Bouncing Back and Rising Strong™

Presented by:
Dr. Allison Sampson-Jackson, LCSW, LICSW, CSOTP
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
ACE Interface
Master Trainers Active in 2016
Minnesota
Wisconsin
Alaska
South Carolina
Louisiana
Washington
East Iowa
Colorado
Oregon
Indiana
Sonoma County, CA
Creating the Virtuous Cycle

Promote Virtuous Cycle of Health

Moderate ACE Effects, Improve Wellbeing Among Parenting Adults

Prevent High ACE Scores among Children

Mutually Reinforcing

ACE Interface
Resilience Trumps ACEs

Children’s Resilience Initiative

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

Website: www.resilencetrumpsaces.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.

Shame, Vulnerability and the Power of Connection

DR. BRENE BROWN’S WORK
“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

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?

   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.

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 Childhood
• Identified via Gold Assessment

K-12th Grade
• Identified via Early Warning Indicators

9th Grade Repeaters
• Universal Screening
Early Warning Indicator System
Screening for MH and Trauma

<table>
<thead>
<tr>
<th>Early Warning Indicators</th>
<th>On-Track (Tier I)</th>
<th>Sliding (Tier II)</th>
<th>Off-Track (Tier III)</th>
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<tbody>
<tr>
<td><strong>BEHAVIOR</strong></td>
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<tr>
<td>No Office Discipline Referrals (ODR) or suspensions</td>
<td>2-3 ODRs and/or 1 suspension</td>
<td>3+ ODRs and/or 2+ suspensions</td>
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<tr>
<td><strong>ATTENDANCE</strong></td>
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<tr>
<td>missed &lt; 5% instructional days</td>
<td>missed ≥ 5-9% instructional days</td>
<td>≥ 10% instructional days</td>
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<tr>
<td><strong>ACADEMICS: READING and Math</strong></td>
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<tr>
<td>Above Proficient or Proficient on interim assessment</td>
<td>Below Proficient</td>
<td>Far Below Proficient</td>
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Tiered Trauma Sensitive Model

Tier III - Intensive
Individualized intervention with community support for children who have active mental health symptoms or special education behavior support goals.

Tier II - Targeted Intervention
Early intervention for students who are identified as at risk for developing mental health, behavioral issues or educational issues.

Tier I - Universal Prevention
Social emotional learning programs to support ALL STUDENTS. Can be implemented by school social workers, teachers, counselors, nurses, etc.
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
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

Lisa Jaycox, Ph.D.
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)
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- 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
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
Be a F.O.R.S.E. in your community

Focus
On
Resilience &
Social-Emotional
(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
High Capacity Communities
Reduce Percent of Young Adults With ≥ 3 ACEs

POSITIVE ACE TREND MEANS REDUCED CASES:

- Lack of Social Support: 1888
- Limited Activity (due to disability): 5767
- Asthma: 2128
- Cancer: 2828
- Heart Disease: 1004
- Missed work due to MI: 1065
- Mental Illness (MI): 3845
- HIV: 1264
- Binge Drinking: 3727
- Smoking: 10874

ACE REDUCTION IS A WINNABLE ISSUE

Youngest Age Cohort

Low capacity
(n=1,537,995)

High capacity
(n=1,255,900)
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

**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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