Prioritizing Possibilities In School and Communities to Help Children Flourish, Even Amid Adversity

Christina Bethell, PhD, MBA, MPH
A Whole Child Approach
January 30, 2022

JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

If you want to build a ship, don't drum up people to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea. Antoine de Saint Exupéry, 1900-1944 Author

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

Child and Adolescent Health Measurement Initiative

Well-Being Is Upon Us
(and within and between us)

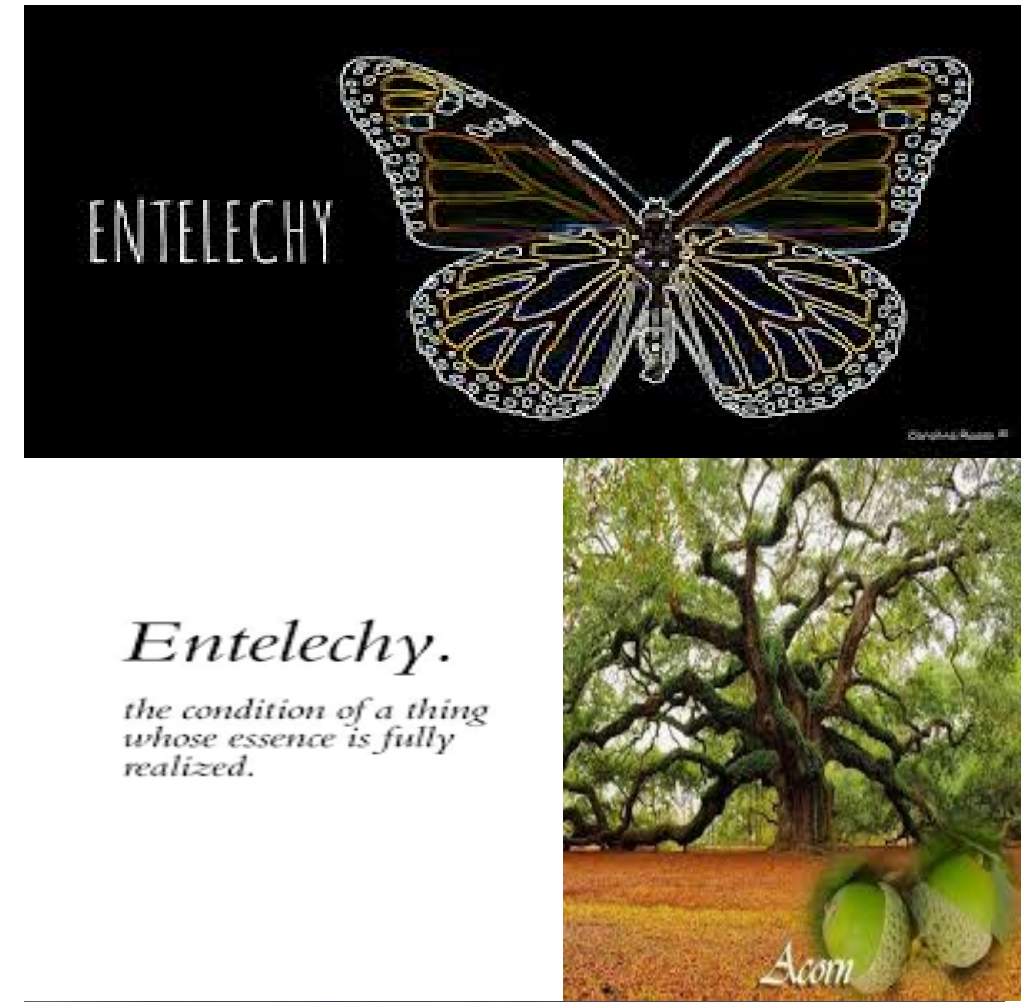*When our science, lived experience and policies meet*

Ours is a social brain.
Knowledge about brain plasticity, epigenetics and
social determinants of health make healing developmental trauma, self-other
awareness and relationships matter of public health.

The World Health Organization's definition of health

… (1948): **Health** is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity"

and
absence of illness or adversity is NOT the same as being well or flourishing

ENTELECHY

Entelechy.
the condition of a thing whose essence is fully realized.

Acorn

C. Bethell Oct. 2020

What are ACEs; Impact

The Adverse Childhood Experiences Study -- the Largest Public Health Study You Never Heard Of

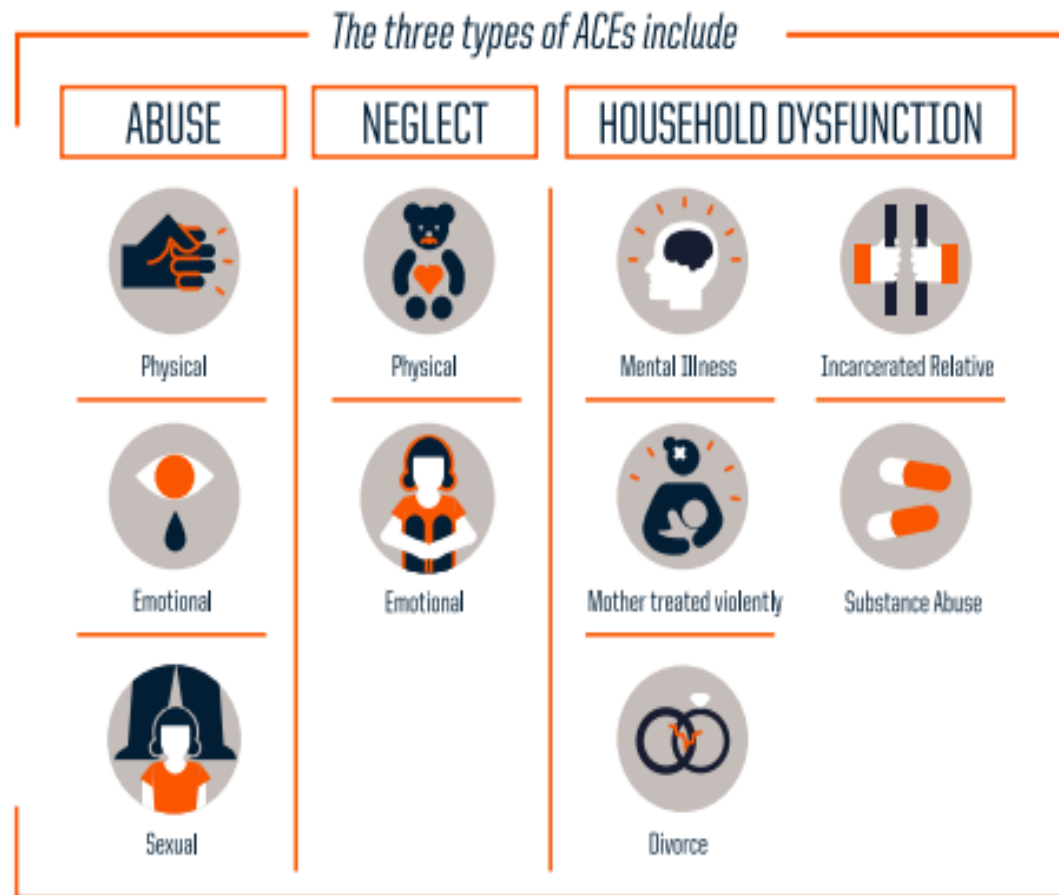Posted: 10/08/2012 9:02 am EDT | Updated: 12/08/2012 5:12 am EST

"Adverse childhood experiences" has become a buzzword in social services, public health, education, juvenile justice, mental health, pediatrics, criminal justice medical research and even business. The ACE Study - the CDC's Adverse Childhood Experiences Study -- has recently been featured in the New York Times, This American Life, and Salon.com. Many people say that just as you should what your cholesterol score is, so you should know your ACE score. But what is this study? And do you know your own ACE score?

http://www.acesconnection.com/collection/aces-101

ACEs are a risk factor for trauma, toxic stress and neuro-endocrine-immune effects

The three types of ACEs include

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

Truth About ACESs Infographic Robert Wood Johnson Foundation.

Symptoms of Un-Discharged Traumatic Stress

Stuck on ON

Symptoms:
Anxiety, panic, hyperactivity,
exaggerated startle,
inability to relax, restlessness,
hyper-vigilance, digestive problems,
emotional flooding,
chronic pain, sleeplessness,
hostility/rage

Sympathetic

Traumatic event!

Normal Range

Stuck on OFF

Parasympathetic

Symptoms:
Depression, flat effect,
lethargy, deadness,
exhaustion, chronic fatigue,
disorientation,
disconnection, dissociation,
complex syndroms, pain
low blood pressure,
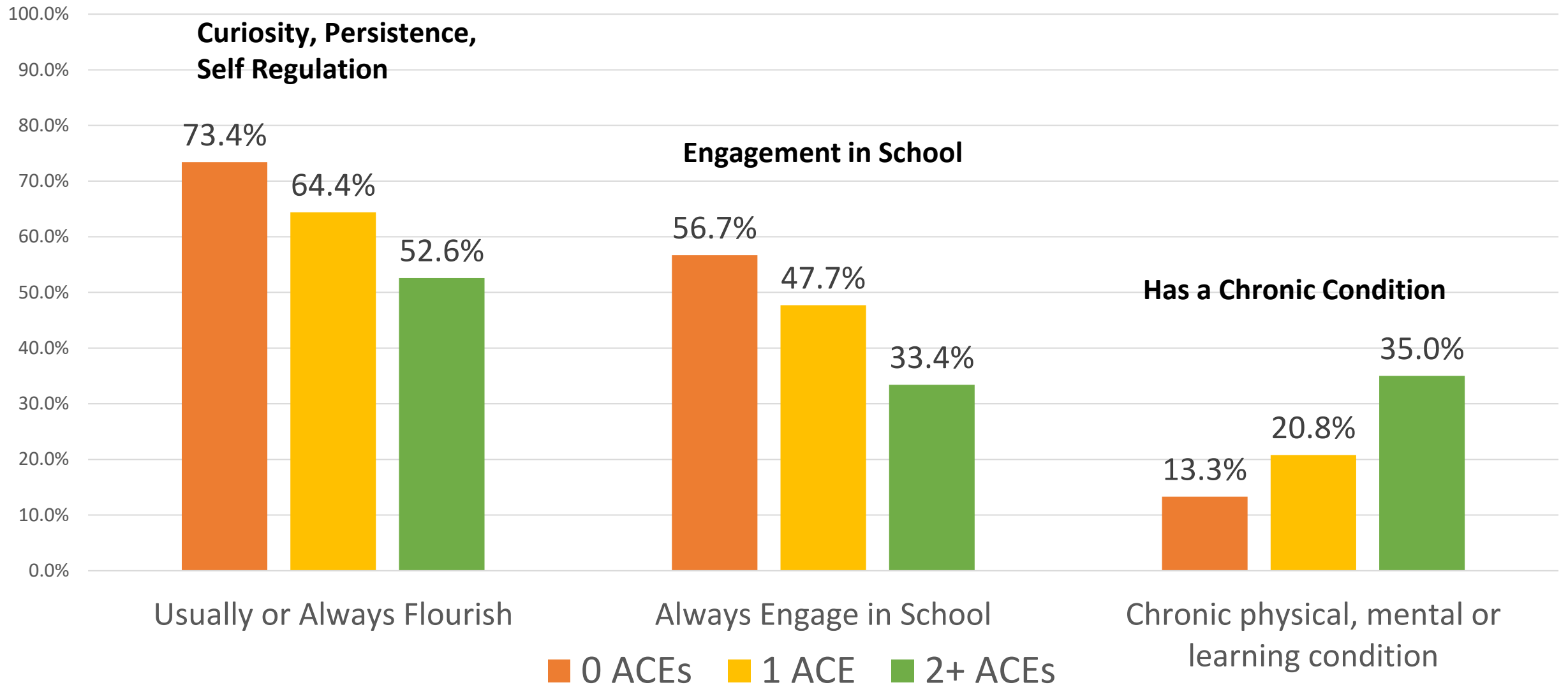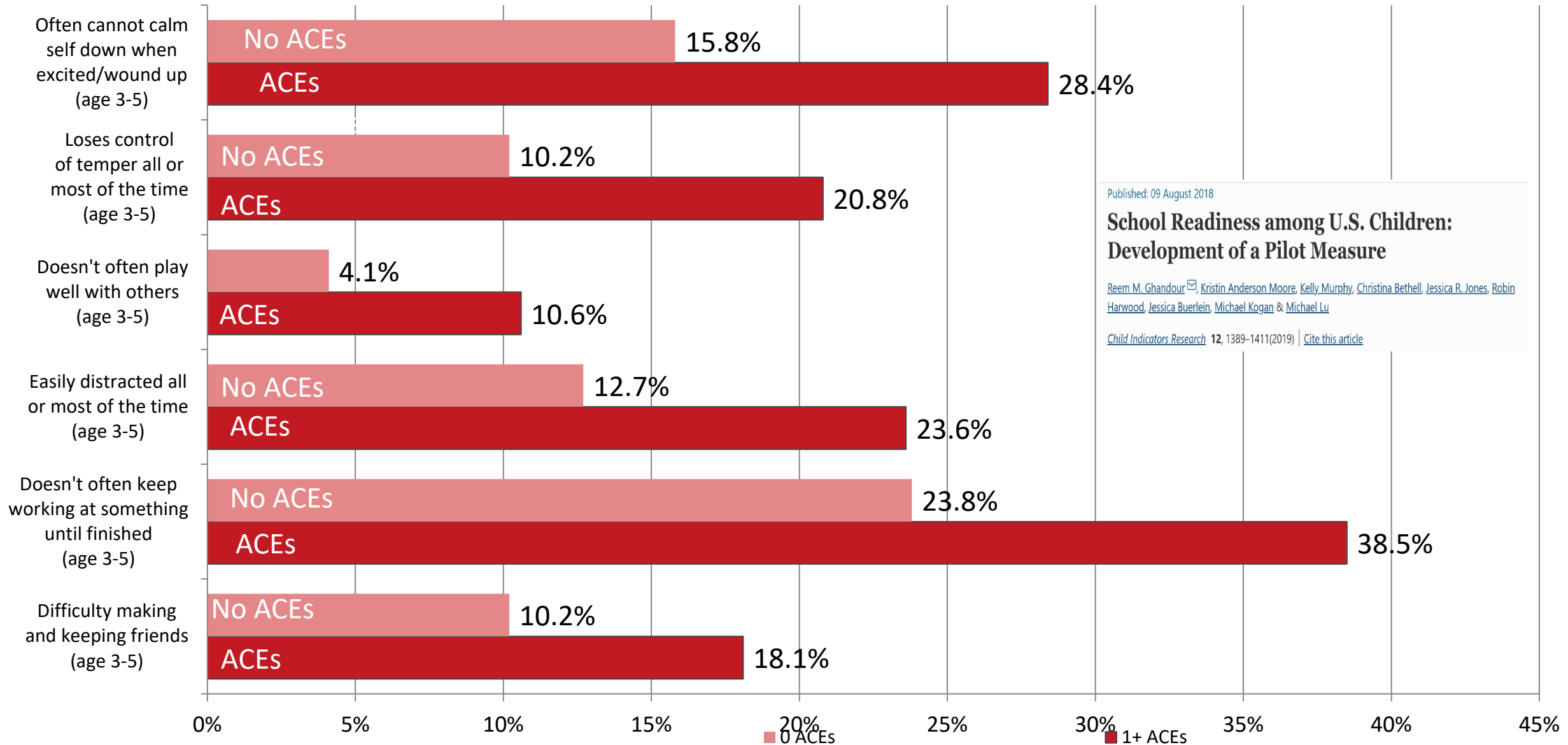poor digestion

Events

⬇

Experience

⬇

Impact

Each step an opportunity to prevent trauma and heal

Child Outcomes by Adverse Childhood Experiences
Findings from the 2018-2019 National Survey of Children's Health

Curiosity, Persistence, Self Regulation
- 73.4%
- 64.4%
- 52.6%

Engagement in School
- 56.7%
- 47.7%
- 33.4%

Has a Chronic Condition
- 13.3%
- 20.8%
- 35.0%

Usually or Always Flourish

Always Engage in School

Chronic physical, mental or learning condition

■ 0 ACEs   ■ 1 ACE   ■ 2+ ACEs

Prevalence of Social and Emotional Skills and Challenges of Children and Youth, by ACEs, US NSCH

Often cannot calm self down when excited/wound up (age 3-5)
- No ACEs: 15.8%
- ACEs: 28.4%

Loses control of temper all or most of the time (age 3-5)
- No ACEs: 10.2%
- ACEs: 20.8%

Doesn't often play well with others (age 3-5)
- 4.1%
- ACEs: 10.6%

Easily distracted all or most of the time (age 3-5)
- No ACEs: 12.7%
- ACEs: 23.6%

Doesn't often keep working at something until finished (age 3-5)
- No ACEs: 23.8%
- ACEs: 38.5%

Difficulty making and keeping friends (age 3-5)
- No ACEs: 10.2%
- ACEs: 18.1%

Legend: 0 ACEs, 1+ ACEs

Child and Adolescent Health Measurement Initiative

Is it Trauma or Is It Developmental Trauma Disorder?

How Childhood Trauma Could Be Mistaken for ADHD

Some experts say the normal effects of severe adversity may be misdiagnosed as ADHD.

http://www.traumacenter.org/products/pdf_files/preprint_dev_trauma_disorder.pdf

Source: Bessel Von Der Kolk, 2010

dysregulation of a child's stress response, as exhibited by symptoms, behaviors and, biologic measurements; (often categorized as mental and behavioral health diagnoses now)

internalized **negative attributions** and **diminished hope and expectations** for life;

difficulty with **self-esteem** regulation; and

functional impairments in key areas such as making social connections, participating in school, etc.

Key Research Findings On Healing Amid Adversity

Teacher-Child Closeness Mitigates Children's Cumulative Risks for Poor School Outcomes

Cumulative risk, teacher-child closeness, executive functio[...]
early academic skills in kindergarten children

Noelle M. Suntheimer*, Sharon Wolf

University of Pennsylvania, United States of America
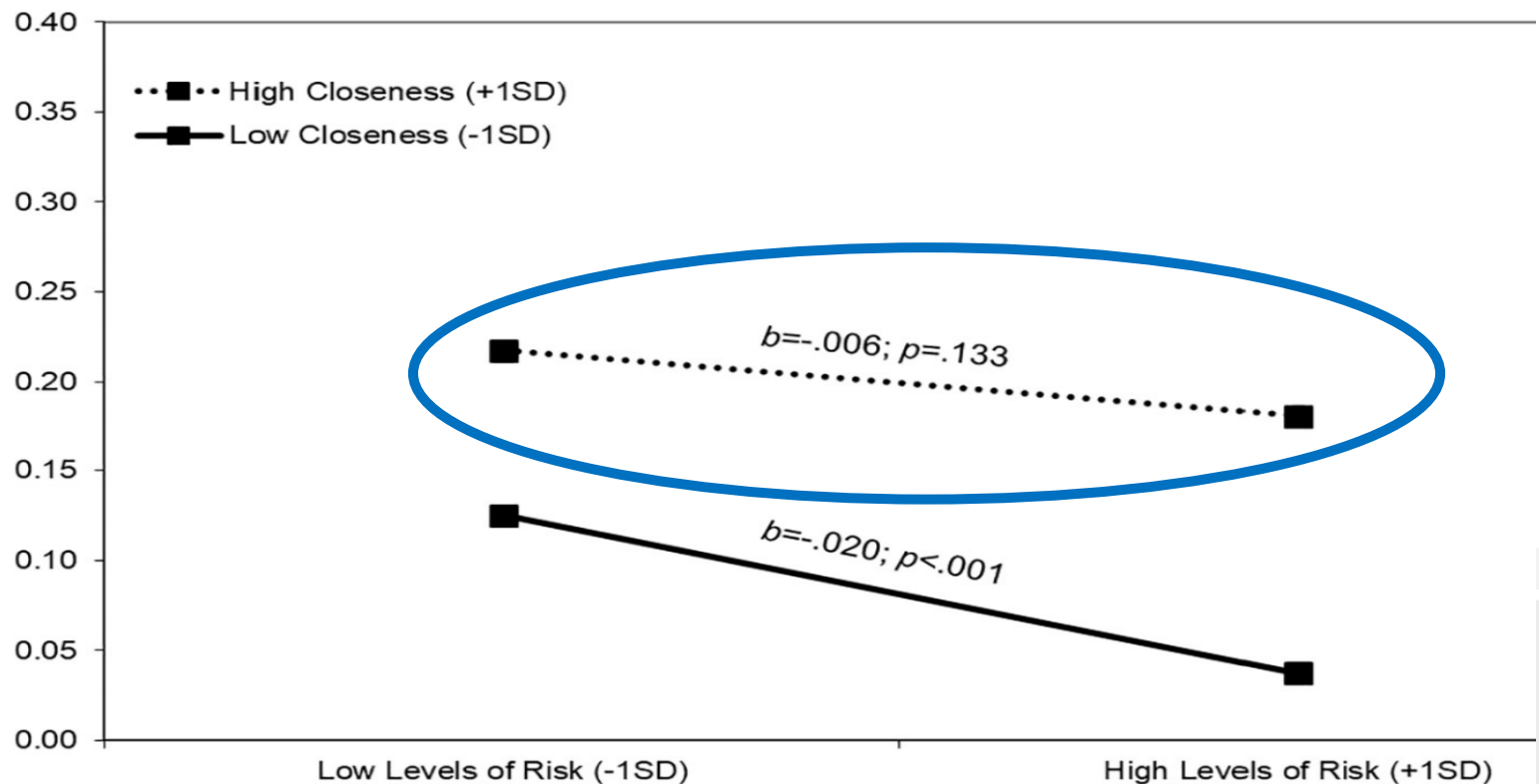
ARTICLE INFO

Action Editor: Jochem Thijs

Keywords:
Cumulative risk
Executive function
Teacher-child relationships
Early academic skills
Kindergarten

ABSTRACT

We tested the role of teacher-child closeness in modera[...]
childhood adversity, measured as a cumulative risk index [...]
dergarten year. Using the ECLSK:11, a national dataset of [...]
demic year, we examined three dimensions of executive fu[...]
control, working memory), as well as early reading and m[...]
the transition to school. Cumulative risk was negatively a[...]
cher-child closeness was positively associated with all out[...]
erated the relation between cumulative risk and workin[...]
reading scores in a protective manner, but not cognitive f[...]
scores. Implications for research in early childhood advers[...]

Reading, math, working memory, self regulation and cognitive flexibility scores declined with higher levels of cumulative risk, but teacher-child closeness moderated this negative association.

Source: Suntheimer, N. Cumulative risk, teacher-child closeness, executive function and early academic skills in kindergarten children. November 2019

The Flourishing Paradigm

What's Your Purpose? Finding A Sense Of Meaning In Life Is Linked To Health

May 25, 2019 · 8:00 AM ET

MARA GORDON

Arch Gen Psychiatry. 2012 May ; 69(5): 499–505. doi:10.1001/archgenpsychiatry.2011.1487.

Effect of Purpose in Life on the Relation Between Alzheimer Disease Pathologic Changes on Cognitive Function in Advanced Age

Dr. Patricia A. Boyle, PhD, Dr. Aron S. Buchman, MD, Dr. Robert S. Wilson, PhD, Dr. Lei Yu, PhD, Dr. Julie A. Schneider, MD, and Dr. David A. Bennett, MD
Rush Alzheimer's Disease Center (Drs Boyle, Buchman, Wilson, Yu, Schneider, and Bennett),

https://susanalbert.com/ferns-how-to-become-invisible-or-not/

Sense of meaning and purpose

↓

Engagement and interest in life

↓

Positive relationships, value, pursue, create
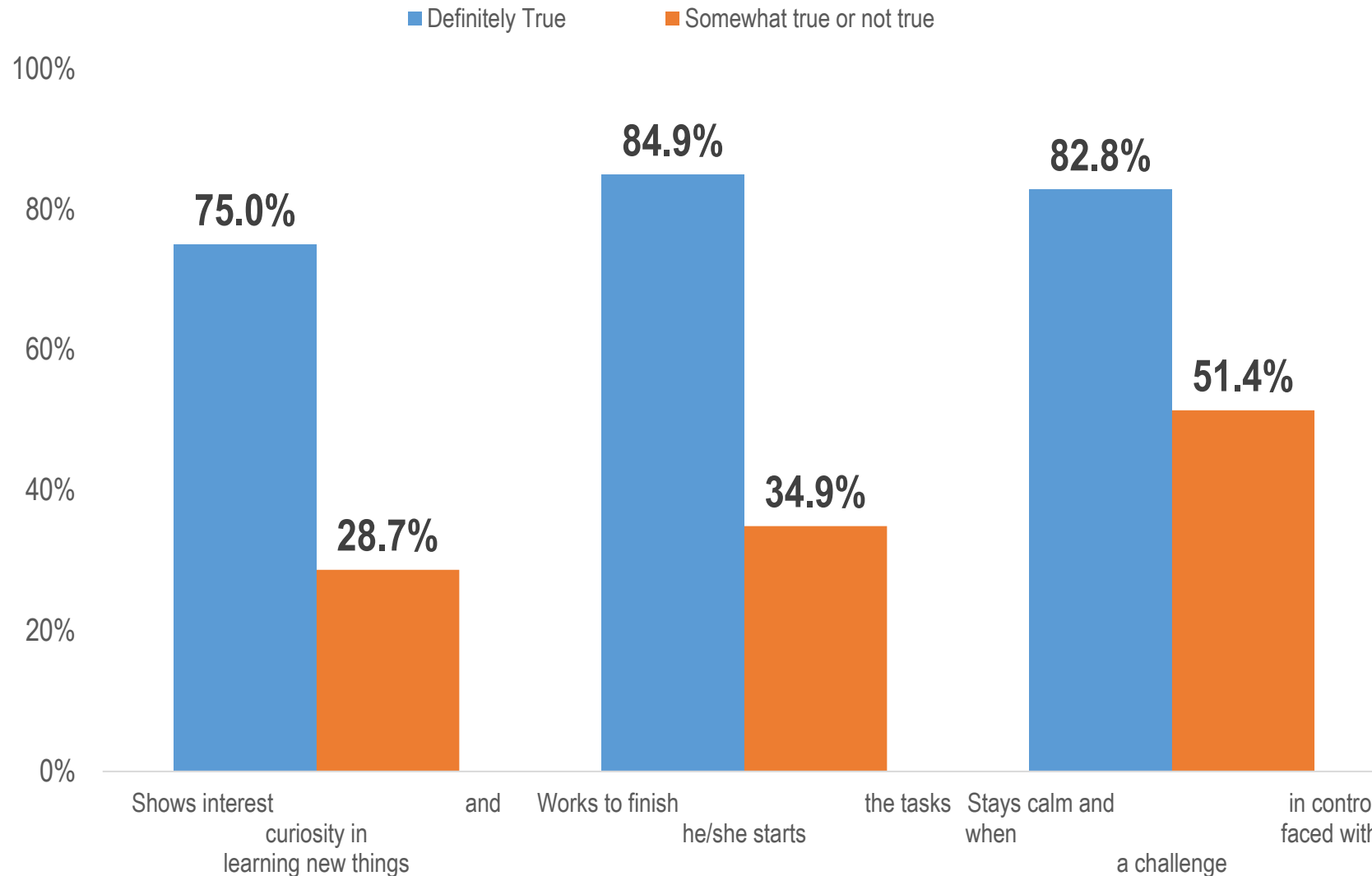
↓

Positive orientation and emotions

↓

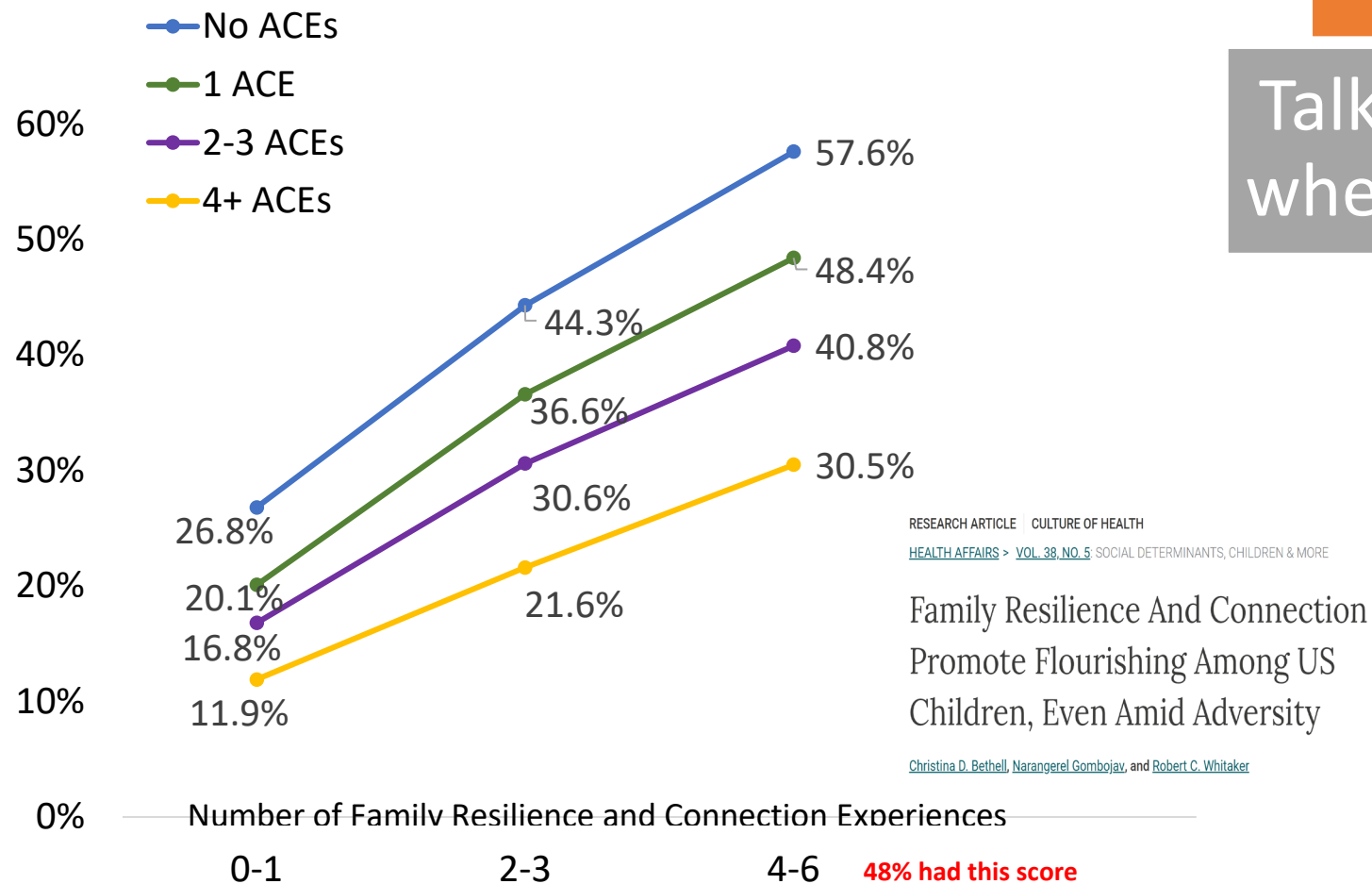Sense of accomplishment, mastery, goals

↓

Sense of mattering to and for others

Prevalence of **school engagement** among US children age 6-17 years, by Child Flourishing Index (CFI) individual items

Legend: ■ Definitely True ■ Somewhat true or not true

- Shows interest and curiosity in learning new things: 75.0% / 28.7%
- Works to finish the tasks he/she starts: 84.9% / 34.9%
- Stays calm and in control when faced with a challenge: 82.8% / 51.4%

Bethell CD, Gombojav N, Whitaker RC. Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity. *Health Aff (Millwood)*. 2019;38(5):729-737. doi:10.1377/hlthaff.2018.05425

Prevalence US children age 6-17 years who flourish using the Child Flourishing Index: by Family Resilience and Connection Index (FRCI) Score

Legend:
- No ACEs
- 1 ACE
- 2-3 ACEs
- 4+ ACEs

Y-axis: 0% to 60%

Data points:
- 0-1: 26.8%, 20.1%, 16.8%, 11.9%
- 2-3: 44.3%, 36.6%, 30.6%, 21.6%
- 4-6: 57.6%, 48.4%, 40.8%, 30.5%

X-axis: Number of Family Resilience and Connection Experiences
0-1   2-3   4-6   **48% had this score**

RESEARCH ARTICLE | CULTURE OF HEALTH

HEALTH AFFAIRS > VOL. 38, NO. 5: SOCIAL DETERMINANTS, CHILDREN & MORE

Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity

Christina D. Bethell, Narangerel Gombojav, and Robert C. Whitaker

Bethell CD, Gombojav N, Whitaker RC. Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity. *Health Aff (Millwood)*. 2019;38(5):729-737. doi:10.1377/hlthaff.2018.05425

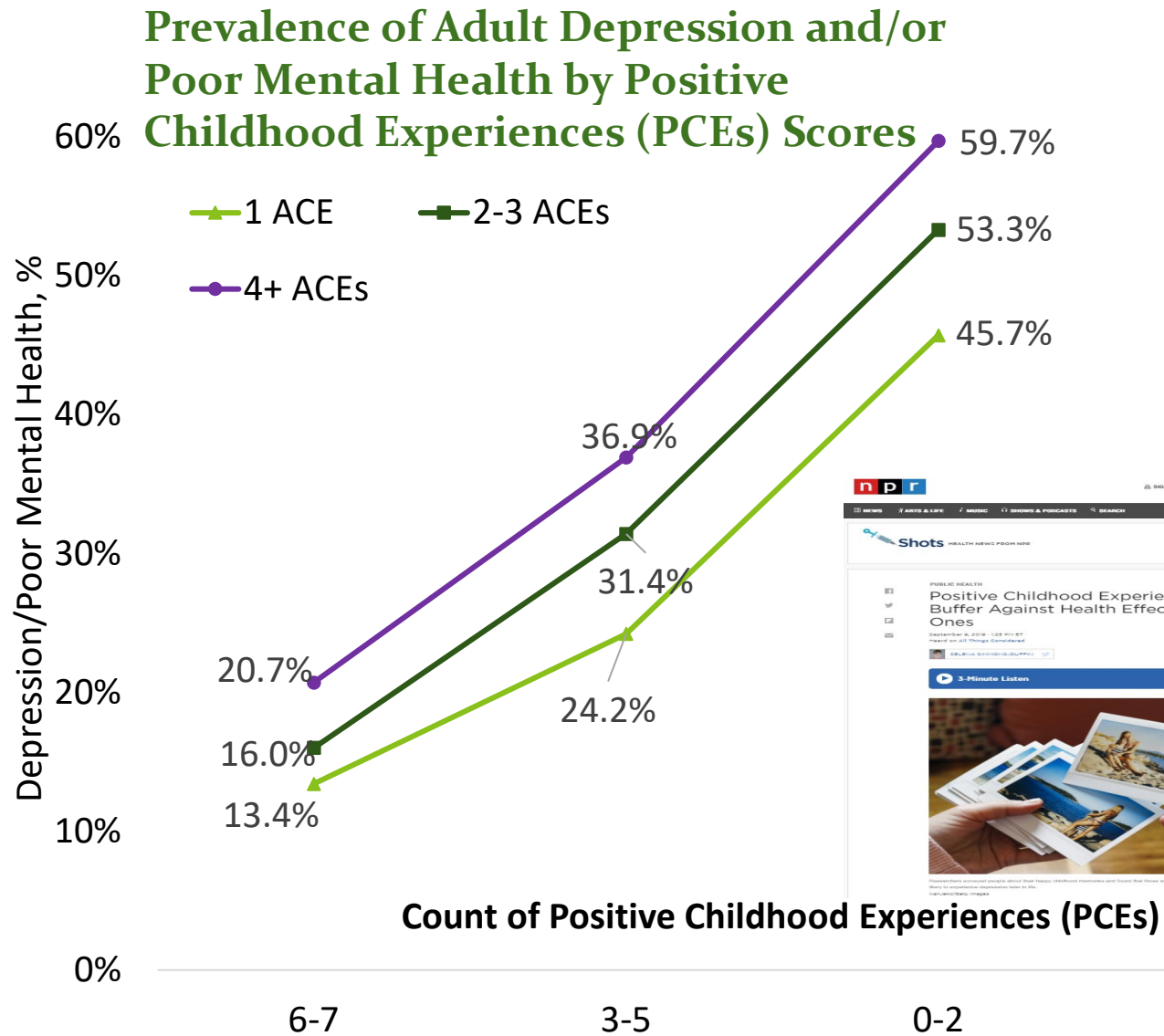Share ideas and talk about things that really matter

Talk together about what to do when the family faces problems

Work together to solve the problem

Know they have strengths to draw on

Stay hopeful even in difficult times

About 25% of US children age 6-17 met flourishing criteria and had a FRCI score of 4-6

Prevalence of Adult Depression and/or Poor Mental Health by Positive Childhood Experiences (PCEs) Scores

Depression/Poor Mental Health, %

- 1 ACE
- 2-3 ACEs
- 4+ ACEs

59.7%
53.3%
45.7%
36.9%
31.4%
24.2%
20.7%
16.0%
13.4%

60%
50%
40%
30%
20%
10%
0%

Count of Positive Childhood Experiences (PCEs)

6-7   3-5   0-2

*Bethell, Jones, Gombojav, et al. Positive Childhood Experiences and Adult Mental and Relational Health Across Adverse Childhood Experiences Exposure Levels in a Statewide Sample, September, 9, 2019 Journal of the American Medical Association Pediatrics

Adult Reported Positive Childhood Experiences (PCEs)

Felt able to talk to your family about feelings

Felt your family stood by you during difficult times

Enjoyed participating in community traditions

Felt a sense of belonging in high school

Felt supported by friends

Had at least two non-parent adults who took genuine interest in you

Felt safe and protected by an adult in your home

Key Opportunities for Schools and Teachers

The paradox of positive experiences

It is in recognizing and feeling with care and compassion negative emotions that positive experiences emerge to mitigate negative impacts of ACEs to awaken hope and wellbeing

The Psychological Health Benefits of Accepting Negative Emotions and Thoughts: Laboratory, Diary, and Longitudinal Evidence

Brett Q. Ford[1,*], Phoebe Lam[2,*], Oliver P. John[2], and Iris B. Mauss[2]

People who try to *resist negative emotions are more likely to experience psychiatric symptoms* later, compared with those who accept such emotions.

Those who showed *greater acceptance of their negative feelings and experiences—also showed higher levels of well-being* and mental health.
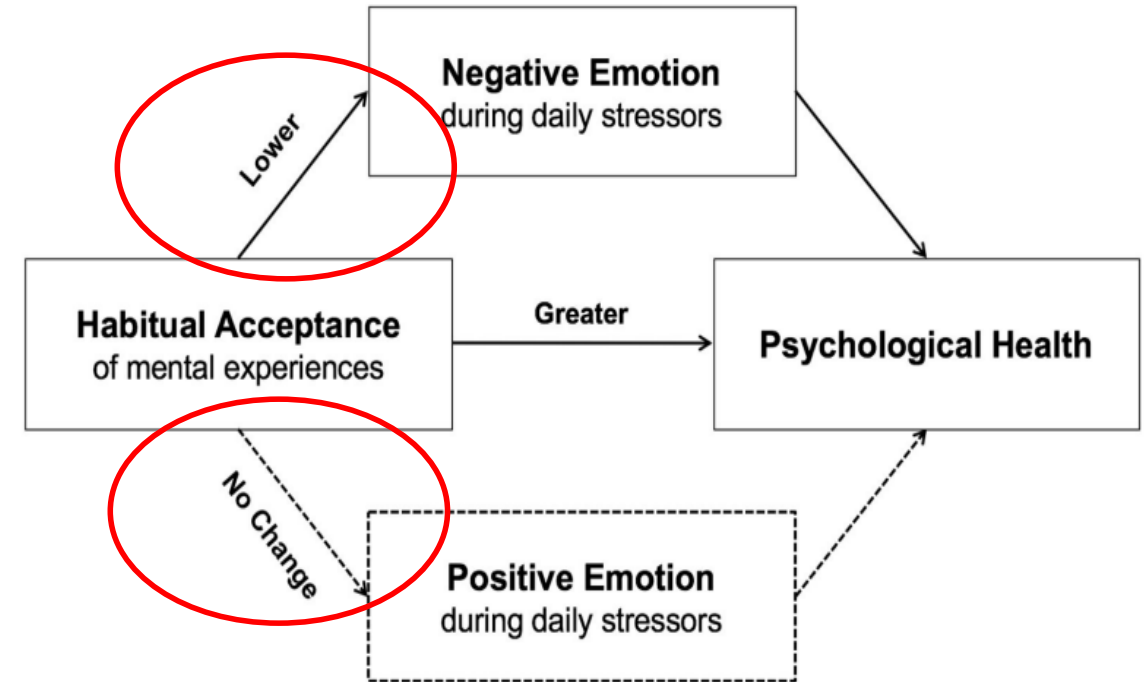
Figure 1.
Conceptual model wherein habitually accepting one's mental experiences (i.e., emotions and thoughts) contributes to greater psychological health via lower daily negative emotion (and not via daily positive emotion) experienced during daily stressors.

C. Bethell 2021

MATTERING AS A SCHOOL WELL BEING POLICY

Preventing the 4D's that manifest without mattering

» Prevents a sense of being **d**evalued

» Prevents relational **d**isconnection

» Prevents **d**isengagement in school/life

» Prevents school social **d**isintegration

Recent protests in Philadelphia and across the country have drawn young people. But for most of the pandemic, youth have been quarantined and away from their social circles, which could make depression and other mental illness worse.

Cory Clark/NurPhoto via Getty Images

Avoiding the "Hard-Easy" Cognitive Bias

Depression Lowers When Teens Learn They Can Change, Study Shows

Sept. 23, 2014

Email   Facebook   Twitter   LinkedIn   Google+   ••• More

A low-cost, one-time intervention that educates teens about the changeable nature of personality traits may prevent depressive symptoms often seen during the transition to high school, according to new research from The University of Texas at Austin.

If you want to build a ship, don't drum up people to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea.
Antoine de Saint Exupéry, 1900-1944 Author

Healing Is Prevention: Core Restorative Practices

Time In
(BEING)

Time With
(BELONGING)

Time For
(BECOMING)

Notice & Celebrate the Good!

**Do we block or hold back
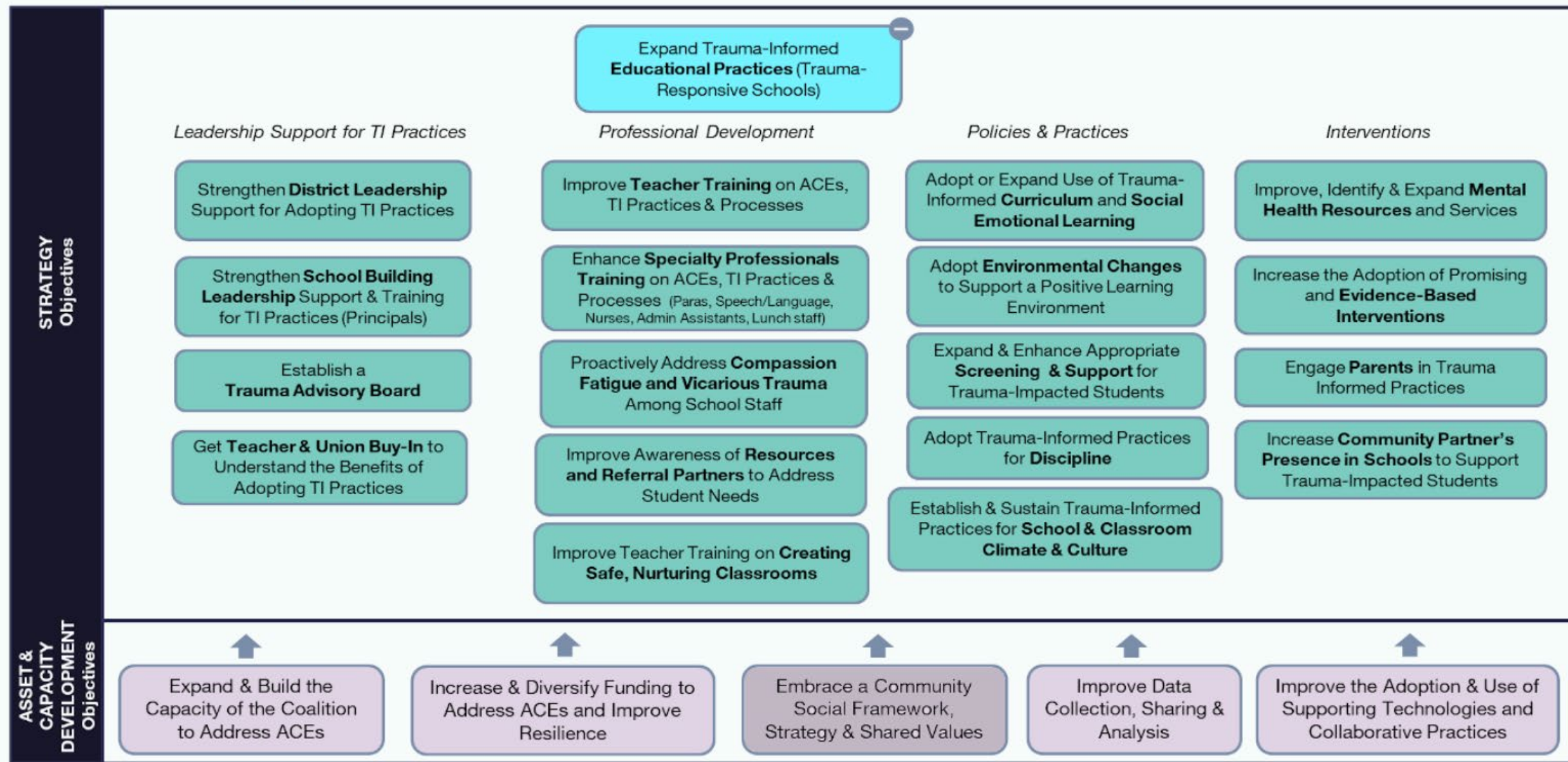the good we do feel?**

Don't Hide Your Happiness! Positive Emotion Dissociation, Social Connectedness, and Psychological Functioning

Iris B. Mauss, Amanda J. Shallcross, Allison S. Troy, Oliver P. John, Emilio Ferrer, Frank H. Wilhelm, and James J. Gross

Showing our positive feelings lowers depressive symptoms and ***improves levels of well-being***... these associations are mediated by (strength of) social connections. ***Without connection we withhold*** positive and negative emotions and <u>**wall off possibilities to foster mattering**</u>.

C. Bethell March 26, 2021

Strategies and Research On School-Based Approaches

Defining Outcomes

Public Communication

Defining Curriculum

Coordination Across Sectors

The 7C's of Policy and Practice Translation

Payment and Accountability

Credentialing & Integration

Capacity & Training

Child and Adolescent Health Measurement Initiative

Zoom: Expand Trauma-Informed Educational Practices

Expand Trauma-Informed **Educational Practices** (Trauma-Responsive Schools)

STRATEGY Objectives

Leadership Support for TI Practices

- Strengthen **District Leadership** Support for Adopting TI Practices
- Strengthen **School Building Leadership** Support & Training for TI Practices (Principals)
- Establish a **Trauma Advisory Board**
- Get **Teacher & Union Buy-In** to Understand the Benefits of Adopting TI Practices

Professional Development

- Improve **Teacher Training** on ACEs, TI Practices & Processes
- Enhance **Specialty Professionals Training** on ACEs, TI Practices & Processes (Paras, Speech/Language, Nurses, Admin Assistants, Lunch staff)
- Proactively Address **Compassion Fatigue and Vicarious Trauma** Among School Staff
- Improve Awareness of **Resources and Referral Partners** to Address Student Needs
- Improve Teacher Training on **Creating Safe, Nurturing Classrooms**

Policies & Practices

- Adopt or Expand Use of Trauma-Informed **Curriculum** and **Social Emotional Learning**
- Adopt **Environmental Changes** to Support a Positive Learning Environment
- Expand & Enhance Appropriate **Screening & Support** for Trauma-Impacted Students
- Adopt Trauma-Informed Practices for **Discipline**
- Establish & Sustain Trauma-Informed Practices for **School & Classroom Climate & Culture**

Interventions

- Improve, Identify & Expand **Mental Health Resources** and Services
- Increase the Adoption of Promising and **Evidence-Based Interventions**
- Engage **Parents** in Trauma Informed Practices
- Increase **Community Partner's Presence in Schools** to Support Trauma-Impacted Students

ASSET & CAPACITY DEVELOPMENT Objectives

- Expand & Build the Capacity of the Coalition to Address ACEs
- Increase & Diversify Funding to Address ACEs and Improve Resilience
- Embrace a Community Social Framework, Strategy & Shared Values
- Improve Data Collection, Sharing & Analysis
- Improve the Adoption & Use of Supporting Technologies and Collaborative Practices

TRP = Trauma-Responsive Practices   TI = Trauma Informed   CBITS = Cognitive Behavioral Intervention for Trauma in Schools

Learn more at www.insightformation.com

Systematic Review of School-Wide Trauma-Informed Approaches. (2020)

A systematic review searching foremost databases was conducted for evidence of trauma-informed school-wide approaches used between 2008 and 2019. Four papers were identified, incorporating four school-wide approaches:

1. The Healthy Environments and Response to Trauma in Schools (HEARTS) Model;
2. The Heart of Teaching and Learning (HTL): Compassion, Resiliency, and Academic Success Model;
3. The New Haven Trauma Coalition (NHTC)
4. The Trust-Based Relational Intervention

Although heterogeneous, the models shared core elements of:
- trauma-informed staff training
- organization-level changes and practice change
- with most models utilizing student trauma-screening

Avery JC, Morris H, Galvin E, Misso M, Savaglio M, Skouteris H. Systematic Review of School-Wide Trauma-Informed Approaches. J Child Adolesc Trauma. 2020 Sep 25;14(3):381-397. doi: 10.1007/s40653-020-00321-1. Erratum in: J Child Adolesc Trauma. 2020 Oct 7;14(3):399. PMID: 34471456; PMCID: PMC8357891.

HEARTS Program Principles and Framework

- Understand trauma and stress
- Establish safety and predictability
- Foster compassionate and dependable relationships
- Promote resilience and social emotional learning
- Practice cultural humility and responsiveness
- Facilitate empowerment and collaboration

LEVEL	TIER 3: Targeted/Intensive Supports (Tertiary Intervention)
Students	School-based, trauma-specific individual, group, and family therapy services for students with trauma-related mental health difficulties; includes intensive collateral work with students' teachers, as well as consultation around Individualized Education Program (IEP) assessment and plans when IEP is warranted
Adults (staff	Brief crisis support for trauma-impacted school staff, and referral for more intensive services if needed

Tier 1 (universal supports for all students): universal supports to change school cultures into safer, more supportive, and trauma-informed learning environments

Tier 2 (selected interventions for students for whom the universal supports are not sufficient): capacity building to facilitate the incorporation of a trauma-informed school policies

Tier 3 (targeted and intensive supports for students for whom both Tier 1 and Tier 2 supports are not sufficient): intensive interventions for students suffering from the impact of trauma

Students	Classroom training for students on coping with stress
Adults (staff and caregivers)	Training and consultation for all school staff (e.g., teachers, administrators, support staff, paraprofessionals, and school medical and mental health staff) around (a) trauma-sensitive practices, and (b) addressing stress, burnout, and secondary trauma
	Psychoeducation and skill-building workshops for parents/caregivers on coping with stress
System	Providing a trauma-informed lens to school staff in their implementation of school-wide supports and interventions (e.g., Positive Behavioral Interventions and Supports, Restorative Justice/Practices, social emotional learning curricula)

The HEARTS Program:

Healthy Environments and Response to Trauma in Schools:

The Results

- Improved in school personnel's knowledge about addressing trauma and in their use of trauma-sensitive practices

- Improvement in school engagement

- Decrease in total incidents involving (and not involving) physical aggression and in out-of-school suspensions after 5 years

- Decrease in trauma-related symptoms in students who received HEARTS therapy:
  - Improvement in the CANS scores for each of the 5 trauma modules

CAHMI

Implementing a Whole Child Approach

Your Being, Their Well Being

A New Integrated Science of Thriving: Healing Is Prevention

Early Relational Health, Resilience, Neuroscience, Epigenetics,

Advances in the sciences of human development create unprecedented opportunities to proactively advance child well-being.
Breakthrough findings across disciplines point to a new science of thriving that illuminate largely untapped capacities for the promotion of positive health and healing despite adversity.
Given high rates of adversity, healing is prevention.

Key to this possibility are policies and practices that enable and support families and communities to recognize and learn to heal and flourish in the face of stress and adversity.

Child and Adolescent Health Measurement Initiative (CAHMI)

Fragile & Anti-Agile

- Protecting
- Resists Disorder and Change

The resistance to the disturbance is the disturbance!

Robust & Maintaining

- Manage Change
- Manage Stress

Agile & Adaptive

- Expects, Embraces Change
- Curious, Creative, Adaptive

Anti-Fragile & Evolving

- Expects & Embraces Disorder
- Empowered relationship with difficulty
- Evolving & Flourishing

Beyond Bouncing Back to Flourishing

C. Bethell Oct. 2020

"How are you?"
"oh, I'm just..."

BROKEN · SAD · ALONE · DEAD
INSECURE
Fine is not usually fine
SCARED
NUMB
FINE
BULLIED
FADING
APART
FALLING
HOLLOW
EMPTY
SCARRED
COLD
IGNORED
UGLY
BREAKING
DOWN
NEVER
ENOUGH
NOT
OKAY
A WASTE
HATED
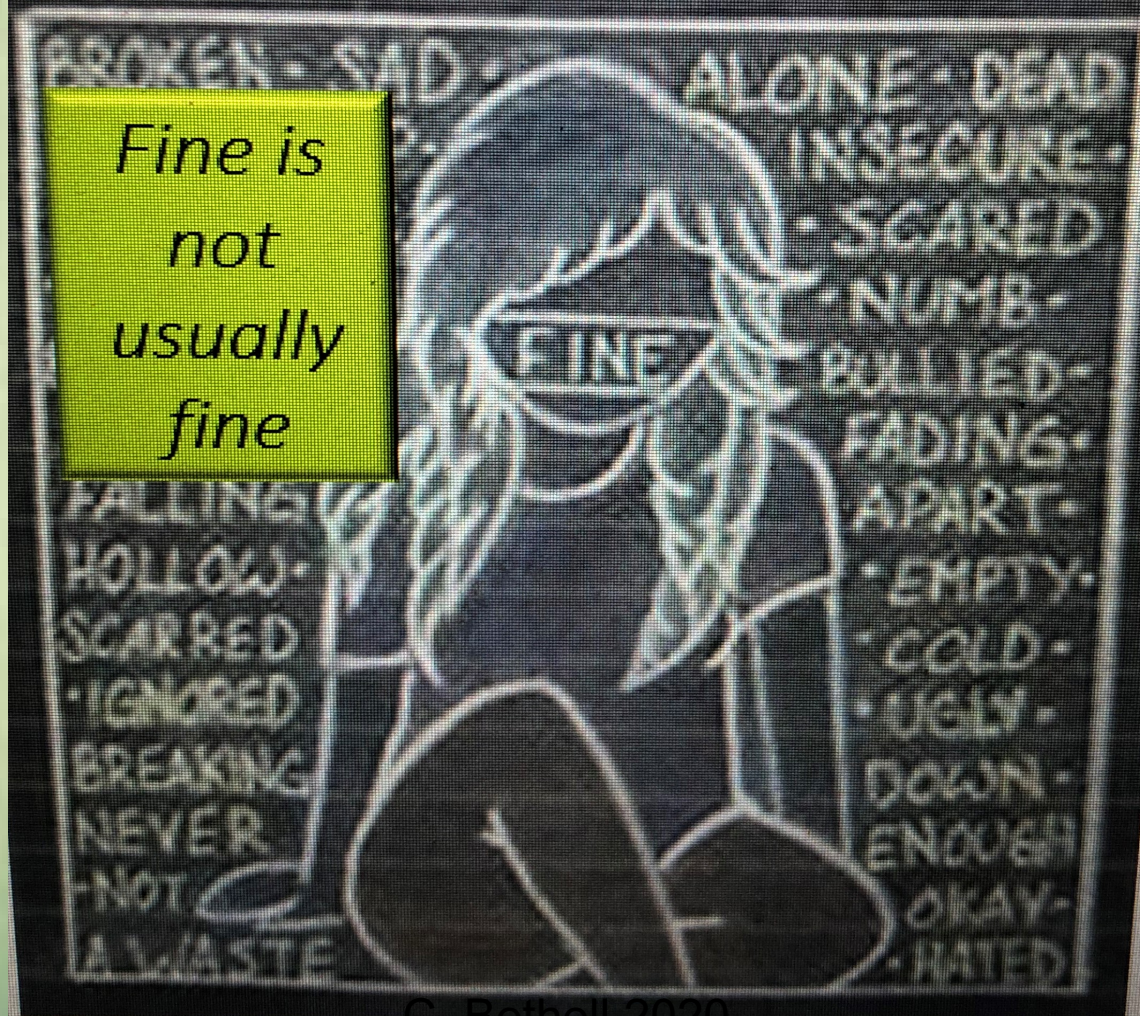
C. Bethell 2020

Retrieved March 23, 2020 from:

Risk Factors and Teacher-Child Closeness

Cumulative risk, teacher-child closeness, executive function and early academic skills in kindergarten children[*]

Noelle M. Suntheimer[*], Sharon Wolf

University of Pennsylvania, United States of America

ARTICLE INFO

ABSTRACT

We tested the role of teacher-child closeness in moderating the associations between early childhood adversity, measured as a cumulative risk index, and child outcomes during the kindergarten year. Using the ECLSK:11, a national dataset of kindergarteners in the 2010–11 academic year, we examined three dimensions of executive function (cognitive flexibility, inhibitory control, working memory), as well as early reading and math scores, as key skills that facilitate the transition to school. Cumulative risk was negatively associated with all outcomes, and teacher-child closeness was positively associated with all outcomes. Teacher-child closeness moderated the relation between cumulative risk and working memory and cumulative risk and reading scores in a protective manner, but not cognitive flexibility, inhibitory control, or math scores. Implications for research in early childhood adversity and education are discussed.

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

- Teacher-child closeness moderated the association between risk with working memory and early reading scores.

- 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.

Source: Suntheimer, N. Cumulative risk, teacher-child closeness, executive function and early academic skills in kindergarten children. November 2019
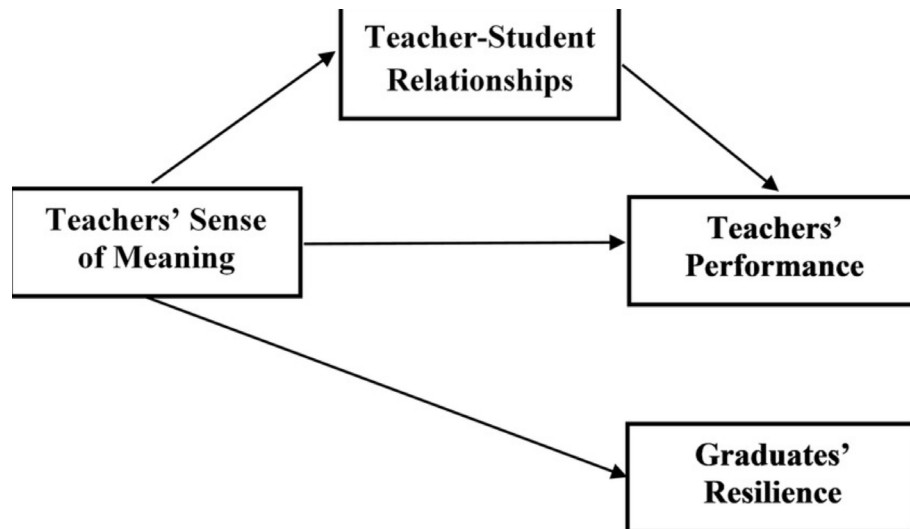
CAHMI

Your Being, Their Well-Being

Teachers' Sense of Meaning Associations With Teacher Performance and Graduates' Resilience: A Study of Schools Serving Students of Low Socio-Economic Status

Shiri Lavy* and Wesam Ayuob

Department of Leadership and Policy in Education, University of Haifa, Haifa, Israel

---

Profiles of middle school teacher stress and coping: Concurrent and prospective correlates ☆, ☆☆

Keith C. Herman [a] ✉, Sara L. Prewett [b], Colleen L. Eddy [a], Alyson Savala [b], Wendy M. Reinke [a]

- **<u>High stress/low coping (28%);</u>** higher burnout, lower self-efficacy, higher rates of observed reprimands, and higher student-reported depression

Herman, K. Profiles of middle school teacher stress and coping: Concurrent and prospective correlates. November 2019

C. Bethell Oct. 2020

Teaching Mindfulness to Teachers: a Systematic Review and Narrative Synthesis

Lisa-Marie Emerson [1], Anna Leyland [1], Kristian Hudson [2], Georgina Rowse [1], Pam Hanley [3], Siobhan Hugh-Jones [2]

Affiliations + expand

| Intervention | | Mechanism of Action | | Intermediary effect | | Outcome |
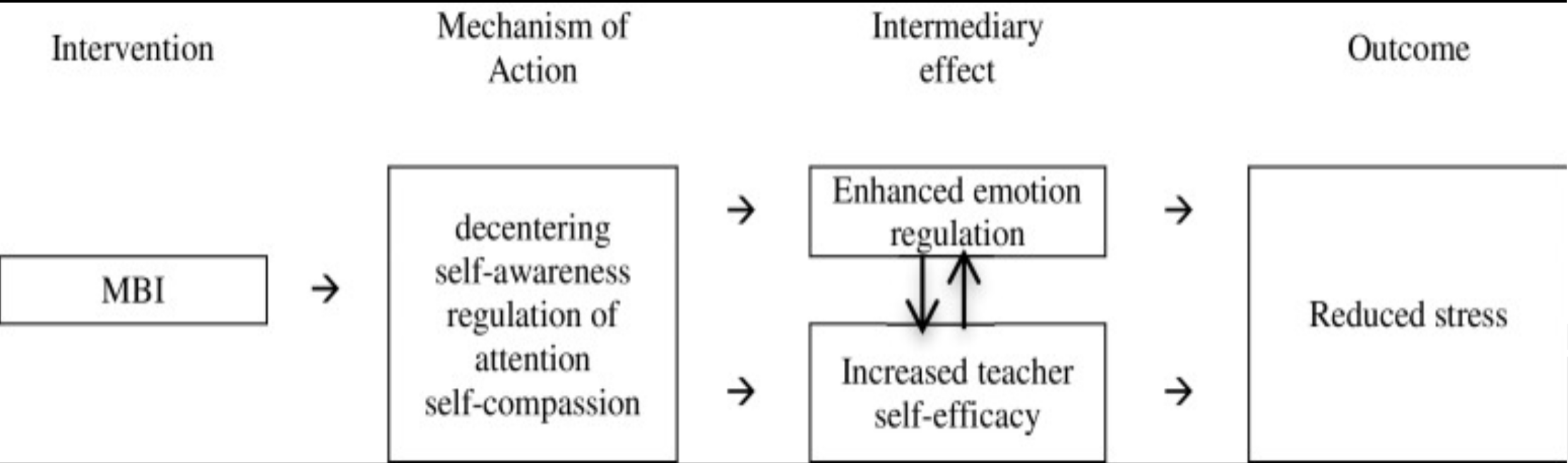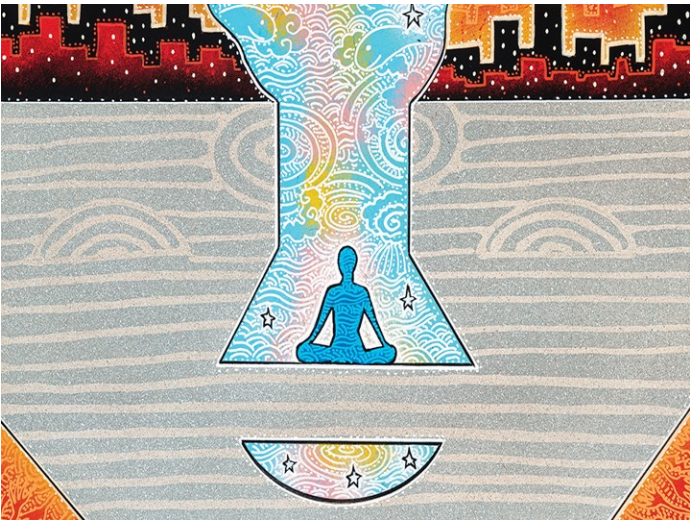
Restoring Embodiment

Core Competencies for awakened healing:

<u>Attuning</u> to our sense of being and inner experience (Being)

<u>Engaging</u>, sensing and aligning with the other –"biosynchrony (Belonging)

<u>Receiving</u> and moving from insights arising moment by moment for expression or action (Becoming)

FOUR CORE STRATEGIES FOR MANAGING STRESS AND ANXIETY

1. ATTENTION - CENTERING TECHNIQUES
To neutralize anxiety, it can often help to use techniques designed to focus attention beyond anxious thoughts.

MEDITATION   BREATHING   VISUALIZATION

2. EXPRESSIVE, CREATIVE STRATEGIES
To channel anxious thoughts or feelings in more productive ways, we might identify specific outlets to express creativity, such as working on a project, drawing, and athletics.

WORKING ON A PROJECT   ARTS   PHYSICAL MOVEMENT

3. REFLECTION EXPLORATION STRATEGIES
To monitor where anxiety arises, become more aware of anxiety triggers, and reflect on anxious thoughts and feelings, we might try strategies that foster self-observation.

JOURNALING   SELF-MONITORING   COMMUNICATION

4. HEALTHY LIFESTYLE VALUES
To reduce residual feelings of anxiety, it could help to turn attention toward healthy habits, healthy relationships, healthy pleasures, and a healthy environment.

NUTRITION   RELATIONSHIPS   EXERCISE

nicabm

Adapted from Shelly Harrell, PhD

Bethell, 2020)

Leveraging the neuroscience of whole child health

We Are the Medicine

Internalization of Mastery Goals: The Differential Effect of Teachers' Autonomy Support and Control

Moti Benita[1] and Lennia Matos[2]*

Vignette 1: Your teacher has seen your achievements and thinks you could improve your knowledge in the subjects she teaches. Based on your experience with your teacher, how would she instruct you to improve your knowledge in the subject she teaches?

She will share with you why she thinks it's important for you to improve

She will explain how improving could be useful for you

She will encourage you to choose the right way for you to improve

She will put pressure on you to improve

She will make you feel like you must improve

She will try to force you to improve

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7892473/pdf/fpsyg-11-599303.pdf

---

wholechildeducation.org/what-works/featured-topics/engaging-learning-strategies

WHAT WORKS   TAKE ACTION   BLOG   ABOUT

THE WHOLE CHILD

HOME > WHAT WORKS > FEATURED TOPICS >

ENGAGING LEARNING STRATEGIES

Learning is active, engaging, and social. Students need to be engaged and motivated in their learning before they can apply higher order, creative thinking skills. They are most engaged when they themselves are part of constructing meaning, not when teachers do it for them. By encouraging students to meet challenges creatively, collaborate, and apply critical thinking skills to real-world, unpredictable situations inside and outside of school, we prepare them for future college, career, and citizenship success.

Relational Embodiment, Attachment and 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
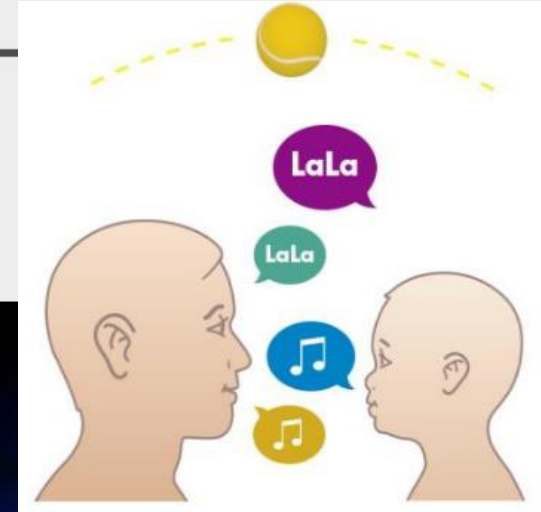
Honoring the Pain, Wiring to Support

The "Schema" and "Connection" songs sung by children in teacher Kelly Withrow's class (https://youtu.be/hZrvtjD-J78) –teaching children that new experiences get "linked" to the past unless we become aware and shift the meanings we make!
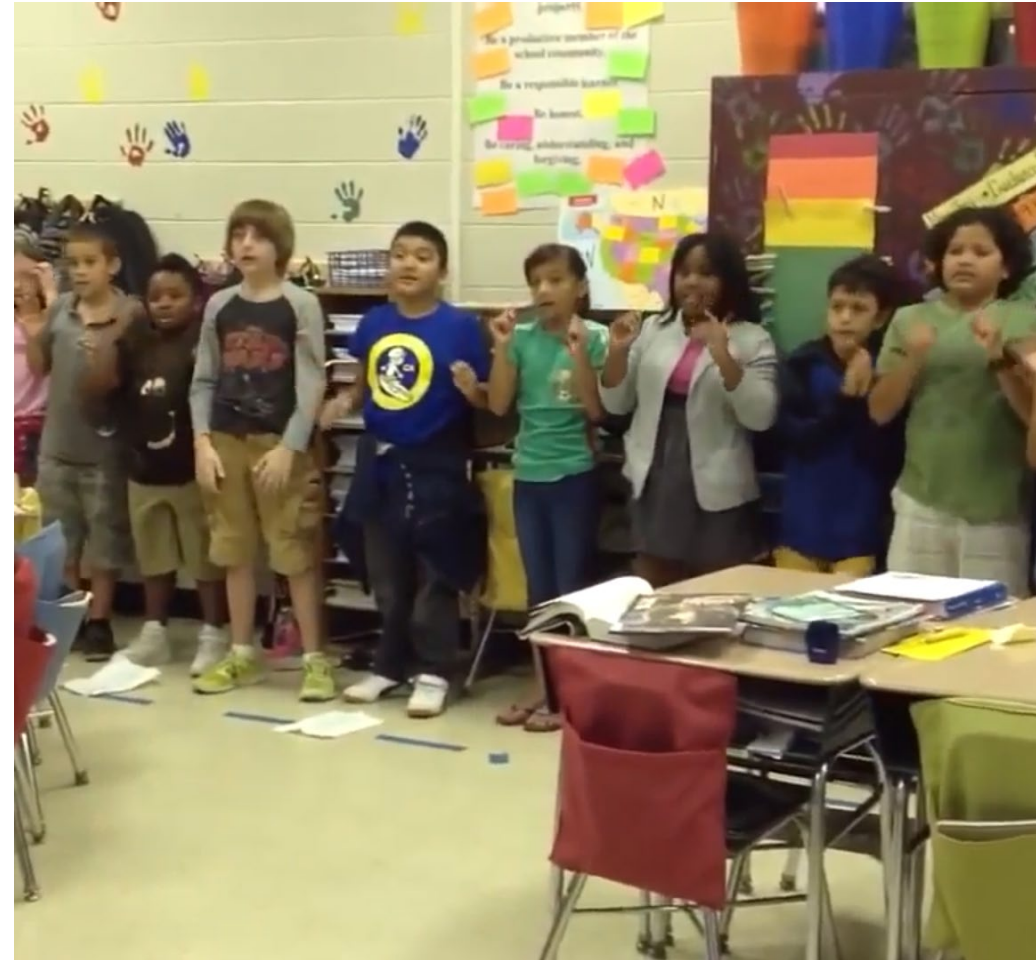
Working with Families and the Community

Relational Wounding Requires Relational Healing

The Healing Journey: Victim, Surviving, Thriving, Transcending
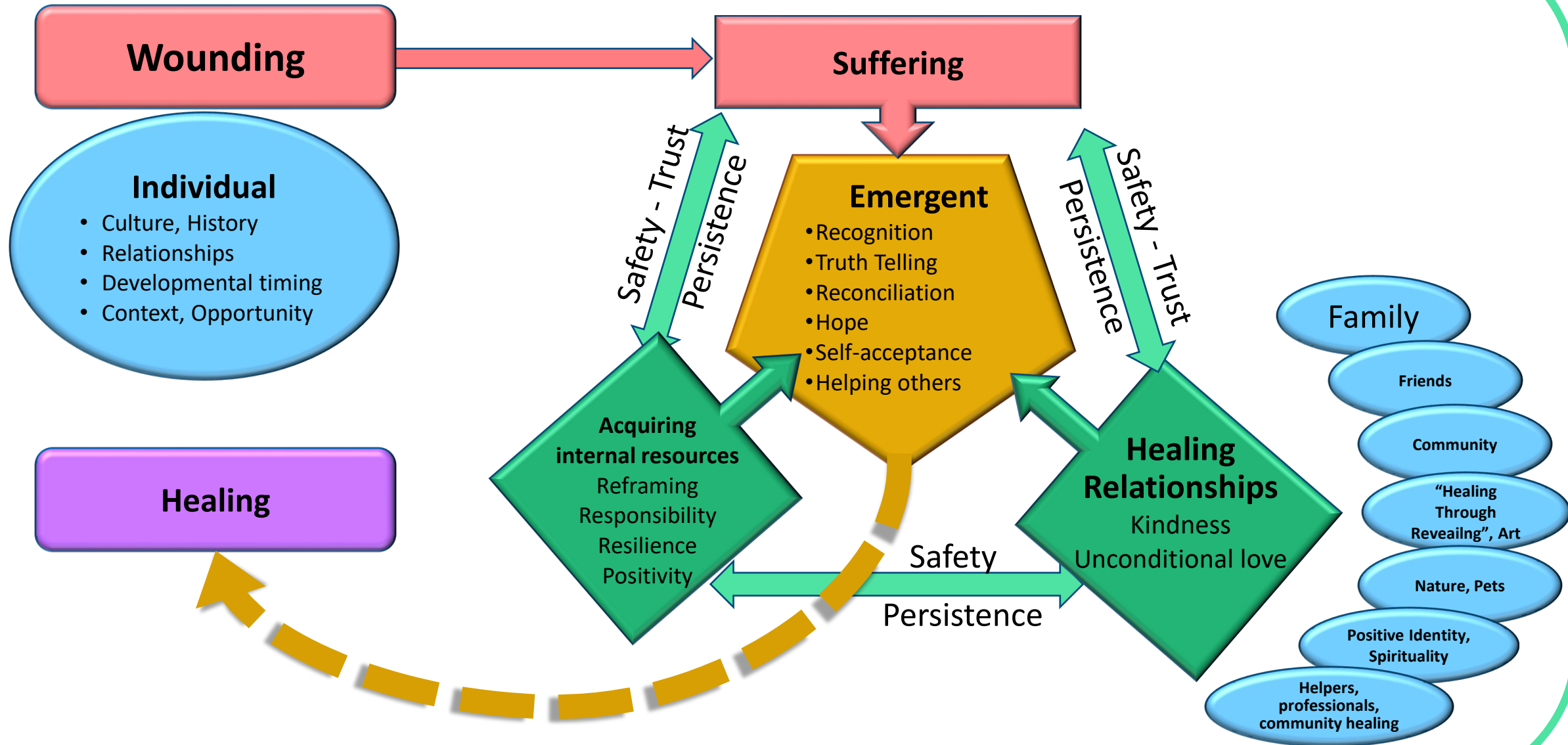
Wounding → **Suffering**

Individual
- Culture, History
- Relationships
- Developmental timing
- Context, Opportunity

Emergent
- Recognition
- Truth Telling
- Reconciliation
- Hope
- Self-acceptance
- Helping others

Safety - Trust
Persistence

Safety - Trust
Persistence

Acquiring internal resources
Reframing
Responsibility
Resilience
Positivity

Healing Relationships
Kindness
Unconditional love

Safety
Persistence

Healing

Family
- Friends
- Community
- "Healing Through Reveailng", Art
- Nature, Pets
- Positive Identity, Spirituality
- Helpers, professionals, community healing

Finding the Jewel

C. Bethell March 26, 2021

We Are the Medicine®

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

Source: Bethell, C 2016

Our Best Science: We Are the Medicine

Ours is a social brain. Safe, stable, nurturing relationships, emotional awareness and mindfulness skills are a matter of public health-and embodiment.

Trauma results in a disconnection among our sense of time, body, thought, emotion. Healing involves recognizing, allowing and integrating experience to come into "CURRENT TIME".

What are you Seeing/Hearing?

What will you do or say? What options can you identify?

Can you identify & name your reaction?

What do you notice?

What might your next step be?

Sensing

What is your gut telling you?

Acting

Feeling

Wanting Thinking

What is your first impulse?

What is your reaction?

What thoughts are you forming of what you see/hear?

How do you want to react?
What do you want to do?
What do you want to avoid?