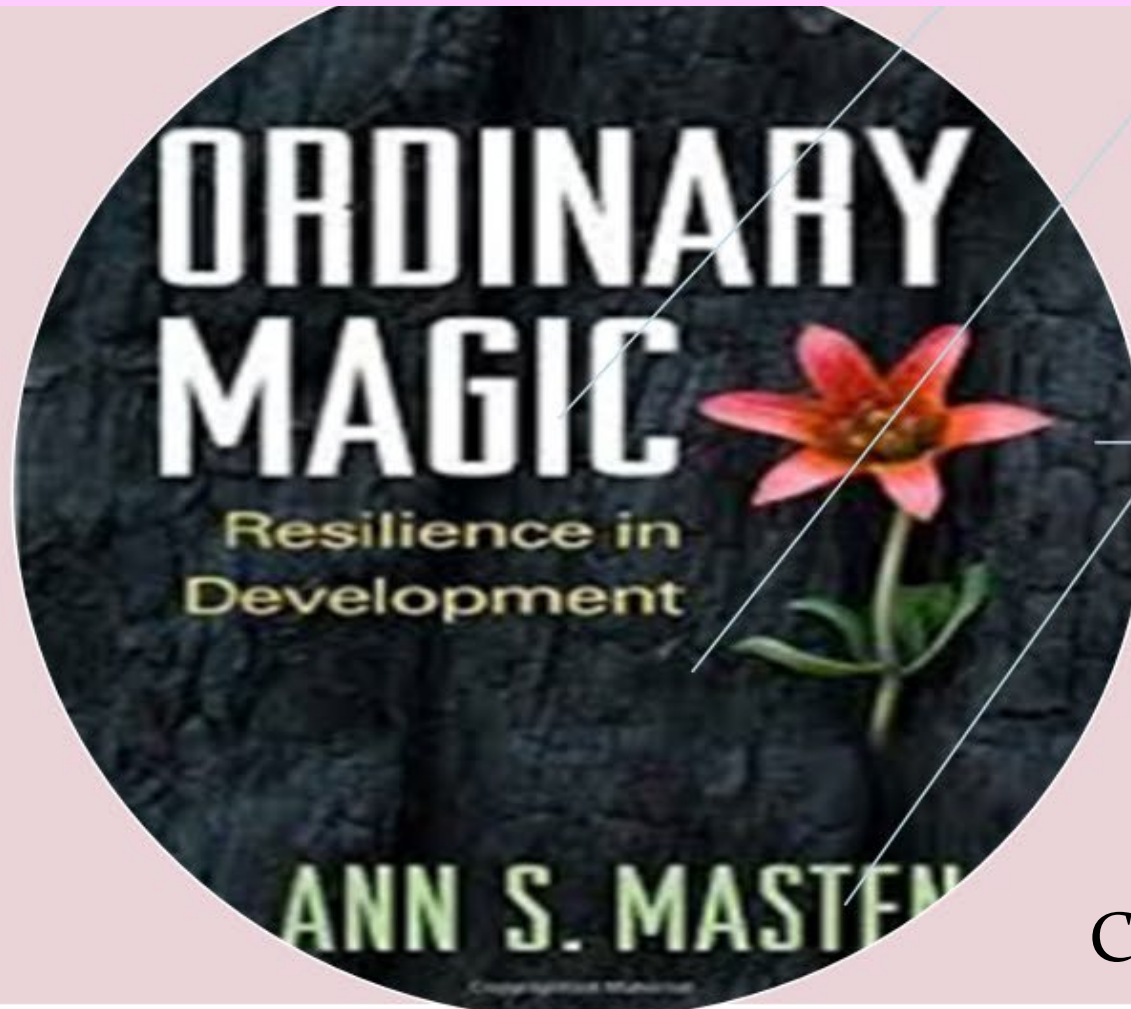
Creating a Culture of Mattering



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Relationships At the Core of Adaptive Systems: (Masten, '14)

Relational Wounding Requires Relational Healing!



Relationships

- Safe, stable, nurturing
- Effective parents and caregivers
- Connections to other competent and caring adults

Child

- Awareness of sensations, feelings, meaning; self soothing
- Problem solving skills; resourceful;
- Positive beliefs about self
- Beliefs that life has meaning; goals
- Spirituality and faith; hope

Community & Environment

- Socioeconomic sufficiency
- Pro-social culture and peers
- Effective teachers/schools
- Safety and trust
- Collective efficacy and capacity for problem solving

C. Bethell 2020

Source: Bethell, C 201

MATTERING AS A COMMUNITY HEALTH PROMOTION AND PREVENTION STRATEGY

Am J Community Psychol (2020) 65:16–34
DOI 10.1002/ajcp.12368

ORIGINAL ARTICLE

Prevent the 4| Mattering at the Intersection of Psychology, Philosophy, and Politics without mattering

Isaac Prilleltensky

Highlights

- Reviews the construct of mattering.
- Discusses mattering in the context of contemporary political debates.
- Relates mattering to existing constructs within community psychology.

- » Prevents devaluation of people
- » Prevents relational disconnection
- » Prevents disengagement
- » Prevents community disintegration

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Curated and conceptualized for policy translation and presentation by C. Bethell with reference to: Mattering at the intersection of psychology, philosophy and politics. Isaac Prilleltensky, March 2020. <https://pubmed.ncbi.nlm.nih.gov/31407358/>

WHY MAKE MATTERING A COMMUNITY VALUE

- » Embracing mattering as a community value leads to feeling valued, respected and recognized because it enables people to exert control over their lives, participate and help others, bring their unique voice to the community and care a livable world!

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WHAT IS A CULTURE OF MATTERING?

A culture of mattering is a WE culture.

WE cultures balance:

1. personal well-being and liberty
2. relational well-being and fraternity
3. community well being and equality

WE cultures distribute mattering equally versus concentrating mattering on those who already have power and privilege

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Collective Traumas and the Development of Leader Values: A Currently Omitted, but Increasingly Urgent, Research Area

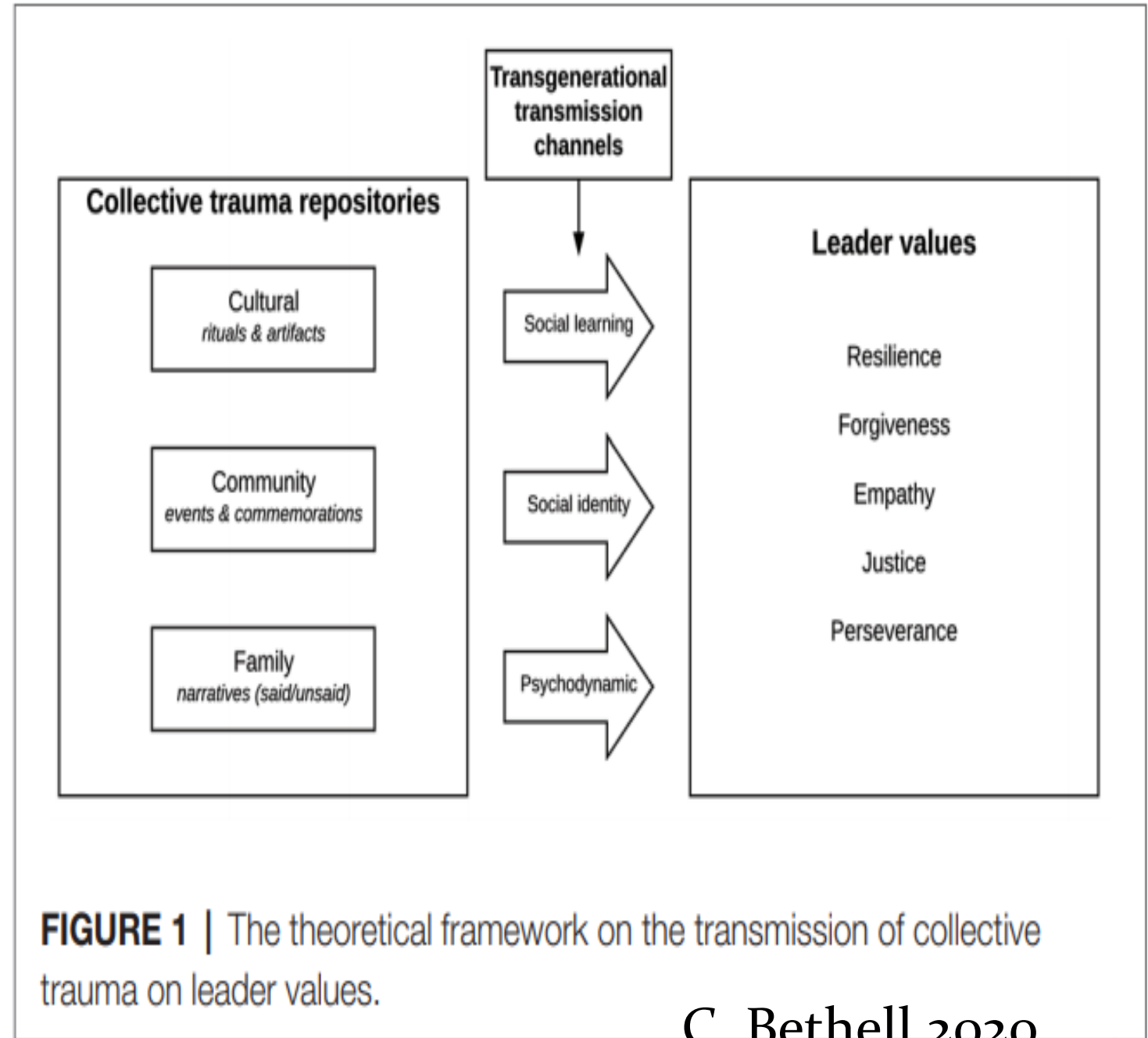


FIGURE 1 | The theoretical framework on the transmission of collective trauma on leader values.

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MATTERING DISTORTED

- » Deflecting – “Get over it and pull yourself up.”
- » Resentment—“I will force you to see and hear me even if it means harming you.”
- » Inequitable distribution—only value those with power

Resolving the crisis of mattering

Key actions and cautionary tales

- » Foster a WE culture
- » Reject the policy use and abuse of mattering
 - ❑ Blame those that feel put down (pull yourself up by yourself)
 - ❑ People who feel put down seek to restore mattering by putting others down
 - ❑ Opportunity hoarding
- » Embrace movements to balance feeling values with adding value to self and community (rights w/responsibilities; well-being with fairness)

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Curated and conceptualized for policy translation and presentation by C. Bethell with reference to: Mattering at the intersection of psychology, philosophy and politics. Isaac Prilleltensky, March 2020. <https://pubmed.ncbi.nlm.nih.gov/31407358/>



What if *social reality* is not what it seems?

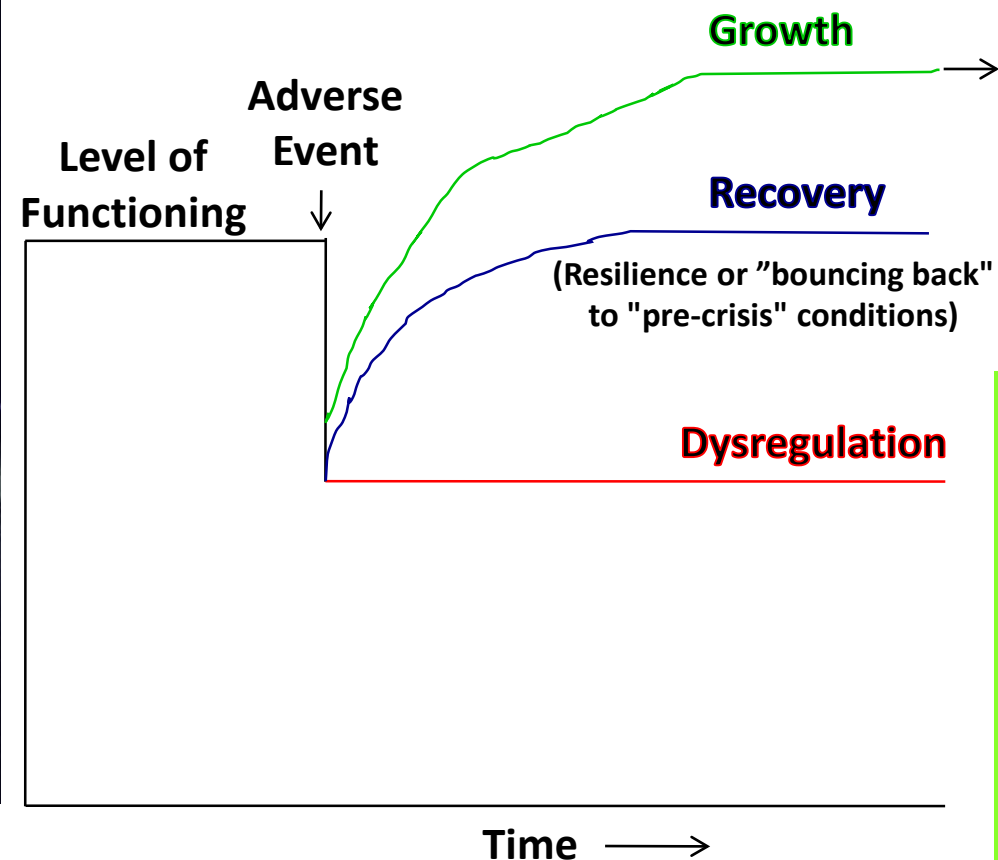
What if we are *underestimating* our collective capacity for social change?

The Choices We Make In the Midst of Adversity Determines Our Path

Source: <https://www.acesconnection.com/blog/webinar-slides-and-recording-transformational-resilience-for-climate-change-traumas-and-toxic-stresses-with-bob-doppelt>



Source: ITRC Robert Doppelt
Adapted from S. Joseph, *What Doesn't Kill Us* (pp. 69)



Transformational Resilience:
moving well beyond previous
levels of functioning while
holding the pain of trauma

Requires a Choice:

Continue to suffer, or use the
experience to honestly
examine and learn
about the world and self

and

find new sources of meaning,
purpose and hope in life

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Poll #1

On a scale of 0-10, with 10 being the highest, how committed is your community to finding ways to grow through the adversities they face and carry?

1. 0-1
2. 2-3
3. 4-5
4. 6-7
5. 8
6. 9-10

Your Being, Their Well Being



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WORD FOR THE DAY

For us to transform as a society, we have to allow ourselves to be transformed as individuals. And for us to be transformed...we have to allow for the incompleteness of any of our truths and a real forgiveness for the complexity of human beings.

angel Kyodo williams

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 CLEAR CHANNEL

EVERYTHING YOU SAY AND DO CREATES AN IMPACT

Every Interaction Creates a Reaction!

*Because
of you*

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ad
CHANNEL



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Development and Validation of a Tool to Measure Patient Assessment of Clinical Compassion

Brian W. Roberts, MD, MSc; Michael B. Roberts, PsyD; Jady Yao, MHA; Joshua Bosire, MS; Anthony Mazzarelli, MD, JD, MBE; Stephen Trzeciak, MD, MPH

Belonging and being seen:

Where “feeling valued”
and “adding value” are the
same thing!

Box. Final Items of the 5-Item Compassion Measure^a

1. How often do you feel your provider^b cares about your emotional or psychological well-being?
2. How often do you feel your provider is interested in you as a whole person?
3. How often do you feel your provider is considerate of your personal needs?
4. How often do you feel your provider is able to gain your trust?
5. How often do you feel your provider shows you care and compassion?

^a Each item response scaled as 1, never; 2, sometimes; 3, usually; 4, always.

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RELATEDNESS ENERGIZES

From Fixing to Connecting

- 40%: emotional exhaustion
- 22%: depersonalization
- 19% low sense of personal accomplishment
- (Maslack Burnout Inventory)

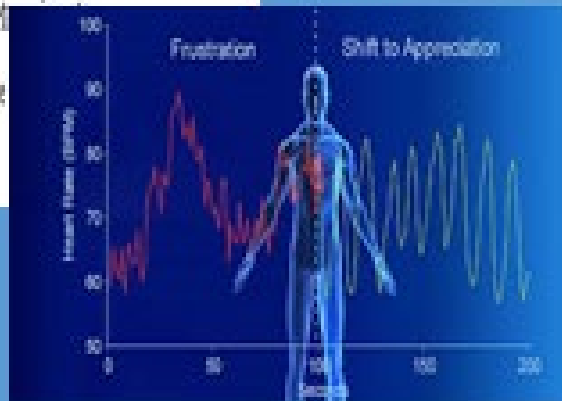
Review / meta-analysis

Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants

Karen O'Connor¹, Deirdre Muller Nelf², Steve

¹Department of Psychiatry, University College Cork, Ireland

²Professor of Psychiatry, Royal College of Surgeons in Ireland, Ireland



O'Connor K, Muller Nelf D, Pieman S. Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. Eur Psychiatry. 2018 Sep;53:74-99.

"We've always heard that burnout crushes compassion. It's probably more likely that those people with low compassion, those are the ones that are predisposed to burnout," Trzeciak said. "That human connection — and specifically a compassionate connection — can actually build resilience and resistance to burnout."

COMPASSIONOMICS

THE REVOLUTIONARY
SCIENTIFIC EVIDENCE
THAT CARING
MAKES A DIFFERENCE



STEPHEN TRZECIAK
ANTHONY MAZZARELLI

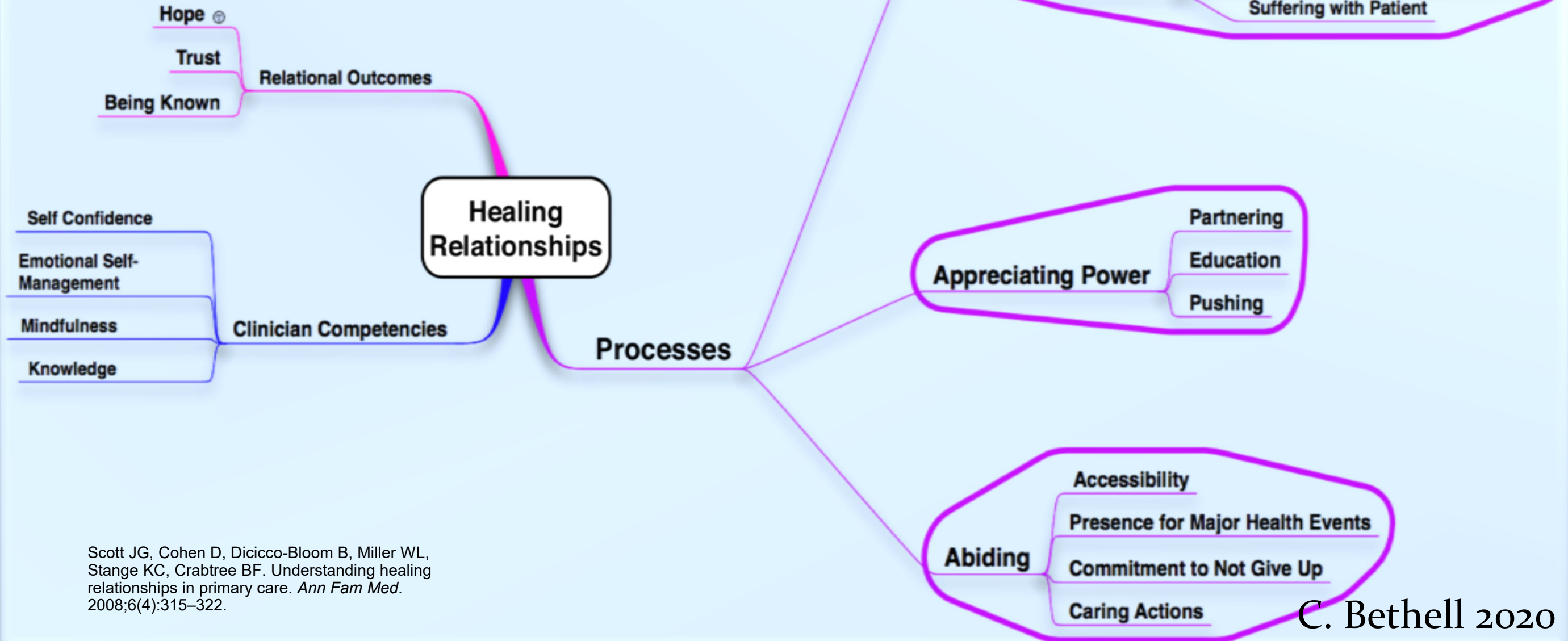
Foreword by STEPHEN GORT DOBNER

Compassionomics (released May 6, 2019)

One study they cite shows that when patients received a message of empathy, kindness and support that lasted just 40 seconds their anxiety was measurably reduced.

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The Theory and Logic of A Healing Relationships Model for Healing Trauma and Fostering a Sense of Belonging and Mattering



Scott JG, Cohen D, Dickey-Bloom B, Miller WL, Stange KC, Crabtree BF. Understanding healing relationships in primary care. *Ann Fam Med*. 2008;6(4):315–322.

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Cultivating Felt Sense of Presence & BioSynchrony

“...oscillatory processes in the interacting individuals’ brains have to become synchronized to one another so that information of any sort can flow between them – *“analogous to a wireless communication system in which two brains are coupled via the transmission of a physical signal (light, sound, pressure or chemical compound) through the shared physical environment”* ([Hasson et al., 2012](#)).

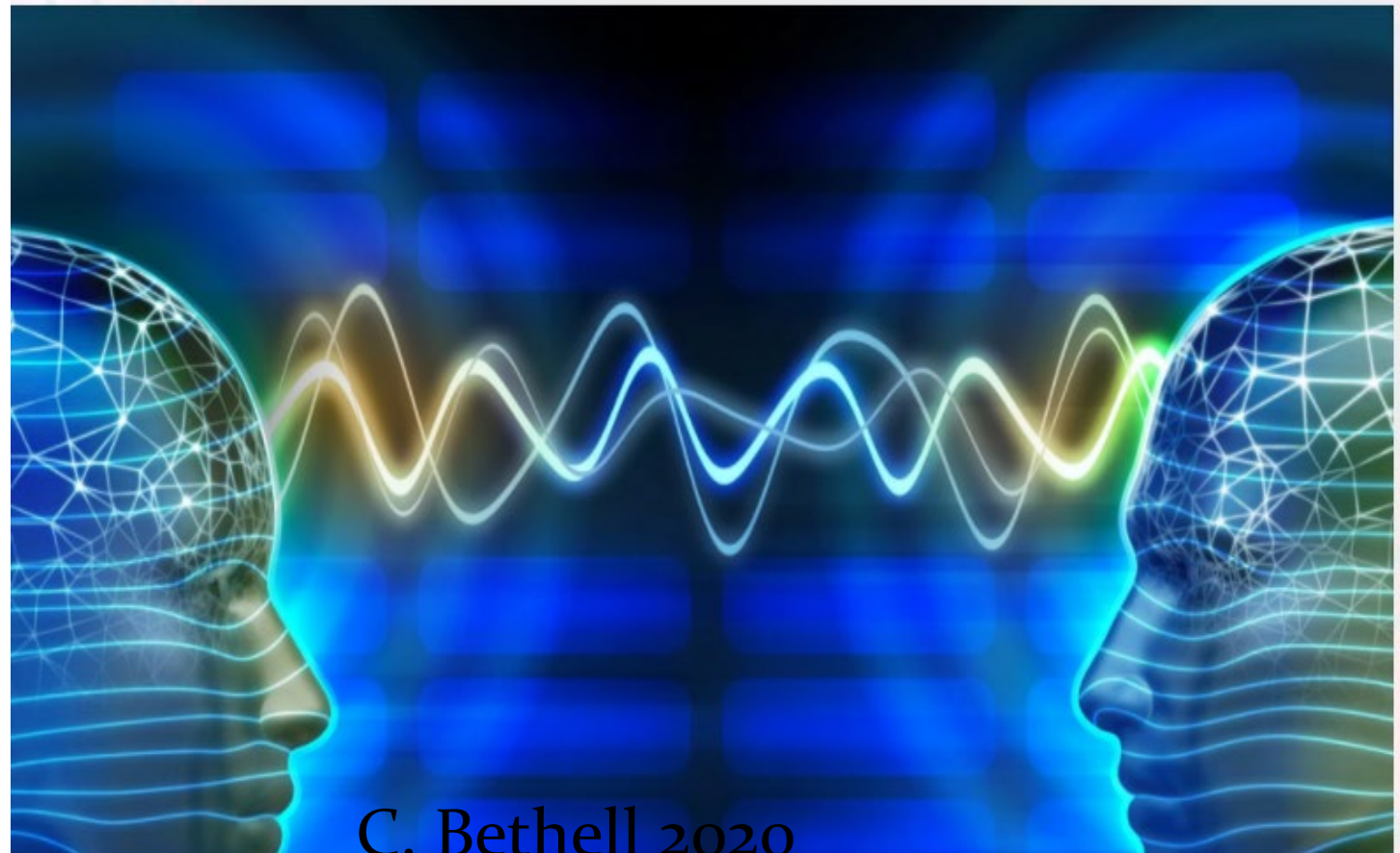
Bio-Behavioral Synchrony during Parent-Child Interaction and its potential Link to Attachment



BY PASCAL VRTICKA

JANUARY 18, 2019

COMMENT 1



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Establishing a Healing Presence and Approach



Addiction doc says: It's not the drugs. It's the ACEs...adverse childhood experiences.

MAY 2, 2017
By Jane Ellen
Stevens
in **ACE STUDY**,
ADVERSE
CHILDHOOD
PERIENCES, **CHILD**
TRAUMA,
COMMUNITY
PREVENTION
PROGRAMS,
SOLUTIONS
338 COMMENTS



He says: Addiction shouldn't be called "addiction". It should be called "ritualized compulsive comfort-seeking".

He says: Ritualized compulsive comfort-seeking (what traditionalists call addiction) is a *normal* response to the adversity experienced in childhood, just like bleeding is a normal response to being stabbed.

He says: The solution to changing the illegal or unhealthy ritualized compulsive comfort-seeking behavior of opioid addiction is to address a person's adverse childhood experiences (ACEs) individually and in group therapy; treat people with respect; provide medication assistance in the form of buprenorphine, an opioid used to treat opioid addiction; and help them find a ritualized compulsive comfort-seeking behavior that won't kill them or put them in jail.

This "he" isn't some hippy-dippy new age dreamer. He is Dr. Daniel Sumrok, director of the Center for Addiction Sciences at the University of Tennessee Health Science Center's College of Medicine. The center is the first to receive the Center of Excellence designation

"Treat people with respect instead of blaming or shaming them. Listen intently to what they have to say. Integrate the healing traditions of the culture in which they live. Use prescription drugs, if necessary. And integrate adverse childhood experiences science: ACEs."

C. Bethell 2020

<https://acestoohigh.com/2017/05/02/addiction-doc-says-stop-chasing-the-drug-focus-on-aces-people-can-recover/>

Mitigating Risk Factors Through Teacher-Child Closeness



Effects of Teacher-Child Closeness

- Cumulative risk index was negatively predictive of all 5 outcomes: inhibitory control, cognitive flexibility, working memory, reading scores, and math scores.
- **Teacher-child closeness positively predicted all 5 outcomes**
- **For all children, scores declined with higher levels of cumulative risk, but teacher-child closeness was effective in moderating the negative association between risk and outcomes.**

Stress and Coping Patterns in Teachers

- Used teachers' self-reported levels of stress and coping to predict teacher practices and student outcomes over time
- Nearly all teachers were characterized with high stress/high coping (66%) OR high stress/low coping (28%)
- High stress/low coping pattern led to higher burnout, lower self-efficacy, higher rates of observed reprimands, and higher student-reported depression
- Low stress/high coping led to lower burnout, greater parent involvement, and higher student prosocial skills
- The results helped better inform efforts to improve teacher well-being and have a positive influence on student learning environments.

Teachers' Profiles of Stress and Coping

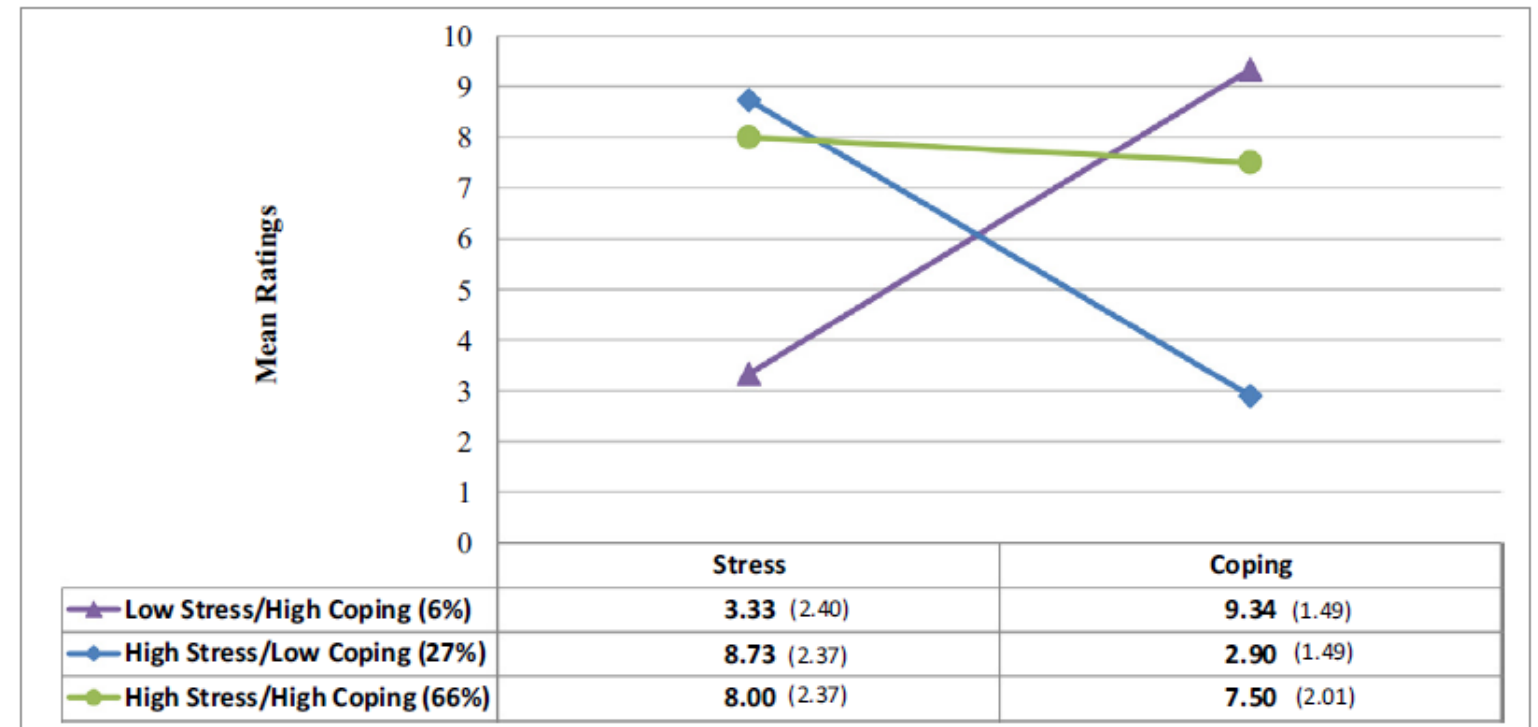


Figure 1. Teachers' profiles of stress and coping with mean scores and standard deviation.

Core Competencies

Attune to your and your client's sense of being and experience at the same time (Being)

Connect, sense and align with the other –"biosynchrony" –titrating to and following the embodied sense of connection (Belonging)

Notice and identify possibilities and strengths and bring these to the pain or challenge ("Finding the Jewel"*)

Run small experiments, discern the impact of new ways of holding difficulty, thinking, responding and foster continuous learning, experimenting, evolving. (Becoming)

*Finding the Jewel is a healing exercise from C. Bethell, 2011)

Poll #2:

How confident do you feel to build and restore mattering among the children, youth and families you serve/work on behalf of? Select the answer you most relate to.

1. I feel confident most of the time
2. I have important areas where I feel confident and other areas where I do not feel confident at all
3. I often lack confidence, but am learning each time
4. I lack confidence and am unsure if I can improve as much as I would like to

RAIN MEDITATION

(FOR RADICAL SELF COMPASSION — TARA BRACH)

R RECOGNIZE
"WHAT IS
HAPPENING"
NOW

THINKING
FEELING
SENSING
'NAMING'

A ALLOW
"LIFE TO BE
JUST AS IT IS"

ACCEPTING
ACKNOWLEDGING
UNDERSTANDING
'YES'

I INVESTIGATE
"WITH A GENTLE
CURIOUS
ATTENTION"

NATURE
OFFERING
EXPERIENCE
'WHERE'

N NURTURE
"WITH LOVING
PRESENCE"

COMPASSION
KINDNESS
LOVE
'SELF CARE'

<https://sunniesmybunnies.wordpress.com/2020/03/29/rain-meditation/>

When it
pours, RAIN!



COMPETENT COMMUNITIES ARE NOT JUST LUCKY



C. Bethell 2020

Alliance

Change in Mind

Applying Neurosciences
to Revitalize
Communities



MARC

Mobilizing action
for resilient communities



RESILIENT
COMMUNITIES
FOR AMERICA

Help Me Grow
National Center

HOME / SOLVING GLOBAL PROBLEMS / 21ST CENTURY CITIES INITIATIVE

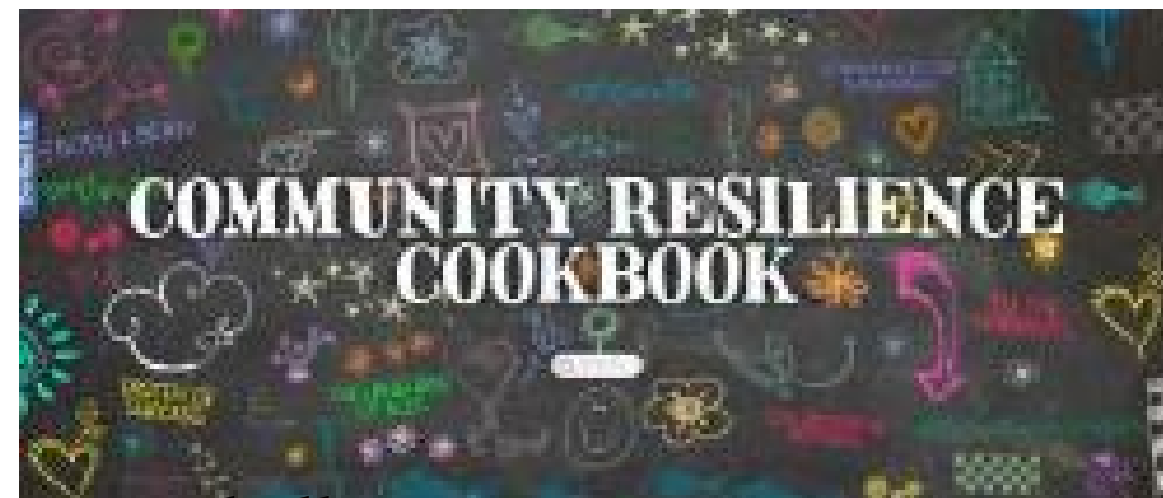
21st Century Cities Initiative



Discovering New Solutions for
Baltimore and the Nation

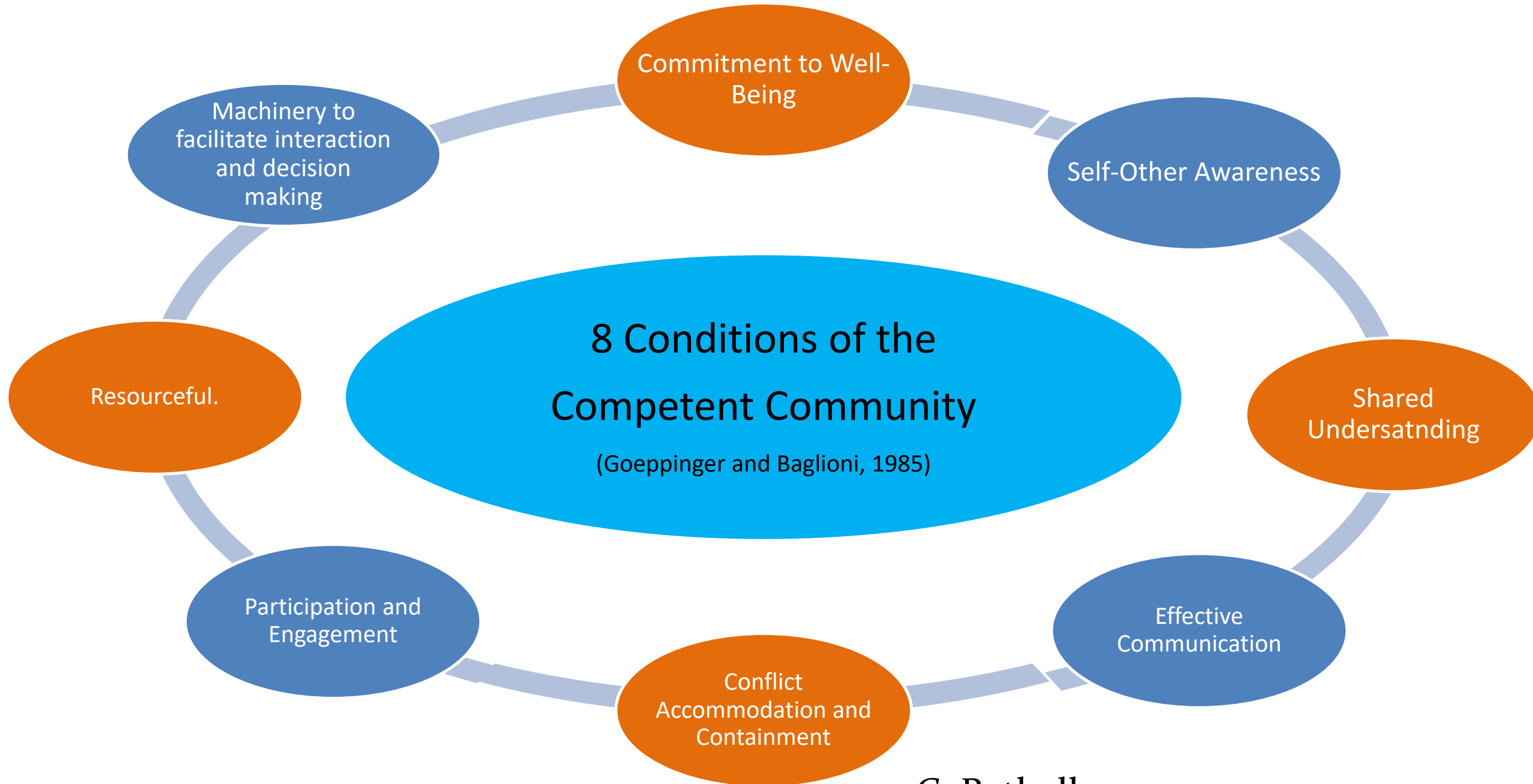
The 21st Century Cities Initiative is a dynamic, new, cross-disciplinary research initiative for urban study and change, focusing first on Baltimore but with the goal of sharing successes with other U.S. and foreign cities as well.

[LEARN MORE](#)



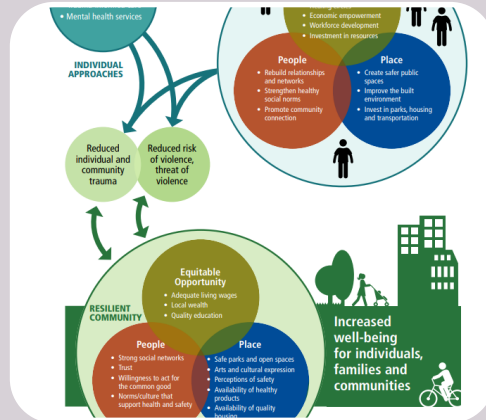
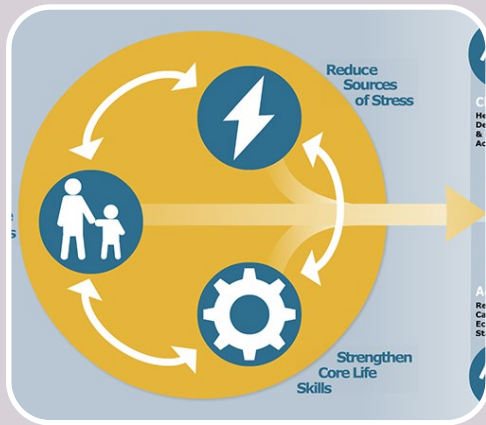
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The Fundamental Engine for Change: The Competent Community (1985)



Roadmap for Creating a Culture of Mattering, Connection and Healing

(Bethell, C. Mattering, Health, Joy and Social Change, 2020)



Collective
Awareness

Collective
Engagement

Collective
Agency

Collaborative
Safe Spaces

Collaborative
Action

Collective Awareness



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Biological Systems Interact With Each Other and the Environment

When external threats trigger the body's stress response, multiple systems spring into action like a team of highly skilled athletes, each with a specialized capability that complements the others. Systems relating to brain activity, heart and lung function, digestion, energy production, and fighting infection are all interconnected and influence each other's development.

The diagram illustrates the stress response as a central hub. At the top, 'Environmental Stressors' (indicated by red lightning bolts) trigger the 'Brain & Autonomic Nervous System' (MANAGE & RESPOND). This system then coordinates the 'Stress Response' (FIGHT OR FLIGHT) in the body. This response involves several interconnected systems: the 'Neuroendocrine System' (MAINTAIN HORMONAL BALANCE), the 'Immune System' (DEFEND AGAINST INFECTION & HEAL INJURY), the 'Heart & Cardiovascular System' (PUMP BLOOD, DISTRIBUTE OXYGEN & GLUCOSE), and the 'Gut & Metabolic System' (TURN FOOD INTO ENERGY).

Bio-Behavioral Synchrony during Parent-Child Interaction and its potential Link to Attachment

BY PASCAL VRTICKA
JANUARY 18, 2019

COMMENT 1

SIGN INNPR SHOPDONATE NOW

NEWSARTS & LIFE MUSICSHOWS & PODCASTSSEARCH

HEALTH NEWS FROM NPR

PUBLIC HEALTH

Positive Childhood Experiences May Buffer Against Health Effects Of Adverse Ones

September 8, 2019 • 1:25 PM ET
Heard on All Things Considered

SELVIA BISHOP-DUFFY

3-Minute Listen

PLAYLIST

Researchers surveyed people about their happy childhood memories and found that those who had more were much less likely to experience depression later in life.
iStock/Getty Images



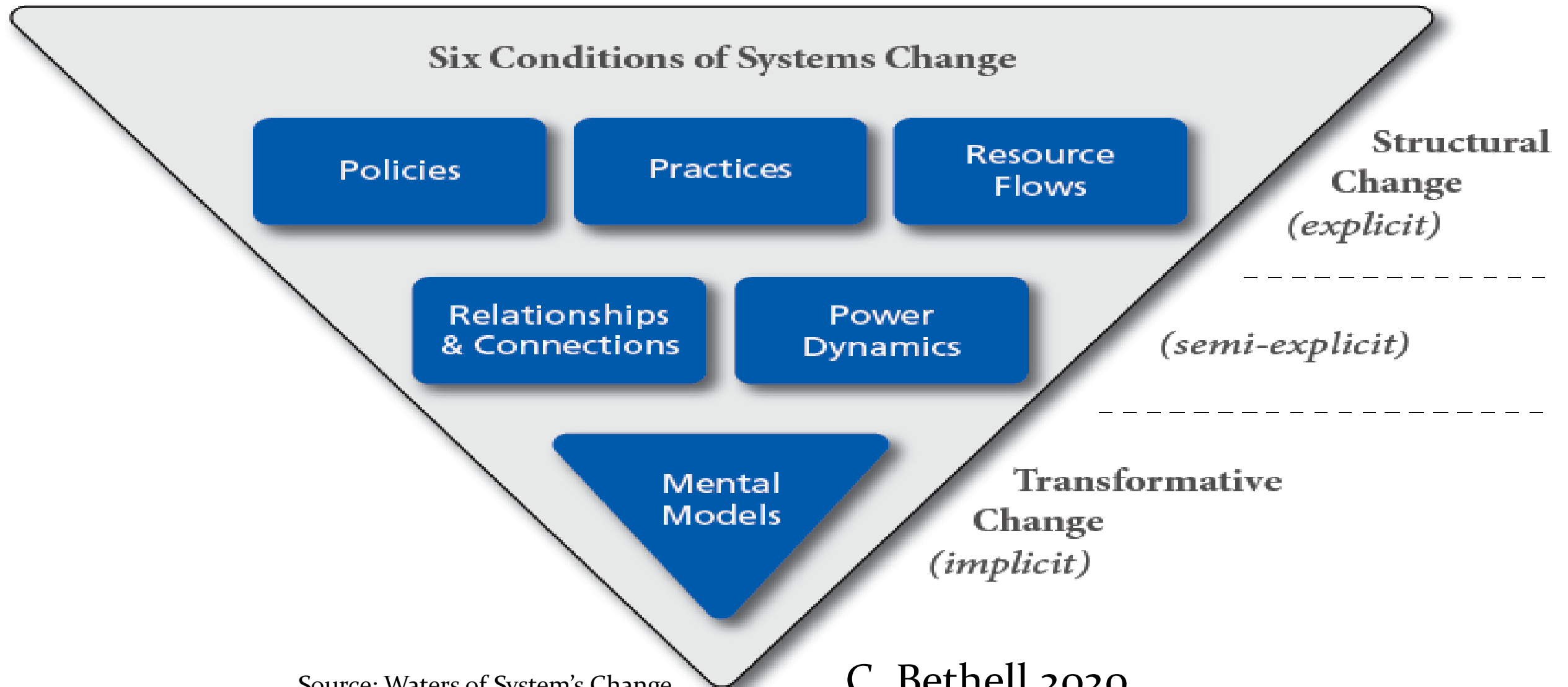
"I'm afraid you've had a paradigm shift."

"Paradigms are the sources of systems. From them, from shared social agreements about the nature of reality, come system goals and information flows, feedbacks, stocks, flows and everything else about systems."

(Meadows 1999)

A fish is swimming along one day when another fish comes up and says “Hey, how’s the water?”
The first fish stares back blankly at the second fish and then says “What’s water?”

FIGURE 1. SHIFTING THE CONDITIONS THAT HOLD THE PROBLEM IN PLACE

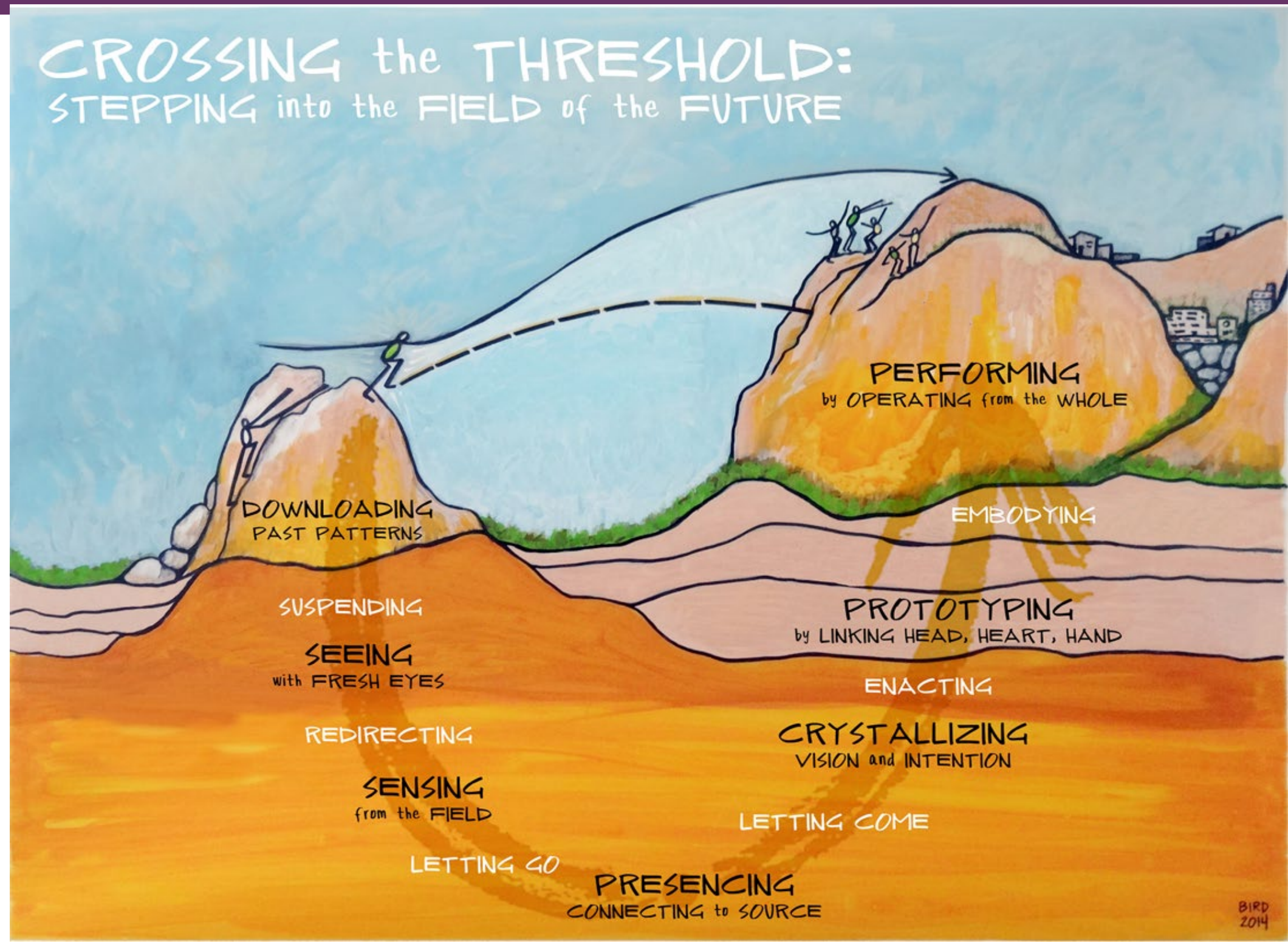


Source: Waters of System's Change

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Collective Engagement _Theory U Model Collective presencing, purposing and healing

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BUILDING MATTERING THROUGH COMMUNITY ENGAGEMENT

A person can not add value without
VOICE and VISIBILITY

Giving VOICE and VISIBILITY to people who carry
trauma or have been oppressed requires
reconciliation, healing and skill

C. Bethell 2020

Cultivating capacity
for deliberate,
transformational
resilience requires
“through any door”
awareness of world
views, attitudes,
beliefs, perceived
agency and
purposeful
intentions for healing
and change

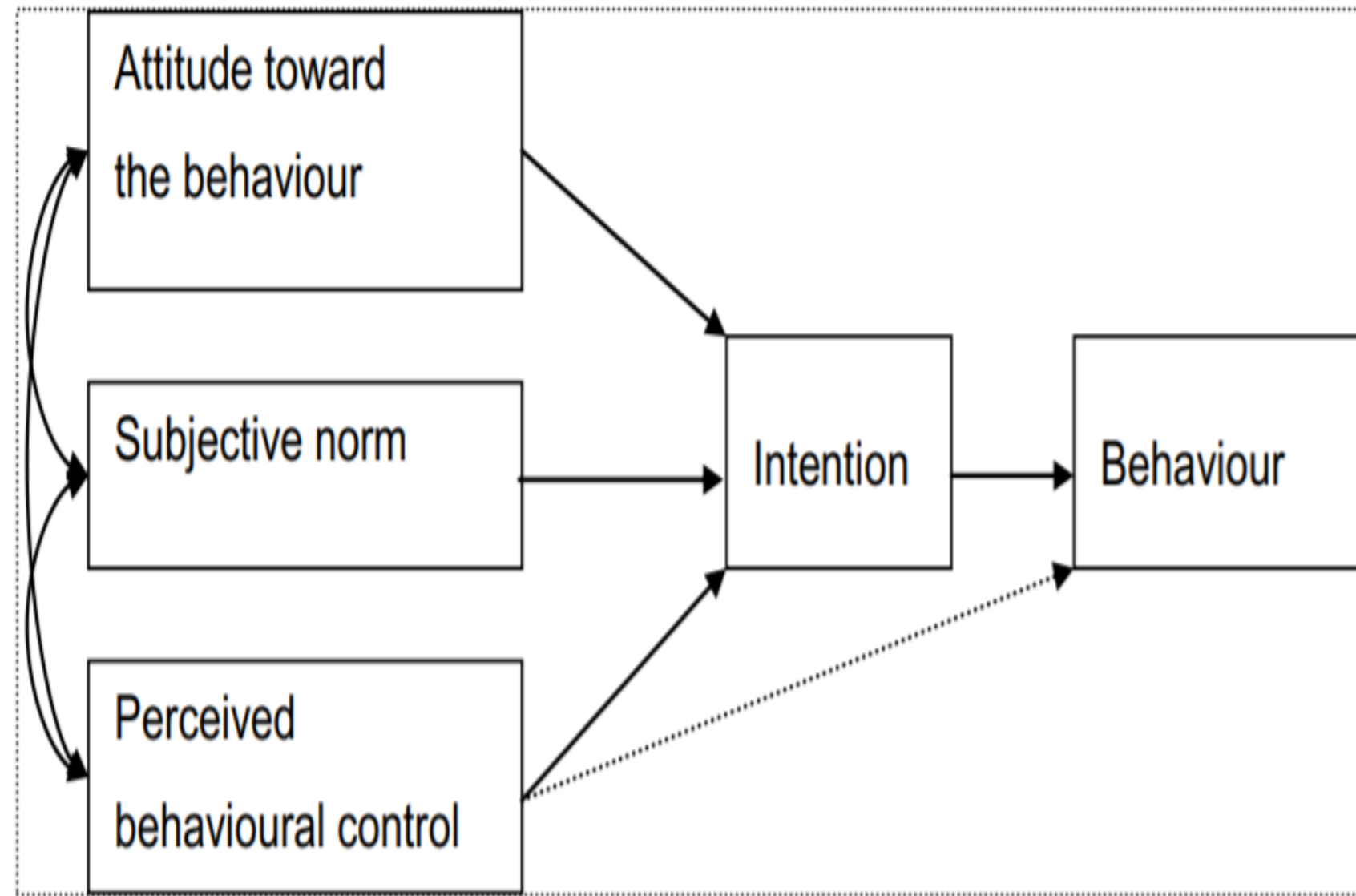
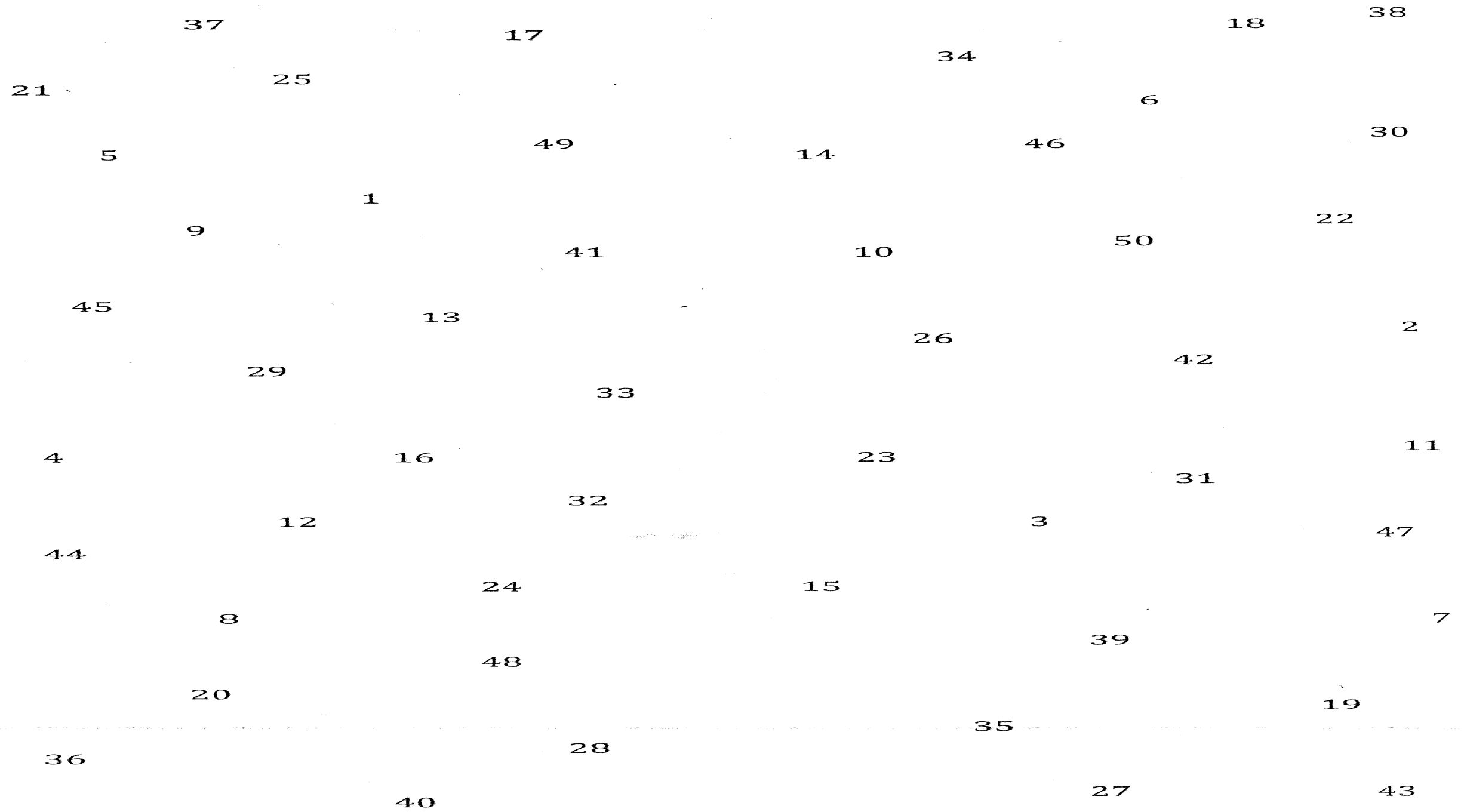
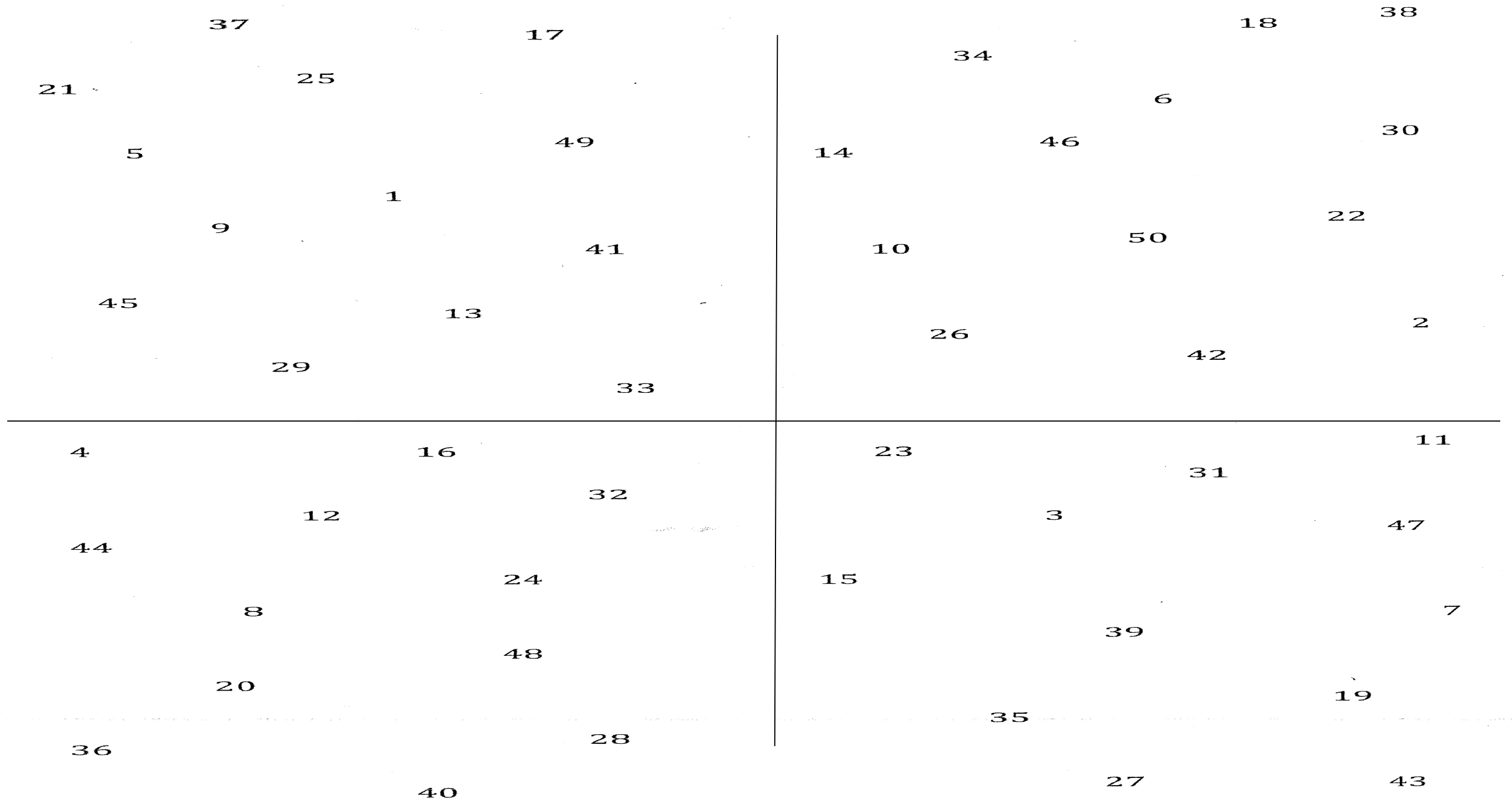


Figure 1 A framework of the theory of planned behaviour [17]; see also [63].



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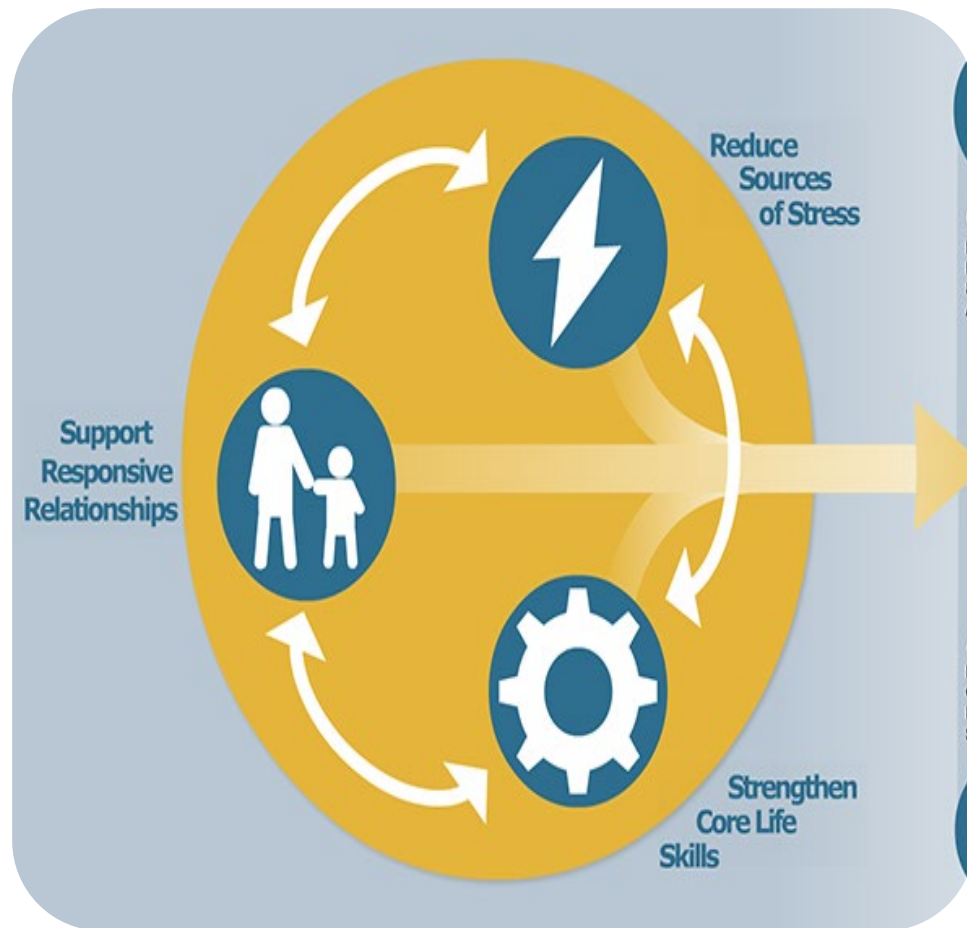
Source: Bethell, C 2016



C. Bethell 2020

Source: Bethell, C 2016

Collective Agency



STRATEGIC LEARNING

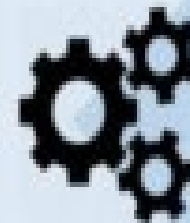
The extent to which efforts uncover insights key to future progress.



1. Learning about what we are doing
2. Learning about how we are thinking
3. Learning about how we are being

SYSTEMS CHANGE

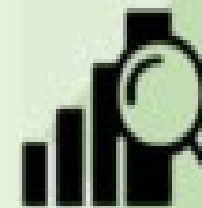
The extent to which efforts change the systems underlying complex issues.



1. Changes in drivers of system behaviors
2. Changes in behaviors of system actors
3. Changes in overall system behavior(s)

MISSION OUTCOMES

The extent to which our efforts help to make lives better.



1. Outcomes for individuals
2. Outcomes for targeted geography/groups
3. Outcomes for populations

Community Resiliency Model® Family Resiliency Program Toolbox



The Community Resiliency Model (CRM)® Family Resiliency Program skills are designed to help you return to a calmer, more resilient space when you are upset so that you can listen and talk to your child from the best part of yourself.

The model will help you identify whether or not you and your child are in the High Zone, Low Zone or the “OK” Zone, and provide you with a set of six skills to help restore a sense of balance and wellbeing in the body and mind.



Learning to read signals in your body when in different zones can help you understand the different ways humans respond to stressful situations. Most importantly, it can help you begin to create different, healthier responses to stress. The first task is to learn the skills for your own self-care. Then you can teach the skills to your children.

This booklet will provide scripts to help you teach the skills to your children, as it is good to have a common language. The scripts will give you simple ways in which to share all six skills of the Community Resiliency Model (CRM)® Family Resiliency Program (CFRP).

We will learn:

1. The Zones
2. Common survival responses
3. Tracking or reading the nervous system
4. How to develop resources
5. How to ground
6. The Help Now! strategies to Reset Now!
7. How to pay attention to calming gestures
8. How to Shift and Stay to get back to our OK Zone/Resilient Zone

Parent Toolbox & Activities | Community Resiliency Model® Family Resiliency Program (CFRP)

\$25.00

ADD TO CART

It is TRI's desire to make our wellness skills and accompanying products accessible to caregivers in order to enhance resiliency during these challenging times.

Price includes access to one PDF file that includes two products: The Community Resiliency Model Family Resiliency Program Toolbox and the Community Resiliency Model Parent and Child Activities.

If you are unable to afford to pay the discounted price, please contact Claire Bridge, cbridge@communitytri.com.

[f FACEBOOK](#) [t TWITTER](#) [p PINTEREST](#)

Activate Windows
Go to Settings to activate Windows.

Teaching core competencies among parents, teachers, youth –like a growth mindset.

Policy makers can catalyze restoration of core competencies and healing by curating and making training and resources widely available for all schools as well as across all government services, etc.

<https://transformingeducation.org/resources/growth-mindset-toolkit/>

<https://www.innerdrive.co.uk/how-to-develop-a-growth-mindset/#:~:text=There%20is%20no%20set%20way,Encouraging%20a%20sense%20of%20curiosity>

Growth Mindset

Stories and Science

by @Inner_Drive
www.innerdrive.co.uk



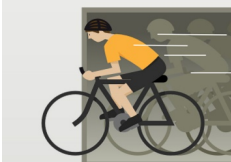
Overcome setbacks

Larry Page co-founded Google but initially he struggled to convince others of its value. How did he cope with early setbacks? By “having a healthy disregard for the impossible”.



Masters call it practice

Thierry Henry scored 228 goals for Arsenal and is regarded as one of their best ever players. But he didn't score for his first eight games. His Twitter bio gives an insight into his mindset: “Amateurs call it genius. Masters call it practice.”



Raise your expectations

In round one of a study, people were asked to cycle 4,000m as fast as they could. In round two, the same cyclists managed a much faster time. Why? In round two, the cyclists thought they had raced against their first ride, but really they had raced against a faster competitor.



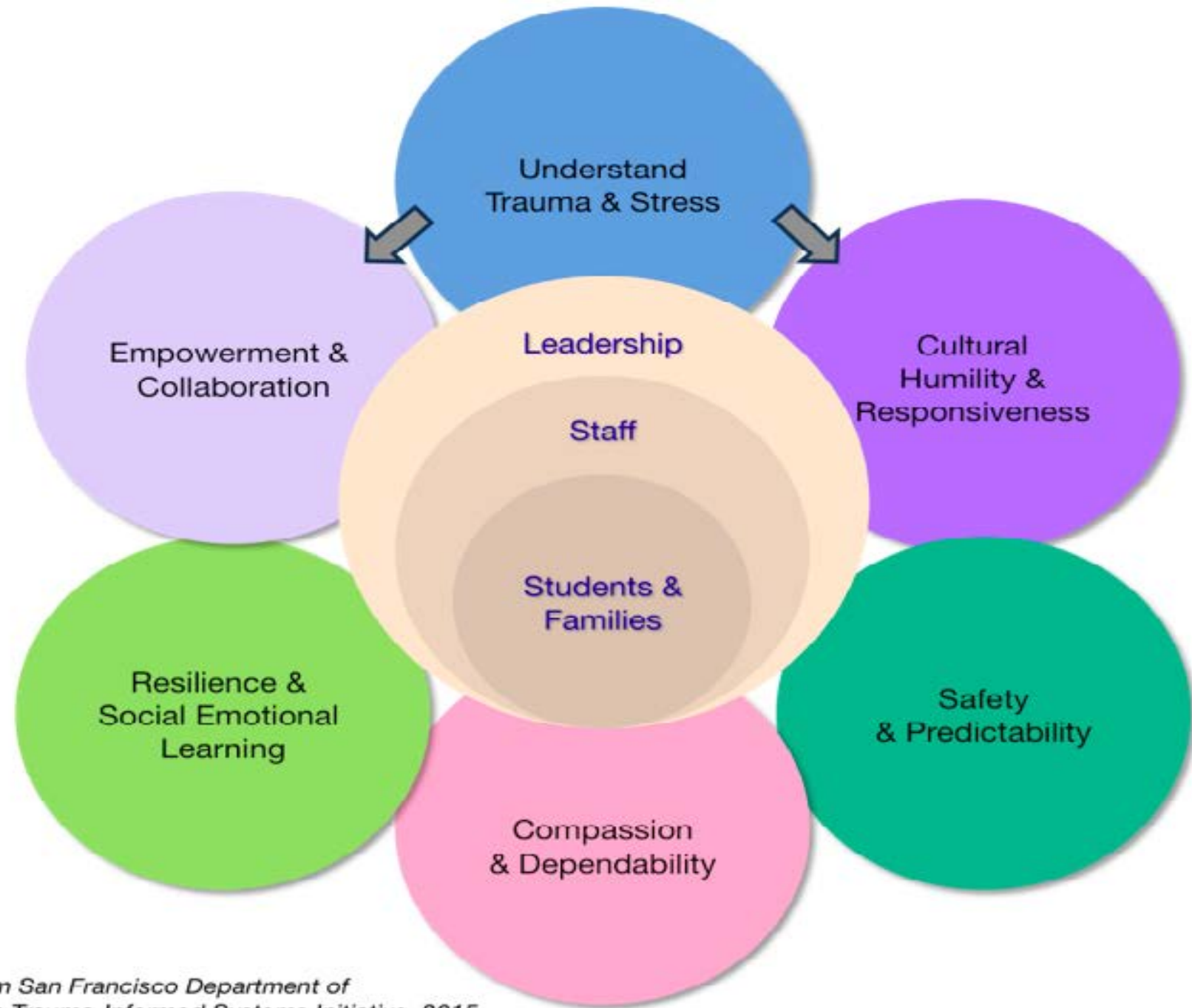
Success takes time

Research has shown that it takes, on average, about 750 competitive chess matches for a pro player to reach their peak in chess rankings. There are no quick fixes. It takes many years of practice to get as good as you can be.

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UCSF HEARTS: Healthy Environments and Response to Trauma in Schools

Partnering with school communities
to promote healing, social justice,
and school success



*Modified from San Francisco Department of
Public Health Trauma-Informed Systems Initiative, 2015*



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Creating Brave Spaces

1. Co-initiating: uncover common intent

stop and listen to others and to
what this calls you to do

VOJ

2. Co-sensing: observe, observe, observe

go to the places of most potential and
listen with your mind and heart wide open

VOF

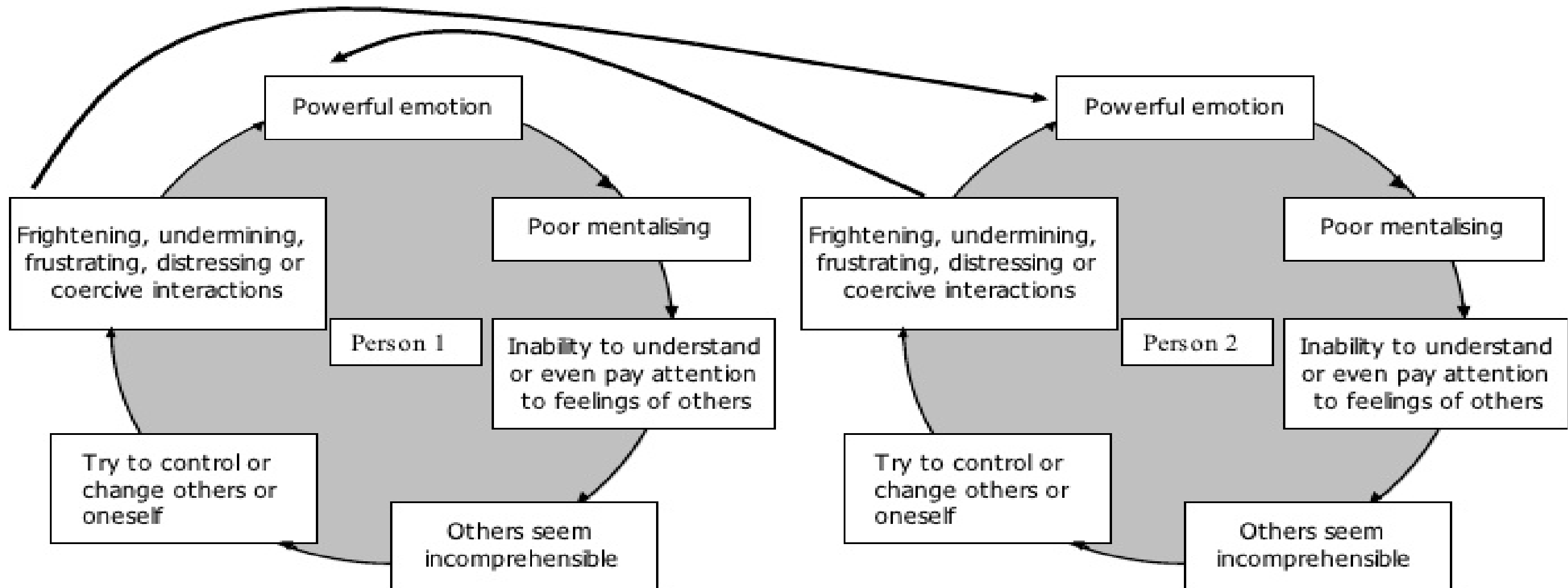
3. Presencing: connect to the source of inspiration and will

go to the place of silence and allow
the inner knowing to emerge

5. Co-evolving: embody the new in
ecosystems that facilitate seeing and
acting from the whole

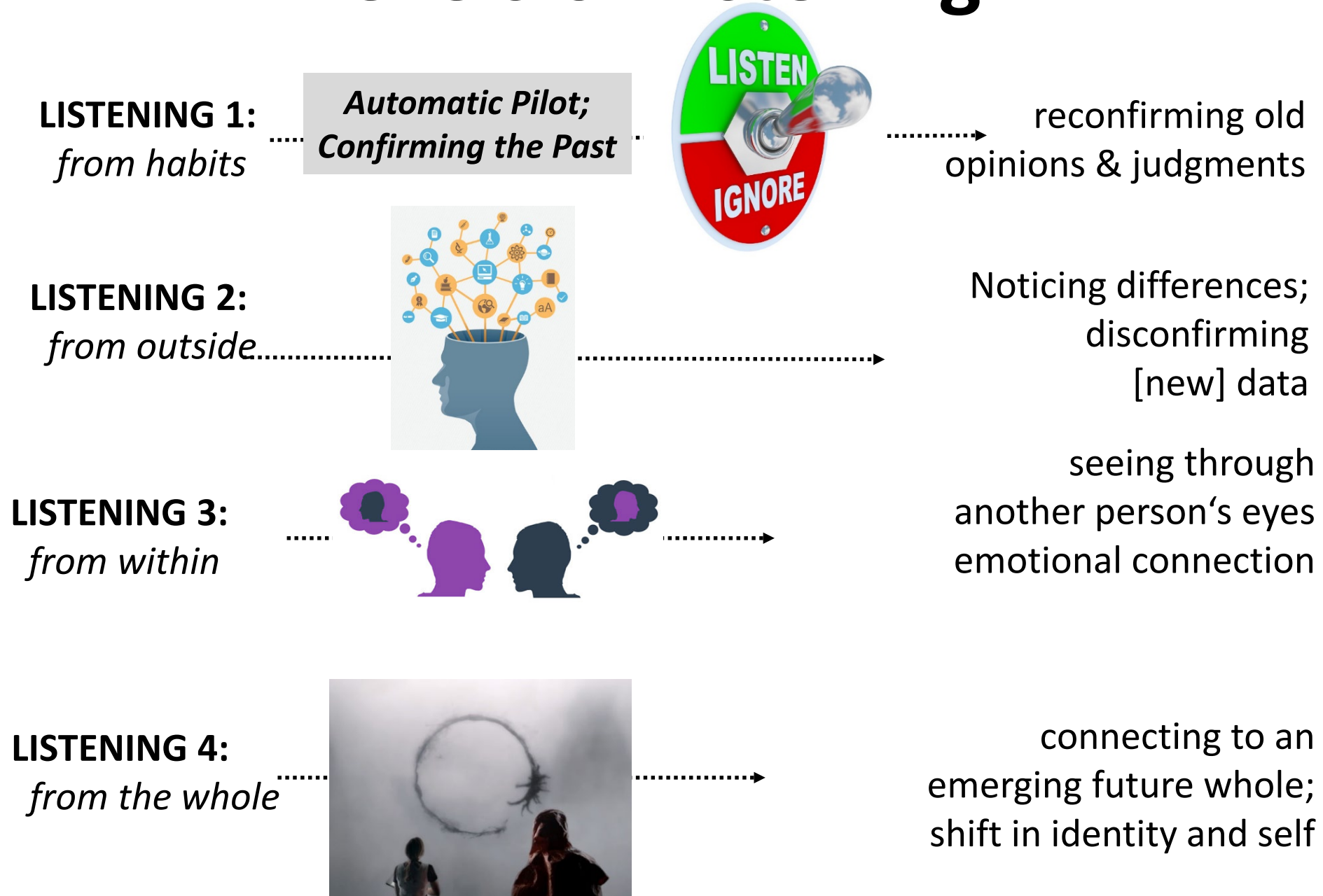
4. Co-creating: prototype the new
in living examples to explore the
future by doing

Vicious Cycles Within a Dysfunctional Social System As It Struggles to Heal and Co-Create



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Levels of Listening



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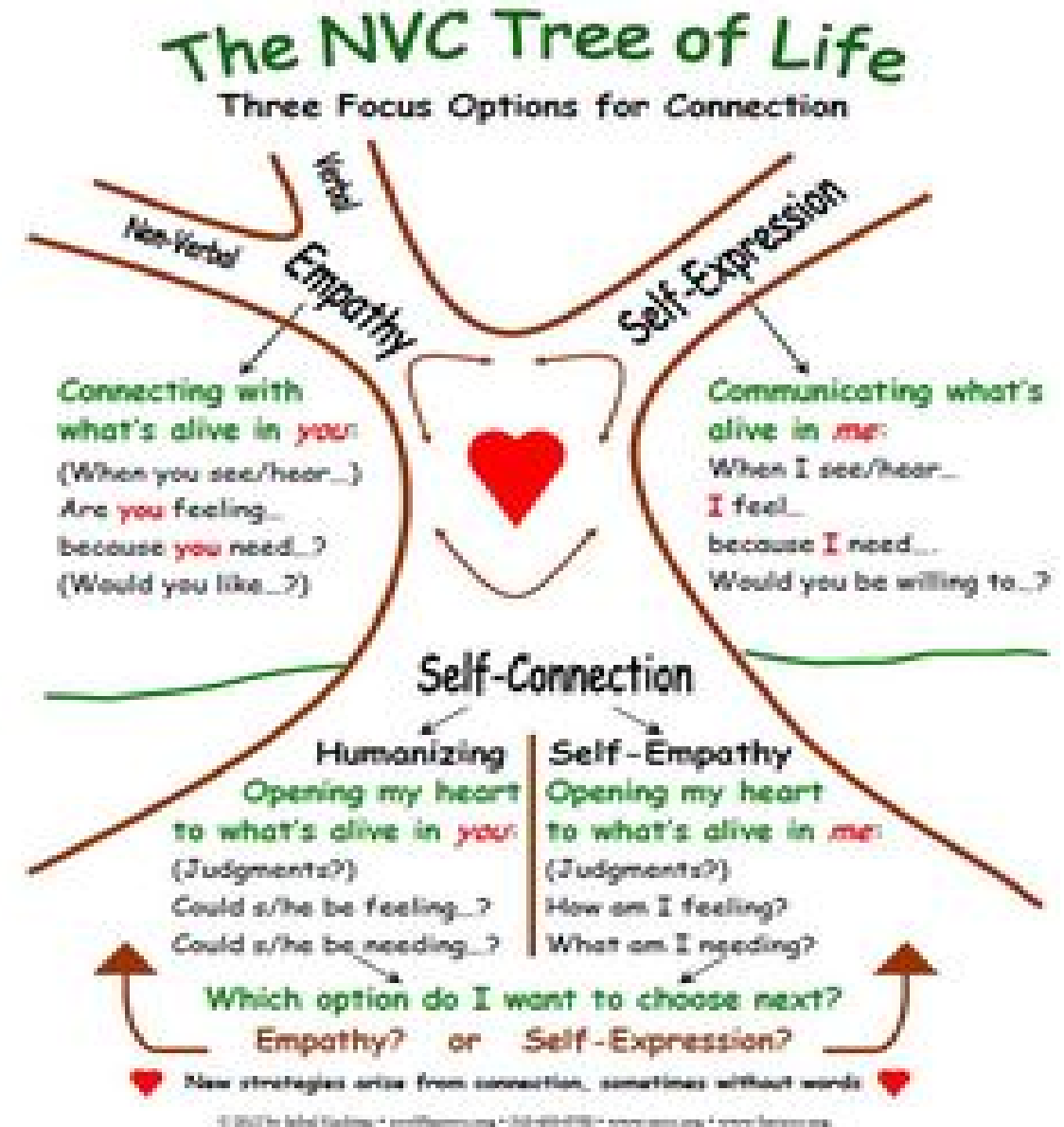
Ending the Gridlock! Back to the vulnerability, courage and authenticity thing!

“We need to receive empathy to give empathy.” Marshal Rosenberg

Non-Violent Communication

“A process that teaches people how to go inward, observe a situation, identify their feelings about the situation, see what their underlying needs are and then give a specific and concrete request to the other party as to how they could meet that need.”

<https://innerpeaceouterjoy.com/nonviolent-communication-learn-to-communicate-from-the-heart/>



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<https://www.pinterest.com/yourresonantself/nonviolent-communication/>



Dr. Sandra Bloom announces...

CREATING PRESENCE

A Systematic Organizational Trauma Certification

As one of the world's foremost leaders in trauma-informed care and organizational certification, Dr. Sandra Bloom has compiled her trauma research, knowledge, publications and experience to create this comprehensive model. She and her long-time associate and seasoned organizational consultant Sarah Yanosy have co-developed this new approach.

The PRESENCE model has been designed to support the multi-faceted roles that staff within organizations play in working with individuals who are impacted by trauma.

All training and consultation are online for ease of use by staff. Once an organization has contracted with PRESENCE, it will establish its own Enactment Team that will be coached by PRESENCE staff to implement each aspect of the PRESENCE model and prepare for certification. This process will take approximately 18 months depending on the size and scope of the organization.

Introductory Track

This first track is a prerequisite for all other tracks offered in three different options:

- Full organization with coaching
- Full organization without coaching – now with an introductory

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VIDEOS

VIDEO: COLLECTIVE WITNESSING FOR DEEP HEALING

By pocketproject | July 26, 2020



<https://pocketproject.org/videos/video-collective-witnessing-for-deep-healing/>

ARTICLES

ARTICLE: COLLECTIVE TRAUMA – HARVARD LONGWOOD CAMPUS WORKSHOPS EXPLORE TRAUMA, RESILIENCE

By pocketproject | June 17, 2020

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Collaborative Action



Self Healing Communities Model



Commissioned by the Robert Wood Johnson Foundation

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FROM TINKERING TO TRANSFORMATION

Our systems are designed to get the exact results they get. Culture and systems change are fundamental to improving child flourishing

SUMMARY FROM NATIONAL AGENDA AND FIELD BUILDING COLLABORATION

Prioritizing Possibilities for Child and Family Health: An Agenda to Address Adverse Childhood Experiences and Foster the Social and Emotional Roots of Well-being in Pediatrics

Christina D. Bethell, PhD, MBA, MPH; Michele R. Solloway, PhD, MPA; Stephanie Guinosso, PhD, MPH; Sandra Hassink, MD, FAAP; Aditi Srivastav, MPH; David Ford, BA; Lisa A. Simms, MB, BCh, MPH, FAAP

From the Child and Adolescent School-Based Health Alliance Pediatric Weight Management Academy Health (Ms Srivastav). The authors have no conflicts of interest. Address correspondence to Christina D. Bethell, MD, St. Rm E-4152, Baltimore, MD.

ABSTRACT

OBJECTIVE: A convergence of possibilities to advance child and family well-being by addressing (ACEs), promoting resilience, and the social and emotional roots of lifelong health. In this report, we outline a structured, multi-

ACADEMIC PEDIATRICS

The Official Journal of the Academic Pediatric Association



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VOLUME 17
NUMBER 75

Child Well-being and Adverse Childhood Experiences in the US

Guest Editors: Michele R. Solloway, PhD, MPA; Stephanie Guinosso, PhD, MPH; Aditi Srivastav, MPH; Lisa A. Simms, MB, BCh, MPH, FAAP

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Child Well-being and Adverse Childhood Experiences in the United States Christina D. Bethell, et al

COMMENTARIES
Promoting Lifelong Health and Well-being: Stepping the Course to Promote Health and Prevent the Effects of Adverse Childhood and Community Experiences Marilee Davis, et al
Aligning Community Capacity, Networks, and Solutions to Address Adverse Childhood Experiences and Increase Resilience Margaret S. Hargrave, et al
The Community and Public Well-being Model: A New Framework and Graduate Curriculum for Addressing Adverse Childhood Experiences David E. Ford
Redesigning the Patient Encounter Sandra D. Hassink
Prevent, Screen, Heal: Collective Action to Fight the Toxic Effects of Early Life Adversity Nadine Burke Harris, et al
ACEs Implications for Nurses, Nursing Education, and Nursing Practice Shirley Grosz, et al
Lessons From ACEs: Pay Now or Pay (More) Later Katherine E. Grimes
"Nothing About Us Without Us" Melissa Clark Wilson, Nina Wells
Culture Matters: Direct Service Programs Cannot Solve Widespread, Complex, Intergenerational Social Problems, Culture Change Can Lower Barriers, et al
Translating Brain Science Research into Community-Level Change Jennifer Jones, et al
How Social Journalism Accelerates the ACEs Movement Jane Stevens
Mitigating Adverse Childhood Experiences Through Investments in Early Childhood Programs Katherine A. Beckmann
ACEs and State Maternal Child Health Programs Bradley Ploner
ACEs in the Criminal Justice System James G. Gorman
ACEs and Child Health Policy: The Evolving Case for EPSDT Sara Rosenbaum

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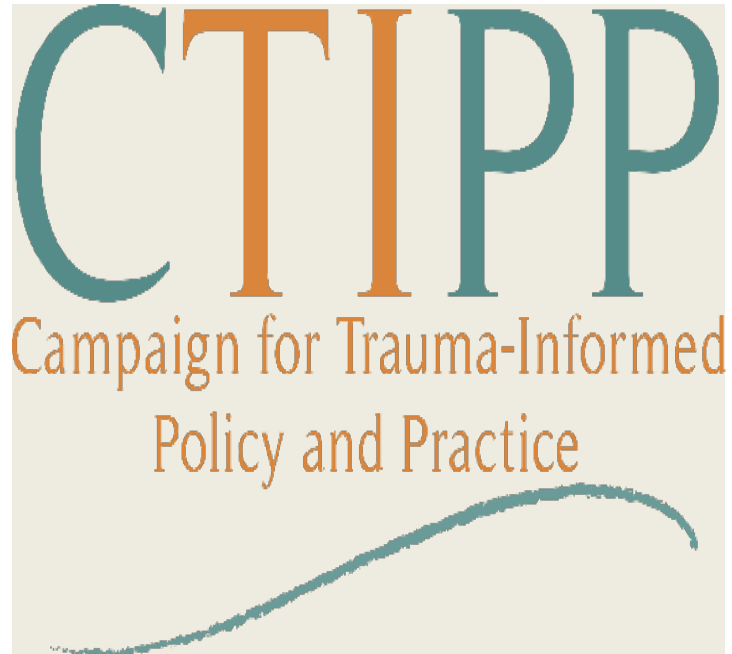
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Methods to Assess Adverse Childhood Experiences of Children and Families: Toward Approaches to Promote Child Well-being in Policy and Practice Christina D. Bethell, et al
Income Inequality and the Differential Effect of Adverse Childhood Experiences in US Children Neal Halloran, et al
Responding to ACEs With HOPE: Health Outcomes From Positive Experiences Robert D. Segal, Charlyn Harper Browne
A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model Wendy R. Ellis, William M. Drape


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Best Practices in Relational Skills Training for Medical Trainees and Providers: An Essential Element of Addressing Adverse Childhood Experiences and Promoting Resilience Ben Hagan, Horacio M. Delisier
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IMPLICATIONS FOR POLICY
Addressing Adverse Childhood Experiences Through the Affordable Care Act: Promising Advances and Missed Opportunities Aditi Srivastav, et al
Fostering Mechanisms for Building Resilience and Enhancing Resilience Through Implementation of Primary Prevention Sarah M. Stevenson, David L. Shew
Evolving a More Nurturing Society to Prevent Adverse Childhood Experiences Anthony Biglan, et al

Online at www.academicpediatrics.org





AcademyHealth

Payment for Progress: Investing to Catalyze Child and Family Well-Being Using Personalized and Integrated Strategies to Address Social and Emotional Determinants of Health

A report on strategic priorities emerging from the "Payment transformation to address social and emotional determinants of health for children" project. Prepared for the Children's Hospital Association by the Child and Adolescent Health Measurement Initiative, Johns Hopkins University, and AcademyHealth.

Christina Bethell, PhD, MBA, MPH; Susan Kennedy, MPP, MSW; Enrique Martinez-Vidal, MPP; Lisa Simpson, MD, BCh, MPH, FAAP

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National Agenda Priorities to Address ACEs and Promote Child and Family Well-Being

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1

Educate about and translate the science of human development, flourishing, resilience, & ACEs

2

Cultivate the conditions for cross-sector collaboration to incentivize shared action and address structural inequalities

3

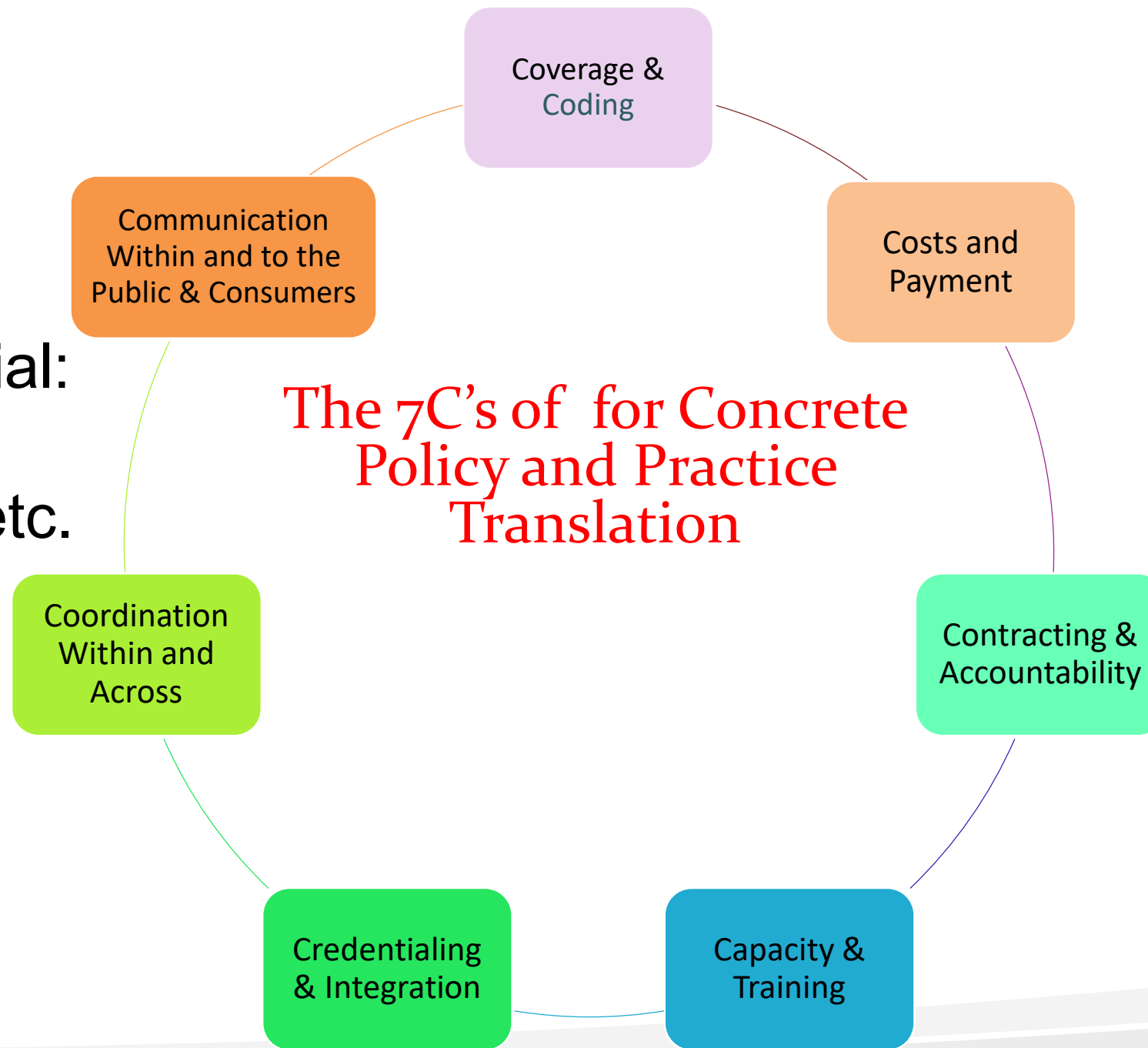
Fuel “launch and learn” research, innovation, and implementation efforts (change funding, evaluation metrics and methods)

4

Restore and reward for safe and nurturing relationships and self-, family-, and community-led prevention and healing



Shifting “micro”
policies is essential:
Regulations,
Funding, Rules, etc.



Prop 64

Recommendations for Healing-Centered and Trauma-Informed Approaches to Promote Individual, Family and Community Resilience (April 2019)



Relationship- and Engagement-centered Assessment, Interventions, and Healing

Training and Capacity Building

Cross-Sector Collaboration

Learning-Centered Innovation Measurement and Evaluation

Prioritize relationships and community engagement as central to any effort

Recruit and retain staff who reflect, and are known to, the communities they serve

Implement relationship- and engagement-centered trauma screening and assessment practices

Implement evidence-based, promising, and/or community-driven practices

Provide training and ongoing coaching and/or consultation to state departmental employees

Require that funded entities receive training and ongoing coaching and/or consultation

Support and fund the development and retention of a community-based, healing-centered and trauma-informed workforce

Fund local entities in communities harmed by the war on drugs, and support them to meet state requirements

Establish a state-level clearinghouse

Conduct an interdepartmental assessment to review how healing-centered and trauma-informed approaches are being used for substance abuse services

Establish a plan to increase use of these approaches across sectors

Require that funded entities collaborate with community members on programs, services, and identification of redundant or missing resources

Support data collection and monitoring of county-/local-level indicators and measures

Fund communication platforms and materials

Fund the development of an inquiry and evaluation model

Support funded local entities to access, learn, and improve on their healing-centered and trauma-informed approaches using the inquiry and evaluation model

Fund learning cohorts to develop, evaluate and share innovative healing approaches



Training and Capacity Building Resources:

On Becoming Healing-Centered and Trauma-Informed

BACKGROUND

In 2018–2019, the Child and Adolescent Health Measurement Initiative (CAHMI), in partnership with the California Campaign to Counter Childhood Adversity (4CA) and with support from The California Endowment, convened a multidisciplinary Advisory Committee to advance healing-centered and trauma-informed approaches in the administration of certain marijuana tax funds through California's Proposition 64. Leveraging a framework



Learning-Centered Innovation, Measurement and Evaluation:

Tools for Applying a Healing-Centered and
Trauma-Informed Lens

BACKGROUND

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Relationship- and Engagement-Centered Healing:

Resources for Applying a Healing-Centered and
Trauma-Informed Lens

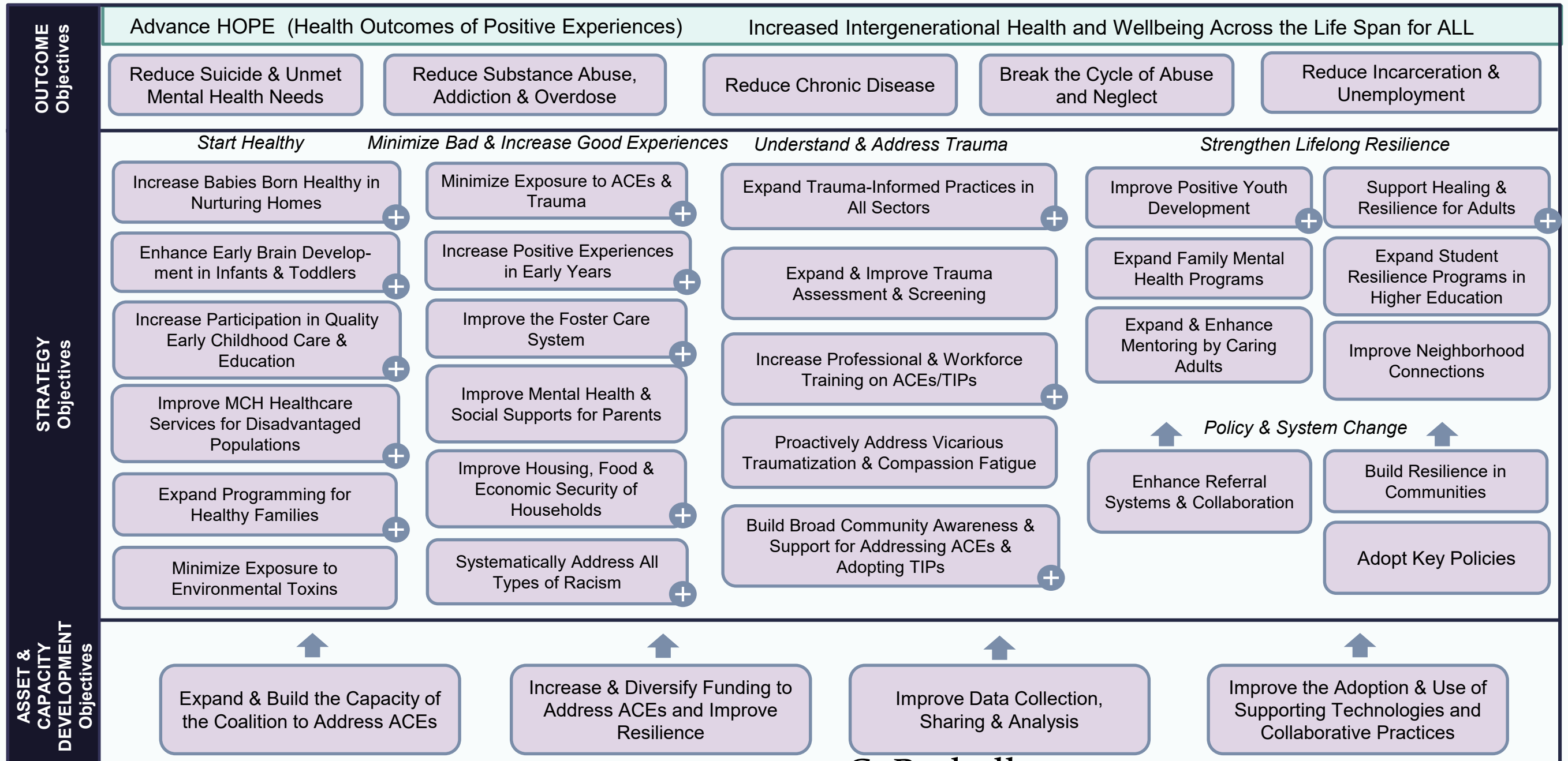
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www.prop64roadmap.org

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ACEs and Resilience Strategy Map



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The path forward may sometimes be unclear. And it may be messy. But the shared heart is calling, and we have an opportunity to make lasting shifts toward love and justice in our world.

Kristi Nelson
Executive Director,
Gratefulness.org



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We Are the Medicine

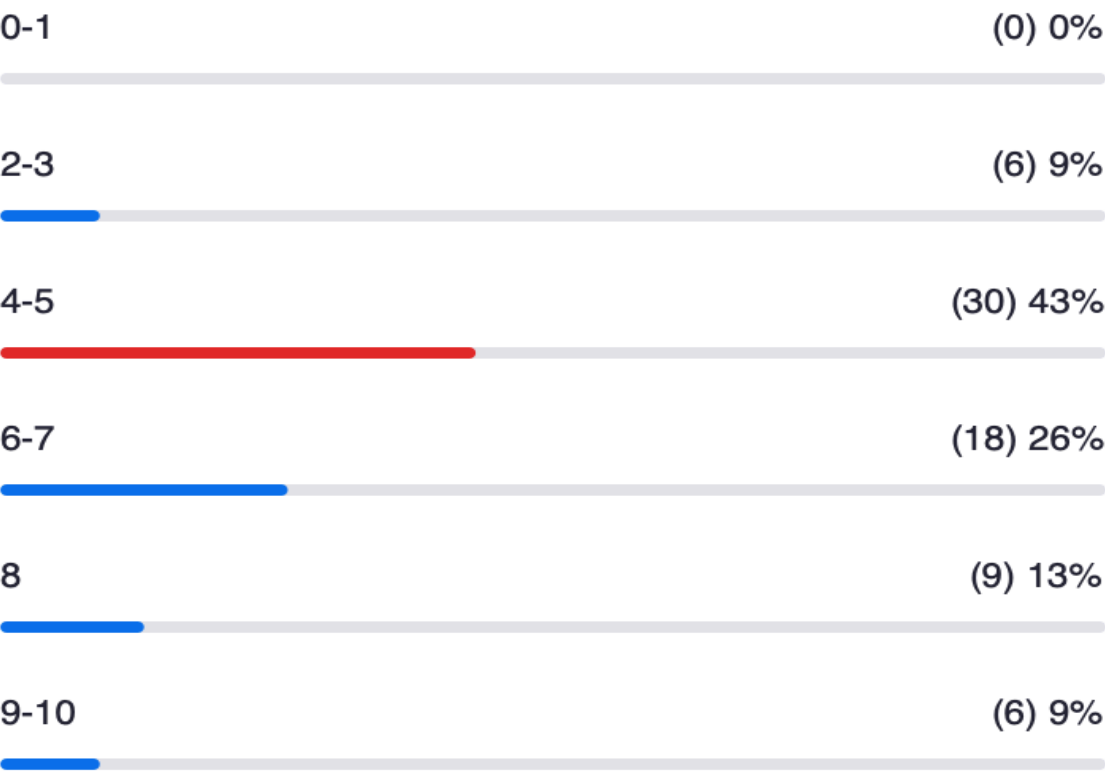


**Healing is Upon Us!
(and within and between us!)**

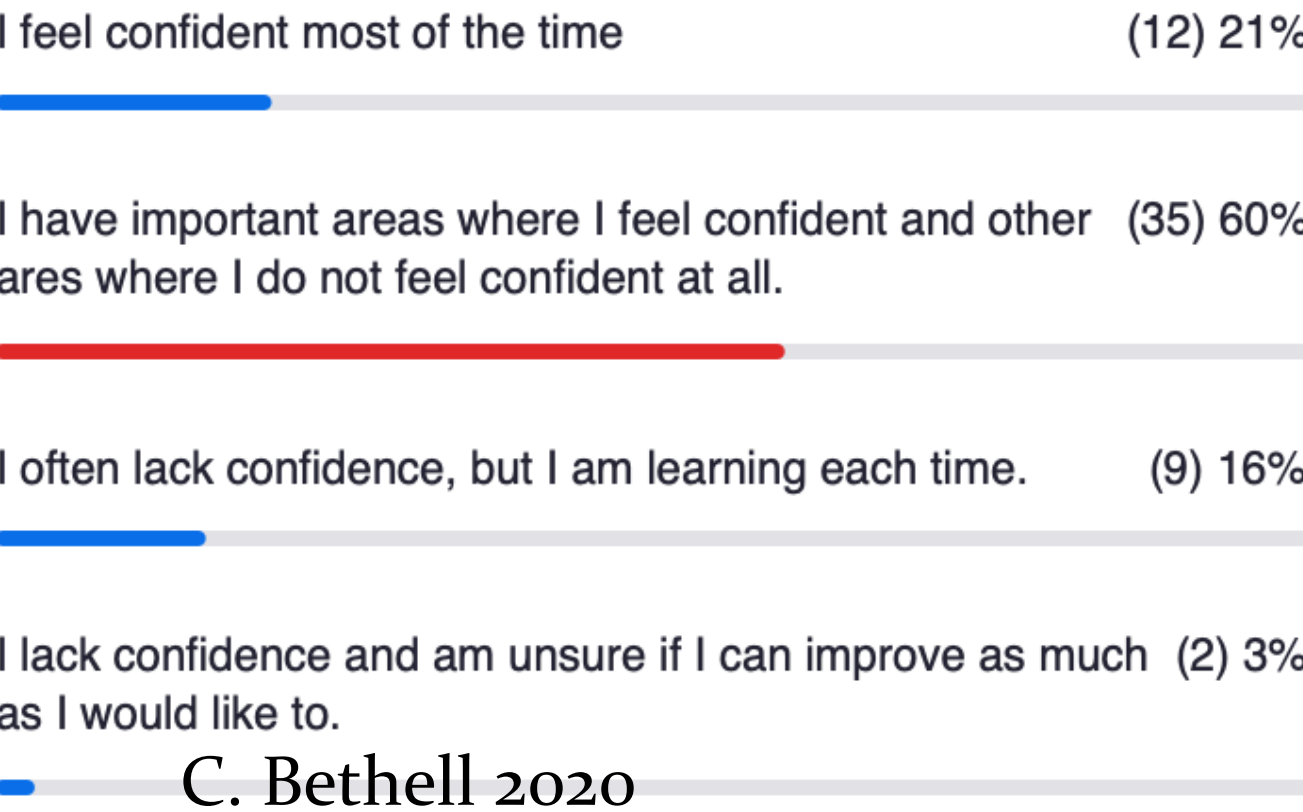
Finding the Jewel --sharing

Areas of confidence and aspiration -sharing

1. On a scale of 0-10, with 10 being the highest, how committed is your community to findings ways to grow through the adversities they face and carry?



1. How confident do you feel to build and restore mattering among the children, youth and families you serve/work on behalf of? Select the answer you most relate to.



Breakout Dialogue

Envisioning a Culture of Mattering

- Take a walk or drive through your community.
- Do your normal errands in the community.
- Go to work and do what you do professionally.
- Participate in a community resilience council meeting?
- Imagine you wake up in the morning and suddenly everything is as you would like it to be?

WHAT DO YOU SEE?

Question 1: What do you see, notice, experience, do differently when there is culture of mattering?

Question 2: What do you envision doing differently or more of to contribute to this?

Question 3: What do you need to do this? From others, yourself, organizations, policy makers, the community.

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Breakout Dialogue

Harvesting possibilities for short term action!

What is working now to promote a culture of mattering in your personal life, area of work, community or organization?

What more can be done?

What is needed to promote the possible? Be specific as possible.

Prompt:

Imagine you are writing a letter to a leader with the power to make policy changes (Governor, Senator, President, CEO, Commissioner...).

Or, imagine you are writing a proposal to a funder who wants to give you all the support you ask for.

What do you say and ask for?

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