



Bouncing Back and Rising StrongTM

Presented by:

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Magellan Training Site



Self-Care Alert!

- Step out and take a break
- Talk to someone you trust
- Do something relaxing



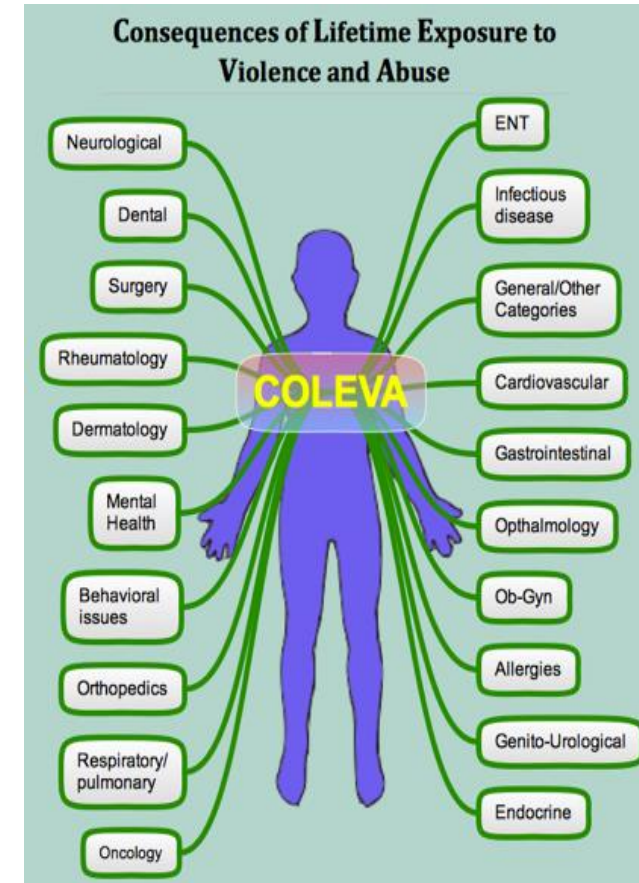
ACEs Primer

<https://vimeo.com/139998006>



Consequences of a Lifetime Exposure to Violence and Abuse

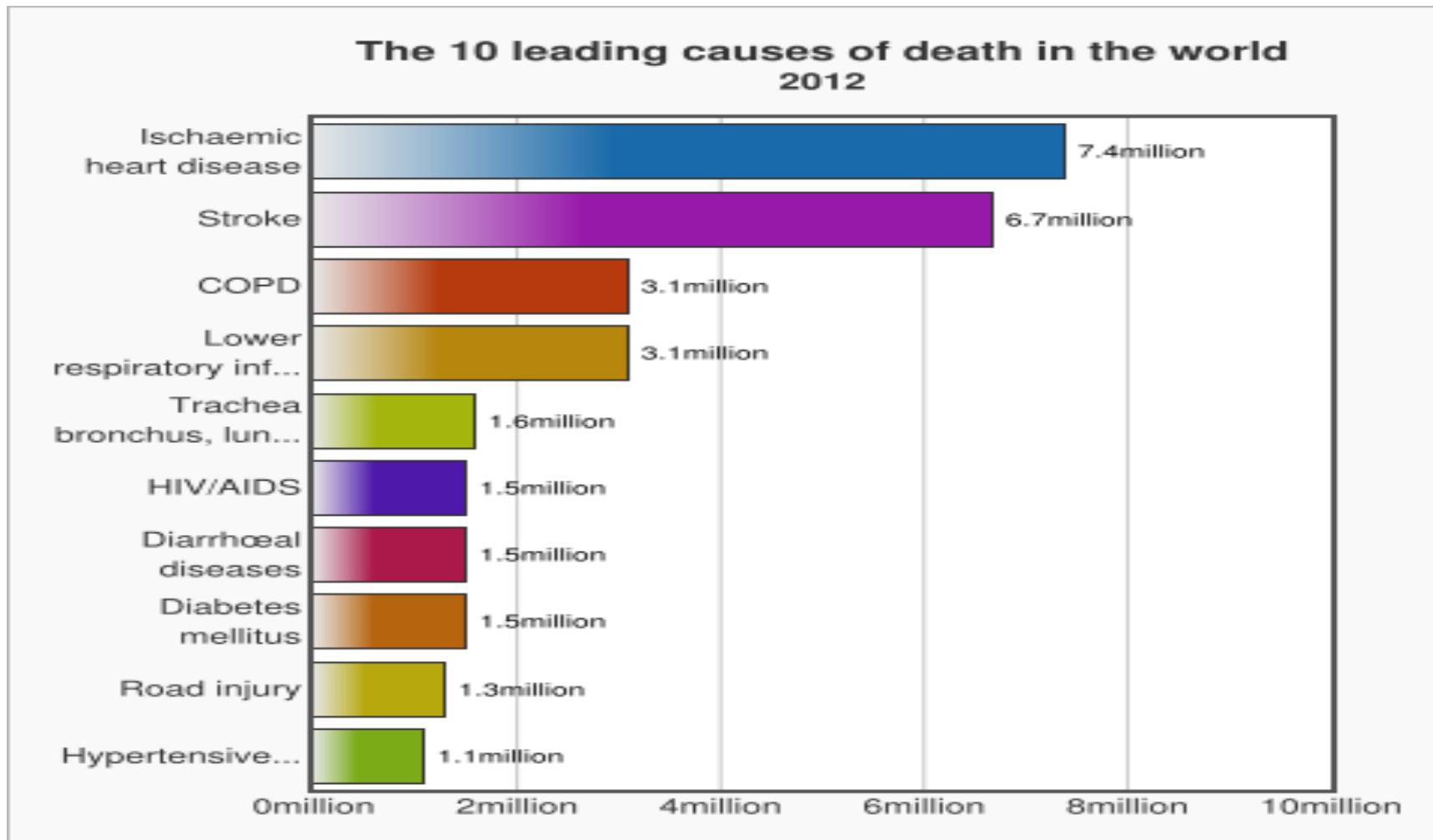
- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy



Shift from an ACE Score of 0 to 4 Population Health

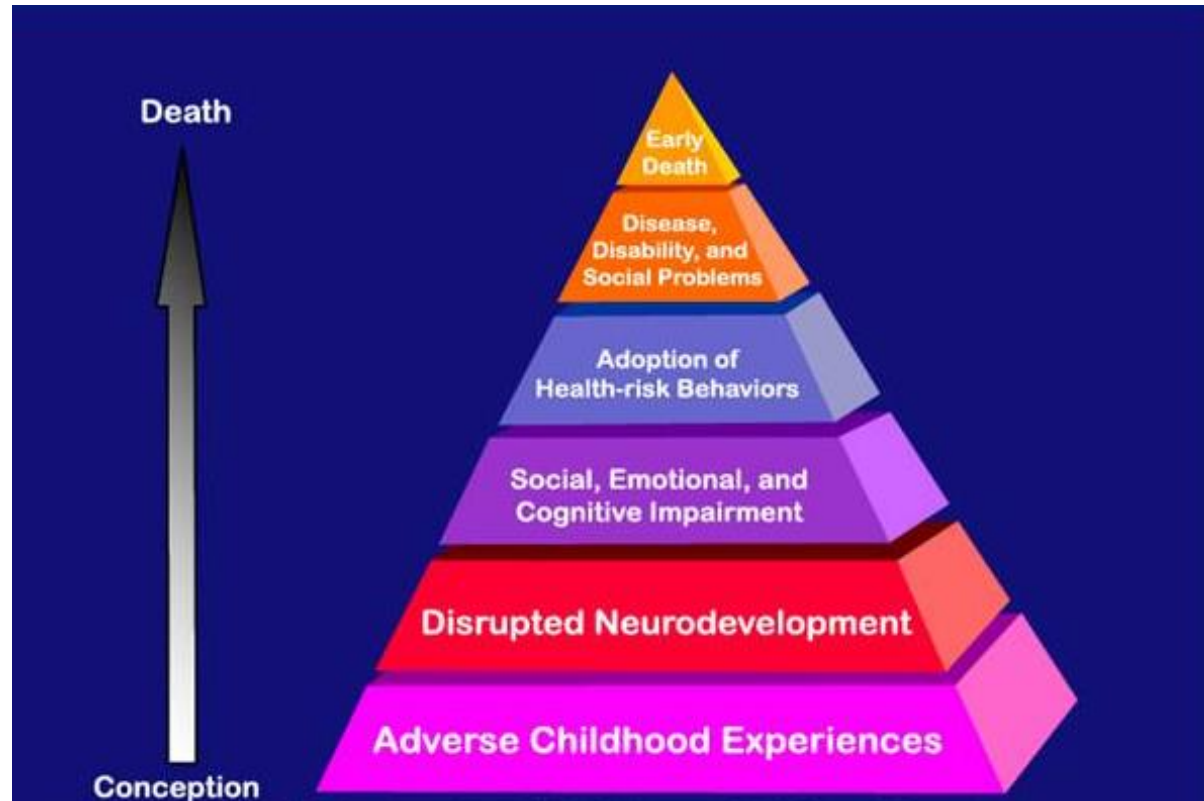
- 242% more likely to smoke
- 222% more likely to become obese
- 357% more likely to experience depression
- 443% more likely to use illicit drugs
- 1133% more likely to use injected drugs
- 298% more likely to contract an STD
- 1525% more likely to attempt suicide
- 555% more likely to develop alcoholism

ACEs and Leading Causes of Death Linked to 7 out of the 10



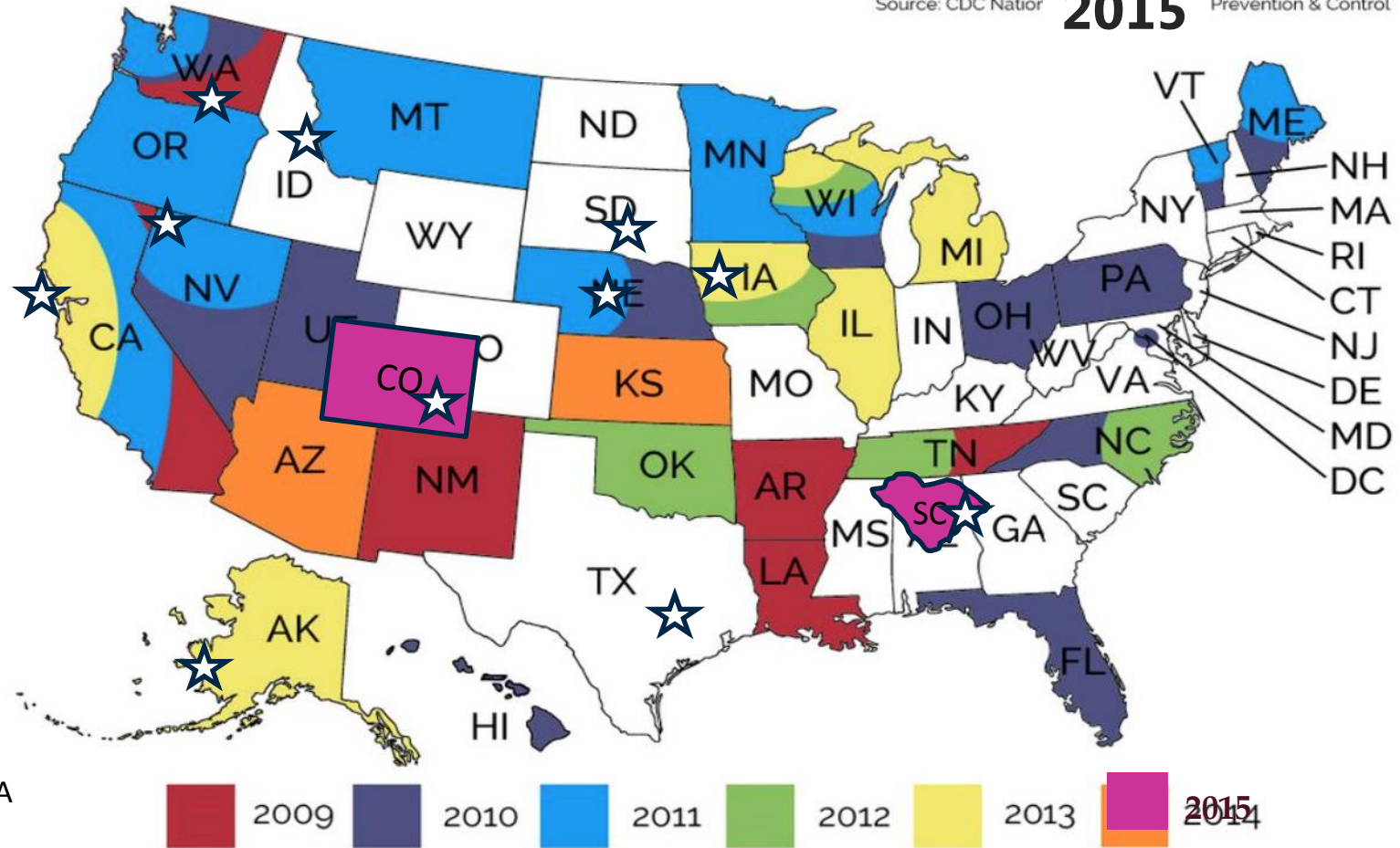
<http://www.who.int/mediacentre/factsheets/fs310/en/>

Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



States Collecting ACEs Data 2009 - 2014

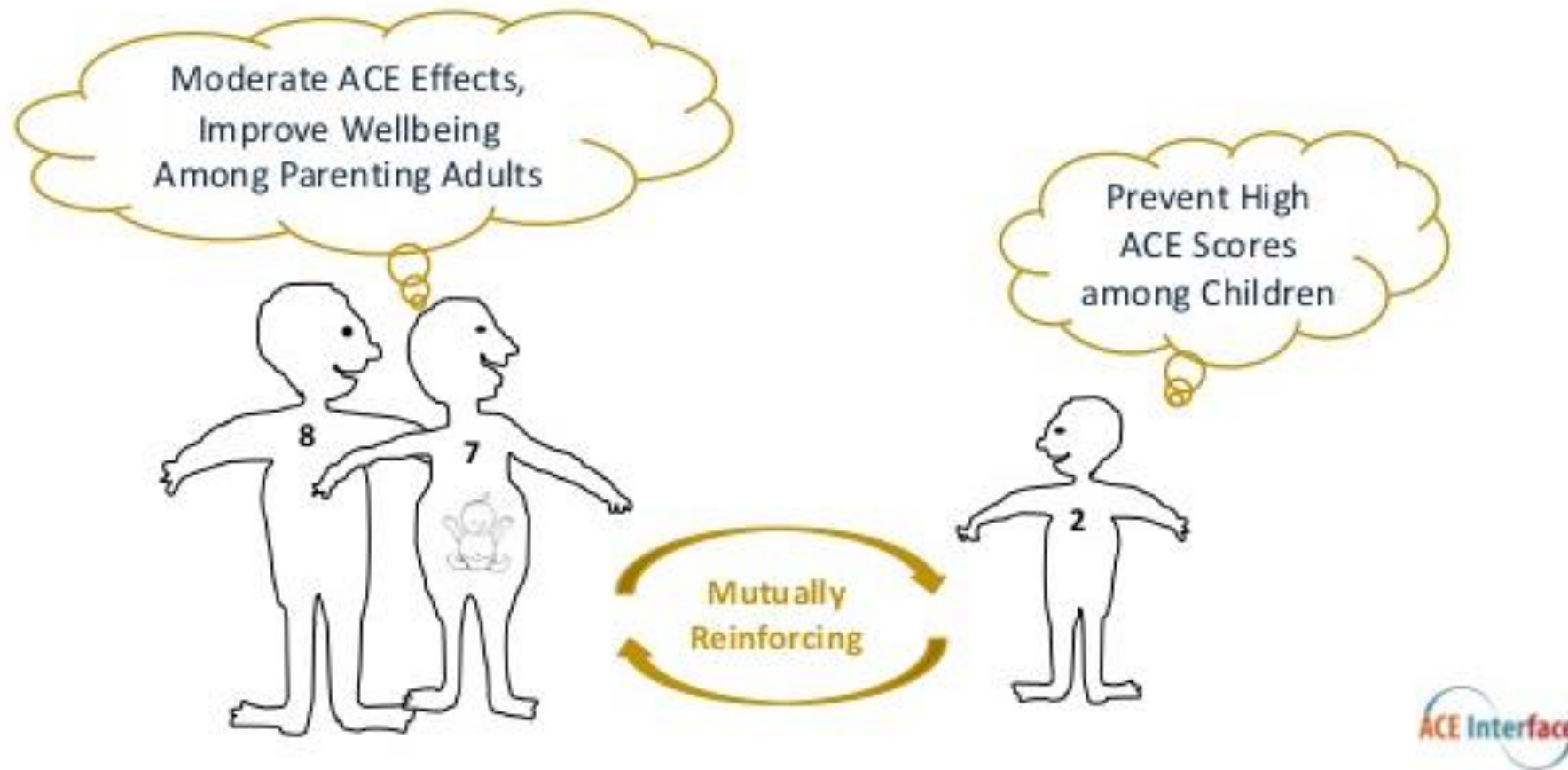
Source: CDC National Center for Injury Prevention & Control 2015



ACE Interface
Master Trainers
Active in 2016
 Minnesota
 Wisconsin
 Alaska
 South Carolina
 Louisiana
 Washington
 East Iowa
 Colorado
 Oregon
 Indiana
 Sonoma County, CA



Promote Virtuous Cycle of Health



Resilience Trumps ACEs

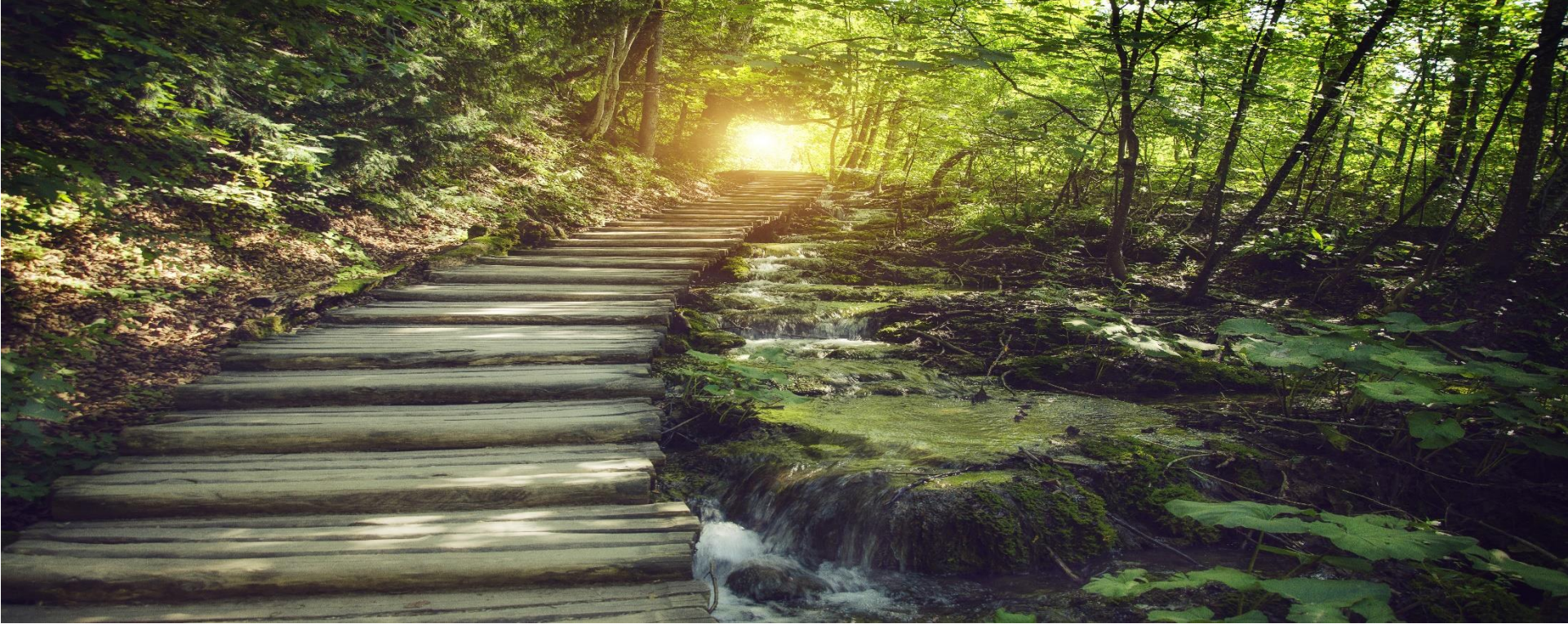
Children's Resilience Initiative

Empowering community understanding of the forces that shape us and our children

Website: www.resiliencetrumpsaces.org



From Trish Mullen, Chesterfield Community Services Board



RESILIENCE

Resilience



Resilience has been shown to buffer the impact of suffering or stress. Resilience isn't just a gift of nature or an exercise of will; resilience grows through positive experiences, supportive environments and the caring intervention of others.

<http://communityresiliencecookbook.org/whats-cooking-here-and-why/>



Shame, Vulnerability and the Power of Connection

DR. BRENE BROWN'S WORK

Man in Arena Speech

“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The **credit belongs to the man who is actually in the arena**, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.”

THE MAN IN THE ARENA

Excerpt from the speech "Citizenship In A Republic" delivered at the Sorbonne, in Paris, France on 23 April, 1910

Defining Shame

Guilt = I did something bad

Shame = I am bad

Embarrassment = Fleeting, can laugh about it later

Humiliation = “I didn’t deserve that”

12 Categories of Shame

Appearance and body image

Money and work

Motherhood/fatherhood

Family

Parenting

Mental and physical health

Addiction

Sex

Aging

Religion

Surviving trauma

Being stereotyped or labeled

WHAT IS SHAME AND WHY IS IT SO HARD TO TALK ABOUT IT?

- 1. We all have it. Shame is universal and one of the most primitive human emotions that we experience.**
- 2. We're all afraid to talk about shame.**
- 3. The less we talk about shame, the more control it has over our lives**

...shame is the fear of disconnection (68)

Dr. Brene Brown's Work

The Gifts of Imperfection— Be you

Daring Greatly— Be all in

Rising Strong— Fall. Get up. Try again

Brown, BrenÉ (2015-08-25). Rising Strong (Kindle Locations 168-169). Random House Publishing Group. Kindle Edition.

Shame Resilience

1. Recognizing Shame and Understanding Its Triggers. Shame is biology and biography.

Can you physically recognize when you're in the grips of shame, feel your way through it, and figure out what messages and expectations triggered it?

2. Practicing Critical Awareness.

Can you reality-check the messages and expectations that are driving your shame? Are they realistic? Attainable? Are they what you want to be or what you think others need/want from you?

3. Reaching Out.

Are you owning and sharing your story? We can't experience empathy if we're not connecting.

4. Speaking Shame.

Are you talking about how you feel and asking for what you need when you feel shame?

How do we Rise Strong as Individuals

The goal of the process is to rise from our falls, overcome our mistakes, and face hurt in a way that brings more wisdom and wholeheartedness into our lives.

THE RECKONING: WALKING INTO OUR STORY Recognize emotion, and get curious about our feelings and how they connect with the way we think and behave.

THE RUMBLE: OWNING OUR STORY Get honest about the stories we're making up about our struggle, then challenge these confabulations and assumptions to determine what's truth, what's self-protection, and what needs to change if we want to lead more wholehearted lives.


THE REVOLUTION Write a new ending to our story based on the key learnings from our rumble and use this new, braver story to change how we engage with the world and to ultimately transform the way we live, love, parent, and lead.

Brown, BrenÉ (2015-08-25). Rising Strong (Kindle Locations 767-779). Random House Publishing Group. Kindle Edition.

How does this apply to us?

You are in the arena each day ... you Dare Greatly ... And
you Rise Strong

The gift we give to our Community is to invest in our own
Rising Strong Process, model that for others we work with
and to those whose lives we encounter



**You sit with people in their most vulnerable moments,
you make a choice to enter the arena each day ... what
helps you light your way so that your values stay clear
thus letting you truly be present with those you serve,
offering empathy to them and yourself**

Community Prevention Strategies for Building Resilience



Dr. Corey Martin, a Daring Way™ Facilitator from Minnesota, models what our theme is. After the death of two physicians, his small community struggled. This tragedy inspired Corey to bring the Daring Way™ to his community. The result is in Corey's words: "People are kinder to each other."

"There's a sense of Buffalo (MN) pride." In fact, he's so enthusiastic, that he and Dr. Nelson have been instrumental in helping The Daring Way™ team pilot-test a long-awaited assessment tool that will measure how courage shows up in people's daily lives."

<http://www.bouncebackproject.org/>

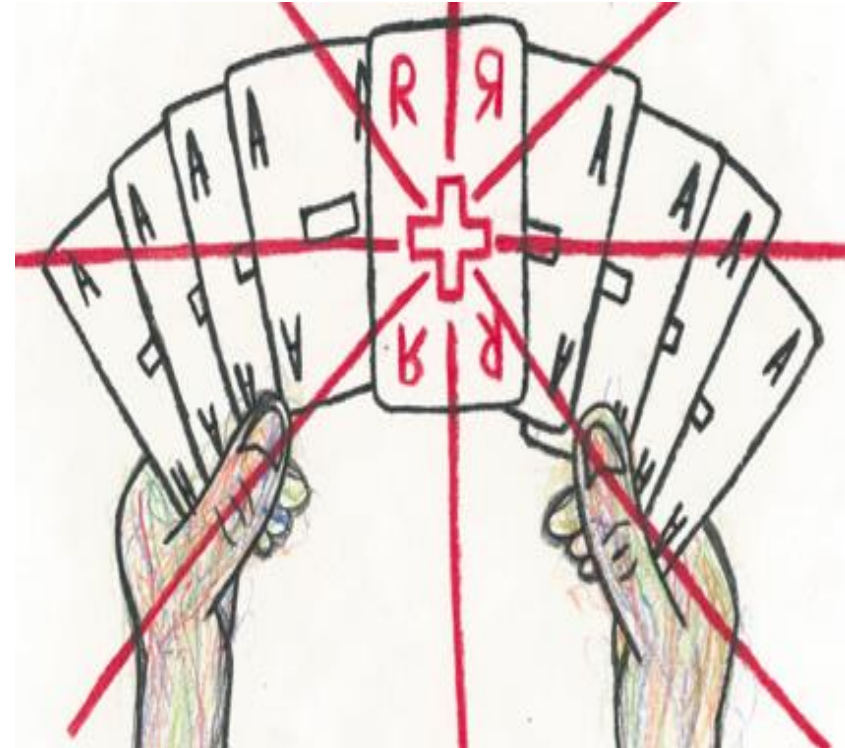
*Integrate Resilience Approaches
into all Three Tiers of School Responses*



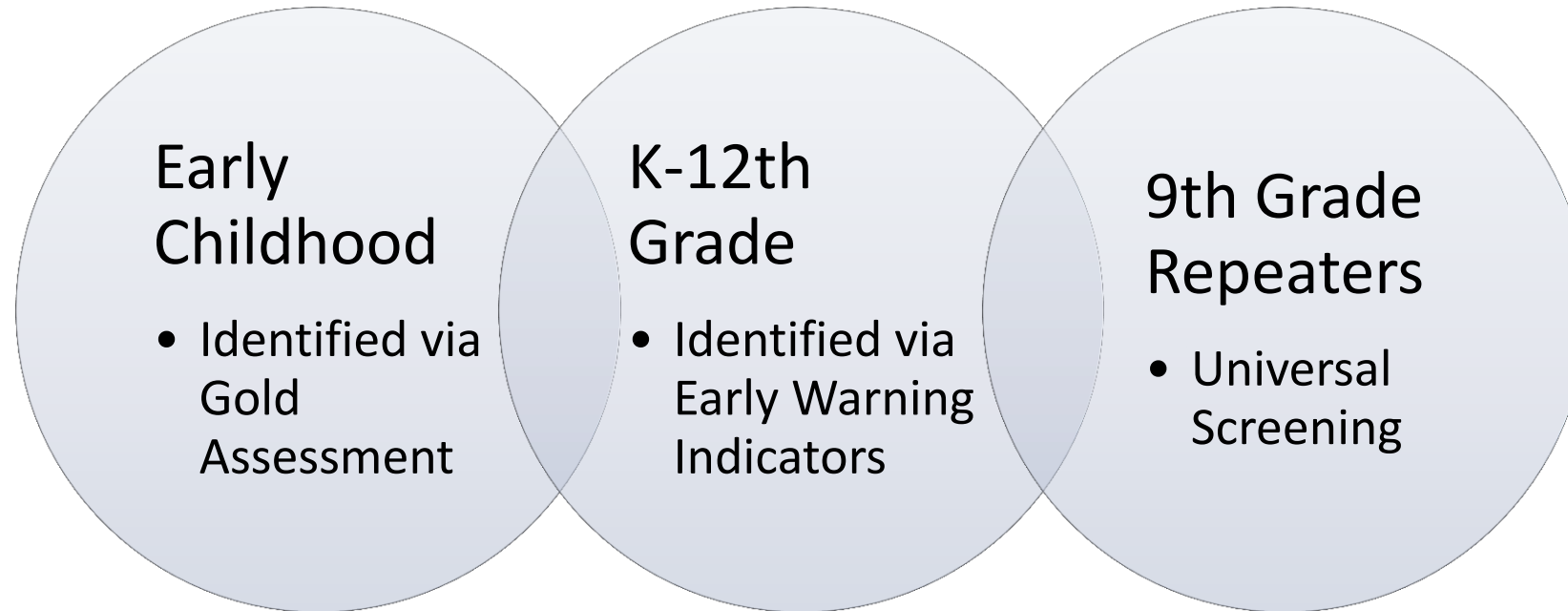
Be a **F.O.R.S.E.** in your community

Image by Lincoln High student Brendon Gilman

Focus On Resilience & Social-Emotional



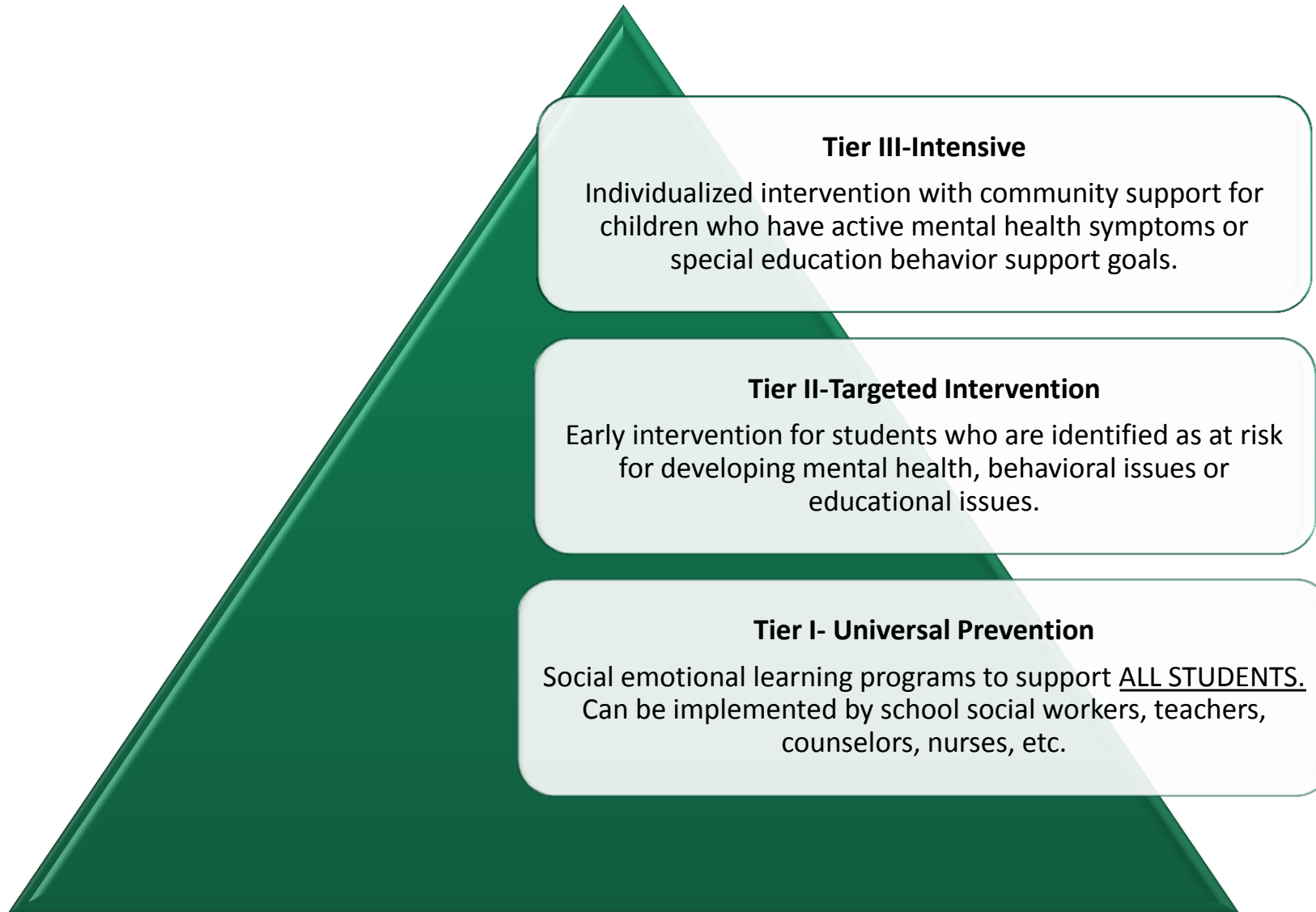
District of Columbia Trauma Sensitive Process



Early Warning Indicator System Screening for MH and Trauma

Early Warning Indicators	On-Track (Tier I)	Sliding (Tier II)	Off-Track (Tier III)
BEHAVIOR	No Office Discipline Referrals (ODR) or suspensions	2-3 ODRs and/or 1 suspension	3+ ODRs and/or 2+ suspensions
ATTENDANCE	missed < 5% instructional days	missed ≥ 5-9% instructional days	≥ 10% instructional days
ACADEMICS: READING and Math	Above Proficient or Proficient on interim assessment	Below Proficient	Far Below Proficient

Tiered Trauma Sensitive Model



Tier One

Tier I: Universal Prevention/Consultation and Mental Health Promotion:

Social Emotional Support services at this tier are provided universally to the entire student body, school staff, or parents/guardians. These services aim to prevent the development of serious mental health problems and to promote pro-social skill development among children and youth.

Examples of interventions at this tier include:

- School-wide PBIS or classroom-based social emotional learning programs, including substance abuse and violence prevention programs (i.e., bullying prevention; Good touch, Bad touch; peer mediation; conflict resolution)
- Staff professional development (i.e., mental health awareness, classroom management)
- Mental health educational workshops for parents/guardians or students
- Mental Health Consultation*

*During Tier One: Consultation is focused on increasing the general knowledge base of general education teachers regarding social emotional development, impairments, and the relationship to the curriculum and function in age-appropriate activities.

Tier Two

Tier II: Targeted or Early Intervention/Prevention:

Students who are at elevated risks for developing a mental health problem are offered various early intervention services to target specific risk factors. These interventions are delivered to children and youth who have social emotional challenges, behavioral symptoms and/or mental health needs that may not be severe enough to meet diagnostic criteria or eligibility for special education services.

Evidence Based Interventions

- Cognitive Behavior Therapy (CBT-Elementary, Middle and High School)
- Child Centered Play Therapy (CCPT-Elementary School)
- Cognitive Behavioral Intervention For Trauma in Schools (CBITS-Middle and High School)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS-Middle and High School)
- Theatre Troupe/ Peer Education Project (TT/PEP-Middle and High School)
- Cannabis Youth Treatment (CYT-Middle and High School)
-

Additional interventions may include:

- Support groups (e.g., grief and loss, children of divorce, etc.)
- Focused skills training groups (social skills, anger management)
- Crisis management
- Interventions that target specific behaviors, such as aggression, withdrawal, sadness etc.
- Attendance interventions, dropout prevention programs, and training or consultation for families and teachers who work with identified children.
- Mental Health Consultation
- FBA and BIP-Level I



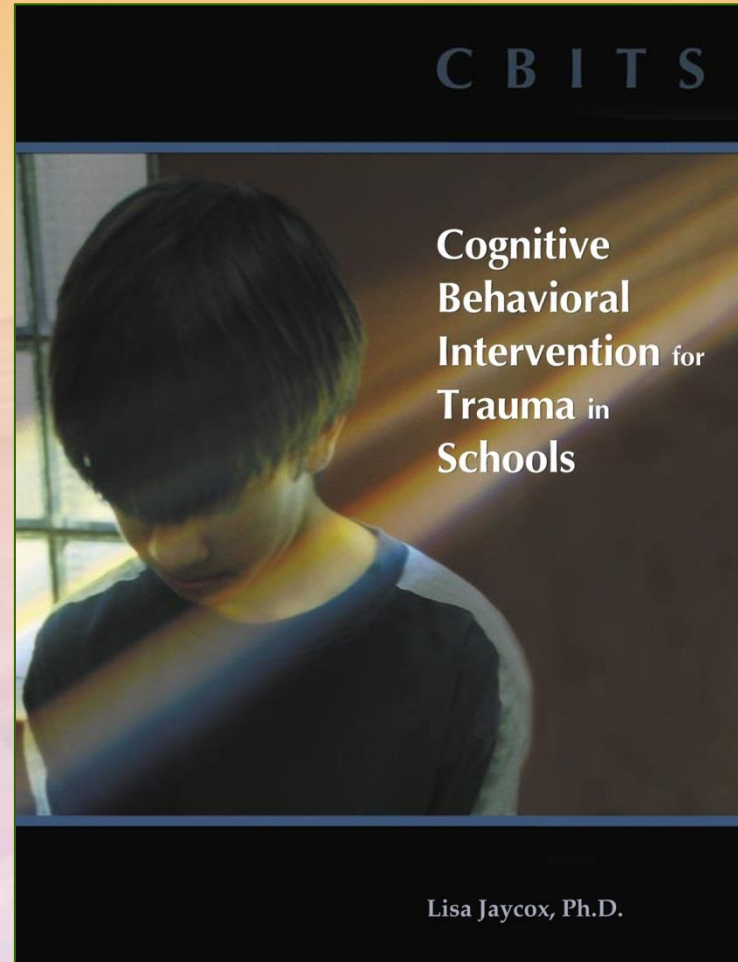
**LEADING CHANGE
TRANSFORMING LIVES**

2016 NASW NATIONAL CONFERENCE

**JUNE 22-25, 2016
WASHINGTON, DC**



Cognitive Behavioral Intervention for Trauma in Schools (CBITS)



- School-based intervention
- Delivered by licensed mental health professionals
- Proven effective in research trials
- Visit: Rand.org OR cbitsprogram.org

Tier Three

Tier III: Intensive Intervention:

Students who have active mental health symptoms that meet diagnostic criteria are offered intensive interventions to improve functioning in school and decrease impact on academic achievement. Interventions at this level are appropriate for meeting the needs of students who have specific mental health needs that are impacting their functioning in the school, home, and/or community.

Evidence Based Interventions

- Cognitive Behavior Therapy (CBT-Elementary, Middle and High School)
- Child Centered Play Therapy (CCPT-Elementary School)
- Cognitive Behavioral Intervention For Trauma in Schools (CBITS-Middle and High School)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS-Middle and High School)
- Cannabis Youth Treatment (CYT-Middle and High School)

Interventions at this tier may include any combination of the following:

- Behavior Support Services on an IEP utilizing evidenced based interventions (listed above)
- Individual and or group counseling
- Psycho-education
- Crisis intervention
- Referral to and Service coordination with community mental health providers



**LEADING CHANGE
TRANSFORMING LIVES**

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Support for Students Exposed to Trauma (SSET) – Modified for Use by Teachers

- **Modified version of CBITS**
- **Delivered by: Teachers, Graduate Interns and School Counselors**
- **Proven effective in research trials**

PROGRAM MANUAL

Support for Students Exposed to Trauma: The SSET Program

Group Leader Training Manual, Lesson Plans,
and Lesson Materials and Worksheets

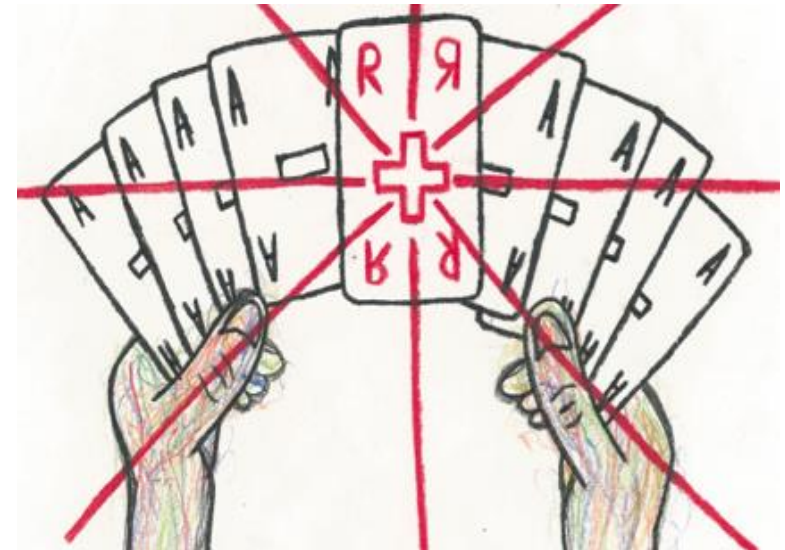
Lisa H. Jaycox • Audra K. Langley • Kristin L. Dean



Be a F.O.R.S.E. in your community

Focus
On
Resilience &
Social-**E**motional
(competence)

Image by Lincoln High student Brendon Gilman



Integrate Resilience across Communities

Walla Walla Washington Model



NEAR Science

- Neuroscience
- Epigenetics
- Adverse Childhood Experiences
- Resilience

<http://www.healthygen.org/resources/nearhome-toolkit>

<http://www.healthygen.org/resources/laura-porter-keynote-address-near-science-wa-state-resilience-findings>

NEAR: What Help actually Helps ?

Support: Feeling socially and emotionally supported and hopeful

- Social Emotional Competence Building
- Hope and a Sense of Future

Help: Having two or more people who give concrete help when needed

- Concrete Supports (not Facebook Friends)

Community Reciprocity: Watching out for children, intervening when they are in trouble, and doing favors for one another

- Primary network of protection in your community
- People you see each day and see you

Social Bridging: Reaching outside one's immediate circle of friends to recruit help for someone inside that circle

- Asking for help
- Trusting Systems and People outside your circle to respond and be safe

<http://www.healthygen.org/resources/laura-porter-keynote-address-near-science-wa-state-resilience-findings>

Building a Trauma Informed Community – Resilience Trumps Aces

[Parents](#) | [Providers](#) | [Community](#) | [Site Map](#)



♥ Resilience TRUMPS ACES ♠

Parents
Home
What is Resilience?
Deck of Cards & Handbook

Providers
Home
What is Resilience?
Building a thriving community
Resources
News & Events
Deck of Cards & Handbook


Community
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More ACES – Greater Risks
What is Resilience?
Building a thriving community

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Facebook social plugin

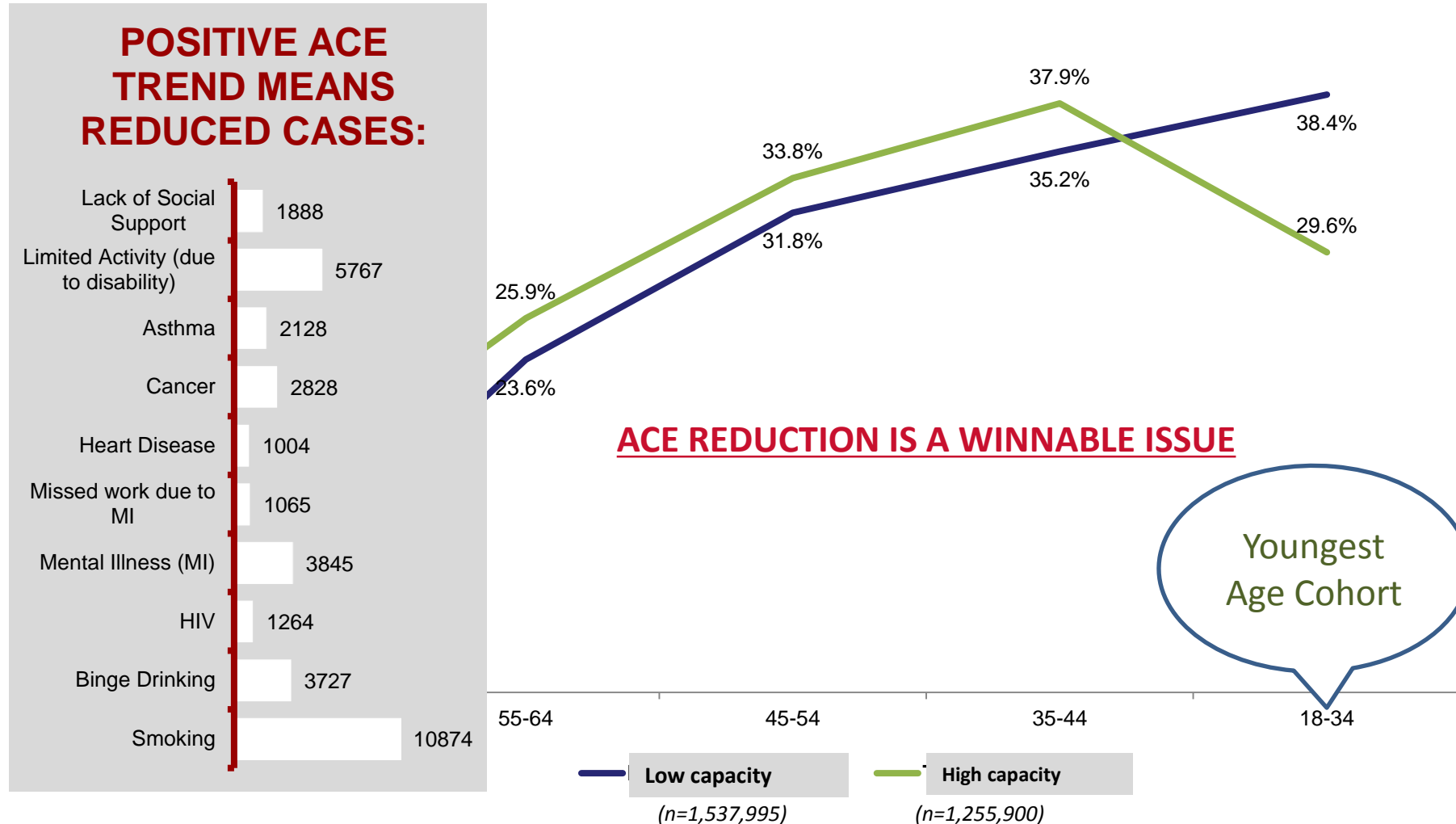
Walla Walla organizations that build resilience



Organization	Prevention	Intervention	Crisis	Resilience
Private/ Local/ Civic/ University	12b	52a	52	33a
Early Learning	23f	50a	19	33d
Youth Development & Substance Use	48	47d	82	98
Law, Justice, & Victim Assistance	37	4c	64	56
School Success & Completion	8c	63	44	55
Child Safety	22	8c	63	44
Prevention	69	53	16	86
Intervention	12f	9	21a	68
Crisis	20	68	67	89
Work Force Training	7b	63	88	92
Basic Needs: Economic, Food, Housing, etc.	10	21	91	98
Parenting/ Home Visits	78	31	25	47a
Health: Physical & Mental	74	78	97	94
Child Safety	23h	2	38	77
Law, Justice, & Victim Assistance	30	75	7b	63
Private/ Local/ Civic/ University	42a	3	20	68
Early Learning	42a	3	20	68
Youth Development & Substance Use	30	75	7b	63
Law, Justice, & Victim Assistance	30	75	7b	63
Child Safety	30	75	7b	63
Prevention	30	75	7b	63
Intervention	30	75	7b	63
Crisis	30	75	7b	63
Work Force Training	30	75	7b	63
Basic Needs: Economic, Food, Housing, etc.	30	75	7b	63
Parenting/ Home Visits	30	75	7b	63
Health: Physical & Mental	30	75	7b	63

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High Capacity Communities Reduce Percent of Young Adults With ≥ 3 ACEs



Washington Community Capacity Building

Funded Community Networks showed significant improvement in Severity Index

- Out of home placement
- Loss of parental rights
- Child hospitalization rates for accident and injury
- High School Drop Out
- Juvenile Suicide Attempts
- Juvenile arrests for alcohol, drugs, and violent crime
- Juvenile offenders
- Teen births
- Low birth weights
- No third trimester maternity care
- Infant mortality
- Fourth grade performance on standardized testing

Hall J, Porter L, Longhi D, Becker-Green J, and Dryefus S. (2012) *Reducing Adverse Childhood Experiences (ACE) by Building Community Capacity: A Summary of Washington Family Policy Council Research Findings*, *Journal of Prevention & Intervention in the Community*, 40:4, 325-334. --

<http://www.tandfonline.com/doi/pdf/10.1080/10852352.2012.707463>

Implications & Future Directions

Reduction of ACEs within linked lives context of parents and children

- Better assessment of factors that serve as mechanisms of stress proliferation, coping and support erosion, disability and health outcomes: Macro, Meso, Micro
- More data on children's well-being within parental trajectories
- Main directions of Interventions should be on:
 - Strengthening “adaptive parental function”
 - Interrupting stress proliferation and stress embodiment
 - Resilience cannot thrive at any one level alone: Individual, family, community, structural needed

Paula S. Nurius, University of Washington
Illustrating NEAR-Related Findings from Surveillance
Population Data:
Building Partnership Complementarity



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Thanks

