The Science of Hope: *One Community’s Response to ACEs through Resilience*

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Why are we doing this work?

The power of engagement— at the community level-- is stronger than the power of disillusionment/dissociation
The Hero’s Journey

Archetype:
A recurring pattern in the mythology, religion, art, and dreams of cultures around the world

Matthew Winkler
We are each an archetype for hope

Help

Healing

Hope

Witness: being accepted as valued human being
“Go home and start something”

Dr. Rob Anda, CDC researcher
“My childhood was not my fault”

Annett inspired me
Trials

Traditional practices

Fear-based response

Status quo

Fate- no control

Beliefs, values

Mental model shift
Changing what you believe to be true
This movement is based on our ability to adapt to new information

“It is not the strongest of the species that survives, nor the most intelligent. It is the one that is most adaptable to change.”

CHARLES DARWIN
Approach

Create a community conversant in ACEs & Resilience

Embed principles into practice
• Poverty • Community violence • Power

• Racism • Class inequities • Privilege
A shift from:

“What is wrong with this person?”

to

“What has this person been through?”

The shift begins by changing our mindset and the environment
LOVE- Positive Intent- creates **safety** to **connect** and **problem solve**.

“It’s not about me”
“I will model calm, civility, help.”

No more punishment, blame, shame for lagging skill set. Instead, teach what is missing.

Bruce Perry, MD; Michael Meaney, PhD; Heather Forbes, LCSW; William Steele, PsyD; Becky Bailey, PhD.

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New Life - Future Starts Now

We are in this together

HOPE

Thank you Windows 10 ad
https://www.youtube.com/watch?v=Gu6vmNzPhE
and sustained through the community
Resolution

Keep the movement spreading, community by community

HERO'S JOURNEY

The Legacy
“Who do we choose to be?”

“We are designed to draw energy from one another and restore energy [and hope] through one another.”

-Stuart Shanker, PhD  Self-Reg
How science helps us better understand how and why we function…

…to then address **safety, connection** and well-being at the individual and community level

- Neuroscience
- Epigenetics
- ACE Study
- Resilience
Neuroscience - our brain & stress response

Brainstem: survival/safety

Prefrontal: executive function/learning

Limbic: emotion/connection

Behavior is communicating lack of safety and connection

Adapted from triune brain model by Paul D. MacLean, 1952
Epigenetics - how genes get read (or not)

The study of changes in organisms caused by modification of gene expression.

- Our History
- Our Environment
- Our Experience

https://www.youtube.com/watch?v=AvB0q3mg4sQ
Adverse Childhood Experiences (ACEs)

The #1 Chronic Health Epidemic in the United States

“ACEs are the main determinates of the health & social well-being of the nation.” 

Felitti

“The impact of ACEs can now only be ignored as a matter of conscious choice.”

Anda et al 2010
Resilience

The number- and quality- of relationships in a child’s life rebuilds trust, confidence, sense of security, reconnection to love through strong social networks that surround and support.

Bruce Perry MD, PhD

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“Young people live up or down to expectations we have of them.”

Ken Ginsburg, MD
KISS- our framework for community capacity building

- Knowledge
- Insight
- Strategies
- Structures

Resilience
Community capacity building...

...the processes communities use to improve hope and efficacy, examine patterns, and make cultural changes.


The critical issue is *reciprocity*: being truly heard and seen by the people around us, feeling that we are held in someone else’s mind and heart.”

*Body Keeps the Score*, Bessel van der Kolk 2014

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Community has risk

- Environmental issues
- Violence
- Bullying
- "isms- hatred, bias, discrimination
- Homelessness
- Drugs
- Social Isolation
- Crime
Community has protection

- Community recreation
- Clear standards & beliefs
- Social engagement
- School activities
- Caring adults
- Laws and norms
- Spiritual connections
- Positive social activities
- Supportive peers
- Family fun times

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Scaffolding RESILIENCE Community-Wide
1997-2017

Problem Solving
Optimism
Connectedness
Mutual Support
Mentoring
Place
Relationship
Trust
Safety

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“What is predictable is preventable”

ACEs - risk factors for later health are buffered by Resilience.

What is your Resilience Score?

Risk Behaviors

Challenges to life potential

Poor Mental Health

Disease

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Be the FORSE!
Focus on Resilience & Social-Emotional

Be that nurturing influence!

“We” are the answer!

and in you
Strategies emerge

- Create safety, calmness, respect
- Build personal skills
- Develop caregiver skills, self-care and community-care
- Experience Insight

Source: Longhi and Brown 2014 (developmental evaluation based on seven focus groups) and ongoing evaluation now

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Individual Resilience

- **Relationships** - sense of belonging, security; S/E support
- **Mastery** - self-regulation and problem solving
- **Optimism** - hope for the future and ability to plan
- **Spirituality** - sense of meaning and purpose; part of larger entity

Madsen and Abell 2010
Contextual Resilience tied to higher community capacity

✓ **Adults:**
  - social cohesion *(reciprocal support)*;
  - collective efficacy *(mutual help, supporting common values)*

✓ **Youth:** supportive contact, protection, across social domains
  - Family/Caregiver/Trusted adult
  - Peers/Friends
  - School/Teachers
  - Neighbors/Community

Effects of Resilience on Community

Contextual Resilience levels had significant effects in:

- Better mental health (A+28%, Y+50%)
- Better physical health (A&Y)
- Better coping behavior (A&Y +58%)
- Higher work participation (A) +13%
- Higher school performance (Y) +53%

These were independent of ACEs, poverty and race
Contextual Resilience (High Adult Reciprocity)
Moderating effect of ACEs on Adult Depression

Prevalence of Serious Depression (% 8+ on Kessler MI Scale)

Low ACEs (15%)  Mid ACEs (31%)  High ACEs (47%)

(% of Adults with 3+ ACEs on Cumulative Scale 0-8)

Low Resilience (N=37)  Mid Resilience (N=45)  High Resilience (N=36)

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Moderating effect of ACEs on Youth School Performance
Evidence: Youth Contextual Resilience (Living in adult high reciprocity communities with supportive adults, peers, schools, neighborhoods)

Low Resilience (N=51)  Low ACEs (25%)  Mid ACEs (36.5%)  High ACEs (48%)
High Resilience (N=52)

Risk of Academic Failure measured by Extent of Low Grades in middle school

Large decrease in risk of failure (Decrease of 75% of standard dev. of risk) s.d. = 6.1%
Moderate decrease in risk of failure (Decrease of 33% of

At risk of School Failure (% at Risk : Acad. Failure Sc)

44 46 48 50 52
45 45.5 46.5 48.5 47.5 52

(% of youth with 1 or both ACEs: phys. and witnessing adult violence)
Community Partners

- Law Enforcement
- School Districts
- Public Health
- Medical Community
- DSHS
- Mental Health
- Social Service Providers
- Neighborhoods
- Businesses
- Municipalities
- Public Library
- Alternative Programs
- Employment
- Parents
- Court Ordered Clients
- Youth
Resilience Building Blocks
THE ABILITY TO CALM ONESELF

LAHABILIDAD PARA TRANQUILLIZARSE UNO MÍSMO

October is Children's Resilience Month!

Sponsored By: The Children's Resilience Initiative – www.resilienceimpact.org

Resilience
Start at
Land Title Plaza
1st & E. Main

Treasure Hunt
Promote Resilience!
Communities thrive
What piece will you contribute?
A Hero’s Journey Never Ends

Resolution

Call to Adventure

New Life

Assistance

Return

Departure

Result

Trials

Treasure

Approach

Crisis

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Thank you!

www.CRIResilient.org
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https://www.youtube.com/watch?v=VxyxywShewI
Every Opportunity Counts